



**COLORADO DEPARTMENT OF HEALTH CARE POLICY AND  
FINANCING  
RESPONSE TO RECOMMENDATIONS FROM**

HB 07-1374 Long-Term Care Transitions Working Group  
Final Report  
March 7, 2008

## **EXECUTIVE SUMMARY**

The HB07-1374 Working Group was authorized in the 2007 legislative session to make recommendations for the long-term care (LTC) eligibility process. The recommendations addressed problems that unnecessarily delay otherwise qualified individuals from receiving Medicaid LTC services in a timely fashion. In the course of making the recommendations the Working group indicated interest in having a formal response from the Department of Health Care Policy and Financing (the Department). The responses follow.

The Department has taken the liberty of including discussion, where appropriate, of the relationship between its responses, recommendations made by other legislatively convened workgroups such as the SB05-173 Committee, recommendations made by consultants to the Department, and the Department's strategic plan for Long-Term care.

### **RECOMMENDATIONS OF THE HB 1374 WORKING GROUP**

#### ***Recommendation 1: Presumptive Eligibility***

*HCPF should institute a new federal option for establishing Medicaid presumptive eligibility for individuals being discharged from acute care hospitals to LTC services.*

Response: The Department agrees with the policy direction of presumptive eligibility although not limited by service setting, which is consistent with previous recommendations from Senate Bill 05-173 Committee and the Department's Long-Term Care Consultant, Roger Auerbach. There are details such as estimated costs and associated additional appropriations that will need to be resolved, however the Department believes presumptive eligibility for long-term care services is good public policy and is committed to its pursuit. The Department's strategic plan for Long-Term care includes presumptive eligibility.

#### ***Recommendation 2: Issue an RFP to Contract out All LTC Medicaid Financial Eligibility Determinations***

*HCPF should issue a competitively bid Request for Proposal and contract with an entity to perform the financial eligibility determination process for all Medicaid LTC applicants.*

Response: The Department agrees that there are legitimate concerns about the financial eligibility determination process for long-term care applicants and is in the midst of identifying financial eligibility processes reform. The need for eligibility process reform was also identified by the SB 05-173 Committee and the Department's Long-Term care consultant, Roger Auerbach. Recommendation #2 presumes a specific approach to addressing that needed eligibility process reform. Appropriate levels of reform may range from identifying alternate ways to create a client record in CBMS to a full blown change in where financial eligibility for long-term care services are conducted. The Department's strategic plan for long-term care includes pursuit of eligibility process reforms. The long-term care applicant focus will be represented in the Department's efforts targeted to

eligibility process reform. In pursuing financial eligibility process reform the Department will seek to balance the need for consistent, expert and timely determinations with desires for local community presence.

***Recommendation 3: Re-institute the Fast Track Program***

*HCPF should re-institute the Fast Track Program and make it available to hospitals on an optional statewide basis.*

Response: The Fast Track Program was a single inpatient hospital's (Denver Health Medical Center) solution to challenges in compiling necessary information for timely eligibility determinations from 1997 through 2003. The environment under which Fast Track flourished has been significantly altered by Denver Health Medical Center's designation as a "medical assistance" (MA) site, which includes a direct capability to conduct financial eligibility functions. While there are no explicit regulations that would prevent other interested hospitals from pursuing expedited eligibility through a Fast Track model, the Department recognizes the real considerations of resource investment for any interested hospital. The fundamental goal reflected in this recommendation is for expedited long-term care eligibility determinations. The Department shares that goal and will address it through the efforts around presumptive eligibility and eligibility processes reform under Recommendations #s 1 and 2.

***Recommendation 4: Develop Comprehensive Communication Plan***

*Develop strategies that improve communication among the agencies and community-based organizations that comprise the LTC system to provide consumers with accurate, timely and consistent information about LTC options in Colorado.*

Response: The Department agrees with this recommendation and will focus on working with consumers, advocates and providers to create communication materials and avenues that ensure accurate, timely and consistent information. Similar recommendations were included in the SB 05-173 report and the Department's Long-Term Care consultant's report. The Department is in the process of updating its web-site information and making that information more accessible. Additional steps will be taken to identify and disseminate needed materials on an ongoing basis. The Department's strategic plan for Long-Term Care includes enhanced communication for long-term care in general, as well as specific focus on the consumer directed service delivery model. The Department considers the Single Entry Point agencies, the Community Centered Boards and other local delivery system entry points as partners in this communication effort.

***Recommendation 5: Enhance Advocacy efforts on behalf of LTC consumers***

*Create and/or empower an existing advocacy organization(s) that is/are independent of state government to assist consumers in resolving eligibility issues related to their participation in Medicaid LTC programs.*

Response: The Department agrees with the value of enhanced advocacy and would like to explore ideas such as an expanded role into community based care for programs such as the Long-Term care ombudsman program. Certainly any such expanded role would require additional resources and might therefore mean looking at grant-funded or other opportunities for piloting. Further, the Department will look for opportunities that allow for a natural combination of improving communication (Recommendation # 4) with enhanced advocacy. In addition, the Department's efforts under Governor Ritter's Executive Order creating the Center for Improving Value in Health Care are anticipated to address some of the underlying issues creating a need for such assistance and advocacy.

***Recommendation 6: Establish Executive Level Leadership for Colorado's LTC Programs and Funding***

*Establish an executive cabinet-level position or Governor-appointed process that will elevate the visibility of programs that serve individuals with long-term care needs across state agencies and ensure that these services and their funding are coordinated across all affected state agencies.*

Response: The Department disagrees with the specific strategy of Recommendation #6 but agrees with the identified goal of elevating visibility and coordination of programs serving persons with long-term care needs. As a result, the Department will convene a standing Long-Term Care Advisory Committee to provide input on policy directions concerning but not limited to delivery system capacity and models, accountability and responsiveness, and needed changes. In addition to the client, advocacy and services perspectives detailed below, the Department recognizes the need for participation by other state agencies such as the Departments of Human Services, Public Health & Environment, Local Affairs, Regulatory Agencies and Labor & Employment.

The Department is seeking individuals representing the following perspectives to submit their names for consideration in serving on the Long-Term Care Advisory Committee:

Client Perspective

Community Based Service Provider Perspective

Elderly Individual Perspective

Individual with Disability Perspective

Mental Health Perspective

Policy/ Delivery System Perspective

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Rural/Non Urban Perspective

Developmental Disability Perspective

Advocacy Perspective

Eligibility Determination Perspective

Medical Services Provider Perspective

The Department posted a web-site link for submission of names, including brief overview of qualifications, for consideration at <http://www.chcpf.co.us>