

November 1, 2023

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 25.5-10-207.5(4)(a), C.R.S., the Department of Health Care Policy and Financing (HCPF) was required 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.” HCPF is required to “review the strategic plan annually and revise [it] as needed to meet the enrollment goal.”

HCPF first submitted the Strategic Plan on November 1, 2014, and is enclosing its latest update to the plan. Also included in this update is the waiting list information required by section 25.5-10-207.5(3), C.R.S. The information in the attached report details how many individuals are waiting for services, how many are needing services immediately, how many of those individuals are currently receiving some services, and individuals eligible for services but who have reported to not need services at this time. Additionally, pursuant to section 25.5-6-406(2)(m), C.R.S., this section includes information from the National Core Indicators Data, concerning in what ways outcomes for persons with intellectual and developmental disabilities changed as a result of the increase in reimbursement rates pursuant to House Bill 18-1407.

If you require further information or have additional questions, please contact the HCPF's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795

Sincerely,

Kim Bimestefer

Executive Director

KB/KA

Enclosure(s): Health Care Policy and Financing 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.

Nov. 1, 2023

Submitted to: Colorado General Assembly



COLORADO
Department of Health Care
Policy & Financing

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I. 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, 2014.¹

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).

While the original strategic plan has concluded, HCPF is still legislatively required to report on data and information pertaining to the remaining waiting lists in Colorado. As there is continued support to increase access to services for individuals with intellectual and developmental disabilities through funding and new legislation passed by the legislature, HCPF will continue to report on additional initiatives and legislation that speak to the overall goal of HB 14-1051, to provide access to the right services at the right time in the right setting.

Chart 1 and Table 1 below show enrollment in and waiting lists for programs that have served people with intellectual and developmental disabilities since 2014. Over the past eight years, HCPF has grown enrollment in these programs by 83%, and reduced waiting

¹ [HCPF - Waiting Lists and Enrollment](#)

lists by 66%². 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 lists for one Home and Community-Based Services (HCBS) waiver and one state funded program.

In 2022, HCPF completed an updated cost analysis based on the current growth of the HCBS-DD “As Soon As Available” (ASAA) wait list. At that time, it was estimated that the general fund cost to eliminate the wait list was as follows:

- **FY 23-24 \$17,367,183** (with a \$17,367,183 Federal match) total cost \$34,734,366,
- **FY 24-25 \$49,233,158** (with a \$49,233,157 Federal match) total cost \$98,466,315,
- **FY 25-26 \$80,752,511** (with a \$80,752,511 Federal match) total cost \$161,505,022,
- **FY 26-27 \$112,273,679** (with a \$112,273,679 Federal match) total cost \$224,547,358,
- **FY 27-28 \$143,794,847** (with a \$143,794,847 Federal match), total cost \$287,589,694,
- **FY 28-29 \$175,346,890** (with a \$175,346,889 Federal match), total Cost \$350,693,779,
- **FY 29-30 \$189,236,904** (with a \$189,236,903 Federal Match), total Cost \$378,473,807.

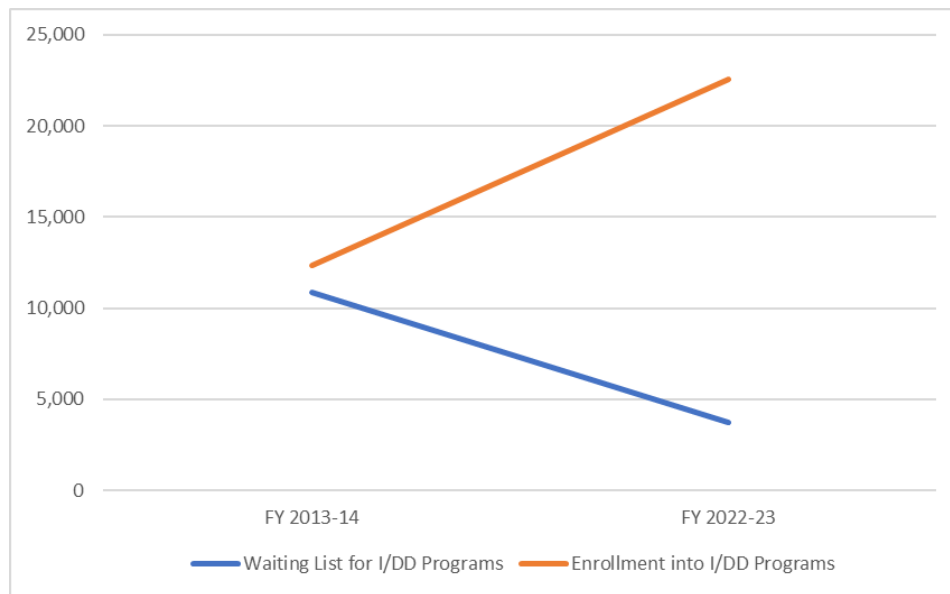
The Home and Community-Based Services Developmental Disability (HCBS-DD) waiver has 3,357 members waiting for services ASAA. 97% of those members waiting on the HCBS-DD ASAA waitlist are receiving some Medicaid services and 74% are receiving other HCBS waiver services. There are 3,599 members that are listed on the “Safety Net” waitlist which includes date specific enrollment based on when the members will potentially become eligible based on age. 79% of those members waiting on the “Safety Net” waitlist are receiving some Medicaid or state funded services and 57% are receiving other HCBS waiver services. The Family Support Services Program (FSSP) has 382 members on

