

Guiding Questions for Providing Colorado Olmstead Plan Feedback

Group or individual filling out the information (*Optional*) _____

The following document contains goals, measurable outcomes, and strategies for six key focus areas of the Colorado Olmstead Plan currently under development. Focus areas include the following and were initially identified and reported in the *2010 Report of Olmstead Recommendations and Policy Options for Colorado*:

- Appropriate Array of Services
- Direct Service Workforce
- Informing the Community of Available Long Term Care Options
- Housing
- Funding
- Integrating Recommendations into Current Policy

The key areas for feedback listed below will provide a framework for key stakeholders to provide initial input on plan development.

Key Areas for Feedback

Goal:

- Is there any adjustment to the Goal language that is important to make?
- Does the Goal statement reflect our current understanding of what we currently need to strive for under Olmstead – have things changed since this was originally written?

Outcomes:

- Do the presented outcomes reflect all of the outcomes we need to achieve for the related Focus Area?
- Do we need to be more specific about the measurable areas?
- Can we be more precise about the change we should be aiming for and over what time period?

Strategies:

- Are any of the strategies obsolete or no longer relevant to our efforts related to Olmstead? Have any these been accomplished and therefore can be removed?
- Can we tighten any of the language so that strategies are more precise?
- What is missing from this list?
- What is absolutely critical for us to do at this time?

Part I. Olmstead Plan Key Focus Areas

Focus Area - *Appropriate Array of Services*

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| <i>Goal</i> | After appropriate financial analysis, work toward making many of the current HCBS waiver services available to all individuals and expand the array of services currently available as funding permits. |
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| <i>Measurable outcomes</i> | <ul style="list-style-type: none"> • Stakeholder group convened to address the appropriate array of HCBS waiver services by 1/31/2011 • Consultant hired to work with stakeholders on cost estimate and budget request to finance an expanded array of services by 7/1/11 • Legislation introduced to codify and finance expanded array of services for 2012 session by 12/01/2011 • Rule-making and any state plan amendments completed to establish expanded array of HCBS waiver services by 07/2013 |
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| <i>Strategies</i> | <ul style="list-style-type: none"> • Explore and identify a mechanism to allow all HCBS clients access to all currently available services on any of the waivers as well as any future expansion of HCBS services. • Develop and finance an expanded array of services appropriate for HCBS users' needs and those people living in institutions. |
| <i>New strategy</i> | |
| <i>New strategy</i> | |
| <i>New strategy</i> | |

Focus Area - *Direct Service Workforce*

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| Goal | Identify barriers and opportunities to improve retention and improve recruitment of direct service workers. Identify and implement a method for training and credentialing of direct service workers. |
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| Measurable outcomes | <ul style="list-style-type: none"> • The number of direct services workers available to individuals will increase. • The length of time the same direct service worker remains with an individual will increase. • The length of time a direct service worker remains in their field will increase. • There will be standards for training and credentialing of direct service workers |
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| Strategies | <ul style="list-style-type: none"> • Create a formal Direct Service Worker Taskforce within state government. • Local DSW stakeholders will have a voice in indentifying ways to improve recruitment, retention and training of the DSW. • Develop and institute standards for training and credentialing DSWs. |
| New strategy | |
| New strategy | |
| New strategy | |

Focus Area - *Informing the Community of Available Long Term Care Options*

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| Goal | Identify best practices from other states to encourage informed choice for individuals in need of long term care services. Develop informational tools to disseminate to the public and to professionals about available home and community based services and resources. |
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| Measurable outcomes | <ul style="list-style-type: none"> • Persons needing long term care services, their allies and professionals in frequent contact with those who use or are in need of long term care services will be able to demonstrate knowledge of the variety of options available for long term care. • People with all types of disabilities, their allies and people in frequent contact with those who use or are in need of long term care services will be able to demonstrate awareness of avenues for resolving concerns or problems. • Complaints to the state LTC Ombudsman related to individuals being given inadequate information about home and community based options will be reduced. |
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| Strategies | <ul style="list-style-type: none"> • Best practices from other states and in-state resources related to informing professionals and the public of home and community based long term care services should be used as part of comprehensive information dissemination and outreach. • Allied health professionals and professionals in frequent contact with those who use or are in need of long term care services, including state workers, will be informed about available options for home and community based services and appropriate avenues for resolving problems. • Coloradans who use or are in need of long term care services will be informed about available options for home and community based services as well as appropriate avenues for resolving concerns or problems. |
| New strategy | |
| New strategy | |
| New strategy | |

