

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

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

November 1, 2024

**Submitted to:** Colorado General Assembly



**COLORADO**

Department of Health Care  
Policy & Financing

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## Executive Summary

House Bill (HB) 14-1051 required the Department of Health Care Policy & Financing (HCPF) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports.” HCPF submitted the “Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities” to the Colorado General Assembly on November 1, 2014.

The strategic plan outlined several initiatives aimed at achieving the goal to have all eligible individuals enrolled in services by the year 2020, and the HCPF has implemented most of those initiatives. Significant progress has been made toward providing timely access to services through eliminating waiting lists for certain programs, reducing remaining waitlists, placing emphasis on effective waiting list management, and implementing initiatives to create more robust services through programs without waiting lists to meet the needs of individuals with Intellectual and Developmental Disabilities (I/DD).

Over the past nine years, HCPF has grown enrollment in these programs by 93%, and reduced waiting lists by 65%. The growth of enrollment and reduced waitlist is somewhat shadowed by the higher growth of members being added to the remaining waitlists. Budget constraints and increased interest and awareness of these programs continue to be key factors that impact the ability to eliminate the remaining waiting lists for one Home and Community-Based Services (HCBS) waiver and one state-funded program.

In 2023, HCPF completed an updated cost analysis based on the current growth of the HCBS-DD “As Soon As Available” (ASAA) waiting list. The estimated general fund cost to eliminate the waiting list by fiscal year can be found in Appendix #1.

The following outlines the status of the Home and Community-Based Services Developmental Disability (HCBS-DD) waiver and Family Services and Supports (FSSP) waiting lists as of July 1, 2024:



- The As Soon As Available (ASAA) waiting list has 3,038 members on it
  - 91% of members waiting on the ASAA waitlist are receiving some Medicaid or state-funded services and;
  - 71% are receiving other HCBS waiver services
- The Safety Net (SN) waiting list has 3,445 members on it
  - 80% of members on the Safety Net waitlist are receiving some Medicaid or state-funded services and;
  - 54% are receiving other HCBS waiver services
- The HCBS-DD waiver also has a Date Specific waiting list for members who do not currently need or want adult services, but request to be on the waiting list in case a need arises. This category also includes individuals who are not yet eligible for adult programs due to not having reached their 18th birthday.
  - There are currently 592 members on the Date Specific waiting list with a date earlier than 6/30/2024
    - 80% of these members are receiving some Medicaid or state-funded services and;
    - 35% are receiving other HCBS waiver services.
  - There are currently 934 members on the Date Specific waiting list with a date after 7/1/2024
    - 89% of these members are receiving some Medicaid or state-funded services and;
    - 44% are receiving other HCBS waiver services
- The Family Support Services Program (FSSP) has 423 members on the waiting list
  - 33% of those members are receiving some services and;
  - 4% are receiving other HCBS waiver services.

Total enrollment in the waivers and programs targeted to individuals with Intellectual and Developmental Disabilities grew 93% between FY 2013-14 and FY 2023-24 overall (by program, enrollment in HCBS-DD grew by 72%, HCBS-Supported Living Services (HCBS-SLS) by 48%, HCBS-Children’s Extensive Supports (HCBS-CES) by 347%, and FSSP by 103%). Tables 1a and 1b found in the appendix further outline this information.

## Background

House Bill (HB) 14-1051 required HCPF to develop a comprehensive strategic plan “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports.” HCPF submitted the “Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities” to the Colorado General Assembly on November 1, 2014.

This report is the statutorily required annual update for HB 14-1051, including updates on progress towards the goals set forth in the strategic plan and information on additional legislation and initiatives that support the legislative intent of HB 14-1051 and the strategic plan.

In addition to updating the strategic plan, pursuant to C.R.S. 25.5-10-207.5(3)(a), HCPF is required to submit a report to the General Assembly detailing the total number of persons with Intellectual and Developmental Disabilities who are waiting for enrollment into a Medicaid or State-funded program. This report includes information regarding the number of persons waiting to enroll into the following Home and Community-Based Services (HCBS) waiver programs: Persons with Developmental Disabilities (HCBS-DD). This report also details the number of individuals waiting for enrollment into the non-waiver, State-funded Family Support Services Program (FSSP).

