

***Strategic Plan: 2003-2008***  
***for the***  
***Colorado Developmental Disabilities***  
***Service System***



**July 1, 2003**

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Colorado Department of Human Services  
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# *Table of Contents*

<i>Message from the Director</i> .....	<i>ii</i>
<i>Acknowledgements</i> .....	<i>iii</i>
<i>Introduction</i> .....	<i>1</i>
<i>I. Planning Process</i> .....	<i>1</i>
<i>II. Overview of the Service System</i> .....	<i>2</i>
<i>III. Definitions of Strategic Plan Sections</i> .....	<i>4</i>
<i>Vision Statement</i> .....	<i>5</i>
<i>Mission Statement</i> .....	<i>5</i>
<i>Core Values</i> .....	<i>6</i>
<i>Action Plan for FY 2003-04</i> .....	<i>7</i>
<i>Strategic Goals</i> .....	<i>15</i>
<i>Implementation</i> .....	<i>17</i>

# STATE OF COLORADO



**Colorado Department of Human Services**

*people who help people*

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**Fred L. DeCrescentis**  
Director



Bill Owens  
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Marva Livingston Hammons  
Executive Director

As Director of the Division for Developmental Disabilities, it is my pleasure to introduce Colorado's *Strategic Plan: 2003-2008*. It is my hope and intent that the Strategic Plan becomes our compass to guide us toward the realization of our Vision and in a manner consistent with our Core Values.

The Strategic Plan evolved from the *Issue Paper: 2003* that summarized a myriad of issues, concerns and opportunities identified by the constituency of Colorado's developmental disabilities service system. It represents central themes prioritized by the constituency, including federal and state mandates.

As a road map to our future, the Strategic Plan is intended to be a dynamic document open to amendments as we engage challenges and opportunities during the next five years. The Strategic Plan also represents an opportunity for the constituency as a whole, to share and convey a common vision and core values while advocating for a quality of life enjoyed by the citizens of Colorado.

The mission and vision serve as guides to the future. The Mission Statement is a statement of purpose for our Division. The Vision Statement describes where we would like the system to be in five years. The Core Values represent the foundation from which individuals and their families can expect and enjoy a culture of respect, new opportunities and empowerment to make informed, reasonable and responsible choices about their lives. Together, the vision, mission and core values will keep us focused as we strive to improve our service system and the quality of life for persons with developmental disabilities.

In light of the limited state resources and growing needs identified, we need to be committed to "thinking outside of the box" and to exploring new funding streams if we are to realize our Vision Statement.

Therefore, please join me as we embark on a new journey in exploring new paths, creating opportunities and addressing the many challenges before us.

Respectfully,

Fred L. DeCrescentis, Director



# ***ACKNOWLEDGMENTS***

This strategic plan would not have been possible without the support and input from the service system constituency. The following stakeholder groups were instrumental in formulating the vision, mission and core values represented within this Strategic Plan. They also provided assistance in identifying issues and then prioritizing the most critical problems to address first within the Action Plan for FY 2003-04.

The Division for Developmental Disabilities would like to thank each of the following organizations and the various people within those organizations who provided this critical input for their time and valued opinions.

Colorado Association of Community Centered Boards (CACCB)  
Colorado Association of Persons in Supported Employment (CAPSE)  
Colorado Association of Providers of Resource Alternatives (CAPRA)  
Colorado Commission for the Deaf and Hard of Hearing  
Colorado Department of Education (CDE)  
Colorado Department of Health Care, Policy and Financing (HCPF)  
Colorado Department of Human Services (CDHS), including:  
    Division for Developmental Disabilities (DDD)  
    Division of Aging and Adult Services  
    Division of Mental Health Services (MHS)  
    Division of Vocational Rehabilitation Services  
    Office Adult, Disability and Rehabilitation Services  
    Office of Child and Family Services  
    Regional Centers (RCs)  
    Community Centered Boards (CCBs)  
    Program Approved Service Agencies (PASAs)  
    Speaking for Ourselves  
    The Arc of Colorado and its Affiliate Members  
    The Autism Society of America: Colorado Chapter  
    The Colorado Developmental Disabilities Council (CDDC)  
    The Legal Center  
    The Policy Advisory Committee  
    The United Cerebral Palsy Association of Colorado (UCP)