² Programs include: Home and Community-Based Services (HCBS) waivers for Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), Children’s Extensive Supports (HCBS-CES), State Supported Living Services (State SLS), and Family Support Services Program (FSSP)

the waitlist. 63% of those members are receiving some services and 18% are receiving other HCBS waiver services.

This report highlights progress made on the strategic plan, outcomes resulting from the implementation of HB 14-1051, and additional initiatives and policies developed since 2014 that promote increased access to services and support for Coloradans with intellectual and developmental disabilities. Additionally, this report outlines the number of people currently waiting for programs, progress made to better manage waiting lists, and updates on initiatives aimed at expanding access to services for people with intellectual and developmental disabilities.

Chart 1. Enrollment & Waiting Lists in I/DD Programs, FY 2013-14 & FY 2022-23



Total enrollment in the waivers targeted to individuals with intellectual and developmental disabilities grew 83% between FY 2013-14 and FY 2022-23 overall (by program, enrollment in HCBS-DD grew by 72%, HCBS-SLS by 45%, and HCBS-CES by 279%).

Table 1a. Enrollment Into I/DD Programs, FY 2013-14 to FY 2022-23

	<i>DD</i>	<i>SLS</i>	<i>CES</i>	<i>FSSP</i>	<i>State SLS</i>	<i>DD & SLS</i>	<i>Total</i>
FY 2013-14	4,848	3,519	800	2,383	818	N/A	12,368
FY 2022-23	8,323	5,089	3,034	5,600	542	N/A	22,588
% Change	72%	45%	279%	135%	-34%	N/A	83%

Table 1b. Waiting Lists for I/DD Programs, FY 2013-14 to FY 2022-23

	<i>DD</i>	<i>SLS</i>	<i>CES</i>	<i>FSSP</i>	<i>State SLS</i>	<i>DD & SLS</i>	<i>Total</i>
As of Aug 30, 2014	1,454	954	331	7,067	206	850	10,862
As of July 1, 2023	3,357	0	0	382	0	N/A	3,739
% Change	131%	-100%	-100%	-95%	-100%	-100%	-66%

Data Source: Community Contract Management System, July 1, 2023 *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:

- Persons with Developmental Disabilities (HCBS-DD)
- Supported Living Services (HCBS-SLS)
- Children’s Extensive Support (HCBS-CES)
- State-Funded Supported Living Services (State SLS)
- Family Support Services Program (FSSP)

II. 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).

III. Introduction

Colorado continues its strong support of community-based living for individuals with intellectual and developmental disabilities, which has enabled the vast majority of these individuals to reside in communities of their choosing and in the least restrictive setting possible.

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 in need of the services and supports described above. Consequently, individuals may be placed on waiting lists and/or receive other services and supports that may not align with the individual's/family's preferences and/or specific needs. However, since 2012, through support from the General Assembly, HCPF has eliminated the waiting lists for the HCBS-SLS and HCBS-CES waivers. The HCBS-DD waiver and FSSP continue to have waiting lists, despite an increase in appropriation and in covered members in these programs there has been significant growth in the number of people on the waitlist since FY13-14 because families have more confidence their loved one will get a waitlist slot eventually.

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 negative impacts members may experience while on waiting lists for the DD Waiver and FSSP. These are outlined throughout the remainder of this report.