## Introduction

HCPF operates 10 HCBS Medicaid waivers under authority granted by the Colorado General Assembly to help people live in the community; these waivers receive at minimum a 50% federal match on expenditures. Four of the waivers are specifically designed to support individuals with Intellectual and Developmental Disabilities: Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), Children’s Extensive Support (HCBS-CES), and the Children’s Habilitation Residential Program (HCBS-CHRP).

In addition to Medicaid services provided through the HCBS waivers, HCPF provides services and supports specifically for some individuals with Intellectual and



Developmental Disabilities through annual General Fund only appropriations: State Supported Living Services (SLS) program which provides assistance to individuals who can live independently with limited support, and Family Support Services Program (FSSP) which provides assistance needed to support a family member with Intellectual and Developmental Disabilities in the family home. The State General Fund appropriations for these programs are made available to members that are not eligible for Colorado Medicaid, those who do not meet HCBS waiver target criteria, and those where the waiver is not able to fully meet their needs

Budgetary limitations restrict Colorado’s ability to serve all individuals who are eligible for and have an assessed need for the services and supports described above. However, since 2012, through additional funding appropriation from the General Assembly, HCPF has eliminated the waiting lists for the HCBS-SLS and HCBS-CES waivers. Despite an increase in appropriation and in covered members in these programs, the HCBS-DD waiver and FSSP continue to have waiting lists.

This document serves as an update to the plan required by HB 14-1051 to ensure timely access to services for eligible individuals by July 1, 2020. This report also provides updates on current and planned initiatives that support this goal. HCPF would like to call to attention potential barriers to eliminating waiting lists and outline initiatives that are within the purview of HCPF to lessen the negative impacts members may experience while on waiting lists for the HCBS-DD Waiver and FSSP. These are outlined throughout the remainder of this report.

## Progress Towards Reducing Waiting Lists

As outlined in the 2014 strategic plan, eligible individuals are placed on waiting lists when enrollments in a waiver reach the federally approved capacity and/or when the state-appropriated number of enrollments has been met. Currently, all waivers except HCBS-DD are below the waiver application and appropriations which is why they do not have waiting lists. Individuals may be included on more than one program’s waiting list at a time and can be served in one program while on a waiting list for another.

The Case Management System serves as the statewide repository for waiting list data. Individuals waiting for services have a status of “Yes-Waiting” with one of the following status:

- As Soon As Available (ASAA) - The individual has requested enrollment as soon as available.
- Date Specific - The individual does not need services at this time but has requested enrollment at a specific future date. This category includes individuals who are not yet eligible for adult programs due to not having reached their 18th birthday.
- Safety Net (SN)- The individual does not currently need or want services, but requests to be on the waiting list in case a need arises. This category can also include individuals who are not yet eligible for adult programs due to not having reached their 18th birthday.

As of July 1, 2024, the ASAA waiting list for HCBS-DD waiver services had 3,038 individuals listed; 13.20% (401) of those were newly placed on the ASAA waiting list during FY 2023-24, and 2,636 individuals were carried over from the previous year's ASAA waiting list. Table 2 in the Appendix details the number of individuals who are waiting for enrollment authorization into the HCBS-DD waiver and FSSP program. Table 3 in the appendix details the number of individuals needing services who are receiving other Medicaid services while they wait.

The average time individuals spend on the HCBS-DD ASAA waiting list decreased from 9 to 7 years. Of the 3,038 individuals on the HCBS-DD ASAA waiting list, 91% are currently receiving some Medicaid services while they wait for authorization to enroll. An individual is placed on any of the HCBS-DD waiting lists based on their Order of Selection date. This is the date on which the person was initially determined to have a developmental disability by the Case Management Agency, or the fourteenth (14) birth date if a child is determined to have a developmental disability by the CMA prior to the age of fourteen. An individual always maintains this Order of Selection date when moving on/off the waiting list, changing waiting list status, etc.