## ***INTRODUCTION***

### ***I. Planning Process:***

The *Strategic Plan 2003 – 2008* was made possible by the active participation and assistance of the constituency of Colorado’s developmental disabilities services system as referenced in the Acknowledgments section. The process used to develop the *Strategic Plan 2003 – 2008* included:

- ❖ **August – October 2002:** To better understand systemic issues and to become better acquainted with the constituency of Colorado’s developmental disabilities service system, the new Division Director initiated a statewide tour in late summer and concluded in the fall of 2002. From this tour, the *Issue Paper: 2003* was written including comments received from the constituency regarding the identification of primary issues, concerns and opportunities. The *Issue Paper: 2003* delineated the major issues and trends (national and state) impacting Colorado’s Developmental Disabilities Service System from which this Strategic Plan was developed.
- ❖ **March 2003:** Publication of the *Issue Paper: 2003*.
- ❖ **April 2003:** The concerns identified within the Issue Paper were prioritized by the constituency.
- ❖ **May 2003:** The Issue Paper was converted into a draft Strategic Plan, and shared with the constituency for initial review and comment. The Strategic Plan is comprised of:
  - a. Vision Statement
  - b. Mission Statement
  - c. Core Values
  - d. Action Plan
  - e. Strategic Goals
- ❖ **June 2003:** Final review and prioritization was completed by the constituency of the Action Plan portion of the draft Strategic Plan.
- ❖ **July 2003:** *Strategic Plan 2003 - 2008* was distributed to the constituency for implementation.

Late in the planning process, the Division for Developmental Disabilities, assumed responsibility for Children and Family Services effective June 1, 2003. As a result, a similar but condensed planning process will be implemented during the late summer and fall of this year. The *Strategic Plan 2003 – 2008* will then be amended to include Children and Family issues and priorities.

## ***II. Overview of the Colorado Developmental Disabilities Service System:***

- ❖ **Division for Developmental Disabilities (DDD)** - is the State office that provides leadership for the direction, funding, and operation of services for persons with developmental disabilities within Colorado. DDD services are administered under the Office of Adult, Disability, and Rehabilitation Services of the Colorado Department of Human Services (CDHS). State leadership and oversight includes: policy, planning, program development, budget development, program operation guidelines, technical assistance, training, determination of funding needs, setting priorities, contracting and allocation of resources, review of services and funding utilization, program quality, monitoring and evaluation, and management information. These functions are performed in concert with service providers, advocacy groups, and consumers and their families.
  
- ❖ **Major Service Organizations** - There are two principal types of service organizations that serve persons with developmental disabilities in Colorado: (1) private community service organizations including Community Centered Boards (CCBs) and their sub-contract providers; and (2) the state-operated service organizations called Regional Centers (RCs).

<b><i>NUMBERS OF CONSUMERS* SERVED BY CCBS AND RCS – May 2003</i></b>		
	<b><i>CCBs</i></b>	<b><i>RCs</i></b>
<b><i>ADULT SERVICES</i></b>		
Comprehensive Services (Residential, Day and Transportation)	3,451	387
Supported Living Services (SLS)	3,515	
<b><i>Unduplicated** Total for Adult Services</i></b>	<b><i>6,964</i></b>	<b><i>387</i></b>
<b><i>CHILDREN &amp; FAMILY SERVICES</i></b>		
Children's Extensive Supports (CES)	216	
Early Intervention (EI)	1,723	
Family Support Services Program (FSSP)	3,717	
<b><i>Unduplicated* Total for Children &amp; Family Services</i></b>	<b><i>5,271</i></b>	
<b><i>Total Unduplicated Number of Individuals</i></b>	<b><i>12,142</i></b>	<b><i>387</i></b>
<b><i>*The Unduplicated Totals are not always the sum of the numbers above them, since an individual may be served in more than one program, but is only counted once in the unduplicated totals.</i></b>		