IV. Progress Towards Reducing Waiting Lists

As outlined in the 2014 strategic plan, otherwise eligible individuals are placed on waiting lists when enrollments reach the capacity of the federally approved waiver application, and/or when the state-appropriated number of enrollments have been met. Every waiver has a capacity in the federal waiver application and state appropriation amount. Currently all waivers except HCBS-DD are below the waiver application and appropriations which is why they do not currently have waiting lists. Separate waiting

lists are maintained for each waiver and State-funded program. Individuals may be included on more than one waiting list at a time and can be served in one program while on a waiting list for another.

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 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 for adult programs due to not having reached their 18th birthday.
- **Safety Net** - The individual does not currently need or want services, but requests to be on the waiting list in case a need arises. This category includes individuals who are not yet eligible for adult programs 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.”
- Individuals on Waiting Lists Needing Services Immediately

To capture individuals needing services immediately, HCPF includes individuals waiting for services with an ASAA timeline and individuals with Date Specific timelines who have requested enrollment within the current fiscal year. Table 2 details the number of individuals needing services immediately who are waiting for an enrollment authorization. As of July 1, 2023, the ASAA waiting list for HCBS-DD waiver services had 3,357 individuals listed; 15.2% (509) of those were newly placed on the ASAA waiting list during FY 2022-23, and 2,848 individuals were carried over from the previous year’s ASAA waiting list.

Table 2. Individuals Needing Services As Soon As Available, Waiting for Enrollment Authorization, FY 2022-23

<i>Program</i>	<i>Unduplicated Number of</i>
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<i>Individuals</i>	
HCBS-DD As Soon As Available	3,357
HCBS - DD Safety Net	3,599
Newly added to HCBS-DD Only July 1 2022-June 30 2023	509
HCBS-SLS Only	0
HCBS-CES	0
State Funded Supported Living Services	0
Family Support Services Program	382

Data Source: Community Contract Management System, July 1, 2023

Table 3 details the number of individuals authorized to enroll into the HCBS-SLS waiver who have not yet completed enrollment. HCPF has sufficient funding to enroll all individuals currently pending enrollment into HCBS-SLS. All enrollments have been authorized and the CMA is currently working to complete the enrollment process.

Table 3. Individuals Authorized for Enrollment, Not Yet Enrolled, Internal Management, as of September 1, 2023

<i>Program</i>	<i>Unduplicated Number of Individuals</i>
<i>HCBS-SLS Internal Management</i>	156
<i>HCBS-CES</i>	0

Data Source: Community Contract Management System, September 1, 2023

Table 4 details the number of individuals needing services immediately who are receiving other Medicaid services while they wait. The table includes those on the HCBS-DD ASAA waiting list, individuals listed as Internal Management waiting to complete enrollment into HCBS-SLS, and individuals on the State-Funded SLS or the FSSP program waiting lists.

The status of waiting lists:

- **SLS - waiting list is 0:** There are no individuals on the State-Funded SLS program waiting list.
- **FSSP - more than half on the waiting list are receiving Medicaid services:** While there are 382 individuals on the FSSP program waiting list, more than half (63%) are receiving some Medicaid services while waiting for FSSP funding.
- **HCBS-DD ASAA waiting list - decreased from 9 to 6 years:** Of the 3,357 individuals on the HCBS-DD ASAA waiting list, 97% are currently receiving some Medicaid services while they wait for authorization to enroll. As of July 1, 2023, 88% of those on the HCBS-DD ASAA waiting list are between 18-39 years of age, with the average age being 25, and the average number of years from a person's Order of Selection Date being six. This is a three-year decrease from June 30, 2018, when the average was nine years. The Order of Selection date is the placement date used to establish a person's order on the waiting list. It is the date on which the person was initially determined to have a developmental disability by the CMA; 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.

Table 4. Individuals Waiting for Services as Soon as Available or Internal Management Who Are Receiving Other Medicaid Services, July 1, 2023

