

**COLORADO GENERAL ASSEMBLY
JOINT BUDGET COMMITTEE**



FY 2016-17 STAFF BUDGET BRIEFING

**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

(Office of Community Living)

Department Overview

The Department 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
- **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 which houses the Division for Individuals with Intellectual and Developmental Disabilities (Division) which oversees home- and community-based services for individual with intellectual and developmental disability. The Division is responsible for the following functions related to the provision of services by community based providers to individuals with intellectual and developmental disabilities:

- 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 Center Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of the Family Support Services Program.

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Department Budget: Recent Appropriations

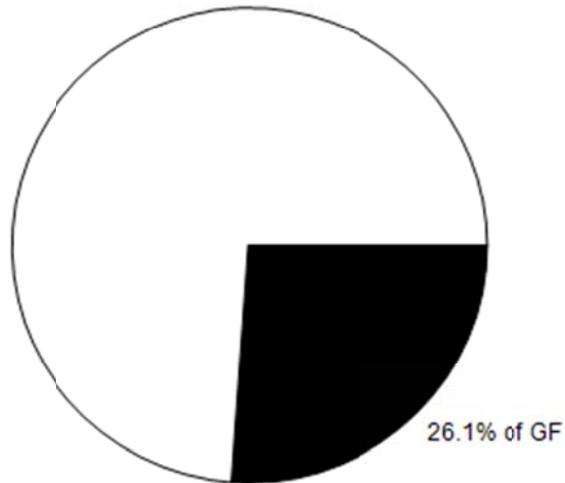
Funding Source	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17 *
General Fund/1	\$2,067,258,413	\$2,352,444,300	\$2,507,080,610	\$2,642,647,613
Cash Funds	986,463,698	899,805,052	1,031,847,224	991,324,107
Reappropriated Funds	10,483,522	6,104,791	7,805,549	7,059,407
Federal Funds	<u>3,592,923,500</u>	<u>4,673,350,937</u>	<u>5,343,721,014</u>	<u>5,252,128,000</u>
Total Funds	\$6,657,129,133	\$7,931,705,080	\$8,890,454,397	\$8,893,159,127
Full Time Equiv. Staff	358.3	390.9	421.2	424.5

*Requested appropriation.

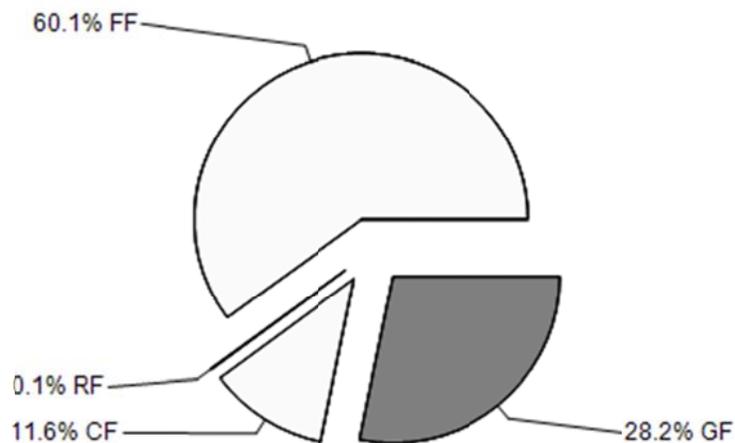
/1 Includes General Fund Exempt.

Department Budget: Graphic Overview

**Department's Share of Statewide
General Fund**

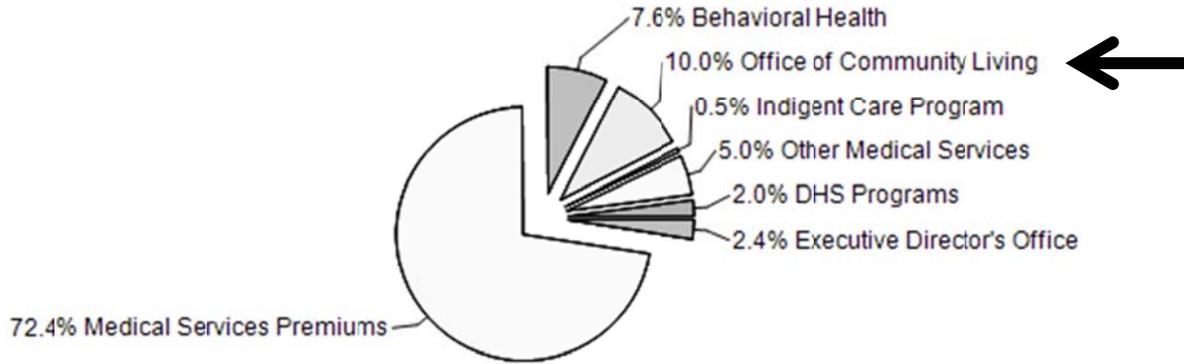


Department Funding Sources

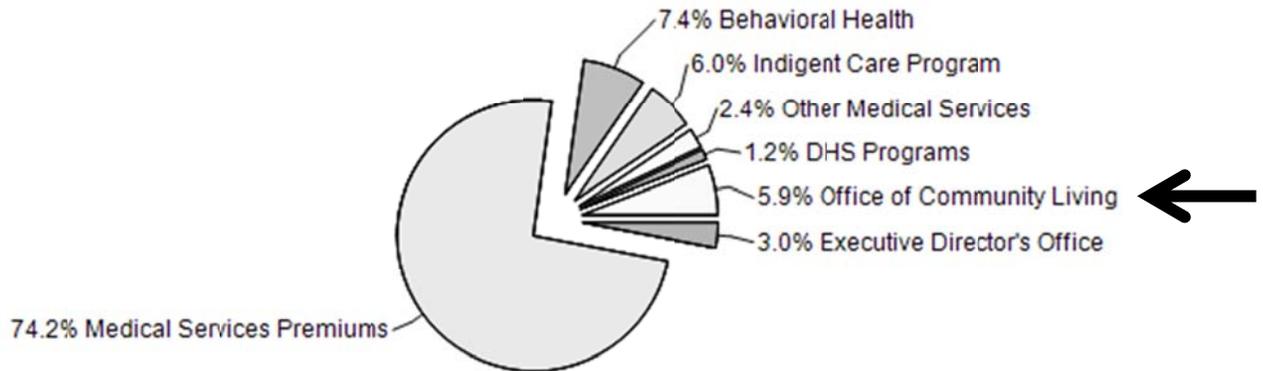


All charts are based on the FY 2015-16 appropriation.

Distribution of General Fund by Division



Distribution of Total Funds by Division

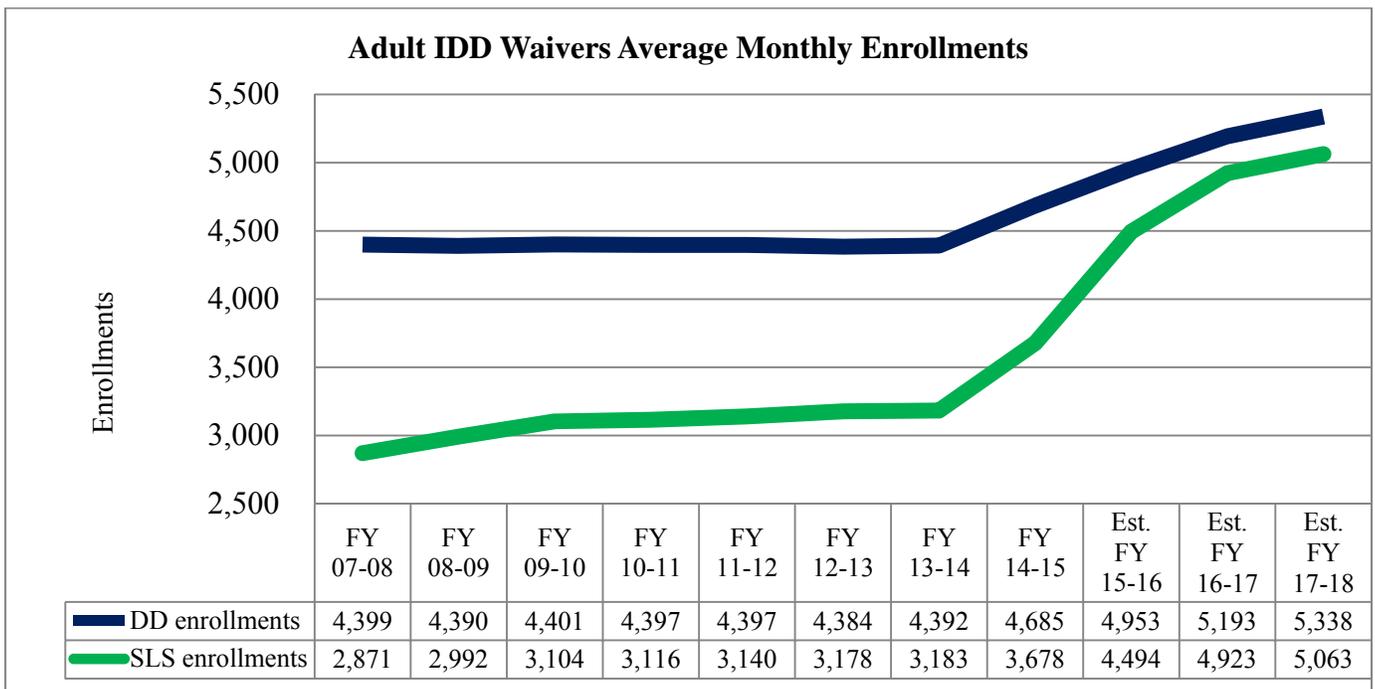


All charts are based on the FY 2015-16 appropriation.