- ❖ **Community Centered Boards (CCBs)** - are private non-profit organizations designated in Colorado statute as the single entry point into the long-term service and support system for persons with developmental disabilities. The State contracts with the twenty Community Centered Boards to deliver community-based services. Each CCB has a non-overlapping geographic service region of one to ten counties serving from 75 to 1,600 individuals each. CCBs are responsible for intake, eligibility determination, service plan development, arrangement for services, delivery of services, monitoring, and many other functions. Additionally, CCBs are responsible for assessing needs and developing plans to meet those needs of their local service area. CCBs play a vital role in managing limited resources at the local level to meet the individual needs of its citizens and to address the overall needs of the local service area. Community Centered Boards either deliver service directly and/or contract with Program Approved Service Agencies (PASA's) and other Service Provider Organizations (SPO's) to provide services and supports to individuals receiving waiver services.
- ❖ **Regional Centers (RC)** - are state-operated services for persons with developmental disabilities who have the most intensive needs. The RCs are administered by the Office of Adult, Disability and Rehabilitation Services (ADRS) under the Colorado Department of Human Services. DDD coordinates service delivery with the three State-owned and operated Regional Centers. RCs provide a number of services including: 24-hour supervision, residential services, day programming, habilitation, medical, training and behavioral intervention, plus short-term emergency/crisis support to the community system.
- ❖ **Medicaid Waiver Services** – DDD has worked to maximize available federal revenues in order to allow Colorado to increase services while minimizing the State General Fund burden. This has resulted in a high proportion of services being funded through Medicaid. Most Medicaid services offered through CCBs and RCs are 'waiver' services, which are community based Medicaid services that are an alternative to more institutional Medicaid ICF/MR type services. As a condition of waiver approval by the Centers for Medicare and Medicaid Services (CMS) Colorado's waiver programs are required to provide the following assurances:
  1. The health and welfare of waiver participants;
  2. That plans of care are responsive to waiver participant needs;
  3. Only qualified providers serve waiver participants;
  4. The State conducts level of care determinations consistent with the need for institutionalization;
  5. The Single State Medicaid Agency (Department of Health Care Policy and Financing - HCPF) retains administrative authority over the waiver program; and
  6. The State provides fiscal accountability for the waiver.

During May 2003, 6,432 adults and 216 children received Medicaid-funded waiver services directed to individuals with developmental disabilities in Colorado.

### ***III. Definitions of Strategic Plan Sections***

#### ***Vision Statement:***

Identifies where the developmental disabilities service system should be within a three to five year period of time.

#### ***Mission Statement:***

Defines the purpose of the Division for Developmental Disabilities (DDD).

#### ***Core Values:***

Defines the culture or belief system that guides the actions and decisions of the Division for Developmental Disabilities and the developmental disabilities services system.

#### ***Action Plan:***

Represents a written document, predicated upon an annual assessment of need, that:

1. Identifies issues/priorities to be achieved within a twelve month period (i.e. fiscal year);
2. Is very specific (i.e. objectives to be attained are expressed in measurable terms/outcomes); and
3. Represents the first year of the Strategic Plan.

#### ***Strategic Goals:***

Represents a written document, predicated upon an annual assessment of need, that:

1. Identifies issues/concerns that will require more time (beyond the fiscal year) to plan, generate new resources and create opportunities to resolve them in a reasonable and appropriate manner; and
2. Identifies issues/concerns in more general terms.



## ***VISION STATEMENT***

By 2008, every Coloradoan with a developmental disability will:

- Be provided assurances for his/her health and safety;
- Receive needed resources that represent a blend of private and public dollars;
- Receive effective and efficient services and supports;
- Have a service system that is easy to access and understand;
- Have a service system that values and realizes meaningful collaboration;
- Be provided the opportunity to be gainfully employed,
- Have access to a system that exemplifies inclusive practices; and
- Be provided the opportunity to make informed choices about his/her life.

## ***MISSION STATEMENT***

The mission for the Colorado Division for Developmental Disabilities is to join with others to offer the necessary supports with which all people with developmental disabilities have their rightful chance to:

- Be included in Colorado community life;
- Make increasingly responsible choices;
- Exert greater control over their life circumstances;
- Establish and maintain relationships and a sense of belonging;
- Develop and exercise their competencies and talents; and
- Experience personal security and self-respect.

