Community Living Report

A LOOK BACK AT COLORADO'S COMMUNITY LIVING EFFORTS AND RECOMMENDATIONS FOR MOVING FORWARD | 2018

COLORADO

Gov. John Hickenlooper

ACKNOWLEDGEMENTS

The Office of the Governor thanks the community leaders and stakeholders that provided feedback on the content of this report. These individuals participated in numerous meetings and provided vital insight and expertise on the earliest drafts of this report. We also thank the staff from eight state agencies who provided their expertise on the community living efforts across Colorado.

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EXECUTIVE SUMMARY

Colorado is committed to providing individuals with disabilities the opportunity to live, work, learn, play, and travel as independently as possible. In 2014, the Colorado Departments of Health Care Policy and Financing, Human Services, and Local Affairs released the Community Living Plan. The Community Living Plan was a strategic plan that was to be fully implemented, monitored, and evaluated in order to improve the lives of individuals living with disabilities. In the same year, the Community Living Advisory Group Report was introduced. Since those introductions, there has been an increase in community living options across the state, as well as a reduction in the unnecessary institutionalization of individuals with disabilities. However, still today, Colorado faces challenges in ensuring that every Coloradan is living a life of full inclusion.

Like various states across the country, Colorado faces numerous barriers in the implementation of the Community Living Plan and the Community Living Advisory Group Report including funding restraints, regulatory barriers, and changes in policy.

In June 2018, the Office of Governor John W. Hickenlooper engaged in an effort to revisit the community living efforts of the State that have taken place since 2014. The Governor's Office enlisted the help of the Colorado Departments of Health Care Policy and Financing, Human Services, Education, Labor and Employment, Local Affairs, Corrections, Personnel and Administration, and Transportation, as well as a group of committed and passionate stakeholders that represent various areas of community living across the state in order to develop a report that revisited the Community Living Plan and Community Living Advisory Group Report of 2014.

This report represents the State's continued effort to ensure that all individuals with disabilities across the state are living lives full of inclusion in the community of their choice. It addresses the changes and updates to the State's pilots, programs, initiatives, and activities from the Community Living Plan and the Community Living Advisory Group Report. It also addresses a number of areas outside of those documents, including education and criminal justice, and establishes a number of recommendations for moving forward.

Similar to the Community Living Plan and Community Living Advisory Group Report, the contents of this report will continue to change and evolve as lessons are learned, priorities are shifted, and new needs are identified and addressed. As community living efforts evolve, the State shall continue to monitor this report and provide updates when necessary.

The Current State

As previously stated, the introduction of the Community Living Plan and the Community Living Advisory Group Report resulted in an increase in community living options across the state, as well as a reduction in the unnecessary institutionalization of individuals with disabilities. Over the last four years, state agencies have worked to create, expand, and implement programs,

pilots, and activities that fall in line with the Community Living Plan and Community Living Advisory Group Report. A number of key accomplishments are detailed below.

A number of activities found in the Community Living Plan relate to the implementation and improvement of Person-Centered Thinking and Planning. Since 2015, the Department of Health Care Policy and Financing has dedicated over $616,000 in Person-Centered Thinking training. Along with the training sessions, the department has conducted focus groups, which enhanced the statewide understanding of Person-Centered Thinking and Planning. The department also works with the Colorado Department of Public Health and Environment, Colorado Department of Human Services, and Case Management Agencies to enhance and ensure Person-Centered Thinking and Planning are at the heart of the Long-Term Services and Supports system.

Beginning in February 2018, the Regional Center system within the Colorado Department of Human Services started a three-year process to become a certified person-centered organization. The rollout includes intensive training for trainers at each Regional Center facility and training for management to ensure change is embedded in the culture at all levels. The training will offer staff tools and skills to better prepare staff to work with people in an individualized, treatment-focused manner.

The Community Living Plan also directed the Department of Health Care Policy and Financing to learn from the efforts of the Colorado Choice Transition program and expand successful transition practices. As of June 2018, 361 Health First Colorado members had been transitioned into the community using the Colorado Choice Transitions program, with 93% of members still living successfully in the community one year after transition. These members reported having a higher quality of life and better health outcomes. As of December 2017, the program had produced a savings of more than $2.8 million for the State of Colorado.

In order to support individuals moving from institutions into their community, the Colorado Department of Health Care Policy and Financing and the Division of Housing within the Colorado Department of Local Affairs partnered with Brothers Redevelopment Inc. This partnership works to provide transition services, such as help with rental application forms and applications for the State Housing Voucher program.

The Departments of Local Affairs and Health Care Policy and Financing have continued to improve the Home Modification benefit. In April 2015, the Division of Housing began reviewing the Home Modifications jobs and the caseload has continued to grow ever since. In Fiscal Year 2016 and 2017, 614 and 652 Home Modification jobs were approved, respectively. In Fiscal Year 2018, after an increase to the lifetime benefit cap, approximately 790 Home Modification jobs were approved. The benefit has continued to increase the number of Home Modification providers, including providers based in less-frequently served counties across Colorado.

The Division of Housing continues to increase the number of Coloradans in safe, affordable housing by providing a variety of services and financial assistance programs. The division makes funding available for single-family housing and multifamily housing projects, including new construction and land acquisition, with preference toward multifamily projects serving people experiencing homelessness, victims of domestic violence, and other individuals with special needs. The division also helps developers and local governments purchase property for new housing development and redevelopment, including the acquisition and rehabilitation of existing housing.

In order to improve access to housing for persons with disabilities, the Division of Housing administers numerous tenant-based rental assistance programs. These assistance programs include the Housing Choice Voucher program, Family Unification Program, AIDS Projects, Veterans Affairs Supportive Housing program, Family Self Sufficiency program, Continuum of Care Permanent Supportive Housing program, Section 811, and the State Housing Voucher program.

The State has continued to improve community-based services and supports for individuals that have transitioned back into the community, including improving access to waiver services and eliminating waiting lists for waivers. In Fiscal Year 2017-2018, with the elimination of the Home and Community-Based Services Supported Living Services and Children's Extensive Support waivers, the number of people served nearly doubled to 7,353. The Home and Community-Based Services Developmental Disabilities waiver remains the only Home and Community-Based Services waiver to maintain a waiting list. However, the Department of Health Care Policy and Financing and the General Assembly continue to make progress in providing access to more services on this waiver. In 2018, the General Assembly authorized an additional 300 enrollments from the waiting list.

Various state agencies are involved in numerous working groups, partnerships, and task forces across the state in order to improve community living. These groups often consist of stakeholders, community leaders, other state agencies, and private organizations and tackle a number of key matters including transitions, employment, and housing. For example, Complex and Creative Service Solutions is a group made up of various state agencies providers, stakeholders from professional organizations, advocacy groups, and service providers that helps find services for individuals with complex needs.

Important achievements have also been made outside of the Community Living Plan. In 2016, the Division of Vocational Rehabilitation moved from the Department of Human Services into the Department of Labor and Employment. In Fiscal Year 2017-2018, the Division of Vocational Rehabilitation provided services to 15,620 individuals. As a result, an estimated $41.4 million in wages flowed into Colorado's economy from individuals with disabilities who received services and obtained successful employment. The Division of Vocational Rehabilitation has also made improvements in other areas, including Competitive Integrated Employment, professional counselor development, and youth transitions.

Since 2014, the Colorado Department of Transportation has made numerous accessibility improvements, including the evaluation of existing facilities statewide through the Americans with Disabilities Act Transition Plan, which includes assessments of over 20,000 existing curb ramps, 28 rest stops across the state, and six department building facilities. Further, the department provided 14 Americans with Disabilities Act-related trainings to transit providers and municipalities.

The Future State

Improving community living for Coloradans with disabilities includes providing a continuity of care for those living in institutions and the community, and preventing unnecessary institutionalized of others. Based on the State's progress since 2014 and feedback from stakeholders, this report makes a number of recommendations in 10 key areas: (1) Agency Coordination; (2) Community Engagement; (3) Education; (4) Housing and Services; (5) Workforce; (6) Employment; (7) Transportation; (8) Statistics and Data Collection; (9) Expanding Access to Quality Health Care; and (10) Support and Management.

In order to ensure compliance with the United States Supreme Court decision, *Olmstead v. L.C.,* state agencies should continue to coordinate community living efforts. State agencies, and the Office of the Governor, also have a responsibility to work with stakeholders and community leaders to ensure individuals with disabilities are able to participate in meaningful community engagement.

This report makes a number of recommendations in order to address community living throughout housing services. For example, while there have been improvements in the Home Modification benefit over the years, the State should continue to improve it. The State should consider renewing the lifetime limit when the waivers are renewed every five years and allowing a new modification to be made when an individual has experienced a significant change or condition in life or if the individual has to move from their current residence.

This report also makes a number of employment-related recommendations. For instance, the State should continue to support the current "Model Employer" initiative that ensures individuals with disabilities have access to State employment. The State should strive to increase the number of people with disabilities working in State employment by identifying best policies and practices, raising awareness of hidden disabilities, and ensuring every employee is properly trained and made aware of the benefits of hiring people with disabilities.

Finally, a number of important recommendations were made regarding education, transportation, statistics, healthcare, the workforce, and support of all community living efforts that the State should consider heavily moving forward.

INTRODUCTION & BACKGROUND

The State of Colorado is dedicated to ensuring that people with disabilities have the opportunity to live independently and participate fully in the community of their choice. The State has taken important steps to make this goal a reality by implementing programs and initiatives that allow more people with disabilities to live in the community independently.

In 2014, Colorado's Community Living Plan set an ambitious agenda with specific goals that would improve community living efforts across the state. This 2018 report details the progress the State has made in achieving the goals set forth in the Community Living Plan and sets a new roadmap that will expand access to community living for Coloradans with disabilities.

In developing this report, the Governor's Office worked with the relevant state agencies, as well as a group of passionate stakeholders that represented various aspects of community living across all parts of Colorado. The state agencies provided input on activities, pilots, programs, and initiatives that have taken place since the implementation of the Community Living Plan. The recommendations represent ideas from the original Community Living Plan, Community Living Advisory Group Report, and new ideas voiced by community stakeholders and the State.

Olmstead

In 1999, in *Olmstead v. L.C.,* the Supreme Court held that individuals with disabilities should receive supports and services in the most integrated setting appropriate to their needs and that any unjustified segregation of people with disabilities violates Title II of the Americans with Disabilities Act ("ADA").[1]

Olmstead involved two women with disabilities, Lois Curtis and Elaine Wilson. Curtis and Wilson were voluntarily admitted to the psychiatric unit in a state-run Georgia Regional Hospital. After treatment, hospital professionals determined the women were ready to move into a community-based program, yet Curtis and Wilson remained confined to the institution for years after treatment. The two women filed suit under the ADA for release from the hospital.

The Court held that community-based services for individuals with disabilities must be provided when (1) such services are appropriate; (2) the affected individuals do not oppose community-based treatment; and (3) community-based services can be reasonably accommodated, taking into account the resources available to the public entity and the needs of others who are receiving disability services from the entity.[2] In other words, placement into an integrated setting is required when people with disabilities are medically cleared for such a setting, they themselves desire placement in such a setting, and there are available

[1] *Olmstead v. L.C.*, 527 U.S. 581 (1999); Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. § 12132.

[2] *Olmstead v. L.C.*, 527 at 607.

resources for transfer. The decision reinforced the premise that, with adequate resources, many individuals with disabling conditions can successfully live in the community.

In 2001, President George W. Bush signed an Executive Order reinforcing the *Olmstead* decision.[3] The order required states to provide community-based alternatives for individuals with disabilities in compliance with the terms of the *Olmstead* decision.

In 2002, with the assistance of state agency representatives and community stakeholders, a report of program and policy recommendations was designed to address the *Olmstead* decision. While not implemented, the report provided various state agencies with guidance, which resulted in a number of significant achievements.

In 2009, Colorado Governor Bill Ritter signed an Executive Order directing the Long-Term Care Advisory Committee, its delegates, and other relevant community stakeholders to develop long-term policy recommendations to ensure the continued development and improvement of the systems were designed to support people with disabilities and others at risk of living in institutionalized settings.[4]

In 2010, the Long-Term Care Advisory Committee and representatives from various state agencies published policy recommendations titled "Olmstead: Recommendations and Policy Options for Colorado." While the policy recommendations were not implemented in an actionable plan, they too provided significant guidance to possible efforts related to *Olmstead*.

Colorado's Community Living Plan

In 2013, the Colorado Department of Health Care Policy and Financing ("HCPF"), the Colorado Department of Human Services ("CDHS"), and the Colorado Department of Local Affairs ("DOLA"), with support and input from various community organizations and individuals living with disabilities, engaged in an effort to revisit and update the policy recommendations made by the Long-Term Care Advisory Committee in 2010. The Community Living Plan, Colorado's Response to the Olmstead Decision, was a result of that effort. This plan was seen as a strategic roadmap that could be fully implemented, monitored, and evaluated. The Community Living Plan was derived from the information collected from a variety of state agency representatives, community individuals, and stakeholder groups, as well as a number of relevant documents, including "Restoring Lives: Building Integrated Communities and Strengthening Support," "Separate and Unequal: States Fail to Fulfill the Community Living Promise of the Americans with Disabilities Act," and Colorado's "Money Follows the Person Rebalancing Demonstration Application."

[3] Exec. Order No. 13217, 3 C.F.R. 13217.

[4] Colo. Exec. Order No. D 011 09.

As stated in the executive summary of the Community Living Plan, the plan was to be "viewed as a solid foundation from which to launch critical efforts, and that its contents will continually evolve in ways that improve the State's ability to meet the goals and principles of the Olmstead decision, which, in turn, improve the lives of individuals living with disabilities."[5]

While the Community Living Plan had nine goals with various outcomes, strategies, and action steps, the plan had four overarching aims: (1) successfully help individuals transition from institutional settings to community settings; (2) ensure that individuals can successfully live in the community; (3) prevent unnecessary entry or re-entry into institutional settings; and (4) ensure a successfully implemented plan through transparent oversight and evaluation efforts.[6] Each of the nine goals had specific outcomes, strategies, and activities, which stated the responsible parties and the approximate year in which they will be implemented.

Since it was introduced, the mission of Colorado's Community Living Plan has been to ensure that people with disabilities experience lives of inclusion and integration. In the years since its inception, Colorado has introduced and implemented numerous activities, programs, pilots, and initiatives that have impacted the lives of Coloradans across the state.

Community Living Advisory Group Report

In 2012, Colorado Governor John Hickenlooper signed an Executive Order establishing the Office of Community Living ("OCL") within HCPF.[7] The goal of the OCL was to "redesign all aspects of the long-term services and supports delivery system, including service models, payment structures, and data systems to create efficient and person-centered community-based care."[8]

Additionally, the OCL was ordered to create the Community Living Advisory Group ("CLAG").[9] The CLAG and its subcommittees were made up of representatives from state agencies, community organizations, and local governments, consumers, advocates, family members and other caregivers, and legislators. The CLAG was directed to "consider and recommend necessary changes to the system to ensure responsiveness, flexibility, accountability, and self-directed long-term services and supports for all eligible persons that are beneficial to the citizens of Colorado."[10]

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[5] Colo. Dep't of Health Care, Policy, and Fin., Colo. Dep't of Human Services, Colo. Dep't of Local Affairs, Colorado's Community Living Plan, Colorado's Response to the Olmstead Decision (2014) [hereinafter Colo. Report] at 4, *available at* https://www.colorado.gov/pacific/sites/default/files/Colorado%20Community%20Living%20Plan-July%202014.pdf.

[6] Colo. Report at 4–5.

[7] Colo. Exec. Order No. D 2012-027.

[8] Colo. Exec. Order No. D 2012-027.

[9] Colo. Exec. Order No. D 2012-027.

[10] Colo. Exec. Order No. D 2012-027.

In 2013, the Colorado General Assembly passed a joint resolution, which endorsed the CLAG and supported the essential values of person-centeredness and independence.[11]

In 2014, the CLAG published a report with their final recommendations to Governor Hickenlooper and the Executive Directors of HCPF and CDHS. The report represented the final recommendations of the CLAG, its subcommittees, and more than 3000 hours of work by 190 stakeholders.[12]

In formulating the recommendations, the CLAG was guided by a commitment to ensure that Coloradans who need Long-Term Services and Supports ("LTSS") are able to obtain "the right services, at the right time, in the right amount for the right length of time, in a place of their choosing."[13] The group was also guided by "a deep commitment to the core principle of person-centeredness, and to the related principles of self-determination and consumer direction."[14]

Among various other shared principles, the CLAG believed Coloradans should be able to easily access and direct LTSS, and use those services and supports to help individuals lead successful and enjoyable lives.[15] The CLAG also believed that all Coloradans have the right "to live, work, play, and learn in communities of their choice as fully participating, contributing, and valued members of our society" and ultimately, that all Coloradans "have the right to live a life based on inclusion, not segregation."[16]

The CLAG was made up of six subcommittees: (1) Care Coordination; (2) Consumer Direction; (3) Entry Point & Eligibility; (4) Waiver Simplification; (5) Workforce; and (6) Regulations.[17] As a whole, the group also considered recommendations on housing and employment.[18]

Similar to the Community Living Plan, the CLAG Report was made up of broad recommendations and specific goals. These recommendations included topics similar to those in the Community Living Plan, but also included different areas, such as employment. The CLAG Report recommendations included (1) improve the quality and coordination of care; (2) establish a comprehensive, universal system of access points; (3) simplify the State's system of Home and Community Based Services ("HCBS") waivers; (4) grow and strengthen the paid and unpaid LTSS workforce; (5) harmonize and simplify regulatory requirements; (6) promote affordable, accessible housing; and (7) promote employment opportunities for all.[19]

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[11] H.R.J Res. 1023, 69th Gen. Assemb., Reg. Sess. (Colo. 2013).

[12] Colo. Dep't of Health Care, Policy, and Fin., Community Living Advisory Group Report (2014) [hereinafter CLAG Report] at 1, *available at* https://www.colorado.gov/pacific/sites/default/files/Community_Living_Advisory_Group_Final_Report_09-30-14.pdf.

[13] CLAG Report at 4.

[14] CLAG Report at 5.

[15] CLAG Report at 2.

[16] CLAG Report at 2.

[17] CLAG Report at 6.

[18] CLAG Report at 7.

[19] CLAG Report at 7–26.

COMMUNITY LIVING PLAN GOALS

In 2014, HCPF, CDHS, and DOLA published Colorado's Community Living Plan. This plan set nine goals designed to help people with disabilities transition out of institutions and help them to live and work in the community of their choice. As these three departments have worked to achieve these goals, other departments have implemented other programs and initiatives that are meeting these goals. Below, specific initiatives and programs that state agencies have undertaken over the last four years that advance the cause of community living for all Coloradans are identified.

Goal 1 - Identifying Individuals for Transition

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.

2014 Community Living Plan Recommended Measurable Outcomes:

Meet annual targets on the number of individuals transitioning out of institutional settings

Implement a process to proactively identify individuals interested in exploring transition to the community

Develop and manage a centralized list of individuals ready for transition

Implement a PCP protocol and related planning process

Train the workforce on the PCP approach

Demonstrate increase in service partners' capacity to match ready individuals with available housing and service opportunities

2018 Reports

CCT:

As of December 2017...

CCT transitions produced a savings of more than **$2.8 million** to the State of Colorado.

As of June 2018...

361 Health First Colorado members had been transitioned into the community using the CCT program. **93%** of those members were still living successfully in the community one year after transition. These members reported both having a higher quality of life and better health outcomes.

PCP:

As of June 2018, HCPF was in the final stages of negotiations with CMS and hopes to begin reimbursing ADRCs through Medicaid in *FY 2018-19*, thus increasing the funding of person-centered options counseling.

Between June 2014 and June 2018, HCPF invested **$616,254** in PCT training. From *FY 2017-18* to *FY 2018-19*, HCPF invested **$1,684,252** in PCP. This investment goes towards developing, piloting, and determining the budget for the new assessment tool and Person-Centered support planning process, and towards developing a curriculum for people receiving HCBS to lead their own Person-Centered support planning process.

From *FY 2017-18* to *FY 2019-20*, the Regional Center System allocated **$131,000** towards PCP efforts.

MDS:

In 2014, HCPF received funding from the General Assembly to contract with **13** ADRCs to fulfill the role as the local contact agency to provide options counseling for those who indicated they would like to receive it in Section Q.

As of June 2018, **1,324** individuals received options counseling in Colorado.

The first goal of Colorado's Community Living Plan is to proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a Person-Centered Planning ("PCP") approach.