<i>Program</i>	<i>Unduplicated number of individuals</i>	<i>% of Individuals Receiving Some Services</i>	<i>% of Individuals Receiving Waiver Services</i>	<i>% of Individuals Receiving Dental Services</i>	<i>% of Individuals Receiving Inpatient Services</i>	<i>% of Individuals Receiving Long Term Care Services</i>	<i>% of Individuals Receiving Outpatient Services</i>	<i>% of Individuals Receiving Pharmacy Services</i>	<i>% of Individuals Receiving Professional Services</i>	<i>% of Individuals Receiving FSSP Services</i>	<i>% of Individuals Receiving State SLS Services</i>
HCBS-DD ASAA	3357	97%	74%	31%	3%	0%	42%	42%	64%	6%	3%
HCBS-SLS Internal Management*	156	65%	27%	19%	1%	0%	26%	29%	46%	8%	4%
Both HCBS-DD and HCBS-SLS	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
HCBS-CES	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State Funded Supported Living Services	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family Support Services Program	382	63%	18%	31%	1%	0%	47%	39%	60%	N/A	0%
Safety Net	3599	79%	57%	26%	3%	1%	33%	30%	55%	8%	5%

Data Source: Community Contract Management System and Medicaid Management Information System, July 1, 2023

*Internal Management (IMT) and claims pulled 8/30/23

A. Safety Net Waiting List

HCPF also uses “safety net” data to track and anticipate future needs for members waiting for services. There are currently 3,484 otherwise eligible individuals who do not feel they need immediate access to the specific services offered in the HCBS-DD waiver. These individuals have been placed on the Safety Net waiting list for HCBS-DD waiver enrollment. There are many reasons an individual may choose to be on the Safety Net waiting list. For example, they are currently receiving services through another HCBS waiver, they are currently with their families and do not feel they need outside assistance, they do not meet age requirements of the HCBS-DD waiver, or they are currently residing out of the state but are likely to move back. The Safety Net Waiting list is detailed in Table 5.

Table 5. Safety Net Status, August 31, 2023

<i>Program</i>	<i>Unduplicated Number of Individuals</i>
HCBS-DD Only	3,484
HCBS-SLS Only	201
Both HCBS-DD and HCBS-SLS	53

Data Source: Community Contract Management System, August 31, 2023

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 or moving out of Colorado), this is referred to as “churn.” HCPF, in conjunction with the CMAs, has improved oversight and accuracy of the waiting lists to better account for churn. This practice of monthly churn authorizations has only been completed over the past five years. The process of churn has improved efficiencies and reduced the overall time members spend on the waiting list. However, with the growing number of individuals moving from the Safety Net to the ASAA waiting list each

month because of the quicker reduction, that portion of the waiting list continues to increase at a rate faster than available authorizations and available appropriations.

B. 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 6 details the number of new individuals added to each waiver over the last four fiscal years.

Table 6. Number of New Enrollments into the Home & Community Based Waivers, FY 2017-18 through FY 2022-23

<i>Fiscal Year</i>	<i>HCBS-DD</i>	<i>HCBS-SLS</i>	<i>HCBS-CES</i>	<i>Total</i>
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
New FY 22-23	447	498	530	1,456

Data Source: Medicaid Management Information System, August 31, 2023

Since July of 2019, HCPF has been able to offer 3,478 individuals from the HCBS-DD ASAA waiting list an authorization to enroll into the waiver. The FY 2018-19 increases reflected in Table 6 were made possible through HB 18-1407 (300 authorizations), “Long Bill” for FY 2019-20 (150 authorizations), Long Bill for FY 2021-22 (667 authorizations), the monthly churn, Reserve Capacity and individuals

who declined the authorization so it could be offered to the next person on the waiting list.

An alternative to the ASAA waiting list method is to receive an authorization 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. Exception enrollments are categorized as either Emergency, Youth Transitions, or Deinstitutionalization. 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 180 emergency enrollments authorized in FY 2022-23. Youth Transition enrollments include 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 90 enrollments in FY 2022-23. In FY 2022-23, 20 enrollments were Deinstitutionalization enrollments. Deinstitutionalization enrollments are 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. Non-reserve capacity enrollments include enrollments authorized from the waiting list through churn.

Table 7. HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments, FY 2022-23

<i>Category</i>	<i>Enrollments</i>
Emergency	180
Youth Transition	90
Deinstitutionalization	20
Waiting List	279
Total	501

Data Source: Internal Case Management Division Tracking, June 30, 2022

HCPF continues to authorize enrollments from the ASAA HCBS-DD waiver waiting list through identified churn at a rate of approximately 25 per month. When an authorized enrollment is declined by the individual, the enrollment is authorized to the next individual on the waiting list according to their Order of Selection date.

Some of the reasons individuals choose to decline enrollment when offered include: having their current needs met through the HCBS-SLS waiver, not requiring the level of support offered in the HCBS-DD waiver, receiving services through another waiver that is meeting their current needs, 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.