## **CORE VALUES**

- The **health and safety** of individuals with developmental disabilities is a critical aspect of the decision making process.
- The **individual is a valued resource and partner** within Colorado's developmental disabilities system, as is his/her family when appropriate.
- **Self-determination** empowers individuals to control the direction of their lives and to make informed and responsible choices about services and how to direct their resources.
- Programs and services are based on **inclusive practices** that support person-centered planning, community employment and full participation in society.
- Every person, regardless of disability, will be given the opportunity to be **gainfully employed**.
- An **informed and involved community** is a vital resource of natural supports.
- Our system supports and respects the **diversity** of racial, cultural, religious, and gender differences of individuals and communities.
- **Meaningful partnerships** among the constituency of Colorado's developmental disabilities system are predicated upon trust and a commitment to the person with a developmental disability.
- **Well-informed and involved advocacy** is the responsibility of all members of the constituency and contributes to the overall strength and integrity of the service system.
- A commitment to having a **strong and diverse provider network** is essential to providing continuity of care and quality services and supports.
- A commitment to **ingenuity in research and utilization of technology** will assure innovation and state-of-the-art services.
- To achieve our vision and enable true collaboration, it is imperative that the **leadership** of all organizations **be accessible, forthright and trustworthy**.
- **All employees are valued** as critical resources and as professionals who deserve competitive pay and professional development opportunities.

## ***ACTION PLAN FOR FY 2003-04***

The Action Plan covers the first year of the Strategic Plan and identifies the priorities to be achieved during FY 2003-04. The most frequently reported priority of each constituency group is reflected within this plan. This plan will be reviewed annually to determine what tasks will be priorities for the Action Plan in the next fiscal year. Note that some of the tasks below will result in recommendations for new models to be implemented in the following fiscal year. In such cases, the updated plan for the following year will include FY 2004-05 Action Plan tasks to implement decisions made in FY 2003-04 Action Plan.

### ***I. Initiatives for Individuals and Families***

#### **A. Self Determination:**

To form an ad hoc committee whose purpose is to explore viable Self-Determination models and to recommend to the Director for Developmental Disabilities a model or models for implementation that can be funded under Medicaid.

1. The model(s) must be consistent with:
  - a) Providing reasonable assurance or safeguards regarding the health and safety of individuals participating;
  - b) Providing reasonable assurance that decisions made by the individual or his/her guardian are informed, reasonable and responsible;
  - c) Core values of the Department of Human Services and the Division for Developmental Disabilities; and
  - d) Medicaid funding regulations.
2. Time Frame: A report with recommendations should be ready for submission to the Director of DDD by mid July 2003.

#### **B. Public/Private Trust Partnership:**

To explore the feasibility of a financial partnership between public entities (local, state and federal) and families in Colorado.

1. To form an ad hoc committee comprised of:
  - a) Attorneys who are familiar with estate planning for persons with developmental disabilities;
  - b) Experts familiar with Social Security, Medicaid rules and regulations, local and state government operations;
  - c) Financial planners;
  - d) Insurance industry representatives; and

- e) Qualified individuals familiar with issues and concerns of individuals with developmental disabilities and their families.
2. The purpose of the ad hoc committee is to:
    - a) Explore the feasibility of a new type of trust option that will pay for staff support and other Medicaid related services on behalf of a person with a disability who is the beneficiary of the trust, without compromising Social Security or Medicaid benefits;
    - b) Review how interest from the trust might be donated to the local/state public entity, which in turn will match the donation and leverage public funds with Medicaid match to provide waiver services to the beneficiary of the trust, consistent with his/her Individualized Plan;
  3. Time Frame: A report, with recommendations will be submitted to the Director of DDD on or before June 30, 2004.

## ***II. System Development***

### **A. CMS Audit:**

To respond to recommendations resulting from the CMS (Centers for Medicare and Medicaid Services) audits of the Comprehensive Services and Supported Living Service waivers.