The measurable outcomes for this goal consist of identifying individuals for transition, developing and managing a list of individuals ready for transition, and meeting annual targets on actually transitioning those individuals. Additionally, there are measurable outcomes related to implementing a PCP protocol, planning process, and workforce training.

Identifying Individuals for Transition

In order to ensure individuals interested in transitioning to the community are identified, HCPF conducts the Minimum Data Set ("MDS") assessment. The MDS is the functional, federally mandated assessment given to all residents in all Medicare or Medicaid certified nursing facilities. Federal statute requires using the MDS assessment tool upon admission, as well as quarterly, annually, and if the resident has a significant change of condition. In Section Q of the MDS, nursing homes are required to ask individuals if they are interested in options counseling to learn about opportunities to leave the nursing home. This utilizes a person-centered process by supporting the individual's right to make an informed choice about where they want to live and receive services.

According to the MDS data in Fiscal Year ("FY") 2016-17, the total number of MDS surveys administered in Colorado was 21,140. At that time, there were 2,881 individuals living in nursing facilities with a diagnosis of either Mental Illness ("MI") or Intellectual or Developmental Disability ("IDD") that qualified as Preadmission Screening and Resident Review ("PASRR") condition (as per regulation).

Under guidance from the U.S. Department of Health and Human Services, Office for Civil Rights ("OCR"), nursing facilities are required to make a referral to the Local Contact Agency ("LCA") if the resident responds with a "yes" on their desire to learn about community living options. In FY 2015-16, 172 out of 1,958 total residents (8.78%) who responded "yes" to learning about community living options were referred to their LCA. In FY 2016-17, 404 out of 2,083 total residents (19.40%) who responded "yes" to learning about community living options were referred to their LCA. In 2016 and 2017, 83 and 103 individuals successfully transitioned out of a Medicaid certified nursing facility in Colorado, respectively.

There are limited circumstances under which a nursing facility is not required to make a referral to their LCA for options counseling, which include the resident having an active discharge plan in place and legal guardian authority. With the limited circumstances considered, the goal is to have all residents who want to learn about community living options referred to their LCA. With the goal of increasing referral rates, HCPF published a webinar on their website in December 2017 on the options counseling referral process for long-term care facilities. HCPF continues to collaborate with the MDS coordinator at the Colorado Department of Public Health and Environment ("CDPHE") to train long-term care staff on the MDS process in an effort to increase referral rates.

The data collected through the MDS also provides information on the level of support that people require. HCPF is continuously working to meaningfully use the MDS acuity data to identify people who are potentially ready for transition.

Community Transitions

Since April 2013, HCPF has participated in a federally-funded demonstration program called Money Follows the Person ("MFP"). MFP is designed to help transition interested members of Health First Colorado (Colorado's Medicaid Program) from long-term care facilities, such as nursing homes, into home and community-based settings. Colorado's MFP program is called Colorado Choice Transitions ("CCT"). The services offered by CCT are designed to promote independence by providing a successful transition into the community.

As of June 2018, 361 Health First Colorado members had been transitioned into the community using the CCT program, with 93% of members still living successfully in the community one year after transition. These members reported having a higher quality of life and better health outcomes. Further, as of December 2017, CCT transitions produced a savings of more than $2.8 million for the State of Colorado.

With the federal funding for CCT demonstration services ending in 2019, the General Assembly passed House Bill ("HB") 18-1326, directing HCPF to implement successful services from the CCT demonstration into ongoing LTSS programs. HB 18-1326 was signed into law in April 2018 and directs HCPF to seek the necessary state plan and waiver amendments to create sustainability for these services.

HCPF has pursued Targeted Case Management ("TCM") authority for the transition benefit, which was outlined in the 2015 CCT Sustainability Plan. TCM services, as proposed, includes assessment, planning, referral-related activities, and monitoring and follow-up.

HCPF has proposed using the 1915(c) HCBS waiver authority to continue the CCT demonstration program benefits, including transition Independent Living Skills Training ("ILST"), home delivered meals, household setup, and peer mentorship.

HCPF anticipates an effective date of January 1, 2019 for these services.

Options Counseling

Options counseling is when an individual works with a trained professional in the field of aging or disability to develop a plan for that individual's basic needs. Option counselors help individuals consider different options and then support those individuals in their decisions or plans. Options counseling should always take a community first approach, only recommending an institutional setting after all community-based services possibilities have been thoroughly exhausted.

In 2014, HCPF received funding from the General Assembly to contract with 13 Aging and Disability Resource Centers ("ADRCs") to fulfill the role as the LCA to provide options counseling for those who indicated they would like to receive it in Section Q of the MDS. Due to the number of referrals, the General Assembly approved additional funding starting in FY 2018-19. These referrals have had a direct impact on the number of people who have transitioned with Colorado's primary transition program, CCT.

While HCPF contracts with the ADRCs to provide options counseling, HCPF does not have direct oversight over the ADRCs. The ADRCs currently in operation use local funding and may also use funding from other sources, such as the Older Coloradans Act or the Older Americans Act. These funding sources place age restrictions on the use of those funds. To address this, HCPF and CDHS are working with the ADRCs to help them obtain federal funding through Medicaid Administrative Claiming ("MAC"). Parallel to this work, HCPF has been using a No Wrong Door ("NWD") grant to work with four pilot sites in different parts of the state who are participating in a scaled-down MAC process, based on the work done with the ADRCs, to determine how MAC can be leveraged as a funding source for Colorado's future NWD system. Through these two efforts, HCPF hopes to expand the capacity of the ADRCs or NWD network to respond to individuals seeking LTSS.

In 2016, HCPF started working with CDHS and the ADRCs to identify the activities that the ADRCs perform that may be eligible for a federal match, which would double their available funding. CDHS designated $500,000 in general funds to serve as the State's match to request a federal match via MAC. As of June 2018, HCPF was in the final stages of negotiations with the Centers for Medicare and Medicaid Services ("CMS") and hopes to begin reimbursing ADRCs for eligible activities through MAC in FY 2019-20. By increasing the funding of person-centered options counseling, more people interested in transitioning to the community may be provided with the options counseling to do so. As of June 2018, 1,234 individuals received options counseling from ADRCs.

Person-Centered Processes

In order to further develop person-centered processes, HCPF began working with stakeholders in 2014 to develop a new Assessment and Person-Centered Support Planning ("A/SP") process for LTSS. The new A/SP will incorporate person-centered elements by not only asking about needs, but also inquiring about an individual's preferences, goals, and interests. One of the goals of the new A/SP is to reduce the number of assessments an individual experiences while seeking services. With this outcome in mind, the new A/SP integrates the transition assessment and plan that was used for the CCT program. The new A/SP will also comply with the 2014 federal requirements for PCP.

In FY 2018-19, HCPF will be piloting the new A/SP and begin determining how to allocate person-centered budgets during the planning process to finance services. Throughout FY

2019-20 and FY 2020-21, HCPF will continue to finalize the PCP process, train case managers, and begin using the new A/SP statewide.

HCPF has also invested over $616,000 in Person-Centered Thinking ("PCT") training since 2015. In FY 2015-16, HCPF provided 4,060 PCT training sessions to OCL stakeholders statewide, including individuals and families who receive HCBS, HCBS providers, and case managers. In FY 2016-17 and FY 2017-18, HCPF continued to provide PCT trainings across Colorado. HCPF also worked with a contractor to conduct focus groups and produce a final report on sustainability of person-centered practices and to review Colorado compliance with PCP. HCPF had specific goals for these training sessions and focus groups, including that they be available throughout the state, be well-attended and well-received, and enhance the statewide understanding of PCT, including PCP, for the ultimate benefit of individuals who participate in HCBS programs. HCPF observed that these goals were met.

In 2017, HCPF contracted with Civic Canopy to conduct key informant interviews and a listening group representing people with IDD to learn about best practices in the implementation and sustaining of person-centered principles. In Spring 2017, this work resulted in a Person-Centered Practices Sustainability Plan. In February 2018, HCPF contracted with the Council on Quality and Leadership ("CQL") to conduct statewide focus groups regarding HCPF's policies and practices that support PCP for all HCBS LTSS. Additionally, CQL completed a review of all statutes, regulations, and HCBS waivers that authorize services operated by HCPF to ascertain areas in each of these authorities where language must be changed, practices improved, and systems enhanced in order to fully implement PCP. In April 2018, CQL compiled a Colorado HCBS PCP Compliance Report, which will guide HCPF in pursuing these changes.

In FY 2017-18, three HCPF staff members in the OCL began the process to become certified trainers of PCT in "train the trainer" sessions. This enables the three staff members to provide regular workshops and trainings to providers, advocates, and families across the LTSS system. Training people broadly across the LTSS system in PCT ensures the achievements toward a PCP approach are ingrained across providers.

From FY 2017-18 through FY 2018-19, HCPF invested $1,684,252 to develop, pilot, and determine the budget for the new A/SP process, and to develop a curriculum for people receiving HCBS to lead their own person-centered support planning process. While funding invested in PCP does not go directly to clients, clients benefit from participating in an LTSS system that effectively employs PCT and PCP.

HCPF also works with other agencies, including CDPHE, CDHS, and Case Management Agencies ("CMAs") to enhance PCT and PCP and to ensure PCT and PCP are at the heart of the LTSS system. Under an Interagency Agreement ("IA") with HCPF, CDPHE conducts site surveys (both in-person and via desk review) and other activities to ensure that providers comply with all applicable federal and state requirements. Pursuant to the IA, CDPHE works with HCPF to

ensure that all HCBS settings that need to demonstrate compliance with the HCBS Settings Final Rule — including requirements relating to PCT and PCP — can do so. With oversight by HCPF, CDPHE helps providers identify compliance issues (e.g., house rules that restrict individual rights on a broad, not individualized, basis) and corresponding remedial action plans (e.g., amend house rules or work with case managers and individuals to implement individualized rights modifications if and when appropriate).

As CDHS acts as an LTSS provider in operating certain settings, such as the Regional Centers, where Medicaid and HCBS-funded services and supports are provided, HCPF requires services provided at these settings to be consistent with PCT and PCP. An example of ongoing work on this front is the current cross-agency work to implement the recommendations of the Regional Center Task Force ("RCTF"), including (a) enhancing the person-centeredness of Regional Center services and (b) creating person-centered metrics to track the success of individual transitions from the Regional Centers to other community settings.

The Regional Centers across Colorado are consistently following a person-centered approach by working with individuals and an Interdisciplinary Team ("IDT") to ensure the needs and preferences of individuals are accurately communicated. From FY 2017-18 to FY 2019-20, the Regional Center system allocated $131,000 for PCP efforts.

HCPF also works with CMAs, such as Community Centered Boards ("CCBs") and Single Entry Points ("SEPs"), and provider agencies to ensure they are complying with PCT and PCP principles.

Regional Center Treatment & Transitions

The Division for Regional Center Operations ("DRCO") within CDHS oversees three state owned and operated Regional Centers. The three Regional Centers are located in Grand Junction, Pueblo, and Wheat Ridge and serve people with IDD who have intensive needs. The Regional Centers currently have 350+ licensed beds across the state. The Regional Centers offer a variety of services to residents, including residential care, health services, psychology services, therapeutic recreation and community therapy, speech language therapy, physical and occupational therapy, case management, social work services, and day programs.

Regional Center System Bed Capacity as of June 1, 2018*				
	Licensed Beds	Occupied Beds as of June 1, 2018	Beds that Cannot be Filled for Therapeutic Reasons	Open Beds Available
Grand Junction HCBS**	80	61	2	17***
Pueblo HCBS	88	45	4	39
Wheat Ridge Intermediate Care Facility ("ICF")	142	125	8	9
Total	310	231	14	65

*All data as of June 1st, 2018: This does not include GJRC ICF beds.
**Does include 29 road.
***2 HCBS homes will be relicensed for ICF, reducing the number of open HCBS beds to 1.

There are three treatment models to serve residents in the Regional Centers. With short-term treatment and stabilization, individuals are admitted for short-term services and have acute needs that cannot be met in the community. Within 120 days of admission, individuals in this program are stabilized and transitioned to a less restrictive environment within the community. The average length of stay for a person in short-term treatment is 844 days. In the intensive treatment program, treatment is provided for individuals who demonstrate problematic sexual behavior and have not responded well to supervision and treatment in the community. Individuals within this program receive treatment and transition back to the community within two to three years. The average length of stay for individuals treated in this program is 1,662 days.

While individuals are no longer admitted to the long-term habilitation model, individuals admitted prior to 2013 are still being treated under this model. As of September 2018, the Regional Centers have 200+ residents being treated under the long-term rehabilitation model. However, as individuals are stabilized, they have the option to transition to a less restrictive environment in the community. The average length of stay for individuals treated under the long-term model is 10,987 days.

The Regional Centers are proactive in discussing community living options with both individuals and their families or guardians. At the time of admission the IDT discusses the transition criteria and the elements of a successful transition back to the community. Transition criteria is set by the IDT, which includes the individual, their family or guardian, and Regional Center staff. The IDT utilizes the Transition Readiness Assessment Tool ("TRAT") to record the transition criteria and monitor progress. For individuals receiving short-term treatment, the IDT reviews criteria for progress made towards transition monthly. With the long-term model, the IDT reviews criteria for progress made towards transition quarterly. This review allows ample time for the IDT to prepare for transition. For those in the long-term model, transition criteria was set with their team when the TRATs were started. Annually, IDTs review the criteria at the time of the service plan and discuss community living options with private providers in the community.

Once an individual has achieved recommended progress and are ready to transition from a Regional Center, the IDT meets to discuss and complete a detailed referral plan. The detailed referral plan comprehensively outlines an individual's needs and preferences in all areas of services and supports that are critical in choosing a private provider. This information is provided to the appropriate CCB, and the CCB sends out the referral to private providers. When private providers express interest in serving the individual, the family, individual, and other IDT members have the opportunity to meet with all potential providers. Depending on the individual and their family, this process can be very short or take several months. The individual and their family choose who they want to interview and how many visits they want to take prior to the transition. Once an individual has chosen a private provider, the IDT will set up a transition meeting and create an action plan for transition.

The enhanced transition process is the key implementation effort of the Regional Center system to support individuals living in the least restrictive environment possible. Evaluation of the enhanced transition progress occurs monthly through "C-Stat" – the CDHS performance management system. Each individual in the transition process is monitored as they move through the phases of transition. Referrals and admissions are also monitored to ensure no unnecessary admissions occur and that responses are timely. Additionally, the number of transitions, including type of placement the person transitioned to is reported annually to the General Assembly's Joint Budget Committee.

HCPF is enhancing the current transition coordination process by developing a TCM benefit (also known as Intensive Care Management). TCM will offer comprehensive services and supports to individuals who relocate from residential facilities (Regional Centers, Intermediate Care Facilities, and Nursing Facilities) to a community setting, prior to and during their transition. The TCM benefit will be added to the Medicaid State Plan and available in January 2019 (see "Community Transitions" section under Goal 1 for more information). The RCTF Project Manager is currently gathering Medicaid State Plan utilization data, as well as qualitative data, of the individuals who have transitioned from a Regional Center to the community since March 2015. The data will be analyzed and used to develop best practices for future Regional Center transitions.

Goal 2 - Preventing Unnecessary Institutionalization

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

2014 Community Living Plan Recommended

Measurable Outcomes:

Implement processes 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

Consistently achieve streamlined access to community-based services when transitioning from a hospital or crisis services

Use PASRR to support community placement for people with mental illness or intellectual disabilities

Implement crisis intervention services for people with behavioral health needs

2018 Reports

CSCR:

As of June 2015...

HCPF, in partnership with CDHS, began conducting the CSCR pilot to address gaps in behavioral and mental health crisis services for individuals with IDD.

The CSCR Pilot is currently working with the CCS to integrate best practices, and will include all of the findings in a final legislative report, due *July 2019*.

CHRP Waiver:

In *2018*, HB 18-1328 authorized HCPF to redesign the CHRP Waiver and remove the requirement that families must relinquish custodial rights of their children in order to qualify for vital services and supports provided by the CHRP Waiver. HB 18-1328 also adds in-home services to assist the child or youth and their family in stabilizing the child or youth's behaviors in the home and therefore avoiding an out-of-home placement. HCPF is actively engaged in the CHRP Waiver redesign process with an effective date of *July 2019*. After the redesign, the CHRP Waiver will better serve children and youth with IDD, who also have complex behavioral supports needs.

CSS:

To address the lack of coordination between provider types and a lack of clear designation of roles and responsibilities, HCPF created the CSS Council. The Council involves representatives from different areas of HCPF, CDHS, and CDPHE, as well as stakeholders from professional organizations, advocacy groups, and service providers.

HCPF also developed the CSS Guidebook to serve as a tool for case managers to use in the placement of clients with complex medical and behavioral needs, in the event that the client has exhausted all existing services and resources available through traditional Medicaid services.

The second goal of Colorado's Community Living Plan is to proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.

The measurable outcomes for this goal consist of proactively informing individuals of their choices for community-based services and streamlining access to those services. Additionally, there are measurable outcomes related to PASRR and crisis intervention services.

Community Placement Supports

In order to help individuals understand their options for returning to the community after being discharged from a hospital, HCPF has hired a new staff member to work with the University Of Colorado School Of Medicine to provide training to care coordinators at the Regional Accountable Entities ("RAEs") on evidence-based practices for hospital transitions. Among other responsibilities, RAEs are responsible for coordinating the physical and behavioral health for clients in their region. The new staff member will also establish a

standardized protocol for the RAEs to follow. This protocol will require care coordinators at the RAEs to inform individuals of their community-based options for LTSS and, when feasible, divert individuals from nursing home placement.

HCPF is continually ensuring appropriate and broad use of the PASRR program. PASRR is used to assess and support community placement for people with mental illness or intellectual disabilities. The PASRR program requires prescreening or reviewing of all clients who apply to or reside in a Medicaid certified nursing facility regardless of the sources of payment for the nursing facility services or the diagnosis of the individual.

PASRR consists of two elements: (1) PASRR Level I Identification Screening; and (2) PASRR Level II Evaluation. The purpose of the Level I Identification Screening is to identify and conduct a further review on all of the individuals seeking nursing facility admission when it appears a diagnosis of mental illness or intellectual or developmental disability is likely. The purpose of the Level II Evaluation is to evaluate and determine (1) whether nursing facility services are needed; (2) whether an individual has a mental health condition or IDD; and (3) whether specialized mental health or IDD services are needed. After admission to a nursing facility, Level II Evaluation is promptly required following any significant change in an individual's condition.

To ensure proper use of PASRR, HCPF has conducted 15 training events across the state. The increased training has resulted in more individuals being evaluated with PASRR. The increase in evaluations ensures that only those who require nursing home services are admitted. Admission is denied and HCBS options are explored if the needs of an individual can be met in the community. HCPF is also exploring one contractor to conduct all PASRR activities in order to ensure federal compliance, provide a streamlined PASRR approach, and eliminate the conflict of interest in the current system.

HCPF, in partnership with CDHS, conducted the Cross-System Crisis Response ("CSCR") Pilot to address gaps in behavioral and mental health crisis services for individuals with IDD. The CSCR Pilot was created by HB 15-1368. The goal of the CSCR Pilot was to establish a sustainable model for providing crisis intervention, stabilization, and follow-up services to individuals who have both IDD and a mental health or behavioral health condition and who require services not available within the current Colorado Medicaid system. The CSCR Pilot concluded its operational phase on June 30, 2018 and is now in the closeout period, wherein HCPF will compile and analyze the information, data, and best practices refined during the operational phase. Per the requirements of HB 15-1368, the closeout period will end on February 28, 2019 and HCPF will present the findings of the pilot in a final legislative report, due July 1, 2019.

Throughout the closeout process, HCPF will continue to work with providers, programs, and other state agencies to implement best practices in advance of the final legislative report where possible. For example, the CSCR Pilot continues to work within the geographic pilot region to develop best practices regarding the Colorado Crisis System ("CCS") and the use of

preventative services in advance of a crisis event, as well as follow-up supports and services, to minimize the escalation of crisis stabilization and follow-up care beyond an individual's home and community-based setting, when possible. The CSCR Pilot is currently working with CCS to integrate these best practices. Ultimately, the CSCR Pilot will help remove barriers to crisis intervention and support for persons who have IDD and a mental or behavioral health need.

Waiver Services

In order to provide more assistance to individuals across the state, Colorado has 10 Medicaid waiver programs, four of which are specifically for individuals with IDD. A waiver is an extra set of Health First Colorado benefits that an individual could qualify for in certain cases. The benefits provided by waivers can help individuals remain in their home and community. Among many other things, each waiver varies on the ages served, enrollment caps, waiting lists, and waiver services.