On May 17, 2021, SB 21-205, the “Long Bill”, was signed by Governor Polis. The Long Bill included a one-time appropriation for 667 new enrollments into the HCBS-DD waiver from the As Soon As Available waiting list with an additional \$1,200 to go directly to CMAs for capacity building for each enrollment they are authorized. As of September 1, 2023, the documentation shows 169 of the 667 authorizations (25%)

had declined the offer to enroll into the HCBS-DD waiver. The primary reason for refusal was individuals reporting they are happy with their current services. When a 667 appropriation is declined by a member, it is offered to the next person on that CMA's waiting list until the resource is accepted. It has not happened, but if that CMA didn't have any additional members on their waiting list, it would go to the next person on the State-wide waiting list.

Table 8 outlines how the 667 enrollment allocations were distributed across the state to all 20 CMAs based on the per capita methodology. There were four CMAs who had fewer individuals on their As Soon As Available waiting list than the designated allocation. These 7 authorizations were assigned to the next person on the State-wide Waiting List.

As of September 1, 2023, based on the information provided by Case Management Agencies (CMA), 124 authorizations are still being worked on. HCPF continues to capture updated information on 667 authorizations from CMA's.

Table 8. Distribution of FY 2021-22 New Enrollments Across State-Wide CMAs

<i>CMA</i>	<i>Population</i>	<i>Percentage of Population</i>	<i>Allocation</i>
Blue Peaks	47,040	0.82%	5
Colorado Bluesky	168,110	2.92%	19
Community Connections	99,197	1.72%	11
Community Options	105,360	1.83%	12
Developmental Disabilities Resource Center	630,019	10.93%	73

Developmental Pathways	1,008,350	17.49%	117
Eastern	113,541	1.97%	13
Envision	323,763	5.62%	37
Foothills	356,938	6.19%	41
Horizons	62,312	1.08%	7
Imagine	397,926	6.90%	46
Inspiration Field	24,313	0.42%	3
Mountain Valley	141,075	2.45%	17
North Metro	517,885	8.98%	60
Rocky Mountain Human Services	729,239	12.65%	84
Southeastern	22,871	0.40%	3
Southern	21,347	0.37%	3
Starpoint	73,065	1.27%	9
Strive	154,933	2.69%	18
TRE	766,692	13.30%	89

C. State-Funded Programs

State SLS and FSSP are funded with General Funds only provide services to children and adults with Intellectual and developmental disabilities 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. HCPF implemented a new payment and allocation methodology that went into effect July 1, 2020. This included the development of administrative, case management, and service rates as well as a more effective way of allocating funds to the CMAs to better serve individuals in need of services.

As of July 1, 2023, there were 0 people waiting for State SLS and 382 waiting for FSSP.

HCPF will continue to monitor the programs and redistribute funding between the CMAs to further reduce individuals on the waiting list and address unmet needs 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.”

D. Waiting Lists Management

Case Management Agency (CMA) personnel are required to conduct and document, in HCPF prescribed case management system, an annual follow-up with individuals eighteen (18) and older for all HCBS waivers with a Waiting List timeline of “As Soon As Available” (ASAA), “Safety Net” (SN), or “See Date” to

update changes in demographic information and ensure the individual is appropriately identified on waiting lists for the program and services the individual is eligible to receive.

HCPF monitors this requirement by reviewing a random sample of individuals on the waiting list for the HCBS-DD waiver to ensure they have been contacted and all information is up to date in their record. HCPF will continue to work with the CMAs to ensure only individuals in need of services immediately are identified on the ASAA waiting list and remove those from Safety Net waiting lists when they are no longer

in need of services offered by the HCBS-DD waiver. HCPF continues to work with CMAs to refine the exceptions to the process for waiting lists through ongoing technical assistance. HCPF has created informational documents detailing enrollment exceptions to the waiting list and categories of enrollments. These documents are available to CMAs and all stakeholders by accessing HCPF's external

[Waiting List and Enrollment](#) HCPF's extensive tracking of authorizations and enrollments into the HCBS-DD waiver, in FY 2019-20, HCPF implemented rule 10 CCR 2505-10 8. 500.7.I, 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 can be moved to the Safety Net waiting list or be removed from the waiting list. A member can always maintain their placement date on the waiting list. This has allowed HCPF to offer the authorizations which were declined to the next person on the waiting list in a timelier manner.

