Community Living Advisory Group

Work Focus and Recommendations

		Focus of Work	Recommendations
Care Coordination	1. 2.	Transitions and advanced care planning (including transitions among care facilities, LTSS providers, employment, and family caregivers). Systems Coordination: data sharing and coordination among care coordinators.	Recommendations Adopted Care Coordination policy framework (within the Charter) Establish an independent LTSS Consumer Quality Research Council: (CQRC)-which is in the process of submitting a grant to the Colorado Health Foundation Promotion bi-directional readiness for RCCO-LTSS FBMME care coordination.

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plification	 Expansion of services: through waiver simplification Examination of service planning process: ensure that clients get the right services at the right time and in the right amount. 	 Eliminate HCBS-PLWA Waiver: Transfer services under HCBS-EBD Waiver. New HCBS-Adult DD Waiver: currently in a working groups at
Waiver Sim	3. Sustainable Financing : for Home and Community Based Services	Department of Human Services.

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Regulatory	 Modernize Regulations: make them relevant to contemporary service needs, intended outcomes and stakeholder expectations Incorporation of Self Determination: incorporated into LTSS. Currently reviewing the regulatory framework related to services for IDD individuals. Workforce Scope of Practice: moving from institutional to community settings. Inclusive of others not at the table: Nurses, DORA. 	 Eliminating Conflict: in State Dept. rules and regulations, as they relate to CDPHE facility rules and HCPF/CDHS home and community based services rules. Modernize Regulations: necessary to support self-determination of services.

	Focus of Work	Recommendations
Eligibility/Entry Point	1. Created Current Flow Charts: mapping existing entry point networks and the processes used by each system. 2. Reviewing Components of "Entry Point": through the tenants of the Balancing Incentive Program, and including screening and referral, assessment, eligibility determination, and referral to case management. 3. Exploring Methods of Conflict Free Entry Point: the assessment, determination of eligibility, and service level determination is contained outside the case management or service delivery system.	• Entry Point access to the Colorado Benefits Management System (CBMS). All entry point agencies would have access to read-only CBMS. Improve information through PEAK application. • Expand Presumptive Eligibility of Medicaid to include Long Term Services and Supports. Establish presumptive eligibility for individuals requiring hospice care or individuals with ongoing long-term services and supports being discharged from acute care settings.

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1.Professionalize Workforce: A. Pay, student loans, technology/training, standards, and family caregivers. B. Look at other states: New York, Alaska C. College courses and degrees	Subcommittee work has yet to commence but will do so soon

