



**COLORADO**  
Department of Health Care  
Policy & Financing

Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203

November 1, 2015

The Honorable Kent Lambert, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Senator Lambert:

Enclosed please find the Department of Health Care Policy and Financing's response to the Joint Budget Committee's Request for Information #3 regarding implementing recommendations made by the Community Living Advisory Group.

Legislative Request for Information #3 states:

*The Department is requested to provide by November 1, 2015, a written report detailing how the Department will implement the recommendations made by the Community Living Advisory Group, Colorado's Community Living Plan developed to comply with the United States Supreme Court's ruling in *Olmstead v. L.C.*, 527 U.S. 14 581 (1999), and the final federal rule setting forth requirements for home- and community-based services, 79 FR 2947. The report shall include: a detailed project plan which includes the timeline for implementing the recommendations and requirements, an explanation of any recommendations or requirements not included in the plan, and an explanation of how outcome measures will be tracked in the future to better understand how changes impact clients. The Department is also requested to provide a financial analysis of the costs of implementing recommendations for FY 2016-17 and FY 2017-18. Additionally the report shall include a description of any FY 2016-17 budget requests that align with the plan.*

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Zach Lynkiewicz, at [Zach.Lynkiewicz@state.co.us](mailto:Zach.Lynkiewicz@state.co.us) or 720-854-9882.

Sincerely,

A handwritten signature in black ink that reads "Susan E. Birch".

Susan E. Birch, MBA, BSN, RN  
Executive Director

SEB/jrb

Enclosure(s): Health Care Policy and Financing FY 2015-16 RFI #3



Cc: Representative Millie Hamner, Vice-chair, Joint Budget Committee  
Representative Bob Rankin, Joint Budget Committee  
Representative Dave Young, Joint Budget Committee  
Senator Kevin Grantham, Joint Budget Committee  
Senator Pat Steadman, Joint Budget Committee  
John Ziegler, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
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Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF  
Zach Lynkiewicz, Legislative Liaison, HCPF





# FY 2015-16 RFI #3: Office of Community Living

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November 1, 2015

## **Executive Summary**

This report is in response to Health Care Policy and Financing FY 2015-16 RFI #3, which requires the Department of Health Care Policy and Financing (the Department) to update the General Assembly on progress made toward implementing Long Term Services and Supports (LTSS) system redesign recommendations and submit a project plan for how the recommendations will be addressed. The Response for Information states:

*The Department is requested to provide by November 1, 2015, a written report detailing how the Department will implement the recommendations made by the Community Living Advisory Group, Colorado's Community Living Plan developed to comply with the United States Supreme Court's ruling in *Olmstead v. L.C.*, 527 U.S. 14 581 (1999), and the final federal rule setting forth requirements for home- and community-based services, 79 FR 2947. The report shall include: a detailed project plan which includes the timeline for implementing the recommendations and requirements, an explanation of any recommendations or requirements not included in the plan, and an explanation of how outcome measures will be tracked in the future to better understand how changes impact clients. The Department is also requested to provide a financial analysis of the costs of implementing recommendations for FY 2016-17 and FY 2017-18. Additionally the report shall include a description of any FY 2016-17 budget requests that align with the plan.*

This report summarizes the accomplishments to date, work in progress and work that is planned. The timelines for the Department's planned work must be considered somewhat fluid. The timelines depend upon federal approvals, and in many cases also state budget or legislative action. In order to be responsive to the legislative request for information, the Department did estimate implementation dates. However, the Department cannot commit to any future budget action outside of the statutorily authorized budget process. This is a "living" plan that will need to be updated regularly.

## **Long Term Services and Supports System Redesign: Accomplishments to Date**

Community living for older adults and people with disabilities is one of the Department's leading priorities. To meet the needs of Colorado's changing population and comply with federal

requirements, the Department is making changes to its programs and services while also partnering with other state agencies to support their work in making community living possible.

As a leader in this work, the Department is committed to providing forums for defining and solving problems collaboratively. The Department partnered with the Department of Human Services and many stakeholders to hold the Aging and Disability Summit held in 2012. This conference offered over 600 consumers, families, state agencies, and service providers the opportunity to learn together on a number of topics like transportation, employment, health benefits, home care and housing. Conversations like these shape and define the Department's work. Below is a summary of community living projects and tasks the Department has completed.

The LTSS system affects the lives of many people and the work of many organizations. The Department remains committed to having stakeholder engagement play a central part of its work. The Community Living Advisory Group (CLAG) utilized several stakeholder work groups over two years to develop draft recommendations for consideration by the CLAG. Known as the "CLAG Subcommittees," these groups completed their work successfully.

In the current implementation phase of LTSS redesign goals, the Department has stayed with the principle established by the Community Living Advisory Group of avoiding duplication of existing groups and structures. Thus, the Department is now utilizing many stakeholder groups, both ongoing and time-limited, across program and content areas such as waivers, quality, participant-direction, transportation, workforce, housing, employment, regulation review, person-centeredness and others. In addition, the Department will create other stakeholder groups when needed to guide its work on LTSS redesign.