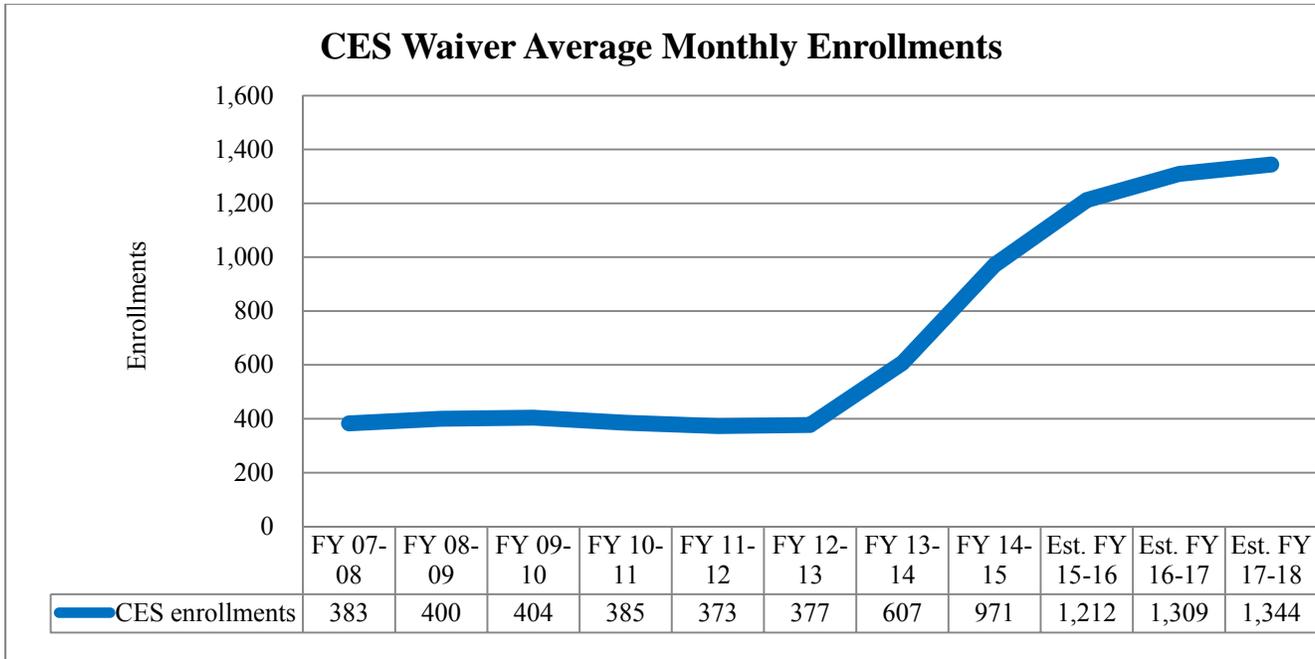
General Factors Driving the Budget

Waiver Enrollments

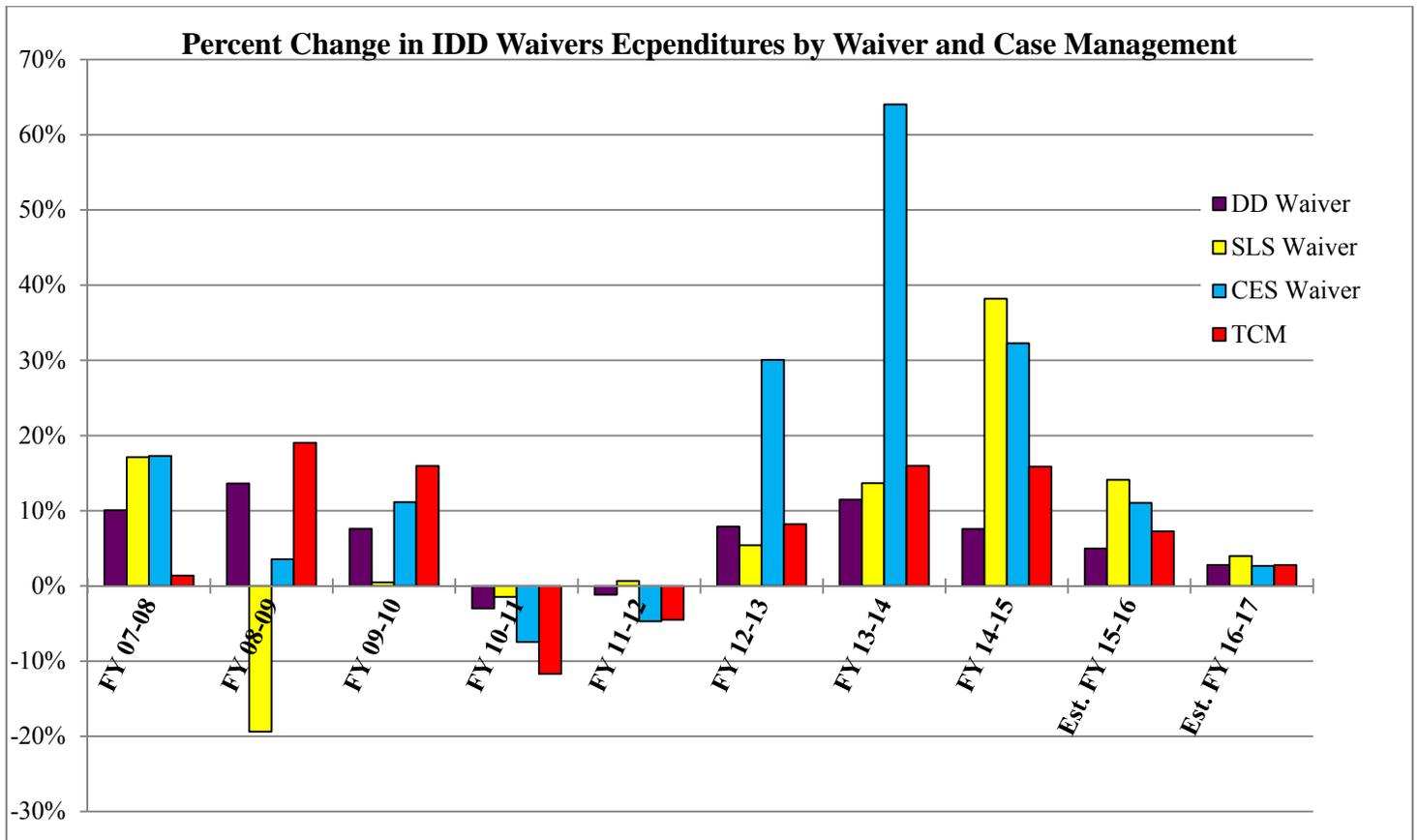
Home- and community-based waiver services for individuals with intellectual and developmental disabilities (IDD) are not subject to standard Medicaid State Plan service and duration limits. As part of the waiver, Colorado is allowed to limit the number of waiver program participants which has resulted in a number of individuals being unable to immediately access the services they need. The General Assembly is not required to appropriate funds for services for these individuals, but has made the policy decision to provide additional funds for new enrollments. New enrollments have historically been funded for youth transitioning to adult services, individuals requiring services resulting from emergency situations, and to service all individuals eligible for the Supported Living Services (SLS) and Children's Extensive Services (CES) waivers. The following two tables illustrate the growth in adult and children enrollments respectively.



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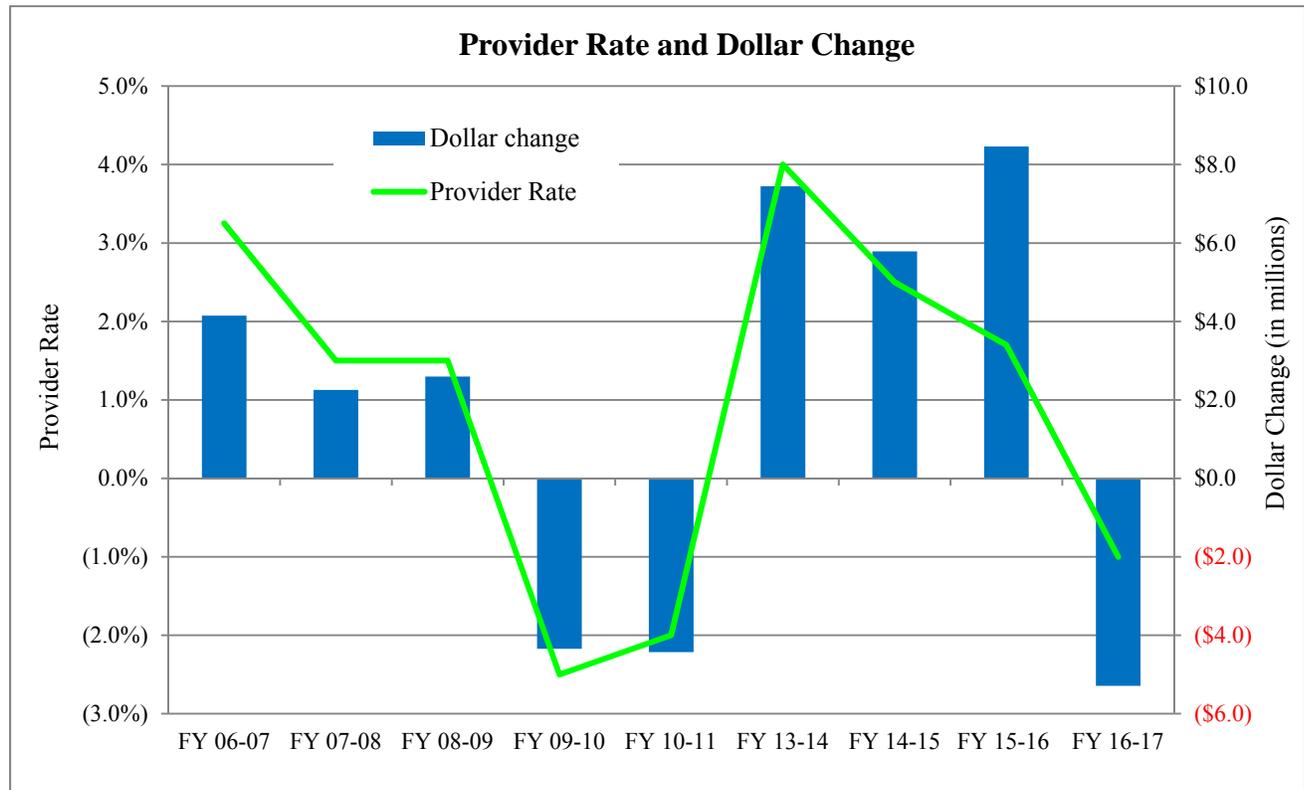


The following table summarizes the percent change year over year in total expenditures by IDD waiver and targeted case management (TCM).



Community Provider Rate Changes

Two primary factors driving the Division's budget are the amount of services consumed and the cost of those services. As more individuals are served the total cost of services will increase. This increase is compounded either positively or negatively by adjustments made to provider rates through the annual budget process. The following table summarizes the provider rate percentage change and associated fiscal impact since FY 2008-09.



Family Support Services Program

The Family Support Services Program (FSSP) is comprised primarily of General Fund dollars that are distributed to Community-Centered Boards to be used by individuals and families for services and supports. Individuals and families use this funding to purchase assistive technology, make home and vehicle modifications, pay for medical and dental expenses, respite care, and transportation. Community-Centered Boards manage the eligibility determinations for FSSP and ensure that services and supports are targeted towards families that are most in need. Funding for FSSP has fluctuated over the years as cuts were made due to the economic downturn. The following table summarizes the funding for FSSP over the past four years.

Family Support Services Program					
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
	Actual	Actual	Actual	Approp.	Request
Total Funds	\$2,173,467	\$3,065,802	\$7,828,718	\$6,960,204	\$6,890,855
Change from Prior Year	n/a	892,335	4,762,916	(868,514)	(69,349)

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Summary: FY 2015-16 Appropriation & FY 2016-17 Request

Department of Health Care Policy and Financing						
	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FTE
FY 2015-16 Appropriation						
SB 15-234 (Long Bill)	\$519,375,817	\$249,867,197	\$32,911,034	\$0	\$236,597,586	30.5
Other legislation	<u>5,566,695</u>	<u>0</u>	<u>2,483,347</u>	<u>1,695,000</u>	<u>1,388,348</u>	<u>2.7</u>
TOTAL	\$524,942,512	\$249,867,197	\$35,394,381	\$1,695,000	\$237,985,934	33.2
FY 2016-17 Requested Appropriation						
FY 2015-16 Appropriation	\$524,942,512	\$249,867,197	\$35,394,381	\$1,695,000	\$237,985,934	33.2
R5 Office of Community Living	11,910,323	6,969,260	0	0	4,941,063	0.0
R12 Provider rates	(5,289,992)	(2,567,440)	(313,017)	0	(2,409,535)	0.0
Annualize prior year budget decisions	<u>(1,152,725)</u>	<u>1,601,994</u>	<u>(1,504,588)</u>	<u>(850,000)</u>	<u>(400,131)</u>	<u>0.3</u>
TOTAL	\$530,410,118	\$255,871,011	\$33,576,776	\$845,000	\$240,117,331	33.5
Increase/(Decrease)	\$5,467,606	\$6,003,814	(\$1,817,605)	(\$850,000)	\$2,131,397	0.3
Percentage Change	1.0%	2.4%	(5.1%)	(50.1%)	0.9%	0.9%

Description of Requested Changes

R5 Office of Community Living: The request includes \$11,910,323 total funds, including \$6,969,260 General Fund for the caseload adjustment for the home- and community-based waiver services for individuals with intellectual and development disabilities (IDD waivers). The increase includes an additional 141 comprehensive enrollments for: youth transitions from foster care and the Children's Extensive Support waiver, adults requiring emergency services, and adults transitioning to community-based services through the Colorado Choice Transition Program. The first issue contains additional discussion of this request. The following table summarizes the changes from the FY 2015-16 appropriation by waiver.

Summary of R5 Changes by Waiver			
Waiver	Total Funds	General Fund	Federal Funds
Comprehensive Waiver	\$17,832,384	\$9,832,767	\$7,999,617
Supported Living Services Waiver	(\$2,735,044)	(1,356,035)	(1,379,009)
Children's Extensive Support Services Waiver	(\$591,901)	(228,024)	(363,877)
Targeted Case Management	(\$2,595,316)	(1,279,448)	(1,315,868)
Total Monthly Expenditures	\$11,910,123	\$6,969,260	\$4,940,863

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R11 Provider rates: The request includes a reduction of \$5,289,992 total funds, of which \$2,567,440 is General Fund within the Office of Community Living for the requested 1.0 percent community provider rate reduction.

Annualize prior year budget decisions: The request includes the following changes related to the annualization of prior year budget decisions and funding provided through other legislation:

- An increase of \$2,168,204 total funds, of which \$1,070,163 is General Fund for the annualization of R7 Participant Direct Services;
- An increase of \$51,839 total funds, of which \$25,647 is General Fund for the annualization of FY 2015-16 salary survey and merit pay;
- A net zero change, including an increase of \$378,596 General Fund and a reduction of \$378,596 federal funds to annualize the FY 2015-16 FMAP adjustment;
- A reduction of \$2,441,909 total funds, of which \$670,954 is cash funds and \$1,526,005 is federal funds for the annualization of H.B. 15-1318 (Consolidate Intellectual and Developmental Disability Waivers); and
- A reduction of \$1,700,000 total funds, of which \$850,000 is cash funds and \$850,000 is reappropriated funds for the annualization of H.B. 15-1368 (Cross-system Response Pilot Intellectual and Developmental Disabilities).

Issue: Overview of Funding Mechanisms for IDD Services

Services for individuals with intellectual and developmental disabilities (IDD) are primarily provided at state-run Regional Centers and through community-based Community-Centered Boards and Program Approved Service Agencies. Funding is primarily from Medicaid funds through either the Home- and Community-Based Waiver Services for individuals with intellectual and developmental disabilities or the daily reimbursement rate for Intermediate Care Facilities for Individuals with Intellectual Disabilities. The following is a brief overview of IDD services and funding mechanisms.

