



COLORADO
Department of Health Care
Policy & Financing

November 1, 2018

Members of the Colorado General Assembly
c/o Legislative Council
State Capitol Building
200 East Colfax
Denver, CO 80203

Dear Members of the General Assembly:

Enclosed please find the Department of Health Care Policy and Financing's update to the strategic plan for assuring timely access to services for individuals with intellectual and developmental disabilities.

Pursuant to section 25.5-10-207(4)(a), C.R.S., the Department of Health Care Policy and Financing (the Department) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan to “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports.”

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

If you require further information or have additional questions, please contact the Department's Legislative Liaison, David DeNovellis, at David.DeNovellis@state.co.us or 303-866-6912.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Bimestefer'.

Kim Bimestefer
Executive Director

KB/KC



Enclosure(s): Health Care Policy and Financing 2018 HB 14-1051 Update to the Strategic Plan for Assuring Timely Access to Services for Individuals with Intellectual and Developmental Disabilities (House Bill 14-1051)

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

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

November 1, 2018

Submitted to: Colorado General Assembly



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Department of Health Care
Policy & Financing

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This report is the statutorily required annual update from HB 14-1051. Legislation requires the Department of Health Care Policy and Financing (the Department) to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan “to ensure that Coloradans with intellectual and developmental disabilities and their families will be able to access the services and supports they need and want at the time they need and want those services and supports.” This year’s submission includes updates on progress towards goals set forth in the strategic plan developed November 2014¹ and provides information on additional legislation and initiatives that support the legislative intent of HB 14-1051 and implementation of this strategic plan.

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

I. Introduction

Colorado continues its strong support of community-based living for its citizens with intellectual and developmental disabilities (I/DD), which has enabled Coloradans to reside in communities of their choosing and in the least restrictive settings possible.

Colorado demonstrates its commitment to community living through Medicaid waiver programs. The Department operates ten Home and Community-Based Services (HCBS) Medicaid waivers under authority granted by the Centers for

1

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



Medicare and Medicaid Services and the Colorado General Assembly. Three of those waivers are specifically designed to support individuals with I/DD – Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), and Children’s Extensive Support (HCBS-CES) waivers.

In addition to Medicaid services provided through the HCBS waivers, the Department provides services and supports specifically for individuals with I/DD through annual General Fund appropriations from the Colorado General Assembly. The State-funded Supported Living Services (State SLS) program provides assistance to individuals who can live independently with limited supports. The Family Support Services Program (FSSP) provides support to individuals with I/DD residing in their homes, with needed services in order to prevent out of home placement.

Budgetary limitations restrict Colorado’s ability to serve all individuals who are eligible for and in need of the services and supports described above. Consequently, individuals are placed on waiting lists and/or receive services and supports that are not best suited to their specific needs and preferences. This document serves as an update to the plan required by HB 14-1051 for ensuring timely access to services for eligible individuals by July 1, 2020. Included in this report are updates on planned initiatives and initiatives that have been augmented by recent legislation.

II. Progress Towards Reduction of the Waiting List

Waiting List Data and Statuses

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

The Community Contracts Management System (CCMS) serves as the statewide repository for waiting list data. Individuals indicate their needs and preferences which are then entered into the system by Community Centered Board (CCB) case



managers. Individuals waiting for services have a status of “Yes-Waiting” with one of the following timelines:

- **As Soon As Available (ASAA)** – The individual has requested enrollment as soon as available.
- **Date Specific** – The individual does not need services at this time but has requested enrollment at a specific future date. This category includes individuals who are not yet eligible due to not having reached their 18th birthday.
- **Safety Net** – The individual does not need or want services at this time, but requests to be on the waiting list in case a need arises at a later time. This category includes individuals who are not yet eligible due to not having reached their 18th birthday.
- **Internal Management** – Individuals who have indicated interest in HCBS-SLS waiver services and are in the enrollment process are listed in CCMS with a status of “Internal Management”

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

Table 1 Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization	
Program	Unduplicated Number of Individuals
HCBS-DD Only (includes newly added)	3,059
Newly added to HCBS-DD Only July 1, 2017-September 30, 2018*	1,495
HCBS-SLS Only	0
HCBS-CES	0
State-funded Supported Living Services	142
Family Support Services Program	2,616

*Data Source: Community Contract Management System, September 30, 2018 *Newly added includes individuals who have become age eligible to be on the ASAA waiting list and individuals who have changed their waiting list timeline or status between July 2017 and Sept 2018*

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

Table 2 Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management	
Program	Unduplicated Number of Individuals
HCBS-SLS Internal Management	261

Data Source: Community Contract Management System, September 30, 2018

Individuals who are listed as Internal Management have not yet enrolled. They are pending waiver eligibility, have not responded to an offer to enroll, or have not been able to secure an appropriate provider for services needed. The individuals identified in Table 2 are newly eligible or newly identified by the CCB as requiring HCBS-SLS services.



