DEPARTMENT OF HEALTH CARE POLICY AND FINACING
(Office of Community Living)
FY 2015-16 JOINT BUDGET COMMITTEE HEARING AGENDA

Friday, December 12, 2014
10:35 am – 12:00 pm

10:35-10:45 INTRODUCTIONS AND OPENING COMMENTS

10:45-11:00 OVERVIEW OF IDD SERVICES

1. Please discuss the impact on individuals and available services if Colorado did not have Medicaid waivers.

Federal authority for the Department to offer services through Medicaid Home and Community-Based (HCBS) waivers is established in section 1915(c) of the Social Security Act. Federal law requires that the Department demonstrate that individuals can be served with community-based waiver services at a lower cost than would be incurred if the individual were served in an institution. The Social Security Act permits a State to waive certain Medicaid requirements to provide an array of home and community-based services that assist target populations with specific conditions/needs to live in the community and avoid institutionalization.

There are 33,981 receiving benefits across Colorado's 11 different HCBS waivers. If Colorado eliminated its HCBS waivers, available Medicaid services would be restricted to State Plan services and institutional services, likely resulting in higher Medicaid costs. Individuals would face reduced independence, reduced choice in service delivery, and be segregated from family, friends, and their communities of choice. A large share of individuals would no longer be categorically eligible for Medicaid if they are either unable or unwilling to receive services in an institution as they only qualify due to special income levels allowed for institutional or waiver services.

In addition to Colorado not having sufficient institutional capacity to serve all of the people receiving services in the community, if all current waiver recipients were institutionalized, the additional cost to serve those individuals would be $3.3 billion based on the Department's most recent federal reporting. Further, cutting the waivers would eliminate the federal financial participation the Department receives for the operation of the Department's 11 HCBS waivers.

Other considerations:

1. October 2014 labor statistics indicate that 295,694 Coloradans are employed in Health Care and Social Assistance in 14,532 employment establishments.[1] There would be significant disruption to these industries if waiver servicers were not available and presumably revenue and cost impacts to other parts of state government that the Department cannot quantify.
2. The United States Supreme Court found in the Olmstead vs. L.C. (1999) decision that the unnecessary institutionalization of individuals is a violation of civil rights under the Americans with Disabilities Act. The Department believes that if Colorado eliminated all of

[1] Colorado Department of Labor and Employment, Labor Market Information 2nd Quarter 2014

its waivers, the Office of Civil Rights within the federal Department of Health and Human Services would quickly focus its prosecutorial resources towards Colorado. Elimination of the waivers would also be in conflict with Colorado's Community Living Plan and the Community Living Advisory Group (CLAG) recommendations that Coloradans receive community based, person-centered services based on individual choice.

2. Please discuss how an individual qualifies for an emergency enrollment. Are individuals that qualify for emergency enrollments also eligible for Regional Center services? If so, why? If not, why not?

An individual must meet the emergency enrollment criteria, along with Medicaid Home and Community Based Services-Developmental Disabilities (HCBS-DD) eligibility criteria, to qualify for an emergency enrollment.

To qualify for an emergency enrollment, the person must be in an emergency situation, which is defined as one where "the health and safety of the person or others is endangered and the emergency cannot be resolved in another way" (10 CCR 2505-10, section 8.500.7.F.1). In addition to the aforementioned definition, the Department policy, established through a community engagement process, refines the definition to require that the person's situation meets at least one of the following four criteria: homeless, abusive or neglectful situation, danger to others, danger to self. The person must also meet all other criteria for enrollment into the HCBS-DD waiver, including the target population, financial eligibility, and long term care criteria.

To obtain an emergency enrollment, case managers submit a request for an emergency enrollment to the Department. The Department reviews the request along with documentation in the case management record systems. When criteria are met, the Department approves an emergency enrollment into the HCBS-DD waiver.

Services for the HCBS-DD waiver may be provided in the Regional Center through the waiver, if the person and/or guardian along with the case manager determine services at the Regional Center are most appropriate and the person meets the criteria necessary for Regional Center admissions. This applies regardless of whether the person was enrolled through an emergency enrollment or not.

3. Please discuss the demand for respite services over the past five years. How is the demand for respite services impacted by the increased availability of SLS and CES enrollments?

Respite Service is a waiver service provided to individuals on a short-term basis, because of the absence or need for relief of the individual's primary caregiver(s). Respite Service is beneficial to families because it is instrumental in providing the support needed to give caretakers a break in their responsibilities for the health and safety of the individual. This service is instrumental in order to keep the person in the family home and prevent institutionalization.

On average, 78% of waiver participants in the HCBS-CES waiver utilize Respite Services and 27% percent of HCBS-SLS waiver participants utilize it. The major reason that Respite Services are used less frequently in the HCBS-SLS waiver is because the HCBS-SLS waiver provides a Day Habilitation Service, which results in respite for family caregivers because the individual is receiving supervision and participating in activities outside the home.

The tables below show the demand for Respite Services over the past five years. Fiscal Years 2010-2013 are based on finalized data. Fiscal Year 2014 is based on preliminary data.

Table 1 **The Home and Community Based Services-Children's Extensive Support (HCBS-CES)**					
	FY 2009-10	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**
Total Waiver Participants	432	423	401	439	823
Respite Participants	350	341	326	339	557
Respite Utilization Percent of Total	81%	81%	81%	77%	68%
Total Waiver Expenditure	$7,053,807	$7,358,606	$7,346,016	$6,813,626	$9,695,559
Total Respite Expenditure	$2,564,232	$2,306,016	$2,474,508	$2,112,626	2,823,357
Respite Expenditure Percent of Total	36%	31%	34%	31%	29%

Table 2 **The Home and Community Based Services-Supported Living Services (HCBS-SLS)**					
	FY 2009-10	**FY 2010-11**	**FY 2011-12**	**FY 2012-13**	**FY 2013-14**
Total Waiver Participants	3,281	3,242	3,309	3,353	3548
Respite Participants	864	864	933	950	960
Respite Utilization Percent of Total	26%	27%	28%	28%	27%
Total Waiver Expenditure	$35,756043	$34,942,012	$35,998,583	$36,985,284	$38,933,485
Total Respite Expenditure	$ 3,820,666	$ 3,657,502	$ 4,000,751	$ 4,230,177	$4,242,959
Respite Expenditure Percent of Total	11%	10%	11%	11%	11%

The demand for Respite Services will be higher with the increased availability of HCBS-SLS and HCBS-CES enrollments because more individuals will be accessing Respite Services.

4. Is a legal imposition of disability required to receive services through a Regional Center waiver bed?

An imposition of legal disability is required for all admissions to a Regional Center for Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) services (section 25.5-10-216(7), C.R.S), but not for Home and Community Based Services for the Developmentally Disabled (HCBS-DD) waiver services.

5. Please discuss how the support level determinations are done including:

Support Levels are based upon an assessment of a person's needs for support as determined by scores from some sections of the Supports Intensity Scale (SIS), plus additional factors. The Supports Intensity Scale is a reliable tool, with a .87 inter-rater reliability coefficient, which means that Interviewers score a response exactly the same way 87% of the time. This high co-efficient helps ensure individual scores are established in a consistent manner. Additionally, the SIS provides direct and valid results as the assessment is done directly by talking with the individual and the persons who know him or her the best. This avoids error in inferring support needs statistically or by judgment of professionals, exclusive of input by the individual or family.

The sections of the SIS used as factors in determining the Support Level are: Home Living Activities, Community Living Activities, Health and Safety Activities, Exceptional Medical Support Needs, and Exceptional Behavioral Support Needs. The subgroups under each Support Level reflect variations of the intensity of the client's basic support needs, medical support and behavioral support needs. The additional factors are related to whether the client presents a safety risk to self or others. Following an assessment of the above factors, a Support Level is determined.

When the Support Level determined from SIS scores plus additional factors is not sufficient to meet an individual's needs, an increase in Support Level is provided through a review process that establishes the need. When reimbursement for services to meet a person's needs for support are greater than the standardized Support Levels (Support Levels 1-6), an individualized Support Level (Support Level 7) is determined based on additional information provided through the case manager by the individual, family and other significant people in the person's life.

a. How the Department ensures Supports Intensity Scale assessments are done in a consistent and thorough manner;

The Department ensures that SIS assessments are done in a consistent and thorough manner by requiring that all Supports Intensity Scale (SIS) Interviewers are certified according to the standards set forth by the American Association on Intellectual and Developmental Disabilities (AAIDD). Each Interviewer is required to pass an Inter-rater Reliability and Qualification Review (IRQR) before being certified as a SIS Interviewer. To maintain certification, an Interviewer is required to pass the IRQR every other year thereafter. In the current fiscal year, the Department held four SIS Interviewer regional meetings in order to provide technical assistance and ensure SIS assessment integrity that the assessor is asking the questions as instructed by AAIDD. The American Association on Intellectual and Developmental Disabilities (AAIDD) co-facilitates periodic all-state SIS Interviewer refresher training with the Department.

b. What training assessors go through prior to conducting an assessment; and

The training curriculum for all SIS Interviewers was developed by American Association on Intellectual and Developmental Disabilities, the authors and owners of the Supports Intensity Scale (SIS) assessment. The training consists of the following: two days of classroom learning; a minimum of two individual coaching sessions conducted by a certified SIS trainer after the classroom learning is completed, two to three co-facilitation of SIS assessments with another certified SIS Interviewer; and Inter-rater Reliability and Qualification Review (IRQR).

c. How assessments are modified if family members or guardians cannot be present.

If a family member or guardian cannot be present for the Supports Intensity Scale assessment and gives permission for the SIS assessment to be conducted without their presence, the SIS Interviewer will conduct the SIS assessment with the persons who attend as Respondents. "Respondent" means a person participating in the SIS assessment who has known the client for at least three months and has knowledge of the client's skills and abilities. The respondent must have recently observed the person directly in one or more places such as home, work, or in the community."

Case Managers review the answers to the SIS assessment with the family member or guardian at a later time to get their input. The scores of the SIS can be changed to reflect the most accurate representation of the client's support needs.

6. Please discuss the steps used to determine an individual's support level for the waivers and how the process in Colorado compares to what is required by the Centers for Medicare and Medicaid Services.

Please see answer to question 5 for steps to determine an individual's Support Level Determination. The Centers for Medicare and Medicaid Services (CMS) does not have a required process for determining Support Levels nor do they require Support Levels.

7. Please discuss what, if any, changes the Department would like to see in the number of Community-Centered Boards, and what would be need to make those changes.

The Department does not currently have any recommendations on changing the number of Community Centered Boards (CCBs). The Department is committed to continuing its long term relationship with CCBs, partnering with them to ensure support is provided in local communities throughout the state for individuals with intellectual and developmental disabilities and will better know the number and responsibilities for CCBs as plans are developed to implement Colorado's Community Living Plan and recommendations of the Community Living Advisory Group.

