

# JOINT BUDGET COMMITTEE



## STAFF BUDGET BRIEFING FY 2018-19

### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(Office of Community Living)

JBC WORKING DOCUMENT - SUBJECT TO CHANGE  
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

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# DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

## DEPARTMENT OVERVIEW

The Department of Health Care Policy and Financing helps pay health and long-term care expenses for low-income and vulnerable populations. To assist with these costs the department receives significant federal matching funds, but must adhere to federal rules regarding program eligibility, benefits, and other features, as a condition of accepting the federal money. The major programs administered by the department include:

- Medicaid – serves people with low income and people needing long-term care;
- Children's Basic Health Plan – provides a low-cost insurance option for children and pregnant women with income slightly higher than the Medicaid eligibility criteria;
- Colorado Indigent Care Program – defrays a portion of the costs to providers of uncompensated and under-compensated care for people with low income, if the provider agrees to program requirements for discounting charges to patients on a sliding scale based on income; and
- Old Age Pension Health and Medical Program – serves elderly people with low income who qualify for a state pension but do not qualify for Medicaid or Medicare.

The department also performs functions related to improving the health care delivery system, including advising the General Assembly and the Governor, distributing tobacco tax funds through the Primary Care and Preventive Care Grant Program, financing Public School Health Services, and housing the Commission on Family Medicine Residency Training Programs.

This Joint Budget Committee staff budget briefing document covers the Office of Community Living Division of Intellectual and Developmental Disabilities that oversees home- and community-based services for individuals with intellectual and developmental disabilities. The division is responsible for the following functions related to the provision of services by community-based providers:

- Administration of three Medicaid waivers for individuals with developmental disabilities;
- Establishment of service reimbursement rates;
- Ensuring compliance with federal Centers for Medicare and Medicaid rules and regulations;
- Communication and coordination with Community Centered Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of the Family Support Services Program.

## DEPARTMENT BUDGET: RECENT APPROPRIATIONS

### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FUNDING SOURCE	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 *
General Fund	\$2,500,545,586	\$2,629,494,550	\$2,822,800,583	\$2,921,024,097
Cash Funds	1,167,365,312	1,022,925,553	1,217,646,986	1,275,831,686
Reappropriated Funds	17,072,325	15,426,584	77,268,980	77,446,493
Federal Funds	5,438,943,180	5,409,785,027	5,837,486,131	6,008,917,056
<b>TOTAL FUNDS</b>	<b>\$9,123,926,403</b>	<b>\$9,077,631,714</b>	<b>\$9,955,202,680</b>	<b>\$10,283,219,332</b>
Full Time Equiv. Staff	422.2	435.8	458.5	495.2

\*Requested appropriation.

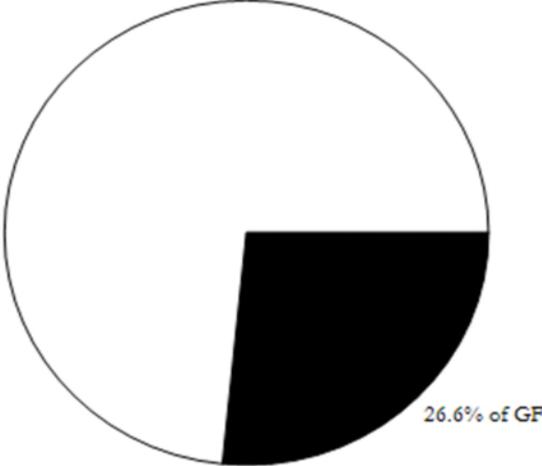
### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, OFFICE OF COMMUNITY LIVING

FUNDING SOURCE	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19 *
General Fund	\$242,627,030	\$256,885,832	\$276,644,336	\$299,504,607
Cash Funds	35,394,381	7,395,268	2,275,204	1,525,873
Reappropriated Funds	1,695,000	308,229	0	0
Federal Funds	231,743,375	238,446,589	256,365,136	279,243,137
<b>TOTAL FUNDS</b>	<b>\$511,459,786</b>	<b>\$503,035,918</b>	<b>\$535,284,676</b>	<b>\$580,273,617</b>
Full Time Equiv. Staff	34.2	35.5	40.1	40.5

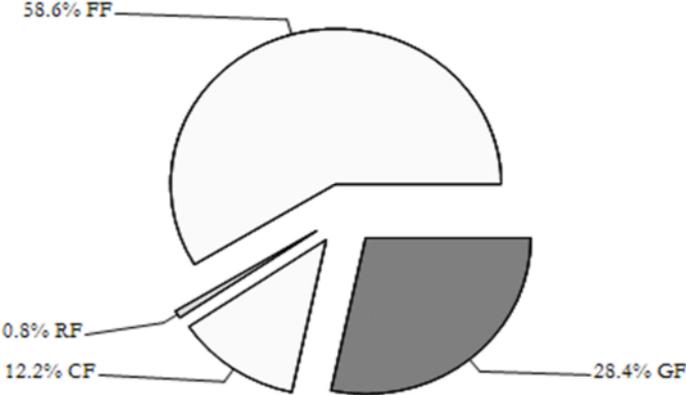
\*Requested appropriation.

# DEPARTMENT BUDGET: GRAPHIC OVERVIEW

Department's Share of Statewide General Fund

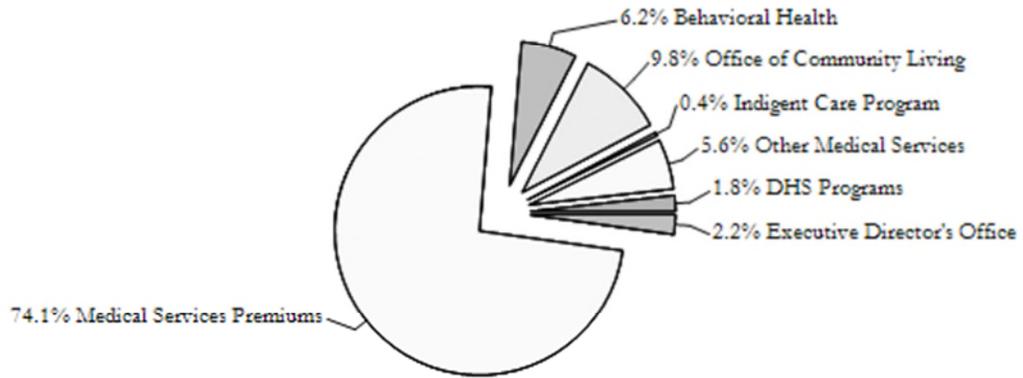


Department Funding Sources

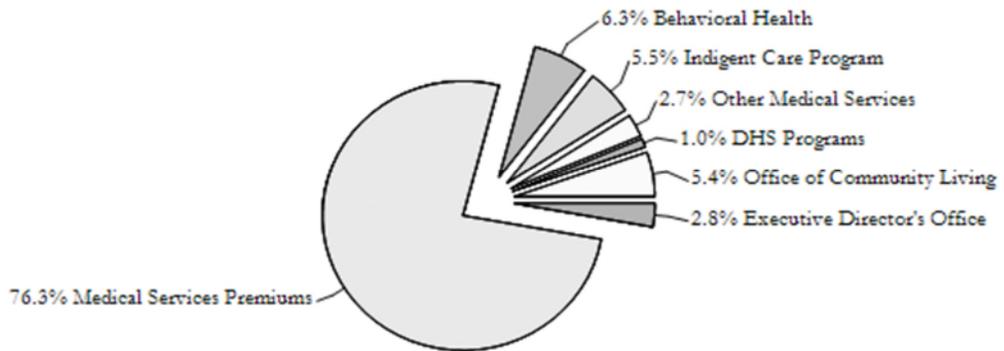


All charts are based on the FY 2017-18 appropriation.

### Distribution of General Fund by Division



### Distribution of Total Funds by Division



All charts are based on the FY 2017-18 appropriation.

## GENERAL FACTORS DRIVING THE BUDGET

### OFFICE OF COMMUNITY LIVING DIVISION OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

Medicaid intellectual and developmental disability (IDD) waiver services are not subject to standard Medicaid State Plan service and duration limits, but rather are provided under a Medicaid waiver program. As part of the waiver, Colorado is allowed to limit the number of waiver program participants resulting in a large number of individuals who are unable to immediately access necessary services. Colorado has four Medicaid waivers for intellectual and developmental disability services:

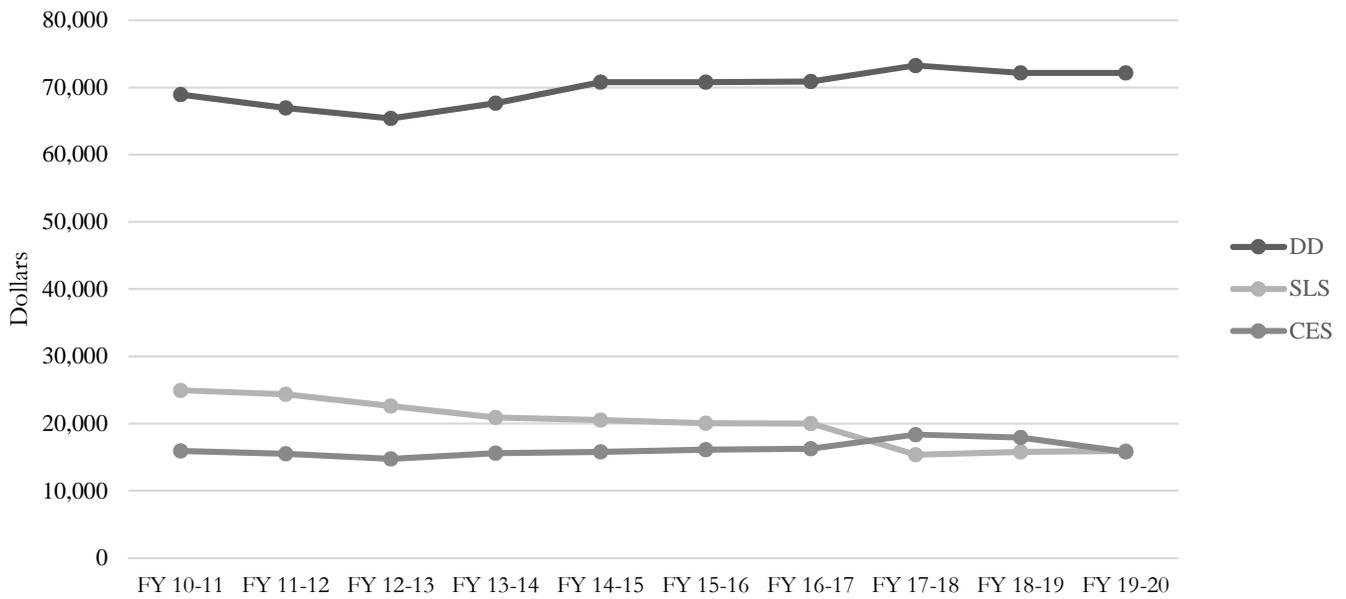
- The Comprehensive (DD) waiver is for individuals over the age of eighteen who require residential and daily support services to live in the community.
- The Supported Living Services (SLS) waiver is for individuals over the age of eighteen who do not require residential services but require daily support services to live in the community.
- The Children's Extensive Services (CES) waiver is for children and youth ages five to eighteen who do not require residential services but do require daily support services to be able to live in their family home.
- The Children's Habilitation Residential Program (CHRP) waiver is for IDD children involved in the child welfare system and in out of home placement.

Four factors determine the overall cost of waiver services, including:

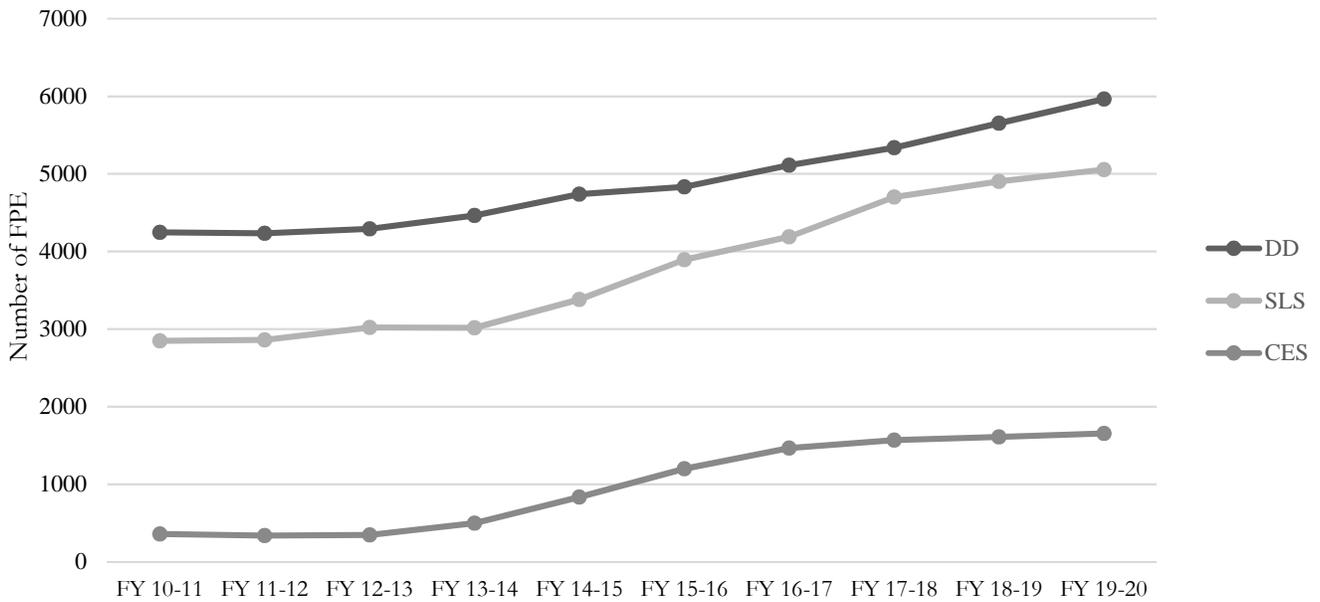
- The number of individuals eligible for SLS and CES services;
- The number of enrollments funded for the DD waiver;
- The number of providers willing and able to provide services; and
- The rates of reimbursement for each type of services.

Since fiscal years 2012-13 and 2013-14, the General Assembly has approved funding to eliminate the waiting list for the Home and Community Based Services (HCBS) CES and SLS waivers, respectively. In order to prevent new waiting lists, new funding must be approved each year to allow for growth in both programs. Unlike these two waivers, the HCBS- DD program continues to have a waiting list for services. This list may include those individuals requiring emergency enrollments as well as those transitioning out of institutional settings. It may also include current Medicaid recipients served in an alternative waiver that does not fully meet their needs, or those individuals served in nursing facilities or hospitals that are not as cost-effective as the HCBS waivers. An increase in an annual appropriation will allow for an increase in the number of enrollments in the DD waiver program each year. The department's annual budget request is based on forecasts of the cost per full-person-equivalent (FPE) in each of the waivers. Adjustments to targeted appropriations reflect the current average cost per FPE, based upon current spending trends, and are intended to maximize the number of individuals that can be served in each program. The average cost and the number of individuals receiving services through the DD waiver are significantly higher than those for individuals receiving services through the SLS or CES waivers.

Average Cost of Services per FPE by IDD Waiver Type



FPE by IDD Waiver Type



## SUMMARY: FY 2017-18 APPROPRIATION & FY 2018-19 REQUEST

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
<b>FY 2017-18 APPROPRIATION:</b>						
SB 17-254 (Long Bill)	\$638,647,104	\$326,210,148	\$4,127,709	\$0	\$308,309,247	39.1
Other legislation	72,794	0	36,398	0	36,396	1.0
<b>TOTAL</b>	<b>\$638,719,898</b>	<b>\$326,210,148</b>	<b>\$4,164,107</b>	<b>\$0</b>	<b>\$308,345,643</b>	<b>40.1</b>
<b>FY 2018-19 REQUESTED APPROPRIATION:</b>						
FY 2017-18 Appropriation	\$638,719,898	\$326,210,148	\$4,164,107	\$0	\$308,345,643	40.1
R5 Office of Community Living	38,735,903	19,254,462	113,469	0	19,367,972	0.0
R6 Home care visit verification	(54,778)	(27,389)	0	0	(27,389)	0.0
R7 Community transition services	346,610	173,305	0	0	173,305	0.0
R9 Provider rates	3,728,362	1,931,389	2,081	0	1,794,892	0.0
R12 Children's habilitation transfer	(67,940)	(33,970)	0	0	(33,970)	0.0
R17 Single assessment tool	(142,950)	(71,475)	0	0	(71,475)	0.0
NP Regional center funding	6,682,728	3,341,364	0	0	3,341,364	0.0
NP Intensive resident behavioral health	(17,321)	(8,661)	0	0	(8,660)	0.0
Human Services programs	281,939	140,973	0	0	140,966	0.0
Annualize prior year budget actions	(239,525)	292,319	(864,881)	0	333,037	0.4
<b>TOTAL</b>	<b>\$687,972,926</b>	<b>\$351,202,465</b>	<b>\$3,414,776</b>	<b>\$0</b>	<b>\$333,355,685</b>	<b>40.5</b>
<b>INCREASE/(DECREASE)</b>	<b>\$49,253,028</b>	<b>\$24,992,317</b>	<b>(\$749,331)</b>	<b>\$0</b>	<b>\$25,010,042</b>	<b>0.4</b>
Percentage Change	7.7%	7.7%	(18.0%)	0.0%	8.1%	1.0%

**R5 OFFICE OF COMMUNITY LIVING:** The request includes an increase of \$38,735,903 total funds, including \$19,254,462 General Fund, for caseload adjustments to maintain zero waitlists for the Home and Community Based Services Supported Living Services and Children's Extensive Services waivers for individuals with intellectual and developmental disabilities.

**R6 HOME CARE VISIT VERIFICATION:** The request includes a decrease of \$54,778 total funds, including \$27,389 General Fund, to implement the Electronic Visit Verification system. This request item was presented during the December 4, 2017 briefing for the department's Executive Director's Office.

**R7 COMMUNITY TRANSITION SERVICES:** The request includes \$346,610 total funds, including \$173,305 General Fund, to move services currently available under the Colorado Choice Transitions program to the Home and Community Based Services waivers and the to the Medicaid State Plan. This request item was presented during the December 4, 2017 briefing for the department's Executive Director's Office.

**R9 PROVIDER RATES:** The request includes an increase of \$3,728,362 total funds, including \$1,931,389 General Fund, for an across-the-board increase of 1.0 percent for community providers. This request will be presented at a later date during the common policy provider rate presentation.

**R12 CHILDREN'S HABILITATION TRANSFER:** For divisions discussed in this presentation, the request includes a decrease of \$67,940 total funds, including \$33,970 General Fund, for the transfer

of the Children’s Habilitation Residential Program from the Department of Human Services. The total request includes an increase of \$210,455 total funds, including \$105,230 General Fund, and 1.8 FTE.

**R17 SINGLE ASSESSMENT TOOL:** For divisions discussed in this presentation, the request includes a decrease of \$142,950 total funds, including \$71,475 General Fund. The total request includes a decrease of \$6,112,924 total funds, including \$3,056,462 General Fund, in FY 2018-19 as part of a reallocation of funds between fiscal years to complete the development and implementation of the single assessment tool required by S.B. 16-192.

**NP REGIONAL CENTER FUNDING:** The request includes an increase of \$6,682,728 total funds, including \$3,341,364 General Fund, to restore regional center funding to its previous levels. These funds are reappropriated to the Department of Human Services and will be discussed in the presentation for the Services for People with Disabilities division.

**NP INTENSIVE RESIDENT BEHAVIORAL HEALTH:** The request includes a decrease of \$17,321 total funds, including \$8,661 General Fund, for intensive resident behavioral health services. The full request will be presented during the December 6, 2017 briefing for the department’s Behavioral Health Community Programs division.