There are currently 3,445 otherwise eligible individuals on the Safety Net waiting list who do not feel they need immediate access to the specific services offered in the HCBS-DD waiver. Individuals may choose this status because they are currently receiving services and needs are being met through another HCBS waiver, they are with their families and do not feel they need outside assistance, they do not meet the age requirements of the HCBS-DD waiver, or they are currently residing out of the state but are likely to move back.

HCPF authorizes enrollment into the HCBS-DD waiver monthly, based on the number of individuals who have been removed from the waiver (e.g., switching waivers, moving out of Colorado, etc.), this is referred to as “churn.” However, with the growing number of individuals moving from the Safety Net to the ASAA waiting list each month because of the quicker reduction than in years prior to 2014, due to one-time appropriations and additional funding since 2014, that portion of the waiting list continues to increase at a rate faster than available authorizations and available appropriations.

### Enrollment in Intellectual and Developmental Disability Programs

While the waiting list for the HCBS-DD waiver continues to grow, new individuals are enrolling into the waiver programs every year, increasing the number of individuals who have access to the support and services they need. Table 4 in the appendix details the number of new individuals added to each waiver over the last four fiscal years.

Since July of 2019, HCPF has been able to offer 4,008 individuals from the HCBS-DD ASAA waiting list an authorization to enroll into the waiver. The FY 2018-19 increases reflected in Table 4 were made possible through HB 18-1407 (300 authorizations), in FY 2019-20 through the “Long Bill” (150 authorizations), and for FY 2021-22 the “Long Bill” (667 authorizations). We have received approval for an additional 129 authorizations for FY 2024-25. The other resources are made possible through monthly churn (approx 25 per month), Reserve Capacity, and individuals who declined the authorization so it could be offered to the next person on the waiting list.

As mentioned above, some individuals choose to decline enrollment when offered. Reasons for declination include: having their current needs met through another HCBS waiver, not requiring the level of support offered in the HCBS-DD waiver, or having natural supports that allow them to live independently without access to the HCBS-DD waiver at the time they are offered an HCBS-DD enrollment.

In order to ensure that authorizations exist for members who are eligible for, have an assessed need for HCBS-DD waiver services, and are experiencing an emergency or meet the definition of a Reserve Capacity enrollment, do not have to wait for HCBS-DD waiver services. The Department manages authorizations to enroll in the





HCBS-DD waiting list through Reserve Capacity. Reserve Capacity enrollments include those authorized through the exception to the waiting list protocol. Reserve Capacity enrollments are categorized as:

- **Emergency Enrollments**
  - Can be requested when the health, safety, and welfare of an individual or others is in danger due to homelessness, an abusive or neglectful situation, danger to others, danger to self, or loss or incapacitation of a primary caregiver.
  - There were 182 emergency enrollments authorized in FY 2023-24
- **Youth Transitions**
  - Youth transitioning from the Children’s Habilitation Residential Program (CHRP), Children’s Extensive Support (CES) waivers, and/or Foster Care into adult waivers
  - These enrollments accounted for 103 enrollments in FY 2023-24
- **Deinstitutionalization**
  - For those individuals residing in an institutional setting Skilled Nursing Facilities (SNF), Mental Health Institutions, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), and Regional Centers, who want to receive services in the community
  - In FY 2023-24, 21 enrollments were Deinstitutionalization enrollments.

Table 5 in the appendix details the number of HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments for FY 2023-24.

### State-Funded Programs

State SLS and FSSP are funded with General Funds and provide services to children and adults with Intellectual and Developmental Disabilities or Developmental Delays that are not eligible for Colorado Medicaid, those who do not meet HCBS waiver targeting criteria, and those where the waiver is not able to fully meet their needs.

As of July 1, 2024, there were 0 people waiting for State SLS and 423 waiting for FSSP.

HCPF will continue to monitor the programs and redistribute unspent funding between the CMAs to help address unmet needs and provide funding to individuals

on the waiting list throughout the fiscal year. The additional funding appropriated by the General Assembly that was set to expire June 30, 2022, has been incorporated into the regular appropriation through the approval of the FY 2022-23 R-10, “Office of Community Living (OCL) Program Enhancements.”