In order to create a more person-centered system, Colorado's Community Living Plan was released in July 2014, which recommended that individuals receiving long term support services should have informed choice about options for community services. The Community Living Advisory Group released its final report in September 2014, which includes recommendations regarding separation of eligibility from case management, thereby affording individuals more choice in who provides their case management. Additionally, the Department convened a Conflict-Free Case Management Task Group, which was charged with making recommendations for consideration by the Department regarding choice of case management providers and separation of case management from direct service provision. The Department anticipates that the work of the task group will provide an indication as to whether or not changes are needed in the number of CCBs.

11:00-11:05 WAITING LIST FOR MEDICAID WAIVER SERVICES

8. Please discuss the number of individuals waiting for services on each waiver, and the waiting time for services.

The Department submitted a waiting list report to the General Assembly as required by 25.5-10-207.5 (3), C.R.S. on November 3, 2014. This report is included as Attachment A and the information in that report was as of August 2014. For updated information, Table 1 below identifies the number of individuals waiting for each waiver as of November 30, 2014:

Table 1 Persons Needing Services Immediately Waiting for Enrollment	
Program	**Unduplicated Number of Individuals**
HCBS-DD Only	1,640
HCBS-SLS Only	600
HCBS-DD and HCBS-SLS	687
HCBS-CES	228
Total	3,155

Data Source: Community Contract Management System, November 30, 2014

Some individuals are waiting for enrollment immediately into both the HCBS-DD and the HCBS-SLS waivers. In order to report unduplicated numbers of individuals waiting for HCBS waivers, the numbers above are reported as individuals waiting for HCBS-DD only, HCBS-SLS only and those waiting for both waivers.

Please note, the Department has sufficient funding to enroll all individuals currently waiting for the HCBS-SLS and HCBS-CES waivers. All enrollments have been authorized by the Department and the Community Centered Boards are currently working to get all eligible individuals enrolled.

In order to estimate the waiting time for each waiver, the Department reviewed data from individuals that have enrolled from the waiting list since July 2013. Table 2 below outlines the number of individuals that have enrolled in each waiver since July 2013 and the average time spent on the waiting list:

Table 2 Waiting Time by Waiver	
Waiver Program	**Average Waiting Time**
HCBS-DD	8.1 years
HCBS-SLS	3.5 years
HCBS-CES	1.9 years

9. How many individuals did the Department contact for SLS services before someone accepted? Did the Department find there were individuals on the waiting list they could not contact? If so, how many? Please discuss how the Department proposes the waiting list be modified to reflect the true demand for services.

Community Centered Boards (CCBs) have been working to process enrollments for the HCBS-SLS waiver. Initial data collected by the CCBs from March through November of 2014 indicates that about 28% of individuals decline enrollment in the HCBS-SLS waiver when offered or cannot be located. Data from the Community Contract Management System indicates that 228 individuals declined an HCBS-SLS enrollment between April 2014 and October 2014. The Department believes this data may be incomplete and is working with the CCBs to assure the data is accurate.

Table 1 below describes the reasons individuals have declined enrollment:

Table 1
Reasons for Declining Enrollment in the HCBS-SLS Waiver

Reason	Percentage
Could not be located or living out of state	29.62%
Not ready to enroll due to personal or family situation	23.32%
Receiving and satisfied with services in another HCBS waiver	20.8%
Ineligible for Medicaid	12.18%
Receiving and satisfied with Home Care Allowance or other resources	5.46%
Other	8.61%

In the strategic plan developed pursuant to House Bill 14-1051, "Concerning A Strategic Plan For Enrolling All Eligible Persons With Intellectual And Developmental Disabilities Into Programs At The Time Services Are Needed", the Department describes the need for a data integrity review in order to accurately forecast current and future needs (the strategic plan is included as Attachment B). The Department and the CCBs have worked successfully over the past several years to improve the integrity of waiting list data; however, as demonstrated by the number of individual declining enrollment, there is still work to be done to ensure reported data is accurate. In order to establish integrity of the waiting list data, individuals remaining on the waiting lists will be contacted to determine if they still require services immediately and their level of need.

As a part of reaching out to individuals to determine if they still require services immediately, the Department will also reassess their support needs and preferences at a high level. For example, there are currently 691 individuals waiting for both the HCBS-DD and HCBS-SLS waivers. As these waivers vary in supports and services offered, the Department will confirm what level of service individuals need in order to more accurately identify the scope of unmet need.

With the elimination of the HCBS-SLS waiting list, CCBs have a significant workload related to processing the many new enrollments. The Department will work with the CCBs to determine the

best way to conduct outreach to waiting list clients in order to avoid disruption of the enrollment process for the HCBS-SLS waiver. If necessary, the Department may use an independent contractor to contact clients. The Department anticipates this outreach and reconciliation of waiting list numbers will be complete by May 2015.

10. Does the Department want to rename the "waiting list"? If so, what term would the Department prefer?

The Department would like to rename the waiting list in alignment with information received during the community engagement process for HB 14-1051. The Department believes that the waiting list should identify the individuals who are who are eligible for services, needing services now and waiting for an enrollment.

Since there has been sufficient funding appropriated in order to enroll all individuals eligible for both the HCBS-SLS and HCBS-CES waivers, the Department would like to refer to individuals waiting for enrollment in those programs as "pending enrollment". Though, many individuals are still waiting for services due to the ramp up needed to enroll all eligible individuals, the Department believes referring to these individuals as "pending enrollment" for those waivers will make it clearer that there is not a lack of funding to serve these individuals. As funding has not been appropriated to fully eliminate the HCBS-DD waiting list, the Department believes it is still appropriate to refer to individuals waiting for the HCBS-DD waiver as being on a waiting list.

11:05-11:35 FY 2014-15 EXPENDITURES

11. Please discuss why the Department is having difficulty expending funds appropriated for each waiver, and why the Department is also asking for new enrollment funding.

The Department projects an underexpenditure in FY 2014-15 due to slower than assumed enrollment of individuals during this year. As a result of the Department's budget requests, Joint Budget Committee actions, and HB 14-1368 ("Transition Youth with Developmental Disabilities to Adult Services"), caseload for the HCBS-DD, HCBS-SLS, and HCBS-CES waiver programs will increase by over 2,000 clients in FY 2014-15. Because there is no recent history of a similar increase in enrollment, it was unknown how quickly Community Centered Boards (CCBs) would be able to enroll clients into the waivers when the appropriations were calculated for these enrollments. Therefore, the appropriation for additional enrollments was based on aggressive estimates of how quickly enrollments would occur and how quickly claims would pay; this was necessary to ensure that funding was available to enroll all authorized individuals promptly. The Department and CCBs continue to work to enroll individuals as fast as possible. Further, the Department notes that although there is a projected underexpenditure, sufficient funding will still exist in FY 2014-15 to enroll the full number of people authorized by the General Assembly.

The Department believes this ramp-up will only affect the FY 2014-15 appropriation; the Department currently projects achieving full enrollment in FY 2015-16. As a result, the Department estimates the current appropriation base for FY 2015-16 is essentially correct, and no reduction to funding would be needed in the out year for currently appropriated enrollments. New funding, however, will be needed in FY 2015-16 for additional emergency placements, foster care transitions, and maintaining the policy of no waiting lists for the HCBS-SLS and HCBS-CES waiver programs.

Without additional funding, the Department may be required to reinstate waiting lists.

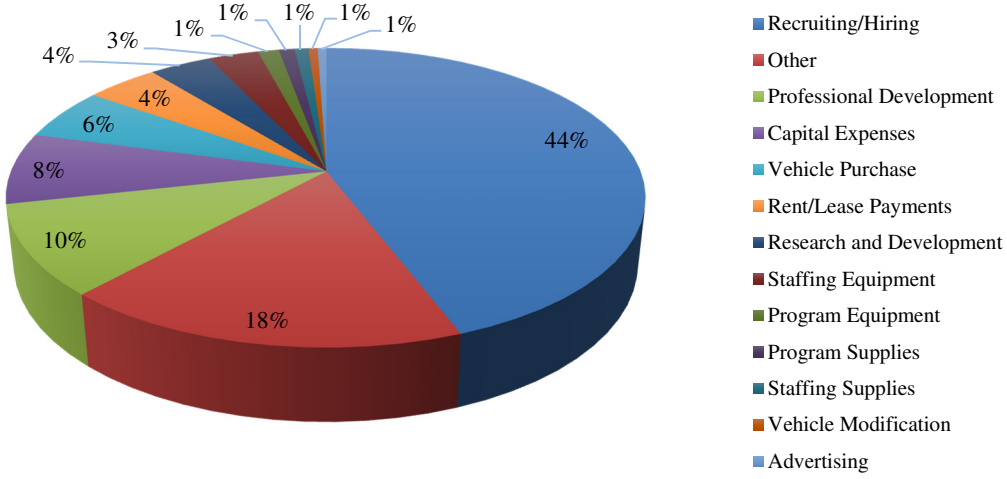
12. Please discuss how the Department is working with Community-Centered Boards to increase their capacity to serve new individuals resulting from the General Assembly's actions, and the time frame to have sufficient capacity.

The General Assembly appropriated a total of $4,293,074 in HB 14-1252, "Concerning Funding for System Capacity Changes Related to Intellectual and Developmental Disabilities Waiver Services", to build capacity to process the high volume of enrollments and serve these newly enrolled individuals. The Department distributed a total of $2,239,920 to the CCBs in April 2014 in order to build capacity to process the enrollments. The CCBs required funds in order to recruit, hire and train additional staff necessary to enroll individuals and assist these individuals with accessing services.

A total of $2,053,154 was distributed to HCBS-SLS providers, including CCBs, to build capacity at the service provider level. Like the CCBs, many providers also need to build capacity by hiring and training new staff in order to serve the influx of newly enrolled individuals.

The CCBs and providers are required to report to the Department regarding their use of the HB 14-1252 funds. CCBs and providers have reported that the majority of expenditures were used to recruit, train, and hire additional staff, allowing new individuals to be enrolled into services (see Figure 1, CCB and Provider Expenditures). The expenditure category of "Other" includes funds distributed from the CCBs to HCBS-SLS waiver providers under contract with the CCBs as well as miscellaneous costs associated with enrolling new individuals.

Figure 1. CCB and Provider Expenditures



As of October 31, 2014, 54% of HB 14-1252 funding distributed by the Department has been reported as expended. The Department is currently reviewing these expenditure reports to determine the effectiveness of the use of these funds. Through this review, the Department will work with CCBs and providers to determine if there is additional capacity building needs and if so, how those needs can best be met. The Department will continue to work with the CCBs and providers to collect quarterly expenditure reports identifying how funds were utilized for the remainder of the fiscal year. The Department will submit a request through the normal budget process if capacity issues are identified that require additional funding.