Focus Area - *Housing*

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| <i>Goal</i> | Improve access to affordable housing that is adaptable for people with physical and intellectual disabilities as well as people with severe persistent mental illness by enforcing current statute and regulations, eliminating barriers to accessing affordable housing, informing the community of existing housing options and increasing the number of affordable and accessible housing units. |
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| <i>Measurable outcomes</i> | <ul style="list-style-type: none">• The percentage of affordable housing subsidies used by long-term care individuals will increase.• The number of affordable housing units will increase.• The number of persons transitioned from nursing facilities and other settings into affordable housing will increase. |
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**Strategies
(Focus Area
- Housing,
continued)**

- Develop policies for transition out of institutions that specifically address the individual’s risk for homelessness upon discharge with the understanding that the state is not obligated to provide housing but should have a part in enabling individuals to avoid homelessness upon discharge.
- Improve the ability of individuals with long term care needs to have necessary identification and documentation to improve access to existing affordable housing opportunities.
- Fund development of Housing First programs and other programs aimed at serving chronically homeless individuals with mental health and/or substance abuse disorders.
- Improve information to consumers by creating internet links between local housing resources websites and long-term care services agency websites.
- Adapt existing housing resource websites to the needs of people with disabilities by including options for accessible housing and streamlining the search process.
- Cross -educate the housing community and the long term care services community about affordable housing resources and available long-term care services.
- Require homeless shelters and housing programs to make reasonable modifications of their policies, practices and procedures in order to meet, to the extent possible, the requirements of the Federal Fair Housing Act Amendments of 1988 and the American's with Disabilities Act of 1990 (amended in 2009), the Colorado Anti Discrimination Act, and if applicable, section 504 of the 1973 Rehabilitation Act.
- Encourage housing authorities to develop local preference for long-term care individuals by setting aside a certain percentage of designated affordable housing for people with long term care needs.
- Ensure Low Income Housing Tax Credit Qualified Allocation Plan (LIHTC) prioritizes housing projects serving special needs populations.
- Streamline and simplify the application process for affordable housing, including forms, lottery and waiting lists.
- Strongly support the ongoing efforts to create a statewide Housing Investment Fund funded from a specified source to expand the affordable housing resources serving long-term car individuals. Establish a state housing investment fund to expand the capacity to produce and preserve affordable housing for those in greatest need.

New strategy

New strategy

New strategy

Focus Area - Funding

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| Goal | Identify current and future potential funding sources |
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| Measurable outcomes | <ul style="list-style-type: none"> • Spending on HCBS benefits will trend upward over time while spending on SNFs and other institutional settings will decrease over the same time period • One-time-only funds will be made available either from the state budget or awarded grant funds for elements in this document. |
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| Strategies | <ul style="list-style-type: none"> • Examine reimbursement methodologies in other Colorado Medicaid services and identify ways that these methods could be applied to community based services. Also examine other reimbursement methodologies from other states to appropriately encourage capacity building and maximize flexibility in funding. • Relevant state Departments will seek grant funding to support one-time-only expenses needed to support selected activities in this document. • Examine the recommendations arising from the Senate Bill 05-173 and House Bill 07-1374 Advisory committees as well as the analysis from Auerbach Consulting to address integrating long term care funding streams. |
| New strategy | |
| New strategy | |
| New strategy | |
| New strategy | |