SUMMARY:

- There are two delivery systems for intellectual and developmental disability services in Colorado: state-run Regional Centers and community based services provided through the Home and Community Based Services Medicaid waivers.
- For services provided through the Regional Centers Medicaid pays a daily rate based on the allowable administrative, health care services, and facility costs. Community based services are funded by a fee-for-service model.
- Community-based services are less expensive and allow for individuals to be integrated within the community of their choice. Regional Centers provide services to individuals who are difficult to serve in the community but cost significantly more than community-based services.

DISCUSSION:

Services for individuals with intellectual and developmental disabilities are provided at state-run Regional Centers and through community-based Community-Centered Boards (CCB) and Program Approved Service Agencies. Funding is primarily from Medicaid funds through a fee for service model for the home- and community-based waivers for individuals with intellectual and developmental disabilities (IDD waivers) or the daily reimbursement rate for services provided through the Regional Centers. The following two tables provide a high level comparison of the services provided through the state-operated Regional Centers and community-based providers. Following the tables is a brief overview of Regional Centers and community-based services.

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Comparison of IDD Provider Types			
Function	Regional Centers		Waiver Services
	ICF	Waiver	
Service providers	state employees	state employees	private providers
Case managers	CCB case managers	CCB case managers	CCB employees
Oversight Department	Human Services	Human Services	Health Care Policy and Financing
Funding mechanism	Cost based reimbursement	Cost based reimbursement	fee-for-service
Who is served?	Individuals with IDD Yes - DHS Regional Center Admission Policy	Individuals with IDD Yes - DHS Regional Center Admission Policy	Individuals with IDD Yes - DHS Definition of Developmental Disability Rule
Admission criteria			
Must have an intellectual or developmental disability?	Yes	Yes	Yes
Legal Imposition of Disability Required?	Yes	Yes	No
Financial eligibility criteria	SSI and Medicaid	Medicaid	Medicaid
Age requirement?	18 and older	18 and older	5 and older (waiver dependent)
Colorado resident?	Yes	Yes	Yes
Meet CMS definition of ICF/IID eligibility?	Yes	Yes	No
Who determines eligibility?	CCB	CCB	CCB
Can facility be secured?	Yes	No	No

Comparison of Services Available Through HCBS-DD Waiver and ICF/IID License				
Services	Waiver		ICF/IID	
	Provided through waiver	Provided through State Medicaid Plan	Provided through license	Provided through State Medicaid Plan
Residential	X		X	
Vocational	X		X	
Transportation	X		X	
Activities of Daily Living (bathing, dressing, etc.)	X		X	
Dental		X	X	
Occupation		X	X	
Physical and speech Therapies		X	X	
Mental health services		X	X	

Regional Centers 101

What are Regional Centers?

Regional Centers are state operated facilities for individuals with intellectual and developmental disabilities (IDD). Regional Centers provide residential services, medical care, and active treatment programs based on individual assessments and habilitation plans. Services are provided in one of two settings: large congregate residential settings on Regional Center campuses or group homes that serve four to six individuals in a community setting.

Where are the Regional Centers?

There are three Regional Centers in Colorado: one in Pueblo comprised entirely of group homes; one in Grand Junction which is a combination of a campus facility and group homes; and one in Wheat Ridge which is a campus and group homes. The campuses are licensed as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Only the group homes in Wheat Ridge are licensed as ICF/IID, all other group homes (Pueblo and Grand Junction) are licensed as Medicaid HCBS waiver homes (i.e. Regional Center waiver beds)¹.

Community-based Services 101

Community-based services are funded through three Medicaid waivers for individuals with intellectual and developmental disability and provided by either Community-Centered Boards or Program Approved Service Agencies.

Types of HCBS IDD Waivers

A Medicaid waiver are a set of services Colorado as negotiated with the federal Centers for Medicare and Medicaid to provide amounts and durations that exceed what is allowed under the Medicaid State Plan. The waiver allows Colorado to provide services which may not be available through the State Plan. As part of the waiver Colorado is able to limit the number of individuals that may receive the waiver services, hence the waiting list. The following is a brief summary of the three IDD waivers and which individuals receive those services:

- Comprehensive waiver (also called the DD waiver, or comprehensive waiver) - individuals over the age of eighteen who require residential and daily support services to live in the community. Note this is the same waiver Regional Center waiver beds are licensed under.
- Supported Living Services waiver (also called the SLS waiver) - individuals over the age of eighteen who do not require residential services but require daily support services to live in the community.
- Children's Extensive Services waiver (also called the CES waiver or children's waiver) - 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.

¹ This license is the same licensed that the Community Center Boards group homes operate under.

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Individuals eligible for any of the IDD waiver services must meet the following criteria:

- have an intellectual and developmental disability which is based on an IQ of 70 or less OR substantial adaptive behavior limitations
- the disability must occur before age 22;
- the disability must be related to a neurological condition; and
- be Medicaid eligible.

Who Provides Community Based Services

CCBs are statutorily created non-profits that serve as the point of entry for individuals entering the intellectual and developmental disabilities system. CCBs are responsible for determining an individual's eligibility for services, providing case management, and coordinating services in their specific region. There are 20 CCBs, each with a distinct geographic service area. See Appendix E for a map of the location and service area of each CCB. Services are provided by the CCBs and private service providers who contract with the CCBs in their service area. These providers have negotiated service payment levels with the CCBs, and can either bill the CCBs or HCPF directly.

Issue: IDD Caseload and Expenditures

The Department is projecting a \$15.0 million under expenditure in FY 2015-16 for the intellectual and developmental disability waivers (IDD waivers). The projected underexpenditure is due primarily to fewer enrollments than was projected for in FY 2014-15 which lower the projected number of enrollments in FY 2015-16. Additionally the average annual cost of services for both the Supported Living Services waiver and the Children's Extensive Support Services waiver was lower than budget for in FY 2014-15 which carries over to the FY 2015-16 projections. The Department's request for FY 2016-17 does not include funding to draw down the comprehensive waiting list.

SUMMARY:

- FY 2015-16 new funding equaled \$30,161,942 total funds for additional enrollments, the community provider rate, and the expansion of consumer directed attendant support services.
- The current projected FY 2015-16 under expenditure is \$14,834,944 total funds.
- The Department has requested a net increase of \$11,910,323 total funds for FY 2016-17 including an increase of \$17,832,584 for the Comprehensive waiver which is offset by reductions to the other two waivers and case management line items.

DISCUSSION:

FY 2015-16 Expenditures through October 2015

Starting in FY 2014-15 the General Assembly requested the Department include as part of the monthly Medicaid caseload report, IDD monthly caseload and expenditure numbers. The following table summarizes IDD waiver expenditures for the first four months of FY 2015-16.

IDD Waiver Expenditures July through October 2014							
Waiver	July, 2015	August, 2015	September, 2015	October, 2015	Year to Date Total	Percent of Appropriation	FY 15-16 Appropriation*
Comprehensive Waiver	\$26,360,745	\$31,582,997	\$28,067,547	\$28,617,465	\$114,628,754	33.94%	\$337,692,519
SLS Waiver/State SLS	3,891,287	5,771,456	4,606,601	4,896,037	\$19,165,381	24.45%	78,378,376
CES Waiver	1,645,776	2,056,542	1,432,226	2,099,214	\$7,233,758	32.04%	22,574,419
TCM	1,849,393	2,761,968	2,112,461	1,674,334	\$8,398,156	24.29%	34,577,785
Total Monthly Expenditures	\$33,747,202	\$42,172,963	\$36,218,834	\$37,287,049	\$149,426,049	31.58%	\$473,223,099
Number of Weeks in Month	4	5	4	4	17	32.69%	52

*Excludes informational cash funds.

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The following table provides a projected FY 2015-16 cost per enrollment based on actual expenditures. Included in the table for comparison is the average cost per enrollment that was used to build the FY 2015-16 Long Bill appropriation.

Waiver	Average Monthly Cost Per Enrollment				Monthly Average based on four months of data	Projected Annual Cost	FY 15-16 Budgeted Annual Cost
	July	August	September	October			
Comprehensive Waiver	\$5,509	\$6,546	\$5,797	\$5,873	\$5,931	\$71,172	\$74,386
SLS Waiver	937	1,254	968	1,031	1,047	12,569	15,717
CES Waiver	1,394	1,676	1,130	1,595	1,449	17,383	19,192
TCM	181	251	187	143	190	2,285	3,109

The Department has projected a FY 2015-16 underexpenditure of \$14,834,944 total funds, of which \$7,288,014 is General Fund based on actual utilization. The following table summarizes the Department's projected FY 2015-16 expenditure changes from the amounts appropriation in the FY 2015-16 Long Bill.

Waiver	FY 15-16 Long Bill Approp.	Projected FY 15-16 Expenditures	Total Change	General Fund Change
Comprehensive Waiver	\$368,974,132	\$370,069,114	\$1,094,982	\$538,854
SLS Waiver/State SLS	78,378,376	69,633,214	(\$8,745,162)	(4,303,494)
CES Waiver	22,574,419	19,798,414	(\$2,776,005)	(1,366,071)
TCM	34,577,785	30,169,026	(\$4,408,759)	(2,157,303)
Total	\$504,504,712	\$489,669,768	(\$14,834,944)	(\$7,288,014)

Explanation of Projected FY 2015-16 Changes

This section will explain what is driving the changes in projected expenditures for each waiver. The following table summarizes the FY 2014-15 actual expenditures as compared to the final appropriation.

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Comparison of Appropriation to Projected FY 2015-16 Expenditures					
Waiver	FY 14-15 Long Bill Approp.	FY 14-15 Final Appropriation	FY 14-15 Actual Expenditures	Difference (Actual-Final)	General Fund*
Comprehensive Waiver	\$313,478,214	\$316,670,767	\$314,878,204	(\$1,792,563)	(\$1,792,563)
SLS Waiver/State SLS	62,920,578	51,738,381	44,654,327	(\$7,084,054)	(\$3,962,665)
CES Waiver	24,610,892	17,038,107	14,967,843	(\$2,070,264)	(\$1,017,753)
Case Management	24,124,844	25,722,113	20,230,023	(\$5,492,090)	(\$2,702,657)
Total	\$425,134,528	\$411,169,368	\$394,730,397	(\$16,438,971)	(\$9,475,638)

*Section 25.5-10-207 (1.5), C.R.S. requires General Fund reversions from the Comprehensive, SLS, CES, and Family Support Services line items only be credited to the IDD Services Cash Fund.

Adult Comprehensive Waiver

The FY 2014-15 enrollment numbers for the Comprehensive waiver were 210 less than was budgeted for, but the average annual per enrollment cost of services was \$1,392.62 higher than was budgeted for. Therefore enrollment was lower but cost per enrollment was higher in FY 2014-15. The lower enrollment numbers in FY 14-15 lowers the FY 2015-16 enrollment starting point which lowers the projected number total enrollments for FY 2015-16. The Department's projection for FY 2015-16 assumes a continued higher average annual cost of services. Since the Department had unused enrollments at the end of FY 2014-15, staff inquired if the Department could use these enrollments to serve individuals waiting for services. The Department indicated this could be an option but the vacant enrollments are typically kept vacant until the specific need for which they were funded arises. Additional discussion on the waiting list for comprehensive services is included in the IDD Waiting List Update issue.

A policy change was implemented in 2013 that allowed youth transitioning from the Children's Extensive Support Services waiver the ability to select which adult waiver they would transition to. Prior to 2013 youth were only transitioned to the Supported Living Services waiver. The appropriations for FY 2014-15 and FY 2015-16 did not include funding for youth who selected the Comprehensive waiver because there was no data on how many youth would transition to this waiver. Based on actual data from FY 2014-15, 53.0 percent, or 32 youth selected the Comprehensive waiver. The increase in the projected FY 2015-16 expenditure for comprehensive services accounts for these transitions.

Adult Supported Living Services Waiver

The FY 2014-15 enrollment numbers for the Supported Living Services waiver were 333 lower than was budgeted for. The reduced enrollment was compounded by average per enrollment expenditures being 8.63 percent (\$1,247.66) lower than was budgeted. The lower enrollment number in FY 2014-15 does not impact the projected number of individuals that will be served in FY 2015-16 because of the policy to not have a waiting list for Supported Living Services. The FY 2015-16 projection incorporates the lower average annual cost of services because the Department did not have an explanation for why the costs were lower or a reason to believe the drop average annual costs of services was one-time. The Department indicated the February

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supplement adjustments will use actual expenditure data from the first four months of FY 2015-16 to adjust the projection as appropriate.