System capacity building efforts, in collaboration with the CCBs and providers, are an ongoing process and there is not a defined time frame for having sufficient capacity. System capacity will need to continue to increase as the General Assembly appropriates funding for new enrollments. In addition to the funds from HB 14-1252, the Department is utilizing the following strategies as identified in the strategic plan developed pursuant to HB 14-1051 to further develop provider capacity:

- Implementation of Consumer Directed Attendant Support Services (CDASS) - Estimated to be effective July 1, 2015, the Department will add CDASS to the HCBS-SLS waiver which will allow individuals to hire family members or neighbors to provide support, increasing access and flexibility.
- Provider Development and Outreach – Beginning January, 2015, the Department plans to conduct provider outreach to existing providers of similar services provided to individuals in other waiver programs. For example, there are personal care providers delivering services for clients enrolled on the HCBS waiver for the Elderly, Blind and Disabled that may have capacity to also serve individuals with intellectual and developmental disabilities.
- Further Development of Family Caregiver Options – The Department has received feedback that additional information and education is necessary in order to help increase the number of family members acting as service providers. The Department will need to ensure appropriate safeguards are in place through person-centered planning, program oversight, and training. Expanding the use of family members as service providers will help increase service provider capacity and increase access to necessary services.

13. Please discuss how the Department is working with Community-Centered Boards to ensure all the services available in the Regional Centers are available in the community.

All services available in the Regional Centers are available in the community. However, long standing practice has created a cultural perspective that only Regional Centers can serve those with the most complex needs. Services provided through HCBS-waiver at the RC are same services provided through the HCBS-DD waiver in the community. Additionally, the historic reimbursement process for community providers did not provide enough funds to cover the cost of care for individuals with the most complex needs. Those elements have worked together to inhibit the development of a provider base able to serve individuals with the most complex needs. To address the issue of reimbursement, the Department has worked with CCBs to assist individuals wanting to move to their home community to obtain a Support Level Review. This Support Level Review

considers all the factors related to the individual's health and safety needs and establishes a Support Level that will allow reimbursement adequate enough to ensure a stable transition for the individual. With adequate reimbursement, CCBs have been able to coordinate services in the community. Work needs to be completed for a strategic approach which ensures statewide provider capacity.

14. Please discuss how the Department would like to use the Intellectual and Development Disabilities Services Cash Fund.

The allowable uses of the Intellectual and Development Disabilities Services (IDDS) Cash Fund are defined in statute at section 25.5-10-207(5), C.R.S. The statute permits the General Assembly to appropriate funding for program costs, administrative expenses for renewal and redesign of I/DD waiver programs, and increasing system capacity. The Department did not request funding from the IDDS cash fund for FY 2015-16 for several reasons:

- Program Costs: Because the IDDS cash fund does not have a permanent revenue source, the IDDS cash fund cannot permanently support new enrollments. As such, any appropriation for program costs would serve as a one-time General Fund offset.
- Renewal and Redesign of I/DD Waiver Programs: In HB 14-1252, The Department received an appropriation from the cash fund in FY 2014-15 for an FTE to provide support in the waiver redesign and renewal process. The Department is currently working with stakeholder groups on waiver redesign, and has not yet identified a further funding need for this work. The Department would use the regular budget process to request additional funding when and if necessary.
- Increasing System Capacity: In HB 14-1252, the General Assembly appropriated $4.2 million for CCBs and I/DD providers to build capacity in FY 2014-15. The Department believes that time is needed to determine the effects of that appropriation, and providing further funding at this time would be premature. If system capacity issues still exist to the point that further funding is needed, the Department would use the regular budget process to request funding.

Recommended Changes to the Long-Term Services and Supports System

15. Please discuss the Department's response to, and position on, the Gap Analysis published in November 2014.

From the Department's perspective, the recommendations in the Gap Analysis[2] report align with recommendations of the Community Living Advisory Group, a major focus for the work of the Department's Office of Community Living. Additionally, the Gap Analysis recommendations to improve quality, care-coordination and the use of a person centered approach for planning and service delivery are required elements of the new federal regulations for Home and Community Based Services waivers.

The Gap Analysis report highlighted long standing issues related to gaps in service that span the

[2]"Analysis of Access to Mental Health Services for Individuals who have Dual Diagnoses of Intellectual and/or Developmental Disabilities (I/DD) and Mental and/or Behavioral Health Disorders", by JFK Partners, University Of Colorado School Of Medicine and the Collaborative for Autism and Neurodevelopmental Disabilities Options (CANDO), which is an ad-hoc committee of the Colorado Developmental Disabilities Council, submitted November 1,2014

various service delivery systems supporting individuals with dual diagnoses of intellectual and/or developmental disabilities and mental and/or behavioral health disorders (dual diagnoses). It identifies that gaps in service are a result of provider capacity and the need for better cross-system integration among the various public and private entities involved in service delivery.

The Gap Analysis report provided an important and useful first step to making improvements, but a much more detailed analysis and specific identified resolutions are necessary before the recommendations of the report are actionable. Additionally, the amount financing needed to implement recommendations needs to be determined through a fiscal impact analysis.

16. Please discuss the Department's plan for the Children's Habilitation Residential Program waiver including:

a. If the waiver is working properly;

The Children's Habilitation Residential Program (CHRP) waiver is providing the intended services and supports to children and youth with significant intellectual and developmental disabilities (IDD) that are in out of home placement through the child welfare system. The waiver provides a set of specialized and intensive services and supports which go beyond those services offered through the traditional state plan Medicaid benefits and has demonstrated success if keeping children out of institutions. The waiver is overseen by HCPF and is operated through an agreement with CDHS. CDHS and HCPF continuously work to improve waiver operations through increased data analysis, collaborative training and technical assistance. One particular concern is that the waiver is currently underutilized by County Departments of Human/Social Services. This could be due to provider shortages, as well as lack of child welfare staff awareness about Medicaid waivers

b. What recommendations are there to improve, change, or eliminate the waiver; and

There is no recommendation to eliminate the waiver as it provides critical support to developmentally disabled children and youth in out of home placement. As a result of examination of this and other child serving waivers, the Waiver Simplification subcommittee of the CLAG has discussed a recommendation that would essentially combine the existing CHRP and Children's Extensive Supports (CES) waivers into a single waiver for children and youth with IDD irrespective of involvement with county child welfare departments. A new waiver of this kind would include a broader continuum of services and supports in a single waiver and would not necessarily require a family to have an open court or child welfare case in order to receive access to appropriate services and supports for their high needs child or youth with developmental disabilities. In addition, plans are in place to implement new Home and Community Based Services (HCBS) rules regarding placement settings including ensuring that children and youth participating in CHRP waiver services are not in institutional type settings.

c. The consequences of recommendations mentioned in response to "b".

The majority of parents of child or youth with developmental disabilities served through the Office of Child Welfare seek out services for when they are unable to obtain services through other sources. If the case is opened to child welfare, then the parents receive priority access to services. This element would need to be addressed to assure that cost shifting does not occur to county departments

if the recommendation in "b" is implemented. Next, case management for the children and youth on the CHRP waiver is conducted by child protection caseworkers in county departments of human/social services as a part of their child welfare casework and is not funded through the CHRP waiver. The proposed children's IDD waiver would require case management to be conducted by experts in children/youth with IDD such as local Community Centered Boards (CCB). Funding for CHRP services would require IDD specific case management funds to be appropriated. Children and youth with child protection concerns would need to be able to access needed services through the waiver and concurrently work with the county department to address their ability to care safely for their children and youth. Given the low number of children and youth with developmental disabilities served through the CHRP Waiver, it would be important to fund additional case management resources through CCBs, rather than shift casework resources away from county departments. As a result of the HCBS settings requirement, some providers may no longer be eligible to be considered an HCBS provider.

Both HCPF and CDHS would like to conduct a more thorough assessment of the CHRP waiver to determine the next steps for improving this program.

17. Please discuss the status of the waiver simplification process and the estimated fiscal impact of waiver simplification.

The Department worked with stakeholders to draft a new waiver application and determine the fiscal and operational impact of a redesigned waiver for adults. Should the implementation recommendations on waiver redesign drive a fiscal impact, the Department would utilize the normal budget process to request any changes to funding. At the moment, however, there is not sufficient information to determine if waiver simplification will have either a positive or negative fiscal impact.

In August 2013, the Community Living Advisory Group recommended redesign of Colorado's HCBS waivers serving adults with intellectual and developmental disabilities. The Department convened a Waiver Redesign Workgroup which has been meeting monthly since October 2013. This workgroup represents a broad range of perspectives and is comprised of individuals receiving services, their families, and representatives from Community Centered Boards, service providers, and advocacy organizations. The workgroup will submit a report containing recommendations for service array, person-centered service delivery, participant direction, and reimbursement methodologies will be submitted to the Department in January 2015.

The Department has worked closely with the Community Living Advisory Group and its Waiver Simplification Subcommittee over the past two years to create a framework for the simplification of its Home and Community-Based (HCBS) waiver system. The Department submitted a concept paper outlining a framework for simplification to the Centers for Medicare and Medicaid Services in December 2013. The successful integration of the Persons Living with AIDS (HCBS-PLWA) waiver into the HCBS waiver for persons who are Elderly, Blind, or Disabled (HCBS-EBD) waiver in March 2014 was a first step in the implementation of that framework.

The Department's targeted implementation date for the redesigned waiver is July 1, 2016, and it will operate concurrently with the existing Developmental Disabilities (HCBS-DD) and Supported Living Services (HCBS-SLS) waivers until their expiration in June 2019. This will allow for a gradual phase-out of the existing waivers and provide individuals the opportunity to transition to the redesigned waiver at a time that best suits their needs and preferences. The Department will use the

process for redesign of the services for adults with intellectual and developmental disabilities and the recommendations contained within the Community Living Advisory Group's final report submitted to the Governor's Office on September 30, 2014, as a model for simplifying the waivers serving other populations.

