

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, 2025

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 to achieve the goal of having all eligible individuals enrolled in services by 2020, and HCPF has implemented most of these initiatives. Significant progress has been made toward providing timely access to services through eliminating waiting lists for specific 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).

In 2025, Colorado now faces a structural budget deficit that is compounded by the fiscal impact of H.R.1. To best ensure a sustainable Medicaid program in which critical services, such as the DD waiver, remain available to the people who need them most, HCPF will be instituting key changes to how enrollment in the DD waiver is authorized. Specifically, the option to enroll people based on “churn” will be reduced by 50%, and automatic authorizations for youth aging out of the Children’s Extensive Supports (CES) and Children’s Habilitation Residential Program (CHRP) waiver programs will be paused. Critically, the ability to enroll people meeting emergency criteria and youth from the foster care system will remain.

It is essential to note that HB14-1051 did not include the necessary appropriation for enrolling all eligible individuals by 2020. Despite that, through the commitment of the Governor’s office and the legislature, HCPF has grown enrollment in these programs by 112% and reduced waiting lists by 61% over the past 10 years. 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. 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 is 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 September 1, 2025. The estimate assumes that it would



take several years to enroll all eligible members, resulting in a total ongoing cost of \$293,857,107.

- The As Soon As Available (ASAA) waiting list has 2,749 members
 - 90% of members waiting on the ASAA waitlist are receiving some Medicaid or state-funded services and;
 - 79% are receiving other HCBS waiver services
- The Safety Net (SN) waiting list has 3,530 members
 - 78% of members on the Safety Net waitlist are receiving some Medicaid or state-funded services and;
 - 56% are receiving other HCBS waiver services
- The HCBS-DD waiver also has a date-specific waiting list with 1854 members. This waiting list is for members who do not currently need or want adult services, but request to be on the list in case a need arises. This category also includes individuals who are not yet eligible for adult programs because they are not age 18 or older.
 - 94% of these members are receiving some Medicaid or state-funded services and;
 - 55% are receiving other HCBS waiver services.
- The Family Support Services Program (FSSP) has 1085 members on the waiting list
 - 67% of those members are receiving some services and;
 - 22% are receiving other HCBS waiver services.

Total enrollment in the waivers and programs targeted to individuals with Intellectual and Developmental Disabilities grew 112% between FY 2013-14 and FY 2024-25 overall (by program, enrollment in HCBS-DD grew by 83%, HCBS-Supported Living Services (HCBS-SLS) by 43%, HCBS-Children’s Extensive Supports (HCBS-CES) by 503%, and FSSP by 144%). 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. It includes updates on progress toward the goals outlined in the strategic plan, as well as 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 in 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 to enroll in the non-waiver State-funded Family Support Services Program (FSSP).

Introduction

HCPF operates 9 HCBS Medicaid waivers and Community First Choice (CFC) under authority granted by the Colorado General Assembly to help people live in the community; these waivers receive at a 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 and CFC, HCPF offers 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 assists 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 who are not eligible for Colorado Medicaid, who do not meet HCBS waiver target criteria, and for whom the waiver cannot 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. However, since 2012, through additional funding appropriated by the General Assembly, HCPF has eliminated waiting lists for the HCBS-SLS and HCBS-CES waivers. Despite increases in

appropriations and 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 that may help members 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 enrollment limit has been reached. 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 Care and Case Management System (CCM) serves as the statewide repository for waiting list data. Individuals waiting for services have a status of "Yes-Waiting" with one of the following statuses:

- As Soon As Available (ASAA) - The individual has requested enrollment as soon as available.
- Date Specific - The individual does not need services at this time but has requested enrollment at a specific future date. This category includes individuals who are not yet eligible for adult programs because they have not 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 because they have not reached their 18th birthday.