**HUMAN SERVICES PROGRAMS:** The request reflects adjustments for the annualization of common policies, indirect cost assessments, and the provider rate increase.

**ANNUALIZE PRIOR YEAR BUDGET ACTIONS:** The request includes adjustments for out-year impacts of prior year legislation and budget actions, including:

ANNUALIZE PRIOR YEAR BUDGET ACTIONS					
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	FEDERAL FUNDS	FTE
Prior year salary survey	\$43,403	\$19,392	\$5,279	\$18,732	0.0
Prior year merit pay	27,725	9,046	9,869	8,810	0.0
FY 17-18 Provider rates	416,364	207,906	275	208,183	0.0
FY 17-18 S11 HB 15-1368 spending authority	(921,681)	0	(921,681)	0	0.0
FY 17-18 BA9 Pueblo Regional Center Corrective Action Plan	(87,523)	(43,762)	0	(43,761)	0.2
SB 16-192 IDD Needs assessment	142,950	71,475	0	71,475	0.0
FY 17-18 R10 Regional Centers	120,253	60,141	0	60,112	0.2
HB 16-1321 Waiver buy-in	23,687	(31,879)	43,729	11,837	0.0
HB 17-1343 Conflict Free Case Management	(4,703)	0	(2,352)	(2,351)	0.0
<b>TOTAL</b>	<b>(\$239,525)</b>	<b>292,319</b>	<b>(\$864,881)</b>	<b>\$333,037</b>	<b>0.4</b>

## ISSUE: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM POLICY (R17, R19)

The system of services for individuals with intellectual and developmental disabilities (IDD) provides services for individuals with an IQ of 70 or less or have substantial adaptive behavior limitations that occurred before the age of 22. The disability must be related to a neurological condition and be Medicaid eligible. In an effort to improve service delivery to IDD clients, many changes have been made to the system in the past several years.

### SUMMARY

Multiple change initiatives required by federal or state legislation or rule are impacting the capacity of the system of services for individuals with intellectual and developmental disabilities. Time does not allow for an exhaustive analysis of all current initiatives, therefore the following discussion summarizes only five of the vast number of issues facing the Departments of Health Care Policy and Financing and Human Services, Community Centered Boards, Program Approved Services Agencies, other services providers, and the General Assembly.

### RECOMMENDATION

The system of services for individuals with intellectual and development disabilities has undergone a vast number of recent change initiatives. As a result, Joint Budget Committee staff recommends that the Committee ask the department to respond to the following questions during its December 14, 2017 hearing:

- How has the implementation of S.B. 16-192 requiring the development of a new assessment tool impacted the waiver redesign process (including amending the waiver) and the associated analysis?
- Does the department anticipate any impact from the implementation of conflict free case management pursuant to H.B. 17-1343 on existing waivers; amendments that are currently pending CMS approval; the development of the single assessment tool; or the waiver redesign process?
- Please describe the vision for the IDD system in the State of Colorado. Given the changes that have occurred and are underway, what next steps should be taken to ensure that the system adequately and appropriately serves people with intellectual and developmental disabilities within the context of this vision?

### DISCUSSION

The Office of Community Living Division of Intellectual and Developmental Disabilities oversees home- and community-based services for individuals with intellectual and developmental disabilities (IDD). Community-based services are funded through three Medicaid waivers and provided by either Community Centered Boards or Program Approved Service Agencies. Waivers define the set of services negotiated with the federal Centers for Medicare and Medicaid (CMS) that can be provided in excess of those allowed under the Medicaid State Plan. Waitlists are allowed under each waiver, however the State of Colorado has eliminated the enrollment waitlist for two of its three IDD waivers. These waivers are as follows:

- The Comprehensive (DD) waiver is used to provide services to individuals over the age of eighteen who require residential and daily support services to live in the community or in one of three regional centers.

- The Supported Living Services (SLS) waiver is used to provide services to individuals over the age of eighteen who do not require residential services but require daily support services to live in the community. The enrollment waitlist has been eliminated for the SLS waiver.
- The Children's Extensive Services (CES) waiver is used to provide services to children and youth ages five to eighteen who do not require residential services but do require daily support services to be able to live in their family home.

A fourth services waiver for children in out of home placement through the child welfare system is currently administered by the Department of Human Service (DHS) Division of Child Welfare. The Departments of Health Care Policy and Financing (HCPF) and Human Services are requesting that the administration of the Children's Habilitation Residential Program (CHRP) waiver be moved from DHS to HCPF as July 1, 2018. The departments' budget request is discussed in the following briefing issue.

### IDD SYSTEM CHANGE INITIATIVES

Changes to the IDD system have been driven by decisions made at both the national and state level, several of which have had or will have significant impacts on the capacity of the system. The following discussion highlights a few of these decisions. A list of legislation, rules, and budget decisions that are currently exerting the greatest impact on the IDD system can be found in Appendix E of this document.

### FEDERAL DECISIONS

At the federal level, the two most significant decisions include the Olmstead Decision and the Home and Community Based Services Settings Final Rule.

*THE OLMSTEAD DECISION.* In the 1999 United States Supreme Court decision concerning *Olmstead v. LC*, the justices held that people with disabilities have a qualified right to receive state funded supports and services in the community rather than institutions when the following three part test is met:

- The person's treatment professionals determine that community supports are appropriate;
- The person does not object to living in the community; and
- The provision of services in the community would be a reasonable accommodation when balanced with other similarly situated individuals with disabilities.

Subsequent court decisions and the 2009 commitment of the U.S. Department of Justice Civil Rights Division to prioritize compliance with the Olmstead Decision have resulted in the expansion of the ruling to apply to all state and Medicaid funded institutions and not just psychiatric hospitals.<sup>1</sup>

*HOME AND COMMUNITY BASED SERVICES SETTINGS FINAL RULE.* In January 2014, the CMS released the final rule concerning Home and Community Based Services (HCBS).<sup>2</sup> This rule provided an outcome-oriented definition of HCBS settings as opposed to defining the setting based on its location,

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<sup>1</sup> Olmstead V. LC: History and Current Status. (2017, November 30). Retrieved from Olmstead Rights: <https://www.olmsteadrights.org/about-olmstead/>

<sup>2</sup> Home and Community Based Services. (2017, November 30). Retrieved from Centers for Medicare and Medicaid Services: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html>

geography, or physical characteristics. It is intended to maximize the opportunities for HCBS program participants to have access to the benefits of community living and to receive services in the most integrated setting. The rule serves to put into effect the federal law's intention that Medicaid home and community-based services provide alternatives to services delivered in institutions. This rule:

- Provides implementation regulations for Section 1915(i) State Plan HCBS, including new flexibilities enacted under the Affordable Care Act to offer expanded HCBS and to target services to specific populations;
- Defines and describes the requirements for home and community-based settings appropriate for the provision of HCBS under Section 1915(c) HCBS waivers, Section 1915(i) State Plan HCBS and Section 1915(k) (Community First Choice) authorities;
- Defines person-centered planning requirements across the Section 1915(c) and 1915(i) HCBS authorities;
- Provides states with the option to combine coverage for multiple target populations into one waiver under Section 1915(c), to facilitate streamlined administration of HCBS waivers and to facilitate use of waiver design that focuses on functional needs.
- Allows states to use a five-year renewal cycle to align concurrent waivers and state plan amendments that serve individuals eligible for both Medicaid and Medicare, such as 1915(b) and 1915(c).
- Provides CMS with additional compliance options beyond waiver termination for 1915(c) HCBS waiver programs.

## **STATE DECISIONS**

In response to decisions made at the federal level and to input from stakeholders, the State of Colorado has made changes to the IDD system through legislation, rule, and budget actions. Following are brief descriptions of significant decisions that have impacted or will impact the system in the future.

*CONSOLIDATION OF INTELLECTUAL AND DEVELOPMENTAL DISABILITY WAIVERS.* The HCBS Settings Final Rule provides the state with the option of combining coverage for multiple target populations into one waiver in order to facilitate the use of a waiver design that focuses on functional needs as well as streamlines the administration of the waivers. Pursuant to H.B. 15-1318, HCPF was to consolidate the SLS and DD waivers for adults with intellectual and developmental disabilities into a single waiver by July 1, 2016 or as soon as the department receives CMS approval. This bill requires the redesigned waiver to include flexible service definitions, provide access to services and supports when and where they are needed, offer services and supports based on the individual's needs and preferences, and incorporate the following principles:

- Freedom of choice over living arrangements and social, community, and recreational opportunities;
- Individual authority over supports and services;
- Support to organize resources in ways that are meaningful to the individual receiving services;
- Health and safety assurances;
- Opportunity for community contribution; and
- Responsible use of public dollars.

The bill also requires the use of a needs assessment tool that aligns with recommendations made by the Community Living Advisory Group and one that is fully integrated with the assessment processes

for other long-term services. The tool must ensure an individual's voice and that needs are accounted for when determining services. The bill requires the payment system for services to be efficient, transparent, and equitable and ensure the fair distribution of available resources.

Finally, the bill required the department to develop a plan by July 1, 2016 for the delivery of conflict-free case management services that comply with federal requirements related to person-centered planning.

FY 2018-19 Budget Request – IDD Waiver Consolidation Administrative Funding (R19). While the deadline specified in H.B. 15-1318 for the waiver consolidation process was July 1, 2016, the bill qualifies that deadline by adding language that says “or as soon as the department receives approval from the Centers for Medicare and Medicaid.” The original appropriation included \$2.2 million total funds to cover the cost of analyzing the breadth of the fiscal, operational, and programmatic impacts of a redesigned waiver and for FTE to monitor the work, guide facilitation with stakeholders, and move towards the goal of implementing the consolidated waiver. The following progress has been made:

- FTE has been hired to develop and manage a project plan for implementing the bill, to work with stakeholders, and to managing contracts.
- The Waiver Implementation Council has been established and is tasked with advising the department on the design and implementation of the redesigned waiver through quarterly meetings.
- The Waiver Implementation Council has reviewed drafts of the 12 service definitions within the redesigned waiver.
- Impact analyses of the proposed waiver, including work toward developing quality measures, provider qualifications, streamlining provider monitoring processes, service utilization forecasts, norm-referenced service limits, and new data for determining rates have been performed.

In its FY 2018-19 R19 IDD Waiver Consolidation Administrative Funding budget request, the department request \$478,500 total funds, including \$239,250 General Fund for administrative resources needed to finalize the consolidation of the DD and SLS waivers. These funds will be used for the following:

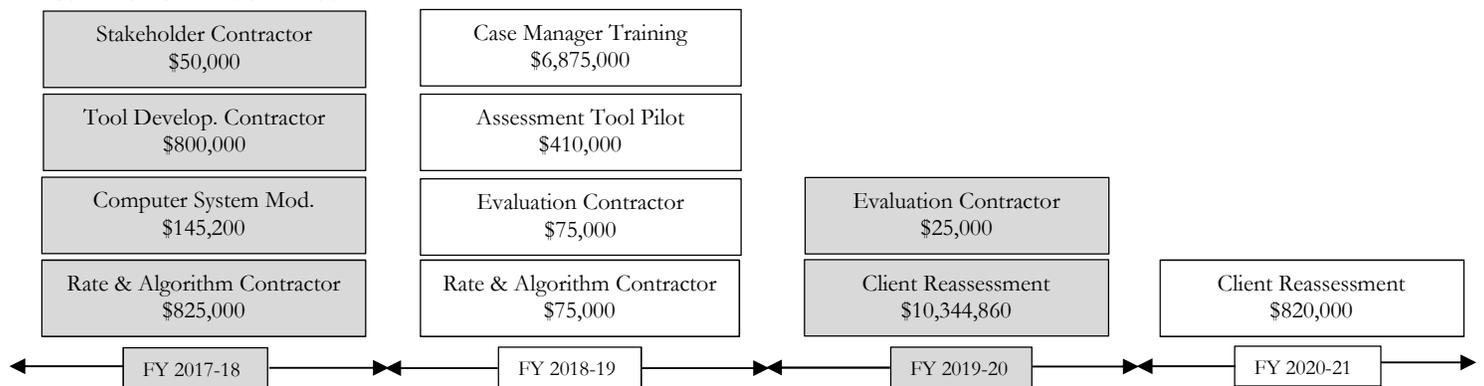
- Contract services to finalize the full analysis of issues associated with implementation of a combined waiver for each of the service areas; and analysis of how the support level in the HCBS-DD and HCBS-SLS waiver will convert to the combined waiver. Please note: The support level is used to estimate the utilization impact of Residential Habilitation and other services. Because department FTE assigned to the waiver consolidation project do not have the required level of expertise to do the analysis, contractors are needed to assist the department in aligning support levels and service plan authorization limits; and in estimating the cost of the consolidated waiver upon completion of its development.
- Contract services for developing, planning, and implementing a transition plan for gradually enrolling individuals into the redesigned waiver and training to ensure that enrollment processes are performed appropriately.
- Contract services for facilitating ongoing stakeholder engagement and obtaining input to ensure that the waiver will continue to meet the needs of the clients.

Barring future legislation that may impact the redesign of the waiver, the department estimates that the redesign process will be completed during FY 2018-19 allowing for the submission of the waiver amendment to CMS by July 2019.

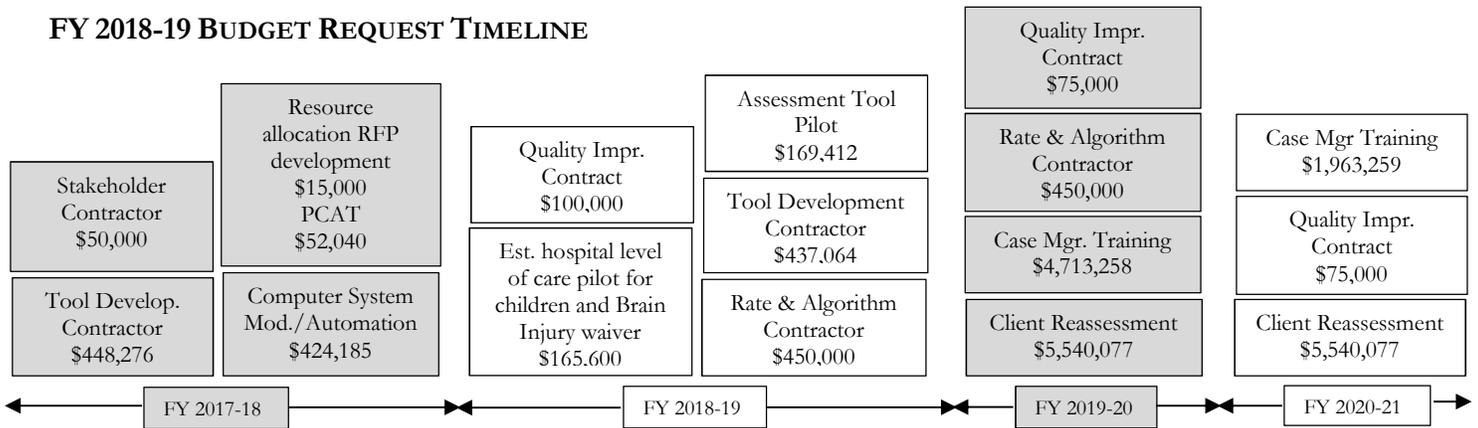
*DEVELOPMENT OF A SINGLE ASSESSMENT TOOL.* The department currently uses over thirty tools to complete assessments for adults and children eligible for HCBS waivers. Two such waivers include the Supports Intensity Scale (SIS), used to identify support needs for clients receiving services through the DD and SLS waivers, and the ULTC 100.2, used to assess the functional eligibility of clients looking to receive long-term services and supports. Pursuant to S.B. 16-192, based on stakeholder input and in conjunction with the ongoing stakeholder process related to eligibility determination for long-term services and supports, the department is to select a needs assessment tool for persons receiving long-term services and supports, including those with intellectual and developmental disabilities, by July 1, 2018. The needs assessment tool must include a reassessment process that can be completed within thirty days after the reassessment is requested and the department must begin utilizing the tool as soon as practicable after the selection. Upon selection of the tool, the department must report to the applicable House and Senate Committees of Reference and the Joint Budget Committee the needs assessment tool that was selected and the level of stakeholder involvement during the selection process. The FY 2016-17 appropriation to the department included \$277,573 total funds and 1.8 FTE for activities associated with the requirements of S.B. 16-192.

FY 2018-19 Budget Request – Single Assessment Tool Financing (R17). Prior to the passage of S.B. 16-192, the department was working with a grant funded contractor to develop a replacement for one of the many tools currently used to complete assessments for adults and children eligible for HCBS waivers. With the passage of the bill, the department continued working with the contractor to develop modules for assessing care planning needs and functional eligibility for adults, and subsequently adapting the modules for children, in order to select a functional assessment tool. As a result of information gathered during the process, the project plan and the associated costs for each objective within the timeline have been modified. This modification will not result in an increase in the total cost of fulfilling the requirements of S.B. 16-192 (identified in the fiscal note as \$21.5 million total funds over five years), but incurs costs associated with the objectives in fiscal years that differ from those identified in the fiscal note of the bill.

**S.B. 16-192 FISCAL NOTE TIMELINE**



## FY 2018-19 BUDGET REQUEST TIMELINE



Note: The department is requesting roll forward authority for the four years identified in the FY 2018-19 budget request.

In addition to the request to shift funding between fiscal years, the department is requesting approval to repurpose a portion of the funding to cover the cost of newly identified milestones that must be completed in order to implement the new assessment tool. These milestones include the performance of a level of care pilot study, contracting a continuing quality improvement specialist, and contracting a resource allocation specialist. Funding for these milestones is available within the approved appropriation because the department received a \$2.5 million grant that covered a portion of the costs identified in the bill’s fiscal note.

*COLORADO CHOICE TRANSITIONS.* Colorado Choice Transitions (CCT) is a grant funded program initiated in April 2013 that pays for transition services to clients residing in long-term care facilities who wish to transfer to and receive services in a community setting. This federal grant requires sustainability for transition services by December 31, 2018. The department reports that this program improves health for low-income and vulnerable Coloradans, enhances the quality of life, and reduces the cost of health care. The department’s R7 HCBS Transition Services Continuation and Expansion budget request is for \$1.1 million total funds, including \$0.7 million General Fund, to move the services offered through the Colorado Choice Transitions program with the highest utilization rates, including Community Transition Services (CTS), Home Delivered Meals (HDM), Peer Mentorship (PM), and Independent Living Skills Training (ILST), into the Supported Living Services (SLS), Adult Comprehensive Services (DD), and three other Home and Community Based Services waivers; and to move these services to the State Medicaid Plan. These transition services support choice and person-centeredness, and align with the Community Living Plan by:

- Proactively identifying individuals in institutional care who want to move to a community living option and ensuring successful transition through a person-centered planning approach; and
- Supporting successful transitions to community settings, ensuring a stable and secure living experience, and preventing re-institutionalization through the provision of responsive community-based services and supports.

Though this budget request affects the delivery of services within the SLS and DD waivers, because it impacts the State Medicaid Plan, it was discussed during the Department of Health Care Policy and Financing budget briefing on December 4, 2017.

*ELECTRONIC VISIT VERIFICATION.* In order to come into compliance with 21<sup>st</sup> Century Cures Act of 2016, the department is required to implement an electronic visit verification (EVV) system for personal care services by January 1, 2019 and for Home Health services by January 1, 2023. This system requires attendants to clock in and out when they begin and finish providing services through the use of a combination of telephone and internet based resources. This verification system is designed to reduce fraud that results from improper time-reporting by providers. Failure to implement such a system will result in a reduction of the state's federal medical assistance percentage (FMAP) each year beginning in calendar year 2019. Though this budget request affects billing for services within the IDD system, because it is required for all Medicaid services, it was included in the Department of Health Care Policy and Financing budget briefing on December 4, 2017.