18. Please discuss the Department's plan for changes to Colorado's long-term services and supports system including:

a. Where the system is now and where the Department would like the system to be in five years;

The American Association of Retired Persons (AARP) ranked Colorado 4th in the country in its national scorecard for LTSS performance. Over 50 percent of LTSS funding is invested in community based services and supports and serves more than 50 percent of the LTSS consumers in our Colorado communities. While good indicators of success in LTSS delivery, the Department understands that a great deal of work remains. The Department and the community are neither satisfied nor content with the status quo. The Department is focused on improving services and supports to individuals needing long term care and will continue to do so by implementing recommendations of the CLAG and Colorado's Community Living Plan. The Office of Community Living has been directed to develop a strategic plan that incorporates federal changes to the HCBS Rule, cross-Department tasks from Colorado's Community Living Plan, and recommendations from the Community Living Advisory Group to create a more person-centered system. This system will be easier to access, easier to navigate, maximize consumer choice and control over where, when, and how consumers receive services in the place they call home, deliver quality services through a well-trained workforce, and will be fiscally sound.

b. What steps will be taken to get where the Department wants to be in five years;

The Department is developing a project plan and timeline that incorporates recommendations of the Community Living Advisory Group (CLAG) and Colorado's Community Living Plan. Implementing these recommendations and assessing the fiscal impact will be complicated as many of recommendations are interrelated, overlap and dependent on other priorities, options and possible approaches. The best approach to organizing these various high-level recommendations is to group them based on the impact to the LTSS delivery system operations.

c. How the expansion of CDASS and implementation of the Community First Choice option fit within the Department's plan;

The expansion of CDASS into the SLS waiver is a logical next step towards making consumer directed services available to people with intellectual and developmental disabilities. If funded, CFC would move these services from the waiver to the State Plan. The implementation of Community First Choice (CFC) fits within the Department's waiver simplification plan which includes expanding the availability of consumer service delivery options, standardizing services across all populations, and, shifting away from providing LTSS through the long term home health benefit. Implementation of CFC will take time and so expanding CDASS first will allow consumer directed services to be available to people enrolled in SLS with an estimated implementation date of July 2015.

d. How the changes will impact the number of individuals waiting for services;

The changes described above will expand service access, improve system navigability, and ensure a more effective use of resources allowing for an increased number of individuals to be served, thereby reducing the number of individuals waiting for services. Since the Community Living Advisory Group was established in 2012, the Department has made considerable progress in providing timely access to waiver services. In recent years, the Colorado General Assembly has approved the Department's requests for funding necessary to serve all individuals waiting for enrollment in the Children's Extensive Supports (HCBS-CES) and Supported Living Services (HCBS-SLS) waivers, and a request for funding to serve all individuals waiting for enrollment in the Children with Autism (HCBS-CWA) waiver was included in this year's budget request. If that request is also approved, the only remaining waiting list is for the persons with Developmental Disabilities (HCBS-DD) waiver.

In response to House Bill 14-1051, the Department has developed a strategic plan for assuring timely access to services for individuals with intellectual and developmental disabilities. This plan, submitted to members of the Colorado General Assembly in November 2014, includes the Department's initiatives for identifying and responding to current and future needs to assure individuals have access to services at the time they need services. These initiatives along with the recommendations contained within the Community Living Advisory Group report and Colorado's Community Living Plan will reduce the number of individuals waiting for services with the goal of eliminating the HCBS-DD waiting list by the year 2020.

e. The feasibility of consolidating and streamlining programs;

Streamlining is feasible, and has successfully been executed by multiple other states. Recent federal regulatory changes has created more flexibility with HCBS waiver programs that allow states to create waivers for more than one target population. Previously, states had to serve distinct target populations with each waiver program. While costs might be a concern as the Department increases access and choice to services that certain populations may not have had access to before though consolidation, the Department can establish budgetary controls through the assessment process and resource allocation methodologies.

f. Which programs could be consolidated and streamlined; and

Although it appears federally allowable to consolidate all current HCBS waivers into one HCBS waiver, Mission Analytics did not recommend this degree of consolidation at this time because of the operational and political difficulties they were able to foresee. The Mission Analytics report recommends creating one waiver to serve adults with intellectual disabilities, one waiver to serve people with mental illness, one waiver for children with special needs and one waiver for all other adults who need long-term services and supports. It was suggested that these four waivers would replace the 11 waiver program that the Department currently administers. However, CMS has provided some regulatory flexibility since the Mission Analytics report was released, and the Department will need to complete additional analysis to determine the right number of waivers to provide services and supports to clients.

g. How the responses to all the above questions relate to the SMART Act.

The Department intends to use the SMART ACT framework to ensure that it implements the recommendations of the Community Living Advisory Group (CLAG). The statutory requirement under the SMART ACT that a "Performance Measure" should demonstrate the efficiency of service delivery is then conceptually similar to the charge of the CLAG to improve Colorado's service delivery of long-term services and supports.

Recommendations of the Community Living Advisory Group (CLAG) to Governor Hickenlooper were submitted after the statutory deadline to incorporate those objectives into the FY 2014-15 Department Performance Plan; therefore, they will be incorporated into the FY 2015-16 Performance Plan.

The Department has committed to producing and publicly disseminating a detailed project plan that outlines key objectives of the CLAG recommendations and cataloging the steps that the Department plans to take to execute those recommendations. This Department believes that documenting detailed concrete steps required to achieve implementation of CLAG recommendations is consistent and aligned with the project management requirements of C.R.S 2-7-207 (19) and (20) which requires Departments to create a 'Process Map' that describes how services delivery can be enhanced via systemic process improvement activities.

19. Please discuss the Department's comprehensive plan for how recommendations made by the Colorado Community Living Plan and Community Living Advisory Group will be implemented and the associated costs.

The success of the CLAG included building more consensus and trust around changes needed and desired in the LTSS system. Some of the CLAG recommendations were detailed, as in the areas of entry point/eligibility system redesign and HCBS waiver redesign, while others were less specific. The success of the development of Colorado's Community Living Plan included the State and stakeholders articulating their commitment together to foster community living for individuals with disabilities, specifically by agreeing upon goals accompanied by measurable outcomes, strategies and action steps.

However, building a comprehensive plan integrating these two bodies of work, along with the many Department efforts already underway which align with them, is a work in progress. Translating these recommendations and goals into implementation steps with defined associated costs, will require coordinated and extensive work.

The Department will not know the associated costs until implementation is better defined through a comprehensive planning process, which will include:

1. Conducting a cross-walk of the recommendations between the two reports, and current related Department initiatives, to identify areas of overlap and dependencies.
2. Assessing the impact of each recommendation on current system operations, considering: federal approvals needed; dependencies with any other recommendations; need for statutory and regulatory changes; impact to Medicaid members; disruption of the current system; operational design; and, fiscal impact.

3. Grouping the cross-walked recommendations, goals and initiatives based on their assessed impact (type and extent).
4. Working with stakeholders and state staff to identify and vet possible implementation models to minimize or avoid disruption to individuals.
5. Developing and testing these models for actual fiscal and operational impact.
6. Working with stakeholders to create implementation plans based on the above analysis.
7. Provide opportunities for stakeholder feedback, throughout analysis and implementation, to adjust actions as needed.

The Department has begun limited implementation of parts of the CLAG recommendations based on grant opportunities, for example the Testing Experience and Functional Tools (TEFT) and No Wrong Door grants, but wants to stress that these are just part of what will be required to implement meaningful changes to the LTSS system. New funding, beyond current Department budget needs, will be required.

Conflict-free Case Management

20. Please discuss the status of implementing conflict-of-interest free case management and the associated costs.

Implementation is currently in progress and the fiscal impact is unknown this time.

The Department convened a task group, which met from February through October 2014 to develop recommendations for consideration by the Department for a case management model that is integrated, person-centered, transparent, and offers free choice of case management. Shortly after the task group began meeting, the Federal Centers for Medicare and Medicaid Services issued a final HCBS Rule, 42 CFR 441.301(c)(1)(vi), effective March 17, 2014, which require that "Providers of HCBS for the individual, or those who have an interest in or are employed by a provider for the individual must not provide case management or develop the person-centered service plan, except when the State demonstrates that the only willing and qualified entity to provide case management and/or develop person-centered service plans in a geographic area also provides HCBS."

The charge to the task group was updated to making recommendations for a conflict-free case management system. The draft report was submitted to the Department on October 31, 2014. Once finalized, it will be released to the public for a 30 day comment period. After that time, the Department will consider the recommendations and public input in alignment with the recommendations of the Community Living Advisory Group report released in September 2014. This combined information will inform next steps to bring the Department's Home and Community Based Services waivers into compliance with the HCBS regulations for conflict free case management. The work to achieve this system change will need a fiscal impact analysis and implementation steps will be included in the greater plan to implement recommendations of the Community Living Advisory Group as discussed in the response to question 19.

21. Please discuss the consequences of not having a conflict-of-interest free case management system in Colorado.

Conflict free case management is a federally required condition of participation for Home and Community Based Services per the new regulations set forth at 42 CFR 441.301(c)(1)(vi). If the Department chooses not to comply with a conflict free case management system, the Department will no longer receive the Federal Medical Assistance Percentage (FMAP) that provides 51.01% of funds currently supporting Home and Community Based Services waivers.

22. How many incidents of case management conflict-of-interest have been prosecuted in Colorado in the last ten years? How many incidents have been reported to the Department in the last ten years?

The Department investigated one formal complaint of case management conflict of interest in 2013 and found the complaint to be unsubstantiated.

There has been no "conflict of interest "defined in law related to case management. Therefore, there have not been any prosecutions under Colorado state authority.

11:35-12:00 COMMUNITY FIRST CHOICE OPTION AND CDASS EXPANSION

23. Please discuss the feasibility of using Results First to measure the effectiveness of the Community First Choice option.

Community First Choice is outside the current project scope of Results First. The first year of the program is focused on juvenile justice, child welfare and adult criminal justice. After the first year, and depending on the success of the program, the Governor may use the regular budget process to seek funding to expand the scope of Results First; however, that is unknown at this time.

24. Please discuss how much the Community First Choice option would cost in FY 2015-16 dollars.

A preliminary report evaluating the feasibility of implementing Community First Choice (CFC) services was completed in December 2013 for the Department by Mission Analytics. In updating that model with more recent data, implementing the program within Colorado's current long-term services and supports system would increase annual General Fund expenditure in a range between $56.4 and $83.7 million (between $172.0 million and $248.9 million total funds). It is important to note that this estimate does not include administrative or implementation costs for the program.

While the Mission Analytics estimate provides a good foundation for what implementation of the program might cost, more robust modeling is necessary to more accurately reflect costs. For example, the Mission Analytics models do not capture potential savings that could be observed through policy decisions or potential reductions to waiver service utilization. CFC implementation would represent a redesign of hundreds of millions of dollars of home and community-based services provided to individuals with disabilities. This is a complicated process that would significantly impact our clients and requires extensive research, actuarial analysis and time to ensure the redesign is able to be implemented and does not have a negative impact on the recipients. The actual cost of implementing

CFC is highly dependent on recommendations from the CFC Development and Implementation Council, Department policy decisions and more in depth actuarial analysis on rates and utilization.