Along with adults, waiver services also help children and youth learn and maintain skills needed to live in their communities. The Children's Habilitation Residential Program ("CHRP") waiver provides residential services for children and youth in foster care who have a developmental disability and very high behavioral needs, whose needs for support put them at risk for institutional care. In 2018, HB 18-1328 authorized HCPF to expand the CHRP waiver and remove the requirement that families must relinquish custodial rights of their children in order to qualify for vital services and supports provided by the CHRP waiver. HB 18-1328 also adds in-home services to assist the child or youth and their families in stabilizing the behaviors of the child or youth in the home and therefore avoiding out-of-home placement. HCPF is actively engaged in the CHRP waiver expansion process with an effective date of July 1, 2019. After the expansion, the CHRP waiver will better serve children and youth with IDD, who also have complex behavioral support needs.

In late 2015, HCPF began work on a new Pediatric Behavioral Therapy benefit available to all children when medically necessary, not just those diagnosed with autism receiving services through an HCBS waiver. The new Pediatric Behavioral Therapy benefit creates better access to behavioral health services for children, thus addressing the needs that may contribute to crisis. In early 2016, children began receiving services through the new Pediatric Behavioral Therapy benefit through the State Plan instead of through an HCBS waiver. HCPF continuously works to increase the number of providers for this benefit. HCPF also continuously works to transition all children receiving services from the waiver to State Plan Medicaid. On June 30, 2018, all children receiving behavioral therapy services through the Children's Extensive Supports ("CES") waiver that continued to need behavioral therapy services began receiving those services via State Plan Medicaid. The Children with Autism ("CWA") waiver ended on June 30, 2018 and all children were transitioned to a different waiver, the children's Medicaid Buy-In program, traditional Medicaid, or private insurance.

Addressing Barriers to Transition

Complex and Creative Service Solutions ("CSS") is a group which helps find services for individuals with complex needs. CSS is made up of two groups, the Complex group and the Creative group, which focuses on adults and children, respectively. Each group is made up of nursing facility, home health, behavioral health, medical care, and waiver experts. HCPF developed the CSS Guidebook to serve as a tool for case managers to use in the placement of clients with complex medical and behavioral needs, in the event that the client has exhausted all existing services and resources available through traditional Medicaid services. When a person is seeking assistance in finding placement or services, that person will fill out a form to summarize the efforts that have already been made. Then, CSS will review the form and brainstorm additional resources in order to create a plan of action. This plan of action is then recommended to the person seeking assistance.

Often, an individual needing placement or services will exhibit aggressive behaviors, substance use disorder, or co-occurring cognitive and mental health conditions. When an individual is facing barriers to placement or services, it often involves a lack of coordination between provider types, a fear of working outside a professional practice area, and a lack of clear designation of roles and responsibilities. In order to better understand these gaps, HCPF recently began collaborating with CDPHE and CDHS in order to create efficiencies in how to coordinate cases. This group, the Complex Service Solutions Council, involves representatives from different areas of HCPF, CDHS, and CDPHE, as well as stakeholders from professional organizations, advocacy groups, and service providers.

In order to create more streamlined access to community-based and behavioral health services in Medicaid programs, Phase II of the Accountable Care Collaborative ("ACC") was created. ACC is Health First Colorado's primary healthcare program. The next iteration of the ACC, Phase II, seeks to leverage the proven successes of Colorado Medicaid's programs to enhance the Health First Colorado member and provider experience, thus creating more streamlined access to community-based and behavioral health services in Medicaid programs. Objectives of Phase II include: (a) join physical and behavioral health under one accountable entity, (b) strengthen coordination of services by advancing Team-Based Care and Health Neighborhoods, (c) promote member choice and engagement, (d) pay providers for the increased value they deliver, and (e) ensure greater accountability and transparency.

Beginning July 1, 2018, HCPF is contracting with seven RAEs to manage both the physical and behavioral healthcare of members. The RAEs will be responsible for supporting a network of providers to ensure access to healthcare for physical, vision, mental health, and substance use in a coordinated way.

Assertive Community Treatment ("ACT") is a multidisciplinary, team-based approach to mental healthcare for people who experience severe and persistent disorders and who may not respond well to other types of services. ACT is available, when medically necessary, to all

Medicaid enrollees attributed to a RAE. All RAEs are contractually and legally required to follow the medical necessity criteria set forth by statute. The RAEs may use additional utilization management processes to determine the appropriate level of care.

ACT is a benefit available to individuals enrolled in Medicaid, as part of their continuum of care. The goal of ACT is to help individuals develop skills that empower them to remain in their communities and successfully cope with the effects of their mental health condition. ACT teams develop individualized care plans for each client. These individualized care plans are characterized by an emphasis on symptom management, frequent contact with clients in their homes and in the community, and 24/7 availability for crisis response.

Over the last 20 years, evidence that has been collected indicates that the ACT model is an effective strategy for preventing hospitalizations and increasing stability and quality of life for the people it serves. As Colorado works to further integrate behavioral health into primary care and improve whole-person health, ACT will continue to be an essential tool for serving people with acute needs and helping them live successfully in communities throughout the state.

Preventing Unnecessary Institutionalization within Regional Centers

The Regional Center system within CDHS also works collaboratively with members of the larger IDD service system and legal system to prevent unnecessary institutionalization within Regional Centers. Beginning with the referral process, individuals are screened to ensure appropriate admissions to the Regional Center system. CCBs submit referrals to the Regional Center system when private providers determine they can no longer serve an individual safely with available resources. Often, the individual is in a crisis situation and these admissions are considered emergency admissions. Due to referrals occurring during crisis and no private providers willing to serve them, the Regional Center system is considered Colorado's “provider of last resort” in the IDD system.

In general, the Regional Centers have seen an increase in referrals for individuals who have a co-occurring disorder, the coexistence of a mental health and substance use condition. Many of these individuals are in need of psychiatric, medical, and behavioral interventions, and private providers have not been able to meet this need. When an appropriate referral occurs, the Regional Center system works with the CCB to admit the individual as quickly as possible to address these needs.

Additionally, Colorado statute requires that all individuals in the Regional Center system have an Imposition of Legal Disability (“ILD”) approved by a judge prior to admission. The CCB, as the CMA, files the ILD in the county in which the individual resides. After the ILD is in place, the Regional Center is responsible to send an update to the court on the individual’s progress every six months. Families and guardians have an opportunity to provide the court with updates. The court can then choose to keep the ILD in place or lift the ILD. If the court lifts

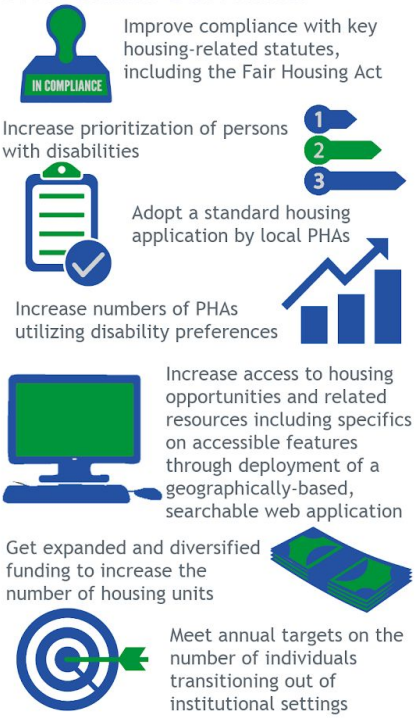
the ILD, the Regional Center works with the individual and their family to begin the transition process.

To proactively address issues to prevent admission into the Regional Center system, the Regional Center system provides consultative services through Community Support Teams ("CSTs"). Support is offered to individuals and private providers who are providing services outside of the Regional Center system of services. The CCB can submit a referral to the Regional Center system at the first signs of an individual struggling in their current setting with available services and supports. The admissions coordinator will review the referral and put together a team that can meet with the individual and their private providers. Depending on the needs of the individual, this team can be comprised of a variety of professionals, including a social worker, behavioral professional, residential coordinator, Qualified Intellectual Disabilities Professionals ("QIDPs") or case managers, occupational therapists, and speech pathologists. This team will provide consultation and recommendations for private providers to help the individual maintain current services and supports.

Goal 3 - Providing Appropriate Housing Options

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

2014 Community Living Plan Recommended Measurable Outcomes:



2018 Reports

Colorado Housing Connects:

In *July 2017*, HCPF partnered with BRI to begin the "Landlords Opening Doors" campaign. This program provides housing navigation services, including matching CCT members, securing the housing, housing agreements, and helping individuals with application forms and state housing vouchers. *Since July 2017*, BRI has successfully placed **57** members into appropriate housing.

DOH Vouchers:

By the numbers, individuals with a disability receiving a voucher from DOH:

2014: There were **6,054** individuals with disabilities in **5,570** families, out of **7,023** total families with a DOH voucher. **860** of these individuals are also employed.

2015: **6,231** individuals in **5,714** families, out of **7,164** total families. **883** of these individuals are also employed.

2016: **6,200** individuals in **5,689** families, out of **7,090** total families. **860** of these individuals are also employed.

2017: **6,387** individuals in **5,802** families, out of **7,152** total families. **861** of these individuals are also employed.

Home Modifications:

In *October 2014*, HCPF signed an IA with DOLA to transfer the day-to-day operations of the Home Modification benefit in the EBD, BI, CMHS, and SCI waivers to DOH.

In *FY 2014-15*, the year the agreement was signed, **841** clients accessed the Home Modification benefit, using **66** providers in **46** counties. In *FY 2016-17*, **997** clients accessed the benefit, using **69** providers in **51** counties.

The third goal of Colorado's Community Living Plan is to increase availability and improve the accessibility of appropriate housing options in the most integrated setting throughout Colorado to meet the needs of people moving to the community.

The measurable outcomes for this goal include compliance with key housing-related statutes, increasing access to housing opportunities and related resources, increasing the number of Public Housing Authorities ("PHAs") utilizing disability preferences, increasing the number of housing units with prioritization for persons with disabilities, and meeting the annual targets for the number of individuals transitioning out of institutional settings.

HCPF and the Division of Housing ("DOH") within DOLA work on numerous programs, initiatives, and activities to provide housing, vouchers, home modifications, and housing programs to Coloradans across the state, all of which help improve accessibility of appropriate housing options.

Home Modifications

HCPF and DOH are actively involved in providing the Home Modification benefit, which provides modifications and alterations to an individual's home to allow them to remain independent. The Home Modification benefit is available to individuals in the Elderly, Blind, and Disabled ("EBD"), Brain Injury ("BI"), Community Mental Health Supports ("CMHS"), Spinal Cord Injury ("SCI"), CES, and Supported Living Services ("SLS") waivers. In FY 2016-17, approximately 976 clients used the Home Modification benefit.

In October 2014, HCPF signed an IA with DOLA to transfer the day-to-day [a1] operations of the Home Modification benefit in the EBD, BI, CMHS, and SCI waivers to DOH to capitalize on DOH's subject matter expertise for approving construction projects and implementing an inspection process. DOH reviews each proposed Home Modification, comparing the evaluation of an occupational or physical therapist with the contractors' bids to ensure that they match and that the work is eligible for Medicaid funding. DOH provides considerable technical assistance to case managers, evaluators, contractors, and individuals with disabilities. DOH also inspects a sampling of completed jobs for quality control, and is actively engaged in resolving complaints through inspection and the mediation of disputes.

In April 2015, DOH started reviewing the Home Modifications and the caseload continued to grow. In FY 2016 and 2017, DOH approved 614 and 652 Home Modification jobs, respectively. In FY 2018, after an increase to the lifetime benefit cap, DOH approved approximately 790 Home Modification jobs.

Over the years, HCPF and stakeholders have shared concerns regarding how the Home Modification benefit was being delivered. Ambiguity within the rule and inconsistency with its implementation led to inappropriately delivered and poorly executed projects. With stakeholder and DOH input, HCPF determined how to best improve the program, including, among other things, changing the rule to include person-centeredness, effective August 1, 2016, and incorporating the federal Fair Housing Act requirements. With ongoing oversight by DOH, there have been improvements in the quality of work, increased efficiency, decreased waste and mistakes due to lack of subject matter expertise, and an increased focus on person-centered service delivery.

HCPF and many stakeholders have also shared concerns about the few number of contractors available in certain parts of the state that are able to provide home modifications. HCPF has identified this area as a priority for work within the Home Modification benefit and continues to work with DOH to reach out to and recruit new providers. Regardless, HCPF has tracked significant growth of the Home Modification benefit over the last few years. In FY 2014-15, the year the IA with DOH was signed, 841 clients accessed the Home Modification benefit, using 66 providers in 46 counties. In FY 2016-17, 997 clients accessed the benefit, using 69 providers in 51 counties. In addition, approximately 10 new Home Modification providers have enrolled since January 1, 2017, including providers based in less-frequently served counties,

such as Costilla, Delta, Logan, and Teller. HCPF has also encouraged existing providers to expand their geographic service areas by allowing for documented travel expenses, and DOH has assisted rural CMAs in finding providers through training and targeted outreach. HCPF's goal is to continue these efforts to ensure people in all counties can access the Home Modification benefit.

HCPF continues to monitor DOH's performance through several measures, such as the number of quality inspections performed. Since the creation of the IA, DOH has increased quality inspections to approximately 15% of projects completed per year, with a noticeable improvement in compliance and quality by providers. HCPF also continues to engage with stakeholders and DOH on program improvement and expansion.

Similar to the Home Modification benefit, DOH also offers Single Family Owner Occupied Rehabilitation programs and Home Modification tax credits. The Single Family Owner Occupied Rehabilitation programs are focused on making eligible accessibility improvements and correcting any health or safety issues in clients' homes. DOH funds 12 programs across the state with Community Development Block Grant ("CDBG"), HOME, and state funds.

The General Assembly recently passed, and Governor Hickenlooper signed, the "Income Tax Credit for Retrofitting Home for Health" Act. This act will provide up to $5,000 in state tax credit for accessibility improvements made to the home of a qualified individual. Basic qualification includes having an illness or disability that makes the work necessary, and having a family income below $150,000 in 2019 (indexed to inflation). Currently, DOLA and DOH are in the very early stages of collecting stakeholder input on the program, with an implementation goal of January 1, 2019.

Housing Services

In 2018, the Colorado General Assembly passed HB 18-1326, *Support For Transition From Institutional Settings*, which included $306,000 in additional funding to DOLA for FY 2018-19 to be used for housing vouchers for members who were transitioning from an institutional setting to a home or community-based setting.

Since its inception, HCPF and DOH have partnered together to support the CCT program, which includes a tenant-based assistance aspect. In July 2017, HCPF began contracting with Brothers Redevelopment Inc. ("BRI"), a Colorado nonprofit, for housing navigation services within the CCT program. This partnership is called the "Landlords Opening Doors" campaign. BRI serves 27 counties on the front range and eastern plains. HCPF, DOH, and BRI work closely together to ensure a smooth process for members transitioning into the community using a housing voucher. More specifically, the housing navigation services include matching CCT members with potential housing units to meet their needs, coordinating showings with landlords, and securing the housing unit pending the execution of any pertinent housing agreements. The housing navigator also helps individuals with application forms, including the

application for DOH's state housing voucher program. Since July 2017, BRI has successfully placed 57 members into appropriate housing. In 2018, HCPF began working to issue Documented Quote solicitation to serve the remaining areas of the state.

DOH also provides funding for landlord outreach and tenant support activities through "Colorado Housing Connects" – a program also operated by BRI. Through this program, BRI provides housing search assistance and educates prospective renters on the U.S. Department of Housing and Urban Development ("HUD") rental and rent subsidy programs, other federal, state, or local assistance, fair housing laws, landlord-tenant laws, lease terms, rights of applicants and clients, rent delinquency, and reasonable accommodations and modifications for persons with disabilities. BRI also provides rental counseling services, which consists of gathering baseline information from a client and developing a needs assessment, a household budget, and providing a written plan with sustainably affordable rents. The counseling services also include landlord-tenant mediation, client follow-up, and referral to additional services. With DOH funding, BRI plans to develop and hold a series of outreach workshops to provide resources and counseling to individuals in El Paso County, as well as additional Colorado counties.

In FY 2014-15 and 2015-16, HCPF and DOLA collaborated to secure 75 new state housing vouchers for CCT members and an additional 150 vouchers for FY 2016-17 and 2017-18. In June 2018, DOLA was housing 216 households with 123 CCT members and 94 who were at risk of being institutionalized and DOLA had issued another 62 vouchers, 51 CCT members and 11 at risk, who are currently looking for housing. In August 2018, there were 236 households with vouchers and 146 CCT members and 90 at risk. As of October 2018, there were 247 households with vouchers and 156 CCT members and 91 at risk. Similar to all DOH voucher programs, the CCT program uses DOH's already existing statewide network of community service agencies to provide voucher administration and supportive services to participants. The CCT program is growing fast, leasing an average of 13 vouchers per month, and it has fully expended its budget authority. It also allows for the payment of security deposits, which has increased the success rate of individuals transitioning and coordinates with the Home Modification program when necessary.

Financial Assistance

One of DOLA's top priorities is increasing the availability of safe, affordable housing in Colorado. DOH delivers a variety of services and financial assistance to help make housing and shelter a reality for citizens throughout the state. DOH assists developers and local governments in creating more affordable housing through gap funding for acquisition, rehabilitation, and new construction projects. DOH also has competitive grant and loan programs to prevent homelessness and provide rental assistance. The funding for the grant and loan programs is based on timing, availability, and department priorities.

DOH makes funding available for single-family housing and multifamily housing projects, including new construction and land acquisition, with preference toward multifamily projects serving people experiencing homelessness, victims of domestic violence, and other individuals with special needs. DOH also helps developers and local governments purchase property for new housing development and redevelopment, including the acquisition and rehabilitation of existing housing.

For eligible projects, DOH can provide short-term funding for purchases until longer term financing is available. DOH also helps citizens who have lost their housing to natural disasters by providing them with shelter, housing rehabilitation, and rental assistance.

DOH currently provides Revolving Loan Funds ("RLF") for Single Family Owner Occupied Rehabilitation, down payment assistance, and similar homeownership assistance programs.

Tenant-Based Assistance Programs

In order to provide housing assistance to individuals and families experiencing homelessness, prevent future occurrences of homelessness, reunite families, and improve access to housing for persons with disabilities, DOH administers numerous tenant-based rental assistance programs. Tenant-based rental assistance programs are flexible subsidy programs that provide assistance to individual households to help them afford the housing costs of market-rate units. The level of monthly subsidy tenants receive is based on the income of the household, the particular unit the household selects, and the DOH rent standards for a particular county.

With a voucher, tenants can choose any type of housing in their community to rent, including apartments, townhomes, and single-family homes. Such voucher programs help individual households in a way that subsidizing particular rental projects do not, because the assistance moves with the tenant. Thus, if the household no longer wishes to rent a particular unit, the household may take its voucher and move to another rental property. Types of tenant-based assistance programs DOH administers include the Housing Choice Voucher ("HCV") program, Family Unification Program ("FUP"), AIDS Projects, Veterans Affairs Supportive Housing ("VASH") program, Family Self Sufficiency ("FSS") program, Continuum of Care ("CoC") Permanent Supportive Housing ("PSH") program, Section 811, and the State Housing Voucher ("SHV") program.

HCV, also known as Section 8, is a federally-funded, tenant-based rental assistance program designed to help low-income Coloradans rent affordable housing. DOH contracts with PHAs and non-profit organizations to administer the HCV program in local communities on behalf of DOH. Within the HCV program, there is also a homeownership program which empowers eligible participants interested in purchasing their own home by allowing the participants to apply the HCV voucher toward the family's portion of a mortgage.

DOH, partnered with the Colorado Division of Child Welfare and other local service providers, administers FUP. FUP is a program under which HCVs are available to 1) Youth 18 to 24 years old who have aged out of foster care; or 2) Families where lack of adequate housing is a primary factor in either the imminent placement of children in care outside the home, or the delay in the discharge of children to the family from out-of-home care.

DOH provides housing assistance to people living with AIDS by providing funding to the Colorado AIDS Project, which distributes funds to the Boulder County AIDS Project, Northern Colorado AIDS Project, Southern Colorado AIDS Project, and Western Colorado AIDS Project, according to need in their respective areas. DOH administers the Housing Opportunities for People with AIDS ("HOPWA") program, which provides funding for rental assistance in the community, short-term payments to prevent homelessness, supportive health care and mental health services, chemical dependency treatment, nutritional services, case management and assistance with daily living acquisition, rehabilitation, or new construction of housing units, costs for facility operation, administration, and coordination of diverse community organizations and public agencies.