As of September 1, 2025, the ASAA waiting list for HCBS-DD waiver services had 2,749 individuals listed; 3.20% (88) of those were newly placed on the ASAA waiting list

during FY 2024-25, and 2,661 individuals were carried over from the previous year's ASAA waiting list. Table 2

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 who need services and 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 2,749 individuals on the HCBS-DD ASAA waiting list, 90% are currently receiving Medicaid services while awaiting 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 before 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 3,530 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 monthly enrollment in the HCBS-DD waiver based on the number of individuals who have been removed from the waiver (e.g., switching to another waiver, moving out of Colorado, etc.). This is referred to as “churn.” However, with the growing number of individuals moving from Safety Net to the ASAA waiting list each month, because of the quicker reduction than in years before 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 in the waiver programs every year, increasing the number 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.

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), FY 2021-22 through the “Long Bill” (667 authorizations), and in FY 2024-25, we received approval for an additional 129 authorizations. The other resources are made possible through monthly churn (approx 20 per month), Reserve Capacity, and individuals who declined the authorization so it could be offered to the next person on the waiting list.

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 provided in the HCBS-DD waiver, not wanting to work with a residential agency, implementation of CFC and parents being primary support, and 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. The declination rate that we currently have data for regarding FY 2024-25 churn authorizations is 16% (41 of 254). HCPF declination data on the 129 one-time appropriations that were approved in FY 2024-25 is 68% (88 of 129).

The Department also manages authorizations to enroll in the HCBS-DD waiver through Reserve Capacity requests. 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 **164** emergency enrollments authorized in FY 2024-25.
- **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 **116** enrollments in FY 2024-25.
- **Deinstitutionalization**
 - For those individuals residing in an institutional setting, such as 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 2024-25, **33** enrollments were Deinstitutionalization enrollments.

Table 5 in the appendix details the number of HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments for FY 2024-25.

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 who are not eligible for Colorado Medicaid, who do not meet HCBS waiver targeting criteria, or for whom the waiver is unable to fully meet their needs.

As of September 1, 2025, 47 people were waiting for State SLS, and 1085 were 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.

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. Case Management Agencies are required to obtain approval from HCPF for any enrollment into the Developmental Disability (DD) waiver.

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 within 30 days, they may request an additional 30-day extension. 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 that only individuals who need services immediately are identified on the ASAA waiting list.

Legislation and Initiatives

The Colorado General Assembly has authorized legislation that further supports the strategies identified in HB 14-1051 and helps 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 Children's Habilitation Residential Program (CHRP) waiver provides services for children 20 years of age or younger who have an intellectual or developmental disability, very high needs, or a serious emotional disturbance (SED). Waiver services help children and youth learn and maintain the skills needed to live in their communities.

Overall enrollments in the CHRP waiver have increased to over 494 participants in February 2025; the new enrollment numbers specific to the expanded SED eligibility criteria are too low to report due to privacy requirements. These changes enabled children and youth 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.

Access to Disability Services and Stable Workforce

HB 18-1407 required HCPF to seek federal approval for a 6.5% increase in reimbursement rates for specific services 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 \$19.01 in 2023. In 2023, the turnover ratio for direct care workers was 42.7%, which was a 14.7% decrease from 2021. In 2023, 43.5% of agencies reported turning away or stopping new service referrals due to DCW staffing issues. This is a 10% decrease from 2022. The full-time vacancy rate decreased from 17.1% in 2022 to 12.4% in 2023, and the part-time vacancy rate decreased from 13.6% to 4.6%.

In 2022, 2023, and 2024, HCPF surveyed direct care workers across all Colorado counties, with 40 of the 64 counties represented, 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 with wages. Overall satisfaction with direct care work declined from 93% in 2022 to 86% in the 2024 survey.

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 proper training to meet their needs, increasing from 74% in 2016 to 81% in 2023. In 2023, 91% of respondents reported that their staff treated them with respect. However, in 2023, 58% of members reported that their staff changed too often, a 10% increase from 49% in 2021.

To address the known issue of low wages for all direct care workers, HCPF implemented a base wage requirement of \$15.00 per hour in January 2021. Since then, with the legislature and the Governor’s support, the base wage has increased to \$15.75 an hour in 2023 and \$17.00 an hour in 2024. Based on reporting requirements, we can see the average salary of a direct care worker has increased from \$12.41 to \$19.11 an hour over the last five (5) years. When the total invested in wages is combined with other investments in the HCBS Workforce and Rural Sustainability, the total to date is \$454,649,805.