25. Please discuss how the Department plans to work with the Community First Choice Development Council to reach a consensus on which services will be offered through the CFC option.

The Department convened the CFC council in 2012. In 2014, after the completion of the feasibility study it shifted to the Development and Implementation Council. The council is co-chaired by a staff from the Department and a stakeholder. The Department will work closely with the Council to provide information about projected cost and implementation complexities on the various options available to implement CFC. The Department will work with stakeholders on the complete design and structure of CFC through group facilitation techniques, use of a voting structure from the council, and soliciting public comment from stakeholders who are not members of the council.

26. Please discuss how the Department plans to keep the General Assembly informed about the implementation and cost of the Community First Choice option.

The Department provides regular CFC updates to interested stakeholders. These will continue and will include proposed implementation and cost information. They are designed to be useful for legislators as well. In addition, the Executive Director sends regular LTSS updates and these will include information about CFC milestones and opportunities for stakeholder input.

The Department understands that CFC implementation will require statutory authority and cannot occur without involvement and approval from the General Assembly. The Department will look to the General Assembly for feedback about the level of information on CFC desired as the Department moves forward. The Office of Community Living and stakeholder relations staff will be responsive to requests for further information on implementation and potential costs.

27. Please discuss the timeline for implementation of the Community First Choice option.

There is no set timeline for CFC implementation. The CFC Feasibility Study[3], which was finalized December 2013, contains an analysis and recommendations of the additional policy and fiscal analysis that needs to occur to continue with CFC development and implementation. Implementing CFC would require a substantial redesign of the current Long Term Services and Supports (LTSS) delivery system. Redesigning hundreds of millions of dollars of services that support thousands of individuals' daily needs will be neither quick nor easy. The states that have implemented CFC thus far already had personal care services in their State Plan which largely represented a re-financing of current services, however in Colorado CFC implementation would represent a fundamental restructure of the LTSS delivery system.

CFC implementation would be part of the larger waiver simplification plan and would require extensive policy and claims and case management systems changes. Largely due to MMIS reprocurement, these systems changes would take several years to implement. Working with CMS on writing and receiving approval of the State Plan amendment would also be an extensive and labor intensive process. As detailed in R-7, the Department believes that more detailed financial and

[3] https://www.colorado.gov/pacific/sites/default/files/Final%20CFC%20Feasibility%20Study%2012-30-13.pdf

actuarial analysis is necessary to better understand the cost and risks associated and so time would need to be allowed for that. This would include a modified benefits collaborative process and the Department has learned that this process takes between 6 and 14 months to effective incorporate stakeholder input. The Department would also need to ensure time allowed for training and outreach to providers, case managers, clients and families.

28. Please discuss why the Department is seeking to expand CDASS including:

Expansion of CDASS is necessary in order to comply with 25.5-6-1102 C.R.S. Providing access to participant directed service delivery options for all people who meet an institutional level of care is directly related to the Department's goal of improving client experience, health care access and health outcomes as it allows clients choice, control, and flexibility in who provides services and how they are received.

a. The effectiveness of CDASS; and

The effectiveness of CDASS and IHSS is routinely monitored through case management agencies, the Financial Management Services (FMS) vendor, monthly Department data reports, and participant feedback primarily through the Participant Directed Programs Policy Collaborative (PDPPC). The Department of Public Health and Environment monitors IHSS agencies directly.

b. The relationship between In Home Services and Supports and CDASS.

CDASS and IHSS are consumer directed service delivery options. CDASS allows for budget and employer authority where as IHSS allows for employer authority and the financial component of services is completed by an IHSS agency. Offering both IHSS and CDASS provides clients with a spectrum of service delivery options from which they can choose based on the client's individual needs.

29. Please discuss the feasibility of surveying a portion of the individuals receiving SLS services to see how many may utilize CDASS. Additionally please discuss what expenditure controls could be implemented to limit a potential overexpenditure in SLS waivers due to CDASS.

Reliable data would be difficult to obtain from doing a survey. For reasons described below, there may be many more people who initially indicate they are interested in CDASS than who will access it once it is available. There are many people who are interested in the option to use CDASS. However, participation in CDASS requires the individual receiving services to select, train, supervise and determine pay for their attendants. Some individuals may not be interested in CDASS after learning of the requirements for participation, preferring an agency to continue their support without the additional responsibilities associated with service delivery. Additionally, CDASS is not be appropriate for all individuals. The determination of appropriateness is a process involving discussion and decisions made among the individual, their family and case manager about the best course of action to ensure adequate support. The Department believes a survey would not necessarily provide a more reliable estimate of forecasted utilization. In addition, there would be the administrative burden to the Department and Community Centered Boards to survey each person enrolled in or waiting to enroll in the HCBS-SLS waiver.

Cost containment is built into the Home and Community Based Services Supported Living Services waiver (HCBS-SLS). Expenditures are limited by the Service Plan Authorization Limit (SPAL), which are based on a person's Support Level. The Service Plan Authorization Limit is an upper payment limit for the on-going services an individual receives through the waiver. The waiver itself has a total combined annual upper payment level of $45,000 per person, which would remain in effect when CDASS is approved.

Some services, however, would not be subject to the Service Plan Authorization Level. Specifically, individuals in the HCBS-SLS waiver who need home health services obtain those services through the Medicaid State Plan (State Plan). Because State Plan services are provided based on medical necessity, they are not subject to the Service Plan Authorization Level. Thus, even under a consumer directed model, reimbursement for these services will be outside the upper payment limit of the waiver. However, clients will continue to be limited to receiving services according to their assessed need, just as they are currently in the State Plan. Additionally, Department regulations for CDASS require the case manager to monitor CDASS expenditures and when expenditures exceed the plan for services, they assist the individual to bring his or her expenditures back in line with the plan. These regulations will apply to CDASS provided in the HCBS-SLS waiver.

Attachment A
Report: Total Number of Individuals Waiting for Enrollment Into Services
Submitted November 3, 2014

Pursuant to 25.5-10-207.5(3)(a), C.R.S., the Department of Health Care Policy and Financing (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 number of persons waiting for enrollment into the following Home and Community Based Services waiver programs for: 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.

All data in this report was obtained from the Community Contract Management System as of August 31, 2014.

Table 1 details the number of persons needing services immediately who are waiting for an enrollment into one of the programs described above.

Table 1
Persons Needing Services Immediately Waiting for Enrollment

Program	Unduplicated Number of Individuals
HCBS-DD Only	1,454
HCBS-SLS Only	954
HCBS-DD and HCBS-SLS	850
HCBS-CES	331
State Funded Supported Living Services	206
Family Support Services Program	7,067

Some individuals are waiting for enrollment immediately into both the HCBS-DD and the HCBS-SLS waivers. In order to report unduplicated numbers of individuals waiting for HCBS waivers, the numbers above are reported as individuals waiting for HCBS-DD only, HCBS-SLS only and those waiting for both waivers.

Please note, the Department has sufficient funding to enroll all individuals currently waiting for the HCBS-SLS and HCBS-CES waivers. All enrollments have been authorized and the Community Centered Boards are currently working to get all eligible individuals enrolled.

Table 2 details the number of individuals needing services immediately who are waiting for enrollment, but currently receiving some Medicaid services.

Table 2 Persons Needing Services Immediately Who Are Receiving Some Services		
Program	**Unduplicated Number of Individuals**	**Percentage of Individuals Waiting**
HCBS-DD Only	1,207	83%
HCBS-SLS Only	265	28%
Both HCBS-DD and HCBS-SLS	249	29%
HCBS-CES	155	47%
State Funded Supported Living Services	39	19%
Family Support Services Program	1,661	24%

Table 3 details individuals eligible for services, but who have indicated they do not need services at this time (also known as the safety net). Please note, there is some duplication between the numbers in Table 3 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.

Table 3 Persons Eligible But Not Needing Services At This Time (Also Known as Safety Net)	
Program	**Unduplicated Number of Individuals**
HCBS-DD Only	3,109
HCBS-SLS Only	362
Both HCBS-DD and HCBS-SLS	861

Attachment B
Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities
Submitted to November 3, 2014

This report is written in response to direction set forth in House Bill 14-1051 which 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 "to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access to the services and supports they need and want at the time they need and want those services and supports." This report includes the Department's strategic plan and describes the stakeholder process completed by the Department in development of the strategic plan.

Introduction

Colorado has long been a leader in providing community-based services and supports to its citizens with intellectual and developmental disabilities (I/DD), enabling them to reside in communities of their choosing and in the least restrictive settings possible.

When granted by the United States Department of Health and Human Services: Centers for Medicare and Medicaid Services (CMS), Home and Community-Based Services (HCBS) waivers permit states to waive certain Medicaid State Plan requirements in order to furnish an array of services designed to promote community living and provide an alternative to services delivered in institutions. Colorado was among the first states to apply for and be approved to operate an HCBS waiver. The Department of Health Care Policy and Financing (the Department) operates eleven HCBS waivers under authority granted by the Colorado General Assembly. Three of those waivers are operated within the Division for Intellectual and Developmental Disabilities – the Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), and Children's Extensive Support (HCBS-CES) waivers.

In addition to Medicaid services provided though 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, or if they need extensive supports, are receiving those supports from other sources. The Family Support Services Program (FSSP) program provides assistance, according to a family support plan, needed to maintain a family member with intellectual or developmental disability in the family home.

The ability to serve all individuals who are eligible for and in need of the services and supports described above is limited by the state's available resources. As a result, many individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences. Through the passage of House Bill 14-1051, the Colorado General Assembly has reaffirmed its commitment to ensuring Coloradans with I/DD and their families have access to the services and supports they want and need at the time they are needed.

Waiting List Background Information

Waiting List Data and Statuses
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 General Fund 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 into one of the following waiting list statuses:

- **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.

The CCB case managers are required to verify and update the waiting lists status of eligible individuals within their respective catchment areas at least annually. 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. Please note, the Department has sufficient funding to enroll all individuals currently waiting for the HCBS-SLS and HCBS-CES waivers. All enrollments have been authorized and the Community Centered Boards are currently working to get all eligible individuals enrolled.

Table 1
Persons Needing Services Immediately, Waiting for Enrollment

Program	Unduplicated Number of Individuals
HCBS-DD Only	1,454
HCBS-SLS Only	954
HCBS-DD and HCBS-SLS	850
HCBS-CES	331
State Funded Supported Living Services	206
Family Support Services Program	7,067

Data Source: Community Contract Management System, August 31, 2014

Table 2 details the number of individuals currently with a Safety Net status. Please note, there is some duplication between the numbers in Table 2 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.

