

COLORADO CHOICE TRANSITIONS

Sustainability Plan

SUSTAINABILITY PLAN

The CCT grant will end on December 31, 2018.

Under the terms of the grant, the state must submit a sustainability plan to CMS by April 30, 2015.



The sustainability plan will include a detailed description of how the state will sustain transition activities, demonstration services, structural changes, and staffing.

Partners to complete the sustainability plan include stakeholders, CCT Staff, State Medicaid Director and other agency staff.

MANDATORY ELEMENTS

1. Executive Summary
2. Stakeholder Involvement
3. Plan for continuing to support transitions
4. Demonstration services
5. Administrative staff positions
6. Plan for utilizing all rebalancing funds by Sept 30, 2020
7. Timelines for all activities
8. Estimated Budget Summary

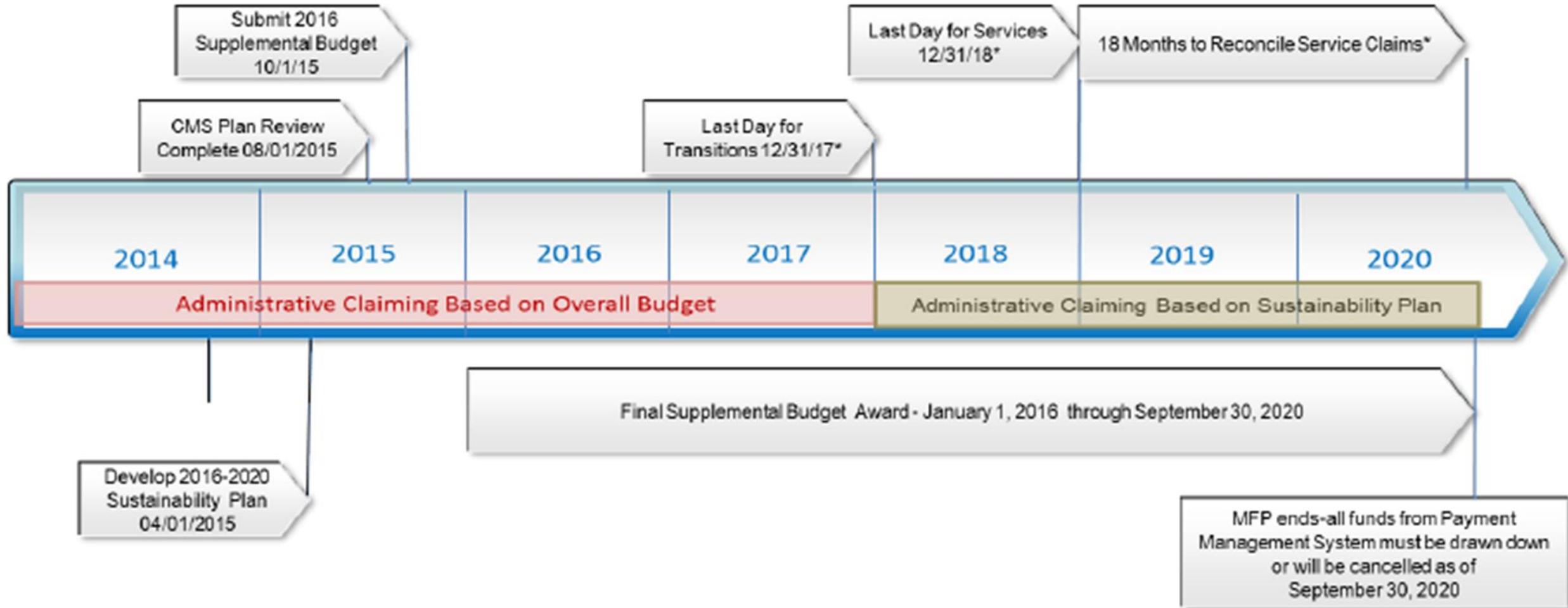
OPTIONAL ELEMENTS & OTHER REQUIREMENTS

1. State's efforts to develop an adequate supply of accessible, affordable housing.

Other requirements

1. Cover letter signed by the State Medicaid Director
2. Should not exceed 50 pages and must address all mandatory elements.

TIMELINE



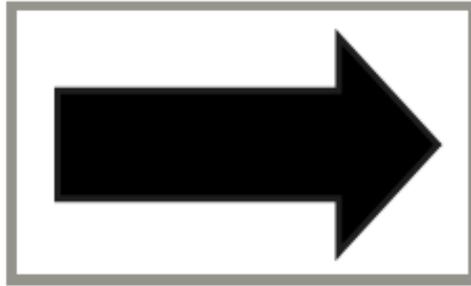
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Business Case

Colorado Choice Transitions (CCT) is Colorado's version of the Money Follows the Person (MFP) Rebalancing Demonstration Grant.

CCT is a 22 Million dollar, 5 year grant initiative from Centers for Medicare and Medicaid Services (CMS).

The purpose of this grant is to facilitate the transition of people in Long-Term Care (LTC) facilities back to community living.