*CONFLICT FREE CASE MANAGEMENT.* As part of its final rule setting concerning HCBS services, the CMS established requirements for transitioning the IDD system to conflict free case management. The following is included:

- New waiver participants must select a conflict-free case manager once the revised regulation becomes effective, unless the individual resides in an area where there is only one willing and able provider to render services within 30 miles;
- Current waiver participants will transition to conflict-free service provision at their next level of care assessment once the revised regulation becomes effective. The regulation will state that the full transition to conflict-free case management will take place one year from date the regulation is effective;
- Current case managers will be responsible to educate the participant and team members so that the participant can make a decision to change either his/her case manager or service provider in order to have a conflict-free case manager.

In response to the federal requirements, the General Assembly passed H.B. 17-1343 (Implement Conflict-free Case Management) requiring changes to the state's system of care for individuals with intellectual and developmental disabilities. These changes are intended to ensure that there is no conflict of interest in the provision of case management services provided through one of the three intellectual and developmental disability waivers. The bill requires Community Centered Boards (CCBs) to implement business changes by June 30, 2020 to ensure the same entity is not providing case management services and direct services to the same individual, unless a rural exemption has been sought and approved. It requires all individuals receiving services through one of the three Medicaid IDD waivers to obtain case management and direct services from different entities by June 30, 2022. It prioritizes the funds in the Intellectual and Developmental Disability Services Cash Fund for the system changes required for conflict-free case management, and repeals the fund on July 1, 2022. The bill specifies the following timeline:

- The department must determine business options for CCBs by July 1, 2017;
- The department must publish guidance on the components of the business continuity plan by January 1, 2018;
- CCBs must submit their business continuity plan to the Department by July 1, 2018;
- The department must complete an analysis of the continuity plans, unreimbursed transition costs, and community impacts by June 30, 2019;
- CCBs must complete the business operation changes by June 30, 2020;
- At least 25.0 percent of individuals must be served through a conflict-free system by June 30, 2021; and

- All individuals must be served through a conflict-free system by June 30, 2022.

The rural exemption requirements and timeline include:

- A rural CCB must notify the Department in writing that it would like the department to seek a federal rural exemption by July 1, 2017;
- The department must evaluate capacity, and where appropriate, seek a federal exemption;
- The CCB, upon notification of a federal decision, must submit a business continuity plan and make any necessary business operation changes by June 30, 2022;
- If, by July 1, 2019, the department has not received federal notification of requests, the state board must promulgate rules for the provision of services and supports; and
- The state board is required to promulgate rules to ensure there is choice and access to services for individuals served by rural CCBs.

Due to the recent passage of H.B. 17-1343, it is difficult to determine the impact of its requirements on the capacity of the state's IDD system; however given those requirements, an impact on capacity within provider agencies, CCBs, and the department can be expected. In addition, it is possible that implementation of this bill will impact other initiatives currently underway in the system.

#### JOINT BUDGET COMMITTEE STAFF RECOMMENDATION

Given the vast number of recent change initiatives within the IDD system, staff recommends that the Committee ask the department to respond to the following questions during its December 14, 2017 hearing:

- How has the implementation of S.B. 16-192 requiring the development of a new assessment tool impacted the waiver redesign process (including amending the waiver) and the associated analysis?
- Does the department anticipate any impact from the implementation of conflict free case management pursuant to H.B. 17-1343 on existing waivers; amendments that are currently pending CMS approval; the development of the single assessment tool; or the waiver redesign process?
- Please describe the vision for the IDD system in the State of Colorado. Given the changes that have occurred and are underway, what next steps should be taken to ensure that the system adequately and appropriately serves people with intellectual and developmental disabilities within the context of this vision?

## ISSUE: CHILDREN'S HABILITATION RESIDENTIAL PROGRAM TRANSFER (R12)

The Home and Community Based Services Children's Habilitation Residential Program was created to provide residential services for children and youth with intellectual and developmental disabilities who are in foster care. The program currently resides in the Department of Human Services, Division of Child Welfare.

### **SUMMARY**

State statute requires that children with intellectual and developmental disabilities placed in licensed or certified out of home placement facilities meet the out of home placement criteria described in Section 19-1-107, C.R.S., of the Children's Code, and that they must be determined to have been neglected or dependent as described in Section 19-3-102, C.R.S., of the Children's Code. As a result of the out of home placement requirement, in order to access services through the Children's Habilitation Residential Program (CHRP) waiver, parents who have experienced challenging circumstances as a result of the child's behavior may voluntarily relinquish their custodial rights to their child and place them in the child welfare system. The Department of Health Care Policy and Financing (HCPF) asks that the Joint Budget Committee sponsor legislation to modify Section 25.5-5-306, C.R.S., to remove the statutory requirements that children be placed in foster care prior to receiving services through the CHRP waiver, and to transfer the program from the Department of Human Services to HCPF.

### **RECOMMENDATION**

Joint Budget Committee (JBC) staff recommends the Committee consider sponsoring legislation as requested by the Department of Health Care Policy and Financing (HCPF) to modify Section 25.5-5-306, C.R.S., and to remove the statutory requirement that children be placed in foster care prior to receiving services through the CHRP waiver. Such legislation will include the transfer of the program from the Department of Human Services to HCPF.

### **DISCUSSION**

Pursuant to Section 25.5-5-306, C.R.S., the Department of Health Care Policy and Financing (HCPF), in cooperation with the Department of Human Services (DHS), must implement a program for residential child health care in order to provide mental health services to Medicaid-eligible children who reside in psychiatric residential treatment facilities, and to children placed by the Department of Human Services or through county departments of social services in licensed or certified out of home placement facilities. The statute requires that children with intellectual and developmental disabilities placed in such facilities must meet the out of home placement criteria described in Section 19-1-107, C.R.S., of the Children's Code, and that they must be determined to have been neglected or dependent as described in Section 19-3-102, C.R.S., of the Children's Code. Services for these children are provided through the Home and Community Based Services Children's Habilitation Residential Program (CHRP) waiver. Medicaid funds that pay for services provided to children on the CHRP waiver are appropriated to HCPF and subsequently reappropriated to the Division of Child Welfare, Child Welfare Services line item in the DHS budget.

In its R12 Children's Habilitation Residential Program Transfer budget request, HCPF asks that the Joint Budget Committee sponsor legislation to modify Section 25.5-5-306, C.R.S., to remove the

statutory requirements that children be placed in foster care prior to receiving services through the CHRP waiver, and to transfer the program, its appropriations, and 1.0 FTE from DHS to HCPF. In addition, the department requests \$210,455 total funds, including \$105,230 General Fund and 0.8 FTE in FY 2018-19 to: transfer case management of IDD services from county child welfare workers to case managers in Community Centered Boards (CCBs); provide intensive case management to children who require it; provide transition services to children who are able to move out of residential settings to community settings and prevent extensive hospitalization of children with extreme behavioral issues; facilitate stakeholder engagement for provider and client outreach and identify clients in need of transitional services; and to hire 1.0 FTE to manage policy amendments to the CHRP waiver for approval by CMS. HCPF requests that funding be transferred effective July 1, 2018; however the departments will maintain their existing infrastructure until approval of the necessary waiver amendment by CMS.

Because the full fiscal impact will be realized in FY 2019-20, staff has included in the following table, a breakdown of the costs as annualized to reflect the second year impact of the request. Please note that the actual cost of the request in FY 2019-20 is \$535,213 total funds, including \$267,607 General Fund, for HCPF because the transfer of Medicaid funds from HCPF to DHS will no longer be necessary.

REQUEST AS ANNUALIZED IN FY 2019-20 (INCLUDES FULL COST OF EACH ITEM)					
DEPARTMENT	PURPOSE	TOTAL FUNDS	GENERAL FUND	REAPPROP. FUNDS	FEDERAL FUNDS
<b>DEPARTMENT OF HUMAN SERVICES</b>					
CHRP program	transfer CHRP case management from CDHS to HCPF; from county child welfare case workers to CCB case managers	(\$2,583,259)	\$0	(\$2,583,259)	\$0
Transfer of 1.0 FTE from CDHS to HCPF	to oversee waiver operations	(100,966)	(50,483)	0	(50,483)
<b>Total Department of Human Services</b>		<b>(\$2,684,225)</b>	<b>(\$50,483)</b>	<b>(\$2,583,259)</b>	<b>(\$50,483)</b>
<b>DEPARTMENT OF HEALTH CARE POLICY AND FINANCING</b>					
CHRP program	transfer of actual services costs from DHS Medicaid funded programs (reappropriated to DHS)	(\$2,583,259)	(\$1,291,630)	\$0	(\$1,291,629)
CHRP program	transfer of actual services costs to HCPF Office of Community Living	2,583,259	1,291,630	0	1,291,629
Transfer CHRP case management from county child welfare workers to CCB case managers	transfer CHRP case management from CDHS to HCPF; from county child welfare case workers to CCB case managers	217,658	108,829	0	108,829
Intensive case management	for specific clients	35,872	17,936	0	17,936
Stakeholder engagement	to facilitate provider and client outreach and identification of clients in need of transitional services (100 hours at \$295/hr)	29,500	14,750	0	14,750

REQUEST AS ANNUALIZED IN FY 2019-20 (INCLUDES FULL COST OF EACH ITEM)					
DEPARTMENT	PURPOSE	TOTAL FUNDS	GENERAL FUND	REAPPROP. FUNDS	FEDERAL FUNDS
Transition services	to prevent out of home placements and to allow for children to leave hospitals and out of state placements to move back into their homes (department assumes 17)	63,848	31,924	0	31,924
Transfer of 1.0 FTE from CDHS to HCPF	to oversee waiver operations	100,966	50,483	0	50,483
Add 1.0 FTE to HCPF	to manage policy amendments to waiver	87,369	43,685	0	43,684
<b>Total Department of Health Care Policy and Financing</b>		<b>\$535,213</b>	<b>\$267,607</b>	<b>\$0</b>	<b>\$267,606</b>
<b>TOTAL ALL DEPARTMENTS</b>		<b>(\$2,149,012)</b>	<b>\$217,124</b>	<b>(\$2,583,259)</b>	<b>\$217,123</b>

### BACKGROUND OF PROGRAM

In order to ensure that mental health services are available to children with intellectual and developmental disabilities who are also in out of home placement through the child welfare system, Colorado Revised Statute includes a provision requiring implementation of a residential children's health care program for Medicaid eligible children. Services for these children, whose behaviors can be so severe that they present a danger to themselves, their families, and their communities, are provided through the CHRP waiver. It is a statutory requirement that children with intellectual and developmental disabilities placed in residential facilities must meet out of home placement criteria and must be determined to have been neglected or dependent.

Under current law, unlike the majority of services for individuals with IDD that are coordinated through CCBs, service delivery to children under the CHRP waiver is coordinated through county child welfare case workers. These case workers may not have specific training in IDD service coordination or the degree of knowledge of resources and services for these individuals that case managers in CCBs do. As a result of the out of home placement requirement, in order to access services through the CHRP waiver, parents who have experienced challenging circumstances as a result of the child's behavior may voluntarily relinquish their custodial rights to their child and place them in the child welfare system. It is estimated that 81 children will be provided services through the CHRP waiver in FY 2018-19, however, as of the date of this briefing, staff is unable to identify the number of children receiving services through the CHRP waiver whose parents have voluntarily relinquished custodial rights as compared with the number of children receiving services through the waiver whose parental rights have been terminated due to a dependency and neglect proceedings.

### JOINT BUDGET COMMITTEE STAFF RECOMMENDATION

The modification to statute that both HCPF and DHS seek is similar to the Child Mental Health Treatment Act that allows for the placement of a child in a residential setting without the relinquishment of custodial rights. In the case of children with IDD, the change will allow for access to CHRP waiver services by children in specific cases in which there is no dependency and neglect finding but who need services provided in a residential setting. The statutory change will not alter the mandatory reporting responsibilities of case managers or service providers or the responsibilities of county child welfare agencies in protecting children from harm. Both state departments, county child welfare agencies, and CCBs are supportive of this change.

JBC staff recommends that the Committee consider sponsoring legislation as requested by the Department of Health Care Policy and Financing (HCPF) to modify Section 25.5-5-306, C.R.S., and to remove the statutory requirement that children be placed in foster care prior to receiving services through the CHRP waiver. Such legislation will include the transfer of the program from the Department of Human Services to HCPF.

## ISSUE: OFFICE OF COMMUNITY LIVING COST AND CASELOAD ADJUSTMENTS (R5)

The Department of Health Care Policy and Financing submits an annual budget request for adjustments in appropriations that fund services to individuals with intellectual and developmental disabilities. Budget requests are based on projected caseload and the associated costs for the Home and Community Based Services Comprehensive, Supported Living Services, and Children's Extensive Services waivers and for Targeted Case Management.

### SUMMARY

The Department of Health Care Policy and Financing's R5 Office of Community Living Cost and caseload Adjustments budget request includes a FY 2018-19 increase of \$38.7 million total funds, including \$19.3 million General Fund. The FY 2017-18 adjustment totals \$20.6 million, total funds, including \$5.1 million General Fund and \$5.2 million cash funds from the Individuals with Development Disabilities Services Cash Fund.

### DISCUSSION

Pursuant to Section 25.5-10-207.5, C.R.S., the Department of Health Care Policy and Financing shall submit as part of its annual budget request information specifically related to achieving the enrollment goal set forth in the intellectual and developmental disabilities strategic plan required by state law. Since FY 2013-14, the department has requested sufficient funding to eliminate the waitlist for the Home and Community Based Services Supported Living Services (SLS) and Children's Extensive Services (CES) waivers. A waitlist continues to exist for the Adult Comprehensive Services (DD) waiver, though each year additional enrollments are funded to provide resources for emergency placements, individuals transitioning from the Children's Habilitation Residential Program (CHRP) or CES waivers, or for Colorado Choice Transition (CCT) clients transitioning from an institutional setting.

In order to adjust the current appropriations to correspond with caseload for programs administered by the Office of Community Living, the department requests a FY 2018-19 increase of \$38.7 million total funds, including \$19.3 million General Fund. The FY 2017-18 adjustment totals \$20.6 million, total funds, including \$5.1 million General Fund and \$5.2 million cash funds from the Individuals with Development Disabilities Services Cash Fund. Forecasting issues associated with Medicaid Management Information System payment delays were discussed during the Department of Health Care Policy and Financing December 4, 2017 briefing. Calculations for the department's request are provided below.

### WAIVER ENROLLMENT

Although the department utilizes the average full program equivalent (FPE) as the basis for annual caseload forecasts, the number of individuals served through each waiver can be communicated in three ways:

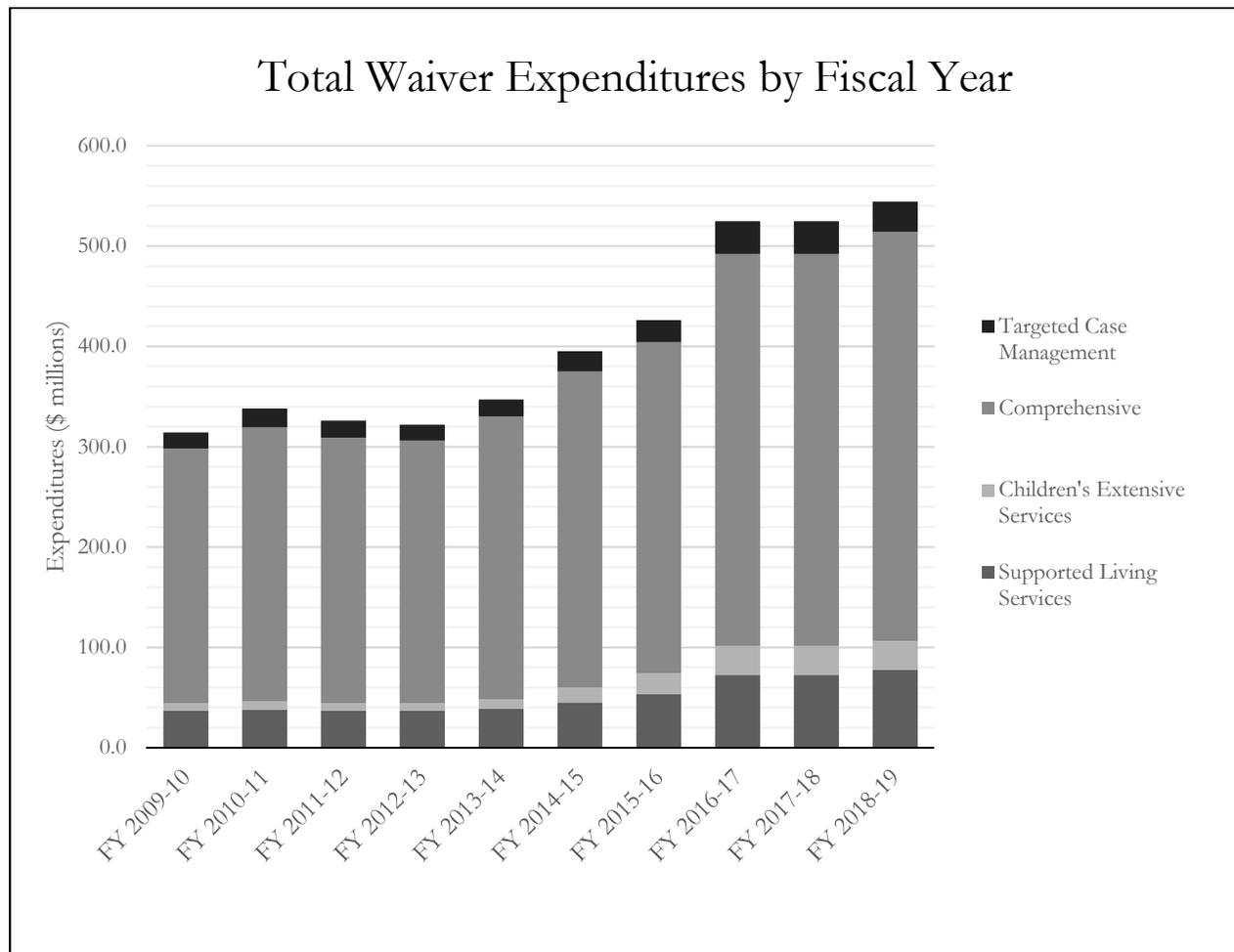
- Maximum enrollment represents the allowable number of individuals that can be served in a given year.
- Average monthly enrollment represents and average of the actual number of individuals enrolled in each waiver during a 12 month period.