### ***Person-Centered Care Coordination***

- Convened a Task Group in 2014 that made recommendations to the Department on how to address the federal mandate around conflict-free case management.
- Applied for and received a Testing Experience and Functional Tools (TEFT) grant to create an LTSS electronic personal health record, to improve the consumer experience by giving consumers control over their own information.
- Took the first steps to align the Accountable Care Collaborative (ACC) program and the LTSS system by enrolling approximately 30,000 full benefit Medicare-Medicaid enrollees into the ACC program.

### ***Entry Point and Eligibility***

- Applied for and received a federal No Wrong Door grant from the Administration on Community Living to create a system of comprehensive access points for LTSS.

- Tested a person-centered planning process with an assessment and individual service coordination plan, through the Accountable Care Collaborative: Medicare-Medicaid program.

### ***Waiver Simplification and Benefit Structure***

- Consolidated the HCBS Persons Living with AIDS waiver into the HCBS Elderly, Blind and Disabled waiver.
- Transitioned approximately 100 people living with disabilities through the Colorado Choice Transitions program.
- Eliminated the waitlists for the Home- and Community-Based Services Supported Living Services (HCBS-SLS) and the Home- and Community-Based Services Children's Extensive Supports (HCBS-CES) waivers.
- Explored the option to expand In-Home Supports and Services (IHSS) to several HCBS waivers and submitted a report to the legislature with recommendations.
- Completed an amendment to the HCBS Supported Living Services waiver adding Consumer Directed Attendant Support Services (CDASS.) The Department is in the process of obtaining federal approval for the amendment.
- Worked with clients and stakeholders to define and assess how Colorado could implement the Community First Choice option, which would add HCBS attendant services to the Medicaid State Plan. The Department is in the process of updating the CFC cost model and policy analysis.
- Coordinated with the Department of Human Services to transition foster youth with disabilities from the child welfare system to community-based settings using the HCBS-DD and HCBS-SLS waivers.
- Added the pediatric personal care benefit to the State Plan.

### ***LTSS Workforce***

- Held Person-Centered Thinking trainings for Department staff and partnered with Community Centered Boards (CCBs) to provide training to CCB staff in local communities.
- Trained Accountable Care Collaborative care coordinators on the LTSS system and person-centeredness so they are equipped to serve the needs of LTSS consumers.
- Expanded respite care services for individuals receiving services through the Family Support Services Program.
- Expanded respite care services to caregivers caring for children with life-limiting illnesses. The Department is in the process of increasing the in-home respite rate for providers.

### ***Regulation***

- Per HB 13-1314, the Division of Developmental Disabilities was transferred from the Department of Human Services to the Department of Health Care Policy and Financing to create efficiencies and leverage initiatives to improve community living in LTSS.
- Completed a comprehensive review of state rule 10 CCR 2505-10, sections 8.400 through 8.499, regarding long-term care. Also completed a review of state rules regarding Single Entry Point agencies.

### ***Housing and Transportation***

- The Department of Local Affairs obtained federal section 811 funding for housing for persons living with disabilities in the community to subsidize rental housing opportunities which provide access to appropriate supportive services.
- Obtained state-funded vouchers for housing for people at risk of institutionalization.
- The Colorado Department of Human Services established an interagency agreement with the Department of Local Affairs to provide housing vouchers to 35% of the 429 new clients receiving Assertive Community Treatment, an intensive approach to community-based mental health treatment.
- Collaborated with the Colorado Department of Local Affairs to sponsor and organize the Housing and Healthcare Summit meeting, which brought together health care providers and housing providers to work together to maximize existing resources for clients seeking housing and supportive services.
- Participated in conferences held by the Colorado Association of Transit Agencies to begin cross-agency collaboration and improve transit for LTSS consumers.

### ***Employment***

- Facilitated meetings between the Division of Vocational Rehabilitation and Community Centered Boards, and held roundtable meetings throughout the state, to improve employment positions available for people with disabilities.
- Provided technical assistance to case managers for the Medicaid Supported Employment Benefit offered through the HCBS-DD and HCBS-SLS waivers, and increased participation in this benefit from 1,120 participating individuals in 2011 to 1,804 in May 2015.
- Expanded the Medicaid Buy-In program to the Elderly, Blind and Disabled waiver and the Community Mental Health Supports waiver, and improved the eligibility and enrollment process.

## **Work in Progress**

- Developing a new eligibility determination tool and process for all individuals who need LTSS, based on a new functional assessment tool from the Centers for Medicare and Medicaid Services.
- Updating the Community First Choice (State Plan option for attendant services) cost model and policy analysis.
- Working with stakeholders to address the audit findings of Colorado's current program for self-directed attendant services, Consumer-Directed Attendant Support Services (CDASS).
- Researching and analyzing how to increase access to emergency respite for individuals with a behavioral health crisis.
- Developing a person-centered planning process that is compliant with federal regulations regarding conflict-free case management.
- Researching and analyzing how to simplify and redesign LTSS HCBS waiver services.
- Working with the Department of Public Health and Environment to simplify and align rules regarding home care agency licensure for providers serving individuals with intellectual and developmental disabilities.