1. By October 15, 2003, DDD will prepare and submit a report to the JBC in response to Footnote 88 that discusses:
  - a) The 2003 CMS audit findings, and
  - b) Their impact on recommendations related to the Systems Change evaluations completed by HSRI in January 2003.
2. DDD will respond to CMS findings within the timeframes specified by CMS.

### **B. State Auditor Office Recommendations:**

To respond to the agreed upon goals from the State Auditor's Office "Performance Audit" of May 2000.

1. By September 2003, DDD will assess the status of work towards SAO recommendations.
2. By October 2003, DDD will make assignments and identify timeframes necessary to address any remaining SAO recommendations.

**C. HIPAA:**

To implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations related to: (1) Privacy, (2) Transaction Code Sets, and (3) Security.

1. By October 15, 2003, CDHS ITS (Information Technology Services) staff will modify the CCMS data system to address the transaction code set and privacy requirements of HIPAA.
2. DDD will attend Department sponsored planning meetings on the HIPAA security requirements.
3. By June 30, 2004, DDD will develop a plan to address those security requirements by April 2005.

**D. Employment & Community Participation:**

To explore and submit new viable approaches to (1) promote equality of opportunity for all individuals to participate in paid community employment and other inclusive community activities regardless of the severity of their disabilities and (2) promote significant paid community employment and community participation outcomes that build natural supports in the workplace and community and result in making all individuals valued community participants.

1. To form an ad hoc committee comprised of representatives from:
  - a) The Division of Vocational Rehabilitation Services;
  - b) The Division for Developmental Disabilities;
  - c) CCBs, CACCB and Service Provider Organizations; and
  - d) Other advocate and self-advocate representatives.
2. The purpose of the ad hoc committee is to explore viable options to create financial and other incentives for CACCB/Service Provider Organizations to find/create and realize gainful community employment outcomes for persons with developmental disabilities.
3. Time Frame: A report, with recommendations is to be submitted to the Director of DDD. The date of the final report is to be determined by members of the ad hoc committee and the Director of DDD.

**E. Positive Behavioral Support:**

To explore viable options to improve the assessment of challenging behaviors and the provision of Positive Behavioral Support.

1. To form an ad hoc committee comprised of representatives from:
  - a) CCBs, CACCB and Service Provider Organizations;
  - b) Other Qualified professionals who practice positive behavioral support methodologies;
  - c) Other consumer advocates; and

- d) The Division for Developmental Disabilities.
2. The purpose of the ad hoc committee is to:
  - a) Explore viable options to improve the assessment, planning and implementation of positive behavioral support methodologies; and
  - b) Identify viable resources to provide ongoing in-services and support of direct service staff to implement appropriate, positive behavioral support methodologies within the developmental disabilities services and support system.
3. Time Frame: A report, with recommendations, is to be submitted to the Director of DDD. The date of the final report is to be determined by members of the ad hoc committee and the Director of DDD.

**F. Individuals With Complex Needs:**

To explore options for best practices training targeted to persons with complex needs.

1. To form an ad hoc committee comprised of representatives from:
  - a) The Division for Developmental Disabilities
  - b) CACCB and Service Provider Organizations;
  - c) Other qualified professional resources; and
  - d) Other consumer advocates.
2. The purpose of the ad hoc committee is to:
  - a) Explore models of best practices regarding how to effectively serve individuals with complex medical, psychiatric and/or behavioral needs and known or potential criminal offenders;
  - b) Identify resources to provide ongoing in-services training to assist the provider community to implement best practices;
  - c) Explore alternative resources and options for emergency backup services; and
  - d) Consider approaches for addressing increased liability risks and costs associated with offering services for these individuals.
3. Time Frame: A report with recommendations is to be submitted to the Director of DDD. The date of the final report is to be determined by members of the ad hoc committee and the Director of DDD.

### ***III. Quality Improvement***

**A. Incident Tracking:**

To develop an effective statewide Critical Incident Tracking System.

1. By July 1, 2003, begin inputting incident data into a computer tracking system.

2. By October 30, 2003, analyze first quarter data and determine need for changes to the Critical Incident Tracking System.
3. By August 2004, generate an annual report of Critical Incident Data.

**B. Program Quality Framework:**

To develop recommendations for improving the design and implementation of Colorado's Program Quality System.