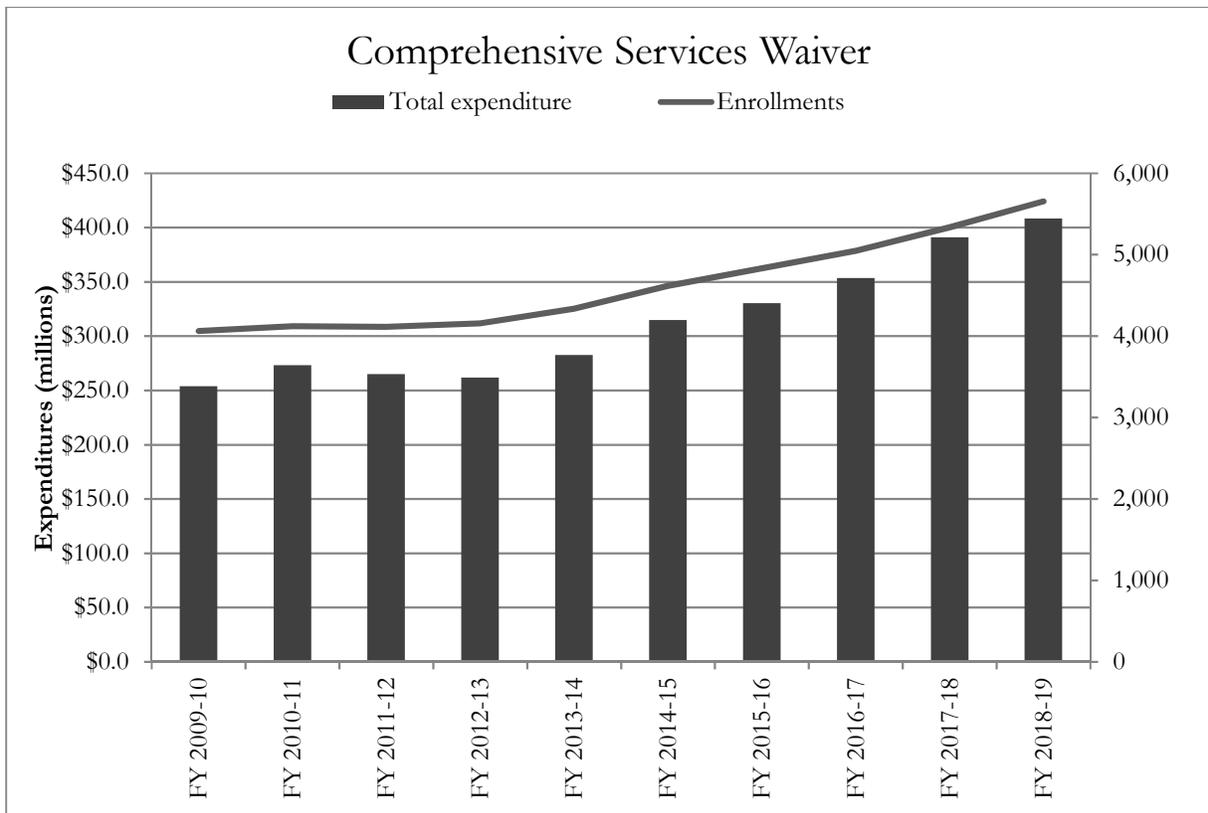
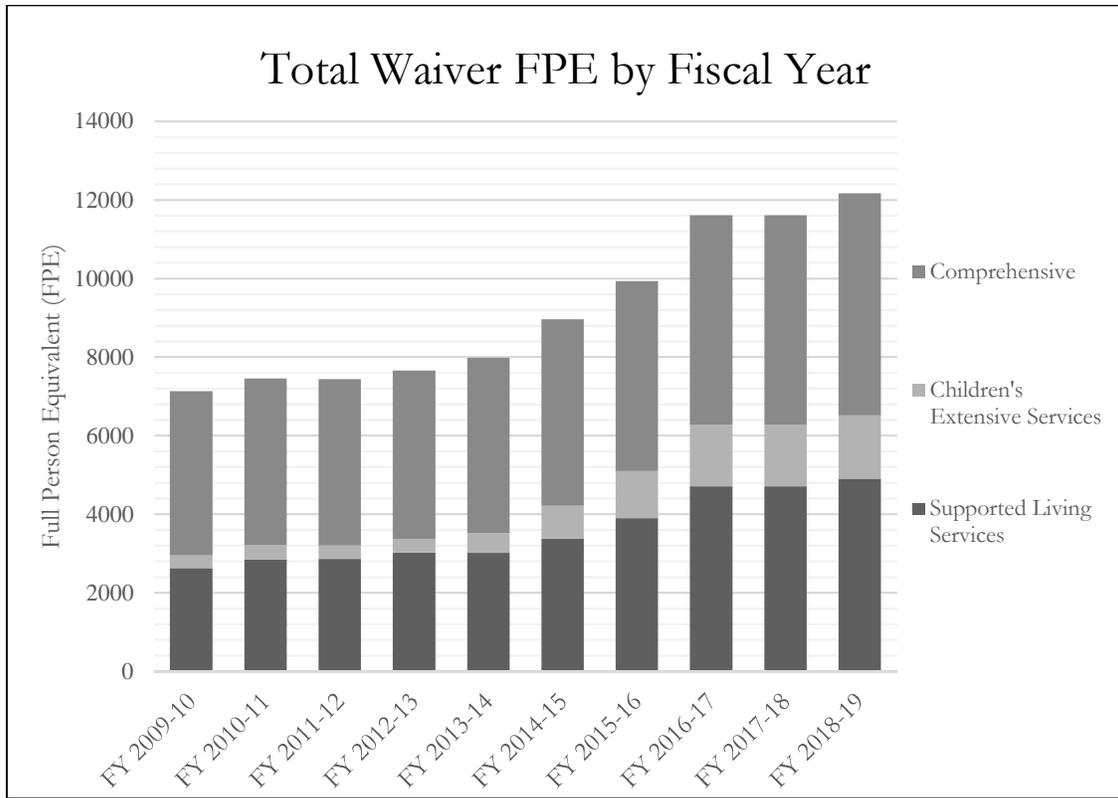
- Full program equivalent (FPE) represents the number of clients with a paid claim in a given year. The average monthly FPE is determined by multiplying the average monthly enrollment for a 12 month period by the FPE conversion factor of 80.0 percent (because not every client who is authorized to receive services has a paid service each month).

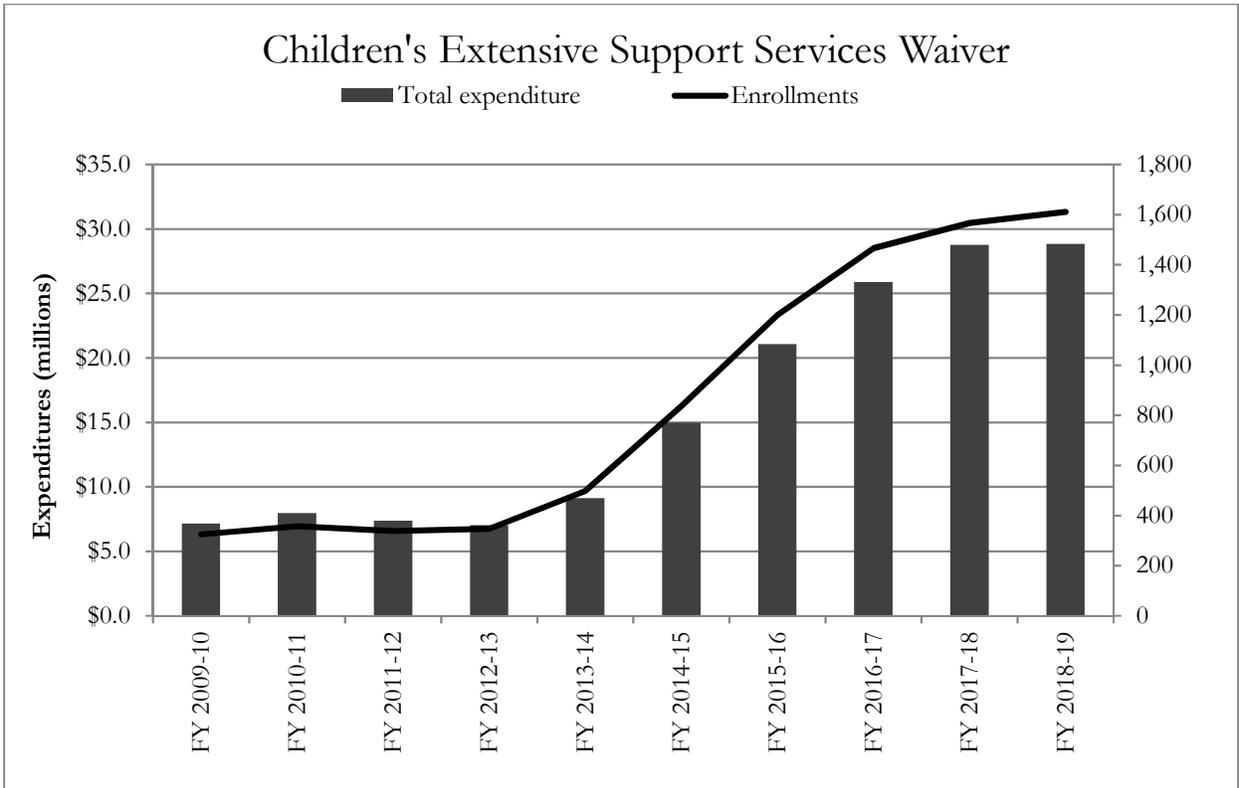
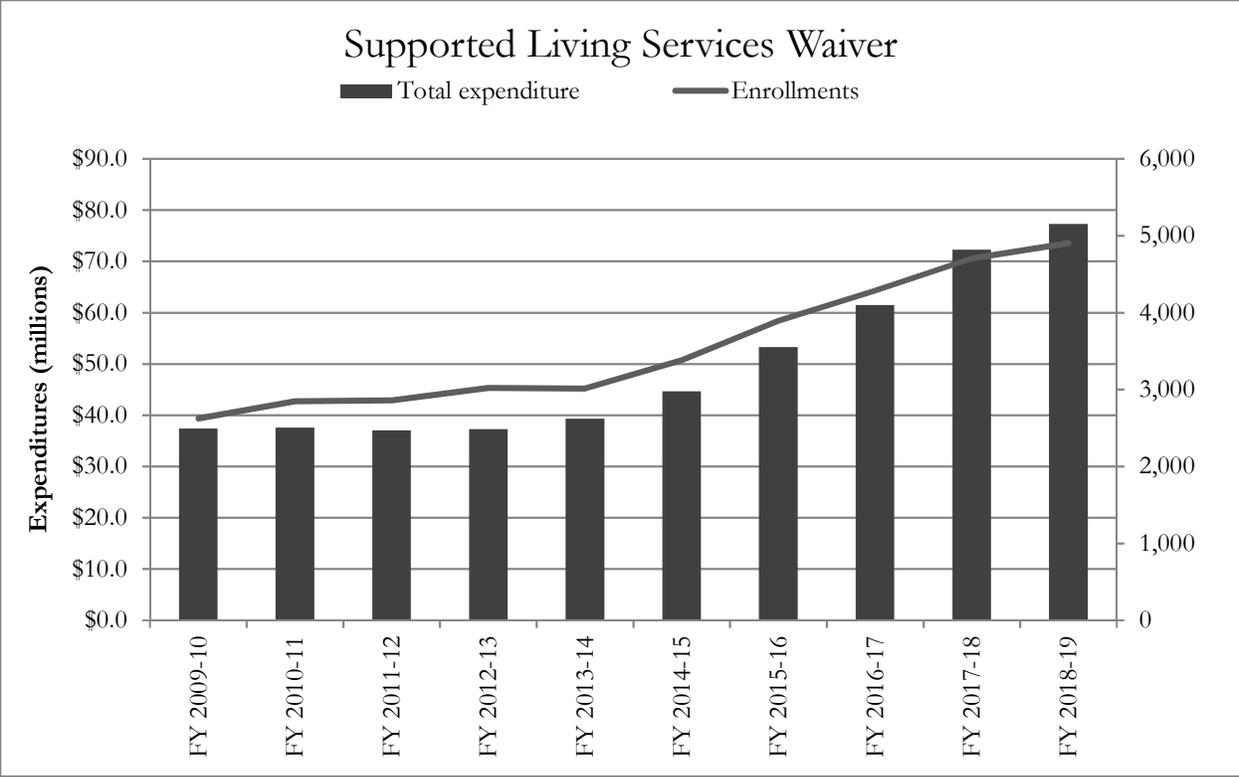
While the SLS and CES waivers are not limited by a maximum enrollment value, the DD waiver is and therefore the department's forecast for FY 2018-19 costs associated with DD waiver enrollment are based on a maximum enrollment of 6,000. This includes: 5,672 continuing enrollments from FY 2017-18, 14 new Colorado Choice Transitions enrollments, 228 new emergency enrollments, 35 new foster care transition enrollments, and 51 CES transition enrollments.

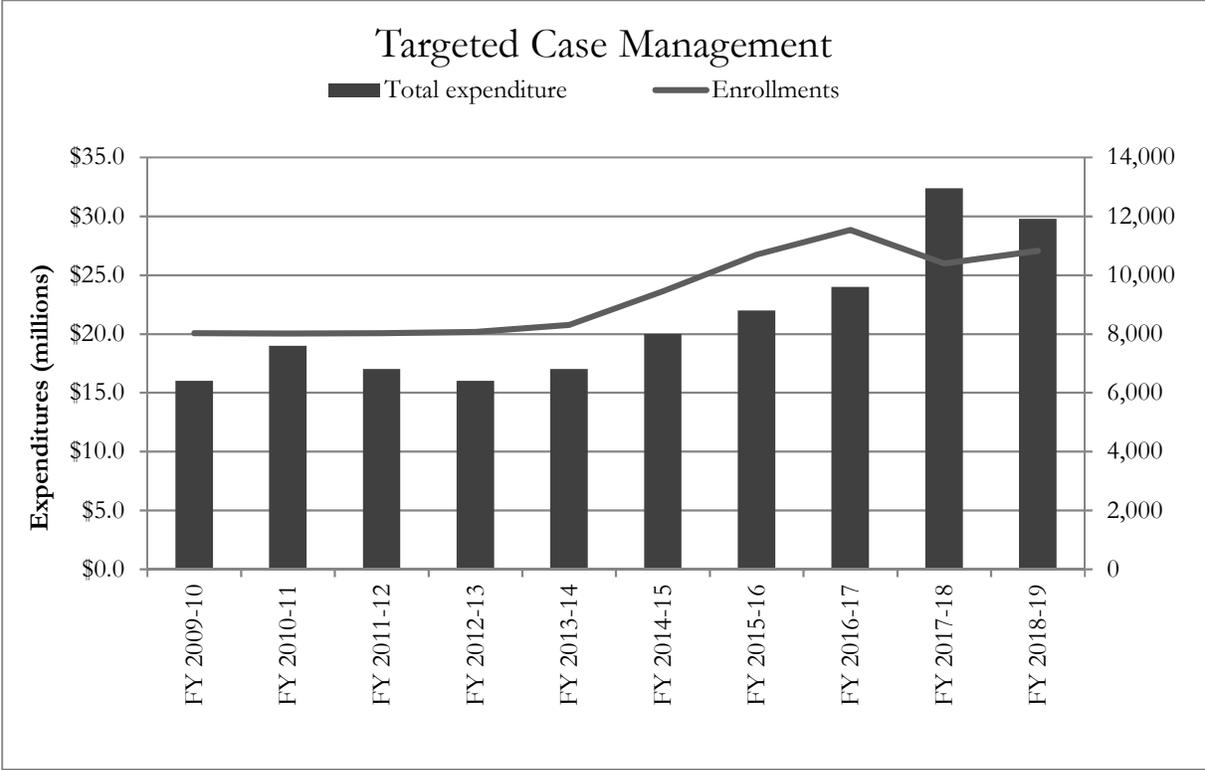
### WAIVER EXPENDITURES

Total expenditures for the DD, SLS, and CES waivers and Targeted Case Management, the average FPE, and the number of enrollments have increased steadily since FY 2012-13. The charts below contain estimated values for FY 2017-18 and projected values for FY 2018-19.









## ISSUE: SERVICE OPTION PLATFORM

In the 2017 legislative session, the General Assembly approved a Long Bill appropriation to the Department of Health Care Policy and Financing for the implementation of a third party website pilot project that would allow users to search for intellectual and developmental disability Home and Community Based Services waiver providers through a web based platform. The appropriation totaled \$50,000 cash funds from the Intellectual and Developmental Disabilities Services Cash Fund.

### SUMMARY

In response to the General Assembly's expectation that a conflict free provider search platform be made available to individuals eligible for Home and Community Based Services through waivers administrated by the Department of Health Care Policy and Financing, the department has begun expanding the search capabilities on its existing website. The department has performed these enhancements within existing resources, and as a result, contracting with a third party vendor to develop a pilot project may not be necessary.

### RECOMMENDATION

Joint Budget Committee staff recommends that the Committee request a brief demonstration, at the department's hearing, of the functionality of the advanced search options available on the Department of Health Care Policy and Financing's provider web page to determine if they meet the intent of the General Assembly's expectation that information be provided in a person centered, conflict free manner.

### DISCUSSION

As part of ensuring that the system of services for individuals with intellectual and developmental disabilities (IDD) meet the Home and Community Based Services (HCBS) final rule setting requirements of conflict free case management and person-centered decision making, the Joint Budget Committee (JBC) approved an appropriation to the Department of Health Care Policy and Financing of \$50,000 cash funds from the Intellectuals with Developmental Disabilities Services Cash Fund. This appropriation was available for the implementation of a third party website pilot project that would allow users to search for intellectual and developmental disability Home and Community Based Services waiver providers through a web based platform. The platform is to provide individuals with the opportunity to research and review all available providers and waivers services. In addition, it is to ensure that the research could occur independent of case managers, but will notify case managers if the individual is interested in accessing a particular type of service from a given provider.

In response to the General Assembly's expectation that a robust conflict free provider search platform be made available to individuals eligible for Home and Community Based Services waivers and to the general public, the department has begun expanding the search parameters on its existing website. The department has performed these enhancements within existing resources and is in the position to ensure accuracy of Medicaid provider information and perform necessary updates without incurring additional costs. As a result, contracting with a third party vendor to develop a pilot project may not be necessary. JBC staff recommends that the Committee request a brief demonstration, at the department's hearing, of the functionality of the advanced search options available on the Department of Health Care Policy and Financing's provider web page to determine if they meet the intent of the General Assembly's expectation that information be provided in a person centered, conflict free manner.