The VASH program is a national initiative sponsored by HUD and the U.S. Department of Veterans Affairs ("VA"). The goal of the VASH program is to provide housing choice voucher rental assistance and intensive case management and clinical services to enable homeless veterans access to permanent housing while leading healthy, productive lives in the community.

FSS is a program that encourages communities to develop local strategies to help voucher families with employment. DOH partners with welfare agencies, schools, businesses, and other local agencies to develop programs that give FSS family members the skills and experience to earn a living wage.

The CoC PSH program (formerly Shelter Plus Case, or S+C) provides housing options for individuals (and their families) experiencing homelessness with targeted disabilities, primarily those with serious mental illness, chronic problems with alcohol or drugs, and AIDS or other related diseases. The program requires participants to engage in services, such as mental health and substance abuse treatment, job training, and life development skills training.

With funding through the Section 811 Supportive Housing for Persons with Disabilities Project Rental Assistance ("PRA") program, DOH's Section 811 PRA program assists extremely low income people with significant and long-term disabilities to live independently in the community by providing affordable housing linked with voluntary services and supports. These funds can only be used as rental assistance as it is not a financing source for housing construction, acquisition, or rehabilitation. The funding will provide rental assistance only for people with disabilities who are leaving institutions or people at risk of being placed in an institution (including those who are currently experiencing homelessness and those at risk of

being homeless). DOH, HCPF, and CDHS are all parties to an Interagency Partnership Agreement to cooperate on this effort.

Under Section 811, DOH has enough funding for 91 Project-Based Vouchers ("PBVs"), 20 of which are under contract in an existing project. The remaining 71 vouchers are committed to new construction projects that are not yet ready for occupancy. DOH expects 22 more vouchers to become available in fall of 2018.

The SHV-Mental Health ("MH") program is administered through a partnership between DOH, CDHS, the Office of Behavioral Health ("OBH"), and a network of Community Mental Health Centers ("CMHCs"). SHV-MH serves extremely low-income persons with a behavioral health condition experiencing homelessness. It prioritizes individuals exiting hospitals, Acute Treatment Units, and Colorado's two state Mental Health Institutes who would otherwise experience homelessness upon exit. SHV-MH is a tenant-based permanent supportive housing intervention for individuals with intensive service needs.

SHV-MH currently provides security deposits, long-term rental assistance, and access to supportive services for 167 participating households and is leveraged by a $4.3 million dollar annual contract between OBH and Rocky Mountain Human Services to provide intensive community and case management services. Like the CCT program, the SHV-MH is modeled after the federal HCV program. SHV-MH has a state funded voucher program budget of $955,813 in annual rental subsidies from the State of Colorado's General Fund Budget. It connects to long-term supportive services and voucher management provided by CMHCs. Additionally, this program, like all DOH voucher programs, uses DOH's existing network of community service providers to provide voucher administration and supportive services to program recipients.

SHV-MH minimizes the risk of readmissions and ensures stability in the community and allows for a variety of housing choices and connections to a range of community-based supportive services in response to the needs of individuals facing numerous barriers to housing stability. SHV-MH assigns participants a Transition Specialist to provide housing navigation support and referrals to community-based supportive services and resources once stabilized. Long-term supportive services are available through CMHCs and other community-based providers.

The SHV-MH program has fully expended its budget authority. If funded under this Notice of Funding Availability ("NOFA"), DOH would use this existing referral and support system to identify qualified applicants and provide supportive services.

Homeless Initiatives

In order to build, promote, and support collaborative approaches to connect Colorado's most vulnerable citizens with housing and services, DOH has created the Office of Homeless Initiatives ("OHI"). The goal of OHI is to create housing and accessible services in Colorado in

order to reduce homelessness so that it is rare, brief, and non-recurring. To this end, OHI is working in partnership with local, state, and federal stakeholders to ensure all Coloradans have a place to call home. To achieve this, OHI have implemented several assistance programs.

Among those assistance programs is the Emergency Solutions Grant ("ESG") program, Homeless Prevention Activities program, and the Tenant-Based Rental Assistance ("TBRA") program. DOH also has the Homeless Solutions Program ("HSP").

The ESG program provides funding to local governments, homeless service providers, and CoC groups for sheltering and essential social services.

The Homeless Prevention Activities program provides assistance to households who are at risk of losing their homes without some kind of community assistance. Funding for the program is made available through a state Income Tax Check-off, which allows Colorado residents to make voluntary contributions on their state Income Tax Return. OHI administers the Homeless Prevention Activities program funds through a competitive process to private non-profit organizations throughout the state.

TBRA is a rental subsidy that helps make up the difference between what a renter can afford to pay and the actual rent for a home. TBRA grantees provide rental assistance and supportive case management services for low-income families. The funding follows a transitional housing program model, targeting homeless families with school-aged children. Intensive case management for families in this program addresses the causes of their homelessness and leads toward a higher degree of self-sufficiency and academic stability with the goal of permanent housing at the end of the program.

OHI also provides assistance by providing funding at the Fort Lyon Supportive Residential Community. This facility combines housing with counseling, educational, vocational, and employment services for up to 250 homeless and formerly homeless persons from across Colorado, with an emphasis on serving homeless veterans. DOH also collaborates with Otero Junior College, Lamar Community College, Southeast Mental Health Services, Prowers Medical Center, and Valley-Wide Health Systems, Inc. to provide recovery-oriented transitional housing for individuals experiencing homelessness.

Launched in 2017, and funded through DOH's allocation from Colorado's Tax Cash Fund, HSP is a rental assistance program for project-based vouchers in existing housing units to increase Permanent Supportive Housing units and Rapid Rehousing units, both of which are effective means of stabilizing the lives of individuals with special needs who are experiencing homelessness and who often have behavioral health needs, and who are frequent or high-cost consumers of various public systems. This program is state-funded, administered through DOH's network of service providing agencies, and targeted towards securing housing for Coloradans experiencing homelessness. For referrals, the program uses the CoC homeless

coordinated entry systems across the state, DOC, OBH, and other community service providers.

HSP allows for a variety of housing choices and connections to a range of community-based supportive services in response to the needs of individuals facing homelessness. Given that, and the challenging housing market of Colorado, DOH employs a housing navigator to work one-on-one with HSP recipients to search for and secure appropriate housing. Additionally, individuals in this program receive security deposit assistance in order to increase leasing success.

Like the CCT programs, HSP is modeled after the federal HCV program. If funded under this NOFA, DOH would use this existing referral and support system to identify qualified applicants to provide supportive services to Section 811 mainstream voucher holders.

The Office of Homeless Youth Services ("OHYS") within DOLA provides information, coordination and support services for infrastructure around homeless youth resources in Colorado. It also collaborates with leaders from state and local governments, private nonprofit organizations, federal departments, homeless and formerly homeless youth, and other key stakeholders in the community to address local and state needs surrounding youth homelessness. OHYS publishes an annual report to the OHYS website on or before January 15th each year. The report covers current data around youth homelessness (local and national), impacts of youth homelessness, initiatives OHYS is involved in, current housing resources, and future goals.

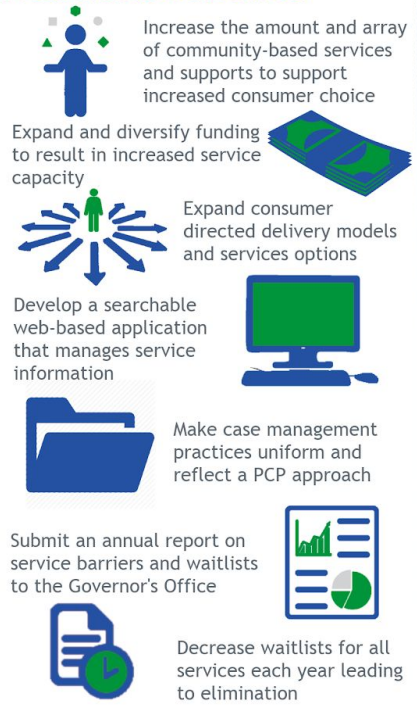
DOH, in partnership with the Colorado Housing and Finance Authority ("CHFA"), provides assistance to homeless citizens and other special needs populations in order for those individuals to obtain permanent supportive housing. The resources offered by both agencies include gap funding, tax credit allocations, and PBVs. DOH has several PBVs throughout Colorado. Project-based assistance differs from tenant-based assistance, because the subsidy is tied to the unit and does not follow a family, should the family choose to move. DOH is allowed to use up to 20% of its budget authority to subsidize specific units in designated buildings targeting populations needing supervision or a structured setting.

HCPF also works to combat homelessness by use of the HCBS waivers. As of June 2018, less than 1% of the total number of HCBS members were homeless. HCPF also uses homelessness as a criteria for emergency enrollment. For example, in FY 2017-18, HCPF received 248 emergency enrollment requests and of those requests, 178 indicated homelessness as a criteria, which was approximately 72% of authorized enrollments from the HCBS-Developmental Disabilities ("DD") waiting list.

Goal 4 - Ensuring Successful Transitions

Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization by providing community-based services and supports that are responsive to consumers' needs.

2014 Community Living Plan Recommended Measurable Outcomes:



2018 Reports

HB 18-1326:

In April 2018, Colorado passed HB 18-1326, which included **$306,000** of additional funding to DOLA for *FY 2018-19* to be used for housing vouchers. HB 18-1326 also allows HCPF to pursue incorporating transition services that were offered under the CCT demonstration as part of Colorado's State Plan and waiver benefits. It includes incorporating the most successful CCT demonstration services into existing waivers for adults, including household set-up funds, home delivered meals, ILST, and peer mentorship.

Waiting Lists:

The waiting lists for both the HCBS-CES and HCBS-SLS waivers have been eliminated. In *FY 2012-13*, a total of **3,869** people were served by one of those two waivers. In *FY 2017-18*, with elimination of these waivers' waiting lists, the number of people served nearly doubled to **7,353**.

The only waiver that continues to maintain a waiting list is the HCBS-DD waiver. In *FY 2017-18*, **168** individuals from the waiting list were authorized to enroll in the HCBS-DD waiver. HB 18-1407 authorizes an additional **300** enrollments from the HCBS-DD waiting list and also requires HCPF to develop additional criteria for emergency enrollment into the HCBS-DD waiver based on caregiver issues.

PCP:

In *FY 2018-19*, HCPF will be piloting and automating a new person-centered support planning process, with an anticipated statewide rollout in January 2020 and full implementation achieved by June 2022. HCPF will ensure that the process is person-centered by:

1. Training case managers to facilitate a conversation that is led by the individual and that captures the information that will be entered into the data system; and
2. Including several person-centered components in the automated process that captures the individual's preferences, goals, choices, and decisions at various steps in the process.

The fourth goal of Colorado's Community Living Plan is to support successful transition to community settings, ensure a stable and secure living experience, and prevent reinstitutionalization by providing community-based services and supports that are responsive to consumers' needs.

The measurable outcomes for this goal include increasing community-based services and supports to support increased consumer choice, expanding and diversifying funding to increase service capacity, expanding consumer directed delivery models and service options, developing a searchable web-based application that manages service information, utilizing uniform and person-centered case management practices, and reducing waitlists each year in an effort to lead to elimination. Further, an annual report on service barriers and waitlists shall be submitted to the Governor's Office.

Expanding Access to Consumer Directed Services

HCPF continually works to expand services that are more responsive to consumer needs. HCPF provides two options for people receiving services through HCBS waivers to direct their care, Consumer Directed Attendant Support Services ("CDASS") and In-Home Support Services ("IHSS"). In order to continually expand access to these consumer directed services, HCPF has added the services to more waivers.

HB 14-1357 required HCPF to allow IHSS to be provided to the community. In 2016, HCPF added a spouse as an eligible family member who may act as an attendant providing IHSS, removed the 444 hours per year family member reimbursement limit for personal care, and establish a new 40 hour per week family member reimbursement limit for personal care.

HCPF has developed and implemented a consumer-directed service delivery option for personal care, homemaker, and health maintenance services offered in six Health First Colorado HCBS waiver options. Consumer-directed service delivery options have experienced a rapid increase in member interest and utilization. Before potentially expanding such options to additional waiver programs, HCPF is working with stakeholders to enhance and streamline consumer-directed policies and procedures to maintain service flexibility while ensuring service accountability and utilization management. For example, HCPF received approval from CMS to implement CDASS into the HCBS-SLS waiver. The expansion of CDASS into the HCBS-SLS waiver was completed in August 2018.

HCPF continues to expand service options for people in a transition by adding a transition service to the State Plan. HB 18-1326 allows HCPF to pursue incorporating transition services that were offered under the CCT demonstration into Colorado's State Plan and HCBS waiver benefits. The CCT demonstration services moving into existing waivers for adults include household set-up coordination and funds, home delivered meals, ILST, and peer mentorship.

HCPF plans to provide transition services as part of TCM to ensure that individuals transitioning from an institution to a community setting receive the services and supports they need to successfully live independently in the home of their choosing. HCPF anticipates an effective date of January 1, 2019 for these services.

Allowing Consumers to Manage Service Information

Since 2014, HCPF has been working with contractors and stakeholders to develop and test a new Personal Health Record ("PHR") platform for individuals using LTSS which would create a mechanism for consumers to manage service information. The effort is unique in that a traditional PHR platform only contains clinical information related to someone's medical conditions, but does not include LTSS. The pilot to test the PHR platform concluded in June 2018. In order for HCPF to be informed when launching a PHR platform statewide for all Medicaid members, CORHIO will be producing a final report to summarize lessons learned

from the PHR platform pilot. HCPF has the funding to fully implement a PHR platform in the future.

Creating Uniformity Across Systems

HB 17-1343 requires the creation of CMA and case manager qualifications, which will apply to all agencies and case managers for all HCBS waivers. HCPF worked with a contractor to research and develop proposed qualifications, then worked with stakeholders to gather feedback and finalize the qualifications. These new qualifications will be the start of creating uniformity across case management services. The anticipated effective date for the new qualifications is January 1, 2019.

In FY 2017-18, HCPF conducted focus groups and a compliance review regarding person-centered support planning in order to identify the most important elements to stakeholders and to redline language that must be modified to comply with the CMS HCBS Final Rule. From September 2017 to June 2018, HCPF conducted a series of meetings with a contractor and stakeholders to develop a new person-centered support planning process for individuals seeking or receiving HCBS.

In FY 2018-19, HCPF will pilot and automate a new person-centered support planning process, with an anticipated statewide rollout in January 2020 and full implementation achieved by June 2022. HCPF will ensure that the process is person-centered by (1) training case managers to facilitate a conversation that is led by the individual and that captures the information that will be entered into the data system, rather than having the support plan form in the data system drive the conversation and (2) including several person-centered components in the automated process that captures the individual's preferences, goals, choices, and decisions at various steps in the process. When the proposed process was shared with stakeholders at public forums, HCPF received positive feedback, as the process operationalizes a PCP process that case managers will be required to use, instead of leaving the process to the discretion of the case manager.

HCPF is also working with the University of Colorado-Colorado Springs to develop a curriculum for people receiving HCBS to lead their own person-centered support planning process. The University, as part of an IA, is charged with recruiting and convening a group of stakeholders representing a diverse range of expertise and experience regarding HCBS LTSS, including people with disabilities having lived experience as service recipients. This advisory group will meet to share their personal experiences with PCP and to provide input on the development of the PCP curriculum.

Improving Access to Waiver Services

HB 14-1051 directed HCPF to create a comprehensive plan to address waiting lists for HCBS waivers in order to "ensure that Coloradans with intellectual and developmental disabilities

and their families will be able to access the services and supports they need and want at the time they need and want those services and supports." Each November 1, HCPF provides an annual update on progress on waiting lists, system design and service delivery, and capacity building funds.

The waiting lists for both the HCBS-CES and HCBS-SLS waivers have been eliminated. In FY 2012-13, a total of 3,869 people were served by one of those two waivers. In FY 2017-18, with elimination of these waiting lists, the number of people served nearly doubled to 7,353.

The only waiver that continues to maintain a waiting list is the HCBS-DD waiver. HCPF and the General Assembly continue to make progress in providing access to HCBS-DD waiver services. In FY 2017-18, 168 individuals from the waiting list were authorized to enroll in the HCBS-DD waiver. HB 18-1407 also authorized an additional 300 enrollments from the HCBS-DD waiting list and requires HCPF to develop additional criteria for emergency enrollment into the HCBS-DD waiver based on caregiver issues.

The Health First Colorado Buy-In for Working Adults with Disabilities program allows people with disabilities to work and earn up to 450% of the Federal Poverty Level after disregards and maintain their Medicaid services. The Buy-In program has been available since 2012 and, if functionally eligible, is available for individuals to access several HCBS waivers, including EBD, CMHS, BI, SCI, and SLS waivers. In order to promote the Health First Colorado Buy-In for Working Adults with Disabilities Program, information is made available on HCPF's website and updated annually or when there are program updates. This program is part of Disability and Long-Term Care training regularly given to eligibility workers in counties and other eligibility sites that help applicants with Medicaid applications. Additional trainings for advocates, and through the Building Better Health conference, help others become familiar with the program. Dedicated state staff are also available to work with workers, assisters, members, and applicants.

Ensuring Community-Like Settings

HCPF, CDPHE, and CDHS are collaboratively implementing federal criteria to ensure that the settings where people live and receive HCBS are truly homelike, integrated in the community, and non-institutional. Implementation of this rule promotes community-based services and supports that are responsive to the needs of individuals, including those transitioning from institutionalized settings.

Regional Center Support

The Regional Center system has an enhanced transition process for individuals transitioning to community settings. A large portion of the transition process occurs outside the scope of the Regional Center system. Therefore, the Regional Center system works closely with the CCBs and HCPF to ensure continuity of communication and care across the IDD system. From May 1,

2014 to May 31, 2018, 113 individuals from the Regional Center system were transitioned into community placement. Of these transitions, 111 individuals were deemed successful.

There are several steps involved to support successful transitions. First, the Regional Center staff creates a Detailed Referral Plan ("DRP") with needed services and supports for the person and sends it to the appropriate CCB. Then, the CCB assigns a case manager and creates a referral, which is sent to Program Approved Service Agencies ("PASAs"). Once the referral is sent, the individual in transition waits to hear if a provider has the ability to meet their needs. When a provider expresses interest in serving the person, the Regional Center of placement works with the CCB to arrange a series of meetings to ensure the provider is able to meet the individual's needs. Finally, after the individual and their team choose a provider, a transition checklist is completed to identify and arrange all needed services and supports prior to the transition.

A person may need to repeat some of these steps in order to find the most successful setting. After the person leaves the Regional Center system, the Regional Center no longer provides direct services, but instead offers consultation through the Transition Support Team ("TST"). TST was developed to provide comprehensive support to ensure the individual's needs are met and to prevent readmission. A TST is developed individually for each person engaged in the transition process. Members of the TST include professionals that worked with the individual, such as: social worker, behavioral professional, residential coordinator, QIDPs or case managers, occupational therapists, and speech pathologists. They provide support by providing training and guidance on the individual needs of the transitioning individual to the new provider in advance of the move, meeting with the provider and individual once a week for the first month of transition, meeting with the provider and individual twice a month for the second month of transition, and meeting with the provider and individual once a month for the third month of transition. Further, the TST is available as needed for the three months following the transition and the Regional Center of placement will provide support to the transitioned person whenever the team requests.

Goal 5 - Increasing the Skills and Expertise of the Workforce

Increase the skills and expertise of the Behavioral Health and LTSS Workforce to increase retention, improve service quality, and better meet the needs of consumers.

2014 Community Living Plan Recommended Measurable Outcomes:

Develop and implement a core services training

Develop and implement an advanced training program with specialty modules

Annually increase the number of individuals trained in core and specialized training efforts

Demonstrate an increased capacity in the workforce to serve people with all types of disabilities

Grow the overall workforce to meet the needs of all consumer groups through targeted recruitment and retention efforts

Develop and implement case management standards across CMAs and behavioral health service providers

Increase the satisfaction and perceived effectiveness consumers report of received services

2018 Reports

Trainings:

As of *June 2018*, HCPF provided **4,060** PCT training sessions to stakeholders statewide. HCPF provided targeted training to **9** service providers, including via an online webinar.

In *FY 2016-17*, HCPF paid for **90** staff of CCBs, PASAs, and HCPF to participate in Serious Incident Investigations training by Labor Relations Alternative, Inc. to become trained mistreatment investigators.

Standardization:

Currently, HCPF is developing a documented, standardized rate methodology to determine more accurate, inclusive fee-for-service rates for all HCBS waivers without a documented rate methodology. The rate work is continuous and will have completed documentation according to the new methodology for all HCBS rates within *FY 2018-19*. The methodology now also includes considerations for indirect labor costs like employee training and education.