1. By July 29, 2003, submit a Real Choices System Change Grant in the area of Quality Assurance and Quality Improvement in Home and Community-Based Services. The grant will include improvements to:
  - a) management information systems for gathering and analyzing quality assurance data,
  - b) web-based information to provide consumers, family members and other constituencies with up to date quality assurance information, and
  - c) methods and opportunities for consumers, family members, advocates and providers to provide additional input into quality assurance systems.

## ***IV. Resource Development and Management***

**A. Federal Match:**

To obtain and implement federal match for local public funds in order to provide enhanced and/or additional services.

1. DDD will obtain federal approval to utilize the local public funds received by the Community Centered Boards as the state's share of match in accordance with 42 CFR 433.51.
2. Based on DDD's review and approval of CCB requests to use local public funds as the state's share of match, DDD will submit and receive approval of an emergency supplemental by June 19, 2003 that will allow the developmental disabilities system to access additional federal match for local public funds.
3. By June 17, 2003 DDD will submit the required claim utilization and financial transactions to Health Care Policy and Financing in order to pay the additional federal funds associated with the use of local public funds once the Joint Budget Committee approves the emergency supplemental on June 19, 2003.
4. Upon completion of the FY 2003 CCB fiscal audits, DDD will review the audits to ensure compliance with the approved plans.

5. DDD will repeat similar steps in future fiscal years to continue this process.

**B. Waiting Lists:**

To collect and distribute information that documents the waiting list and to develop plans to address the waiting lists.

1. May through August 2003, DDD will coordinate a CCB survey of persons on the waiting list to verify when services are needed in response to Footnote 87 from the JBC.
2. By November 1, 2003, DDD will submit a report to the JBC in response to Footnote 87. This report will identify and emphasize the needs of adults living at home with elderly parents.
3. When a ruling on the comprehensive services waiting list lawsuit is issued, DDD will develop a plan to implement that ruling.

**C. Insufficient Rates:**

To study and highlight the rising costs of doing business (such as higher health insurance; Workers Compensation, liability insurance) which when combined with insufficient Cost of Living Adjustments (COLA) are decreasing the buying power of current funds.

1. By March 2004, DDD will develop and issue a survey to all CCBs, CCB providers and RCs to collect staff wage and turnover information. The survey will also request information on increases in the costs of doing business.
2. By July 2004, DDD will analyze survey responses and develop a draft report.
3. By November 2004, DDD will submit information to the JBC regarding survey results to document the needs for higher rates.

**D. Rate Inequities:**

To develop strategies to address inequities in rates and numbers of resources across CCBs, including consideration of differences in cost of living (COLA), and case mix (using an assessment tool).

1. To form an ad hoc committee to explore viable options to address inequities across CCBs in terms of their rates, number of resources, differences in the cost of living, and case mix of consumer needs.

This committee is to be comprised of representatives from:

- a) The Division for Developmental Disabilities; and
- b) The CCBs and the CACCB.



Time Frame: A report with recommendations is to be submitted to the Director of DDD. The date of the final report is to be determined by members of the ad hoc committee and the Director of DDD.

2. Form a technical workgroup to review the validity and reliability of case mix assessment tools under study and their ability to (1) address the State Auditors Office recommendation for a single assessment tool for both RCs and CCBs and (2) assess the equity of resource distribution based on consumer needs.

Timeframes:

- a) By August 2003, DDD will contract with the JFK Center, University of Health Sciences Center for additional studies of a tool called CSAT to assess its validity, reliability and feasibility for determination of relative case mix of consumer needs across CCBs and RCs.
- b) By November 2003, DDD will form the workgroup.
- c) By February 2004, the workgroup will develop recommendations for any further studies and recommendations for utilization of a tool.
- d) By June 2004, DDD will make decisions regarding utilization of this tool.

**E. CCMS:**

To request funds to redesign and update Division for Developmental Disabilities' data management system (CCMS - Community Contract and Management System), in order to: (1) improve its ability to provide accountability for public dollars, (2) bring the system infrastructure (software and hardware) into compliance with Departments and State standards for such systems, (3) improve the efficiency and effectiveness for the state support and to reduce service agency duplication of effort issues, (4) improve information access by the public and service entities, and (5) replace an aging and less reliable mission-critical system to enable timely billings, contract monitoring, and management information to continue thereby avoiding either large increases in state staffing levels or reduction in services and efficiencies.