## Appendix A: Number Pages

	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2018-19 Request	Request vs. Appropriation
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### DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Tom Massey, Interim Executive Director

#### (4) OFFICE OF COMMUNITY LIVING

##### (A) Division for Individuals with Intellectual and Developmental Disabilities

###### (i) Administrative Costs

Personal Services	<u>2,673,066</u>	<u>3,262,265</u>	<u>3,427,716</u>	<u>3,523,783</u>
FTE	34.2	40.1	40.1	40.5
General Fund	1,225,154	1,431,598	1,572,568	1,613,475
Cash Funds	31,234	149,824	297,706	312,854
Reappropriated Funds	22,109	0	0	0
Federal Funds	1,394,569	1,680,843	1,557,442	1,597,454
Operating Expenses	<u>1,301,530</u>	<u>241,483</u>	<u>304,511</u>	<u>290,560</u>
General Fund	136,796	144,899	120,935	116,311
Cash Funds	121,027	798	55,677	53,325
Reappropriated Funds	854,955	0	0	0
Federal Funds	188,752	95,786	127,899	120,924
Community and Contract Management System	<u>61,433</u>	<u>94,096</u>	<u>137,480</u>	<u>137,480</u>
General Fund	30,717	47,048	89,362	89,362
Federal Funds	30,716	47,048	48,118	48,118
Support Level Administration	<u>50,512</u>	<u>52,312</u>	<u>57,418</u>	<u>57,437</u>
General Fund	25,256	26,156	28,488	28,463
Cash Funds	0	0	221	255
Federal Funds	25,256	26,156	28,709	28,719

## Appendix A: Number Pages

	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2018-19 Request	Request vs. Appropriation
Cross-system Response for behavioral Health Crises Pilot Program	<u>1,695,000</u>	<u>1,690,000</u>	<u>683,750</u>	<u>0</u>	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	1,695,000	1,690,000	683,750	0	
Cross-System Response Pilot Program Services	<u>0</u>	<u>1,038,413</u>	<u>1,075,776</u>	<u>837,845</u>	
Cash Funds	0	730,184	1,075,776	837,845	
Reappropriated Funds	0	308,229	0	0	
<b>SUBTOTAL -</b>	5,781,541	6,378,569	5,686,651	4,847,105	(14.8%)
<i>FTE</i>	<u>34.2</u>	<u>40.1</u>	<u>40.1</u>	<u>40.5</u>	<u>1.0%</u>
General Fund	1,417,923	1,649,701	1,811,353	1,847,611	2.0%
Cash Funds	1,847,261	2,570,806	2,113,130	1,204,279	(43.0%)
Reappropriated Funds	877,064	308,229	0	0	0.0%
Federal Funds	1,639,293	1,849,833	1,762,168	1,795,215	1.9%
<b>(ii) Program Costs</b>					
Adult Comprehensive Services	<u>337,091,139</u>	<u>350,220,297</u>	<u>376,385,762</u>	<u>410,547,779</u>	*
General Fund	169,373,010	176,014,027	188,192,881	205,273,888	
Cash Funds	1	1	1	1	
Federal Funds	167,718,128	174,206,269	188,192,880	205,273,890	
Adult Supported Living Services	<u>62,020,749</u>	<u>72,484,492</u>	<u>79,102,446</u>	<u>85,541,863</u>	*
General Fund	34,961,826	38,522,702	43,432,794	46,542,284	
Cash Funds	0	4,645,469	133,801	270,115	
Federal Funds	27,058,923	29,316,321	35,535,851	38,729,464	

\* Indicates a decision item

## Appendix A: Number Pages

	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2018-19 Request	Request vs. Appropriation
Children's Extensive Support Services	<u>21,797,924</u>	<u>25,491,608</u>	<u>28,030,392</u>	<u>31,519,597</u>	*
General Fund	11,094,363	12,882,640	14,015,196	15,759,799	
Federal Funds	10,703,561	12,608,968	14,015,196	15,759,798	
Case Management	<u>29,144,892</u>	<u>29,090,388</u>	<u>35,792,246</u>	<u>37,457,163</u>	*
General Fund	15,404,883	15,498,984	18,925,860	19,741,990	
Cash Funds	0	0	28,272	51,478	
Federal Funds	13,740,009	13,591,404	16,838,114	17,663,695	
Family Support Services	<u>6,960,204</u>	<u>6,960,460</u>	<u>7,058,033</u>	<u>7,108,071</u>	*
General Fund	6,960,204	6,960,460	7,058,033	7,108,071	
Preventive Dental Hygiene	<u>63,334</u>	<u>63,311</u>	<u>64,199</u>	<u>64,654</u>	*
General Fund	63,334	63,311	64,199	64,654	
Cash Funds	0	0	0	0	
Eligibility Determination and Waiting List Management	<u>2,965,133</u>	<u>3,084,926</u>	<u>3,164,947</u>	<u>3,187,385</u>	*
General Fund	2,948,517	3,067,494	3,144,020	3,166,310	
Federal Funds	16,616	17,432	20,927	21,075	
Waiver Enrollment	<u>1,586,987</u>	<u>0</u>	<u>0</u>	<u>0</u>	
Cash Funds	1,586,987	0	0	0	
<b>SUBTOTAL -</b>	461,630,362	487,395,482	529,598,025	575,426,512	8.7%
<i>FTE</i>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
General Fund	240,806,137	253,009,618	274,832,983	297,656,996	8.3%
Cash Funds	1,586,988	4,645,470	162,074	321,594	98.4%
Federal Funds	219,237,237	229,740,394	254,602,968	277,447,922	9.0%

\* Indicates a decision item

5 Dec 2017

## Appendix A: Number Pages

	FY 2015-16 Actual	FY 2016-17 Actual	FY 2017-18 Appropriation	FY 2018-19 Request	Request vs. Appropriation
<b>TOTAL - (4) Office of Community Living</b>	467,411,903	493,774,051	535,284,676	580,273,617	8.4%
<i>FTE</i>	<u>34.2</u>	<u>40.1</u>	<u>40.1</u>	<u>40.5</u>	<u>1.0%</u>
General Fund	242,224,060	254,659,319	276,644,336	299,504,607	8.3%
Cash Funds	3,434,249	7,216,276	2,275,204	1,525,873	(32.9%)
Reappropriated Funds	877,064	308,229	0	0	0.0%
Federal Funds	220,876,530	231,590,227	256,365,136	279,243,137	8.9%
<b>TOTAL - Department of Health Care Policy and Financing</b>	467,411,903	493,774,051	535,284,676	580,273,617	8.4%
<i>FTE</i>	<u>34.2</u>	<u>40.1</u>	<u>40.1</u>	<u>40.5</u>	<u>1.0%</u>
General Fund	242,224,060	254,659,319	276,644,336	299,504,607	8.3%
Cash Funds	3,434,249	7,216,276	2,275,204	1,525,873	(32.9%)
Reappropriated Funds	877,064	308,229	0	0	0.0%
Federal Funds	220,876,530	231,590,227	256,365,136	279,243,137	8.9%

## APPENDIX B: RECENT LEGISLATION AFFECTING DEPARTMENT BUDGET

### 2016 SESSION BILLS

**S.B. 16-038 (TRANSPARENCY OF COMMUNITY-CENTERED BOARDS):** Requires a Community-Centered Board (CCB) that receives more than 75.0 percent of its annual funding from federal, state, or local governments, or any combination thereof, to be subject to the Colorado Local Government Audit Act. The Office of the State Auditor must conduct a performance audit of any CCB that exceeds the 75 percent government threshold to determine if the CCB is effectively and efficiently fulfilling its statutory obligations. Audits of CCBs are to occur in the five-year period following the effective date of the bill and as requested by the Office of the State Auditor thereafter. This bill also requires each CCB to post information on its website related to the board of directors and their meetings, financial statements, annual budgets and other CCB business related information. Appropriates \$60,416 total funds, of which \$30,208 is cash funds from the Intellectual and Developmental Disability Services Cash Fund and \$30,208 is federal funds, and 1.0 FTE to the Department of Health Care Policy and Financing for FY 2016-17.

**S.B. 16-192 (Assessment Tool Intellectual and Developmental Disabilities):** Requires the Department of Health Care Policy and Financing, by July 1, 2018, and pursuant to the ongoing stakeholder process relating to eligibility determination for long-term services and supports, to select a needs assessment tool for persons receiving long-term services and supports, including persons with intellectual and developmental disabilities. The Department must have stakeholder involvement in the needs assessment tool selection process. The selected needs assessment tool must include a reassessment process that can be completed within thirty days after the reassessment is requested. Once the tool is selected, the Department must report to the applicable House and Senate committees of reference and the Joint Budget Committee the needs assessment tool that was selected and the level of stakeholder involvement during the selection process. Appropriates \$277,573 total funds, of which \$138,787 is cash funds from the Intellectual and Developmental Disability Services Cash Fund and \$138,786 is federal funds, and 1.8 FTE to the Department of Health Care Policy and Financing for FY 2016-17.

**H.B. 16-1240 (SUPPLEMENTAL BILL):** Supplemental appropriation to the Department of Health Care Policy and Financing to modify appropriations for FY 2015-16.

**H.B. 16-1321 (MEDICAID BUY-IN CERTAIN MEDICAID WAIVERS):** Requires the Department of Health Care Policy and Financing to pursue federal authorization to extend the Medicaid buy-in program to people eligible for the Supported Living Services Medicaid waiver, the Brain Injury waiver, and the Spinal Cord Injury waiver pilot program. For FY 2016-17 the bill appropriates \$138,027 total funds, including \$13,803 cash funds from the Hospital Provider Fee and \$124,224 federal funds, to the Department of Health Care Policy and Financing for associated information technology changes.

**H.B. 16-1405 (LONG BILL):** General appropriations act for FY 2016-17. Includes provisions modifying appropriations to the Department of Health Care Policy and Financing for FY 2015-16.

## 2017 SESSION BILLS

**S.B. 17-162 (SUPPLEMENTAL BILL):** Modifies FY 2016-17 appropriations to the Department. Includes provisions modifying FY 2015-16 appropriations to the Department.

**S.B. 17-254 (LONG BILL):** General appropriations act for FY 2017-18. Includes provisions modifying FY 2015-16 and FY 2016-17 appropriations to the Department.

**H.B. 17-1343 (IMPLEMENT CONFLICT-FREE CASE MANAGEMENT):** Implements changes to the system of services for individuals with intellectual and developmental disabilities provided through one of the three intellectual and developmental disability waivers to ensure there is not a conflict of interest in the provision of case management services. Requires Community-Centered Boards to implement business changes to ensure the same entity is not providing case management services and direct services to the same individual by June 30, 2020. Requires all individuals receiving services through one of the three Medicaid waivers for intellectual and developmental disabilities is not receiving case management and direct services from the same entity by June 30, 2022. Adds a definition for case management agency and conflict-free case management. Prioritizes the funds in the Intellectual and Developmental Disability Services Cash Fund for the system changes required for conflict-free case management, and repeals the fund on July 1, 2022. Establishes a definition for "case management agency" and how a case management agency will be certified and decertified and the duties of a case management agency. Defines a rural Community-Centered Board. Establishes the following timeline for system changes and how the State can seek a rural exemption for interested rural Community-Centered Boards:

- Timeline of system changes:
  - July 1, 2017 – Department of Health Care Policy and Financing must determine business options for Community-Centered Boards;
  - January 1, 2018 – Department must publish guidance on the components of the business continuity plan;
  - July 1, 2018 – Community-Centered Boards must submit their business continuity plan to the Department;
  - June 30, 2019 – Department must complete an analysis of the continuity plans, unreimbursed transition costs, and community impacts;
  - June 30, 2020 – Community-Centered Boards must complete the business operation changes;
  - June 30, 2021 – At least 25.0 percent of individuals must be served through a conflict-free system; and
  - June 30, 2022 – All individuals must be served through a conflict-free system.
- Rural exemption requirements and timeline:
  - July 1, 2017 – A rural Community-Centered Board must notify the Department in writing they would like the Department to seek a federal rural exemption;
  - The Department must evaluate capacity, and where appropriate, seek a federal exemption;
  - The Community-Centered Board upon notification of a federal decision must submit a business continuity plan and make any necessary business operation changes by June 30, 2022;
  - If, by July 1, 2019, the Department has not received federal notification of requests, the State Board must promulgate rules for the provision of services and supports; and

- The State Board is required to promulgate rules to ensure there is choice and access to services for individuals served by rural Community-Centered Boards.

Appropriates \$222,794 total funds, of which \$111,398 is cash funds from the Intellectual and Developmental Disabilities Services Cash Fund and states that this appropriation is based on the assumption that the Department will receive \$111,396 federal funds and 1.0 FTE to implement the act.

## APPENDIX C: FOOTNOTES AND INFORMATION REQUESTS

### UPDATE ON LONG BILL FOOTNOTES

- 16 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Program Costs -- It is the General Assembly's intent that expenditures for these services be recorded only against the Long Bill group total for Program Costs.

**COMMENT:** This footnote indicates the line items within the Office of Community Living Program Costs subdivision are shown for informational purposes because the department has the authority pursuant to this footnote to transfer funds between the lines items. Expenditures are limited by the total for the subdivision not by the total for each line item.

- 17 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Program Costs, Preventive Dental Hygiene -- It is the General Assembly's intent that this appropriation be used to provide special dental services for persons with intellectual and developmental disabilities.

### UPDATE ON REQUESTS FOR INFORMATION

#### REQUESTS AFFECTING MULTIPLE DEPARTMENTS

- 5 Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers – The Departments are requested to submit a report by November 1, 2017 a report on the status of transitions into and out of Regional Centers. The report should include information on how the Departments are defining transitions as successful or not successful, the capacity of the community to serve individuals who are or have transitioned, and the type of residences and locations where individuals are transitioning into. The report should also include a comparison of the services available in the Regional Centers and the services available to individuals once they transition and what barriers exist in ensuring the availability of services for individuals once they transition.
- a. Regarding the transition planning phase the report should discuss:
    - i. What role do residents and their families play in preparing for a transition and how long does it take to transition an individual once a decision has been made?
    - ii. What is done when a resident wishes to transition, but no appropriate community placement can be found?
    - iii. What is the longest period of time someone has spent waiting to transition?
  - b. Regarding the transition process the report should discuss:
    - i. How does the process of transitioning into a Regional Center differ from the process of transitioning from a Regional Center to a community setting?

- ii. What is the process for transitioning from one Regional Center to another Regional Center?
  - iii. Describe the resources available (i.e. people and money) to plan and prepare for transitions. Are these resources sufficient to ensure successful transitions?
  - iv. Has the success rate on transitions varied by type of setting? For example, have Regional Center residents been more successful moving to host homes or group homes?
- c. Regarding measuring whether a transition was successful or unsuccessful the report should discuss:
- i. What role do residents and their families play in determining whether a transition has been successful?
  - ii. For those transitions that were unsuccessful, how long did it take to move the resident to a new placement? Please provide data on the length of time people lived in unsuccessful placements.
  - iii. What is the process for returning to a Regional Center in the event of an unsuccessful transition?
  - iv. What role do residents and families play in that decision?
  - v. Over what time period is information collected about a transition?
  - vi. How many times did people change placements over a two or five year period?
  - vii. What is an appropriate length of time to determine if a transition has been successful?
  - viii. Do the Departments track success/failure rates for providers accepting transitions from Regional Centers?

**COMMENT:** The Department response can be found on page 33 of this document.

## DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

- 4 Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers; and Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Health Facilities Division -- The Departments are requested to provide by November 1, 2017 the status of the implementation of Regional Center Task Force recommendations.

**COMMENT:** The Department response can be found on page 46 of this document.



**COLORADO**  
Department of Human Services

1575 Sherman Street  
Denver, CO



**COLORADO**  
Department of Health Care  
Policy & Financing

1570 Grant Street  
Denver, CO 80203

November 1, 2017

The Honorable Kent Lambert, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Lambert:

Enclosed please find the response to the Joint Budget Committee's Request for Information for Multiple Departments #5 regarding the Departments of Health Care Policy and Financing (HCPF) and Human Services (CDHS).

Request for Information #5 states:

*"Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers – The Departments are requested to submit a report by November 1, 2017 a report on the status of transitions into and out of Regional Centers. The report should include information on how the Departments are defining transitions as successful or not successful, the capacity of the community to serve individuals who are or have transitioned, and the type of residences and locations where individuals are transitioning into. The report should also include a comparison of the services available in the Regional Centers and the services available to individuals once they transition and what barriers exist in ensuring the availability of services for individuals once they transition."*

The request includes several subparts, to which the Departments jointly responded.

If you require further information or have additional questions, please contact HCPF's Legislative Liaison, Zach Lynkiewicz, at [Zach.Lynkiewicz@state.co.us](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882, or CDHS's Legislative Liaison, Riley Kitts, at [Riley.Kitts@state.co.us](mailto:Riley.Kitts@state.co.us) or 720-966-0595.

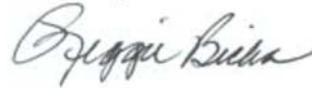


Sincerely,



Susan E. Birch, MBA, BSN, RN  
Executive Director  
Department of Health Care Policy and Financing

Sincerely,



Reggie Bicha  
Executive Director  
Department of Human Services

SEB/RB

Enclosure(s): Response to the Joint Budget Committee's FY 2017-18 Request for Information for Multiple Departments #5, Regional Center Transitions

Cc: Representative Millie Hamner, Vice-Chair, Joint Budget Committee  
Senator Kevin Lundberg, Joint Budget Committee  
Senator Dominick Moreno, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
Robin Smart, JBC Analyst  
Henry Sobanet, Director, Office of State Planning and Budgeting  
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting  
Legislative Council Library  
State Library  
John Bartholomew, Finance Office Director, HCPF  
Gretchen Hammer, Health Programs & Community Living Office Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Chris Underwood, Health Information Office Director, HCPF  
Dr. Judy Zerzan, Client and Clinical Care Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Zach Lynkiewicz, Legislative Liaison, HCPF  
Mark J. Wester, Director, Office of Community Access and Independence, CDHS  
Eric Johnson, Deputy Director, Office of Community Access and Independence, CDHS  
Georgia Edson, Director, Division for Regional Center Operations, CDHS





# Health Care Policy and Financing and Human Services FY 2017-18 Joint RFI #5

*Regional Center Transitions | November 1, 2017*

This report was developed in response to the Joint Budget Committee's Request for Information for Multiple Departments #5 regarding the Departments of Health Care Policy and Financing (HCPF) and Human Services (CDHS). Responses were developed jointly by the two Departments for each subpart listed.

*“Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers – The Departments are requested to submit a report by November 1, 2017 a report on the status of transitions into and out of Regional Centers. The report should include information on how the Departments are defining transitions as successful or not successful, the capacity of the community to serve individuals who are or have transitioned, and the type of residences and locations where individuals are transitioning into. The report should also include a comparison of the services available in the Regional Centers and the services available to individuals once they transition and what barriers exist in ensuring the availability of services for individuals once they transition.*

- a. Regarding the transition planning phase the report should discuss:
  - i. What role do residents and their families play in preparing for a transition and how long does it take to transition an individual once a decision has been made?*
  - ii. What is done when a resident wishes to transition, but no appropriate community placement can be found?*
  - iii. What is the longest period of time someone has spent waiting to transition?**
- b. Regarding the transition process the report should discuss:*



- i. How does the process of transitioning into a Regional Center differ from the process of transitioning from a Regional Center to a community setting?*
  - ii. What is the process for transitioning from one Regional Center to another Regional Center?*
  - iii. Describe the resources available (i.e. people and money) to plan and prepare for transitions. Are these resources sufficient to ensure successful transitions?*
  - iv. Has the success rate on transitions varied by type of setting? For example, have Regional Center residents been more successful moving to host homes or group homes?*
- c. Regarding measuring whether a transition was successful or unsuccessful the report should discuss:*
  - i. What role do residents and their families play in determining whether a transition has been successful?*
  - ii. For those transitions that were unsuccessful, how long did it take to move the resident to a new placement? Please provide data on the length of time people lived in unsuccessful placements.*
  - iii. What is the process for returning to a Regional Center in the event of an unsuccessful transition?*
  - iv. What role do residents and families play in that decision?*
  - v. Over what time period is information collected about a transition?*
  - vi. How many times did people change placements over a two or five year period?*
  - vii. What is an appropriate length of time to determine if a transition has been successful?*
  - viii. Do the Departments track success/failure rates for providers accepting transitions from Regional Centers?"*



The Departments responded to each question outlined in the subparts of the request.

**a. Regarding the transition planning phase the report should discuss:**

*i. What role do residents and their families play in preparing for a transition and how long does it take to transition an individual once a decision has been made?*

Residents and their families play an integral role in preparing for transition, the planned move from the Regional Center system to a private provider. Transitioning back to the resident's community of choice is discussed starting at the time of admission. Transition criteria is set by the interdisciplinary team (IDT), which includes the resident, their family/guardian, and Regional Center staff. The IDT utilizes the Transition Readiness Assessment Tool to record the transition criteria and monitor progress. The IDT reviews the progress made towards transition criteria monthly for "short term" residents and quarterly for residents in the "long term" model. This allows ample time for the IDT to prepare for transition. Once the individual has achieved recommended progress, the IDT meets to discuss and complete the detailed referral plan. The referral plan comprehensively outlines the individual's needs and preferences in all areas of services and supports critical in choosing a private provider. This information is provided to the appropriate Community-Centered Board (CCB), and the CCB sends out the referral to private providers. When private providers express interest in serving the individual, the family, individual, and other IDT members have the opportunity to meet with all potential providers. This process can be very short or take several months depending on the individual and their family. The family chooses who they want to interview and how many visits they want to take prior to the transition. Once an individual has chosen a private provider, the IDT will set up a transition meeting and create the action plan for the transition. The average length of time from achieving recommended progress to the transition date is 134 days, based on data since July 2015.