Children's Extensive Support Services

The FY 2014-15 enrollments for the Children's Extensive Support Services waiver was 131 or 10.47 percent lower than was budgeted for. The reduced enrollment was compounded by a lower average annual cost of services per enrollment. The projection for FY 2015-16 continues the lower average per enrollment cost as well as a lower enrollment projection. Staff does not have an explanation for why the FY 2014-15 enrollment numbers for the Children's Extensive Support Services was lower than the appropriation.

FY 16-17 R5 - Office of Community Living Case Load Request

One of the top questions asked about the IDD waivers is how many people are being served. This question can be answered in two different ways. The first answer is what the maximum enrollment for each waiver is. The maximum enrollment figure represents the total number of people that can be served in a given year (i.e. even if the funding existed to serve more individuals than the maximum enrollment number the Department could not do so without coming to the General Assembly.) The second answer is what the average monthly enrollment number is. The average monthly enrollment number represents on how many people are receiving services in a given month.

Maximum Enrollment

The new enrollments requested through R5 reflect changes to the maximum enrollment number. Since the policy of the State is to not have a cap on the Supported Living and Children's Extensive Support Services waivers there is no maximum enrollment number for these waivers. The following table summarizes the FY 2015 and FY 2016-17 maximum enrollment numbers.

IDD Maximum Waiver Enrollment			
Waiver	FY 2015-16 Projected Enrollments	FY 2016-17 Budget Request	Enrollment Change From Projection
Comprehensive Waiver	5,117	5,258	141
State SLS ²	692	692	0
Enrollment Total	\$5,809	\$5,950	\$141

² There are four eligibility criteria for Medicaid HCBS-SLS waiver program: (1) targeting criteria - meets Developmental Disability Definition Criteria, (2) meets Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care, (3) medical Necessity; and (3) Financial Eligibility. If an individual meets Targeting Criteria but does not meet all four criteria, they may be served through State SLS (assuming funds to provide support are available).

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The maximum enrollment changes included in R5 for FY 2016-17 include:

- 141 comprehensive enrollments for:
 - 14 for the Colorado Choice Transitions Program;
 - 40 enrollments for individuals in emergency situations;
 - 55 enrollments for foster care transitions; and
 - 32 enrollments for children's extensive support services transitions.

- 29 supported living services enrollments for children's extensive support services transitions. As noted above there is no maximum enrollment cap on the Supported Living Services waiver, but in order to provide transparency in the request the Department specifically identifies how many youth are projected to transition to this waiver.

Average Monthly Enrollment

The following table summarizes the FY 2015-16 average monthly enrollment as well as the FY 16-17 projected average monthly enrollment. These figures represent how many individuals will be receiving services each month.

IDD Waiver Average Monthly Enrollments			
Waiver	FY 2015-16 Average Monthly Enrollments	FY 2016-17 Average Monthly Enrollments	Change from FY 2015-16
Comprehensive Waiver	4,953	5,193	240
SLS Waiver	4,494	4,923	429
CES Waiver	1,212	1,309	97
Case Management	10,769	11,535	766
Enrollment Total	21,428	22,960	1,532

The following table summarizes the fiscal impact of the FY 2016-17 R5 caseload request for the Office of Community Living. The primary reasons for the reduction in all the waivers except the Comprehensive waiver is primarily due to the continuation of a lower average annual cost of services. The following table does not include reductions for the requested 1.0 percent community provider rate reduction.

FY 2016-17 R5 Changes by Line Item			
Waiver	Total Change	General Fund Change	Federal Funds Change
Comprehensive Waiver	\$17,832,584	\$9,832,767	\$7,999,817
SLS Waiver	(2,735,044)	(1,356,035)	(1,379,009)
CES Waiver	(591,901)	(228,024)	(363,877)
Case Management	(2,595,316)	(1,279,448)	(1,315,868)
Total	\$11,910,323	\$6,969,260	\$4,941,063

Issue: IDD Waiting List Update

The number of individuals waiting for comprehensive IDD services as of September 30, 2015 increased by 627 individuals from the number waiting as of August 31, 2014. This increase is offset by reductions to the number of individuals waiting for services through the other two waivers for individuals with intellectual and developmental disabilities (IDD). The increase in the comprehensive services waiting list makes it less likely the enrollment goal to serve all individuals eligible for services by July 1, 2020 established in Section 25.5-10-207.5 (4) (a), C.R.S. will be achievable.

SUMMARY:

- The September 30, 2015 number of individuals waiting for comprehensive services was 627 higher than the number waiting for services as of August 31, 2014. This increase is offset by reductions in the number of individuals waiting for services through the other two waivers.
- The number of individuals who are waiting for intellectual and developmental disability waiver services who are receiving services from another program while on the waiting list increased by an average of 24.0 percent over the number receiving services from another program in 2014.
- Section 25.5-10-207.5 (4) (a), C.R.S., established an "enrollment goal" to serve all individuals waiting for IDD services by July 1, 2020. Staff estimates it will cost \$144.3 million total funds to serve all individuals waiting for comprehensive services. The State has adopted the policy to serve all individuals eligible for Supported Living and Children's Extensive Support services.

DISCUSSION:

Pursuant to Section 25.5-10-207.5 (5), C.R.S., the Department is required to provide a report as part of the November budget request summarizing the number of individuals waiting for IDD waiver services. Additionally as part of the November budget request, Section 25.5-10-207.5 (4) (a), C.R.S. requires the Department to update the 2014 strategic plan to meet an enrollment goal to serve all individuals eligible for IDD services by July 1, 2020. The following table provides a summary of the number of individuals waiting for services as of September 30, 2015 and a comparison to the number waiting for services as of August 31, 2014.

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Summary of Individuals Waiting for Services				
Waiver	Unduplicated Individuals Waiting		Percent of Total	Change from 2014
	31-Aug-14	30-Sep-15		
Comprehensive waiver	1,454	2,081	62.4%	627
SLS waiver*	954	494	14.8%	(460)
Comprehensive or SLS waiver	850	512	15.4%	(338)
State Funded SLS	206	160	4.8%	(46)
CES waiver*	331	88	2.6%	(243)
Waiver Total	3,795	3,335		(460)
Family Support Services Program	7,067	6,414		(653)

*The General Assembly has appropriated dollars to serve all individuals waiting for SLS and CES services, the time required to enroll individuals for services and find providers has resulted in some individuals to continue to wait for services.

The numbers for the Supported Living Services (SLS) and Children's Extensive Support (CES) waivers reflect individuals waiting for services despite the policy to not have waiting list for these two waivers. The reason there are still individuals waiting for services is due to system capacity issues primarily related to finding direct service professionals and specialized providers willing to provider services at current reimbursement rates.

For all waivers, excluding the comprehensive waiver, the number of individuals waiting has decreased. There was no explanation provided for why the number of individuals waiting for the comprehensive waiver increased. Some individuals on the waiting list are receiving services from other programs including the Supplemental Nutrition Assistance Program, the Elderly, Blind and Disabled Waiver, and the Children's Health Plan Plus. The following table summarizes the percentage of individuals waiting for an enrollment who are receiving some services from a different program.

Summary of Individuals Waiting for IDD Waiver Services Receiving Separate Services			
Waiver	Percent of individuals receiving services from other programs		Change from 2014
	31-Aug-14	30-Sep-15	
Comprehensive waiver	83.0%	90.0%	7.0%
SLS waiver	28.0%	64.0%	36.0%
Comprehensive or SLS waivers	29.0%	60.0%	31.0%
State Funded SLS	19.0%	36.0%	17.0%
CES waiver*	47.0%	76.0%	29.0%
Family Support Services	24.0%	38.0%	14.0%

As noted in the previous briefing issue, there were unused comprehensive enrollments at the end of FY 2014-15. Staff inquired if the Department could use these enrollments to serve individuals waiting for services. The Department indicated this could be an option but is not currently used.

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When a comprehensive enrollment with a specific purpose (i.e. enrollments for youth foster care transitions or emergencies) is unused at the end of the fiscal, the Department could reallocate the enrollment to service an individual off the waiting list. The Department indicated they may need to keep an enrollment vacant for a specific purpose so that when the need arises they are able to respond. There were 90 comprehensive enrollments vacant at the end of FY 2014-15 which could be used to serve individuals on the waiting list. The caveat is that since the FY 2014-15 average cost per enrollment was higher than budgeted for, the Department would most likely require addition funds to fill these 90 enrollments. Section 25.5-10-207.5 (4) (a), C.R.S. established an "enrollment goal" to serve all individuals waiting for IDD waiver services by July 1, 2020. The following table summarizes the cost to serve all individuals waiting for comprehensive services.

Cost to Comply with Section 25.5-10-207.5 (4) (a), C.R.S.	
Number of Individuals Waiting	2,081
Average Annual Enrollment Cost	\$69,407
Total Cost	\$144,435,717
General Fund Cost	\$71,076,816

Based on the lessons learned through the elimination of the waiting lists for the supported living services and children's extensive support services waivers, it would be prudent to have a waiting list drawn down plan as a mechanism to achieve the statutory enrollment goal. The following table summarizes a five year plan for drawing down the comprehensive waiting list. While the five year plan doesn't meet the July 1, 2020 date it does provide a measured and realistic approach to eliminating the waiting list.

Five Year Plan to Comply with Section 25.5-10-207.5 (4) (a), C.R.S.				
	New Enrollments	Average Cost per Enrollment	Cost for New Enrollments	New funds required through the Long Bill
Year 1 (FY 16-17)	416	\$69,407	\$28,873,312	\$14,436,656
Year 2 (FY 17-18)	416	69,504	28,913,735	28,893,523
Year 3 (FY 18-19)	416	69,601	28,954,214	28,933,974
Year 4 (FY 19-20)	416	69,699	28,994,750	28,974,482
Year 5 (FY 20-21)	417	69,796	29,105,139	29,049,944
Year 6 (FY 21-22)	0	69,796	14,552,569	14,552,569
Total	2,081			\$144,841,149

Issue: Status Update of Long-Term Services and Supports System Changes

The Long-term Services and Supports System (LTSS), including the system of services for individuals with intellectual and developmental disabilities, is undergoing numerous changes intended to make the system more accessible for individuals and provide person-centered services. The Department and stakeholders are working on the development of implementation plans that respond to recent system improvement recommendations, federal rules, and legislation. This issue provides a status update on the Department's work to plan for and implement changes.

SUMMARY:

- The 2014 Community Living Advisory Group and the 2014 Colorado Community Living Plan made numerous recommendations for how the current long-term services and supports system can be change to better serve individuals in community-based settings while being responsive to the needs of individuals.
- The Centers for Medicare and Medicaid Services January 2014 federal rule made a number of changes to how services can be provided through Colorado's waivers, including the waiver for individuals with intellectual and developmental disabilities.
- House Bill 15-1318 (Consolidate Intellectual and Developmental Disability Waivers) required the Department to develop a plan for how Colorado will comply with federal case management rules and required the development of a single adult waiver for individuals with intellectual and developmental disabilities.
- House Bill 15-1368 (Cross-system Response Pilot Intellectual and Developmental Disabilities) created a pilot program to identify gaps in services for individuals who are diagnosed with an intellectual and developmental disability and a mental or behavioral health illness.
- The Department provided an update in response to a request for information on the planning for, and implementation of, long-term services and supports system changes. Included within the report is a list of possible statutory and appropriation changes which would further facilitate the implementation of the changes.

DISCUSSION:

Update on Waiver Redesign Required by H.B. 15-1318

House Bill 15-1318 (Consolidate Intellectual and Developmental Disability Waivers) requires the Department to consolidate the two adult IDD waivers into a single waiver for adults with IDD by July 1, 2016, or as soon as the Department receives approval from the Centers for

Medicare and Medicaid Services. **Staff recommends the Department discuss the status of waiver redesign at their hearing.**

The Department's caseload request for IDD waivers does not include cost estimates of a single waiver. Concerns have been expressed by stakeholders that the consolidation of the two waivers will result in some individuals receiving less funding in order to compensate for individuals who require more services than they are able to currently access. The concern is whether some individuals will be penalized in order to pay for other individuals. **Staff recommends the Department provide, as part of the hearing, cost estimates for the consolidated waiver and what fiscal years those costs could be incurred.**

Conflict Free Case Management

The January 16, 2014 the Centers for Medicare and Medicaid Services HCBS Rule³ required that providers of services for a specific individual must not provide case management or develop the person-centered service plan for that individual. The rule provides exceptions were the State can demonstrate the only qualified providers are also the only qualified case managers. In these cases, the state must ensure the implementation of conflict of interest protections. House Bill 15-1318 required the Department to develop a plan by July 1, 2016 outlining how Colorado will comply with this rule.