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

Table 3									
Individuals Waiting for Services As Soon As Available or Internal Management Who Are Receiving Other Medicaid Services									
Program	Unduplicated Number of Individuals	% Receiving Some Services	% Receiving Waiver Services	% Receiving Dental Services	% Receiving Inpatient Services	% Receiving Long Term Care Services	% Receiving Outpatient Services	% Receiving Pharmacy Services	% Receiving Professional Services
HCBS-DD ASAA	3,059	86%	71%	23%	2%	1%	43%	43%	59%
HCBS-SLS Internal Management	261	64%	14%	20%	1%	1%	29%	37%	52%
State Funded Supported Living Services	142	46%	19%	13%	1%	0%	25%	30%	39%
Family Support Services Program	2,616	42%	8%	18%	1%	0%	26%	24%	37%

Data Source: Community Contract Management System and Medicaid Management Information System, September 30, 2018

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



Table 4 Safety Net Status	
Program	Unduplicated Number of Individuals
HCBS-DD Only	3,663
HCBS-SLS Only	799
HCBS-DD and HCBS-SLS	396

Data Source: Community Contract Management System, September 30, 2018

While the waiting list for the HCBS-DD waiver continues to grow, new individuals continue to enroll into each waiver every year. Table 5 details the number of new individuals added to each waiver between July 1, 2017 and September 30, 2018.

Table 5 New Enrollments			
HCBS-DD	HCBS-SLS	HCBS-CES	Total
530	699	384	1,613

Data Source: Community Contract Management System, September 30, 2018

During FY 2017-18 the Department received 242 emergency enrollment requests for enrollment into the HCBS-DD waiver. Of the 242 requests, 180 were approved for enrollment into the waiver, however may not have actually enrolled during FY 2017-18. The remaining requests were either denied because they did not meet criteria, were requested to be withdrawn, or qualified in another enrollment category. In addition to the emergency enrollments, there were 78 individuals who enrolled into HCBS-DD waiver from foster care or from the HCBS-CES waiver as prioritized enrollments. Additional enrollments for each category were authorized but did not complete enrollment during the fiscal year.

In May 2018 the Department authorized 168 enrollments from the ASAA HCBS-DD waiver waiting list. These authorizations were the result of enrollments into the waiver being lower than expected due to limited churn enrollments and interChange prior authorization request renewal delays. As a solution to the lower enrollments and potential for significant under expenditure the Department



immediately authorized enrollments from the waiting list equal to the churn enrollments.

Beginning in July 2018 the Department continued to authorize enrollments from the ASAA HCBS-DD waiver waiting list through identified churn. When an authorized enrollment is declined, the enrollment is authorized to the next individual on the waiting list. Between July and September 2018 there were 61 enrollments authorized through churn of the waiver. The Department will continue to authorize churn enrollments from the waiting list each month.

During the fall of 2018, the Department submitted amendments for the HCBS-DD and HCBS-SLS waivers to the Centers for Medicare and Medicaid Services per HB 18-1326 to implement transition services and supports to allow eligible persons to receive services to support a transition from an institutional setting to a home or community-based setting. In addition, the amendment includes definition of Prader-Willi Syndrome, which has been added to the definition of Intellectual and Developmental Disability per SB 18-074. This addition will allow individuals on the HCBS-DD, HCBS-SLS, and HCBS-CES waivers with the Prader-Willi Syndrome diagnosis to receive additional services and supports.

The Department intends to submit waiver renewals for the HCBS-DD, HCBS-SLS, HCBS-CES, and HCBS-Children's Habilitation Residential Program (CHRP) waiver at the beginning of FY 2018-19. These programs are renewed on a 5-year basis and they are set to expire June 30, 2019. The Department has convened three stakeholder meetings in September 2018 to ensure the community is aware of the renewal and will understand the changes that can be made during this process. The Department intends on updating performance measures to improve the quality for these waiver programs, as well as updating the number of reserved capacity enrollments for the waiting list.