1. By July 2003, DDD will meet with HCPF (Department of Health Care Policy and Financing) to discuss their support of getting a higher federal match rate to upgrade the CCMS data system.
2. If HCPF approves, DDD will draft an Advanced Planning Document (APD) to CMS (Centers for Medicare and Medicaid Services) to seek enhanced federal match for CCMS redesign.

## ***V. Community and Customer Relationships***

### **A. Customer Relationships:**

To assure that persons with developmental disabilities are treated as valued customers, have a mechanism to voice their concerns, and receive needed information regarding the service system.

1. To form an ad hoc committee to develop strategies that address the above goal, including consideration of sensitivity training for the provider network to be offered by consumers and others of their choice.
2. This committee is to be comprised of representatives from:
  - a) Speaking for Ourselves, People First, and other self-advocates,
  - b) The Division for Developmental Disabilities; and
  - c) Other members to be determined by the self-advocates.
3. Time Frame: A report with recommendations is to be submitted to the Director of DDD. The date of the final report is to be determined by members of the ad hoc committee and the Director of DDD.

### **B. Working Relationships Among Constituency Groups:**

To improve working relationships (open communication, trust and mutual respect) among the Division for Developmental Disabilities, the Colorado Association of Community Centered Boards (CACCB) and the Arc of Colorado and its affiliate members, and the Colorado Developmental Disabilities Council (CDDC).

1. To convene a series of meetings with the Executive Directors of the Arc of Colorado, Colorado Association of Community Centered Boards, Colorado Developmental Disabilities Council and the Division for Developmental Disabilities.
2. The purpose of the meetings is to:
  - a) Review the history of Colorado's developmental disabilities service system that has worked well in the past, but has evolved into a "culture of distrust" among providers, advocate entities and the Division for Developmental Disabilities;
  - b) Explore viable options and opportunities that will enhance communication and promote the opportunity for shared and creative problem solving among the leadership of the developmental disabilities service system; and
  - c) Implement recommendations identified and agreed upon.
3. Time Frame: The Director of DDD will facilitate the initial meeting; however, subsequent meetings and outcomes will be determined by the four principal entities identified.

## ***STRATEGIC GOALS***

This section of the plan identifies issues and goals that will require more time (i.e., beyond FY 2003-04) to plan, generate new resources and create opportunities to resolve them in a reasonable and appropriate manner. Also, these are issues that were not identified by the constituency as a high priority for DDD to address during the current fiscal year. However, one or more of the constituency may be working to address these issues during FY 2003-04.

### ***I. Initiatives for Individuals and Families:***

- A. **Guardianship** - There is a need to develop individuals and other resources to serve as guardians or conservators.
- B. **Improved Residential Alternatives** - To identify opportunities, resources and models available that will provide: (1) opportunities for home ownership and (2) more affordable and accessible housing.
- C. **Referral Services** - Ensure that individuals and families awaiting services and supports in Colorado are informed of other services and funding sources, such as the EBD (Elderly, Blind and Disabled) Waiver, supported housing (HUD), Division for Vocational Rehabilitation services, Workforce Centers, etc.
- D. **Use of Technology** - Improve application of technology to service and supports to help individuals and families. Explore other research and development opportunities to improve services.
- E. **Informed Choice Training** - Training is needed for consumers (and their families, as appropriate) on making informed choices regarding services, providers and other aspects of their lives. Case managers, service providers and others who need training regarding how to encourage informed choice as well as how to obtain informed consent and what to do when a consumer cannot provide informed consent.