HB 18-1407:

HB 18-1407 increases reimbursement rates for specific services delivered through the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Agencies who provide these services must utilize **100%** of the **6.5%** reimbursement rate to increase compensation for direct support professionals above the rate of compensation that direct support professionals were receiving as of *June 2018*.

Capacity Building:

Since *April 2014*, CCBs have received over **$14 million** to build provider capacity and enroll individuals into HCBS waivers. Additionally, **$3.2 million** has been distributed to non-CCB HCBS service providers as an incentive and to increase system capacity. CCBs and service provider agencies are required to report to HCPF how these funds are expended.

The fifth goal of Colorado's Community Living Plan is to increase the skills and expertise of the Behavioral Health and LTSS Workforce to increase retention, improve service quality, and better meet the needs of consumers.

The measurable outcomes for this goal consist of developing and implementing core services training and advanced training with specialty modules, annually increasing the number of individuals trained in core and specialized training, demonstrating an increased capacity in the workforce to serve people with all types of disabilities, developing and implementing case management standards across CMAs and behavioral health service providers, and increasing the satisfaction and effectiveness of received services among consumers.

Ensuring Workforce Skills & Expertise

As described under Goal 1, HCPF has supported the increase of providers' skills in order to meet the needs of consumers by, among other things, investing over $616,000 in PCT training

since 2015 and providing 4,060 PCT training sessions to OCL stakeholders statewide (see Goal 1 for more information).

To ensure proper administration of services, consistent experiences for members, and statewide compliance and uniformity, HCPF has conducted regular, diverse, and up-to-date trainings with case managers and CMAs. The focus of the HCPF-issued trainings is to provide case managers and CMAs with a regulatory, compliance, and quality-based framework. Trainings issued by HCPF are recorded and posted online along with a FAQ document, if applicable. HCPF does not issue a certificate when trainings are completed; however, HCPF does track participation. CMAs monitor and assure that each case manager within the agency demonstrates the appropriate knowledge, skills, and abilities to perform their job duties.

From the most recent, the following trainings have been provided by HCPF: Notice of Action and Appeals (June 2018); In-Home Support Services (May 2018); Critical Incident Reporting (April 2018); Person-Centered Service Planning (February 2018); Nursing Facility Post Eligibility Treatment of Income (February 2018); Quality Improvement Strategy Annual (January 2018); HCBS Waivers 101 (January 2018); Intensive Case Management for CCT (December 2017); Entering a Critical Incident Into the Benefits Utilization System ("BUS") (December 2017); Uniform Long-Term Care ("ULTC") 100.2-Determining the Level of Care (November 2017); Targeted Case Management (October 2017); Age Appropriate Guidelines (October 2017); Colorado Pre-Admission Screening and Resident Review (August 2017); Behavioral Therapy Services Training (April 2017); Effective Communication with Clients and Families Living with Alzheimer's (July 2016); Pediatric Personal Care Benefit (October 2015); Consumer Directed Attendant Support Services Training (Rolling schedule since January 2015).

HCPF has also provided the following trainings to service providers: New Alternative Care Facility Provider Training; Existing Alternative Care Facility Provider Training; CCT Benefits and Services; CCT-Transition Coordinator Training; Personal Care Assessment Training; Options Counseling Training; and Options Counseling Referrals Training for Nursing Facilities; and Supportive Employment for Medicaid Providers (Supportive Employment Leadership Network ("SELN") made available a four-part webinar series on Supportive Employment for Medicaid providers at no cost to the providers. The series of webinars began in January 2018 and concluded in June.)

In FY 2016-17, HCPF paid for 90 staff of CCBs, PASAs, and HCPF staff to participate in Serious Incident Investigations training by Labor Relations Alternative, Inc. to become trained mistreatment investigators. By providing regular, diverse, and up-to-date trainings, HCPF is ensuring that the workforce has the skills appropriate for providing high-quality LTSS.

As described in Goal 4, HCPF has made an effort to streamline qualifications across all case managers and CMAs by developing qualifications to create uniformity (see Goal 4 for more information).

HB 18-1407 increases reimbursement rates for specific services delivered through the HCBS-DD, HCBS-SLS, and HCBS-CES waivers. Service agencies who provide these services must utilize 100% of the 6.5% reimbursement rate increase to increase compensation for direct support professionals above the rate of compensation that direct support professionals were receiving as of June 30, 2018. Additionally, HCPF is filling two full-time positions that will develop a reporting tool in coordination with the service providers and conduct ongoing reviews to ensure the rate increase is passed through to direct support professionals as required. HCPF does not anticipate any additional costs associated with compliance for the proposed expanded wage pass-through.

Since April 2014, CCBs have received over $14 million to build provider capacity and enroll individuals into HCBS waivers. Additionally, $3.2 million has been distributed to non-CCB HCBS service providers as an incentive and to increase system capacity. CCBs and service provider agencies are required to report to HCPF how these funds were expended. Allowable expenditures include rent or lease payments, vehicle purchase or lease payments, recruiting or hiring, professional development, staff equipment, staff supplies, program advertising, program research and development, program equipment, program supplies, and capital expenses. However, CCB and provider agencies reported that the funds were primarily used to recruit, hire, and train new staff to serve additional individuals with HCBS waivers. HCPF continues to collect expenditure data from the CCBs and service providers on how these funds are being used.

Ensuring Access to Effective Services

HCPF continually observes and monitors rates to ensure clients have access to effective services throughout Colorado. Currently, HCPF is developing a documented, standardized rate methodology to determine more accurate, inclusive fee-for-service rates for all HCBS waivers without a documented rate methodology. The rate work is continuous and will have completed documentation according to the new methodology for all HCBS rates within FY 2018-19. The methodology now also includes considerations for indirect labor costs, such as employee training and education.

Additionally, HCPF is required to examine all rates through its Medicaid Provider Rate Review Advisory Committee (“MPRRAC”), which is a legislatively mandated independent body that reviews all Medicaid rates on a five-year cycle. In 2017, MPRRAC reviewed HCBS rates and identified issues related to access to care and rate sufficiency within the current market.

HCPF’s website allows for individuals to find IDD services through the “Find a Doctor” search option, which includes the ability to search for HCBS providers. HCPF been working to refine the ways in which an individual can search for providers to ensure maximum ease of use. CDPHE also maintains a list of program-approved service providers for the three HCBS waivers for individuals with IDD. Additionally, some individuals are aware of the available providers and request to have certain providers authorized to provide their services.

Consumer Satisfaction Information

In 2013, Colorado joined a collection of states participating in the National Core Indicators ("NCI") project to measure client satisfaction with services and quality of life for individuals with IDD. In 2013, the survey ("NCI-IDD") was implemented and continues to be an ongoing project. In 2015, HCPF expanded the NCI work to include older adults and adults with physical disabilities ("NCI-AD") receiving either Medicaid services or Older Americans Act services (administered by CDHS). NCI-AD grew out of concern about the limited information currently available to help states assess the quality of LTSS services for seniors, adults with physical disabilities, and their caregivers. In FY 2017-18 and beyond, HCPF will continue to expand the NCI surveys, with the help of approved ongoing funding.

Regional Center Workforce

In December 2015, the legislatively appointed RCTF produced 10 recommendations and published the RCTF Final Report. In 2017, the General Assembly approved a term-limited staff member to support the development and implementation of the RCTF recommendations across the state departments. Recommendation 3 of the Final Report states, "Develop guidelines, training, and clinical tools for medical, behavioral, and mental health providers to deliver effective services for the IDD population in the community regardless of the complexity of needs." HCPF partners with university training programs and the State Innovation Model ("SIM") to address workforce needs and to promote integrated systems of care. The RCTF Project Manager at HCPF attends the SIM Workforce Workgroup to ensure SIM efforts positively impact health outcomes for people with IDD, including individuals with a co-occuring mental or behavioral health condition. Funding for a Behavioral Health Integration module, concentrating on people with IDD, became available in August 2018. The module is anticipated to be complete in October 2018. When complete, the module will be available on the University of Colorado's e-learning site.

The Regional Center system has implemented several new initiatives to increase the skills and expertise of the workforce, with specific examples listed below. This focus has resulted in employee retention increasing and staff increasing their expertise to provide treatment-focused services.

In 2017, stay interviews at the Regional Centers were conducted to better understand the current work culture. The interviews were focused on what staff members like and what areas they would like to see improve. From these interviews, a Mentor Program for new staff was developed and piloted at one facility with the plan to expand to the other Regional Center locations. Exit interviews are also conducted on an ongoing basis and data from those interviews are utilized to make improvements.

The Quality Assurance and Performance Improvement ("QAPI") Practices were extended to each licensed home throughout the Regional Center system. Staff members now have access to data that pertains to the facility and individuals served to help inform better decisions.

Beginning May 2018, the Regional Centers started training employees on the Mandt System. This system will replace the de-escalation and physical intervention system currently in use and will create a more cohesive system. The Mandt System focuses on prevention, verbal de-escalation, relationship building, and physical intervention. This system focuses on using the least restrictive methods to prevent physical intervention.

Beginning February 2018, the Regional Center system started a three-year process to become a certified person-centered organization. The rollout includes intensive training for trainers at each facility and training for management to ensure change is embedded in the culture at all levels. The training will offer staff tools and skills to better prepare staff to work with people in an individualized, treatment-focused manner.

In November 2016, the Regional Centers implemented pay increase for direct care staff to address issues of recruitment and turnover. These issues were caused in part by the national shortage of healthcare workers, the low unemployment rate in Colorado, and a desire to compensate adequately for a challenging work environment. The pay raise was effective in reducing turnover for the Regional Center workforce. A Deputy Director, Staff Development Director, and Behavioral Health Program Manager were also added to the Division. These positions will help promote skills and expertise across the Regional Center system.

Goal 6 - Improving Communication Strategies

Improve communication strategies among LTSS agencies to ensure the provision of accurate, timely, and consistent information about service options in Colorado.

2014 Community Living Plan Recommended

Measurable Outcomes:

Create an information Clearinghouse of resources related to long-term services and supports

Implement a marketing program to encourage use of the Clearinghouse

Increase use of the site over time, tracked via monitoring

Receive positive feedback on use of the site from stakeholder reports

Avert re-institutionalization due to improved quality and timeliness of information

Reduce the number of complaints to the state's Long-Term Care Ombudsman reflecting individuals being given inadequate information about home and community-based options

2018 Reports

TEFT:

The TEFT program is an initiative of the CMS. One component of the TEFT program is creating standards for an electronic record for LTSS data. Establishing such standards will increase the use and adoption among LTSS agencies and improve their ability to share data and improve overall care coordination.

The primary deliverable for 2018, the final year of the TEFT grant, is to conduct an environmental scan of a sample of LTSS providers to determine their current use of technology and what functionality is most important. This scan will include agencies with the primary focus of assisting people with learning about and accessing their LTSS options.

No Wrong Door:

Currently, Colorado is testing a "No Wrong Door" model to make it easier for people of all ages, disabilities, and income levels to learn about and access the LTSS they need. *At the end of summer 2017,* No Wrong Door pilot sites were launched. Pilot sites work with contractors to provide technical assistance, develop structure for pilot site operations, develop a marketing strategy, and evaluate the No Wrong Door experience from client and staff perspectives. The pilot sites will be operational until *September 2019.*

The sixth goal of Colorado's Community Living Plan is to improve communication strategies among LTSS Workforce agencies to ensure the provision of accurate, timely, and consistent information about service options in Colorado.

The measurable outcomes for this goal include creating an information Clearinghouse of resources related to LTSS, implementing a marketing campaign for use of the Clearinghouse, and ensuring positive feedback and an increased use of the Clearinghouse over time. Further, the Clearinghouse would avert reinstitutionalization and the number of complaints about inadequate information would be reduced.

Providing Long-Term Services and Supports Information

Currently, Colorado is testing a NWD model to make it easier for people of all ages, disabilities, and income levels to learn about and access the LTSS they need and want. This effort by HCPF, CDHS, and the Colorado Department of Labor and Employment ("CDLE") allows for a more streamlined LTSS enrollment process.

At the end of summer 2017, NWD pilot sites were launched in the Denver-Metro area, Larimer County, Pueblo County, and southwest Colorado, which includes Montezuma, La Plata, Dolores, San Juan, and Archuleta counties. Pilot sites work with contractors for technical assistance, to develop structure for pilot site operations, to develop a marketing strategy, and to evaluate the NWD experience from client and staff perspectives. The pilot sites will be operational through September 2019.

NWD pilots are comprised of a network of LTSS agencies including, but not limited to, SEPs, CCBs, Area Agencies on Aging ("AAAs"), ADRCs, Centers for Independent Living ("CILs"), and county human services offices, all of which are contained within a self-defined region, with one agency serving as the lead.

During the NWD pilot, agencies are continuing to perform LTSS entry point work, but in a more coordinated fashion. They are focused on improving communication with each other so they can easily share information and improve referral processes.

The Testing Experience and Functional Tools ("TEFT") in Community-Based LTSS program is an initiative of CMS. One component of the TEFT program is creating standards for an electronic record for LTSS data because many organizations working in the LTSS system use different data systems. Establishing such standards will increase the use and adoption among LTSS agencies and improve their ability to share data and improve overall care coordination.

The primary deliverable for 2018, the final year of the TEFT program, is to conduct an environmental scan of a sample of LTSS providers to determine their current use of technology and what functionality is most important. This scan will include agencies with the primary focus of assisting people with learning about and accessing their LTSS options.

Regional Centers Providing Information

The Regional Center system provides monthly and quarterly reports to HCPF for the purpose of providing regular updates regarding the status of the Regional Center referrals, admissions, and transitions. The Regional Center system is committed to working with HCPF to ensure that the system of care within Colorado is adequate for all people with disabilities and that people are receiving services in the community of their choice.

Additionally, the Regional Center system has given numerous presentations and hosted discussions for CCBs, PASAs, HCPF, parents or guardians, and other stakeholders to inform about the resources the Regional Center system offers and the role of Regional Centers in the delivery system. It is important that providers and stakeholders in the system understand the role of the Regional Center system and how all entities work together to best serve individuals who need support.

Goal 7 - Integrating, Aligning, and Leveraging Related System Efforts

Integrate, align, and leverage related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.

The seventh goal of Colorado's Community Living Plan is to integrate, align, and leverage ("IAL") related system efforts to improve outcomes, eliminate redundancies, and achieve implementation efficiencies.

The measurable outcomes for this goal include developing a position paper reflecting IAL opportunities and recommendations, an increase in collaboration among key system partners, demonstrating efficiencies through a reduction in the number of groups formed to support related plan efforts. Further, steps should be taken to align or integrate critical components of the LTSS system and outcomes should improve for all stakeholder groups due to improved system performance.

As discussed in more detail in the *Employing Individuals with Disabilities in Colorado* section, HCPF is an active partner in the Employment First Advisory Partnership ("EFAP"), along with CDLE, the Colorado Department of Education ("CDE"), the Colorado Department of Higher Education ("CDHE"), and CDHS.

Another group, the Certification and Survey Lean process team, continues to meet regularly as a cross-department collaboration between CDPHE and HCPF. The team set out in August 2016 with the goal to review both the HCPF and CDPHE provider enrollment and survey processes, and utilize Lean principles to standardize and simplify the processes. In May 2018, the team met and finished the survey process mapping and completed a work break-down structure to identify and implement opportunities for improvement. The team will continue to communicate and meet regularly to report on the progress made on the opportunities for improvement.

Regional Centers Collaboration

The Regional Center system works collaboratively with system partners to ensure positive outcomes and effective use of resources. To do this, the Regional Center system shares resources and connects individuals directly with system providers to help ensure the right services are received timely. This includes working with HCPF, CCBs, PASAs, and other healthcare providers.

When evaluating efficiencies towards transitions, the Regional Center system has taken a targeted approach. This approach included hosting a transitions forum to discuss people transitioning from the Regional Centers to private providers in the community. Through this forum, the Regional Center system wanted to receive feedback and input about the enhanced transition process that was implemented several years ago. CCBs, PASAs, HCPF, and other stakeholders were invited to give their input. This is a shared process across systems that provide supports to individuals with IDD. The Regional Center system also wanted to ensure people are able to transition as quickly as possible after they have achieved recommended progress, and that needs are being met within the continuum of IDD services and supports. The Regional Center system made improvements to the transition process based on feedback from stakeholders, and encouraged other providers who share this process to review their practices to increase efficiencies.

The Regional Center system is committed to working with HCPF and stakeholders to ensure that the system of care within Colorado is adequate for all people with IDD, and people are receiving services in the community of their choice. The Regional Center system is the provider for stabilization treatment and continues to fill a segment of the IDD system of care by meeting the needs of those who cannot be served in privately operated HCBS settings. The Regional Center system continues to meet the relevant and important needs of individuals who are not able to receive adequate and necessary supports through private providers in the community.

The Regional Center system works with HCPF to address barriers to people transitioning to private providers. For a small percentage of individuals, finding a provider is difficult because of their unique needs and the lack of community capacity. These individuals stay in the Regional Center system longer than necessary because of the gap in available services in the community. The Regional Center system participates in the RCTF where all of these topics are discussed in the context of the larger service system.

The Regional Center system also provides regular feedback to HCPF about the status of referrals and admissions. Currently, the Regional Centers receive referrals from CCBs primarily for multiple failed placements, sudden termination of services, destabilization of co-occurring mental health and IDD diagnosis, intensive behavioral needs that put the individual or others at risk, or hospitalized or jailed individuals with no available provider.

The RCTF implementation work demonstrates collaboration across key system partners to IAL related system efforts. As mentioned in Goal 5, the RCTF, created by HB 14-1338, was charged with developing recommendations regarding the future size, scope, and role of Colorado's Regional Centers. The RCTF was comprised of 15 individuals representing a broad spectrum of Regional Center stakeholders, including legislators, families and guardians of individuals residing at the Regional Centers, advocates, service providers, mental health specialists, and executives from HCPF, CDHS, and CDPHE.

In 2016, two RCTF teams were established – an Operations Team (comprised of program staff from CDHS, CDPHE, and HCPF) and a Sponsor Group (comprised of community stakeholders and executives from CDHS, CDPHE, and HCPF). Both teams meet monthly. The Operations Team is responsible for collaboratively implementing practicable recommendations, while the Sponsor Group is responsible for making key, strategic decisions. The Sponsor Group also reviews the RCTF Report submitted by HCPF to the Joint Budget Committee.

Goal 8 - Implementing an Evaluation Plan

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

The eighth goal of Colorado's Community Living Plan is to implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes. The measurable outcomes for this goal consist of establishing an evaluation plan, securing resources for the evaluation plan, and reporting findings each year thereafter.

This report serves as the first comprehensive evaluation of the 2014 Community Living Plan. Additionally, individual state agencies have conducted evaluations of various community living efforts and programs over the last four years. However, the State has not formalized a regular evaluation plan or process for measuring community living efforts.

Goal 9 - Ensuring Successful Plan Implementation

Ensure successful plan implementation and refinements over time through the creation of the Community Living plan governance structure and supportive workgroups.

The ninth goal of Colorado's Community Living Plan is to ensure successful plan implementation and refinements over time through the creation of the Community Living Plan governance structure and supportive workgroups.

The measurable outcomes for this goal consist of developing a responsive and transparent governance and workgroup structure and membership criteria that achieves part of Goal 7 in integrating, aligning, and leveraging existing groups and efforts. Further, the identified governance leadership shall develop and present an annual status report on *Olmstead* implementation efforts.

As stated throughout this report, a number of agencies participate in various cross-department workgroups surrounding different areas of community living. In 2017, the Governor's Office sought funding from various departments and community organizations in order to create a position whose responsibility it was to help coordinate community living efforts and evaluate progress of the Community Living Plan. This position was a major step forward for the State in terms of governance and oversight over the Community Living Plan.

ADDITIONAL EFFORTS

Additional Efforts to Improve Community Living

Employment

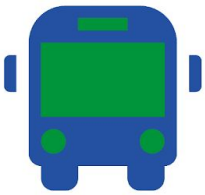
In 2016, DVR moved from CDHS to CDLE. In FY 2017-18, DVR provided services to **15,620** individuals. During that same time, DVR closed the cases of **1,832** as "successfully employed." **$41.4 million** in wages flowed into Colorado's economy from individuals with disabilities who received services and obtained successful employment according to DVR's 2017 Annual Report.

State Employment

In 2017, DPA requested all of the state agencies to conduct a comprehensive review of the minimum requirements for entry into state jobs in order to remove unnecessary barriers. All **674** job classes, which encompassed over **31,000** state jobs, were reviewed and modified.