Table 2 Safety Net Status	
Program	**Unduplicated Number of Individuals**
HCBS-DD Only	3,109
HCBS-SLS Only	362
Both HCBS-DD and HCBS-SLS	861

Data Source: Community Contract Management System, August 31, 2014

HCBS Waiver Waiting List Procedures

In accordance with federal HCBS waiver requirements, the Department is ultimately responsible for the management of waiver capacity and ensuring eligible individuals have comparable access to waiver services. The administrative procedures for the allocation of enrollments currently vary by program. Having varying processes based on program do not currently allow for full transparency, can negatively affect equity in enrollment processing and do not ensure comparable access to services for otherwise eligible individuals. Table 3 on the following page summarizes key differences in current waiting list procedures among different programs.

Table 3 Current Waiting List Procedures					
	Children's Extensive Supports Waiver (HCBS-CES)	**Persons with Developmental Disabilities Waiver (HCBS-DD)**	**Supported Living Services Waiver (HCBS-SLS)**	**State Supported Living Services (State SLS)**	**Family Support Services (FSS) Program**
Waiting List Type	Statewide	Statewide	Local – Based upon designated CCB service area	Local – Based upon designated CCB service area	Local – Based upon designated CCB service area
Allocation of Enrollments / Funding	Enrollments authorized by the Department according to order of selection date on a statewide basis	Enrollments authorized by the Department according to order of selection date on a statewide basis	Enrollments allocated to CCBs which are authorized to offer enrollments according to order of selection date on a regional basis	Funding allocated by the Department to the CCBs	Funding allocated by the Department CCBs
Order of Selection Date (used to determine position on list)	Date of HCBS-CES eligibility determination	Later of the date the individual was determined to have a developmental disability or the date of the individual's 14th birthday	Later of the date the individual was determined to have a developmental disability or the date of the individual's 14th birthday	As determined by the procedures developed by the local CCB	As determined by the procedures developed by the local CCB and Family Support Council
Exceptions to Order of Selection Date	None	Deinstitutionalization, Transitions from foster care or the HCBS-CES waiver, Emergencies	Deinstitutionalization, Transitions from foster care or the HCBS-CES waiver, Emergencies	N/A	N/A

The allocation of HCBS-DD and HCBS-CES waiver enrollments is managed on a statewide basis by the Department. This means when an enrollment becomes available, the Department authorizes enrollment for the next individual on the statewide waiting list, based on the earliest order of selection date, regardless of where the individual lives. Enrollments for the HCBS-SLS waiver are regionally administered, meaning, when an enrollment becomes available in a region, the CCB that serves that region offers an enrollment to the next person on the list in their catchment area, rather than from a statewide list. For the state funded programs, the Department provides an allocation to the CCBs which is then used to provide non-Medicaid services to individuals in each CCB's catchment area.

There are limited circumstances under which exceptions may be granted and individuals may be prioritized for enrollment before those with earlier order of selection dates. Reserved capacity provisions of the HCBS-DD and HCBS-SLS waiver applications allow the Department to offer immediate enrollment to individuals transitioning to the community from institutional settings, to individuals transitioning from the foster care system or from the HCBS-CES waiver, and to individuals who meet emergency enrollment criteria. The HCBS-CES waiver does not include reserved capacity provisions allowing exceptions to its order of selection criteria.

Statutory Definition of Waiting List

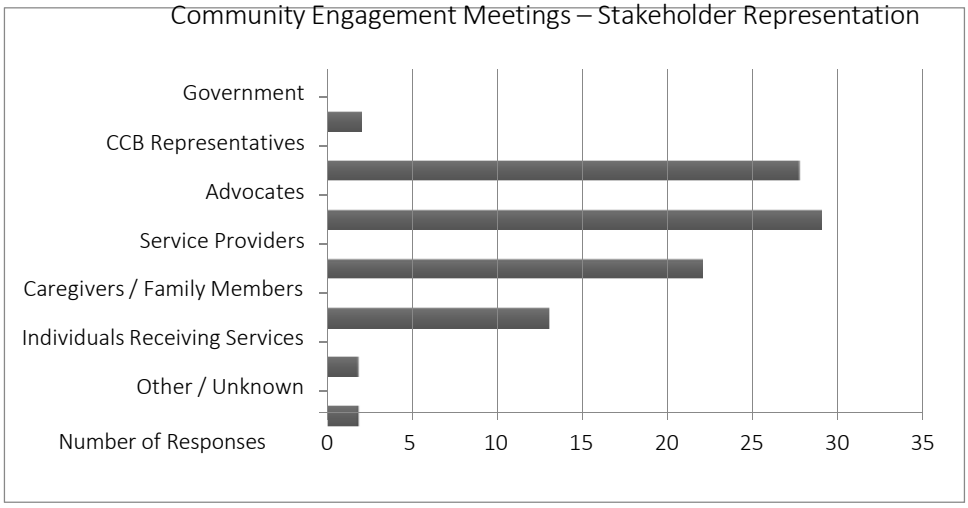
HB 14-1051 also requires the Department to review the current statutory definition of waiting list for recommended changes as a part of development of this strategic plan. The Colorado Revised Statutes currently defines waiting list as, "the list of persons with intellectual and developmental disabilities who are waiting for enrollment into a program provided pursuant to this article."[4] 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 lists within the current definition. These opportunities for improvement are described throughout the Strategic Initiatives section of this plan.

Stakeholder Process

The Department worked with a broad base of stakeholders to gather feedback to form the strategic initiatives outlined in this plan. The Department hosted five community engagement meetings that were designed to provide information and clarification about Colorado's current services for people with I/DD, and to gather feedback to inform the development of the strategic plan. Five meetings were held in October 2014 in four locations across the state with each meeting including a call-in and web-based option. In total, 85 stakeholders participated in the meetings. The Department's full community engagement report and listening log feedback will be posted to the Department's website by the end of November 2014.

All of the meetings benefited from broad stakeholder participation that included representation from individuals receiving services, caregivers/family members, service providers, advocates, and representatives of Community Centered Boards (CCBs). The table below details the stakeholder representation at the meetings.

[4] C.R.S. 25.5-10-202(38)



While this report includes an initial plan, the Department will update the strategic plan quarterly in collaboration with stakeholders. The Department will regularly hold community engagement meetings to continue discussion and gather ongoing feedback as the plan is further developed and implemented. While there was great representation of different stakeholders at these meetings, the Department will seek to add greater representation of additional stakeholders, particularly individuals waiting for services and their families.

Throughout the stakeholder process, three interwoven themes became clear. Stakeholders raised questions and concerns about clarity, feasibility and equity. In a complex system, lack of clarity is a persistent obstacle to accessing services. From the perspective of those receiving services, one family member noted, "The parent has to have a "degree" in navigating the system to make services work for their children." She wondered, "How do the parents who don't have the time, or energy, or skills [to navigate the system] get services for their children?" Providing accurate, clear, and consistent information to stakeholders will increase access and equity.

Frequently, stakeholders requested clarification about data, including access to data. In addition, numerous questions and comments by stakeholders highlighted their hope that data-capture will differentiate between immediate and long-term needs, and account for changing needs of individuals. Ensuring clarity around the data, what it is and what it means, will facilitate forecasting support needs and will promote an atmosphere of transparency.

Numerous stakeholders, ranging from families of individuals receiving services, service providers and representatives of CCBs, acknowledged that CCBs' dual role as case manager and service provider represents a conflict of interest and barrier to equity and access. Relatedly, the existence of various waiting lists processes depending on program at the state and local levels leads to a lack of clarity. Clear delineation of roles, responsibilities, and accountability will go far toward alleviating these doubts and concerns about equity.

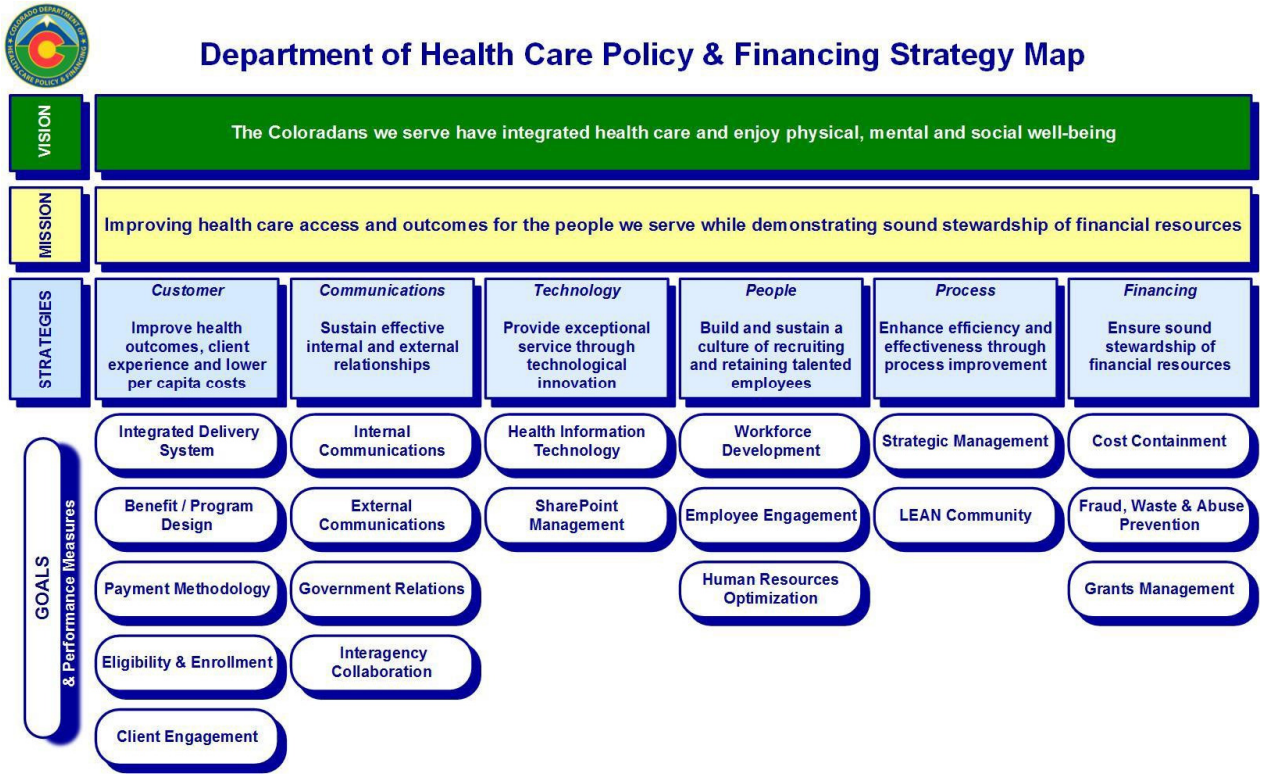
The theme of feasibility arose frequently with regard to provider capacity and funding. Stakeholders expressed concern about the scarcity of qualified service providers to meet the current and anticipated needs, particularly regarding length of time for an evaluation to even begin

accessing services. In addition, concerns were raised regarding securing adequate funding in order to serve all eligible individuals.