To ensure waiting list data integrity and effective waiting list management, CCBs are required, pursuant to contract, to conduct and document in the Department prescribed case management system, a semiannual follow-up with individuals and families for all HCBS waivers with a waiting list with a timeline of ASAA or See Date. This contact is to update changes in demographic information and ensure



that the individual is appropriately identified on waiting lists for the program and services individuals are eligible to receive. For individuals and families with a timeline of safety net or individuals waiting for FSSP this contact is required annually.

Additionally, the Department randomly reviews individuals on the waiting list for HCBS-DD waiver enrollment to ensure they have been contacted and all information is up to date in their record. The Department will continue to work with the CCBs to ensure that only individuals in need of services immediately are identified on the ASAA waiting list. The Department has refined the way it manages and tracks data through updated and consistent reporting, allowing the Department to more effectively authorize enrollments and request increases in allocations when necessary.

The Case Management Enrollment Coordinator for the Department continues to work with CCBs to refine the exceptions to the process for waiting lists through daily technical assistance. The Department has created informational documents detailing enrollment exceptions to the waiting list and categories of enrollments. These documents are available to CCBs and all stakeholders by accessing the Department's external website. The Department continues to track the time spent between the authorization of an enrollment and when an individual completes enrollment to determine what changes, if any, need to be made to regulation to ensure individuals have timely access to services. Last fiscal year, the average length of time for an individual to enroll into the HCBS-DD waiver following enrollment authorization was 78 days.

To ensure stakeholders' access to accurate, clear, and consistent information in a timely manner the Department releases relevant communications weekly to internal staff, providers, and external stakeholders through Department issued memos. In addition, the Department has created web pages for key initiatives to include: Waiting List and Enrollments, Waiver Redesign, Case Management Redesign, which includes Conflict-Free Case Management, Consumer Direction in the HCBS-SLS Waiver, and the HCBS Settings Rule, with updates to these pages communicated in memos. All communications are posted on the Department's website and individual web pages accordingly. Each page includes a submission

option for comments, and links to the services and supports for which the Division has oversight. The Case Management Enrollment Coordinator also attends external meetings with stakeholders, and CCBs in order to provide information related to the waiting lists and enrollments.

HB 14-1051 requires the Department to review the current statutory definition of waiting list for recommended changes. Section 25.5-10-202(38) 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.” This broad definition grants the Department significant latitude in developing administrative procedures according to specific programmatic requirements. While modification of the statutory definition is not recommended, there are opportunities for improvement in Department administration and oversight of the waiting list. These opportunities were explored by the Department through contracted work completed in FY 2016-17 by the LNuss Group. The Department contracted with the LNUSS Group to research and propose revisions to waiting list statute, Department regulations, and procedures, and to provide a cost-effective and informed solution for Colorado to effectively and equitably manage the HCBS-DD waiting list. An initial report provided to the Department on May 16, 2017 included research on comparable I/DD waiver services waiting list management practices in other states, and a preliminary review of Colorado’s waiting list management practices. The final report on specific observations and eight recommendations can be found on the Department’s external website under the Waiting List and Enrollments section.²

Out of the eight recommendations, the Department is actively working on four through technical assistance and passed legislation detailed below. These recommendations include:

1. Providing specific guidance and methodology in implementing regulations concerning the eligibility requirements for the HCBS-DD waiver of needing access to 24 hour supports and supervision;

² <https://www.colorado.gov/pacific/hcpf/IDD-Services-enrollments-waitlists>



2. Exploring the “need for services in the HCBS-DD waiver through waiver redesign and a level of need assessment;
3. Evaluate individuals on the HCBS-DD ASAA waiting list to ensure they are currently receiving available and appropriate benefits and that they are still in need of services; and,
4. Include the loss or incapacitation of the caregiver as one of the factors to justify an emergency enrollment into the HCBS-DD waiver.

The Department continues to review the remaining four recommendations from the report for feasibility of implementation and will engage with stakeholders when implementing any of the recommendations.

Budgetary Environment

The Colorado General Assembly has demonstrated a strong commitment to ensuring services and supports are available to Coloradans with I/DD through its support of additional funding for enrollments for the HCBS-CES and HCBS-SLS

waivers. The Department included, as part of its FY 2019-20 Budget Request, funding to allow for emergency enrollments and enrollments for individuals transitioning from other settings (included in the Department’s November 1, 2018 Budget Request R-5, “Office of Community Living Cost and Caseload Adjustments”). The Department remains committed to ensuring all individuals have access to the services they need.