Transportation

Since 2014, CDOT has made numerous accessibility improvements, including the evaluation of existing facilities statewide through the ADA Transition Plan, which includes existing curb ramp assessments statewide (**20,000+**), **28** rest stops across the state, and **6** CDOT building facilities. Further, CDOT provided **2** ADA related trainings to transit providers through CASTA and conducted **14** ADA related municipality trainings within 2017 and 2018.



Housing

DOH has secured a grant from HUD's Section 811 PRA for approximately **$7.6 million** - which is enough to fund **91** vouchers at HUD's FMR. *In June 2018,* DOH also applied for Section 811 Mainstream Vouchers, a type of tenant-based HCV that serves the same population as Section 811 PRA. *In August 2018,* DOH presented and recorded a training on reasonable accommodation, including exception payment standards.

Typically, DOH is able to grant about **89%** of reasonable accommodation requests in a given year.

Education

CDE offers statewide youth mental health first aid training for school staff and community members at no cost through the Project AWARE grant. Discipline specific trainings and resources supported by IDEA funds are available to school nurses, psychologists, and social workers.

Criminal Justice

As of June 2018, **4%** of DOC inmates had an intellectual or developmental need, **37%** had mental health needs, and **74%** had substance abuse needs.

Employing Individuals with Disabilities in Colorado

While employment was not a topic of the Community Living Plan, it has been a major focus of the State throughout the years. In 2008, the General Assembly directed the executive directors of CDHS and the Colorado Department of Personnel and Administration ("DPA") to assemble a working group to study and recommend how the State's policies and practices in employing, supervising, and supporting persons with DD can be improved in order to effectively and successfully implement a state employment program. The idea behind this state employment program was to encourage and provide incentives for state agencies to give meaningful employment opportunities to persons with DD. The working group was to complete its work and make recommendations to the executive directors by January 1, 2009. While this program never took place, efforts to advance state employment continued.

In 2012, Governor John Hickenlooper signed an Executive Order establishing the Office of Community Living within HCPF, which was ordered to create an advisory group, the CLAG. In 2014, the CLAG published a report which recommended Colorado develop a "Colorado Hires"

program that would increase the number of individuals with disabilities working for state government and help people find suitable work at suitable wages.

In 2016, the General Assembly passed Senate Bill ("SB") 16-077, *Employment First for Persons with Disabilities*, which ultimately established Colorado's commitment to improving employment outcomes for Coloradans with disabilities. At that time, the employment rate of working-age people (ages 16 to 64) with disabilities in Colorado was 42.8%, compared to the employment rate of working-age people without disabilities of 81.5%, according to the 2016 American Community Survey.

SB 16-077 also created EFAP, which was tasked with making recommendations to the General Assembly and five state agencies to implement an Employment First employment framework in Colorado. In 2017, the EFAP developed and released to the General Assembly a report outlining eight recommendations to further develop Employment First in the state. The eight recommendations are: (1) Produce data for the HCBS waiver programs that allow measurement of Colorado's progress toward Competitive Integrated Employment ("CIE"); (2) Implement Employment First policies and practices; (3) Implement a training plan for supported employment providers; (4) Implement a communication plan describing available services that support Employment First; (5) Create an Office of Employment First to coordinate cross-departmental efforts to implement Employment First policies; (6) Develop appropriate funding structures that will increase employment services and support capacity; (7) Design and coordinate locally-based pilot projects to develop services that support Employment First practices; and (8) work with the State of Colorado to become a "Model Employer" for Colorado citizens with disabilities.[20] The EFAP meets monthly.

Division of Vocational Rehabilitation Services

Primary Type of Disability for Individuals served by DVR in FY 2017-18	
Blindness/Visual	4.8%
Deafness/Hearing Loss	12.2%
Deaf-Blindness	.2%
Physical/Orthopedic/Mobility	18.6%
Cognitive/Communicative	32.5%
Mental Health	31.7%

In 2016, the Division of Vocational Rehabilitation ("DVR") moved from CDHS to CDLE and has made a major impact on employment for individuals with disabilities, as well as the state's economy. In FY 2017-18, DVR provided services to 15,620 individuals. During that same time, DVR closed the cases of 1,832 individuals as "successfully employed." On a specific and technical level, a DVR "success" is defined by the closure of a case for an individual who has received DVR services through an Individualized Plan for Employment ("IPE"), obtained employment that is consistent with the agreed-upon vocational goal as outlined in the IPE, maintained employment for at least 90 days, and obtained an agreed upon level of stability in that employment.

[20] Colo. Dep't of Health Care, Policy, & Fin., Colo. Dep't of Human Services, Colo. Dep't of Educ., Colo. Dep't of Higher Educ., Colo. Dep't of Labor & Emp't, Employment First Advisory Partnership: Expanding Employment Outcomes for Coloradans with Disabilities (2017), *available at* https://www.colorado.gov/pacific/sites/default/files/AppendixL_Employmnent_First_Advisory_Partnership_Strategic_Plan.pdf.

DVR's success is measured by the delivery of high-quality vocational rehabilitation services to eligible individuals resulting in satisfactory performance on the Common Performance Measures identified by the Workforce Innovation and Opportunity Act ("WIOA"). Finally, on a global level, DVR defines success as having been instrumental, through programming, service delivery, and partnerships, in affecting positive change in the lives and self-sufficiency of Coloradans with disabilities.

In regards to the state's economy, $41.4 million in wages flowed into Colorado's economy from individuals with disabilities who received services and obtained successful employment, according to DVR's 2017 Annual Report.

As stated above, DVR helps individuals with disabilities prepare for, obtain, advance, and maintain employment by providing a range of services based on an individual's employment needs and goals. In order to provide vocational rehabilitation services to Coloradans, Rehabilitation Counselors work closely with individuals to determine an employment goal and identify and arrange for the services that will be needed to achieve that goal.

Federal regulations establish specific time frames and circumstances for the various steps of the vocational rehabilitation process, and DVR has established policies that keep in line with those requirements. Per these regulations, DVR determines an applicant's eligibility within 60 days of the individual's application, unless there are circumstances outside the agency's control that prevent the determination, in which case the counselor and client work together to decide what additional time is needed. Similarly, DVR works with the client to identify a suitable vocational goal and necessary services in order to develop an IPE within 90 days of an individual's eligibility determination. This time frame may be extended if the counselor and individual agree that additional time is necessary to complete the comprehensive assessment and develop the IPE. In both processes, DVR policy states that these activities should occur as soon as possible and as soon as the counselor has sufficient information to make determinations, regardless of any required time frames.

As DVR understands that people seeking services are motivated to move forward, DVR strives to ensure that timely decisions are made and proper services are provided. The vocational rehabilitation process is highly individualized and counselors are trained to ensure that each unique situation is addressed holistically, ensuring that limitations, strengths, interests, abilities, capabilities, resources, priorities, and concerns are addressed through the provision of informed choice. This process can vary significantly from individual to individual. DVR works to ensure that the eventual outcome that the counselor and client work in partnership toward is one that will not be *just a job* for the individual, but an opportunity to increase self-sufficiency and set the individual on a sustainable career path that will result in long-term employment.

Supporting Competitive Integrated Employment

DVR has provided Competitive Integrated Employment ("CIE") education and support to DVR counselors, qualified service providers, education staff, state partners, and many more by presenting at conferences, facilitating committees, and actively participating in various groups. In order to enhance CIE, DVR has strengthened its partnership with HCPF and is currently working on a number of various strategies, including sequencing services to eliminate systemic barriers, updating and finalizing a Memorandum of Understanding ("MOU") between HCPF and DVR, and holding annual supported employment roundtables at six different locations around the state. Further, DVR is sponsoring a four-part webinar series presented by SELN for providers on how to utilize Employment First principles to support individuals in obtaining and maintaining employment.

Over the years, DVR has provided training through presentations, committee involvement, and webinars and supported employment opportunities in Colorado for individuals with the most significant disabilities through partnerships with employers, the Colorado Developmental Disabilities Council ("CDDC"), Division for Intellectual and Developmental Disabilities ("DIDD"), OBH, Mental Health Service Organizations, and the Behavioral Health Planning and Advisory Council ("BHPAC").

Most recently, DVR has focused on professional counselor development, which includes training on tools, such as the Career Index Plus, which assists counselors and clients in moving more quickly through the vocational goal and IPE development process. The agency is also conducting process improvement efforts that are intended to streamline the documentation tools and processes as the IPE is being developed. Additionally, these activities and the associated time are tracked at the agency level and are also included on staff performance evaluation documents to highlight the value of providing timely customer service throughout the vocational rehabilitation process.

At the 2018 CDE Leadership Institute, DVR presented on discovery and customized employment for transitioning youth and utilizing Individual Placement and Support ("IPS") model for transitioning youth. The audience included special education administrators, transition coordinators, and special education teachers.

DVR facilitates two internal steering committees for DVR Counselors. The first committee works with individuals with IDD and meets every other month for six hours. Its purpose is to enhance CIE opportunities for individuals and to develop strategic partnerships with HCPF, CCBs, service providers, and employers. The second committee works with individuals with significant mental health conditions and meets every other month for three hours. The purpose of this committee is to enhance CIE opportunities for individuals and to develop strategic partnerships with OBH, service providers, and employers.

DVR is a Silver Member of the Association for Persons Supporting Employment First ("APSE"), which provides resources for businesses working towards inclusive employment. DVR also actively participates with EFAP. With the help of this group, DVR is implementing Discovery and Customized Employment service delivery as an evidence-based method for assisting individuals working in non-integrated settings to transition to integrated settings. DVR is also working to implement several recommendations that were presented by EFAP to the General Assembly.

In June 2018, DVR and HCPF presented collaboratively on a Workforce Innovation Technical Assistance Center ("WINTAC") webinar, *Braided Funding for Supported Employment*. The audience included vocational rehabilitation directors and staff from various states who were interested in learning from best practice models. Currently, DVR and HCPF are working collaboratively to implement SB 18-145.

Along with CDE and HCPF, DVR also partners with OBH to support employment for individuals with disabilities. Over the years, DVR and OBH continue to build a strong partnership by providing employment services to individuals with significant behavioral health conditions, such as mental health and substance use conditions. Currently, DVR and OBH are partnering together to implement the evidence-based practice of IPS in all CMHCs and manage and fund Mental Health Supported Employment contracts statewide, serving approximately 1,100 individuals. DVR and OBH also sponsor the annual Colorado IPS Conferences, which bring together approximately 150 partners statewide to learn and collaborate on implementing evidence-based practices.

HCPF is also engaged in many projects to decrease day segregation, increase CIE, and have better overall employment outcomes. HCPF is committed to the Employment First principles that anyone can work and that CIE is the preferred outcome for anyone enrolled in the HCBS-SLS and HCBS-DD waivers. HCPF continues to focus on implementation of SB 18-145, which will improve data collection and increase the quality of Supported Employment Services that support CIE outcomes.

In previous years, the IDD state services function, now within HCPF, held regular DIDD Employment Workgroup meetings that were historically used to inform the community and gain feedback from system stakeholders on how to improve Colorado's Supported Employment System. Since HCPF discontinued the quarterly DIDD Employment Workgroup, it has increased its stakeholder engagement concerning Supported Employment Services and practices. HCPF attends multiple stakeholder groups, like the APSE meetings, the Quarterly Provider meeting, and the case management directors meetings, to provide updates and solicit feedback about Supported Employment Services. Additionally, HCPF regularly meets with CCB case managers and service providers to provide updates on changes to these services and to answer questions. Finally, an annual series of free webinars for groups on a wide-ranging set of topics is held by HCPF in conjunction with DVR.

Additionally, as an active member of EFAP, HCPF uses the EFAP recommendations to identify where improvements can be made to see better CIE outcomes and decrease day segregation. HCPF seeks to coordinate with DVR on Supported Employment, with the ultimate goal of providing individuals more timely and better access to the employment supports they need and decreasing (where desired) the time someone spends in other day programs.

HCPF is also supporting DVR with the Customized Employment Pilot, which is a national best practice developed to support individuals with the most significant needs in finding CIE and reducing the use of potentially segregated day programs.

In 2013, HCPF researched the resources that the U.S. Department of Labor ("USDOL") Office of Disability Employment Policy ("ODEP") was offering and determined that it was receiving the same supports and resources through its membership with the SELN. HCPF decided to continue with SELN and not utilize the USDOL ODEP proposal.

HCPF has used resources available through its SELN membership to understand how to better support provider transformation and to bring the newest research and practices to Colorado. Colorado meets monthly with SELN and works to sponsor a free SELN webinar series for advocates and providers on a wide range of topics aimed at increasing CIE outcomes. Colorado also attends the SELN national conference every October, where states meet to learn from each other about a multitude of Supported Employment topics, including provider transformation and implementation of Supported Employment models that support CIE outcomes.

HCPF is also working to eliminate segregation in day settings, including employment-related settings, through its implementation of the HCBS Settings Final Rule. HCPF issued guidance explaining what day settings must do to comply with community integration and other requirements, and it plans to issue additional guidance specific to employment-related settings. Providers will need to complete Provider Transition Plans ("PTPs") demonstrating their compliance with the HCBS Settings Final Rule.

Addressing Employment in Businesses Throughout Colorado

DVR understands the importance of working in rural areas and working with businesses across the state. DVR offices and staff in rural areas work locally in a variety of collaborative matters, cultivating and leveraging local resources and partnerships in order to creatively develop employment opportunities across those rural communities. Success in rural areas is dependent upon DVR's strong, local partnerships.

Business Outreach Specialist ("BOS") teams, other DVR staff, and community partners, such as Independent Living Centers, Mental Health Centers, school districts, and local CCBs and their providers, in rural areas are involved in many sector strategy working groups. On a fairly regular basis, rural DVR offices hold open houses to educate the public and coordinate with

other community partners. DVR staff are proactive about participating in local Chambers of Commerce, various economic development groups, Workforce Development Boards and Centers, and with business and employer partners. Local rural DVR staff are often involved in partnerships that include Small Business Development Centers and transportation entities, as effective transportation is one of the significant barriers faced by job seekers and employees in rural areas. Local rural DVR staff tend to be DVR's most innovative employees in many situations, making maximum use of available technology to engage in remote service provision and partner collaboration.

In order to support various businesses across Colorado in their effort to employ people with disabilities, DVR has a BOS team made up of nine professionals across the state who focus on connecting small, medium, and large businesses with a qualified talent pipeline of individuals with a variety of disabilities. The unique set of services for employers provided by the BOS team includes employee recruitment and candidate screening, ADA consultation, disability etiquette and awareness training, retention services for existing employees, and support with the Office of Federal Contract Compliance ("OFCCP").

The BOS team also provides in-house services for DVR counselors and clients by continuously searching for unique job leads. The team works with a network of employers to set up internships, paid work experiences, job tours, and informational interviews for both youth and adult clients. The team shares real-time local and national labor market information with DVR counselors and clients to assist in crafting appropriate employment goals. They are regularly partnering with other community job developers to increase the placement opportunities for DVR clients. Meeting with a broad set of community stakeholders is key to ensuring that all DVR clients and counselors are connected to the most up-to-date career resources possible.

State Employment

While DPA was not the focus of any recommendations or involved in the making of any previous community living report, DPA has made improvements to state employment that directly correlate to community living. In 2017, DPA requested that all state agencies conduct a comprehensive review of the minimum requirements for entry into state jobs in order to remove unnecessary barriers. All 674 job classes, which encompassed over 31,000 state jobs, were reviewed and modified for education requirements, experience requirements, and education or experience equivalences.

On a routine basis, agency leaders and human resource professionals review the essential functions of positions to ensure functional attributes of job duties (physical, mental, environmental, and hazards) are accurately documented and do not misrepresent the requirements of the job. Further, agency leaders and human resource professionals routinely work with employees with disabilities to provide reasonable accommodations to ensure successful employment with the State.

In September 2018, the Governor's Office worked with DPA to ensure that all state job announcements in Colorado included information about reasonable accommodations available to individuals with disabilities applying for state jobs. As of October 2018, this language will be included in all job announcements across all state agencies to ensure individuals with disabilities have information about reasonable accommodations available to them.

In August 2018, the Governor's Office partnered with CDLE to create an initiative to make Colorado a "Model Employer" state. This initiative works to identify best practices in policies and procedures, recruitment and hiring, and accommodations, to raise awareness of hidden disabilities and promote an inclusive and diverse culture, and increase proper training. By creating better opportunities for individuals with disabilities within state government, the Governor's Office hopes that this will encourage private businesses across the state to do the same.

Supported Employment Services

As seen above, HCPF is dedicated to ensuring individuals with disabilities across the state have employment opportunities. HCPF provides various Supported Employment Services to help individuals gain and maintain employment through the HCBS-SLS and HCBS-DD waivers. The Supported Employment Services in the HCBS-SLS and HCBS-DD waivers are identical, including waiver definition, rules, and unit limits. As of June 12, 2018, 5,312 individuals were enrolled in the HCBS-DD waiver and 4,797 individuals were enrolled in the HCBS-SLS waiver.

In 2017, 3,133 total DD and SLS participants (ages 18-64) were receiving Supported Employment Services, with 1,391 individuals participating in group employment (defined as receiving Job Coaching-Group service) and 1,360 individuals participating in integrated employment (defined as receiving Job Coaching-Individual service). As of June 2018, 55% of individuals on the HCBS-DD waiver were enrolled with employment, and 46% of individuals on the HCBS-SLS waiver were enrolled with employment.

In order to measure Supported Employment and CIE outcomes, HCPF currently tracks service utilization, including data showing who is utilizing Individualized Job Coaching and Job Development, two services that tend to support CIE outcomes more than other Supported Employment Services. As of September 2018, HCPF was working to develop better data-collecting and reporting systems to track CIE outcomes as part of its work on SB 18-145. The new data collection system will allow tracking of mean wage, mean hours worked, and type of employment across the SLS and DD waivers. It will also allow HCPF to better

Employment Data for Individuals ages 18-64 (June 2018)			
Waiver	% Total HCBS Waiver Enrolled w/ Employment	Number Enrolled with Employment	Total Enrollment
BI	35.66%	153	429
CMHS	26.74%	728	2,723
DD	55.26%	2,614	4,730
EBD	24.95%	2,416	9,683
SCI	42.34%	47	111
SLS	46.26%	2,205	4,767
Total	**36.37%**	**8,163**	**22,443**

understand when a waiver member is working independently or is receiving employment services through DVR. The new data collection system will be live in late 2018 to early 2019, and the data will be reported out by late fall of 2019. HCPF is also working with DVR to amend the current MOU to allow for the sharing of data.

HCPF has worked to expand the utilization of Supported Employment Services by providing updated guidance on when and how to utilize Supported Employment Services so individuals can access these services quickly to find work and start working. In July 2017, HCPF commissioned a report to gain an initial understanding of the benefits and costs of expanding Supported Employment Services into additional waivers. The report showed that there would be many benefits to expanding these services; however, the fiscal impact would be significant. For example, to add Job Coaching, which is one of three Supported Employment Services, the increased yearly cost would range from $2,114,605 for the HCBS-BI waiver to $63,179,825 for the HCBS-EBD waiver. These estimates remain a barrier to expanding these services to additional waivers. However, once further analyses are complete, the actual costs of this expansion may be less than what was originally reflected.

Secondary Education, Postsecondary Education, and Transitioning Afterwards

Over the years, CDE has utilized numerous supports, programs, and initiatives to support Administrative Units ("AUs") to ensure that students with disabilities are being educated alongside students without disabilities, transitioning successfully within and out of school, and participating in postsecondary education and employment. As discussed above, DVR has also worked with CDE and the education system to provide transition services to youth.

In School Supports

As a part of Free Appropriate Education ("FAPE") for children with disabilities, an Individualized Education Program ("IEP") is required to address transition from K-12 to work or school. These transition IEPs are designed for children with disabilities, ages 15-21 who are currently enrolled in school. The Individuals with Disabilities Education Act ("IDEA") specifies that students with disabilities are to be educated alongside students without disabilities, in the least restrictive environment, to the maximum extent possible. Additionally, IEP teams at the local level must follow guidelines and procedures when children are removed from their general education classrooms for any part of the day. At the state level, CDE collects information about how much time students with disabilities are spending in general education settings. This important placement data contributes to the overall determinations for local districts. In Colorado during the 2017-18 school year, 65,684 or 74.7% of school-age (ages 6 to 21) students with disabilities spent at least 80% of their day in a regular classroom setting with peers without a disability. CDE is working with a number of districts to support increasing time that students with disabilities spend in general education settings and to

develop master schedules that will increase the time that students with disabilities spend in general education settings.