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 simplify and streamline the HCBS system, making service access more straightforward, and build provider capacity to serve all populations.

Employment - Home and Community-Based Employment First Update.

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 access to. 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 (HCBS-DD) or Supported Living Services (HCBS-SLS) waivers. This model has gained national attention as an innovative practice that other states should emulate.
- The Elimination of Subminimum Wage - Senate Bill 21-039, “The Elimination of Subminimum Wage Employment,” was passed, directing HCPF to support Colorado’s transition away from subminimum wage. In collaboration with state partners, HCPF announced that subminimum wage officially ended in Colorado at the end of 2023.
- 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.

Implementation of the HCBS Outcome-Based Supported Employment Model.

The State legislature authorized HCPF to implement a Supported Employment Incentive-Based Model into the HCBS-SLS and HCBS-DD waivers by July of 2026, through the FY 2025/26 HCPF Budget request 11.

The model that HCPF is working to implement is based on the best practices developed in the Incentive-Based Supported Employment Pilot, which concluded in June of 2024. The outcomes of this Pilot showed an 8% increase in independence for the Pilot participants while their hours worked rose by 11%. Additionally, due to this model’s increased efficiency, it will also save the state money. More information on the Pilot and its outcomes can be found in the [Supported Employment Incentive-Based Pilot Final Evaluation & Report](#).

Implementation timeline:

- We are in the Policy development stage and are collaborating with several community-based stakeholder groups to ensure that we implement the best practices from the Pilot. These Stakeholder Groups include:
 - The Colorado Chapter of the Association of People Supporting Employment First (COAPSE)
 - The Alliance of Colorado
 - Employment First Advisory Partnership (EFAP)
 - Division of Vocational Rehabilitation (DVR)
- Over the next year, we will:
 - Collaborate with our federal partners at the Center for Medicare and Medicaid to revise the HCBS-SLS and HCBS-DD waivers to incorporate the Incentive-based Model.
 - Work through the Medical Services Board process to update the regulations.
 - Develop training for Case Management, members, and providers to ensure the model is implemented correctly and best practices are being followed.
 - Computer Systems design and build.

HCBS-SLS Flexibility

The HCBS-SLS Waiver Flexibilities Process refers to the "Supported Living Services Flexibility" budget request, 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 are in Appendix #2.

The exception process was implemented on 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 2024-2025, a total of 92 distinct Members were evaluated and approved through the HCBS SLS exception process to support their ability to remain independent in their current community settings.

Remote Supports

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

When hands-on care is not required, Remote Supports enables direct care staff to provide supervision, prompting, or instruction from an off-site 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 members' independence 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 moved to a Community First Choice service on July 1, 2025.

Case Management Redesign and Stabilization

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 efficiency, and implement innovative initiatives to enhance further stability, quality, and accountability across the state's case management system. The law required HCPF to establish defined service areas across the state for Case Management Agencies to provide HCBS case management services and to initiate the competitive solicitation process for CMAs by December 2022. It also required Colorado's case management system to be conflict-free by July 1, 2024, as CMS mandated. 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.

HCPF successfully transitioned 26 outgoing agencies and the 15 selected incoming agencies, achieving full compliance with federal conflict-free case management requirements by July 1, 2024, despite challenges posed by the convergence of CMRD, the Implementation of the Care and Case Management System (CCM), and the Public Health Emergency Unwind. Following the transition, HCPF implemented LTSS Stabilization to mitigate the negative impact on members, providers, Case Management Agencies, Counties, and vendors, thereby stabilizing the LTSS ecosystem.

CMAs submit monthly data, and the Department facilitates one-on-one meetings with each of the 15 Case Management Agencies to monitor regulatory and contractual compliance, in addition to providing individualized technical assistance. Subsequently, HCPF identified three Case Management Agencies requiring additional oversight and the submission of backlog-reduction plans to address performance concerns. All three Case Management Agencies successfully remediated their backlog as required by HCPF. HCPF continues to require monthly data submissions and regular meetings with all 15 Case Management Agencies to monitor the ongoing stabilization of Case Management across Colorado.