### **Waiting Lists Management**

Case Management Agencies are required to conduct and document annual follow-up with individuals eighteen (18) and older with a Waiting List timeline of “As Soon As Available” (ASAA), “Safety Net” (SN), or “See Date” to update changes in demographic information and discuss if the individual would like to maintain or change their status based on their current needs.

In FY 2019-20, HCPF implemented rule 10 CCR 2505-10 8. 500.7.1, which states, “A person shall accept or decline the offer of enrollment within thirty (30) calendar days from the date the enrollment was offered.” If a member does not accept or decline in 30 days, they can request an extension of an additional 30 days. If they still do not accept or decline, they will be moved to the Safety Net waiting list. A member will always maintain their order of selection date on the waiting list and can change their status at any time if/when their needs change. This has allowed HCPF to offer the authorizations that were declined to the next person on the waiting list in a timely manner. HCPF will continue to work with the CMAs to ensure only individuals in need of services immediately are identified on the ASAA waiting list.

### **Legislation and Initiatives**

The Colorado General Assembly has authorized legislation further supporting the strategies identified in HB 14-1051 and helping to modernize the service delivery system for HCBS waivers for children and adults with Intellectual and Developmental Disabilities. HCPF has been working diligently on several pieces of legislation and initiatives. Below are some highlights of this work.

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

The HCBS-CHRP waiver provides services for children 20 years of age or younger who have an Intellectual or Developmental Disability and extraordinary behavioral

or medical needs. Waiver services are intended to help children and youth learn and maintain the skills needed to live in their communities.

New enrollments to the waiver have increased substantially from 2019 (enrollment numbers too low to report due to privacy requirements) to over 322 participants in July 2023. These changes contributed to children and youth being able to remain in the family home, return to the family home after out-of-home placement, and return to Colorado from out-of-state placement. HCPF anticipates that continued growth in the utilization of this waiver will delay enrollment of individuals aged 18-20 into the HCBS-DD waiver because people can remain on HCBS-CHRP up to their 21st birthday.

### Access to Disability Services and Stable Workforce

HB 18-1407 required HCPF to seek federal approval for a 6.5% increase in the reimbursement rate for certain services that are delivered through HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Service agencies were required to use 100% of the funding resulting from the increase in the reimbursement rate to increase compensation for direct support professionals, as defined in the bill.

Per HB 18-1407, HCPF collects quality data to determine the outcomes attributed to the increase in reimbursement rates by participating in the National Core Indicator (NCI) State of the Workforce Survey. The NCI State of the Workforce Survey collects comprehensive data on the Direct Care Worker (DCW) workforce providing direct support to adults (age 18 and over) with Intellectual and Developmental Disabilities.

According to the NCI State of the Workforce Survey, responding agencies' average hourly wage increased from \$14.59 in 2018, to \$18.31 in 2022. In 2022, the turnover ratio for direct care workers was 42.6%, which was a 14.6% decrease from 2021. In 2022, 53.5% of agencies reported they turned away or stopped accepting new service referrals due to DCW staffing issues. The full-time vacancy rate increased from 7.9% in 2018 to 17.1% in 2022, and part-time vacancy rates increased from 5.9% in 2018 to 13.6% in 2022.

In 2022 and 2023, the American Rescue Plan Act (ARPA) project surveyed direct care workers across 50 Colorado counties to assess satisfaction in five areas: Compensation, Benefits, Career Advancement, Training, and overall Job

Satisfaction. Most respondents were satisfied with their jobs, but there was notable dissatisfaction with benefits, followed by dissatisfaction in wages.

To track outcomes for persons with Intellectual and Developmental Disabilities, Colorado also participates in the National Core Indicators-Intellectual and Developmental Disabilities (NCI-IDD) survey which tracks progress toward person-centered outcomes. Members reporting staff have the right training to meet their needs has increased from 74% in 2016 to 84% in 2021. In 2021, 93% of respondents reported that their staff treated them with respect. Respondents also agree that services and supports help the person to live a good life, which has been increasing since 2016 from 78% to 92% in 2020. However, in 2021, 49% of members responded that their staff changed too often. The state participated in the NCI-IDD in survey cycle 2023 to continue to track outcomes, but the data has not been published as of yet.