The Department applied for a federal No Wrong Door grant to create a system of comprehensive access points to the long-term services and supports system. These access points will make the system accessible where ever the individual, regardless of disability enters the system. The three year grant was awarded in September 2015. At the end of three years the Department anticipates using the information learned from the pilot sites to design a broader No Wrong Door System. Since the Department is working on a comprehensive solution for how individuals access long-term services and supports, including IDD services, staff wonders if the case management changes for IDD waivers would be more appropriate to be had within the context of the larger entry point discussion.

Community Living Advisory Group and Colorado Community Living Plan

Published in July 2014 was Colorado's Community Living Plan represents the Department's work to ensure individuals are able to live in the location of their choice and to transition individuals to the least restrictive settings. Recommendations ranged from improving the supply of affordable housing to expanding the services available in the community. The Community Living Advisory Group published final recommendations in September 2014. A number of the recommendations were similar to those in the Community Living Plan, such as expanding the availability of consumer direct delivery models and expanding personal attendant services. Appendix F provides a summary of the recommendations made in each plan. The Committee included a 2015 request for information to the Department about the implementation status of these recommendations. Appendix C contains a summary of the Department's response. The remainder of this issue highlights the "opportunities for legislative support and funding to assist

³ The full title of the HCBS rule is "Medicaid Program; State Plan Home and Community-Based Services, 5-Year Period of Waivers, Provider, Payment Reassignment, and Home and Community-Based Settings Requirements for Community First Choice and Home and Community-Based Services Waivers"

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LTSS transformation" provided in the Department's response. These are items on which the Committee can have a discussion with the Department during the hearing, and if appropriate, act on. The Department prefaced the six opportunities by saying they had "identified several opportunities for statutory changes and funding that would facilitate further implementation of the goals identified in the Community Living Advisory Group recommendations and the Colorado Community Living Plan."

Opportunity #1 - Continuous Quality Improvement in LTSS

The Department is developing the Community Living Quality Improvement Committee to oversee quality throughout LTSS system transformation. The committee will identify and develop an integrated framework, outline a data strategy, and implement quality improvement initiatives related to case management, person-centeredness, choice, workforce, client experience and other quality issues. The Committee is currently a temporary one with a one-time funding source, but the Department indicates it may be useful to establish an ongoing funding source for this purpose.

Staff Analysis of Opportunity #1. The Department created a committee using existing funds in the General Professional Services line item in FY 2015-16. The Department did not have a specific FY 2016-17 request to permanently fund the Committee. **Staff recommends the Department discuss the following at the Department's hearing:**

- Whether the Committee should be ongoing and why;
- The cost of the Committee in FY 2015-16;
- The cost of making the Committee permanent; and
- If this Committee would be an appropriate entity to monitor the implementation of recommendations made through the Regional Center Task Force.

Opportunity #2 - Improving Access to LTSS

Colorado received a three-year federal No Wrong Door grant from the Administration on Community Living, beginning September 2015. The grant will be used to create pilot projects to develop a system of comprehensive LTSS access points. If the pilots are successful the Department may require legislation and additional funding to make them permanent.

Staff Analysis of Opportunity #2. The entry point system for individuals in Colorado seeking long-term services and supports is not easily navigated and may, at times deter individuals from seeking the services they need. As stated above, staff does question, in light of the work to develop a comprehensive access solution, if it is the best use of state resources to also be working on structural changes to the case management system for the IDD waivers.

Opportunity #3 - Person-centered Service Redesign

To further improve the consumer experience of LTSS, the General Assembly would need to provide authorization for Community First Choice implementation.

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Staff Analysis of Opportunity #3. Implementation of Community First Choice (CFC) option means the State must add self-directed Personal Assistance Services (PAS) to the State Plan, which means these services would be available to all Medicaid beneficiaries who meet institutional level of care and cannot be limited to individuals with certain diagnoses. CFC is designed to help keep individuals out of institutions by providing them with supports including activities of daily living (ADLs) such as bathing and dressing; instrumental activities of daily living (IADLs) such as shopping and housekeeping; and health-related tasks.

The 2014 cost estimate of implementing the Community First Choice option was between \$133.9 million total funds to \$212.3 million total funds. Staff recommends, because this data may be outdated based on additional analysis done by the Department that **the Department provided a written hearing response on the revised estimated cost of implementing the Community First Choice option.**

Opportunity #4 - Improving HCBS waivers and benefit structure

Implementation of the Community First Choice option will require authorizing legislation.

Staff Analysis of Opportunity #4. Prior to determining if legislation is appropriate, staff recommends the Committee ask for the cost estimate of the Community First Choice option (see recommendation in Opportunity #3).

Opportunity #5 - Conflict-free Case Management

The Department is required to provide a plan to address conflict-free case management implementation to the Legislature by July 1, 2016. Implementation of that plan will require authorizing legislation.

Staff Analysis of Opportunity #5. See the discussion in the Conflict Free Case Management section of this issue. The Committee may want to consider asking the Department to include a cost estimate with the plan as statute only requires the development of a plan, not the inclusion of a cost estimate.

Opportunity #6 - Expansion of Medicaid Buy-in program

In order to expand the buy-in, the General Assembly would need to provide authorization.

Staff Analysis of Opportunity #6. The Medicaid Buy-In program allows people with disabilities to work and earn up to 450.0 percent of the Federal Poverty Level and maintain their Medicaid services. The program was expanded to the Elderly, Blind and Disabled waiver and the Community Mental Health Supports waiver in 2012. The response does not indicate which programs the Department would want to expand the Medicaid Buy-in program to and what benefit this would have.

Issue: Supports Intensity Scale Assessment

House Bill 15-1318 (Consolidate Intellectual and Developmental Disability Waivers) required the Department to submit to the Joint Budget Committee a justification for the continued use of the Supports Intensity Scale assessment tool. The Department provided the justification on November 10, 2015. The Joint Budget Committee must determine if the justification is sufficient to continue the use of the Supports Intensity Scale assessment tool.

SUMMARY:

- The Supports Intensity Scale is the assessment tool used by the Department to determine an individual's level of need and associated funding for services provided through the Supported Living Services waiver.
- House Bill 15-1318 required the Department provide the Joint Budget Committee with a justification for the continued use of the Supports Intensity Scale. If the Joint Budget Committee does not find the justification to be adequate, the Department must submit a plan to transition to a new assessment tool.
- There are a number of significant system changes being imposed on the IDD system including the implementation of a single adult waiver and the development of a conflict free case management plan. The Committee should consider if adding a new assessment tool is appropriate to do at this time.

RECOMMENDATION:

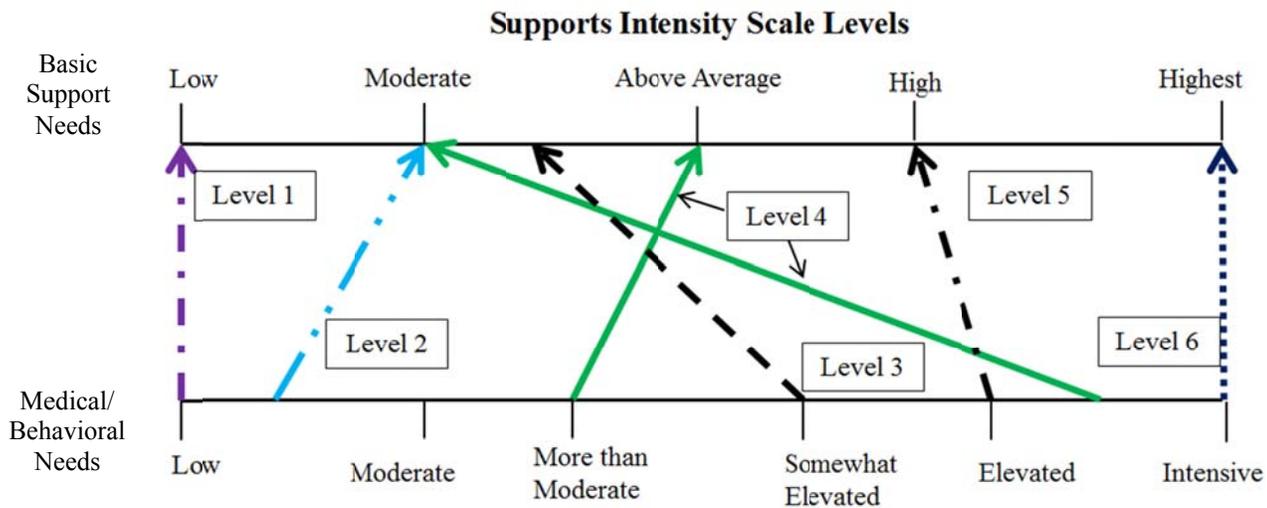
Staff recommends the Department discuss at their hearing the pros and cons of continuing the use of the SIS assessment in order to provide the Committee with adequate knowledge to make a decision on the continued use of the SIS assessment.

DISCUSSION:

Overview of the SIS and the SPAL

The Supports Intensity Scale is the assessment tool used by the Department to determine an individual's level of need and associated funding for services provided through the Supported Living Services waiver. The following is a basic overview of how the Supports Intensity Scale (SIS) and associated Spending Plan Authorization Limits (SPAL) are determined.

Step 1 - Determine the Supports Intensity Scale Score. Each person eligible for waiver services is evaluated using the Supports Intensity Scale (SIS). The SIS uses a structured interview process to identify and quantify the basic daily, behavioral, and medical needs of the individual. The SIS score takes into account if the person is a public safety risk. There are six SIS scores and the following graphic illustrates how an individual's needs translate into a SIS score.



Step 2 - Determine the Service Plan Authorization Limit. Each SIS score is tied to one of the six Service Plan Authorization Limits (SPAL). Each SPAL identifies the maximum dollar amount available to a person with the corresponding SIS score. The SPAL ensures that individuals with higher needs are able to access higher funding amounts as compared to lower needs individuals. The maximum SPAL level requires special permission from the Department and is for individuals who require the most intensive services.

Step 3 - Determine the Individual's Maximum Allowable Amount of Support Service Units. Each support service (day services, behavioral services, respite, etc.) is broken down into units. For most services, one unit of service is equal to fifteen minutes. Two other services, job placement and non-medical transportation, are billed on dollar amount and mileage respectively. Each service has a maximum number of units the individual can utilize depending on the SIS score.

SIS Justification Report

Section 25.5-6-409.3 (3.3) (b), C.R.S. required the Department to include a justification for the continued use of the Supports Intensity Scale assessment as part of the November budget request. Statute states that if the Joint Budget Committee concludes that the justification is insufficient to continue the use of Supports Intensity Scale assessment, the Department shall present a plan to the Joint Budget Committee for the transition to a different tool. The Department submitted a report on November 10, 2015 which concluded that "the SIS is the best tool for assessing support needs for individuals I/DD while being person-centered, reliable, valid, and determining budget allocations."

Human Services Research Institute Recommendation

The Department contracted with Human Services Research Institute (HRSI) to complete an analysis of eleven assessment tools used across the country to help justify the continued use of the Supports Intensity Scale. HRSI found that "among all of the tools analyzed, the SIS provides the most direct, robust, and person centered measure of needs ... The SIS is the most accurate tool for creating support levels that tie to individual funding. ... Though not without certain

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drawbacks, the SIS once again emerges as the assessment instrument with the strongest psychometric properties⁴, the most person centered content and administration practice, and the best ability to capture service needs to tie to funding."

The Department based their justification in part on HRSI findings. HRSI was the organization that initially recommended the State use the SIS in 2006. Subsequently, HRSI was contracted to tie the results of the SIS to tiered funding rates through the use of supplemental questions. The Department's report states "HRSI proposed to update information from its 2006 review of assessment tools." It is not surprising that the company who initially recommended the SIS would offer to reaffirm why that initial recommendation was correct. It is not clear if the Department solicited proposals from any other organizations to review continued use of the SIS, and how this could have resulted in a different outcome.

Notwithstanding who did the review, the following two tables support HRSI recommendations that (1) the SIS is the most reliable and valid of the tools measured based on psychometric properties and (2) the SIS is the most person-centered tool and will provide the most reliable and useful information to a person-centered planning process. *If the Committee decides to pursue conversations about changing the assessment tool, staff would recommend the Department discuss at their hearing what assessment tool other than the SIS they would recommend for use in Colorado.*

⁴ Psychometric properties are defined as the quantifiable attributes (e.g., validity, reliability) that relate to the statistical strength or weakness of a test or measurement.
<http://medical-dictionary.thefreedictionary.com/psychometric+properties>

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Exhibit 3. Comparison of the Psychometric Properties of Reviewed Assessment Tools⁵								
	Population				Application	Psychometric Properties Known?	Psychometric Properties Acceptable?	Integrity of Data
	Aging	Disability	DD	Health				
Supports Intensity Scale			X		Assessment, Supports Planning, Support Levels, Supports Budget	Yes	Yes	Very High
CMS Care Item Set	X	X			Assessment tied to payment and quality monitoring	Yes	Yes	Moderate
MnCHOICES	X	X	X		Screening, Assessment, Support Planning	No	n/a	Weak to Moderate
Connecticut Level of Need Assessment Tool			X		Resource Allocation	Yes	Yes	Moderate
interRAI	X	X	X	X	Assessment Support Levels, Supports Budgets	Yes	Yes	Moderate
Inventory for Client and Agency Planning		X	X		Assessment, Support Levels, Support Budgets	Yes	Yes	High
Oregon ANA			X		Supports Planning , Hourly Supports Allocation	No	n/a	Low
Florida Questionnaire Situational Information			X		Assessment, Support Planning, Support Levels, Supports Budgets	Yes	Yes	Moderate
Rhode Island Personal Capacities inventory			X		Assessment, Support Planning, Support Levels, Resource Allocation	No	n/a	Low
Wisconsin Functional Screen	X	X	X		Screening, Assessment, Support Planning, tied to Capitation Rates, Research	Yes	Yes	Moderate

⁵ Table is from Human Services Research Institute, "Information Brief Analysis of Instruments to Assess Support Needs of People with Intellectual and Development Disabilities." October 18, 2015. Page 47.