Colorado's case management system fully complies with federal conflict-free requirements and streamlines access to services, ensuring members have a single Case Management Agency regardless of disability or program. 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)

As part of Colorado's commitment to ensuring that individuals with intellectual and developmental disabilities and their families can access the services and supports they need, when and how they need them, HCPF has been leading a multi-year effort to modernize its approach to eligibility determination, needs assessment, and support planning across all LTSS programs.

This work began in 2014 and was codified by Senate Bill 16-192, which directed HCPF to adopt a single, standardized assessment tool for all LTSS applicants and members. In close collaboration with stakeholders, HCPF selected, customized, and piloted a new set of tools designed to promote person-centered planning while supporting consistency, equity, and system-wide transformation. These include the Colorado Single Assessment (CSA), which determines LTSS level-of-care eligibility

and assesses individual needs for Home and Community-Based Services (HCBS), and the Person-Centered Support Plan (PCSP), which captures each member’s goals, preferences, and support needs in a holistic, accessible format.

Together, these tools form the foundation of a new, integrated process that not only assesses support needs but also identifies member strengths and personal goals—laying the groundwork for more meaningful, person-centered care. This process is being operationalized within the Care and Case Management (CCM) IT platform, which launched in July 2023 using existing assessment tools while the new system stabilized. Automating these tools in CCM will enable better coordination, improved data quality, and a more seamless experience for both members and case managers.

However, due to the need to prioritize stabilization across LTSS and the implementation of other key initiatives, including Community First Choice (CFC), the full rollout of the CSA and PCSP has been temporarily paused. Compounding this transition, Colorado was required to discontinue using the Supports Intensity Scale (SIS) by July 1, 2025, due to its publisher's retirement of the current version. The SIS has long been used to establish Support Levels for critical services under the Developmental Disabilities (DD) and Supported Living Services (SLS) waivers.

To ensure continuity and uphold equitable access to services during this transition, HCPF partnered with stakeholders to design the Interim Support Level Assessment (ISLA). The ISLA uses components of the CSA that align with the SIS Support Level Algorithm, allowing HCPF to maintain consistent Support Level determinations during the interim period until the CSA is implemented. These determinations are essential for setting provider reimbursement rates and ensuring newly enrolling members can access Day Habilitation, Residential Habilitation, and other critical services.

With the implementation of CFC, the Service Plan Authorization Limits (SPALs) for the SLS waiver will be eliminated. However, for individuals who do not have a completed SIS and are seeking services through the SLS or DD waivers that rely on Support Level determinations, the ISLA will be a necessary tool to establish appropriate access and provider payment levels.

Following a full year of ISLA implementation, HCPF will analyze the data from these assessments to determine if the ISLA needs to be updated to better account for needs. This final update will be called the Support Level Algorithm, as it will no longer be considered “Interim”.

The Support Level Algorithm will be a slightly adapted version of the ISLA algorithm to better capture the needs of the IDD population. It will be implemented in conjunction with the Colorado Single Assessment rollout. The Support Level Algorithm will be used for newly enrolling members accessing HCBS-CHRP, -SLS, or -DD waivers to identify Support Levels. The Support Level Algorithm will be run annually at each member's annual reassessment.¹

Looking ahead, once the CSA is fully implemented and stabilized, HCPF will use the resulting data, along with continued stakeholder input, to develop a new Person-Centered Budget Algorithm (PCBA). This tool will help standardize and bring equity to how resources are allocated across all waivers, advancing HCPF's strategic goal of a fair, person-centered system of care.

These efforts are central to our shared vision: 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 them.

Conclusion

HCPF has largely implemented the HB 14-1051 Strategic Plan initiatives to increase access to services and supports for Coloradans with Intellectual and Developmental Disabilities. Over the past ten years, HCPF has increased enrollment in these programs by 112%, thanks in large part to support from the General Assembly.

Significant progress has been made toward providing timely access to services. Over the past 10 years, HCPF reduced waiting lists by 61%. However, due to budget constraints and increased interest and awareness of these programs, there continue to be waiting lists for the HCBS-DD waiver and the Family Services and Supports Program.