Colorado statute requires that all Regional Center residents have an Imposition of Legal Disability (ILD) approved by a judge prior to admittance. The CCB, along with the IDT, files the ILD in the county in which the resident resides. After the ILD is in place, the Regional Centers are responsible for sending an update to the court on the resident's progress every six months. Families and guardians have an opportunity to provide the courts with updates. The court can then choose to keep the ILD in place or lift the ILD. If the court lifts the ILD, the Regional Centers would work with the resident and their family to begin the transition process.

*ii. What is done when a resident wishes to transition, but no appropriate community placement can be found?*

Most individuals are able to find a preferred private provider in the community once they have achieved the recommended progress. When a resident wishes to transition but a placement cannot be found, the Regional Centers, in conjunction with the



appropriate CCB, continue to seek placement outside of the Regional Center system. The Regional Centers communicate with the CCB regarding these individuals every month and ensure they have the most updated information necessary for a potential provider. Regional Center staff also provide consultation to potential providers to determine if the provider is capable of supporting the individual.

For a small percentage of residents, finding a provider is difficult because of their unique needs and the lack of community capacity to serve those very specific needs. The transition from the Regional Center for these individuals may take longer as their IDT works with community providers to build the capacity to appropriately serve their needs.

Residents admitted to the Regional Centers prior to February 2013 are considered Long Term residents. The Department of Human Services position is Long Term residents may remain at the Regional Center, or if they or their guardian is not engaged in looking for placement with a private provider. There are currently 102 residents who have achieved recommended progress but whose guardians do not wish for them to transition from the Regional Center.

*iii. What is the longest period of time someone has spent waiting to transition?*

The average number of days for Regional Center residents currently in the transition process is 287. The longest someone has achieved recommended progress and waited for a transition is 980 days. This length of time is considered an outlier due to unique needs.

**b. Regarding the transition process the report should discuss:**

*i. How does the process of transitioning into a Regional Center differ from the process of transitioning from a Regional Center to a community setting?*

Community Centered Boards (CCBs) submit referrals to the Regional Centers when private providers determine they can no longer serve an individual safely with available resources. Often, the individual is in a crisis situation, and these admissions are considered emergency admissions.<sup>1</sup> Of the 43 admissions which have occurred between April 2016 and September 2017, 38 (88%) were emergencies. When a referral occurs, the Regional Centers work with the CCB to admit the individual as quickly as possible. The average length of time from referral for admission into the Regional Center system of care to the actual admission date is 17 days.

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<sup>1</sup> For more information about emergency admissions, see response to c. iii. "What is the process for returning to a Regional Center in the event of an unsuccessful transition?", or visit <https://www.colorado.gov/pacific/cdhs/regional-centers> and click on "Download the Regional Centers admission policy."



The transition from a Regional Center takes considerably longer than admission into a Regional Center. The transition process is designed to ensure the resident's success outside the Regional Center system. Once the individual has achieved recommended progress, the Interdisciplinary Team (IDT), including parents/guardians, the individual, and Regional Center staff, meets to discuss and complete the detailed referral plan. The referral plan comprehensively outlines the individual's needs and preferences in all areas of services and supports critical in choosing a private provider. This information is provided to the CCB, and the CCB sends out the referral to private providers. Once there are private providers interested in serving the individual, the family, individuals, and other IDT members have the opportunity to meet with potential providers. This process may be quick or take several months depending on the individual's and their family's preferences for the number of interviews and visits they would like to make. Once an individual has made a choice regarding which provider they would like to work with, the IDT will set up a transition meeting and complete the Regional Center Transition Checklist. This checklist ensures needed services and supports have been addressed prior to transition. The average length of time from achieving recommended progress to the transition date is 134 days for residents who achieved progress since July 2015.

*ii. What is the process for transitioning from one Regional Center to another Regional Center?*

When an individual or their family members wish to transfer from one Regional Center to another, they notify the current Regional Center who then contacts Division for Regional Center Operations staff to begin the transfer process. A referral packet of information is sent to the desired Regional Center for review to determine if there is an appropriate opening. If the Regional Center has an appropriate opening, the transfer process will begin. The Regional Centers set up a meeting to transfer information and establish a transfer date. Transfers are contingent upon how close the individual is to meeting their established transition criteria, as well as availability at the desired Regional Center.

*iii. Describe the resources available (i.e. people and money) to plan and prepare for transitions. Are these resources sufficient to ensure successful transitions?*

The Regional Centers complete the Regional Center Transition Checklist to ensure all services and supports are set up prior to the transition. Additionally, the Regional Centers developed the Transition Support Team (TST) to ensure the individual is receiving all necessary services and supports after leaving the Regional Center. The TST can consist of a variety of professionals that may include a social worker, behavioral professional, residential coordinator, QIDP/case manager, occupational therapist, and speech pathologist, depending on the needs of the individual transitioning. Members of the TST make face-to-face visits as needed with the individual and their IDT members. The TST is required to have contact with the individual and/or their IDT weekly during



the first month after the transition, every other week during the second month, and once during the third month. Professionals from the Regional Centers spend many hours over the course of the 90 days to ensure the individual's needs are met. The Regional Centers see this process as being an important resource for the success of transitions.

Once the individual has transitioned (moved in with a private provider) from the Regional Center system, it is the responsibility of the private provider to ensure the Regional Center Transition Checklist is implemented and followed. The Regional Center will provide consultation and support for the individual and their IDT, but is no longer providing direct services.

As part of the transition process, case managers conduct an eligibility determination assessment, to ensure an individual is eligible for an HCBS waiver. The CCB also conducts the Supports Intensity Scale assessment to determine the level of a supports an individual will need (if one has not already been completed). The Regional Centers then work with the CCB to arrange meetings with interested providers, and staff from the Regional Centers transport individuals to the meetings and assist them in interviewing potential providers. The case manager then authorizes the services for the individual and monitors the receipt of those services, along with the health and safety of the individual.

Individuals transitioning from a Regional Center may also use the Colorado Choice Transitions (CCT) program to transition to independent providers in the community. CCT is a Medicaid program that transitions members out of long-term care facilities into home and community-based settings, where they receive services designed to support their transition and promote their independence. Individuals must qualify for an HCBS waiver to participate in the CCT program. The enhanced services in CCT include caregiver education services, community transition services, assistive technology services, home delivered meals, independent living skills training, intensive case management, peer mentorship services, and transitional behavioral health supports. The CCT, person-centered transition process begins when an individual makes an informed decision to explore the option of living and receiving care in an independent, community-based setting. Through a team process, the individual's community needs, risk factors, and preferences are identified. The availability of supports and services to meet those is determined and a decision that the transition is feasible is based on this information. Through CCT, individuals who transition are provided with services and supports for 365 days to acclimate and integrate into the community.

The case management currently provided is not enough, as the current system does not allow case managers to provide transition case management unless someone is eligible for and uses CCT. To ensure successful transitions, transition case management should be provided by the case manager prior to transition. HCPF received approval through the FY 2017-18 request "R-10 Regional Center Task Force Recommendation



Implementation”, to establish Intensive Case Management (ICM) for clients residing at Regional Centers. ICM helps ensure that each transitioning client’s needs are fully assessed and that a service plan is created for the client prior to leaving the Regional Center. The ICM model for Regional Center transitions was based on the rate and utilization of ICM in the CCT program. HCPF also received FTE to implement this work, and is in the process of hiring the new FTE.

*iv. Has the success rate on transitions varied by type of setting? For example, have Regional Center residents been more successful moving to host homes or group homes?*

For context, it is rare for an individual to transition from a Regional Center to an independent community provider and then back into a Regional Center.<sup>2</sup> Currently, HCPF can determine the number of different service provider agencies that an individual receives services from, but not changes to the individual’s living environment, such as moving to different host homes or group home with the same service provider agency.

Below is a snapshot of current living environments and community services that help a person stay in the community for the 74 individuals who transitioned from a Regional Center between March 2015 and June 2017.

- 71 individuals who transitioned during this time are currently receiving residential services through the home and community based services waiver for persons with a developmental disability (HCBS-DD), and 90% of those individuals receive residential services through Individual Residential Services and Support (IRSS), in which 3 or fewer persons receiving services may live in a single residential setting.
- 86% of the total number of people who transitioned receive Day Habilitation Services.
- 40% of the total number of people who transitioned receive Supported Employment Services.
- 60% of the total number of people who transitioned receive Behavioral Services.

HCPF is developing a process to gather more information on the experience of individuals who transition from a Regional Center to the community that is not readily available through claims data. HCPF received approval through the FY 2017-18 request “R-10 Regional Center Task Force (RCTF) Recommendation Implementation” to hire a term-limited FTE for a RCTF recommendation project manager. The new FTE will analyze a variety of sources of information to create an information-gathering process and a baseline understanding the experience of individuals who have transitioned from Regional Centers. The process will be used to gather information about transitions moving forward to track how systems changes impact individuals who transition. The information collected as part of this process will inform much of the work to implement

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<sup>2</sup> The number is too small to be reportable per federal privacy rules.



Regional Center Task Force (RCTF) recommendations.

**c. Regarding measuring whether a transition was successful or unsuccessful the report should discuss:**

*i. What role do residents and their families play in determining whether a transition has been successful?*

Residents and families determine if the supports and services they receive in the community are effective in meeting their needs and supporting them to lead full lives. Case managers work with residents, families and Regional Center staff through the transition process to identify the person's service and support needs. Case managers provide choice in the selection of waiver services and selection of service providers. Case managers then provide on-going monitoring of services to determine if the services and supports are effective in meeting the person's needs. If services and supports are not effective in meeting their needs, case managers work with the person and their family to make changes as needed, such as the selection of a different service provider or additional services.

*ii. For those transitions that were unsuccessful, how long did it take to move the resident to a new placement? Please provide data on the length of time people lived in unsuccessful placements.*

For context, it is rare for an individual to transition from a Regional Center to an independent community provider and then back into a Regional Center.<sup>3</sup> Currently, HCPF is able to determine the number of different service provider agencies that an individual receives services for but not changes to the individual living environment, such as moving to different host homes or group homes within the same service provider agency. HCPF is developing a process to gather more information on individualized services and changes to those services that are not readily available through claims data.

*iii. What is the process for returning to a Regional Center in the event of an unsuccessful transition?*

The process for returning to a Regional Center is the same process to transition into a Regional Center as referenced above. Community Centered Boards (CCBs) submit referrals to the Regional Centers when private providers determine they can no longer serve an individual safely with available resources. Before the referral is made, the CCB responsible for case management services must exhaust all reasonable alternatives to procure or provide emergency services and supports in the person's local community, and document that such efforts have been made. The CCB must notify the appropriate

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<sup>3</sup> The number is too small to be reportable per federal privacy rules.



Regional Center and involve the Regional Center in the evaluation process.

Colorado statute requires that all Regional Center residents have an Imposition of Legal Disability (ILD) approved by a judge prior to admittance. The CCB, along with the interdisciplinary team (IDT), files the ILD in the county in which the resident resides. In the case of emergencies, an individual can be admitted to the Regional Center without an ILD in place, but certain criteria must be met.<sup>4</sup>

An individual referred for emergency admission to a Regional Center shall have been assessed and determined eligible for long-term care by a CCB. Any emergency admissions will be for short-term placement only. The following criteria define eligibility for an emergency placement for individuals to a Regional Center.

- Individual is being discharged from a more restrictive setting and the CCB does not have another provider identified to serve the individual in the community (e.g., jail, acute or psychiatric hospital, or skilled nursing facility).
- Individual is living in a community residential setting provided through the HCBS-DD waiver and is experiencing a crisis as demonstrated by the individual causing harm to self or others in a manner that provider cannot adequately control. Documentation must be provided for at least two of the following:
  - Multiple (one or more) severe behavior incidents in each of the past 6 months. A severe incident is defined as injury to self or others that result in actual harm.
  - Several, consecutive (at least three) community placement failures. A community placement failure is one in which a provider has given notice of failing to be able to serve the individual within the first 90 days or treatment.
  - Several hospital admissions due to behaviors or medication reviews (at least three or more in the last 6 months prior to referral).
  - Requires 2:1 staffing ratio (two staff to one resident) during waking hours, as documented by the individual's care plan.
  - Worked with CST team to try to stabilize the individual for at least 60 days with no improvement or increase in stabilization for the individual.
- Individual is on the waitlist for HCBS-DD residential services and is living in the community either alone or with a caregiver and the individual is experiencing an unexpected crisis. For consideration as an emergency placement to a Regional Center, the individual shall also meet the following criteria:

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<sup>4</sup> For the full Regional Center admission policy, including emergency admissions, visit <https://www.colorado.gov/pacific/cdhs/regional-centers> and click on "Download the Regional Centers admission policy."



- Individual shall be on the HCBS-DD waiver waiting list, and meet criteria for an emergency placement waiver enrollment through HCPF. Specifically, emergency is defined as "a situation where the health and safety of the person or others is endangered and the emergency cannot be resolved in another way." This includes the individual being homeless, in an abusive or neglectful situation, a danger to others and sufficient supervision cannot be provided, or the individual is in imminent danger of harming themselves.
- The individual shall have been denied an emergency waiver enrollment under the HCBS-DD program for a reason other than the individual's circumstances did not meet HCPF 's criteria for allocating an emergency enrollment. Documentation shall be provided by the CCB demonstrating that the individual qualified as an emergency, however, there was no emergency slot provided HCPF, including documentation from HCPF as to why the enrollment was denied.
- Preferred geographic location and provider preference are not acceptable reasons for an emergency placement in a Regional Center. If another community provider is available for placement of an individual meeting the criteria for an emergency HCBS-DD waiver enrollment from the waitlist, that emergency enrollment and community provider would need to be accepted first. Once placed in the emergency enrollment, the provider and CCB can request support from the CST for help stabilizing the individual in the community.

Upon emergency admission, the CCB shall begin the process of obtaining an ILD or changing an existing ILD to mandate that the individual's residence is the Regional Center to which they were admitted. The CCB shall continue the RFP process to identify an appropriate community provider so that the individual can transition to the community at or before 120 days, or within the guidelines developed in the person's IP after admission.

Of the 43 admissions which have occurred since April 2016, 38 (88%) were emergencies. In general, the Regional Centers have seen an increase in referrals for individuals who have co-occurring diagnoses of intellectual disabilities and mental illness. Many of these individuals need psychiatric, medical, and behavioral support, and private providers have not been able to adequately meet these collective needs. When an emergency referral occurs, the Regional Centers work with the CCB to admit the individual as quickly as possible. The average length of time from referral for admission into the Regional Center system of care to the actual admission date is 17 days.

*iv. What role do residents and families play in that decision?*

The resident and their families make the final decision to request that the CCB complete a referral to the Regional Center.



*v. Over what time period is information collected about a transition?*

CDHS sends HCPF monthly Regional Center reports on the number of new admissions, transfers and transitions. HCPF is developing a process to monitor transitions on-going and will establish a time period by which transitions will be monitored. HCPF will work with CDHS, CCBs and service provider agencies to identify the indicators of successful transition.

*vi. How many times did people change placements over a two or five year period?*

Currently, HCPF is able to determine the number of different service provider agencies that an individual receives services for but not changes to the individual living environment, such as moving to different host homes or group homes within the same service provider agency. Ninety percent of individuals who transitioned between March 2015 to June 2017 and are receiving residential services receive services through Individual Residential Services and Support (IRSS), in which 3 or fewer persons receiving services may live in a single residential setting. HCPF is developing a process to gather more information on individualized services and changes to those services that are not readily available through claims data.

*vii. What is an appropriate length of time to determine if a transition has been successful?*

HCPF is developing a process to track transitions in greater detail and with this process will work with CDHS to determine the appropriate length of time and criteria to determine if a transition has been successful. Ultimately, the success of a transition is dependent on the individual experience and metrics like readmission within 30-60 days to the Regional Center may be helpful in determining changes needed in community services to allow for greater success.

*viii. Do the Departments track success/failure rates for providers accepting transitions from Regional Centers?*

Currently, HCPF does not track success/failure rates for providers accepting transitions from Regional Centers. HCPF is developing a process to track transitions in greater detail and will incorporate the definition of success/failure and track the success/failure rates of providers.





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Denver, CO 80246



1575 Sherman Street  
Denver, CO



1570 Grant Street  
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November 1, 2017

The Honorable Kent Lambert, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Lambert:

Enclosed please find the response to the Joint Budget Committee's Request for Information #4 regarding the Departments of Health Care Policy and Financing (HCPF), Human Services (CDHS), and Public Health and Environment (CDPHE).

Request for Information #4 states:

*Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers; and Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Health Facilities Division -- The Departments are requested to provide by November 1, 2017 the status of the implementation of Regional Center Task Force recommendations.*

The progress toward implementation identified in this report represents touchpoints between current work by the three departments and the RCTF recommendations. Progress has been made on eight of the ten recommendations, with two recommendations dependent on additional progress.

Due to the broad nature of the recommendations, a cross-agency Operations Team was created to track both current work underway related to RCTF recommendations, as well as new work required to implement RCTF recommendations. A Sponsor Group was also established with executives from HCPF, CDHS and CDPHE, and community advisors (former co-chairs and members of the RCTF) to advise on the activities of the Operations Team. Further, an FTE was recently appropriated to HCPF to oversee this work, and the hiring process is underway.

If you require further information or have additional questions, please contact HCPF's Legislative Liaison, Zach Lynkiewicz, at [Zach.Lynkiewicz@state.co.us](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882.

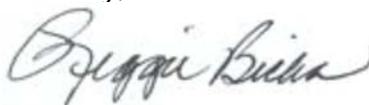


Sincerely,



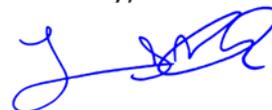
Susan E. Birch, MBA, BSN, RN  
Executive Director  
Department of Health Care  
Policy and Financing

Sincerely,



Reggie Bicha  
Executive Director  
Department of Human  
Services

Sincerely,



Larry M. Wolk, MD, MSPH  
Executive Director and Chief  
Medical  
Department of Public Health  
and Environment

SEB/RB/LMK

Enclosure(s): Response to the Joint Budget Committee's FY 2017-18 Request for Information #4, Regional Center Task Force Implementation Update

Cc: Representative Millie Hamner, Vice-Chair, Joint Budget Committee  
Senator Kevin Lundberg, Joint Budget Committee  
Senator Dominick Moreno, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
Robin Smart, JBC Analyst  
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Chris Underwood, Health Information Office Director, HCPF  
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Rachel Reiter, External Relations Division Director, HCPF  
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D. Randy Kuykendall, MLS, Division Director, Health Facilities and Emergency Medical Services Division, CDHPE  
Kara Johnson-Hufford, MPA, Branch Chief, Health Facility Quality Branch





**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Department of Public  
Health & Environment



**COLORADO**  
Department of Human Services

# Health Care Policy and Financing FY 2017-18 RFI #4

*Regional Center Task Force Implementation Update | November 1, 2017*

This report was developed in response to the Joint Budget Committee's Request for Information #4 regarding the Departments of Health Care Policy and Financing (HCPF), Human Services (CDHS), and Public Health and Environment (CDPHE).

*"Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers; and Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Health Facilities Division -- The Departments are requested to provide by November 1, 2017 the status of the implementation of Regional Center Task Force recommendations."*

## Overview

The Regional Center Task Force (RCTF), created by House Bill (H.B.) 14-1338, was charged with developing recommendations regarding the future size, scope and role of Colorado's three Regional Centers serving people with intellectual and developmental disabilities (I/DD). The task force developed 10 recommendations as part of the RCTF Final Report<sup>1</sup> to address the specific requirements of H.B. 14-1338 and the community supports required to serve residents of the Regional Centers and the remainder of the community with an I/DD. The recommendations are presented in five categories that together deliver the task force's collective opinion that Colorado must make a strong commitment to persons with I/DD, leading with enhancing the current system of community supports and funding to allow more people with I/DD to be served in the community. Once these enhanced supports are established and proven, it may be possible to consolidate the state's Regional Centers into a smaller footprint and

<sup>1</sup> The RCTF Report can be access at [http://regionalcentersforum.weebly.com/uploads/2/4/8/8/24880735/hb14-1338\\_regional\\_centers\\_task\\_force\\_final\\_report\\_12-23-15.pdf](http://regionalcentersforum.weebly.com/uploads/2/4/8/8/24880735/hb14-1338_regional_centers_task_force_final_report_12-23-15.pdf).