These themes of how the system will clearly, feasibly and equitably accommodate all individuals and their varying needs and preferences generated much discussion and concern. The strategic initiatives outlined below will help to address these concerns by creating an equitable and transparent system that assures individuals access the right service in the right amount at the right time and place. The outcome will be more effective use of limited funding to deliver better quality support to more individuals. The cumulative effect of implementing these initiatives will support the Department's ability to meet the charge of House Bill 14-1051 to assure timely access to services.

Strategic Initiatives

HB14-1051 aligns with the Department's mission "to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources." The Department's 2014-15 Performance Plan identifies six key strategies for realizing the mission as detailed in the following strategy map:



This strategic plan developed pursuant to HB 14-1051 aligns with these four of the key strategies identified above:

1. **Customer:** Improve health outcomes, client experience, and lower per-capita costs
2. **Communications:** Sustain effective internal and external relationships

3. **Process:** Enhance efficiency and effectiveness through process improvement
4. **Financing:** Ensure sound stewardship of financial resources

The Department has developed specific strategic sub-initiatives aligned with each of these key strategies. The first phase on the strategic plan will involve analysis to create baseline and benchmarks to allow performance goals to be defined in more detail. These performance goals will be articulated in upcoming versions of this strategic plan. Additionally, further research and stakeholder input is needed to fully define next steps and goals.

These four strategic sub-initiatives, outlined below, are also in full alignment with the recommendations from the Community Living Advisory Group and the Olmstead Strategic plan. The strategic initiatives in this plan will provide additional detail and strategies for assuring timely access to services specifically for individuals with I/DD.

1. **Strategic Initiatives: Customer**

   With the key goal of HB 14-1051 to be assuring timely access to services, most of the strategic initiatives outlined in this plan align with the Customer strategy to improve health outcomes, client experience, and lower per-capita costs. The following sub-initiatives will start to build the foundation necessary to assure individuals have access to services at the time they need and want those services.

a. Complete Data Integrity Review to Identify Full Scope of Current and Future Needs

In HB 14-1051, the General Assembly recognizes that Colorado citizens must have accurate data concerning the needs for services and supports and the Department must regularly forecast to ensure effective policy and programs are developed to meet forecasted needs. Lack of data integrity currently leads to misidentification of resources needed to adequately serve individuals. Through a robust data integrity review, the Department will improve the customer experience through using quality, accurate data to better forecast and provide the necessary resources and supports to meet individual's needs. The Department will also be able to use this data to develop necessary goals and benchmarks to measure progress towards achieving enrollment of all eligible individuals by the year 2020.

The Department and the CCBs have worked successfully over the past several years to improve the integrity of data tracked in CCMS; however, there is still work to be done to ensure accuracy of reported data. For example, CCBs are currently processing a high volume of HCBS-SLS enrollments to eliminate the waiting list and the Department is finding many clients no longer need HCBS-SLS services or cannot be located. The Department believes there are many individuals currently on the waiting list with a status of as-soon-as-available who no longer require HCBS-SLS services immediately, or at all. In order to ensure the integrity of the waiting list data, individuals remaining on the waiting lists will be contacted to determine if they still require services immediately and their level

of need. The Department will work with CCBs to contact all clients on the waiting lists, including those with a status of as-soon-as-available, date specific and safety net.

As a part of reaching out to individuals to determine if they still require services immediately, the Department will also reassess their support needs and preferences at a high level. For example, there are currently 850 individuals waiting for both the HCBS- DD and HCBS-SLS waivers. As these waivers vary in supports and services offered, the Department will confirm what level of service individuals need in order to more accurately identify the scope of unmet need.

With the elimination of the HCBS-SLS waiting list, CCBs have a significant workload of many new enrollments needing to be processed. The Department will work with the CCBs to determine the best way to conduct outreach to waiting list clients in order to avoid disruption of the enrollment process for the HCBS-SLS waiver. If necessary, the Department may use an independent contractor to contact clients. The Department anticipates this outreach and reconciliation of waiting list numbers will be complete by May 2015.

Assuring the accuracy of the data to identify the current unmet need is crucial to developing meaningful benchmarks for achieving the goal of having all eligible individuals timely enrolled in services by the year 2020. Assuring data integrity will also allow the Department to much more accurately forecast needs in order to provide well justified budget requests to support the enrollment goals that will be outlined in this plan.

b. Family Supportive Services Program & State Supported Living Services Review

A similar process to assure the integrity of the data for the state funded programs is necessary in order to fully identify the unmet needs for these programs. These state funded programs are currently administered at the local level by the CCBs and there has been no state-wide standard enforced for data collection and reporting. Without standardized data, the Department is currently unable to accurately forecast the unmet needs for these state funded programs, which provide a wide variety of supports to individuals and their families. In order to forecast funding needed State Funded SLS and FSSP, the Department will complete a review of data regarding services provided and the number of individuals waiting in order to establish state-level standards that ensure consistency and transparency in the data reported for these programs.

The Department is currently conducting a review of the FSS Program to identify current practices, particularly regarding data reporting and fiscal management, in order to establish state standards that will ensure data integrity. Once this review is complete, the Department will be able to analyze and trend current program data and information to inform the Department's budget request. The Department anticipates this review of FSS Program will be complete by January 2015.

The Department will complete a similar review of State Funded SLS program once the FSS Program review is complete. As with the process for the FSS Program, establishing

integrity in the data will support the Department to more accurately forecast the amount of funding needed to meet the needs of individuals currently waiting for these services. The Department anticipates this State Funded SLS review will be completed by June 2015.

Establishing data integrity across all programs will also allow the Department to more effectively manage enrollments and will provide for the meaningful, transparent reporting on waiting list management that stakeholders request.

c. Assess and Develop System Capacity

HB 14-1252 -Concerning Funding for System Capacity Changes Related to Intellectual and Developmental Disabilities Waiver Services

The General Assembly provided funding from HB 14-1252, Concerning Funding for System Capacity Changes Related to Intellectual and Developmental Disabilities Waiver Services to build capacity in the CCB system. These capacity building funds were especially necessary in this fiscal year (FY 2014-14) due to the work underway to eliminate the HCBS-SLS waiting list. This work involves enrolling, arranging for and providing services for more than 2,000 individuals on the HCBS-SLS waiting list. The CCBs and providers are required to report to the Department regarding their use of the HB 14-1252 funds with the first report due in October 2014. The Department is currently reviewing these reports to determine the effectiveness of the use of these funds. Through this review, the Department will work with CCBs and providers to determine if there is additional capacity building needs and if so, how those needs can best be met. The Department will submit a request through the normal budget process if capacity issues are identified that require additional funding.

Provider Development and Outreach

Development of service providers was a key issue raised by all stakeholders. Workforce development was a key area of focus for the Community Living Advisory Group (CLAG) and the recommendations from that report will provide additional provider capacity to improve access to services. The recommendations include: developing a core competency training for Long Term Services and Supports (LTSS) workers (including those workers that provide supports to individuals with I/DD), specialized training in critical areas and professionalizing the LTSS workforce. These recommendations from the CLAG will be critical in developing sufficient and competent provider capacity. To add to the CLAG recommendations, the Department will also establish a standard of best practices for person-centered service delivery and training to ensure that access to services means the individual receives the right support, at the right place and at the right time. Should the CLAG recommendations be adopted, the Department will also explore ways to incentivize professional development for LTSS workers, including person-centered training for all direct service providers.

The Department also plans to conduct provider outreach to existing providers of similar services provided to individuals in other waiver programs. For example, there are personal

care providers providing services to clients enrolled on the HCBS waiver for the Elderly, Blind and Disabled that may have capacity to also serve individuals with I/DD. A concern was raised by stakeholders that even if these providers have capacity, they may not have the expertise to serve individuals with I/DD. As a part of its outreach, the Department will 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. The Department will begin conducting this provider outreach in January 2015.

New Services and Service Delivery Options

Adding Consumer Directed Attendant Support Services (CDASS) to the HCBS-SLS waiver effective July 1, 2015 will also help to address some capacity issues by offering a new service delivery alternative. Implementing CDASS in HCBS-SLS will address clients' needs in a way that the traditional delivery options may not. For example, there are limited agency-based providers in some rural areas and CDASS provides the option for an individual to hire a family member or neighbor to provide support, thus addressing the provider capacity issue. Additionally, CDASS can improve clients' 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.

The Department will also be implementing Personal Care services for children (up to 21 years old) in the Medicaid State Plan effective January 2015. Adding this service to the State Plan will make this service available to all children eligible and enrolled in Medicaid, even if they are waiting for a waiver enrollment. Implementation of this service will improve access for individuals waiting for FSS Program services as well as for children who may not be eligible for the HCBS-CES waiver.

At the same time, the Department is analyzing the feasibility of a new Medicaid State Plan option, Community First Choice (CFC), which was authorized in the Affordable Care Act (ACA) with final federal rules published by the Centers for Medicare and Medicaid Services (CMS) in personal care services, become available in the Medicaid State Plan and will also include a consumer directed service delivery option. A preliminary report evaluating the feasibility of implementing CFC[5] was completed in December 2013 for the Department by Mission Analytics State Plan Enhancements. The Department is currently considering the analysis provided in this report.

Provider Choice

Another key area in providing access to quality services is assuring individuals and families are able to choose their service providers from a variety of options. Currently individuals and families report they do not have all the information they need in order to make a fully informed choice of providers. The Community Living Advisory Group report includes a recommendation to develop a registry of providers to assist families in choosing the best

[5] Feasibility Analysis of Community First Choice in Colorado
http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheader=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251923822425&ssbinary=true

provider for them. Should that recommendation be adopted, the Department will work to implement a public, transparent directory of licensed and certified service providers that includes opportunities for consumer feedback.

The Department will also work with its partners at the Department of Public Health and Environment (DPHE) to publish basic provider information on the Department's website. This information will include the last time a site survey was complete (if applicable) and the outcome and any findings from the survey. Some information regarding providers that are licensed by DPHE is currently available and the Department will work to expand on that information, by including all HCBS providers serving clients with I/DD. The Department will begin publishing this information on its website in January 2015.

Family Caregiver Options

Public comment provided during the stakeholder engagement process identified that additional information and education is necessary regarding the ability of family members to act as service providers. The Department will need to ensure appropriate safeguards are in place through person-centered planning, program oversight, and training. Expanding the use of family members as service providers will help increase service provider capacity and increase access to necessary services. In addition to providing training and education, the Department will continue to work with stakeholders to identify if rule changes are necessary to further support family members as service providers.