E. 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.

F. Children's Habilitation Residential Program (CHRP) Waiver Expansion

Per HB 18-1328, the Children's Habilitation Residential Program (CHRP) Waiver has been expanded to include children and youth ages birth (0) to twenty-one (21) who have an intellectual and developmental disability and very high needs, and no longer requires that the child be in child welfare to be enrolled. The waiver also now includes two new services to be used to provide support as youth transition into adulthood. The new services provide wraparound support and in-home learning opportunities to support the child or youth to remain in the family home or to return to the family home after out-of-home placement.

The HB 18-1328 changes to the CHRP waiver were effective July 1, 2019. 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 utilization of this waiver will delay enrollments of individuals aged 18-20 to the HCBS-DD waiver because people can remain on HCBS-CHRP through age 21 now.

G. Access to Disability Services and Stable Workforce

HB 18-1407 required HCPF to initiate 300 non-emergency enrollments from the waiting list for the HCBS-DD waiver in FY 2018-19. In June 2018, HCPF authorized the first 300 individuals from the ASAA HCBS-DD waiver waiting list. Sixty-eight of the initial 300 individuals declined the resource (23%). During this time, HCPF also promulgated rules establishing additional criteria for reserve capacity emergency enrollments based on the age and capacity of a person's parent or primary caregiver.

As required by the bill, as of July 2018, HCPF now includes 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 in the monthly caseload and premiums expenditure report to the Joint Budget Committee.

The bill also required HCPF 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 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.

Providers were required to track and report to HCPF how they used funding from the increase in reimbursement rates and thereby stabilize the direct support professional workforce. HCPF is continuing reviews of providers to ensure funding is passed through as required. As of July 1, 2022, 10 reviews have resulted in a

recovery of funds due to the providers not transferring the funding through as wages to direct care workers and 41 reviews resulted in providers being fully compliant.

Per HB 18-1407, HCPF collects quality data to determine the outcomes attributed to the increase in the reimbursement rates by participating in the National Core Indicator (NCI) State of the Workforce Survey, formerly known as the Staff Stability Survey, with 26 states and the District of Columbia. NCI is a collaboration between the National Association of State Directors of Developmental Disabilities Services (NASDDDS), the Human Services Research Institute (HSRI), and participating state developmental disability agencies. 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. HCPF has participated in the NCI survey in 2018, 2019, 2020, 2021, and 2022 and has produced a report that consists of multi-year outcome data specific to Colorado and compared with the national average of other states. HCPF has also produced At-a-Glance reports for 2018, 2019, 2020, and 2021 which can be found at HCPF's website.

Participation in this survey has helped to establish a baseline of workforce data, and while the quantity of data collected has continued to grow, COVID-19 has also had an impact in the data collected as well as the outcomes for persons with intellectual and developmental disabilities. The results should take into consideration this influence on data, particularly in 2020, as the survey continues to be conducted every year to measure progress and HCPF tracks the outcomes of the reimbursement rate in future data collections.

According to the NCI State of the Workforce Survey, responding agencies' average hourly wage increased from \$14.59 in 2018, to \$16.98 in 2021. The minimum average hourly wage increased from \$10.40 in 2018 to \$12.34 in 2021. The maximum hourly wage increased from \$25.00 in 2018 to \$27.78 in 2021. There was an increase in agencies offering sick time from 59.3% in 2018 to 72.6% in 2021. There was also an increase in agencies offering paid time off from 39.7% in 2018 to 41.1% in 2021. Across reporting years, an average of 54.5% responding agencies offered health insurance to some or all DCWs; 48% offered dental coverage to some or all DCWs; and 42.8% offered vision coverage to some or all DCWs.

Across reporting years, the weighted average turnover ratio for direct care workers was 46.8%. The turnover ratio saw a decrease from 51.2% in 2018, to 40.5% in 2019. It began to increase following 2019, to 45.5% in 2020 and to 49.9% in 2021. An average of 1,432 DCWs separated from their employment annually statewide. On average, 76.3% of agencies reported at least one DCW separation during the surveyed year. The full-time vacancy rate increased from 7.9% in 2018 to 16.1% in 2021, and part-time vacancy rates increased from 5.9% in 2018 to 13.6% in 2021.