Exhibit 4. Comparison of Five Key Outcome Coverage Among Assessment Tools⁶						
	Health and Welfare	Quality of Life	Increasing Independence	Employment	Community Integration	Recommended for use in Person Centered Planning?
Supports Intensity Scale	X	X	X	X	X	Yes
CMS Care Item Set	X					No
MnCHOICES	X	X	X	X	X	Yes
Connecticut Level of Need Assessment Tool	X			X	X	No
interRAI	X	X	X	X	X	Yes, with caveats
Inventory for Client and Agency Planning	X			X		No
Oregon ANA	X					No
Florida Questionnaire Situational Information	X	X	X	X	X	Yes, with caveats
Rhode Island Personal Capacities inventory	X	X	X	X		Yes
Wisconsin Functional Screen	X			X		No

Development of Functional Eligibility and Needs Assessment Tool

Section 25.5-6-409.3 (3.3) (a) (I), C.R.S. requires the Department to develop "a functional eligibility and needs assessment tool for the redesigned waiver that aligns with the recommendations of the Community Living Advisory Group and that is fully integrated with the assessment process for all clients receiving long-term services and supports." The HRSI report and Department recommendation only look at the SIS as a needs assessment tool. Statute requires the development of a single eligibility and needs assessment tool. The Department indicated they are working on the development of a new eligibility tool. Therefore, individuals receiving services through the IDD waiver will be required to go through two assessment tools. One of the tools included in the above table appears to be both an eligibility and a needs assessment tool.

The MnCHOICES tool was developed by Minnesota with the goal of creating "an automated and streamlined process for assessing long-term service and support needs, determining eligibility for publicly funded programs, and developing support plans for people across many service systems." Minnesota collaborated with internal and external stakeholders through a multiyear instrument development process in order to design a tool that would "replace other assessments, and become a comprehensive screening, assessment, and support planning tool." The MnCHOICES tool was launched in 2013 and is currently being used for all new assessments in Minnesota. The tool is not yet being used for reassessments due to technical difficulties. The Committee, if they wish, could ask the Department to discuss the feasibility of using current assessment redesign efforts to develop a single eligibility and needs assessment tool so that all

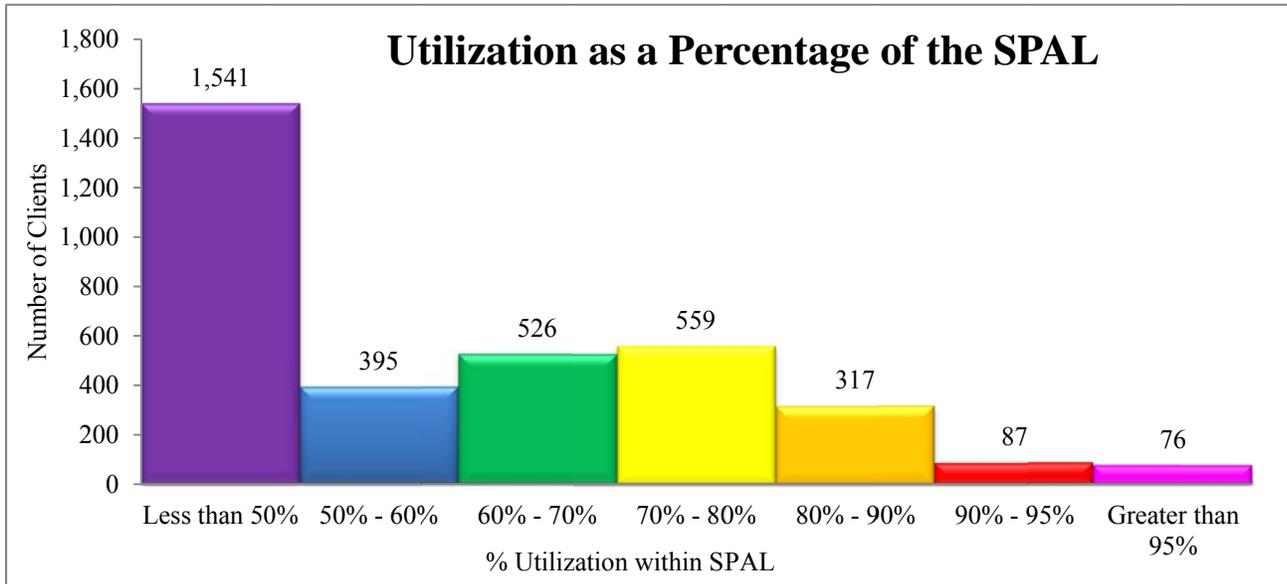
⁶ Table from Human Services Research Institute, "Information Brief Analysis of Instruments to Assess Support Needs of People with Intellectual and Development Disabilities." October 18, 2015. Page 48.

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individuals applying for and receiving long-term services and supports only have to undergo one assessment.

Service Plan Authorization Limits

The Department included an analysis of Service Plan Authorization Limits (SPAL) to determine if the SIS was a barrier to individuals accessing services. The Department compared the amount of funding individuals were using to the associated SPAL. The Department's analysis found that across all SIS levels, 55.0 percent of individuals receiving services were using less than 60.0 percent of the SPAL.



For FY 2014-15 the Department requested a 20.0 percent increase to each SPAL and a 28.6 percent increase to the maximum SPAL (\$35,000 to \$45,000). The Committee approved a 25.0 percent increase to the SPALs for levels 2 through 6, as well as the maximum SPAL. The following table that was included in the figure setting recommendation illustrates that the average use of SPAL limits ranged from 66.1 percent to 89.3 percent.

Calculation of Staff Recommendation for SPAL Increases					
Level	FY 11-12 Expenditures	FY 12-13 Expenditures	2-year Average	SPAL Limits	2-year Average as percent of SPAL Limit
	a	b	c=(a+b)/2	d	=c/d
1	\$8,070	\$8,040	\$8,055	\$12,193	66.10%
2	10,936	10,926	10,931	13,367	81.80%
3	13,184	13,320	13,252	15,038	88.10%
4	14,878	14,899	14,888	17,296	86.10%
5	18,329	18,842	18,585	20,818	89.30%
6	20,445	20,622	20,534	27,366	75.00%
Maximum				35,000	

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The utilization figures provided as part of the FY 2014-15 request do not align with the Department's SPAL analysis in this report. Why would the Department requested a 20.0 percent increase to the SPAL if individuals were not using the SPAL? **Staff recommends the Department provide a written hearing response which compares for each SIS level the average plan authorization amount, the SPAL, and the actual utilization.** This information will allow the Committee to see how much of the SPAL limit is being authorized by case managers for services, and of that amount, how much is being used by the individual.

Conclusion

Staff does not feel, based on the information provided in the Department's report that sufficient justification was presented to either continue the use of the Supports Intensity Scale or for the Committee to direct the Department to transition to a different assessment tool. The Department indicated that if the Committee found there to be insufficient justification for continued use of the Supports Intensity Scale, transitioning to a new assessment tool would be a significant undertaking. The system of services is only able to address so many changes at once and staff questions if now is the best time to consider adding a new assessment tool to the system. On the other hand, now may be the best time for a new assessment because individuals currently receiving services can be assessed using the new tool prior to the deployment of a single adult IDD waiver. Having baseline assessment data could minimize disruptions that may occur as new individuals are enrolled onto the single waiver. **Staff recommends the Department discuss at their hearing the pros and cons of continuing the use of the SIS assessment in order to provide the Committee with adequate knowledge to make a decision on the continued use of the SIS assessment.**

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Appendix A: Number Pages

	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Appropriation	FY 2016-17 Request	Request vs. Appropriation
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DEPARTMENT OF HEALTH CARE POLICY AND FINANCING
Sue Birch, Executive Director

(4) OFFICE OF COMMUNITY LIVING

(A) Division for Individuals with Intellectual and Developmental Disabilities

(i) Administrative Costs

Personal Services	<u>517,386</u>	<u>2,598,056</u>	<u>3,090,607</u>	<u>3,009,219</u>
FTE	0.0	30.5	33.2	33.5
General Fund	250,167	1,241,132	1,405,951	1,431,598
Cash Funds	0	0	259,564	154,698
Reappropriated Funds	0	0	0	75,000
Federal Funds	267,219	1,356,924	1,425,092	1,347,923
Operating Expenses	<u>57,981</u>	<u>250,603</u>	<u>2,027,063</u>	<u>1,064,886</u>
General Fund	28,991	126,325	144,899	144,899
Cash Funds	0	0	567,513	1,425
Reappropriated Funds	0	0	0	770,000
Federal Funds	28,990	124,278	1,314,651	148,562
Support Level Administration	<u>32,490</u>	<u>39,498</u>	<u>57,368</u>	<u>57,368</u>
General Fund	16,245	19,749	28,684	28,684
Federal Funds	16,245	19,749	28,684	28,684

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	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Appropriation	FY 2016-17 Request	Request vs. Appropriation
Cross-system Response for behavioral Health Crises Pilot					
Program	<u>0</u>	<u>0</u>	<u>3,390,000</u>	<u>845,000</u>	
FTE	0.0	0.0	0.0	0.0	
Cash Funds	0	0	1,695,000	845,000	
Reappropriated Funds	0	0	1,695,000	0	
SUBTOTAL -	607,857	2,888,157	8,565,038	4,976,473	(41.9%)
FTE	<u>0.0</u>	<u>30.5</u>	<u>33.2</u>	<u>33.5</u>	<u>0.9%</u>
General Fund	295,403	1,387,206	1,579,534	1,605,181	1.6%
Cash Funds	0	0	2,522,077	1,001,123	(60.3%)
Reappropriated Funds	0	0	1,695,000	845,000	(50.1%)
Federal Funds	312,454	1,500,951	2,768,427	1,525,169	(44.9%)

(ii) Program Costs

Adult Comprehensive Services	<u>0</u>	<u>316,670,767</u>	<u>368,974,132</u>	<u>383,128,894</u> *
General Fund	0	156,848,877	166,178,488	174,592,930
Cash Funds	0	1	31,281,613	30,985,026
Federal Funds	0	159,821,889	171,514,031	177,550,938
Adult Supported Living Services	<u>1,976,615</u>	<u>56,136,806</u>	<u>78,378,376</u>	<u>77,110,862</u> *
General Fund	1,976,615	33,457,241	42,592,426	41,960,037
Federal Funds	0	22,679,565	35,785,950	35,150,825
Children's Extensive Support Services	<u>0</u>	<u>15,985,596</u>	<u>22,574,419</u>	<u>21,763,585</u> *
General Fund	0	8,389,564	11,108,871	10,790,385
Federal Funds	0	7,596,032	11,465,548	10,973,200

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	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Appropriation	FY 2016-17 Request	Request vs. Appropriation
Case Management	<u>734,516</u>	<u>26,970,379</u>	<u>34,577,785</u>	<u>31,658,682</u>	*
General Fund	734,516	14,302,452	18,194,562	16,810,033	
Federal Funds	0	12,667,927	16,383,223	14,848,649	
Family Support Services	<u>838,100</u>	<u>7,828,718</u>	<u>6,960,204</u>	<u>6,890,855</u>	*
General Fund	838,100	6,828,718	6,960,204	6,890,855	
Cash Funds	0	1,000,000	0	0	
Federal Funds	0	0	0	0	
Preventive Dental Hygiene	<u>30,892</u>	<u>0</u>	<u>67,012</u>	<u>66,318</u>	*
General Fund	30,892	0	63,308	62,678	
Cash Funds	0	0	3,704	3,640	
Reappropriated Funds	0	0	0	0	
Federal Funds	0	0	0	0	
Eligibility Determination and Waiting List Management	<u>81,661</u>	<u>3,001,454</u>	<u>3,121,079</u>	<u>3,089,982</u>	*
General Fund	81,661	2,986,287	3,100,442	3,069,550	
Cash Funds	0	0	0	0	
Federal Funds	0	15,167	20,637	20,432	
Waiver Enrollment	<u>0</u>	<u>1,633,428</u>	<u>1,586,987</u>	<u>1,586,987</u>	
Cash Funds	0	1,633,428	1,586,987	1,586,987	
SUBTOTAL -	3,661,784	428,227,148	516,239,994	525,296,165	1.8%
<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	3,661,784	222,813,139	248,198,301	254,176,468	2.4%
Cash Funds	0	2,633,429	32,872,304	32,575,653	(0.9%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	0	202,780,580	235,169,389	238,544,044	1.4%

