



**This FAQ was last updated on 11/18/19**

### Q. How will the rate increase be allocated?

A. All services that are not negotiated and are paid on a unit-basis will receive the same cost-of-living percentage increase based on the previous year's average consumer price index for CO (what our state uses to measure inflation). All across-the-board rate increases are allocated in this same way, with each applicable service receiving the same percentage increase.

### Q. What about pay for Direct Support Professionals?

A. Many will recall HB18-1407, which allocated a 6.5% rate increase to most services and required that funds a provider received as a result of that increase had to be spent on compensation for DSPs and their direct supervisors. This was a critical investment in rates for our DSPs, but it did not help with other costs of providing services, like technology, building and vehicle maintenance, staff training, etc. It also did not help with case manager pay, which has become an issue with many families seeing drastic turnover among their case managers. To address these costs, as well as wage compression issues, the increases we are proposing in the END THE WAIT campaign do not have to be used to increase DSP compensation. But, it is important to note that payroll – wages, salary, and benefits for DSPs and other staff – is the largest piece of a provider agency's budget, by far. And the workforce crisis still exists nationally and in Colorado, meaning that, in order for providers to be able to recruit and retain DSPs, a portion of any increases they receive will almost always need to be used to increase worker compensation to keep pace with competing employers in Colorado's strong economy.

### Q. What about the 3,000 additional people on the safety net waiting list?

A. The safety net lists includes people who want to be on the waiting list, but don't need to enroll yet. They may be younger individuals or adults whose natural/unpaid supports are currently sufficient to cover their needs, but may not be in the future. The safety net list also includes those individuals who were previously on the As Soon As Available list, were offered the opportunity to enroll, and declined it. As noted in the webinar, the current declination rate for people offered enrollment in recent months is about 46%. We know that, because of the scarcity mentality that has been created by the existence of a decades-long waiting list, there is likely a percent of people on the list who would not accept enrollment if offered the chance. By eliminating the waiting list, we hope to address this scarcity mentality and end up with a more accurate understanding of how many people are actually in need of services versus how many may be in the future. We hope that people will no longer feel forced to accept DD resources before they're ready, for fear of losing that opportunity for years to come.



## Q. Should we study the wait list first?

A. The data we have about the waiting list is not perfect. In recent years, we have considered the option to conduct a study of those on the waiting list to better understand their needs and predict how many would actually enroll if offered the chance. There are a variety of technical and ethical reasons that such a study would be difficult to conduct. For example, asking for the time of individuals and families who are in need of services is less than desirable when those supports are not yet available. And because each person is a unique individual whose natural supports and needs could change at any moment, a point-in-time study may not yield accurate results. We've learned a great deal from enrollments that have been allocated by the General Assembly in recent years. We think that the best way to learn more about how many people will accept enrollment when offered is to allocate more enrollments and learn what actually happens.

## Q. What about waiver redesign?

A. People often wonder how this proposal would affect efforts underway to redesign and combine the two adult waivers for people with IDD. That work has been ongoing for many years, and the timeline for completion has been pushed back multiple times. There is still a lot of work to be done to figure out what a redesigned waiver would look like, and how to ensure successful transition for those currently being served. But, we are becoming increasingly aware of the difficulty of combining one waiver that has a waiting list with one that doesn't. Enrolling people on the waiting list will help with that issue as well as ensure the availability of funding to make the transition to a redesigned waiver successful. Whether waiver redesign is ultimately accomplished or what it looks like, eliminating the waiting list will help rather than hurt.

## Q. What about other waiver services for people with disabilities?

A. We understand that increases are needed in many disability programs and that economic factors affect all of them. However, in 2014, the General Assembly made a promise specific to the IDD community to eliminate the waiting list by 2020. We are trying to help fulfill that promise. That law also called for recommendations for increasing system capacity. Tying IDD rates to inflation is a first step to ensuring capacity for enrolling 3,000 new people into the IDD system.

**Have a question? Ask us at [info@alliancecolorado.org](mailto:info@alliancecolorado.org)**

**Learn more about the END THE WAIT campaign at [www.coidd.com](http://www.coidd.com)**