The Exceptional Student Services Unit ("ESSU") at CDE provides support to local directors of special education. Local directors are tasked with supporting schools, educators, and parents relative to their respective AU. For the IEP, CDE provides technical support and training on an as needed basis or upon request. CDE also offers parent and family-focused conferences three times per year, where general information is provided on the IEP process.

Additionally, CDE partners with PEAK Parent Center. PEAK is a nonprofit organization dedicated to ensuring that people with all types of disabilities can be fully included in their communities. PEAK delivers an annual conference focused on inclusion to support parents and school districts.

Colorado reports 4-, 5-, 6-, and 7-year graduation rates. During the 2016-17 school year, 56.8% of students with disabilities graduated within 4-years of entering 9th grade, compared to 79.0% of students without disabilities. During the same school year, the 5-, 6-, and 7-year graduation rate for students with disabilities was approximately 65%, 68%, and 75%, respectively, and approximately 83%, 84%, and 85% for students without disabilities. While the graduation rate for students with disabilities is lower than that of students without disabilities, Colorado ensures that all students have access to the Colorado Academic Standards, high quality instruction, and any specialized instruction or accommodations documents in their IEPs. To that end, CDE reports performance on assessments, access to general education, and requires AUs to review IEPs annually to ensure compliance with the regulations.

Transitions After Graduation

In order to ensure a successful transition post-graduation, AUs use coordinated sets of services which include assessments, annual goals, services, course of study recommendations, and vocational awareness, exploration, and preparation activities. DVR is also required to provide outreach and technical assistance to collaboratively work with education professionals to ensure career pathway development and service provision for transitioning students. The School to Work Alliance Program ("SWAP"), a partnership between CDLE, local DVR offices, and school districts, makes Pre-Employment Transition Services ("Pre-ETS") available to students with disabilities and mild to moderate employment needs, as required by the WIOA, which requires DVR to set aside and expend 15% of its federal allocation on the provision of Pre-ETS. Pre-ETS are a very specific set of five services: job exploration counseling, work-based learning experiences, counseling on postsecondary education, workplace readiness training, and instruction in self-advocacy. DVR partners with CDE and other community partners to directly provide these Pre-ETS services to current clients, as well as students with disabilities who are potentially eligible for DVR services.

Among the DVR/SWAP Pre-Employment Transitions Services is Post-Secondary Education ("PSE") counseling, which individualizes student strategies to support a smooth transition from high school to PSE. The PSE counseling includes advocating for needed accommodations and services, identifying interests, abilities, talents, needs, and learning style preferences and goals, promoting the use of executive function skills, assisting with the research of career and PSE options, prompting participating in PSE preparation classes, connecting to PSE resources, and promoting the use of self-advocacy skills. Further services include assisting with applications and enrollment processes, identifying financial aid options, administering financial aid options, identifying technology needs, identifying admission test accommodations, attending college fairs and tours, applying for DVR services, providing PSE information to family members, and accessing services and supports from IDD services agencies.

Since 2009, Colorado has had a program called Individual Career and Academic Plan ("ICAP"). ICAP is a multi-year process that intentionally guides students and families in the exploration of career, academic, and postsecondary opportunities. With the support of adults, students develop the awareness, knowledge, attitudes, and skills to create their own meaningful and powerful pathways to be career and college ready. Special education staff works alongside ICAP facilitators to ensure accurate cross-information and achievable goals.

CDLE also works to provide transition services for young adults coming out of school by contracting with the CILs. Under the contract, the CILs have a Core Service to serve youth from secondary school to adult life. Typically, this is youth out of school. Many of the CILs also provide Pre-ETS to those who are eligible, which are different than those eligible under the Core Service. These services are for youth currently in school. While CDLE and the CILs have a contract to provide services, there is not enough funding to serve every student and thus, opportunities to receive additional funding are continually explored. In part to generate more funding for the CILs and in part because WIOA amendments changed their requirements to include transition services to youth, CDLE promotes the use of the CILs as vendors for Pre-ETS.

Concurrent Enrollment, Accelerating Students through Concurrent Enrollment ("ASCENT"), career and technical education programs, Colorado Initiative for Inclusive Higher Education, and the College Living Experience are all opportunities for youth that work together to ensure students with disabilities are engaged and graduate ready for success in the workforce and in postsecondary education or training.

In order to determine how many students are enrolled in postsecondary education or training after leaving high school, the Local Education Agencies ("LEAs") interview former students one year after their exit from high school. If a student is enrolled in higher education or other postsecondary training or education (e.g., job corps or workforce development programs) and completed at least one full term, the students are considered as "being in postsecondary education or training." For 2015, 2016, and 2017, approximately 33% of the students who

were interviewed were considered as being in postsecondary education or training. Approximately 66% of students have "other outcomes" which include students who are competitively employed, employed in some other way (e.g., family business or self-employed), and students who are neither employed or in education (e.g., raising a child).

Addressing Mental Health in Education Systems

In order to address mental health in the education system, the State provides support to schools and school districts in a variety of ways, both directly and through partnerships with other state-level organizations and agencies. CDE provides direct support to eligible school building level teams in implementing a variety of universal preventative practices in the form of high quality, ongoing professional learning. These practices include Positive Behavior Interventions and Supports ("PBIS"), bully prevention and education, and universal trauma informed approaches. Full-Time Equivalent ("FTE") is available to eligible school districts for implementing substance use prevention through the School Health Professionals Grant.

Additionally, CDE offers statewide youth mental health first aid training for school staff and community members at no cost through the Project Advancing Wellness and Resilience Education ("AWARE") grant. Project AWARE grants promote youth mental health awareness among schools and communities and improve connections to services for school-age youth. Discipline specific trainings and resources supported by IDEA funds are available to school nurses, psychologists, and social workers, as well as training for educators and families around supporting students with mental health needs. Finally, eligible school districts are supported through the Colorado School Counselor Corps Grant Program to increase the availability of effective school-based counseling.

Through partnerships with other state agencies, such as CDHS, CDPHE, and the Colorado School Safety Center, CDE is able to support coordinated efforts to implement high fidelity wraparound services, access to community mental health services or behavioral health services, suicide prevention efforts, and effective school crisis planning, response, and recovery.

Criminal Justice

During intake, as well as throughout incarceration, it is the policy of the Colorado Department of Corrections ("DOC") to prohibit discrimination on the basis of disability and to provide reasonable accommodations and equal access to programs, services, and activities to offenders with disabilities.

Upon admission to any DOC facility, all of the needs of offenders are evaluated through a detailed medical and mental health screening in the Denver Reception and Diagnostic Center ("DRDC"). All newly arriving individuals are provided an opportunity to complete an Offender Request for Accommodation. Upon notification and regardless if an offender self-identifies or

makes a request, facility ADA coordinators will review the offender's limitations and investigate potential barriers and reasonable accommodations. Programmers will also ask offenders about any benefits received prior to incarceration and activate the appropriate Social Security or Medicaid notification on the offender's profile.

According to the Colorado Inmate Population Profile on DOC's website, as of June 30, 2018, 4% of DOC inmates had an intellectual or developmental need, 37% had mental health needs, and 74% had substance abuse needs.[21]

In addition to the initial needs assessment upon admission, any offender may request an accommodation at any time while under supervision of DOC, including while on parole or at community corrections, to ensure equal access to programs, services, and activities. ADA coordinators in the Office of Legal Services are designated to carry out DOC's responsibilities under the ADA with regard to offenders. Each facility and parole headquarters have a designated staff member to serve as the on-site facility or office ADA coordinator, to assist the Office of Legal Services with ADA compliance, including investigation and resolution of requests for accommodation, implementation of reasonable accommodation, responding to ADA grievances, and to ensure offenders with disabilities are housed accordingly.

Programs, services, and activities that offenders have access to throughout incarceration include, but are not limited to, work programs; recreation, exercise, and other activities; mail, telephone, and visiting privileges; library access; religious programs; reception and orientation; transportation services; food services; proper sanitation, hygiene, and healthcare; discipline, grievance procedures, and due process proceedings; safety and emergency procedures; access to media, courts, counsel, and a law library; volunteer programs; and psychological and psychiatric services. DOC also offers academic and vocational education opportunities.

Prior to an offenders release, Pre-Release Specialists facilitate a cognitive-based program to prepare people in prison for community reentry. Each participant completes an individualized transition plan prior to release that addresses critical barriers to successful reentry, such as housing stabilization, employment, healthcare, and family reunification. These transition plans serve as a bridge into the community and facilitate the continuum of services and coordination of care with community reentry and community partners.

Depending on the assessed needs of the individual, transition plans address identification documents, housing stabilization, employment readiness, transportation, victim awareness, money management, education, healthcare navigation and wellness, restorative justice, living under supervision, and family reunification, relationships, and support systems.

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[21] Colo. Dep't of Corr., *Departmental Reports and Statistics*, https://www.colorado.gov/pacific/cdoc/departmental-reports-and-statistics.

DOC also assists offenders in applying for disability and other Medicaid benefits. If an offender is eligible for disability benefits, those offenders are referred and can receive assistance in applying for disability benefits 180 days prior to the offenders' mandatory release date, sentence discharge date, and discretionary parole release date. Regardless of disability eligibility, offenders are offered the opportunity to apply for Medicaid prior to release.

Parole and pre-release services and assistance are provided, when applicable, in coordination with Community Reentry Specialists and Pre-Release Specialists. When an offender is paroled, the community parole office and community reentry employees will help ensure that the disabled offender contact the designated Social Security Administration ("SSA") and county representative within 10 days release to parole. Medical screening and arrangements for community follow-up can be arranged by clinical services. Instructions for those screenings and arrangements will be sent to the case manager and the community parole office to ensure the offender is notified.

DOC's Adult Parole Division has four behavioral health social workers that are assigned across the state to assist in coordinating mental health services for our parolees. These four staff were authorized through HB 14-1355, to support parole officers in providing clinical case planning, consultation, and training regarding mental health treatment needs of parolees supervised in the community.

Housing Efforts Outside the Community Living Plan

In addition to the Community Living Plan, the following recommendations were made in the CLAG Report regarding access to accessible, affordable, and integrated housing:

(1) Expand housing opportunities for individuals who have disabilities and/or are older;
(2) Promote compliance with the Fair Housing Act and affirmatively further fair housing;
(3) Encourage PHAs to adopt preferences for individuals with disabilities;
(4) Provide information about housing resources though a web-based portal; and
(5) Develop a common housing application.[22]

Expanding housing for older Coloradans or individuals who have disabilities is at the core of DOLA and DOH's mission. To this end, DOH has increased the number and availability of housing vouchers for permanent supportive housing with the CCT, SHV-MH, and HSP voucher programs, as seen in Goal 3. Further, DOH has secured a grant from HUD's Section 811 PRA program for approximately $7.6 million, which is enough to fund 91 vouchers at HUD's Fair Market Rent ("FMR"). Since this grant funding is to last five years, DOH has planned for rents to continue to rise but if it appears there will be funds left over, DOH will commit more vouchers. In June 2018, DOH also applied for Section 811 Mainstream Vouchers, a type of tenant-based HCV that serves the same population as Section 811 PRA.

[22] CLAG Report at 23–25.

DOH has also explored new strategies for financing housing, such as coordinated application review with CHFA for Disaster Recovery and PSH projects, the Colorado Housing Investment Fund ("CHIF"), the National Housing Trust Fund ("HTF"), and HSP, as seen in Goal 3.

In 2012, CHIF was created from the Attorney General's custodial funds from a settlement with the five largest mortgage servicing companies. DOH started with $13.2 million to address Colorado's need for affordable rental housing. In 2015, an additional $23 million in custodial funds was added to CHIF based on its success. In 2017, DOH received $3 million from the HTF, which is administered by HUD. The HTF is a new, affordable housing production program capitalized through Fannie Mae and Freddie Mac.

In order to promote compliance with the Fair Housing Act and affirmatively further fair housing, DOLA continues to promote fair housing through trainings with partner agencies and through implementation of housing programs. In August 2015, DOLA completed an Analysis of Impediments ("AI") of the Fair Housing Act and continues to implement the recommended actions. The AI named housing discrimination against persons with disabilities and failure to make reasonable accommodations as the two most serious impediments to fair housing in the state. To address this, in August 2018, DOH presented and recorded a training on reasonable accommodation, including exception payment standards. In addition to this webinar training, DOH discusses reasonable accommodations in its administrative plan. Typically, DOH is able to grant about 89% of reasonable accommodation requests in a given year.

To encourage PHAs to adopt preferences for individuals with disabilities, DOLA has developed a list of preferences that PHAs can use. DOLA has encouraged 50+ PHAs to adopt preferences for individuals with disabilities.

In order to provide information about housing resources through a web-based portal, DOH has worked with CHFA to develop a database of existing affordable housing, with a goal of facilitating preservation of those units as affordable housing. Further, coloradohousingsearch.com is a free, statewide database of available affordable housing.

While DOLA has developed a common housing authority application and tested it with its own programs, a common application has not been adopted by local PHAs. In July 2018, the Governor's Office and DOH began revisiting the idea of adopting a common housing authority application and seeking input from PHAs with the hopes of gaining interest in a common housing authority application across the PHAs in Colorado.

In April 2018, SB 18-174, *Service Providers for Persons with Developmental Disabilities*, was signed into law and since then, HCPF has been working on implementing the legislation. First, the bill eliminates the prohibition in C.R.S. 13-21-117.5(7) on people with IDD having landlord-tenant rights when they live in provider-owned or -controlled residential settings. This change is self-executing, in that people with IDD, like anyone else, can now enter into leases or residential agreements with these rights. To promote implementation, OCL has

prepared a FAQ document to be issued in late 2018 that flags the statutory change and provides guidance (not limited to people with IDD) on how leases can comply with the federal HCBS Settings Final Rule.

Next, the bill amends C.R.S. 13-21-117.5(10) to require that when someone with IDD is moved because they "may be at risk of abuse, neglect, mistreatment, exploitation, or other harm," PCP "must occur as soon as possible following the move." This is implemented under an existing regulation providing that "notification shall occur as soon as possible before the move or not later than three days after the move." Once notice has been provided, the person has an opportunity to work with their case manager on PCP. The FAQ document in clearance highlights the new statutory language and current rule. OCL is also working on larger improvements to the PCP process, as described in Goal 1.

Finally, the bill updates language throughout C.R.S. 13-21-117.5 to reflect that HCPF now manages the waivers for people with IDD, and that with the movement toward Conflict-Free Case Management ("CFCM"), case management must be separated from direct service provision (with exceptions in rural areas), which HCPF is in the process of implementing.

Transportation

Similar to employment, transportation was not a specific topic of the Community Living Plan, but was a focus of the CLAG Report. The group recognized that an effective transportation system would connect individuals to vital health and social services, and thus help individuals maintain independence in their communities. In their recommendations, the CLAG stated that in order to improve transportation services in the state, Colorado should:

(1) Develop a simplified, streamlined system of transportation in each region, with harmonized requirements for reporting, funding, and eligibility;
(2) Develop innovative approaches to achieving customer service satisfaction and to improving efficiency and effectiveness; and
(3) Support collaborative short- and long-range planning at the state, regional, and local levels.[23]

Improving Efficiency & Effectiveness

In line with the CLAG's recommendations, the Colorado Department of Transportation ("CDOT") has programs and policies that work to develop innovative approaches to improve efficiency and effectiveness of transportation for people with disabilities, streamline transportation services, make accessibility improvements, and ensure the state transportation systems are in compliance with the ADA.

The creation of the Bustang and Bustang Outrider introduced the first affordable, efficient, and integrated intercity transportation system for Coloradans with and without disabilities.

[23] CLAG REPORT at 9.

The bus service connects commuters along the I-25 Front Range and I-70 Mountain Corridors. Prior to the Bustang system, there were human service transportation agencies that provided intercity transit trips to individuals with disabilities, but these agencies could only provide trips to specific cities for specific purposes. The Bustang system opened up Colorado and allows individuals to travel seamlessly throughout parts of the state.

Not only does Bustang make it easy for individuals to purchase tickets, transfer among buses, and schedule entire trips, Bustang's dispatch and informational resources can guide passengers throughout the entire process. Thus, trips can be efficiently managed and effectively executed through mechanisms that provide information to Bustang riders. With the State's complete control of the operation of the statewide bus network, CDOT has the ability to manage all aspects of the bus system for compliance with ADA guidelines and ensure that the Bustang is as accessible and easy to use as possible.

While the Bustang system was an important development, CDOT recognizes that it is just one part of the solution. To many, transit can still be intimidating, with the perception of numerous barriers for those living with physical and developmental disabilities. To that end, CDOT continues to make the Bustang system inclusive for all. As of July 2018, CDOT was working to create a targeted educational travel training guide aimed at ameliorating the barriers to traveling on the Bustang system.

While the Bustang system has expanded through much of the state, the ultimate goal is to fulfill all statewide intercity mobility goals for all people of all regions. As of July 2018, best practices regarding information sharing, education and travel training, accessibility, and ridership experience were being developed.

In order to develop a transportation system that meets the needs of all Coloradans, CDOT utilizes a robust, comprehensive, and collaborative statewide and regional long-range transportation planning process, the Statewide Transit Plan. In addition to the Statewide Transit Plan, several modal plans are currently utilized and will eventually be integrated into the Statewide Transit Plan, including the Strategic Bicycle and Pedestrian Plan and the Colorado State Freight and Passenger Rail Plan.

The Statewide Transit Plan provides a big picture look at transit throughout the state as it incorporates information and recommendations from several other plans and studies. CDOT and its partners use the plan as a guide in making decisions on important matters, such as minimizing duplication of services, leveraging limited funds, improving the coordination of services, and implementing and funding transit projects that facilitate mobility for Coloradans.

As part of the data collection efforts of the Statewide Transit Plan, the Division of Transit and Rail ("DTR") within CDOT conducts statewide transit surveys of older adults and adults with

disabilities in order to learn about the travel behavior and characteristics of older adults and adults with disabilities and determine their transportation priorities, needs, and preferences.

Improving Accessibility

Since 2014, CDOT has made numerous accessibility improvements, including the evaluation of existing facilities statewide through the ADA Transition Plan, which includes existing curb ramp assessments statewide (20,000+), 28 rest stops across the state, and six CDOT building facilities. Further, CDOT provided two ADA-related trainings to transit providers through the Colorado Association of Transit Agencies ("CASTA") and conducted 14 ADA-related municipality trainings during 2017 and 2018. CDOT also updated its website to ensure accessibility.

In order to ensure compliance with ADA, CDOT requires subrecipients to certify compliance with ADA requirements as it relates to their programs and services. CDOT also conducts triennial reviews of subrecipients as determined by DTR.

Under the current curb ramp program, which allocated $85 million over the next five years, CDOT is inspecting curb ramps through an application called Survey 123. Survey 123 allows CDOT to evaluate curb ramp compliance prior to acceptance and payment to the contractor.

As mentioned above, transportation is a high ranking concern and basic need for individuals with disabilities. In order to provide that basic need, DTR acts as a pass through entity for the Federal Transit Administration ("FTA") Section 5310, Enhanced Mobility of Seniors and Individuals with Disabilities. Section 5310 is a federally funded program intended to increase mobility for persons with disabilities and seniors, remove barriers to transportation services, and expand transportation mobility options.

The program supports transportation services in all areas – large urban areas with over 200,000 people, small urban areas with 50,000-200,000 people, and rural with under 50,000 people. In FY 2018-19, CDOT awarded $4,834,631 in funding to agencies for transportation services across the state. The agencies who serve these populations apply for Section 5310 to buy, operate, and manage vehicles for various transportation programs, a number of which are operated at no cost to the client.

CDOT funds 14 agencies across the state that provide services to individuals with disabilities. These services allow clients with disabilities to successfully live in their communities. For example, in Douglas County, Section 5310 transportation providers were able to provide 1,206 one-way trips to people with disabilities and older adults in the second quarter of 2018. The transportation providers also work together to coordinate services for clients. Another portion of the Section 5310 funding supports Douglas County First Call, an informational call center that connects Douglas County seniors, people with disabilities, and their families with free information and referrals to transportation and other services. In April, May, and June of

2018, First Call received and made 4,694 calls. With the help of the Section 5310 funds, Douglas County was able to provide trips where there otherwise would not have been an adequate amount of public transportation. Another example of a Section 5310 transportation provider is Continuum of Colorado of Arapahoe and Douglas County, who serves 97 individuals with IDD and provides 19,400 rides annually.

FUTURE RECOMMENDATIONS

Thanks to the work of the stakeholders, state agencies, and the community, Colorado has made important progress in making community living a reality for more people with disabilities. However, the State still has work to do in order to make sure that every Coloradan can live and work in the community of their choice.