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	FY 2013-14 Actual	FY 2014-15 Actual	FY 2015-16 Appropriation	FY 2016-17 Request	Request vs. Appropriation
TOTAL - (4) Office of Community Living	4,269,641	431,115,305	524,805,032	530,272,638	1.0%
<i>FTE</i>	<u>0.0</u>	<u>30.5</u>	<u>33.2</u>	<u>33.5</u>	<u>0.9%</u>
General Fund	3,957,187	224,200,345	249,777,835	255,781,649	2.4%
Cash Funds	0	2,633,429	35,394,381	33,576,776	(5.1%)
Reappropriated Funds	0	0	1,695,000	845,000	(50.1%)
Federal Funds	312,454	204,281,531	237,937,816	240,069,213	0.9%
TOTAL - Department of Health Care Policy and Financing	4,269,641	431,115,305	524,805,032	530,272,638	1.0%
<i>FTE</i>	<u>0.0</u>	<u>30.5</u>	<u>33.2</u>	<u>33.5</u>	<u>0.9%</u>
General Fund	3,957,187	224,200,345	249,777,835	255,781,649	2.4%
Cash Funds	0	2,633,429	35,394,381	33,576,776	(5.1%)
Reappropriated Funds	0	0	1,695,000	845,000	(50.1%)
Federal Funds	312,454	204,281,531	237,937,816	240,069,213	0.9%

Appendix B: Recent Legislation Affecting Department Budget

2014 Session Bills

H.B. 14-1252 (Intellectual and Developmental Disabilities Services System Capacity): Amends the Intellectual and Developmental Disabilities Cash Fund (fund) to allow moneys in the fund to be used for administrative expenses relating to Medicaid waiver renewal and redesign and for increasing system capacity for home- and community-based services for persons with intellectual and developmental disabilities. Requires the Department, on or before April 1, 2014, to report to the Joint Budget Committee the plan for the distribution of moneys appropriated for increases in system capacity, and requires the Department to distribute the moneys by April 15, 2014 for increases in system capacity. Requires each community-centered board or provider that receives moneys for increases in system capacity shall report to the department on the use of the funds by October 1, 2014.

H.B. 14-1336 (Long Bill): General appropriations act for FY 2014-15.

H.B. 14-1368 (Transition Youth Developmental Disabilities to Adult Services): Establishes a plan and appropriates funds to transfer youth into adult services for persons with IDD under Medicaid Home- and Community-Based Services (HCBS) in the Department of Health Care Policy and Financing (HCPF). The bill sets forth criteria for transition planning and instructs the State Board of Human Services and the Medical Services Board to promulgate any rules necessary to guide the transition. Creates the Child Welfare Transition Cash Fund (Fund).

2015 Session Bills

S.B. 15-234 (Long Bill): General appropriations act for FY 2015-16. Includes provisions modifying appropriations to the Department of Health Care Policy and Financing for FY 2014-15.

H.B. 15-1318 (Consolidate Intellectual and Developmental Disability Waivers): Requires the Department of Health Care Policy and Financing (Department) to consolidate the two existing home- and community-based waivers for adults with intellectual and developmental disabilities into a single waiver by July 1, 2016 or as soon as the Department receives approval from the Centers for Medicare and Medicaid. 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 (which are drawn from the Community Living Advisory Report):

- (a) Freedom of choice over living arrangements and social, community, and recreational opportunities;
- (b) Individual authority over supports and services;
- (c) Support to organize resources in ways that are meaningful to the individual receiving services;

- (d) Health and safety assurances;
- (e) Opportunity for community contribution; and
- (f) Responsible use of public dollars.

Requires the use of a needs assessment tool that aligns with the Community Living Advisory Group recommendations and one that is fully integrated with the assessment processes for other long-term services. The tool must ensure an individual's voice and needs are accounted for when determining what services the individual needs. The bill requires the payment system for services to be efficient, transparent and equitable and ensure the fair distribution of available resources. Requires the Department to submit to the JBC as part of the FY 2016-17 Governor's budget request a justification for the continued use of the Supports Intensity Scale (SIS) assessment. If the JBC concludes the justification is insufficient, the Department shall present a transition plan to a different assessment tool for the redesigned waiver.

Requires 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. The Department is required to report back to the Joint Budget Committee during the FY 2016-17 budget process regarding plan development and any required statutory changes. The Department is required to get input from Community Centered Boards, Single Entry Points and other stakeholders on the development of the plan. Appropriates \$2,176,695 total funds, including \$788,347 cash funds and 2.7 FTE to the Department for FY 2015-16.

H.B. 15-1368 (Cross-system Response Pilot Intellectual and Developmental Disabilities):

Establishes the Cross-system Response for Behavioral Health Crises Pilot Program (Pilot Program) to provide crisis intervention, stabilization, and follow-up services to individuals who:

- Have both an intellectual or developmental disability and a mental health or behavioral disorder;
- Require services not available through an existing Medicaid waiver; and
- Are not covered under the Colorado behavioral health care system.

Requires the Pilot Program to begin on or before March 1, 2016 and consist of multiple sites that represent different geographic areas of the state. The Pilot Program must provide access to intensive coordinated psychiatric, behavioral, and mental health services as an alternative to emergency department care or in-patient hospitalization; offer community-based, mobile supports to individuals with dual diagnoses and their families; offer follow-up supports to individuals with dual diagnoses, their families, and their caregivers to reduce the likelihood of future crises; provide education and training for families and service agencies; provide data about the cost in Colorado of providing such services throughout the state; and provide data to inform changes to existing regulatory or procedural barriers to the authorized use of public funds across systems, including the Medicaid state plan, home- and community-based service Medicaid waivers, and the capitated mental health system.

Requires the Department of Health Care Policy and Financing (Department) to conduct a cost-analysis study related to the services that would need to be added to eliminate service gaps and ensure that individuals with intellectual and developmental disabilities are fully included in the

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Colorado behavioral health system. Also, requires the Department to provide recommendations for eliminating the service gap. Authorizes the Departments of Human Services and Health Care Policy and Financing to examine the feasibility of allowing a Community Centered-Board to use a vacant Regional Center group home for the Pilot Program. Appropriates \$1,695,000 cash funds from the Intellectual and Developmental Disabilities Services Cash Fund to the Cross-system Response for Behavioral Health Crises Pilot Program Fund and reappropriates these monies for the pilots in the Department of Health Care Policy and Financing for FY 2015-16.

Appendix C: Update on Long Bill Footnotes & Requests for Information

Long Bill Footnotes

- 14 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Program Costs -- It is the intent of the General Assembly 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.

- 15 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 intent of the General Assembly that this appropriation be used to provide special dental services for persons with developmental disabilities.

Comment: This footnote expresses the General Assembly's intent that these funds be used to pay for dental services to individuals who have an intellectual and developmental disability.

Requests for Information – Department of Health Care Policy and Financing

3. Department of Health Care Policy and Financing, Office of Community Living -- The Department is requested to provide by November 1, 2015, a written report detailing how the Department will implement the recommendations made by the Community Living Advisory Group, Colorado's Community Living Plan developed to comply with the United States Supreme Court's ruling in *Olmstead v. L.C.*, 527 U.S. 14 581 (1999), and the final federal rule setting forth requirements for home- and community-based services, 79 FR 2947. The report shall include: a detailed project plan which includes the timeline for implementing the recommendations and requirements, an explanation of any recommendations or requirements not included in the plan, and an explanation of how outcome measures will be tracked in the future to better understand how changes impact clients. The Department is also requested to provide a financial analysis of the costs of implementing recommendations for FY 2016-17 and FY 2017-18. Additionally the report shall include a description of any FY 2016-17 budget requests that align with the plan.

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Comment: Within the project plan submitted by the Department, the following is the time line for recommendation implementation:

Appendix E: Timeline of Activities

Tasks	Calendar Year and Quarter																											
	2015				2016				2017				2018				2019				2020							
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Person-Centered Care Coordination																												
Implement the Experience of Care survey																												
Create and pilot electronic LTSS personal health record and portal																												
Pilot program for cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities (HB-1368)																												
Provide a plan for conflict-free case management implementation																												
Person-centered service plan																												
Test the person-centered thinking vision statement																												
Align ACC and LTSS through contractual relationships between ACC Regional Accountable Entities and LTSS case managers																												
Update Medicaid Information Technology Architecture (MITA) framework																												
Restructure case management so people transitioning from Regional Centers to the community have the support they need																												
Consumer focus groups to test the Person-Centered Thinking vision statement																												
Entry Point and Eligibility																												
No Wrong Door Pilot sites RFP process																												
Create pilot site toolkit																												
Establish 3–5 community No Wrong Door pilot sites																												
Develop a toolkit and training for No Wrong Door processes																												
Complete evaluation of No Wrong Door operations during pilot																												
Determine financial model & action plan for implementation																												
Create an action plan to address No Wrong Door policy barriers																												

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Tasks	Calendar Year and Quarter																							
	2015				2016				2017				2018				2019				2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Establish a No Wrong Door learning community																								
Create a toll-free phone number, a call center, and a website																								
Pilot the new functional LTSS assessment tool and process																								
Streamline financial eligibility determination for LTSS programs per best practices identified through No Wrong Door 3-year pilots																								
Waiver Simplification and Benefit Structure																								
Provide updated fiscal analysis and project plan for implementing the Community First Choice option																								
Implement the Community First Choice option (State Plan, waiver and state rule changes; assumes authorizing legislation in 2017)																								
Provide a plan for consolidating the IDD waivers																								
Comply with federal final rule regarding HCBS settings																								
LTSS Workforce																								
Ongoing training for both state staff and case managers on person-centered skills, processes and approaches																								
Regulations																								
Review the state rules governing programs for individuals with intellectual and developmental disabilities																								
Housing and Transportation																								
Restructure both non-emergent medical transportation and non-medical transportation Medicaid benefits																								
Employment																								
Expand the Medicaid Buy-In program																								
Monitoring and Evaluation																								
Form, select and train the Community Living Quality Improvement Committee																								
Community Living Quality Improvement Committee work																								

Tasks	Calendar Year and Quarter																							
	2015				2016				2017				2018				2019				2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
National Core Indicators for Individuals with Developmental Disabilities (NCI-ID) project expansion																								

The explanation of any recommendations or requirements not included in the plan was discussed in the System Changes issue in this document. The request asked for an explanation of how outcome measures will be tracked in the future to better understand how changes impact clients. The following is the Department's response:

"Monitoring and evaluation is essential as the Department tests a number of new approaches to LTSS service delivery. The Department is using several different tools and approaches to evaluate and tracking the completion of planned activities.

The Division for Intellectual and Developmental Disabilities is participating in the National Core Indicators for Individuals with Developmental Disabilities project to measure consumer satisfaction with services and quality of life for individuals with intellectual and developmental disabilities. Measuring these indicators provides insight into the effectiveness of LTSS for this population. The Department has also completed one round of the National Core Indicators for Aging and Disability this past summer and is planning to expand this effort by June 2016.

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The Department has also completed a pilot of the Experience of Care survey (from the Testing Experience and Functional Tools grant) to all LTSS consumers this past summer. The Experience of Care Tool is a national tool that will be used monitor the satisfaction and quality of services as well as quality of life of the person receiving services and supports.

Data is an important part of evaluation. The Department is creating standards for LTSS electronic health data, so data about service use and outcomes is captured and may be analyzed.

Finally, the Department has established the Office of Community Living Quality Improvement Committee to oversee quality throughout LTSS system transformation. The committee will identify and develop an integrated framework, outline a data strategy, and implement quality improvement initiatives related to case management, person-centeredness, choice, workforce, client experience and other quality issues. The Department contracted with Spark Policy Institute to help develop the committee. Of course, the idea of using data to inform system transformation is not unique to LTSS. The Department expects there will be alignment in the work of procuring Phase II of the Accountable Care Collaborative and implementation of the State Innovation Model."

Lastly the request asked for a financial analysis of the costs of implementing recommendations for FY 2016-17 and FY 2017-18. Additionally the report shall include a description of any FY 2016-17 budget requests that align with the plan. The Department did not provide a financial analysis, and there are no specific requests in the FY 2016-17 budget that directly align with the plan.