WHY IS CCT SO IMPORTANT?

CCT aligns with the Supreme Court decision *Olmstead v L.C.*, 1999, which determined that people shall live in the least restrictive, most integrated setting possible and have a **choice** about **where** and **how** they receive their long-term services and supports.

It is important to transition members because it is not only their **right** but also **better** for their **well being**.



“Institutional placement of **persons** who can handle and benefit from community settings **perpetuates unwarranted assumptions** that persons so isolated **are incapable of or unworthy of** participating in **community life.**”

“**Confinement** in an institution **severely diminishes** the everyday **life** activities of **individuals**, including **family** relations, social contacts, **work** options, economic **independence**, educational **advancement**, and cultural **enrichment.**”

VISION STATEMENT

Sustaining community transitions in Colorado is guided by the following principles:

Members should have choice and control over where and how they live.



Members should have control over their own day, including which job, educational or social and recreational activities they pursue.



Members should have control over meeting their health care needs.



Members should have the opportunity to live like people without disabilities. They should have the opportunity to be employed, have a place to call home, & be engaged in the community with family & friends.



1 FTE to manage the Options Counseling contracts, monitor MDS Section Q data, provide Nursing Facility technical assistance & aid RTC Development.

1 FTE to administer CTS & coordinate provider recruitment efforts with RTCs.

1 FTE to support case management efforts, including provider recruitment, education & technical assistance.

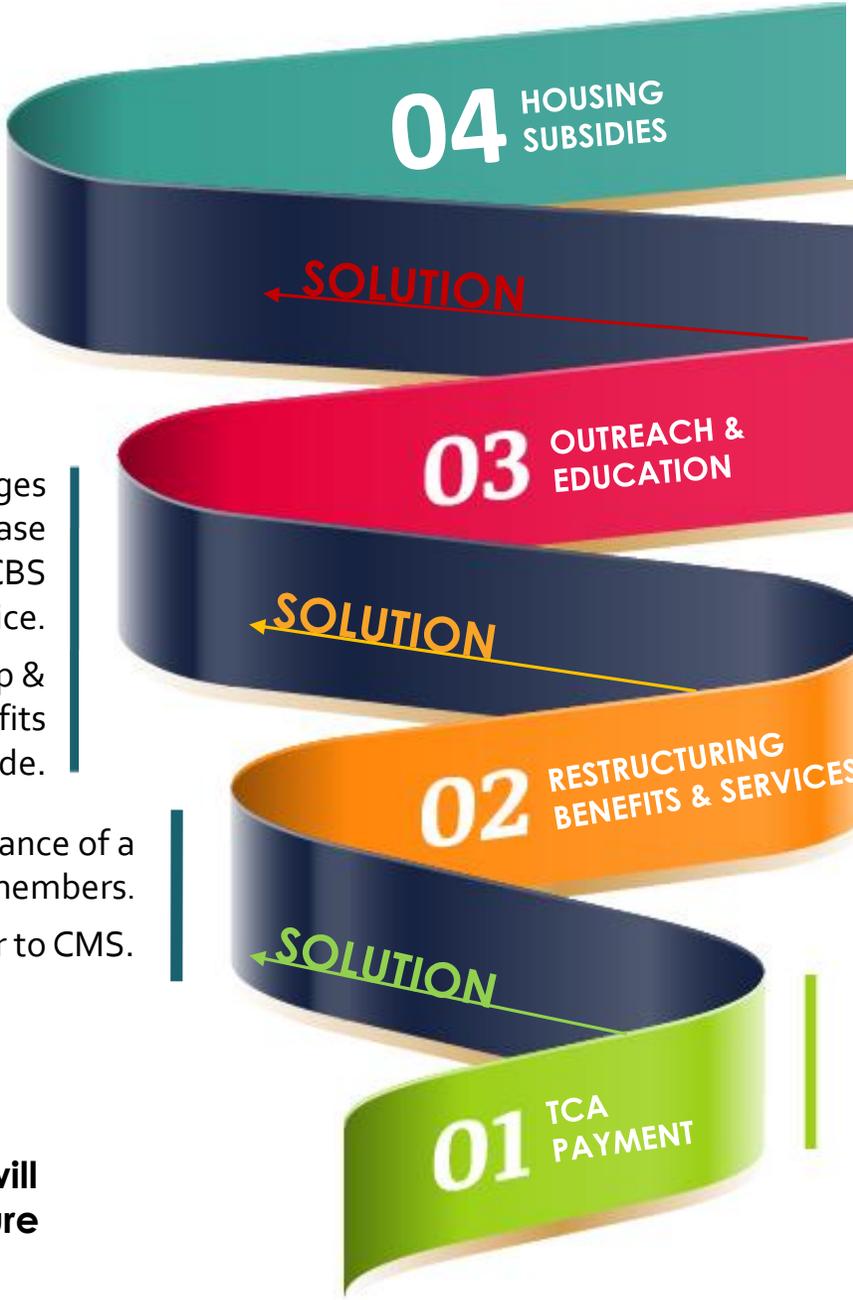
To resolve Intensive Case Management shortages the Department will contract with case management agencies, rather than an HCBS service.