Focus Area – Integrating Recommendations into Current Policy

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| <p>Goal</p> | <p>Identify areas where current policies related to long term care need to be adapted to support access to CBLTC and the actions in this document. Additionally, create a policy that prompts systematic, on-going review of progress in implementing these recommendations, as well as identification of any needed changes to the recommendations.</p> |
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| <p>Measurable outcomes</p> | <ul style="list-style-type: none"> • All appropriate CCR sections are reviewed for ADA and Olmstead compatibility and any needed amendments are made and passed by the appropriate governing board(s). • A question related to whether a proposed rule for the CCR is compliant with the <i>Olmstead</i> decision is inserted in the regulatory analysis section of the form used to submit the proposed rule to the Office of the Secretary of the State. • An annual review and report on progress on implementing these policy recommendations will be submitted to the Long Term Care Advisory committee on July 30, 2011 and annually thereafter. • BHO, CCB, SEP, SNF and MCE contracts will include a clause to align with the ADA as well as promotion of CBLTC services as appropriate. • Number of individual CBLTC service plans aligning with services rendered will increase as measured year over year. |
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| <p>Strategies (Focus Area - Integrating Recommendations into Current Policy, continued)</p> | <ul style="list-style-type: none"> • The committee recommends that the state have a dedicated Director of Olmstead Policy & Implementation • Review all current Code of Colorado Regulations (CCR), in particular, 2 CCR 503-1, section 16.100 and 10 CCR 2505-10, section 8.400 related to long term care services, as well as current state statutory mandates for compatibility with the <i>Olmstead</i> decision. • Ensure that all rules proposed for future inclusion in the CCR are compliant with the <i>Olmstead</i> decision by instituting a question in the regulatory analysis section of the OP form used to submit the proposed rule to the Office of the Secretary of the State. • Make an ADA request form available online for all meetings hosted by the Department. • Review and update clinical and case management criteria embedded in contracts with Behavioral Health Organizations (BHO), Community Centered Boards (CCB), Single Entry Points (SEP), skilled nursing facilities (SNF) and physical health managed care entities (MCE) to align with the promotion of CBLTC as appropriate. • Institute policies to ensure that all LTC, BHO, county and MCE case managers and/or care coordinators review the individual’s care plan on a periodic basis to assure that all recommended HCBS services are being provided and any discrepancies between service plans and services received are addressed in a timely manner. • Stay informed regarding federal guidance for the “Community First Choice” option for states to incorporate HCBS waiver benefits into the State Plan and move forward with a state analysis of this option once federal guidance is received. • Explore strategies to simplify the current HCBS waiver system to enable better access to services, a person-focused system, ease of navigation and streamlined administration of the program. • Bring together a standing HCPF stakeholder committee or choose an existing committee charged with similar work to address policy barriers to deinstitutionalization for action. • |
| <p>New strategy</p> | |
| <p>New strategy</p> | |
| <p>New strategy</p> | |

Part II. Olmstead Plan Key Services

For the **Services** listed below, please indicate the **15 services** you think are most essential for Colorado to invest in at this time, by placing an “X” in their corresponding “Prioritize” cell (note that the table continues on the following page).

| Services | Prioritize |
|--|------------|
| Adult Foster Care | |
| Alternative Care Facilities | |
| Companion Care Services | |
| Habilitation Services - Residential | |
| Permanent Supportive Housing (scattered site) | |
| Adult Day Services | |
| Assertive Community Treatment | |
| Assistive Technology | |
| Behavioral Health Services | |
| Case management | |
| Cognitive Services | |
| Communication Services | |
| Community Transition Services | |
| Consumer Directed Attendant Support Services | |
| Dental | |
| Electronic Monitoring | |
| Emergency Assistance | |
| Habilitation Services - Adult Day | |
| Homemaker Services - Basic | |
| Homemaker Services - Enhanced | |
| Home Accessibility Adaptations | |
| Home Modifications | |
| Independent Living Core Services and Skills Training | |
| In Home Support/ Personal Care and Homemaker Services | |
| In Home Support/ Services by an Attendant | |
| Mentorship | |
| Pre-employment Skills Training | |
| Personal Assistance - foster care | |
| Personal Emergency Response System (PERS) | |
| Personal Care | |
| Professional Services | |
| Respite Care | |
| Self Help, Socialization, Adaptive Skills Training/Support | |
| Self-advocacy Training – foster care | |
| Specialized Medical Equipment and Supplies | |
| Supervision Services | |
| Supported Community Connection | |
| Supported Community Connections (Foster Care) | |
| Supported Employment | |
| Substance Abuse Counseling | |
| Transition Case Management | |

| Services | Prioritize |
|---|-------------------|
| Transportation from Home to Habilitation Sites | |
| Transportation to Non-Medical Community Resources | |
| Vehicle Modifications | |
| Vision | |

Please provide any strategies you might suggest that would help individuals learn about and access these services in a timely manner.