- 6 Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit monthly Medicaid expenditure and caseload reports on the Medical Services Premiums, mental health capitation, and the intellectual and developmental disabilities line items to the Joint Budget Committee, by the fifteenth or first business day following the fifteenth of each month. The Department is requested to include in the report the managed care organization caseload by aid category. The Department is also requested to provide caseload and expenditure data for the Children's Basic Health Plan, the Medicare Modernization Act State Contribution Payment, and the Old Age Pension State Medical Program within the monthly report.

Comment: The data for the intellectual and developmental disabilities waiver is discussed in the IDD Caseload and Expenditures issue.

10. Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities – The Department is request to submit a report to the Joint Budget Committee by November 1, 2015 regarding the status of the distribution of the full program equivalents for the developmental disabilities waivers. The report is requested to include any current or possible future issues which would prevent the distribution of the total number of enrollments noted in the FY 2015-16 Long Bill.

Comment: The Department is working with Community Centered Boards to get individuals enrolled in services. Due to the significant workload increases required to enrollment all eligible individuals in the Supported Living Services and Children's Extensive Support Services waiver, which excess current capacity there are still a number of individuals not yet receiving services through these waivers. The Department has identified the following as issues which prevent the distribution of enrollments:

- Process of Enrollment;
- Provider Capacity;
- Person/Guardian Decline to Accept Enrollment;
- Eligibility for Medicaid is denied;
- Individual cannot be located; and
- Under-utilization of the Colorado Choice Transitions (CCT) Program.

11. Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities -- The Department is requested to submit the following information to the Joint Budget Committee by November 1, 2015: how moneys appropriated for the community capacity increase have been and will be used by community centered boards and service providers, the feasibility of implementing a tiered incentivized system for the intellectual and developmental disabilities waivers, and the cost of such a system.

Comment: The Department provided two options which could be considered if the General Assembly wanted to implement a tiered incentivized system to increase system capacity for the IDD waivers.

Tiered Incentive Model

One proposed model would distribute incentive funds based on enrollment tiers. In this approach tiers would be unique to each CCB based on the percentage of individuals from each CCB's waiting list actually enrolled at the end of the fiscal year. The number of tiers would be set at the discretion of the Department based on available funding. For example, setting a tier at 25% of waiting list enrollment would lead to 4 tiers of potential incentives. The potential award for reaching a tier would be based on the number of enrollments required to reach a tier for each CCB, as well as the total number of enrollments from all CCBs at the end of the fiscal year. CCBs would only earn the incentive by achieving full enrollment of a tier level; partially completed tiers would not receive an incentive payment.

Per-Enrollment Incentive Model

As an alternative, the Department could continue to allocate funding as it has in the past by distributing funds based on actual enrollments into the HCBS-SLS and HCBS-CES waivers, rather than tiered benchmarks. Under this per-enrollment methodology, incentive funds would be paid to each CCBs on a per-enrollment basis at a rate based on the total number of enrollments above the amount already reimbursed at the end of the fiscal year.

Appendix D: SMART Act Annual Performance Reports

Pursuant to Section 2-7-205 (1) (a) (I), C.R.S., the Office of State Planning and Budgeting is required to publish an Annual Performance Report for the Department of Health Care Policy and Financing 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 consideration by the Joint Budget Committee in prioritizing the Department's budget request, the FY 2014-15 report dated October 2015 can be found at the following link:

<https://drive.google.com/file/d/0B8ztliGduUWbSII3UkVmQ05VY28/view>

Pursuant to Section 2-7-204 (3) (a) (I), C.R.S., the Department of Health Care Policy and Financing is required to develop a performance plan and submit that plan 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 budget request, the FY 2015-16 updated plan dated October 28, 2015 can be found at the following link:

<https://sites.google.com/a/state.co.us/colorado-performance-management/department-performance-plans/health-care-policy-and-financing/fy-2015-16-performance-plan-and-evaluation-reports>

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Colorado Community Centered Boards Catchment Area Map & Key

(1) Inspiration Field
1500 San Juan Avenue
La Junta, CO 81050
(719) 384-8741

(2) Blue Peaks Developmental Services
703 Fourth Street
Alamosa, CO 81101
(719) 589-5135

(3) Colorado Bluesky Enterprises
115 West 2nd Street
Pueblo, CO 81003
(719) 546-0572

(4) Community Connections
281 Sawyer Drive, #200
Durango, CO 81301
(970) 259-2454

(5) Community Options
336 South 10th Street
Montrose, CO 81402
(970) 249-1412

(6) Denver Options
9900 E. Iliff Ave.
Denver, CO 80231
(303) 636-5600

(7) Developmental Disabilities Resource Center
11177 W. 8th Avenue
Lakewood, CO 80215
(303) 233-3363

(8) Developmental Pathways
325 Inverness Drive South
Englewood, CO 80112
(303) 360-6600

(9) Eastern Colorado Services
617 South 10th Ave.
Sterling, CO 80751
(970) 522-7121

(10) Envision
1050 37th Street
Evans, CO 80620
(970) 339-5360

(11) Foothills Gateway
301 Skyway Drive
Fort Collins, CO 80525
(970) 226-2345

(12) Horizons Specialized Services
405 Oak
Steamboat Springs, CO 80477
(970) 879-4466

(13) Imagine!
1400 Dixon Avenue
Lafayette, CO 80026
(303) 665-7789

(14) Mesa Developmental Services
950 Grand Avenue
Grand Junction, CO 81502
(970) 243-3702

(15) Mountain Valley Developmental Services
700 Mount Sopris Drive
Glenwood Springs, CO 81602
(970) 945-2306

(16) North Metro Community Services
1001 West 124th Ave.
Westminster, CO 80234
(303) 252-7199 or (303) 457-1001

(17) Southeastern Developmental Services
1111 South Fourth Street
Lamar, CO 81052
(719) 336-3244

(18) Southern Colorado Developmental Services
1205 Congress Drive
Trinidad, CO 81082
(719) 846-4409

(19) Starpoint
700 South 8th Street
Canon City, CO 81215
(719) 275-1616

(20) The Resource Exchange
418 South Weber
Colorado Springs, CO 80903
(719) 380-1100

Appendix F: Summary of LTSS Recommendations

Colorado's 2014 Community Living Plan⁷ established the following goals and associated performance measures:

Goal 1: Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.

- Annual targets are met on the number of individuals transitioning out of institutional settings
- A process to proactively identify individuals interested in exploring transition to the community is implemented
- A centralized list of individuals ready for transition is developed and managed
- A Person Centered Planning (PCP) protocol and related planning process is implemented
- The workforce is trained on the PCP approach
- Service partners demonstrate increased capacity to match ready individuals with available housing and service opportunities

Goal 2: Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.

- Processes are implemented that proactively inform individuals of their choices for community-based services when considering institutional placement, particularly when discharging from a hospital and when in crisis
- Streamlined access to community-based services when transitioning from a hospital or crisis services is consistently achieved
- The Preadmission Screening and Resident Review (PASRR) is used to support community placement for people with mental illness or intellectual disabilities
- Crisis intervention services for people with behavioral health needs are implemented

Goal 3: Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community.

- Compliance with key housing related statutes including the Affirmatively Furthering Fair Housing (AFFH) program and the Fair Housing Act improve
- Increase access to housing opportunities and related resources including specifics on accessible features through deployment of a geographically-based, searchable web application
- Increase numbers of PHAs utilizing disability preferences
- Adopt a standard housing application by local Public Housing Agencies (PHA)
- The number of housing units increase due to expanded and diversified funding, and increased prioritization of persons with disabilities
- Annual targets are met on the number of individuals transitioning out of institutional settings

⁷Colorado's Community Living Plan

<https://www.colorado.gov/pacific/sites/default/files/Colorado%20Community%20Living%20Plan-July%202014.pdf>

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Goal 4: Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community based services and supports.

- The amount and array of community-based services and supports increases to support increased consumer choice²⁷
- Funding is expanded and diversified resulting in increased service capacity
- Consumer directed delivery models and services options are expanded
- A searchable web-based application that manages service information is developed
- Case management practices become uniform and reflect a person centered planning approach
- An annual report on service barriers and waitlists is submitted to the Governor's Office
- Waitlists for all services become smaller each year leading to elimination

Goal 5: Increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups.

- A core services training is developed and implemented
- An advanced training program with specialty modules is developed and implemented
- The number of individuals trained in core and specialized training efforts increases annually
- The workforce demonstrates an increasing capacity to serve people with all types of disabilities
- The overall workforce grows to meet the needs of all consumer groups through targeted recruitment and retention efforts
- Case management standards are developed and implemented across case management agencies and behavioral health service providers
- Consumers report increasing satisfaction and perceived effectiveness of received services

Goal 6: Improve communication strategies among long term services and support agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

- An information Clearinghouse of resources related to long term services and supports is created
- A marketing campaign is implemented to encourage use of the Clearinghouse
- Monitoring demonstrates increasing use of the site over time
- Stakeholders report positive feedback on use of the site
- Re-institutionalization is averted due to improved quality and timeliness of information
- The number of complaints to the state's Long-Term Care Ombudsman reflecting individuals being given inadequate information about home and community-based options is reduced

Goal 7: Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.

- A position paper reflecting integration/alignment/leveraging (IAL) opportunities is developed
- Efficiencies are demonstrated through a reduction in the number of groups formed to support related plan efforts
- Collaboration between key system partners increases

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- Recommendations are created that reflect IAL opportunities for the local long term care and service and supports system
- Steps are taken to align and/or integrate critical components of the long term service and supports system
- Outcomes improve for all stakeholders groups due to improved system performance

Goal 8: Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.

- A process for conducting the evaluation is established including the identification of responsible entities
- An evaluation plan for the Community Living Strategic Plan is developed
- Resources are secured to support evaluation plan implementation
- A report of findings is developed for each year of Community Living Plan implementation

Goal 9: Ensure successful plan implementation and refinements over time through the creation of an Olmstead plan governance structure and supportive workgroups.

- A process for conducting the evaluation is established including the identification of responsible entities
- An evaluation plan for the Community Living Strategic Plan is developed
- Resources are secured to support evaluation plan implementation
- A report of findings is developed for each year of Community Living Plan implementation

Community Living Advisory Group

The following items are the recommendations made by the Community Living Advisory Group.

Improve the Quality and Coordination of Care

1. Develop a single, unified care and service plan that can be widely shared.
2. Coordinate transportation services and funds and align policies across systems.
3. Improve LTSS price, quality, and performance data and make those findings publicly accessible.

Establish a Comprehensive, Universal System of Access Points

1. Create comprehensive access points for all LTSS.
2. Create and fund a system of LTSS that supports individuals of all ages with all types of insurance.
3. Strengthen collaboration between statewide agencies and local Area Agencies on Aging (AAAs).
4. Conduct a pilot study of presumptive eligibility for LTSS.
5. Develop training modules for individuals working in entry point agencies and financial eligibility agencies.
6. Create a toll-free hotline to help individuals and families learn about LTSS.

Simplify the State's System of HCBS Waivers

1. Amend the Medicaid State Plan to include an essential array of personal assistance services.

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2. Give participants in HCBS waivers the option to self-direct their services and to control an individual budget.
3. Tailor case management to individual needs and preferences.
4. Develop a new universal assessment tool to establish LTSS eligibility and facilitate a person-centered planning process.
5. Continue the plan detailed in the waiver simplification concept paper.
6. Provide a core array of services across all Medicaid HCBS waivers.
7. Address essential life domains in person-centered planning.

Grow and Strengthen the Paid and Unpaid LTSS Workforce

1. Develop a core competence workforce training program for LTSS.
2. Design specialized trainings on critical workforce service areas.
3. Professionalize the paid LTSS workforce.
4. Provide respite for caregivers.

Harmonize and Simplify Regulatory Requirements

1. Change regulations to fully support community living.
2. Require system-wide background checks.
3. Create a registry of workers who provide direct service to LTSS consumers.
4. Synchronize schedules for administering surveys across all LTSS programs.
5. Amend regulations to support person-centeredness.
6. Consolidate rules that impact IDD services and other LTSS.

Promote Affordable, Accessible Housing

1. Expand housing opportunities for people who have disabilities and/or are older.
2. Promote compliance with the Fair Housing Act and with Affirmatively Further Fair Housing.
3. Encourage PHAs to adopt references for individuals with disabilities.
4. Provide information about housing resources through a web-based portal.
5. Develop a common housing application.

Promote Employment Opportunities for All

1. Pursue a policy of Employment First, regardless of disability.
2. Provide DVR with sufficient resources to ensure that individuals gain access to employment in a timely manner.
3. Disseminate best practices, professional training and development, and good employment outcomes.
4. Host a community employment summit.
5. Develop the "Colorado Hires" program.