Continue efforts to expand the Peer Mentorship & Independent Living Skills Training benefits statewide.

Allowing transition services to be billed in advance of a transition will allow TCAs to serve more members. CCT has developed & submitted a Concept Paper to CMS.

DESCRIPTION

The following implementation solutions will address transition barriers to support future member transitions:



Affordable & Accessible Housing

Continue & advance current housing efforts and subsidies to improve the availability of affordable housing for transitioning members.

Further Outreach & Education Efforts

Continued outreach, education & engagement efforts will be necessary to resolve transition barriers. CCT proposes sustaining three full time employees (FTE) to continue these efforts.

Restructuring Benefits & Services

The CCT Demonstration period has identified needs for adjustments to some HCBS services that will resolve barriers to community transitions.

Improved TCA Reimbursement model

Members utilize the HCBS Community Transition Services (CTS) benefit to prepare for transitions.

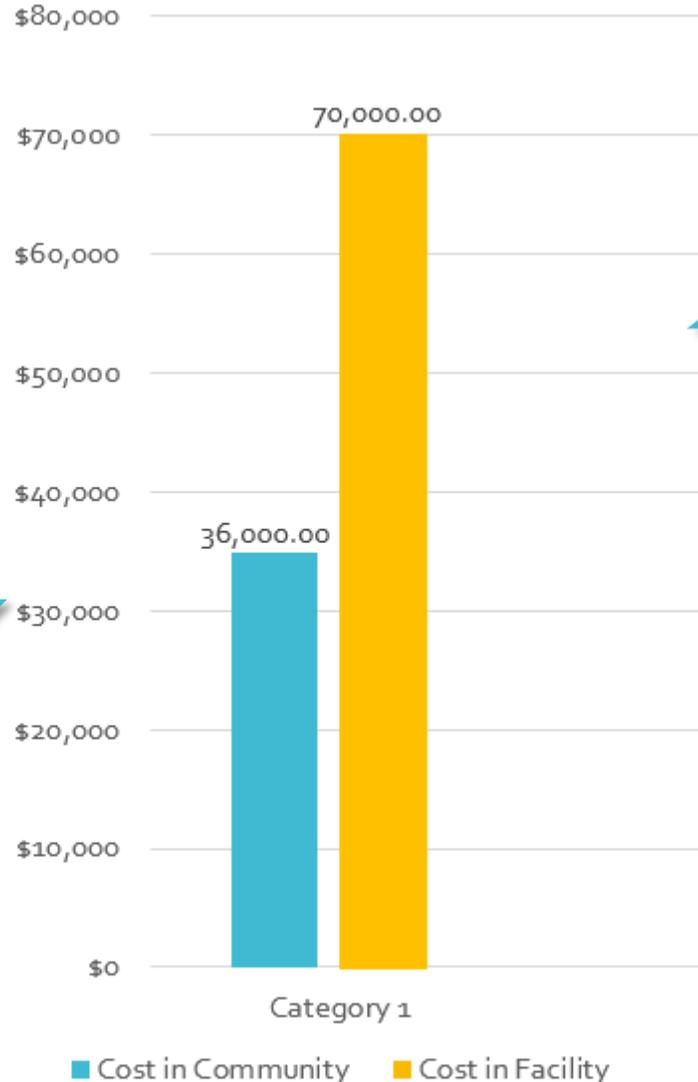
The current reimbursement methodology & up-front costs are not financially viable for TCAs.

LOWER COST

According to AARP: Profiles of Long-Term Services and Supports (LTSS), in 2012 the cost of providing LTSS to Medicaid members in the community was \$31,000 - \$36,000 annually, while the cost of providing LTSS in a nursing facility was \$60,000 - \$70,000 annually.

In Colorado the age 85 and older population is going to increase by 369% between the years 2012-2050 & on average Medicaid dollars can support 3 people with HCBS for every 1 person in a facility.

Annual Cost of Providing Long-Term Services & Supports to Medicaid Members in 2012



HIGHER QUALITY OF LIFE

According to Mathematica, quality of life improves upon transition to the community and is sustained after two years of living in the community. Four (4) out of five (5) participants were satisfied with the way they lived their lives after one year in the community, and this level of satisfaction is sustained a year after participants have left the MFP program.

SUCCESS STORY



Paulette Steinhoff resided in a nursing facility for over three years & was committed to transitioning back to the community.

After her transition she became a transition coordinator & began assisting other nursing facility residents with transitions.

“It was rewarding to dispel the myth that once you move into an NF, that's it, you won't leave. The CCT program is vital and necessary to offer to people, giving them hope of being restored back to the person they knew themselves to be.”

“Being part of the community is LIFE; giving a helping hand to get a person into their own place is a valuable commodity this program affords to a select group of people. I am forever grateful, forever changed for the good because of CCT.”