In 2022, through the support of an American Rescue Plan Act (ARPA) project, we worked with a vendor to examine the satisfaction of Colorado's direct care workers. The five domains that were investigated were: Compensation, Benefits, Career Advancement, Training, and overall Satisfaction with the job. Participation was voluntary and we received 756 completed surveys and respondents from 50 of Colorado's 64 counties. Most survey respondents (92.4%) reported feeling very satisfied or satisfied with their job. The largest area of dissatisfaction was with available benefits, with 45% of respondents not satisfied with the benefits they received. This was followed by dissatisfaction with wages with 28% of respondents noting they are dissatisfied with the wages they receive for the work they do.

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.

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 has increased to \$15.75 an hour. Based on reporting requirements, we can see the average wage of a direct care worker has increased from \$12.41 to \$17.67 an hour.

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 working on American Rescue Plan Act (ARPA) projects. There are various initiatives aimed at improving training for direct care workers:

Developing standardized core curriculum to establish quality standards that are portable across the state for homemaker and personal care workers; This training will be developed using a ‘universal worker’ structure, designed for use by individuals working in a variety of settings and with different populations.

- Creating a resource and job hub to connect direct care job seekers with employers and to house the standardized core curriculum training modules and their transferable certifications; and
- Awarding grants to individual direct care workers, prospective direct care workers, and Home and Community Based Service (HCBS) employers to support specialization and advancement opportunities for the HCBS Workforce.
- Launch a public awareness campaign about the value and importance of the direct care workforce. The campaign would garner workforce pride as well as greater respect and appreciation for these positions, which would ultimately help with recruiting and retaining individuals into the field.
- Developing culturally competent, income-based, affordable pathways to build career advancement opportunities for direct care workers into the broader healthcare workforce.

H. Employment - Integrative Supportive Employment and Elimination of Subminimum Wage Employment

1. Integrative Supportive Employment

In 2016 Colorado became an Employment First state through the passage of SB 16-077, “Employment First for Persons with Disabilities.” The R-16 Budget Request supported this effort by using 8.1 million dollars of Intellectual and Developmental Disability Cash Fund money over three years to fund Employment First initiatives and improve State programs for people with intellectual and developmental 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. Prior to the COVID-19 pandemic, 80% of individuals with an intellectual and developmental disability in Colorado were unemployed or underemployed. There is evidence that employment is a major factor in better mental and physical health and that individuals who are employed and utilizing HCBS services show a tendency to use less Medicaid services and supports, while finding a pathway out of poverty. For these reasons, 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.
- Improved provider requirements, including ensuring Employment Specialists are nationally certified in Supported Employment best practices. HCPF can

reimburse Supported Employment providers for the cost to send their staff to these professional development trainings.

- The creation of an Incentive Based Supported Employment Pilot, where HCPF is testing payment reforms that increase quality and independence for members, incentivizes providers to support waiver members with finding community-based employment, and delivers the service at a lower cost to the state.
- The creation of the Office of Employment First in JFK Partners at the University of Colorado Ashutz, which supports the state with implementation of Supported Employment best practices.

2. 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.

Subminimum wage is a Federal Regulation allowed under Section 14(c) of the Fair Labor Standards Act of 1939. This practice allows certified employers to pay individuals with disabilities less than minimum wage. At the time of passage, Colorado had 195 total 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 is preparing to announce that subminimum wage has officially ended in Colorado, two years ahead of schedule.

In addition, the legislation appropriated \$90,691 to HCPF to successfully support waiver members with this transition and ensure there continues to be Community Integrated Employment (CIE) options that pay at least minimum wage. In particular, 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-SLSs waiver Service Plan Authorization Limit by July 1, 2023:
 - ✓ Job Coaching-Individual
 - ✓ Job Development-Individual

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.

I. 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.

HCPF received approval for this budget request to expand access to care for adults with intellectual and developmental disabilities who are likely on the waiting list for the Home and Community-Based Services Waiver for Persons with Developmental Disabilities (HCBS-DD) by offering additional long-term services and supports to members enrolled in the Home and Community Based Services Support Living Services (HCBS-SLS) waiver. The goal of expanding services is to avoid the need for emergency enrollment into HCBS-DD by better meeting individuals' current urgent needs. For individuals who demonstrate a need for additional services and supports in the community, this would make sure members are placed in a program that most closely meets their level of care requirements.