Improve Access for Developmental Disability Determinations

In order to be determined eligible for programs for individuals with I/DD, individuals must have a developmental disability determination completed. A part of this process includes an assessment completed by a professional level provider. Through the stakeholder process, the Department identified a need for education to inform stakeholders that these assessments can be covered by Medicaid, if the individual is enrolled in Medicaid. In addition, a gap was identified in availability of providers to complete these assessments timely. As a part of its system capacity efforts, the Department will work to identify additional professionals in order to provide better access to these assessments.

For individuals who are not Medicaid eligible prior to enrollment in a waiver, the the Department will work with its partners at the Department of Human Services and Colorado Department of Education to identify additional resources for professionals to complete these assessments through community mental health programs and schools. Information will be provided to inform individuals and families about options for obtaining these assessments.

d. Improve Transparency and Navigability of the System Through Waiver Redesign

Pursuant to the recommendation from the Community Living Advisory Group, the Department is working to design a single waiver for adults with I/DD to replace the HCBS- DD and HCBS-SLS waivers. These design changes will help modernize the state's waiver system, simplify processes to obtain services and supports, permit greater flexibility and promote self-direction

of supports and services. The complexity of the current system makes it very difficult for individuals and families to navigate the system and choose the services and supports to best meet their needs. Simplification of waiver programs will help increase clarity and transparency of the system improving access to necessary services. The redesigned waiver will also allow the Department to use resources more effectively and serve a greater number of individuals at a lower per capita cost. The Department is currently working with stakeholders to implement this new waiver service option in July 2016.

e. Provision of Conflict Free Case Management

Stakeholders also identified the issue of conflict of interest with the CCBs acting as the case management entity as well as a service provider as a barrier to access. The Department convened a task group to review this issue and the group held their final meeting in October 2014. The Department is currently reviewing the recommendations from the group and analyzing the feasibility of implementing the task group recommendations. This strategic plan will be updated to include specific strategic initiatives adopted by the Department as a result of recommendations from the task group.

2. <u>Strategic Initiatives: Communications</u>

Sweeping changes to rules, laws, Department programs and processes require a comprehensive and robust communications effort from the Department. The Department regularly engages with internal Department staff, external stakeholders, community partners, state agencies and government offices. To ensure these interactions work to further the Department's mission and vision and support increased access to services for individuals with I/DD, the Department's strategic policy initiative for Communications seeks to **"**Sustain effective internal and external relationships" by means of the key initiatives identified below.

a. Establish a Stakeholder Communication Plan

An overwhelming majority of stakeholder questions and comments relate to communication and frequently co-occur with concerns about equity. A communication plan will help to ensure stakeholders' access to accurate, clear, and consistent information in a timely manner and also assure the strategic plan is regularly updated using stakeholder feedback. The communication plan will be developed by January 2015 and will address the following areas:

Stakeholder Audiences - The Department will identify which stakeholder audiences (both internal and external) require communications and the unique needs of each identified

audience. Specific audiences would include stakeholder roles (e.g., individuals who receive services, their families, advocates, providers, and CCBs) as well as geographic regions.

Communication Needs - The communication plan will also identify the communication needs for the different stakeholder audience. For example, some information may be a one-way communication in the form of updates for all stakeholders while other communications will require back and forth discussion. The plan will 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. For example, some stakeholders have identified a need for documentation and information to be "user-friendly" and available other languages.

Communication Frequency - The plan will identify frequency of communications to establish common expectations. The frequency of communication might be customized for each audience.

Communication Vehicles - The plan will also identify the best means of communication depending on the audience. The plan will include a variety of outreach tools and activities, both traditional and technology-based. Stakeholders' recommendations for effective communication tools included community meetings, advisory committee meetings, radio, TV, newspaper, email, website updates, Facebook, YouTube, Instagram, and Twitter.

b. Increase Collaboration and Communication with Other State Agency Partners

Many stakeholders identified issues coordinating support with other agencies that work with individuals who have I/DD, specifically with school districts, county departments of human services and behavioral/mental health providers. The Department is currently working with the Department of Human Services across multiple programs to streamline mental and behavioral health services and develop cross Departmental practices that align practice and communication. Further work will be accomplished in this arena in response to an analysis recently completed by the University of Colorado, JFK Center for Excellence to identify gaps in behavioral health services for individuals with I/DD. The Department plans to incorporate accepted recommendations from the report on the analysis into the strategic plan to assure timely access to service.

c. Develop an I/DD Handbook

Stakeholders indicated a need for a central repository of information regarding service options available to individuals with I/DD to promote clarity, consistency and standardization of information. The handbook will serve as an overview/guide to waiver programs and processes, emergency/crisis definitions and processes, and will include a glossary of terms. The Handbook will be developed in a format that is easy to understand, available online, and will include the following audiences: families/guardians/caregivers, case managers, and service providers. This strategy expands on the recommendation of Community Living Advisory Group to create access to a toll-free hotline that provides

comprehensive information regarding Long Term Services and Supports. The handbook will provide an additional option for information that can be accessed online at any time.

d. Execute Short-term Communication Commitments

As a commitment to the stakeholders participating in the community engagement process for House Bill 14-1051, the Department will publish "Listening Logs" with responses to stakeholders' questions by November 17, 2014. The Listening Logs will respond to questions and concerns by providing information about the identified concern and to recommendations by accepting them or explaining why they are not accepted at this time. In addition to the Listening Log, the Department will publish all materials included in the community engagement meetings on its website.

3. <u>Strategic Initiatives: Process</u>

House Bill 14-1051 requires the Department to include administrative procedures to support a comprehensive strategic plan. Through the stakeholder engagement process, the Department identified the following strategic initiatives as areas of focus for development or refinement of procedures leading to process improvement for more efficient and effective waiver administration.

a. Develop Statewide Order of Selection Process Allowing for Clear Communication of Waiting List Position.

There is currently a significant lack of transparency regarding communication of waiting list position and as a result, inability to ensure equitable state-wide access to services. This lack of transparency comes from the varying processes for waiting list management for each program as well as data integrity issues. For example, since the HCBS-SLS waiver waiting list is managed by the CCBs, the Department has difficulty determining an individual's position on that waiting list or that individual's position relative to equitable state-wide access. Alternatively, CCBs are currently unable to see an individual's placement on the state-wide HCBS-DD waiting list managed by the Department. Because of these kinds of issues, individuals waiting for services have an incredibly difficult time obtaining information regarding where they stand on the current waiting list.

The Department will develop a process to assure transparency of waiting list data. The Department will make changes to CCMS to 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 will also work towards a web-based system that will allow individuals to look up their own waiting list placement via the Department's website. A key element to creating these tools is the completion of the data integrity analysis to assure all waiting list data contained in CCMS is up-to-date and accurate. The Department is currently researching the magnitude of the necessary IT systems changes to support this transparency with a goal of implementing these tools by June 2015.

b. Refine the Process for Exceptions to Order of Selection

There are limited circumstances under which exceptions may be granted and individuals may be prioritized for enrollment before those with earlier order of selection dates. Reserved capacity provisions of the HCBS-DD and HCBS-SLS waiver applications allow the Department to offer immediate enrollment to individuals transitioning to the community from institutional settings, to individuals transitioning from the foster care system or from the HCBS-CES waiver, and to individuals who meet emergency enrollment criteria. This process will be improved through standardization to ensure these exceptions are applied equitably. The Department will provide technical assistance and communications regarding definitions for exceptions to order of enrollment and how to apply the exceptions so that all stakeholders have a common understanding of options available. The Department will begin publishing guidance related to this issue in November 2014.

c. Establish Enrollment Timeframe Requirements

Due to data integrity issues and varying processes at the CCBs, the Department is currently unable to accurately measure the average length of time required to enroll an individual in services. Not knowing how long enrollments take to process makes it difficult to plan and effectively communicate with families to help them plan for an enrollment. The Department will work with stakeholders to identify timeframe requirements to provide some predictability to the time it takes individuals to enroll. This process will also include exceptions to the timeframe requirements to address unique needs and situations as they arise.

There was also discussion with stakeholders during the community engagement meetings regarding establishing a timeframe for families to either accept or decline an enrollment. Deciding to accept an enrollment can have significant impact on a family and many elements need to be considered in determining whether a person is ready for services, or if the right provider is available to serve the individual. Given the sensitivity of this issue for individuals and families, and the logistical implications for CCBs, this issue requires further discussion with stakeholders to better understand and explore the issue before making decisions about timelines.

d. Evaluate the Assessment and Service Planning Process

Stakeholders raised concerns with the current service planning process and identification of supports to meet an individual's needs. In order to streamline the assessment process and assure proper identification of necessary supports, the Department is currently working to revise its assessment process. The project will assess and document current processes and provide recommendations for new tools to streamline the assessment process. Full implementation of this process improvement will assure more accurate assessment of individual needs improving access to services.

4. Strategic Initiatives: Financing

a. Use Budget Process to Achieve Enrollment Goals

HB 14-1051 requires the Department to include enrollment goals and benchmarks; however, the Department believes more analysis is necessary to determine the full scope of unmet need in order to develop meaningful and achievable benchmarks. The process described in the data integrity review section will provide the Department with the necessary information to define these benchmarks and inform its future budget requests. In addition to the data integrity review, the work that will be completed to determine the estimated fiscal impact of waiver redesign will also be used to develop meaningful benchmarks for enrollment and expenditures. The Department anticipates the data integrity review will be completed by May 2015 and will use the information to inform budget requests and update this strategic plan with specific goals.

b. Review the Service Plan Authorization Limits (SPAL) and support levels

Many stakeholders provided feedback regarding current SPALs and the Supports Intensity Scale (SIS) process and indicated these processes sometimes act as a barrier to accessing necessary and preferred services. Beginning July 2014, the Department increased SPAL Levels 2-6 by 25% in order to provide additional access to needed services. The Department will be evaluating 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 SPALs and SIS process to increase access.

Conclusion

The Department supports the assertion in the Preamble of the Community Living Advisory Group's final report that "Coloradans have the right to live, work, play, and learn in communities of their choice as fully participating, contributing, and valued members of our society" and that Colorado "must offer the right services, at the right time, in the right amount, for the right length of time, in a place of the individual's choosing." Realizing this vision for persons with I/DD, especially in the context of limited financial resources, necessarily requires a consistent, periodic engagement of the issues raised in this plan in concert with all stakeholders, including the General Assembly. To that end, and as described earlier, the Department intends to update this strategic plan on a quarterly basis to incorporate new information and additional strategies. These quarterly updates to the plan will also serve as a medium to document decision points and consensus on next steps to achieve the goal of timely enrollment for all eligible individuals by the year 2020.