Based on the State's progress since 2014 and feedback from stakeholders, this report makes a number of recommendations in 10 key areas. These areas are: (1) Agency Coordination; (2) Community Engagement; (3) Education; (4) Housing and Services; (5) Workforce; (6) Employment; (7) Transportation; (8) Statistics and Data Collection; (9) Expanding Access to Quality Health Care; and (10) Support and Management.

1. Agency Coordination

In order to continue and sustain community living efforts, state partners must work together to ensure compliance with the *Olmstead* decision. This should include cross-agency communication and building relationships among staff at various departments.

The State should create annual reports to send to the General Assembly regarding the unmet needs of people with disabilities and behavioral health conditions. The State should use this report to identify areas of concern and develop a plan to meet address those areas. The state agencies should also develop a clear funding strategy for services, in order to reduce the duplication of services.

The Governor's Office should continue to house a Community Living Coordinator, whose responsibility it is to coordinate cross-departmental efforts and implement community living efforts across the state. The Community Living Coordinator should continue to monitor all current community living pilots, programs, activities, and initiatives and act as a liaison between state agencies, community organizations, and stakeholders.

2. Community Engagement

The State should work to ensure individuals with disabilities are able to participate in meaningful community engagement. For instance, the Governor's Office should work to increase the participation of individuals with disabilities as citizen members on Governor

appointed Boards and Commissions and seek advice from disability organizations on qualified candidates, where appropriate.

Colorado agencies should develop policies for connecting with community organizations and stakeholders. Each state agency should work with community stakeholders to ensure the State is providing adequate customer service in areas where individuals with disabilities are receiving services from the State. The State should use this connection to create and implement ongoing outreach and education programs for individuals with disabilities, parents, and guardians. By doing this, Colorado agencies can ensure accurate information is being provided to individuals seeking services within the state.

State officials and community stakeholders must work together to ensure Colorado's community living efforts align with *Olmstead*. When a state agency is considering implementing a new activity or process, or making a change to an already existing program, that agency has a responsibility to work with community stakeholders to ensure that what is being developed is following community living guidelines outlined in the Community Living Plan, CLAG Report, and this report.

The Governor's Office should create a new Community Living Advisory Group that is comprised of community organizations, various community stakeholders, and state agency representatives. This group should be a forum for stakeholders to provide input. This group should meet quarterly but should schedule additional meetings as necessary. The stakeholders should represent all areas of the state, as well as all areas of community living, including mental wellness and IDD. For an initial meeting, state agency representatives, as well as executive directors from PHAs and designated community representatives, should meet to discuss community transitions and what the state agencies are currently doing and what they could do in the future in order to support community transitions.

3. Education

In order to strengthen accountability and increase compliance for the educational progress of students with disabilities, districts should make the IEP process as systematic and transparent as possible. The State should continue to support districts to ensure that students with disabilities are not removed unnecessarily from general education settings.

Students with disabilities shall have access to a curriculum that is rigorous and challenging. Districts shall provide access to graduation pathways that are challenging and achievable per the State's established graduation guidelines.[24] The standards and assessments may include skills, such as vocational and employability skills, which are critical for all students.

[24] Colo. Dep't of Educ., *Graduation Guidelines*, https://www.cde.state.co.us/postsecondary/graduationguidelines.

The reporting standards for disciplinary actions for students with disabilities, including suspension, expulsion, seclusion, and restraints, should be strengthened. Districts should be encouraged to develop policies to ensure compliance with mandatory reporting standards in order to support the individual learning, behavioral, and emotional needs of students with disabilities. By creating and implementing better policies on mandatory reporting standards, students and their families can be more confident that the needs of their children will be met and their children less likely to have their access to school taken away.

4. Housing and Services

As housing and housing services are among the biggest requests, the State has a duty to continue to provide accessible housing options throughout the state.

The State should develop a comprehensive plan to provide “supported independence" residential opportunities to service recipients. Such a plan should address the necessary supports for supported independence within an apartment, owned home, or other natural setting, as opposed to the Personal Care Assistance (“PCA”) and host home residential models, which are most prevalent in the current system. By planning to provide more typical, natural residential models, there will be an increase in *Olmstead* compliance, as well as a potential for reduced fiscal impact.

The State should continue to improve the access to the Home Modification benefit. More specifically, the State should consider renewing the lifetime limit when the waivers are renewed every five years and allowing a new modification to be made when an individual has experienced a significant change or condition in life or if the individual has to move from their current residence.

In order to ensure non-segregated housing is being maintained and developed across the state, the State should prioritize and support projects that have a preference for individuals with disabilities in up to 25% of the units. The State should also require developers to include units specifically designated for individuals with disabilities.

Tenant-based vouchers for individuals with disabilities should be supported through increased funding to the SHV program in order to allow more individuals to move from institutions into the community. These tenant-based vouchers will allow eligible individuals to live in privately owned housing, distributed throughout the community. An increase in funding to the SHV program would also allow for DOH to provide financial incentives to landlords willing to accept housing vouchers. Additional funding could also be used to create and fund a network of tenancy support services, which would be used to help tenants locate and maintain independence in privately owned rental properties and to provide more assurance to landlords that tenants will have the support needed to be successful, stable tenants. Finally, the increased funding could also be used to develop a reserve fund for damage claims, which

are a rare occurrence. However, the existence of a reserve fund may entice more landlords to take a chance with voucher participants.

According to data produced through DOLA-DOH tabulations of Census Bureau American Community Survey 2012-16 5-Year Averages, there are approximately 84,000 severely cost burdened households in Colorado (i.e. paying more than 50% of their income toward housing costs) that have at least one family member with one or more disabilities. This is 5% more than the general population of households with no family members with a disability. Additional funding for DOH's affordable housing programs, including the allocation of staff to implement the programs and outreach to the developers should be considered in order to address this issue. This would allow DOH to prioritize projects that include more accessible units than what is currently required by statute.

In order to provide more of the financing that developers need to build affordable housing for the state's most vulnerable population, the State Low Income Housing Tax Credit program should continue to be increased and supported. The State should also consider developing an affordable housing fund with buy-in from other state agencies. Research into the social determinants of health has shown that access to affordable, stable housing has a positive impact on an individual's health outcomes.

Developers also face big-picture obstacles to building affordable housing, including lack of zoning for high-density housing, lack of construction industry workforce, and the recent increase in population. Further, as prices continue to escalate, the need for affordable housing escalates and it often takes two to three years to develop an affordable housing project. The State should create an advisory group consisting of housing authorities, state agency representatives, and affordable housing developers to brainstorm ways to work together with local governments in order to overcome these common obstacles.

5. Workforce

In order to increase retention among the LTSS Workforce, the State should ensure that the LTSS Workforce is adequately trained. The State should develop a certification program to ensure case managers have a greater understanding of a wide variety of disabilities, listening skills, and a knowledge of resources. The State should also create designated career paths and provide more funding in order to increase incentives for case managers to remain in their positions, which would increase the number of quality individuals serving as case managers across the state.

The State should also work with ADRCs, who often serve as the NWD entry point into Medicaid and LTSS, to ensure adequate connections and knowledge of working with individuals with disabilities of any age. The State should require ADRCs to demonstrate knowledge of disability resources and competency in working with people with disabilities.

6. Employment

The State should continue to support CIE, while reducing segregated and congregate day services. The State should work with program approved services agencies, CCBs, self-advocates, families, stakeholders, and progressional advocates to develop a comprehensive plan for the reduction of segregated and congregate day services and the expansion of CIE outcomes for individuals with IDD. In order to accurately support CIE throughout the state, the state agencies should ensure they are working under the same definition of CIE that is defined by the WIOA.

To help ensure individuals can be employed without fear of losing Medicaid benefits, the State should study expanding eligibility of the Medicaid Buy-In for Working Adults with Disabilities to all adult Medicaid waivers. In addition, the State should also investigate a statewide education campaign promoting the buy-in to inform people about the program.

In line with EFAP's recommendation 5, the Governor's Office should work with all Employment First state agency partner departments and related divisions in order to develop and implement a position that coordinates cross-departmental efforts and implements Employment First policies, regulations, and practices across the state. This full-time position would oversee and coordinate the State's efforts to transform employment services within the state.

As mentioned in the section *Employing Individuals with Disabilities in Colorado* above, the Governor's Office has recently partnered with CDLE to begin working on a "Model Employer" initiative. The State should continue this initiative in order to ensure individuals with disabilities have access to state employment by focusing on the recruitment, training, and retaining of individuals with disabilities. The State should strive to increase the number of people with disabilities working in state employment by identifying best policies and practices, raising awareness of hidden disabilities, and ensuring every employee is properly trained and made aware of the benefits of hiring people with disabilities.

The State should ensure that all the agencies are working under the idea of Employment First. As seen in SB 16-077, Employment First means "a framework for change...that is centered on the premise that all persons, including persons with significant disabilities, are capable of full participation in [CIE] and community life." To this end, the State should support education programs to best educate individuals with disabilities, as well as parents, guardians, and

educators, to ensure Employment First principles are being recognized across the state, both in private and State employment.

As similarly stated in SB 16-077, all state agencies should develop practices that reflect a presumption that all individuals with disabilities are capable of working in CIE if they choose to do so, and ensure that options for CIE with appropriate supports are explored before segregated activities are considered. The state agencies should actively work on this request and ensure to the community that they are making such efforts.

Each state agency should review state job announcements on a continuous basis to ensure there are no unnecessary qualifications that would disqualify individuals with disabilities (e.g., the ability to climb stairs or the need to possess a driver's license).

The State should ensure that employment in integrated settings is the primary objective and preferred outcome in the provision of publicly funded services for all working age individuals with disabilities, regardless of the level of disability. The State can do this through numerous means, including:

1. Establishing and implementing evidence-based employment service policies that are based on individual capabilities, choices, and strengths;
2. Utilizing Employment First to guide a transformation of services and supports for Colorado citizens with disabilities; and
3. Ensuring ongoing, quarterly coordination among relevant state agencies to ensure that the programs directed, the funding managed, and the Employment First policies adopted by each state agency support integrated, community-based employment or customized employment for individuals with IDD.

In line with the CLAG Report recommendation, the Governor's Office should ensure Colorado holds an annual Community Employment Summit in order to develop employment supports for individuals with disabilities. This will ensure Colorado fosters cooperation among many different groups including individuals with disabilities, employers, relevant state agencies, and leaders of faith-based organizations, nonprofits, and civic engagement organizations.

The Governor's Office should continue to maintain a Workforce Development & Education dashboard that tracks job placement for people with disabilities in State programs. This should also be expanded to include information regarding the number of individuals in integrated and nonintegrated job settings.

In order to comply with the Rehabilitation Act of 1973, as amended by WIOA, the State should continue to focus on employment for transition age youth. The State should ensure that students with disabilities have access to and are participating in transition-related services, such as job exploration counseling and workplace readiness training, as required by the

Rehabilitation Act. These transition-related services should continue to be expanded and improved to better meet the needs of students.

7. Transportation

Transportation allows individuals with disabilities to live independently within their communities. It connects individuals to employment, education, healthcare, and community life. However, transportation remains a major concern for individuals with disabilities, as well as their families and guardians. The State should continue to develop simplified transportation options and focus on accessible transportation options across all large urban, small urban, and rural areas. Public transit coverage across the state should continue to grow annually to meet the needs of Coloradans. Improvements to curb ramps, sidewalks, and accessible pedestrian signals should continue to be developed and implemented. As new forms of transportation and technology are developed, the State should ensure the new forms incorporate accessible designs.

The State should find ways to support local governments as they work to make the transportation within local communities more accessible, allowing the freedom of movement for people with disabilities. The State should also work with transportation organizations throughout the state to expand transportation services.

The State should continue exploring additional options for non-medical transportation, including utilizing Medicaid resources whenever possible. The State should find more ways for individuals with disabilities to access non-medical transportation. While the State currently pays for adults to attend day programs, the State should consider extending that benefit for adults who need to attend work or school in areas where there is no public transportation. While public transportation may, at times, be unreliable, inadequate, or time-consuming, it should still be explored before defaulting to non-medical transportation services.

8. Statistics and Data Collection

The State should continue to record and report statistics measuring the segregation and integration of individuals with disabilities, including but not limited to MH and IDD. This includes statistics related to housing, employment, healthcare services and supports, education, transportation, and incarceration. By regularly recording these statistics, state agencies can better monitor the impact of their activities. By regularly reporting these statistics, community organizations and stakeholders will be able to see that work is being completed to support the Community Living Plan, CLAG Report, and this report. Based on data collected by this effort, the state agencies should set annual targets for key outcomes related to community living. The State should also work with the community to set specific, measurable goals regarding community living efforts, including, whenever possible, outcome measures.

9. Expanding Access to Quality Healthcare

The State should ensure statewide access to quality healthcare, with a focus on individuals who are eligible for certain benefits but unenrolled. In order to ensure access to Medicaid benefits, the State should expand outreach to the disability community to ensure individuals are aware of the Medicaid benefits for which they are eligible.

The State should continue to explore ways to expand opportunities for consumers to manage their own services. The State should increase the ability of consumers to direct and manage their own services. The addition of consumer direction in several HCBS waivers has allowed more people to direct their own care and live in the communities of their choosing.

In order to assure quality access to healthcare, the State should utilize consumer-focused programs and initiatives. The State should continue to implement legislative mandates and work to consolidate and simplify wherever possible, while also exploring new state and federal opportunities. This includes simplifying waivers to ensure they are not too complex for an individual or an agency to understand. Waivers should also be redesigned based on freedom of choice and individual authority.

The State should investigate options for allowing individuals currently on the Medicaid buy-in program for working adults with disabilities to continue their coverage beyond the age of 65.

10. Support and Management

As with the Community Living Plan and the CLAG Report, this document is not meant to be a fixed document. Rather, these documents should serve as roadmaps to guide the community living efforts across the state. It is critical for the State to monitor and update community living efforts as new information and programs become available, lessons are learned, and state and federal environments change. Colorado agencies should establish an internal review process to evaluate ongoing community living efforts.

As first recommended in the Community Living Plan, the State should identify a governance leadership structure to present an annual status report on *Olmstead* implementation efforts in Colorado. The identified governance leadership structure should update the disability community on the status of the efforts within the Community Living Plan, CLAG Report, and this report biennially. This update should include an update on all programs, pilots, initiatives, and activities within the relevant state agencies. This update should also include future recommendations with transparent timelines and measurable goals.

APPENDIX 1 - COMMON ACRONYMS DEFINED

A/SP	Assessment and Person-Centered Support Planning
AAA	Area Agency on Aging
ACC	Accountable Care Collaborative
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADRC	Aging and Disability Resource Center
AI	Analysis of Impediments
APSE	Association for Persons Supporting Employment First
ASCENT	Accelerating Students through Concurrent Enrollment
AU	Administrative Unit
AWARE	Advancing Wellness and Resilience Education
BHPAC	Behavioral Health Planning and Advisory Council
BI	Brain Injury
BOS	Business Outreach Specialist
BRI	Brothers Redevelopment Inc.
BUS	Benefits Utilization System
CASTA	Colorado Association of Transit Agencies
CCB	Community Centered Boards
CCS	Colorado Crisis System
CCT	Colorado Choice Transitions
CDASS	Consumer Directed Attendant Support Services
CDBG	Community Development Block Grant
CDDC	Colorado Developmental Disabilities Council
CDE	Colorado Department of Education
CDHE	Colorado Department of Higher Education
CDHS	Colorado Department of Human Services
CDLE	Colorado Department of Labor and Employment
CDOT	Colorado Department of Transportation
CDPHE	Colorado Department of Public Health and Environment
CES	Children's Extensive Supports
CFCM	Conflict-Free Case Management
CHFA	Colorado Housing and Finance Authority
CHIF	Colorado Housing Investment Fund
CHRP	Children’s Habilitation Residential Program
CIE	Competitive Integrated Employment
CIL	Center for Independent Living
CLAG	Community Living Advisory Group
CMA	Case Management Agency
CMHC	Community Mental Health Center
CMHS	Community Mental Health Supports
CMS	Centers for Medicare and Medicaid Services
CoC	Continuum of Care program
CQL	Council on Quality and Leadership
CSCR	Cross-System Crisis Response
CSS	Complex and Creative Service Solutions
CST	Community Support Teams
CWA	Children with Autism
DD	Developmental Disability
DIDD	Division for Intellectual and Developmental Disabilities
DOC	Colorado Department of Corrections

DOH	Colorado Department of Local Affairs, Division of Housing
DOLA	Colorado Department of Local Affairs
DPA	Colorado Department of Personnel and Administration
DRCO	Colorado Department of Human Services, Division for Regional Center Operations
DRDC	Denver Reception and Diagnostic Center
DRP	Detailed Referral Plan
DTR	Colorado Department of Transportation, Division of Transit and Rail
DVR	Colorado Department of Labor and Employment, Division of Vocational Rehabilitation
EBD	Elderly, Blind, and Disabled HCBS Waiver
EFAP	Employment First Advisory Partnership
ESG	Emergency Solutions Grant
ESSU	Exceptional Student Services Unit
FAPE	Free Appropriate Education
FMR	Fair Market Rent
FSS	Family Self Sufficiency
FTA	Federal Transit Administration
FTE	Full-Time Equivalent
FUP	Family Unification Program
FY	Fiscal Year (State)
HB	House Bill
HCBS	Home and Community Based Services
HCPF	Colorado Department of Health Care Policy and Financing
HCV	Housing Choice Voucher
HOPWA	Housing Opportunities for People with AIDS
HSP	Homeless Solutions Program
HTF	National Housing Trust Fund
HUD	U.S. Department of Housing and Urban Development
IA	Interagency Agreement
IAL	Integrate, Align, Leverage
ICAP	Individual Career and Academic Plan
ICF	Intermediate Care Facility
IDD	Intellectual or Developmental Disability
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individualized Education Program
IHSS	In-Home Support Services
ILD	Imposition of Legal Disability
ILST	Independent Living Skills Training
IPE	Individualized Plan for Employment
IPS	Individual Placement and Support
LCA	Local Contact Agency
LEA	Local Education Agency
LTSS	Long-Term Services and Supports
MAC	Medicaid Administrative Claiming
MDS	Minimum Data Set
MFP	Money Follows the Person
MH	Mental Health
MI	Mental Illness
MOU	Memorandum of Understanding
MPRRAC	Medicare Provider Rate Review Advisory Committee

NCI	National Core Indicators
NCI-AD	National Core Indicators - Adult In-Person
NCI-IDD	National Core Indicators - Aging and Disabilities
NOFA	Notice of Funding Availability
NWD	No Wrong Door
OBH	Colorado Department of Human Services, Office of Behavioral Health
OCL	Colorado Department of Health Care Policy and Financing, Office of Community Living
OCR	U.S. Department of Health and Human Services, Office for Civil Rights
ODEP	U.S. Department of Labor, Office of Disability Employment Policy
OFCCP	U.S. Department of Labor, Office of Federal Contract Compliance
OHI	Colorado Department of Local Affairs, Office of Homeless Initiatives
OHYS	Colorado Department of Local Affairs, Office of Homeless Youth Services
PASA	Program Approved Service Agency
PASRR	Preadmission Screening and Resident Review
PBIS	Positive Behavior Interventions and Supports
PBV	Project-Based Voucher
PCA	Personal Care Assistance
PCP	Person-Centered Planning
PCT	Person-Centered Thinking
PHA	Public Housing Authority
PHR	Personal Health Record
PRA	Project Rental Assistance
Pre-ETS	Pre-Employment Transition Services
PSE	Post-Secondary Education
PSH	Permanent Supportive Housing
PTP	Provider Transition Plan
QAPI	Quality Assurance and Performance Improvement
QIDP	Qualified Intellectual Disabilities Professionals
RAE	Regional Accountable Entity
RCTF	Regional Center Task Force
RLF	Revolving Loan Funds
SB	Senate Bill
SCI	Spinal Cord Injury
SELN	Supported Employment Leadership Network
SEP	Single Entry Point
SIM	State Innovation Model
SHV	State Housing Voucher
SLS	Supported Living Services
SSA	Social Security Administration
SWAP	School to Work Alliance Program
TBRA	Tenant-Based Rental Assistance
TCM	Targeted Case Management
TEFT	Testing Experience and Functional Tools
TRAT	Transition Readiness Assessment Tool
TST	Transition Support Team
ULTC	Uniform Long-Term Care
USDOL	U.S. Department of Labor
VA	U.S. Department of Veterans Affairs
VASH	Veterans Affairs Supportive Housing
WINTAC	Workforce Innovation Technical Assistance Center
WIOA	Workforce Innovation and Opportunity Act