To address the known issues with the low wages for all direct care workers, HCPF implemented a base wage requirement in January 2021 of \$15.00 an hour. Since this time, with the legislature and Governor's support, the base wage increased to \$15.75 an hour in 2023 and \$17.00 an hour in 2024. Based on reporting requirements, we can see the average wage of a direct care worker has increased from \$12.41 to \$18.66 an hour over the last four (4) years. When the total invested in wages is combined with other investments in the HCBS Workforce and Rural Sustainability, a grand total of \$454,649,805 has been invested to-date.

Finally, to build towards a stable workforce in the future and to make the ease of accessing disability services more effortless, HCPF is working on service delivery innovation by (1) incorporating and promoting technology advances within our HCBS services to improve service delivery and increase access where possible and (2) aligning all applicable HCBS services and associated provider qualifications across all HCBS waivers. These innovations will serve to simplify and streamline the HCBS system, making accessing services more straightforward, and to build provider capacity to serve all populations. Additionally, HCPF is finishing up work on American Rescue Plan Act (ARPA) projects. Various initiatives are underway to enhance training for direct care workers, including a standardized core curriculum designed for diverse settings and populations. A resource and job hub has been established to connect job seekers with employers and provide access to training modules and portable certificates. Additionally, 142 grants have been awarded to



support specialization and advancement for direct care workers and HCBS employers. A four (4) month public awareness campaign ran to promote the value of the direct care workforce, fostering pride and respect to aid in recruitment and retention. Efforts are also being made to create affordable, culturally competent pathways for career advancement within the broader healthcare workforce.

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

### Integrative Supportive Employment

In 2016 Colorado became an Employment First state through the passage of SB 16-077, “Employment First for Persons with Disabilities.”

Employment First is centered on the premise that all persons, including those with significant disabilities, are capable of full participation in real work for real pay. HCPF continues to be committed to Employment First efforts and has worked closely with our state partners and stakeholders through the Employment First Advisory Partnership (EFAP) housed at CDLE to improve the access and the quality of Supported Employment supports and services.

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

- Improved sequencing of services between HCPF and the Colorado Department of Labor and Employment (CDLE) Division of Vocational Rehabilitation(DVR), which allows a seamless employment process for individuals enrolled in the Home and Community Based Services (HCBS) Developmental Disabilities (DD) or Supported Living Services (SLS) waivers. This model has gained national attention as an innovative practice that other states should emulate.
- Improved provider requirements, including ensuring Employment Specialists are nationally certified in Supported Employment best practices. HCPF reimbursed Supported Employment providers for the cost of sending their staff to these professional development training sessions until June 2024, when funding ended.
- The creation of an Incentive-Based Supported Employment Pilot, which concluded in June of 2024, where HCPF tested payment reforms that increase quality and independence for members, incentivize providers to support waiver



members with finding community-based employment, and deliver the service at a lower cost to the state. The outcomes of this Pilot were exciting, showing an 8% increase in independence for the Pilot participants while their hours worked rose by 11%. More information can be found in the [Supported Employment Incentive-Based Pilot Final Evaluation & Report](#).

- The creation of the Office of Employment First in JFK Partners at the University of Colorado Anschutz supports the state's implementation of Supported Employment best practices.

### Elimination of Subminimum Wage Employment

During the 2021 legislative session, Senate Bill 21-039, “The Elimination of Subminimum Wage Employment,” was passed and directed HCPF to support Colorado with transitioning away from the use of subminimum wage. At the time of passage, Colorado had 195 individuals receiving subminimum wage. Colorado, through this legislation, was directed to eliminate the use of this practice by 2025. In collaboration with state partners, the Department announced that subminimum wage officially ended in Colorado at the end of 2023, two years ahead of schedule. Additional information may be found in the [March 2024 Colorado Elimination of Subminimum Wage Annual Report to the Public](#). Specifically, the legislation directs HCPF to do the following:

- Seek federal approval by January 1, 2023, to add Medicaid Buy-in for Working Adults with Disabilities to the HCBS-DD waiver, creating a standard policy allowing buy-in participation for all adult waivers in Colorado which allows significantly higher income than other eligibility categories.
- Seek federal approval to add the following new services to both the HCBS-DD and HCBS-SLS waivers by July 1, 2023:
  - Benefits Planning
  - Workplace Assistance
- Seek federal approval to move the following services outside the HCBS-SLS waiver Service Plan Authorization Limit by July 1, 2023:
  - Job Coaching-Individual
  - Job Development-Individual
  - In partnership with waiver members and HCBS-Supported Employment service providers, develop a transition process that supports waiver

members in transitioning out of their Subminimum wage jobs and preferably into Competitive Integrated Employment by 2025.

All these directives were completed with federal approval received by the designated timeline. HCPF believes that through the implementation of these mandates, new services, and changes to existing services, the system will not only support waiver members who previously received subminimum wage to transition to real jobs for real pay but will also support all waiver members with exploring and engaging in employment. This is important since we know that as more Coloradans with disabilities are employed, their health outcomes improve which leads to less need for higher levels of care.

### HCBS-SLS Flexibility

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

The goal of the service exception process is to ensure Members needs are met in a program that most closely meets their level of care requirements and to avoid the need for emergency enrollment into HCBS-DD by better meeting Members' current needs. Eligibility requirements can be found in Appendix #2.

The exception process was implemented January 1, 2022, and funding has been used to offer exceptions to unit limits and Service Plan Authorization Limits (SPAL) to members on the SLS waiver on a member-by-member basis. In FY 2023-2024, a total of 98 distinct Members were evaluated and approved through the HCBS SLS exception process to support them in their ability to remain independent in their current community setting.

### Remote Supports

Through SB 21-210, HCPF received approval for the expansion of the Electronic Monitoring benefit to add a Remote Supports component with an implementation date of January 1, 2022.

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

HCPF anticipates that the availability of Remote Supports for individuals on the HCBS-SLS waiver will eliminate the need for a HCBS-DD waiver enrollment for some individuals on the HCBS-DD waiver waiting list. Increased independence for members is one of the major benefits of the Remote Supports benefit, allowing a person to live in their own home, without staff or with a reduced staff presence. The Remote Supports benefit was successfully implemented under the Appendix K authority, effective January 1, 2022. The benefit was subsequently approved for all five adult HCBS waivers effective July 1, 2022 and moved to a standalone Remote Supports service July 1, 2024.

### Case Management Redesign

In May 2021, the General Assembly approved HB 21-1187 which repealed and replaced the statutes created in HB 17-1343. This required HCPF to achieve a high-performing case management system that creates a person-centered member experience. The goal was to streamline operations, increase administrative efficiencies, and implement innovative initiatives that further increase stability, quality, and accountability across the state's case management system. The law required HCPF to create defined service areas across the state for Case Management Agencies to provide HCBS case management services and initiate the process for the competitive solicitation for CMAs by December 2022. It also required Colorado's case management system to be conflict-free by July 1, 2024 as required by CMS. Further, HB 21-1187 required HCPF to develop parameters for exceptions to the conflict-free requirements in areas where there is only one willing and qualified entity.

Formal Request for Proposals (RFP) were released December 2022 for Case Management Agencies in newly Defined Services Areas (DSA) across the state. On



July 21, 2023 all 20 areas had a Case Management Agency that received the Department of Health Care Policy and Financing (HCPF) notice of intent to award. A total of 15 agencies across 20 DSAs were chosen and HCPF began the process of transitions in a three-phased approach.

HCPF successfully transitioned 26 outgoing agencies and the 15 selected incoming agencies in the schedule shown below, including the transition and signing of new contracts.

- Phase 1 Transitions: August - October 2023
  - November 1, 2023: First group of CMAs fully transitioned
- Phase 2 Transition: November-February 2024
  - March 1, 2024: Second group of CMAs fully transitioned
- Phase 3 Transitions: March - June 2024
  - July 1, 2024: Third group of CMAs fully transitioned

On July 1, 2024 Colorado's case management system fully complies with federal conflict free requirements in addition to streamlining access to services so members have a single Case Management Agency regardless of disability or program. Case Management Agencies are trained to serve all members on all Colorado waivers in their Defined Service Area. This system focuses on the needs of each individual, serves each member as a whole person, and seeks to create case management services that embody simplicity, quality, stability, and accountability in a conflict free environment.

