



Colorado Medicaid-Vocational Rehabilitation Partnership

Highlights

Need Identification

- System alignment relevant to the following, to improve the services and consumer service experience for Colorado residents with Developmental Disabilities and other significant barriers to employment outcomes
 - Funding Agency planning
 - Engagement of Service Providers
 - Agreements
 - Outcome expectations
 - Service Process
- Service Provider Capacity
- Shared leadership with key system leaders and stakeholders

Approach

- Engaged in National Expansion of Employment Opportunities Network (NEON) grant to address Competitive Integrated Employment (CIE) – with collaborative leadership from the VR agency and the state Medicaid agencies
 - Expanded partnership in leadership
 - Clarified professional standards and provided training and support statewide
- Maintained quarterly meetings with VR and Medicaid professionals to support alignment and address emerging challenges to that alignment
- With expanded partnership/leadership addressed:
 - Policy/practice
 - Arising barriers to operational alignment (e.g., payor of last resort)
 - Ongoing review of participant outcomes and experience

Sustainability

- A committed team of state-level professionals from the Colorado Vocational Rehabilitation (VR) and Medicaid agencies continues to lead operationally through working groups that include the Colorado Association of People Supporting Employment First (APSE) Chapter, Colorado's Employment First for All Partnership (EFAP), advocacy organizations, and service providers.
- The partnership was initially formalized through a strong Memorandum of Understanding (MOU) to support collaborative service delivery; the relationship has matured beyond its contractual foundation.

Description

Colorado recently completed a NEON grant initiative focused on advancing Customized Employment (CE) and strengthening professional training across the state. A central component of this work was the collaboration between Colorado's Medicaid agency and the Division of Vocational Rehabilitation (DVR). Together, these agencies developed an interagency agreement that clearly defines their respective roles and shared responsibilities in supporting CE. Their partnership also extends to close coordination with the Behavioral Health Administration, which has enabled additional funding streams for DVR to expand its work with mental health agencies. Collectively, these efforts are aligned with [Colorado's EFAP](#), a statewide collaboration originally initiated by stakeholders and later reinforced through state legislation. The legislation mandates participation from the Behavioral Health Administration, Medicaid, DVR, and the Department of Human Services, and it also requires representation from service providers, program participants, family members, and advocacy organizations. Through this structure, Colorado has created a mechanism for aligning and sequencing services across systems.

A defining feature of the Medicaid-VR collaboration is the joint approach taken by state leaders, who traveled together across Colorado to provide training and technical assistance (TA) to local offices and service providers. This approach modeled the type of partnership expected at the local level and helped ensure consistent messaging statewide. These conversations have been further supported by APSE and other partners, enabling state and local leaders, advocates, and professionals to maintain a unified understanding of CE practices. DVR also works closely with Medicaid waiver administrators to coordinate services for individuals on waiver waitlists. To support ongoing operational alignment, DVR convenes quarterly meetings with VR counselors that include Medicaid leadership. This structure has strengthened the partnership's ability to communicate policy effectively and ensure consistent implementation.

Working in tandem with EFAP, the partnership has created opportunities to refine the operational meaning of "payer of last resort," ensuring that the concept is applied in a practical and coordinated manner. It has also contributed to the passage of legislation aimed at eliminating subminimum wage employment and expanding access to disability benefits planning and advisement. In addition, the collaboration has helped identify and address service gaps, including the delays participants experience while pursuing employment. As part of this work, the agencies have developed timelines

for payers and created “gap fillers”—strategies that allow waiver services to engage with individuals on waiting lists while still preserving their access to long-term services under adult Intellectual and Developmental Disabilities (IDD) waivers.

This alignment between the systems was driven by a focus on the participant or member experience with an emphasis on removing the gaps in their support. Ideally, each individual should be allowed to pursue their career path without artificial stops while the programs catch up to service or programmatic transitions. The agencies developed a [chart outlining the sequencing of services](#).

The agencies (DHS/DVR/EFAP) worked together at the state level, including [Colorado APSE](#) to diversify how the training could be provided to local professionals from provider agencies in order to adjust to budget reductions as they occurred, which often limited an agency’s ability to provide Customized and Supported Employment training.

The ongoing collaboration meetings (e.g., EFAP; IDD Roundtables) became increasingly expansive to include case managers and others involved in the service process, so that together all key elements in the service process could make the journey smooth and seamless for each participant/member through the many transitions that occur behind the scenes. Agendas often include increasing the understanding of each service component to support shifts and hand-offs, promising service practices, as well as looking for economy in service alignment to increase each agency’s capacity to serve. Sustaining this cross-program/agency meeting culture is recognized to be important in sustaining activity through staff turnover in each of the programs.

Impact

Bringing together the key funders of Supported Employment (SE)/CE, along with critical service professionals (e.g., Direct Support Professionals, Case Managers, Employment and Placement Specialists who provide the direct service), Colorado APSE (as the ‘trade group’ supporting the professionals in this field), Advocacy Groups, and individuals with disabilities create a service culture with a collective impact focus. Leadership emphasizes the value of approaching this task with humility on all sides, so that short-comings and challenges can be recognized and addressed as a system. In the process of providing guidance and support to local service systems in collaboration, they have created a state-level team that local members can go to with questions and trust the responses they receive.

This has been a process in collaboration that has felt organic for all who have been involved. Through this effort on all levels, combining top-down, bottom-up, and side-to-side planning and work, they have been successful in legislatively and operationally eliminating subminimum wage while increasing the confidence and competence of professionals on all levels. The MOU between the VR and Medicaid program is a basis for maintaining this service culture; however, an effort will need to be made to keep the communication and feedback loops to address new and ongoing system challenges. Otherwise, staff turnover will lead to entropy within the collaboration.

For More Information



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