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establish their primary purpose as crisis stabilization facilities.

The RCTF recommendations include broad system changes that touch the Departments of Health Care Policy and Financing (HCPF), Human Services (CDHS), and Public Health and Environment (CDPHE). Due to the broad nature of the recommendations, a cross-agency Operations Team was created to track both current work underway related to RCTF recommendations, as well as new work required to implement RCTF recommendations. A Sponsor Group was also established with executives from HCPF, CDHS and CDPHE, and community advisors (former co-chairs and members of the RCTF) to advise on the activities of the Operations Team as RCTF recommendations are implemented.

The progress toward implementation identified in this report represents touchpoints between current work by the three departments and the RCTF recommendations. Additional work will be needed to fully implement RCTF recommendations. HCPF was approved for a term-limited FTE in the Fiscal Year (FY) 2017-18 request "R-10 Regional Center Task Force Recommendation Implementation". Once hired and onboarded, this FTE will track current work and identify additional work needed to implement RCTF recommendations.

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## Implementation Summary Table

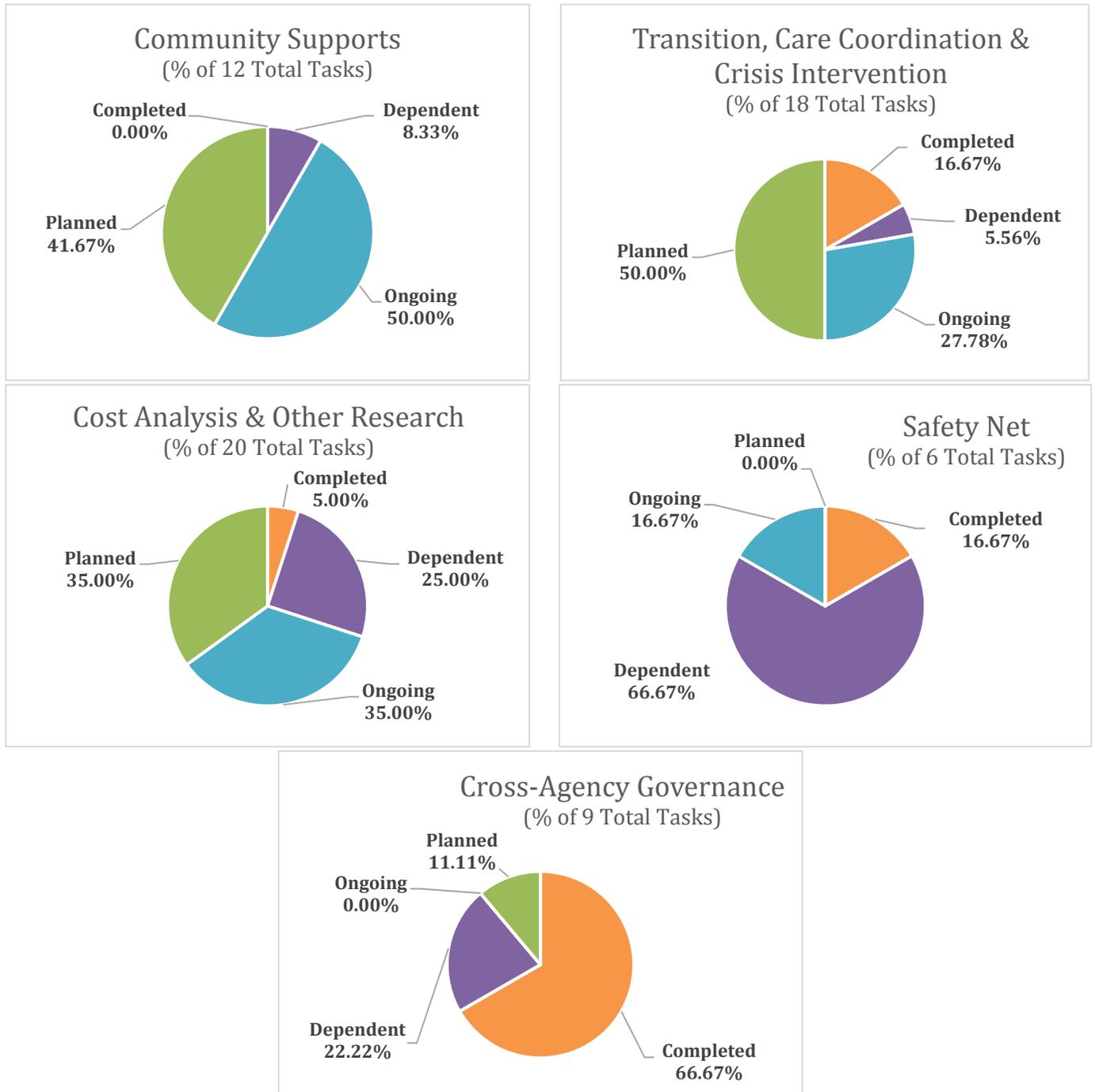
Recommendation	Sponsor	Schedule Status	Scope	Resources	Comments
1. Waiver Redesign	HCPF	In Progress	Good	Good	The redesigned waiver is scheduled to be submitted to CMS July 2019.
2. Include Persons with I/DD in the Mental Health System	HCPF	In Progress	Good	Good	Cost analyses conducted.
3. Workforce Development	CDHS, HCPF & CDPHE	In Progress	Good	Good	All three Departments are actively addressing the recommendation.
4. Transition Planning Process	CDHS	In Progress	Good	Good	CDHS and HCPF are developing ways to better evaluate transitions and transition tools.
5. Care Coordination	HCPF	On Hold	Good	Good	Pending the impact of enhanced case management services. HCPF is working to implement Intensive Case Management services.
6. No Reject/No Eject Clause	CDHS, HCPF & CDPHE	Not Started			Dependent upon the progress of other recommendations.
7. Statewide Crisis Stabilization	CDHS & HCPF	In Progress	Good	Good	Cross-System Crisis Response Pilot gathering lessons learned and developing strategies for statewide implementation.
8. HCBS Rule Compliance Cost and Transition	CDHS & HCPF	In Progress	Good	Good	Cost analysis of compliance with HCBS rule is underway.
9. ICF Bed Consolidation	CDHS & HCPF	Not Started			Dependent upon the progress of other recommendations.
10. RCTF Implementation and Progress Reporting	HCPF	In Progress	Good	Good	Cross-Agency Operational Team meetings are underway. Team is gathering information regarding tasks in process.

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## Dashboard

To improve efficiency and effectiveness of implementation tracking, the Operations Team created an implementation project dashboard based upon the five major categorical themes listed in the RCTF Final Report. The dashboard displays the percentage of the total tasks for each category as either: Completed, Dependent, Planned or Ongoing (in-progress). 9/30/17



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## Category #1: Invest to enhance the necessary community supports to enable more of the individuals of the Regional Centers and more persons with I/DD to live successfully in the community.

### Recommendation 1- Waiver Redesign

*Leverage Medicaid waiver redesign efforts already underway pursuant to the requirements of H.B. 15-1318 and explore additional alternatives, ensuring that these efforts take into account the desire to provide more individuals with the opportunity to be served in a community setting. (pages 19 - 21 of RCTF Report)*

- HCPF, along with the Waiver Implementation Council (the Council), continues work to create a redesigned waiver for adults with I/DD as directed by H.B. 15-1318, “Consolidate Intellectual and Developmental Disability Waivers”.
  - HCPF has made significant progress analyzing the breadth of fiscal, operational, and programmatic impacts of a redesigned waiver. HCPF has nearly finished developing models for quality measures, provider qualifications, service utilization forecasts, and individualized budgets with norm-referenced service limits.
  - Further, HCPF has developed drafts of the redesigned waiver’s 12 service definitions. The Council has completed a one year process of reviewing and advising on all potential waiver services definitions.
  - Through the work over the past year, HCPF has found that additional work is needed to ensure the waiver will be successful and sustainable. To accommodate the additional work, the Department has extended its target date for submitting the redesigned waiver application to CMS from January 1, 2018 to July 1, 2019.
- H.B. 15-1368 created the Cross-System Crisis Response Pilot (CSCR Pilot) program to address gaps in crisis services for individuals with I/DD and behavioral health needs.
  - HCPF, in partnership with CDHS, is conducting the CSCR Pilot. The goal of the CSCR Pilot is to establish a sustainable model for providing crisis intervention, stabilization, and follow-up services to individuals who have both an I/DD and a mental health or behavioral health condition, and who require services not available within the current Colorado Medicaid system. Services include Community Based Mobile Supports, In-Home Therapeutic Supports, Site-Based Therapeutic Supports, and Follow-Up Supports.
  - The CSCR’s Pilot lead agency, Rocky Mountain Health Plans, has worked with their partners to put in place Memorandums of Understanding (MOU) with the Colorado Crisis Services, home and community-based service providers, community behavioral health service providers, and other community service providers, health care professionals, and organizations identified by the CSCR Pilot.
  - From August 2016 to May 2017, the CSCR Pilot served over 160 individuals across the two CSCR Pilot regions (Larimer County and Western Slope). Some individuals

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were served by the CSCR Pilot on more than one occasion, with 238 separate events during that same period. The CSCR Pilot has been able to provide needed services immediately to a person experiencing a mental or behavioral health crisis without having to first identify a potential payer source.

- The CSCR Pilot is a testing ground for innovating new ideas and establishing areas of evidence-based practices that have been successful in other parts of the nation, like the Systematic, Therapeutic, Assessment, Resources, and Treatment (START) model. The CSCR Pilot is using these best practices to define the standards of care for services, and focusing on developing provider qualifications.<sup>2</sup>
- H.B. 15-1368 also called for analyses to identify costs associated with providing appropriate behavioral health services for individuals with co-occurring conditions, as well as best practices around the state and nationally.
  - To complete the cost studies, HCPF contracted with Optumas, the Department's actuarial consultant in FY 2015-16 and FY 2016-17. Details about the analyses can be found under Recommendation #2.
  - During FY 2017-18, HCPF will identify best practices and develop and conduct a survey to determine which Community Mental Health Centers (CMHCs) have implemented the best practices; identify assessments that have been normed for individuals with co-occurring conditions to minimize diagnostic overshadowing; and identify other states that have fully incorporated individuals with co-occurring conditions into their mental health system and create a cross walk comparing Colorado's mental health system to determine where systemic improvements can be made.
- In the HCBS-DD waiver, Support Levels along with additional factors determine the reimbursement rates for several services. In many cases, when an individual is transitioning from a Regional Center, the Department conducts a Support Level Review and authorizes a temporary Support Level increase for services outside the Regional Center, due to the complex medical or behavioral needs of the individual, which often correlates to an increased need for staff support. An increased Support Level supports the individual in securing the right provider who can meet his or her needs, which can increase the likelihood of a successful transition.
- HCPF received approval through the FY 2017-18 request "R-10 Regional Center Task Force Recommendation Implementation", to establish Intensive Case Management (ICM) for clients living in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) or clients on the HCBS-DD waiver receiving services from a Regional Center for up to one year after their transition begins.
  - ICM helps ensure that each transitioning client's needs are fully assessed and that a service plan is created for the client prior to leaving the Regional Center. The ICM model for Regional Center transitions was based on the rate and utilization of ICM in the Colorado Choice Transitions (CCT) program.

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<sup>2</sup> More information about the CSCR Pilot and cost studies can be found at <https://www.colorado.gov/hcpf/legislator-resource-center>, under "Reports".

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- HCPF also received FTE to implement this work, and is in the process of hiring the new FTE.

## **Recommendation 2 - Include Persons with I/DD in the Mental Health System**

*Fully include services for individuals with I/DD in the capitated mental health system by basing access and reimbursement of services on the presentation of behavioral symptoms, not diagnoses, and require Behavioral Health Organizations to actively recruit and develop provider networks. (pages 22 - 24 of RCTF Report)*

- As mentioned previously, H.B. 15-1368 directed HCPF to analyze costs associated with providing behavioral health services for individuals with co-occurring I/DD and mental or behavioral health conditions.
  - To complete the cost studies, HCPF contracted with Optumas, HCPF's actuarial consultant. In Fiscal Year (FY) 2015-16, Optumas identified potential gaps in behavioral health services and analyzed the total cost of care for behavioral health services for individuals enrolled in the Home and Community-Based Supported Living Services (HCBS-SLS) waiver and the Home and Community-Based Developmental Disability (HCBS-DD) waiver. Optumas found that one percent (1%) of total cost of care HCBS-DD and HCBS-SLS waivers could be contributed to behavioral health services.
  - In FY 2016-17, Optumas conducted additional analyses to:
    - Analyze the effect of moving behavioral services currently covered in the HCBS-SLS and HCBS-DD waivers on the Per Member Per Month capitated rate used for services provided by the Behavioral Health Organizations (BHOs). For individuals with co-occurring conditions on the two waivers, moving behavioral services currently paid for through fee-for-service within the waivers to the BHO capitated rate would increase cost by \$89.44 Per Member Per Month.
    - Analyze costs and establish benchmarks for best practices in providing behavioral services to individuals with co-occurring conditions. A benchmark was developed using the median cost to provide services to individuals with co-occurring conditions. If the BHO system provided all individuals with co-occurring conditions the median level of behavioral services, the report shows that there would be an 8.5% increase to overall costs to the BHO system.
    - Identify barriers in providing services for individuals with co-occurring conditions currently present in the system, including:
      - Geographic location
      - Lack of specialization by the providers and training for providers
      - Lack of facilities that can support individuals with an intellectual or developmental disability
      - Lack of clarity of coverage responsibility among payers
      - Services not being covered and/or inadequate reimbursement

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- Identification of individuals as having a dual diagnosis
    - Further, the Cross-System Crisis Response (CSCR) Pilot continues to identify barriers in the system that result in the denial of mental health services to individuals with I/DD, as well as therapeutic interventions to support the I/DD community to better understand the cost associated, thereby eliminating service gaps.<sup>3</sup>
    - With the cost analyses concluded, and the CSCR Pilot well underway, HCPF continues to gain a greater understanding of the barriers people with co-occurring conditions face in getting appropriate mental and behavioral health services and will incorporate the findings into planning system-wide changes.
- Recently, the Office of Behavioral Health (OBH) has begun including a limited number of children with I/DD as eligible for benefits under the Child Mental Health Treatment Act (CMHTA). While the CMHTA legislation does not explicitly exclude children with I/DD, the cost of providing services for children with co-occurring conditions are relatively high and the funding for CMHTA relatively low, thus the programs have not had the capacity to serve this population. The programs are serving only a few children with I/DD right now, but there is an effort from community providers and advocates to reauthorize the CMHTA in 2018, which could explicitly include services for children with co-occurring mental health and I/DD.
- In the fall of 2015, the Centers for Medicare and Medicaid Services (CMS) directed HCPF to add the Pediatric Behavioral Therapies to the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program and remove the behavioral services for children and adults less than 21 years of age from the following Home and Community-Based Services (HCBS) waivers: Children with Autism (CWA), Children's Extensive Support (CES), the Children's Habilitative Residential Program (CHRP), Developmental Disabilities (DD) and Supported Living Services (SLS). In July 2017, the Department notified providers and Case Management Agencies (CMAs) that children and youth up to age 21 must transition from waiver behavioral services as soon as possible.
- One of the objectives of the next phase of the Accountable Care Collaborative (ACC) is to join physical and behavioral health under one accountable entity. The RCTF Operations Team will be paying close attention to the roll out of the next phase of the ACC in 2018 to leverage potential opportunities to include individuals with I/DD.<sup>4</sup>

### **Recommendation 3 - Workforce Development**

*Develop guidelines, training, and clinical tools for medical, behavioral and mental health providers to deliver effective services for the I/DD population. (pages 25 - 26 of RCTF Report)*

- The Cross-System Crisis Response (CSCR) Pilot partners are working to enhance community outreach services regarding education of the school system, law enforcement, emergency

<sup>3</sup> More information about the CSCR Pilot and cost studies can be found at <https://www.colorado.gov/hcpf/legislator-resource-center>, under "Reports".

<sup>4</sup> Find out more information about ACC Phase II at <https://www.colorado.gov/hcpf/accphase2>.

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responders, hospitals and other providers in collaboration with Arc chapters and University Centers for Excellence in Developmental Disabilities (UCEDD).

- Through the CSCR Pilot, two Professional Learning Communities (PLC)<sup>5</sup> have been established for a 6-month cycle to provide a train-the-trainer model for the partners. Once this initial set of communities have concluded, they will have a library of trainings to be used across the CSCR Pilot.
- HCPF also continues to develop strategic partnerships with university training programs, such as University of Colorado John F. Kennedy Center for Excellence, to promote integrated systems of care to support cross-training and expertise in working with individuals with an I/DD.
- Work is underway in the State Innovation Model (SIM) to develop and integrate effective networks of primary care medical providers and other health professionals. The new FTE at HCPF supporting RCTF implementation will join SIM workgroups to ensure SIM efforts positively impact health outcomes for persons with an I/DD. Onboarding for the new FTE is underway.

## Category #2: Enhance the transition, care coordination, and crisis intervention process.

### Recommendation 4 - Transition Planning Process

*Enhance the transition planning process to include additional person-centered elements and improve outcome tracking. (pages 27 - 30 of RCTF Report)*

- For background, criteria for transitioning from a Regional Center to a private community provider is set by the interdisciplinary team (IDT), which includes the resident, their family/guardian, and Regional Center staff. The IDT utilizes the Transition Readiness Assessment Tool (TRAT) to record the transition criteria and monitor progress. Once the individual has achieved recommended progress, the IDT meets to discuss and complete the detailed referral plan. The Regional Centers then complete the Regional Center Transition Checklist to ensure all services and supports are set up prior to the transition. Additionally, Regional Centers developed the Transition Support Team (TST) to ensure the individual is receiving all necessary services and supports after leaving the Regional Center. The TST can consist of a variety of professionals such as a social worker, behavioral professional, residential coordinator, QIDP/case manager, occupational therapist, and speech pathologist, depending on the needs of the individual transitioning. Post transition, members of the TST meet in person as needed with the individual and their IDT members. The TST is required to have contact with the individual and/or their IDT weekly during the first month after the transition, every other week during the second month, and once during the third month.

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<sup>5</sup> Professional Learning Community (PLC) is a method to foster collaborative learning among colleagues within a particular work environment or field.

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- Over the next several months, CDHS will evaluate the TRAT and the rest of the tools in the transition process to determine the best method(s) for developing success measures and identifying enhancements to the process.
- HCPF is developing a process to gather more information on the experience of individuals who transition from a Regional Center to the community that is not readily available through claims data. HCPF received approval through the FY 2017-18 request “R-10 Regional Center Task Force Recommendation Implementation” to hire an FTE for a RCTF recommendation project manager. Once hired, this position will support the work of identifying a process to gather more information about transitions from Regional Centers and work with CDHS, CCBs and community service providers to develop outcome measures for transitions. The information collected as part of this process will inform much of the work to implement RCTF recommendations around transitions.
- CDHS has been partnering with a guardian to gain perspectives on transitions. CDHS has also connected this guardian to Alliance Colorado to develop a webinar for parents and providers to enhance person-centeredness.
- CDHS has implemented a process wherein former Regional Center residents speak to current residents about the successes of their transitions as a peer to peer support to the transition process.
- CDHS conducts provider fairs for guardians and current clients to learn more about transition and community resources. CDHS also hosts parent meetings monthly at each Regional Center and shares information related to the transition process.
- To align information and monitoring across critical incident reports (CIRs) and occurrence reports (ORs), CDPHE has an established process to send HCPF weekly occurrence reports that involve individuals living in Regional Center group homes under the HCBS-DD waiver.