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 HCBS-SLS on a member-by-member basis. Members on HCBS-SLS who have met the total allowable units for a service or have maximized their SPAL can

request access to additional services and supports. To date, 135 requests, impacting 79 members, have been evaluated through the HCBS-SLS exception process. In FY 2022-23:

- The Average Dollar Amount Requested above SPAL: \$17,898.48
- The Average Dollar Amount Approved above SPAL: \$10,151.77

This allowance directly decreases the disparity between the services available on HCBS-SLS with and those available on HCBS-DD. Through these changes, HCPF will better ensure that members currently being served are not being prevented from accessing critically important care by currently imposed limits. With the appropriate level of support in HCBS-SLS, some members may be able to stay in HCBS-SLS for the remainder of their life and never require the move to the enhanced support provided in HCBS-DD, eliminating their need to be on the HCBS-DD waiver waiting list altogether. HCPF provides updates to this process development and implementation on the Supported Living Services (SLS) Exception Review Process webpage.

J. Remote Supports

Through SB 21-210, HCPF received approval for the expansion of the existing Electronic Monitoring benefit, already authorized in five Home and Community Based Services (HCBS) adult waivers (HCBS-Brain Injury (BI) waiver, HCBS-Complementary and Integrative Health (CIH) waiver (formerly the Spinal Cord Injury (SCI) waiver), HCBS-Community Mental Health Supports (CMHS) waiver, SLS and EBD) 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 a remote location. Examples of Remote Supports include technology for cooking safely, overnight support, medication adherence, fall detection and wandering. Using technology instead of residential services 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 DD waiver enrollment for some individuals on the 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, and with more choice of their living companions. 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. HCPF is currently working to enroll qualified Remote Supports providers across the State.

K. Case Management Redesign

HCPF has done significant stakeholder engagement over the last several years regarding conflict-free case management. In January of 2019, HCPF engaged stakeholders to discuss the future of case management in Colorado and how to ensure we are moving forward with a path that will build a case management system through Case Management Redesign that is grounded in the five outcomes: federal compliance, quality, accountability, stability, and simplicity.

HCPF continuously works with community stakeholders and the Centers for Medicare & Medicaid Services (CMS) on Conflict-Free Case Management (CFCM) as a component of Case Management Redesign. As such, CMS has provided HCPF with approval to extend Colorado's date to come into compliance with CFCM while seeking an approved waiver amendment. HCPF believes implementing Case Management Redesign and CFCM together will avoid significant disruption and burnout for members, stakeholders, and the current case management system.

HB 17-1343 required HCPF to implement a third-party broker for conflict free case management. In May 2021, the General Assembly approved HB 21-1187, which repealed and replaced the statutes created in HB 17-1343. The statutes established in HB 21-1187 require HCPF to achieve a high-performing case management system that creates a person-centered member experience. The goal is to streamline operations, increase administrative efficiencies, and implement innovative initiatives that further increase stability, quality, and accountability across the

state's system. The law requires 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 requires Colorado's case management system to be conflict-free by July 1, 2024 as required by CMS. Further, HB 21-1187 requires HCPF to develop parameters for exceptions to the conflict-free requirements in areas where there is only one willing and qualified entity. HCPF worked closely with stakeholders over the last two years to make policy decisions for areas impacting CFCM such as Children's Home and Community Based Services (CHCBS) waiver, CMA designation process, and defining quality case management.

HCPF has completed the contract award process and is in the process of transitioning case management agencies from July 2023 to July 2024 to the new structure of Case Management Redesign. Updates on the transitions can be found [here](#). HCPF is communicating these changes directly with members and partnering with incoming and outgoing agencies to ensure members are well informed and their services are uninterrupted by this change. HCPF is on track to meet the CMS deadline of July 1, 2024, for CMRD and CFCM.

L. 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 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' 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 first 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 has begun 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 is stable and users are comfortable in its use, HCPF will complete training on the new person-centered process and instruments, which will be automated within the CCM. Implementation of the new instruments is currently targeted for February 2024.

HCPF will use the data from the CSA 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. The PCBA is expected to be implemented in 2025.

IV. Conclusion

HCPF has implemented most of its 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 83% 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 eight years, HCPF reduced waiting lists by 66%. However, due to budget constraints

and increased interest and awareness of these programs, there continues to be waiting lists for one Home and Community-Based Services (HCBS) waiver and one state funded 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 will continue to implement current legislation and use 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 is implementing 63 initiatives to improve HCBS care delivery as well as the health, well-being, and satisfaction of HCBS members and families. These projects will set up Colorado's Long Term Support System (LTSS) to better serve members, sustain the workforce, drive innovation, and support providers for years to come.