### **Colorado Single Assessment (CSA) and Person-Centered Support Plan (PCSP)**

Since 2014, HCPF has been working to transform the tools used in Colorado to assess and develop support plans for all individuals receiving long-term services and supports (LTSS). SB 16-192 directed HCPF to select a single needs assessment tool for all LTSS applicants/members. HCPF, in collaboration with stakeholders, has selected and customized a new process and instruments for eligibility determination, needs assessment, and support planning that reflects current program operations while being flexible and comprehensive enough to support major systems change efforts. The new person-centered planning process includes new instruments; CSA for determining LTSS Level of Care eligibility and assessing

members' needs for HCBS, and the PCSP for planning and documenting HCBS members' preferences, goals, supports, and services.

HCPF has piloted the eligibility determination, needs assessment, and support planning process with individuals seeking and receiving LTSS, while concurrently making improvements to the format and automation in the new Care & Case Management information technology (IT) system (CCM). The enhanced support planning process takes full advantage of the opportunities created by having a reliable and comprehensive assessment instrument that includes not only support needs, but strengths and preferences as well. The combination of the new assessment and support plan tools and the automated process in the new CCM system are an essential step in fulfilling HCPF's vision of a person-centered system that assists individuals in attaining their personal goals while fairly and efficiently assigning resources.

Following initial delays in design and development, HCPF implemented the new CCM system in July 2023. Implementation of the CCM system began while continuing to use the existing assessment and support planning instruments. This has allowed additional stakeholder input into the new instruments and an opportunity for users to adapt to the new IT platform without having to also learn and implement new assessment and planning instruments.

Once the CCM system is stable and users are comfortable in its use, HCPF will complete training on the new person-centered assessments and planning process, which will be automated within the CCM system. Beginning in July 2025, implementation of the new CSA and PCSP is targeted for a strategic phased roll out, starting with adult IDD waivers. This staggered rollout will include members newly enrolling, and for participants at the time of their annual service planning meetings.

HCPF will use the data from the CSA, after an extended period of implementation and stabilization, to work with stakeholders to develop and implement the new Person-Centered Budget Algorithm (PCBA) process to standardize and bring equity to how resources are allocated for members across all waivers.

## Conclusion

HCPF has largely implemented HB 14-1051 Strategic Plan initiatives to promote increased access to services and supports for Coloradans with Intellectual and Developmental Disabilities. Over the past nine years, HCPF has grown enrollment in these programs by 93% thanks in large part to the support from the General Assembly.

Significant progress has been made toward providing timely access to services. Over the past nine years, HCPF reduced waiting lists by 65%. However, due to budget constraints and increased interest and awareness of these programs, there continues to be waiting lists for the HCBS-DD waiver and Family Services and Supports Program. HCPF remains deeply committed to helping all Coloradans live and work in the communities of their choosing. With ongoing support from the General Assembly, HCPF will continue its work to make sure this commitment is realized for every Coloradan with an intellectual and developmental disability.

Additionally, HCPF continues to implement current legislation and has used one-time American Rescue Plan Act (ARPA) funding to improve individuals' ability to access services at the time they need and want services for the long-term. Through the Joint Budget Committee-approved ARPA spending plan, HCPF implemented 63 initiatives to improve HCBS care delivery as well as the health, well-being, and satisfaction of HCBS members and families. These projects made improvements to Colorado's Long-Term Services and Supports (LTSS) system to better serve members, sustain the workforce, drive innovation, and support providers for years to come.