### **Recommendation 5 – Care Coordination**

*Identify, authorize and fund an entity (or entities) to coordinate service delivery for those individuals with I/DD receiving services from multiple systems of care to optimize on-going access to services and provide support during emergencies, transitions and crises. Identify opportunities to reduce complexity across care delivery systems. (pages 31 - 33 of RCTF Report)*

- Individuals who previously resided in an institution, regardless of the duration of time, were not eligible to be enrolled in the Accountable Care Collaborative (ACC) for the twelve months following discharge. This clause impacted some 329 individuals. The clause was edited in FY 2016-17, so that individuals discharging from an institution are automatically enrolled in the ACC. The 329 individuals previously impacted by the clause have since been enrolled, providing additional care coordination and support for individuals who transitioned out of a Regional Center.
- HCPF received approval through the FY 2017-18 request “R-10 Regional Center Task Force Recommendation Implementation”, to establish Intensive Case Management (ICM) for clients living in Intermediate Care Facilities for Individuals with Intellectual Disabilities

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(ICF/IIDs) or clients on the HCBS-DD waiver receiving services from a Regional Center for up to one year after their transition begins.

- ICM will help to ensure that each transitioning client's needs are fully assessed and that a service plan is created for the client prior to leaving the Regional Center. The ICM model for Regional Center transitions was based on the rate and utilization of ICM in the Colorado Choice Transitions (CCT) program, which allows for higher reimbursement and more units of ICM than currently available for Regional Center transitions.
- HCPF also received FTE to implement this work, and is in the process of hiring the new FTE.
- Follow-up services provided as part of the Cross-System Crisis Response (CSCR) Pilot coordinate services across provider agencies to help the individual navigate any aftercare, once the crisis has subsided, as well as seek out those follow-up services that will help diminish the chance of future crises. Lessons learned from the CSCR Pilot will help inform ways to better coordinate among various community providers and systems to ensure robust support for the individual.

### **Category #3: Develop a flexible safety net provider system with the Regional Centers and select community providers, serving as crisis stabilization units and as a provider of last resort.**

#### **Recommendation 6 – No Reject/No Eject Clause**

*Create contractual agreements with community-based providers across the state that include a no reject/no eject clause and have the Regional Centers serve as a safety net provider as necessary. (pages 34 - 36 of RCTF Report)*

- The tasks associated with this recommendation are foundational and long-term. They are also dependent on progress on other recommendations to ensure individuals transitioning from Regional Centers are fully supported in other community settings.

#### **Recommendation 7 - Statewide Crisis Stabilization**

*Formalize the role of Regional Centers and certain community providers as a statewide crisis stabilization system for individuals with I/DD and/or co-occurring serious and persistent conditions. (pages 37 - 40 of RCTF Report)*

- Information and data gathered from the Cross-System Crisis Response (CSCR) Pilot will inform the development of criteria for emergency response, and entry into and operation of crisis stabilization units for individuals with I/DD. This work will also inform the work to establish a system of follow-up and long-term supports in the community using the least restrictive, most integrated support.

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- A new assessment was developed and specifically tailored for individuals with co-occurring conditions. This assessment has streamlined the process for admissions into the CSCR Pilot.
- Development of an expedited eligibility process for individuals utilizing the CSCR Pilot was developed to identify whether participants were eligible for an HCBS waiver.
- The CSCR Pilot is testing best practices for a flexible safety net provider system and establishing qualification criteria for community providers who will operate as crises stabilization units.
  - A need for cross-system interagency meetings was identified between I/DD provider specialists and mental health professionals to ensure that training is shared, process improvements are identified and implemented, complex cases are discussed and treatment options agreed upon. In the CSCR Pilot, these activities are occurring every two weeks.
  - Scheduled respite services and education for caregivers was identified as a need to broaden the scope of CSCR Pilot services to more specifically target support to families.

## **Category #4: As the safety net provider system is established and demonstrated to be effective, concurrently act on consolidation and efficiency opportunities if client census naturally decreases.**

### **Recommendation 8 - HCBS Rule Compliance Cost and Transition**

*Conduct an accurate cost analysis of both community and Regional Center HCBS beds related to compliance with the 2014 CMS Final Rule to guide future decisions on the number and location of state-operated HCBS waiver beds. In addition, provide funding and support needed to successfully transition residents, who desire to transition and are deemed ready to transition, to community placements and consolidate these beds as successes allow. (pages 41 - 47 of RCTF Report)*

- Analysis of costs of community HCBS providers and Regional Centers to come into compliance with the 2014 CMS Final Rule is underway.
  - HCPF is drafting FAQs that will help providers better understand how to come into compliance with the Final Rule, and hence what costs they may incur or be able to avoid.
  - HCPF has provided opportunities for providers to tell us about their expected costs as part of the Medicaid Provider Rate Review Advisory Committee

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- (MPRRAC) process, and as part of the public notice and comment process for the Statewide Transition Plan (STP) to implement the Final Rule.<sup>6</sup>
- HCPF also added cost-impact fields to the revised Provider Transition Plan (PTP) that providers must complete for each affected setting. CDPHE has been using the revised PTP when conducting site visits at adult residential settings (including group homes). However, there have been technical problems in rolling out the revised, web-based PTP to all providers. Once the revised PTP is rolled out to all providers, HCPF hopes to have a comprehensive understanding of the specific costs that all providers expect to incur.
  - Two Regional Centers are affected by the Final Rule, Pueblo and Grand Junction. (Wheat Ridge only has ICF beds, which are not affected by the Final Rule.) Both will need to make changes to come into compliance, and these changes are in progress. In May 2017, CDPHE conducted a site visit at Pueblo, and in October 2017 visited Grand Junction, and will prepare updated PTPs based on these visits.
  - To provide additional resources for transitions from Regional Centers, HCPF received approval through the FY 2017-18 request “R-10 Regional Center Task Force Recommendation Implementation” to establish Intensive Case Management (ICM) for clients living in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) or clients on the HCBS-DD waiver receiving services from a Regional Center for up to one year after their transition begins.
    - ICM helps ensure that each transitioning client’s needs are fully assessed and that a service plan is created for the client prior to leaving the Regional Center. The ICM model for Regional Center transitions was based on the rate and utilization of ICM in the Colorado Choice Transitions (CCT) program, which allows for higher reimbursement and more units of ICM than currently available for Regional Center transitions.
    - HCPF also received FTE to implement this work, and is in the process of onboarding the new FTE.

### **Recommendation 9 – ICF Bed Consolidation**

*Once no-reject/no-eject contracts with community providers are established, implement a fully-funded transition process to place residents, who desire to transition and are deemed ready to transition, in the community, and over time reduce the number of state-run ICF beds as successes allow. (pages 48 - 52 of RCTF Report)*

- This recommendation is dependent upon the completion of Recommendation #6.

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<sup>6</sup> More information about the Statewide Transition Plan can be found at <https://www.colorado.gov/pacific/hcpf/home-and-community-based-services-settings-final-rule>.



## Category #5: Establish cross agency governance to administer these recommendations and ensure ongoing monitoring of efficacy of services and programs.

### Recommendation 10 - RCTF Implementation and Progress Reporting

*Establish an ongoing monitoring, assessment, and reporting structure to ensure that recommendations are implemented and evaluated for impact. (pages 53 - 55 of RCTF Report)*

- HCPF received approval through the FY 2017-18 request “R-10 Regional Center Task Force Recommendation Implementation” to hire an FTE for a RCTF recommendation project manager. This FTE will communicate with the various staff and stakeholders involved in implementing the tasks required for the RCTF recommendations to be actualized. The FTE will coordinate and oversee the work of the operations team and sponsor group and ensure implementation of the RCTF recommendations are on track and timely.
- A cross-agency Operation Team has been assembled to coordinate implementation. The Operations Team began meeting monthly in October 2016 and is led by an executive-level manager. A Sponsor Group was also established to advise on implementation.
- The Operations Team continues to draft and deliver quarterly reports to executives from HCPF, CDHS, and CDPHE, and to the JBC. The status updates can be used as part of the SMART Act hearings.<sup>7</sup>
- The contractor hired to oversee the initial year of implementation built cross-agency, crosswalk matrix to coordinate activities, which will be maintained by the FTE allocated to HCPF to oversee RCTF implementation in the future.
  - The cross-agency, crosswalk matrix streamlines the execution of RCTF recommendations by identifying currently underway projects and initiatives that support, address or align with RCTF recommendations and tasks.
  - The crosswalk also identifies both duplicative and complementary work being performed in each Department, so that finite resources can be managed in an effective and efficient manner, while accelerating the completion of RCTF recommendations.

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<sup>7</sup> CDHS publishes the JBC quarterly reports on its Regional Centers website to provide a summary of progress to the broader community at <http://regionalcentersforum.weebly.com/>.

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## APPENDIX D: DEPARTMENT ANNUAL PERFORMANCE REPORT

Pursuant to Section 2-7-205 (1)(b), C.R.S., the Department of *[Department Name]* is required to publish an **Annual Performance Report** for the *previous fiscal year* by November 1 of each year. This report is to include a summary of the Department's performance plan and most recent performance evaluation for the designated fiscal year. In addition, pursuant to Section 2-7-204 (3)(a)(I), C.R.S., the Department is required to develop a **Performance Plan** and submit the plan for the *current fiscal year* to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year.

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2018-19 budget request, the FY 2016-17 Annual Performance Report dated November 2017 and the FY 2017-18 Performance Plan dated July 1, 2017 can be found at the following link:

<https://www.colorado.gov/pacific/performancemanagement/department-performance-plans>

## APPENDIX E: INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM, SIGNIFICANT POLICY CHANGES

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM SIGNIFICANT POLICY CHANGES				
TOPIC	REASON	DATE	CMS REQUIREMENTS	IMPACT ON SYSTEM
Olmstead ruling	U.S. Supreme Court decision based on the Americans with Disabilities Act	1999	States must make community supports available to those who want them and are able to live in the community, rather than segregating them in institutional settings	Increase in number of individuals accessing waiver services
Creation of IDD Services Cash Fund	H.B. 08-1101	Jul 1, 2008	n/a	Funds intended to be used to reduce the waiting list, but could not fund ongoing enrollments.
Community First Choice	Federal Affordable Care Act	Enacted 2010	CMS allows states to incorporate Personal Attendant Services into the state plan rather than just waivers to offer services to a broader population (any Medicaid enrollee). States get an enhanced federal match with a 6% FMAP bump as incentive.	Possible General Fund savings
Colorado Choice Transitions	Federal grant, department FY 2018-19 budget request	Apr, 2013	n/a	Ongoing transition of clients residing in long-term care facilities to receiving services in community settings
Increase CES enrollments	Department budget request	Jul 1, 2013	Increasing enrollments required waiver amendment	Increased enrollments in CES waiver
Transfer of IDD Programs/System to HCPF	H.B. 13-1314	Mar 1, 2014	n/a	Requirement of 15 minute incremental billing for services is presenting a challenge to providers and clients
Settings rule	Federal rule	Mar 17, 2014	Applies to multiple Medicaid authorities including 1915(c) Medicaid waivers; conveys expectations of person-centered planning; provides characteristics of settings that are home and community based, and articulates conflict of interest standards in the person-centered planning section of the rule.	Depending on the degree of changes needed, could have significant impacts on costs to providers to change programs.
Person-centered planning	Part of Federal Settings rule	Mar 17, 2014	Waiver participant leads the planning process whenever possible; the process must include people chosen by the individual; reflect cultural considerations, etc.. The service plan must reflect what is important to and for the individual; show that he/she chose his place of residence; reflect his/her strengths and preferences.	Case management agencies and providers must ensure that person centered planning is taking place. HCPF must ensure compliance statewide.
Benefit changes - increase SLS enrollments	Department budget request	Jul 1, 2014	Increasing enrollments required waiver amendment	Increased enrollments in SLS waiver
Expansion of uses of funds in IDD Services Cash Fund to include administrative expenses related to Medicaid waiver renewal and redesign;	H.B. 14-1252	Jul 1, 2014	n/a	Some one-time capacity funding from the cash fund was allotted a few years ago which provided some temporary relief. \$ was also used to pay for providers to get Class B licensure through CDPHE for a

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM  
SIGNIFICANT POLICY CHANGES

TOPIC	REASON	DATE	CMS REQUIREMENTS	IMPACT ON SYSTEM
increasing system capacity for HCBS services				time. Later, was used for PCT training funds and the cross-systems crisis pilot..
Regional Center Task Force	H.B. 14-1338	Jul 1, 2014	Regional centers must meet CMS requirements	Potential to shift system strain to community programs without providing sufficient resources to that part of the system
IDD youth transition from Division of Child Welfare to adult services in HCPF	H.B. 14-1368	Jul 1, 2014	n/a	Improved case management for IDD youth; increased cases in community system; included funding transfer
Workforce innovation and opportunity act	Federal law with implementing rules & guidance	Jul 22, 2014	n/a	Primarily has impacted services provided through the Division of Vocational Rehabilitation (CDLE); may have implications for waiver employment supports in the future.
Consumer Directed Attendant Support Services	Department budget request	Jul 1, 2015	Waiver amendment approval required	Increased participation in program
Elimination of waitlists (SLS and CES)	H.B. 14-1051	Jul 1, 2015	n/a	Eliminating the CES waiting list was unanimously supported. While eliminating the wait list for SLS was unanimously supported, the unintended consequence was that enrolling more people into services that are under-funded put strain on the IDD system and provider capacity. As a result, providers have become more selective in which SLS participants they are willing to serve and some have had to close programs altogether because they're not sustainable.
No wrong door	Federal grant - Administration for Community Living in collaboration with CMS and the Veterans Health Admin	awarded 2015	n/a	Streamline access to long-term services and supports options for older adults and people with disabilities. Intended to help people navigate the complex benefits systems. Colorado has a 3-year implementation period to develop 3-5 pilot sites regionally.
Cross-system response pilot (dual diagnosed clients)	H.B. 15-1368	Jul 2015	Medicaid services must comply with waiver requirements	The pilot is still in the early stages, but has potential of significantly helping people with co-occurring IDD and behavioral health needs.
Waiver consolidation	H.B. 15-1318	Jul 1, 2016	CMS approval required for new waiver	May result in the need to finance new services and the projection of utilization rates for newly defined services.
CCB transparency	S.B. 16-038	Aug 10, 2016	n/a	CCBs have incurred additional administrative hours to comply with the requirements of the law.
Grand Junction Regional Center campus relocation	S.B. 16-178	Jul 1, 2016	Medicaid services must comply with waiver requirements	Potential to strain community portion of the system if sufficient resources are not provided.
Single assessment tool	S.B. 16-192	Jul 1, 2016	Waiver enrollees must meet an institutional level of care, as determined by this tool, to be eligible.	May impact total reimbursement for some clients if changes affect the identified level of care. Timeline for implementation is impacted by subsequent legislation.
Medicaid buy-in for SLS waiver	H.B. 16-1321	Jul 1, 2016	CMS approval of amendment required	Will allow people with incomes above the income-eligibility limit to access SLS services, but this is likely to be a small population, so probably won't affect system capacity significantly.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM  
SIGNIFICANT POLICY CHANGES

TOPIC	REASON	DATE	CMS REQUIREMENTS	IMPACT ON SYSTEM
COMMIT project	Department budget request	Jul 1, 2016	CMS must certify	Delayed payment to providers for services resulting in under-expenditures in FY 2016-17 with reverted funds transferring to the IDD Services Cash Fund; impact on service delivery by providers and provider capacity as a result of reduced revenue; requires revalidation and enrollment of providers (Affordable Care Act), including criminal background checks, misuse of billing numbers, abuse of billing privileges, improper prescribing practices, and licensure verification. VITAL is the new case management system that must integrate with other portions of the infrastructure
Mandatory reporting	HB15-109	Jul 1, 2016	n/a	Has created significant confusion for providers as county APS offices have vastly different policies about investigating and what role they want CCBs and PASAs to play.
Electronic visit verification	Federal 21st Century CURES Act	Dec, 2016	Must meet CMS requirements	May result in cost savings for the state due to a decrease in fraudulent billing. May increase costs for providers if there are billing discrepancies. May present challenges for the CDASS service option.
Rate setting	Policy	ongoing	CMS approval required	Medicaid Rate Review Advisory Committee reviewed HCBS waiver rates in FY 2016-17 and made general recommendations but did not recommend increases or decreases; asked rates division to re-set rates based on new methodology. HCPF surveyed IDD providers to get information on setting rates. CCBs report that the survey was inadequate for informing the rate-setting process. Rate will be set to fit the appropriation whether or not they are determined to be lower than they should be.
Employment first advisory partnership	SB16-077	Current	n/a	Advisory partnership's recommendations to the General Assembly to advance Employment First in IDD services may impact system resources.
HCPF restructure	State	Current	n/a	Unknown at this time.
Minimum wage increase	State Constitutional Amendment 70	Jan 2017-Jan 2020	n/a	Increasing minimum wage without commensurate provider rate increases strains the provider portion of the system. May increase turnover rates and reduce recruitment in provider organizations.
Intensive Case Management	Department budget request	Jul 1, 2017	n/a	Increase in case management services provided to individuals transitioning from the regional centers.
Conflict-free case management implementation - CCB business options	H.B. 17-1343	Jul 1, 2017	Must meet federal rule requirements that the agency cannot provide both case management and services to the same individual, unless an exception is received	Could have implications for the system depending on what CCBs decide to do (only CM, only HCBS, or both).

**INTELLECTUAL AND DEVELOPMENTAL DISABILITIES SYSTEM  
SIGNIFICANT POLICY CHANGES**

TOPIC	REASON	DATE	CMS REQUIREMENTS	IMPACT ON SYSTEM
Conflict-free case management implementation - federal rural exemption request	Federal rule (requirements for the exception rather than exemption) H.B. 17-1343 clarifies how CCBs can apply for the exception and how HCPF will address it	Jul 1, 2017	CMS will only make exceptions when the provider of HCBS for the individual is the only willing and qualified entity to provide case management in the geographic region.	Exceptions granted or denied in different areas of the state could impact what the provider market looks like, especially in rural/frontier communities.
CHRP transfer	Department budget request	Jul 1, 2018	CMS approval of amendment request	Projected to be negligible
Conflict-free case management implementation - submission of CCB business continuity plans to HCPF	H.B. 17-1343	Jul 1, 2018	n/a	Increase in CCB workload
Conflict-free case management implementation - HCPF completion of CCB business continuity plans, unreimbursed transition costs, and community impacts	H.B. 17-1343	Jun 30, 2019	n/a	Increase in HCPF workload
Background checks on new employees	HB17-1284	Jul 1, 2019	n/a	Given the high turnover rate in provider agencies, this may increase CCB and PASA workload and costs.
Conflict-free case management implementation - promulgation of rules for provision of services and supports by state board	H.B. 17-1343	Jul 1, 2019	Compliance with federal rule required	TBD
Conflict-free case management implementation - completion of business process changes by CCBs	H.B. 17-1343	Jun 30, 2020	n/a	Increase in CCB workload
Conflict-free case management implementation - Minimum of 25.0 percent of individuals served through conflict-free system	H.B. 17-1343	Jun 30, 2021	Compliance with federal rule required	TBD
Conflict-free case management implementation - all individuals served through conflict-free system	H.B. 17-1343	Jun 30, 2022	Compliance with federal rule required	TBD
Repeal of IDD Services Cash Fund	H.B. 17-1343	Jul 1, 2022	n/a	TBD