### ***II. System Development:***

- A. **Revise Rules and Regulations** - Make revisions to rules and regulations, if necessary, to reflect changes made during the Action Plan (FY 2003-04) and with a goal of reducing any unnecessary regulations.
- B. **Transportation Problems** - Accessibility to transportation is poor and costs are high, particularly in the rural areas of the state. Travel time and capital costs of vehicles is a major issue. Transportation costs can capture a majority of funds for an individual's SLS plan, which impacts day programming.
- C. **Changes to Waivers** - Based on FY 2003-04 CMS Audits, review and recommend, if feasible, amendments to current waiver services consistent with the CMS audit that will: (1) make these waivers easier to understand for individuals/families and simpler to administer (particularly the Supported Living

Waiver); and (2) to improve flexibility for individuals, family and community providers.

- D. **Eligibility Determinations** – Develop additional guidance to improve consistency in application of eligibility definitions.
- E. **Training** - To provide training and on-going technical assistance to key system participants (CCBs, providers, advocates, families, etc) on topics to be identified and prioritized by the constituency.
- F. **Planning** – Improve the individualized planning process to make it more meaningful for the person’s entire life, including socialization and need to meet cultural and language needs.
- G. **Appropriateness of Placement** – Make progress towards serving individuals in settings that are the most appropriate for addressing their needs, including reserving RCs for individuals whose needs cannot be met within the CCB system and providing services within integrated setting whenever possible.

### ***III. Quality Improvement***

- A. **Abuse Registry** - Explore the benefits, drawbacks and feasibility of an Abuse Registry for Adults in Colorado.
- B. **Reduce Conflict of Interest Potential in Case Management** - Develop strategies to reduce the potential for conflict of interest including changes to the supervisory reporting requirements related to the provision of case management services within the administrative structure of CCBs.
- C. **Value Driven Planning, Decision-Making and Service Delivery** – Develop and implement a process that encourages service providers to review their practices and operations in light of their agency’s mission, vision and core values and consistent with those represented in this document. Also, to take steps to ensure that all employees and sub-contractors understand these values and embody them in their service practices and decision-making processes.

### ***IV. Resource Development and Management:***

- A. **Transition Planning** – There is a continuing need for new resources to address individuals aging out of the child welfare system (foster care transition) and those transitioning from school to work or other adult services
- B. **Workforce Crisis** – To increase base service rates to address high staff turnover.
- C. **Case Management Funding** – To improve case management funding to address costs of eligibility determination, determination of needs for persons on the waiting list, and to reduce caseloads.
- D. **Dental Resources:** The need to identify dental resources for individuals with developmental disabilities.
- E. **Medical Resources:** The need to identify medical resources for individuals with developmental disabilities whose services are paid for by Medicaid.

- F. **DDD Staff** - Need to augment resources available at DDD to include increases in the number of DDD staff, restoration of the training funds and restoration of the performance measure funds for conducting Core Indicator and other surveys.
- G. **Alternative Funding Sources** - To explore resources and opportunities for alternative funding sources, such as (1) federal grants, (2) Division of Adult and Aging Services' Older Americans Act and (3) Department of Health Care Policy and Financing's "Systems Change" Grant to include innovative grants on unique needs.

## ***V. Community and Customer Relationships:***

- A. **Capturing Stakeholder Input** – To expand the Core Indicator survey process for gathering stakeholder feedback regarding services and supports to include family satisfaction surveys.
- B. **Sharing Expertise and Resources** - To continue to explore opportunities to develop and share expertise and resources across internal and external organizations, such as: the Division of Vocational Rehabilitation Services, the Division of Child Welfare, Mental Health Services, the Department of Health Care Policy and Financing, the Department of Education, Department of Health, Colorado Commission for the Deaf and Hard of Hearing, etc.

# ***IMPLEMENTATION***

The *Strategic Plan: 2003-2008* will be shared with key representatives of the Colorado Department of Human Services and the constituents of the service system in July 2003. It will also be shared with representatives from the Centers for Medicare and Medicaid Services during their review of the Comprehensive Services and Supported Living Services Waivers this summer. Development of ad hoc committees, as the initial step in the implementation of the Action Plan, will also begin in July.

As mentioned, the Strategic Plan is a road map to our future and is intended to be a dynamic document, open to amendments at least annually, as we engage challenges and opportunities together. Children and Family issues, priorities and opportunities will be added to the document in January 2004.

A Report to the Community will be provided at the end of the fiscal year, which will identify the outcomes of each of the priorities identified within the Action Plan.