## Appendices

#1

The estimated general fund cost to eliminate the wait list:

- FY 25-26 \$11,014,794 (with a \$11,014,794 Federal match) total cost \$22,029,584
- FY 26-27 \$30,520,264 (with a \$30,520,264 Federal match) total cost \$61,040,523,
- FY 27-28 \$49,970,692 (with a \$49,970,692 Federal match) total cost \$99,941,382
- FY 28-29 \$69,420,251 (with a \$69,420,251 Federal match) total cost \$138,840,499
- FY 29-30 \$88,869,809 (with a \$88,869,809 Federal match), total cost \$177,739,616,
- FY 30-31 \$108,355,141 (with a \$108,355,141 Federal match), total Cost \$216,710,280,
- FY 31-32 \$116,884,749 (with a \$116,884,749 Federal Match), total Cost \$233,769,494

Table 1a. Enrollment Into I/DD Programs, FY 2013-14 to FY 2023-24

Fiscal Year / % Change	DD	SLS	CES	FSSP
FY 2013-14	4,848	3,519	800	2,383
FY 2023-24	8,665	5,222	3,574	4,843
% Change	72%	48%	347%	103%

Table 1b. Waiting Lists for I/DD Programs, FY 2013-14 to FY 2023-24

Fiscal Year / % Change	DD (ASAA)	SLS	CES	FSSP
FY 2013-14	1,454	954	331	7,067
FY 2023-24	3,038	0	0	423
% Change	109%	100%	100%	94%

Data Source: Care and Case Management BIDM data as of 8/16/2024 \*DD & SLS is how waiting list records were documented in 2014 when there was a waiting list for both programs

The acronyms in the chart above are as follows:

- Developmental Disabilities (HCBS-DD) - As Soon As Available
- Supported Living Services (HCBS-SLS)
- Children’s Extensive Support (HCBS-CES)
- Family Support Services Program (FSSP)

Table 2. Individuals Waiting for Enrollment Authorization, FY 2023-24

Status / Program	Unduplicated Number of Individuals
HCBS-DD ASAA	3,038
Safety Net	3,445
Specific Date: Before 6/30/2024	592
Specific Date: After 7/1/2024	934
Family Support Services Program	423

Status / Program	Unduplicated Number of Individuals
Newly added to HCBS-DD ASAA July 1 2023-June 30 2024	401

Table 3. Individuals Waiting for Services Who Are Receiving Other Medicaid Services, as of July 1, 2024

Program	Number of Individuals	Receiving Some Services	Receiving Waiver Services	Receiving Inpatient Services	Receiving Outpatient Services
ASAA	3,038	91%	71%	3%	41%
Safety Net	3,445	80%	54%	2%	32%
Specific Date - Before 6/30/24	592	80%	35%	1%	41%
Specific Date - After 7/1/24	934	89%	44%	3%	58%
FSSP	423	33%	4%	1%	22%

Table 4. Number of New Enrollments into the Home & Community Based I/DD Waivers, FY 2017-18 through FY 2023-24

Fiscal Year	HCBS-DD	HCBS-SLS	HCBS-CES	Total
FY 17-18	332	719	358	1,409
FY 18-19	869	565	362	1,778
FY 19-20	700	539	364	1,569
FY 20-21	502	590	364	1,521
FY 21-22	960	473	406	1,812
FY 22-23	447	498	530	1,456
New FY 23-24	530	510	715	1,456

Table 5. HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments, FY 2023-24

Category	Enrollments
Emergency	182
Youth Transition	103
Deinstitutionalization	21
Waiting List	372
Total	678

#2

- A. The Member must be at risk for seeking an emergency Developmental Disability (DD) waiver enrollment because one or more of the following criteria such as listed below are not currently being met through other Long-Term Services and Supports (LTSS) and or State Plan services:
- a. Medically fragile with skilled care needs;
  - b. Behavioral and/or Mental Health needs;
  - c. Criminal convictions and/or law enforcement involvement;
  - d. Homelessness;
  - e. Mistreatment, Abuse, Neglect, Exploitation (MANE) reports with potential need to remove from home;
  - f. Extreme danger to self/others;
  - g. Caregiver capacity or;
  - h. 1:1 supervision needed.
- B. The Member must demonstrate that less than 10% of current SPAL remains; or
- C. The Member must demonstrate that the current rate of utilization of Home and Community-Based Services (HCBS) will exhaust the number of approved units prior to the Client’s regularly scheduled monitoring.

A Member must meet the requirements in:

- A, B, and C
- A and B
- Or, A and C