Lastly, amid the current budget climate and the implementation of H.R. 1, the Office of Community Living (OCL) is working on a plan to ensure LTSS Medicaid services remain strong, fair, and financially sustainable through the LTSS Medicaid Sustainability Framework. Instead of making across-the-board cuts, the focus is on targeted changes guided by data. The approach includes four main parts:

1. **Policy and Program Review** - OCL will take a close look at current policies to ensure they comply with the law, meet real health needs, and use funds responsibly.

¹ hcpf.colorado.gov/new-assessment-and-person-centered-support-plan

2. **Payment Reform** - The way providers are paid will be reviewed to ensure payments are fair and affordable for the program in the long run.
3. **Utilization Management** - Tools will be used to make sure services are provided only when needed and in the most efficient way possible.
4. **Collaboration with Stakeholders** - OCL will continue working with providers, case managers, advocacy groups, Medicaid members, and other partners to guide the changes and identify ways to improve.

This framework allows the Department to balance program oversight and fiscal stewardship while working to achieve the goals and objectives of HB 14-1051, which support individuals with intellectual and developmental disabilities in accessing appropriate services.

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.

Appendices

#1

The estimated general fund cost to eliminate the wait list:

- FY 25-26 \$13,121,836 (with a \$13,121,836 Federal match) total cost \$26,243,669
- FY 26-27 \$37,712,196 (with a \$37,712,196 Federal match) total cost \$75,424,388
- FY 27-28 \$62,576,757 (with a \$62,576,757 Federal match) total cost \$125,153,511
- FY 28-29 \$87,012,748 (with a \$87,012,748 Federal match) total cost \$174,025,494
- FY 29-30 \$111,448,742 (with a \$111,448,742 Federal match), total cost \$222,897,480
- FY 30-31 \$136,016,963 (with a \$136,016,963 Federal match), total Cost \$272,033,925
- FY 31-32 \$146,928,556 (with a \$146,928,556 Federal Match), total Cost \$293,857,107

Table 1a. Enrollment Into I/DD Programs, FY 2013-14 to FY 2024-25

Fiscal Year / % Change	DD	SLS	CES	FSSP
FY 2013-14	4,848	3,519	800	2,383
FY 2024-25	8,860	5,019	4,821	5,832
% Change	83%	43%	503%	144%

Table 1b. Waiting Lists for I/DD Programs, FY 2013-14 to FY 2024-25

Fiscal Year / % Change	DD (ASAA)	SLS	CES	FSSP
FY 2013-14	1,454	954	331	7,067
FY 2024-25	2,749	0	0	1,085
% Change	89%	100%	100%	85%

Data Source: Care and Case Management BIDM data as of 9/1/2025 *DD & SLS is waiting list records 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 2024-25

Status / Program	Unduplicated Number of Individuals
HCBS-DD ASAA	2,749
Safety Net	3,530
Specific Date: Before 6/30/2025	691
Specific Date: After 7/1/2024	1163
Family Support Services Program	1085
Newly added to HCBS-DD ASAA July 1, 2023-June 30, 2024	88

Table 3. Individuals Waiting for Services Who Are Receiving Other Medicaid Services, as of Sep 1, 2025

Program	Number of Individuals	Receiving Some Services	Receiving Waiver Services	Receiving Inpatient Services	Receiving Outpatient Services
ASAA	2,749	90%	79%	2%	42%
Safety Net	3,530	78%	56%	2%	35%
Specific Date - Before 6/30/25	691	76%	41%	2%	41%
Specific Date - After 7/1/25	1163	94%	55%	3%	61%
FSSP	1085	67%	22%	2%	41%



Table 4. Number of New Enrollments into the Home & Community Based I/DD Waivers, FY 2017-18 through FY 2024-25

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
FY 23-24	530	510	715	1,456
FY 24-25	687	802	1684	3,134

Table 5. HCBS-DD Waiver Reserve Capacity & Non-Reserve Capacity Enrollments, FY 2024-25

Category	Enrollments
Emergency	164
Youth Transition	116
Deinstitutionalization	33
Waiting List	254
Total	567

#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, 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 the 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