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

The Colorado General Assembly has authorized legislation further supporting the strategies identified in HB 14-1051 and helping to modernize the service delivery system for home and community based services for children and adults with I/DD. The Department has been working diligently on waiver redesign, conflict-free case



management, a cross system crisis pilot, person-centered planning, and most recently, access to disability services. Below are some highlights of this legislation.

HB 18-1407

The bill requires the Department to initiate 300 non-emergency enrollments from the waiting list for the HCBS-DD waiver in FY 2018-19. During this time, the Department will promulgate rules establishing additional criteria for reserve capacity enrollments based on the age and capacity of a person's parent or caregiver. As part of the rule-making process, the Department will solicit stakeholder feedback from persons with intellectual and developmental disabilities and their families.

In June 2018, the Department authorized the first 300 individuals from the ASAA HCBS-DD waiver waiting list per direction of the house bill and an additional 13 through churn. CCBs were notified of individuals authorized to enroll in their area and requested to contact the individuals and offer enrollment into the waiver. From this group of initial authorizations, As of September 30, 2018, 229 individuals have accepted enrollment and 53 have declined the enrollment, allowing additional individuals to be authorized. 34 individuals have yet to accept or decline the authorized enrollment.

Since May 2017, through waiver churn, individuals declining enrollment and the 300 new enrollments authorized with HB 18-1407, 644 individuals have been authorized enrollment from the HCBS-DD ASAA waiting list and 176 have completed enrollment into the waiver

As required by the bill, as of July 2018, the Department now includes in the monthly caseload and premiums expenditure report to the Joint Budget Committee, the number of persons who were authorized to enroll into the HCBS-DD waiver from the ASAA HCBS-DD waiting list through both non-emergency enrollments and reserve capacity enrollments. Non-emergency enrollments included enrollments authorized through churn while reserve capacity enrollments include those authorized through the exception to the waiting list protocol.



Exception enrollments are categorized as either Emergency, Youth Transitions or Deinstitutionalizations.

Additionally, the bill requires the Department to seek federal approval for a 6.5% increase in the reimbursement rate for certain services specified in the bill that are delivered through HCBS-DD, HCBS-SLS and HCBS-CES waivers. Service agencies must 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. The proposed increase will result in a more stable workforce, allowing individuals to access direct support professionals suited to meet their needs.

HB 15-1318

As introduced in HB 15-1318 and codified in section 25.5-6-409.3, C.R.S., the Department is to establish a single consolidated Medicaid HCBS waiver for adults I/DD. The Department is redesigning a consolidated waiver in line with the objectives of HB 14-1051, including by designing the waiver to enroll and serve more individuals from the HCBS-DD waiver waiting list. The Department's goal is to design a consolidated waiver capable of serving a greater number of individuals through more flexibility and more efficient allocation of resources, ultimately delivering services in the right amount, in the right place, and at the right time. The Department has developed a full array of proposed services and is reinforcing them with analysis of the waiver's programmatic, operational, and fiscal impact. The Department has integrated a full span of resources in the redesign, working across internal and external expertise, public stakeholders, and state and federal partners. The Department has worked continuously with the Waiver Implementation Council, a body of diverse stakeholder representatives that advise the Department in the redesign.

The bill also directed the Department to create a plan for submission to the Joint Budget Committee by July 1, 2016, on how it will comply with federal regulations found at 42 CFR § 441.301(c)(1)(vi) regarding separation of case management from direct service delivery. The plan was developed in consultation with Community Centered Boards, Single Entry Point agencies, and all other interested stakeholders. The Department met with Community Centered Boards, Single Entry



Point agencies, and other stakeholders to obtain input for the implementation plan. The plan was submitted to the Joint Budget Committee on July 1, 2016. The Colorado General Assembly continued its commitment to conflict-free case management and approved HB 17-1343, changing the I/DD statute to include a definition of conflict-free case management. Statute also requires the Department and I/DD system to be conflict-free by July 1, 2022 and to create a third-party entity to assist individuals in choosing his or her case management agency. To comply with statute, the Department must develop case management agency and case manager qualifications. The qualifications have been developed with extensive stakeholder engagement and the Department presented the regulations to the Medical Services Board in October 2018. The Department anticipates that the additional choice of case management agency and the flexible service array available in the waiver will support client choice of case manager and provide modern, flexible services that will support individuals to lead the lives of their choosing.

