

1. Improving health and access to improve quality of life (e.g. vocational services, not necessarily Medicaid eligible)
 - COPHE
 - CDHS
 - CH
 - OCAI
2. Two frameworks
 - a. CLAG recommendations
 1. Carrying out Governor Directive by EO
 - b. Community Living Plan (corresponds to Olmstead decision)
 1. List of action items/tasks accomplished by all agencies included but no governance to ensure occurring/on-target risk of failure like 2 other Olmstead plans
 - c. Alignment internally and externally (e.g., ARC re-procurement)
3. Gaps:
 - a. Connecting with the aging community (great opportunity, not highlighted in either plans)
 1. One of nine states AARP passed legislation to create CO aging plan
 - b. Inconsistent level of engagement across executive agencies
 1. OBH in terms of Community Living Plan
 2. Behavioral Health and CLAG engagement
 3. OCAI and CDPHE participated but need permanent leadership role
 - c. Not have HCPF suck oxygen out of room
 1. Recognize and think about non-Medicaid systems
 2. Ensure connected to day to day operations
 3. Stronger overall, collaborative governance structure
4. Federal mandates- a lot of work outside
 - Office created by EO, firmed up by legislature. Sweep up Olmstead into HB1374 and SB173 in 2 separate runs
 - 4 plans of varying degrees of intricacies, none of which were fully implemented.
5. 3 things to accomplish with Planning
 - Plan gives operational structure to sequence steps
 - Use parts of plan delayed->Public publish of plan to apply political pressure to “gap” areas to force people to come together
 - Execute on plan- concrete record of accomplishments
6. CMS HCBS Rules/targets
 - Person-centered focus on infrastructure
 - Opportunity for drawing down additional federal funds-service funding, FFP, etc.
7. Prioritization key to maximize use of limited resources and reduce duplication of effort and sharing of resources where applicable
8. Budget perspective. Identify resource limitations early (2 years out)
 - Identify offset costs to use savings when needed elsewhere
 - Determine best budget structure (system as a whole)
9. Documents that could be emailed to HCBS Strategies
 - Children with autism waitlist elimination
 - CDASS

10. Points of Contact (highlighted work means collaboration is occurring). Updated model would have 4 different waivers (IID and Non-IDD kids and adults)
- Waiver Simplification: IDD-Tyler Deinas, LTSS- Colin Laughlin, Children- Candice Bailey
 - a. *Get from Tim redesign concept report on waiver simplification*
 - b. LTSS has high level Project Plans in Word and Excel
 - Community First Choice: LTSS- Grace Herbison, Bret Pittinger
 - a. Mission Analytics report from 2013, with discussion/review to occur next week (5/27). There will also need to be a follow-up meeting with HCBS Strategies, Mission Analytics, and others.
 - Entry Point Redesign: Aron
 - CMS HCBS Rules- Settings: LTSS-Caitlin Phillips, IDD- Adam Tucker
 - a. *Get copy of transition plan*
 - b. Very coordinated effort
 - c. Erica Robins from Lewin is also working on this project
 - CMS HCBS Rules- PC Rules: Tim Cortez, Grace Herbison, Michele Craig
 - a. Joint resolution passed by the legislature that talked about person centered thinking generally. *Tim will send.*
 - b. Department-wide grant, Sarah Roberts co-chairs. Civic Canopy has set up an advisory committee with a number of champions from the Department. *Sarah Roberts will send documents related to this.*
 - CMS HCBS Rules- Conflict Free CM: IDD-Brittani Trujillo, LTSS- Caitlin Phillips
 - a. Organized health care delivery system (OHCDs) has a number of implications on the DD system, and want to see the cost implications of the CCBs.
 - TEFT- Kelly Wilson
 - Information Technology-
 - a. There is a vision document, but there is a ton of material related to the interchange/PHR.
 - b. *Get the one page Vision Document from Chris Underwood.*
 - c. Jed suggested using the PHR as a data-warehouse that could help coordinate efforts with medical and other areas.
 - 1115- Kathryn
 - a. Core to every waiver is hospital financing. Not looking to move into managed care, but rather value based purchasing principles to hospitals (e.g., change discharge processes). Sense that 1115 will be a better sell to CMS.
 - b. Are looking to move forward with CFC and 1115
 - c. Not a lot of concrete work products yet.
 - Office of Behavioral Health Reforms
 - a. There are a number of pressure points around this effort, (e.g., ability to support services to individuals with dementia, behavior issues, and other components)
 - b. If this effort moves forward without HCPF, it may be difficult to pull them in later
 - c. Initiatives include SIM, 2703, Gap analysis (HB1368), BH SNF, Complex Clients (almost entirely behaviorally complex), *also need to get list of initiatives Office of Behavior Health is working on. Tim can obtain*
 - RCCO- Kathryn Jantz
 - a. 2703 falls under RCCO framework
 - b. Talked about IDD and LTSS case management into the RCCOs, and RCCO acts as a broker.

- c. No formal effort for case management redesign, might be part of NWD.
 - d. Don't need to figure every RCCO touch point, just need to realize that they exist.
- Case management redesign- Tim and Brittani
 - a. Vision is to have RCCO have accountability for case management oversight
- PASRR
 - a. Talk of level 2 entities into the RCCO. Trying to move towards the RCCOs and use more as a NF diversion and transition tool.
- CCT- Sam Murjillo
 - a. *Need to obtain from Tim the sustainability plan that was submitted to CMS.*
- Olmstead/CLAG
 - a. Obtain the following documents: *Housing and transportation, Medicaid housing crosswalk, budget actions on voucher expansion (811)*
- Consumer Quality Council- Lead by Heidi Walling: Get summary doc of the following from her: is an internal Department group that is coming up with how to better measure quality of life, and is being facilitated through Quality Health Section. Using quality data to inform process improvement, and look at public reporting for system accountability. Focusing more on qualitative than quantitative.
 - a. Encompasses NCI, TEFT, Council and Truven (developing analytic infrastructure)- Lead by Brain Burwell from Truven. *Contact Joel Dalzell from HCPF for day to day contact from Truven*
- Social Genome from Brookings- Cooperative effort for "middle class by middle age" to maintain middle class as they age. Across a number of departments. *There are some foundational documents that should be attained.*
- *Set up a follow-up meeting with Barb Ramsey about moving forward with the SIS and resource allocation. She is considering looking at SIS data and doing an analysis of the Opportunity Project.*
- Including Children- Candace Bailey, Sheila Peel
 - a. Colorado Opportunity Project is focused on children- nothing has been developed yet. Help Me Grow is an initiative from Public Health
 - b. Looking at transition from child to adulthood
 - c. Foster Care DD transition. *Get from Barb Ramsey*
 - d. Report on Eliminating Waitlists for DD. *Get from Barb Ramsey*
 - e. Redoing children's buy-in and incorporating it into the 1115. Currently parent's income is not being taken into account. Looking more into parental fees.
 - f. CHRP waiver and the potential for bringing it over to HCPF from DHS. Only waiver not in HCPF, and it is creating somewhat of a mess.
- Stakeholder engagement and governance- *John Berry will send list of all groups*
- *Need to obtain the spreadsheet that contains due dates of all initiatives*

- Planning group will include working level members, and supervisors and other admins will be steering committee.
- It will include all individuals identified as points. *Tim and Brittani will send lists of points of contact.*
- The lead point of contact will be Amy Scangarella, who is a project manager.
- Set up meeting with John Craigal from VCU to discuss employment with CO. Include Barb Ramsey, Jed, Jennifer Martinez, Cassandra Keller