SB 16-192

HB 14-1051 requires the Department to include administrative procedures to support the goal of the strategic plan. Since 2014, the Department has been working to transform tools used in Colorado to assess and develop support plans for individuals receiving long-term services and supports (LTSS). SB 16-192 directed the Department to select a needs assessment tool by July 1, 2018. The Department, in collaboration with stakeholders, has selected and customized a new process for eligibility determination, needs assessment and support planning that reflects its current program operations while being flexible and comprehensive enough to support the major systems change efforts. Implementation of this new assessment and support planning process will assure a streamlined process and ensure proper identification of necessary supports for all individuals receiving LTSS. The comprehensive and accurate assessment of individual needs will support greater coordination of services and improve access to services.

The Department is currently working to automate the eligibility determination, needs assessment, and support planning documents within the case management data system. Once the process is automated, the Department will pilot the new



process with individuals receiving LTSS. The enhanced support planning process takes full advantage of the opportunities created by having reliable and comprehensive data that includes not only deficits, but strengths and preferences. The combination of the new assessment and support planning processes are an essential first step in fulfilling the Department's vision of a person-centered system that assists individuals in attaining their personal goals and fairly and efficiently assigns resources.

No Wrong Door Initiative

The Department has launched four regional No Wrong Door (NWD) pilot sites for modernizing access to long-term services and supports (LTSS) for all Coloradoans, regardless of age disability or pay source. Pilot sites are comprised of multiple local human services agencies in a self-defined region. They are responsible for standardizing processes and operating protocols for conducting LTSS entry point work, such as eligibility determinations, intake and referral services and options counseling. Pilot sites are serving the Denver-metro area, Larimer and Pueblo counties and the San Juan Basin region. Pilot sites are expected to run through fall 2019. The pilot sites will help the Department and its partners agencies, the Colorado Department of Human Services and the Colorado Department of Labor and Employment, develop a model for implementing a NWD system statewide.

HB 15-1368

Another key component of the strategic plan is strengthening collaboration with the Colorado Department of Human Services to streamline mental and behavioral health services for individuals with I/DD and to address gap in services. HB 15-1368, Creation of a Cross System Response for Behavioral Health Crisis Pilot Program (CSCR Pilot) for Adults with Intellectual Disabilities, seeks to ensure timely access to behavioral supports for individuals in crisis who also have an I/DD. The bill authorized funding for the creation of a pilot program managed by contracted vendors in two locations that deliver and coordinate services, including crisis intervention, stabilization, and follow-up services not covered in either the behavioral health system or waivers for adults with I/DD. The created system must also build on the statewide behavioral health crisis system supported by the



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

The CSCR Pilot ended its operational phase, which took place at multiple sites that represented different geographic regions of the state, on June 30, 2018. Rocky Mountain Health Plans (RMHP) continues its work as the contractor during the CSCR Pilot's closeout period, which ends, along with the CSCR Pilot, on February 28, 2019. In its operational period, the CSCR Pilot was effective in addressing the behavioral and mental health service gaps that individuals with I/DD face when seeking crisis services. This success stems from a focus on in-home, site-based, and mobile crisis response services, as well as providing follow-up case management, keeping in line with the expectations of HB 15-1368. In addition, information gathered through the actuarial study and program evaluation articulated gaps in delivery, while providing guidelines for filling those gaps through best practices and greater collaboration. During the closeout period, the CSCR Pilot will compile and analyze the data gathered during its operational period and derive best practices. The Department will use this data, along with the actuarial studies and program evaluations, to provide recommendations for how the CSCR Pilot findings might be implemented across Colorado in order to remove the barriers that individuals with intellectual and/or developmental disabilities face when seeking mental/behavioral health services, both within the Crisis System, and within the system of mental/behavioral health as a whole. Additional funding will be requested on November 1 2018 to continue employing a dedicated individual to this work

IV. Conclusion

The outcomes and progress that have been made by the initiatives of HB 14-1051 continue to align with the Department's overall performance plan, including initiatives that focus on the customer, communications, processes, and financing. Specifically, the Department continues to innovate and utilize strategies for:

- customer outreach,
- developing system capacity and access,



- improving transparency of our system,
- increasing communication efforts and collaboration with stakeholders, as well as other state agencies,
- improving processes related to waiting list management, and
- utilizing budgets to more effectively achieve enrollment goals.

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