## Planned Work

The following planned work is listed in order of planned completion date. For a timeline organized by topic, see Appendix E. [The timelines for the Department's planned work must be considered somewhat fluid. The timelines depend upon federal approvals, and in many cases also state budget or legislative action. In order to be responsive to the legislative request for information, the Department did estimate implementation dates. However, the Department cannot commit to any future budget action outside of the statutorily authorized budget process. This is a living plan that will need to be updated regularly:](#)

- October 2015–June 2016: RFP process to select No Wrong Door pilot sites.
- November 2015–June 2016: Develop No Wrong Door pilot site toolkit.
- December 2015: The Community Living Quality Improvement Committee begins meeting to guide and ensure quality in LTSS.
- March 2016: Conduct focus groups with consumers and families to test the Person-Centered Thinking vision statement, which will be used to guide the development of a person-centered planning process and training approaches.
- March 2016: Comply with HB 15-1368 by creating a pilot program for a cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities.
- July 2016: Provide a plan for conflict-free case management implementation (including consumer choice of case management) to the legislature.

- July 2016: Implement the Experience of Care survey (from the Testing Experience and Functional Tools grant) to LTSS consumers beginning July 2016, to monitor satisfaction and quality of services.
- July 2016: Provide options for stakeholder consideration for restructuring regulations to improve non-emergent medical transportation and non-medical transportation Medicaid benefits.
- July 2016: House Bill 15-1318 requires the Department implement a consolidated waiver for individuals with intellectual and developmental disabilities effective July 2016, or as soon as CMS approves the waiver.
- July 2016: Examine the best way to restructure case management so people transitioning from Regional Centers to the community have the support they need, taking into account the recommendations from the Regional Center Task Force and any legislative response to them.
- October 2016–October 2018: Test the No Wrong Door entry point model in 3–5 pilot regions. Create action plan and financial model for implementing the regional No Wrong Door system.
- June 2016: Assess MITA (Medicaid Information Technology Architecture) maturity level, including a more robust assessment of LTSS data systems and functionality that might be shared with other state agencies.
- 2016: Review the rules governing programs for individuals with intellectual and developmental disabilities to ensure that they are updated, simplified, clear and person-centered.
- 2016: Pilot the new functional assessment tool and process with case management agencies.
- 2016: Using funds from the Testing Experience and Functional Tools (TEFT) grant, create and pilot an electronic LTSS personal health record and a portal for clients to access their record.
- January 2017: Develop a person-centered service plan that will comply with the HCBS Person-Centered Planning regulations.
- July 2017: Align LTSS case management with the Accountable Care Collaborative by allowing the Regional Accountable Entities to serve as neutral parties to support clients in selecting the case management agency that best meets their needs.
- July 2018: Expand the Buy-in program to additional eligible adults and children living with disabilities, as authorized by Section 25.5-6-1401, et seq., C.R.S., subject to available appropriations. In order to implement under this estimated timeframe, the General Assembly would need to provide authorization.
- September 2018: Develop a toolkit and training for No Wrong Door processes. Create a toll-free phone number, a call center, and a website to increase consumer access to the No Wrong Door system.

- October 2018: Streamline financial eligibility determination for LTSS programs per best practices identified through No Wrong Door 3-year pilots. The Department will evaluate and consider broader implementation of best practices found to streamline financial eligibility determination processes in the No Wrong Door regional pilots during 2015-2018.
- March 2019: Comply with the federal final rule regarding home- and community-based services settings.
- July 2020: Implement the Community First Choice option. Required steps would be adding the option to the Medicaid State Plan, amend waivers to reflect changes, and revise state rules, including a definition of personal care services that will apply to all personal care benefits. In order to implement CFC by 2020, the General Assembly would need to pass authorizing legislation by 2017.

## Monitoring and Evaluation

Monitoring and evaluation is essential as the Department tests a number of new approaches to LTSS service delivery. The Department is using several different tools and approaches to evaluate and tracking the completion of planned activities.

The Division for Intellectual and Developmental Disabilities is participating in the National Core Indicators for Individuals with Developmental Disabilities project to measure consumer satisfaction with services and quality of life for individuals with intellectual and developmental disabilities. Measuring these indicators provides insight into the effectiveness of LTSS for this population. The Department has also completed one round of the National Core Indicators for Aging and Disability this past summer and is planning to expand this effort by June 2016.

The Department has also completed a pilot of the Experience of Care survey (from the Testing Experience and Functional Tools grant) to all LTSS consumers this past summer. The Experience of Care Tool is a national tool that will be used monitor the satisfaction and quality of services as well as quality of life of the person receiving services and supports.

Data is an important part of evaluation. The Department is creating standards for LTSS electronic health data, so data about service use and outcomes is captured and may be analyzed.

Finally, the Department has established the Office of Community Living Quality Improvement Committee to oversee quality throughout LTSS system transformation. The committee will identify and develop an integrated framework, outline a data strategy, and implement quality improvement initiatives related to case management, person-centeredness, choice, workforce, client experience and other quality issues. The Department contracted with Spark Policy Institute to help develop the committee. Of course, the idea of using data to inform system transformation is not unique to LTSS. The Department expects there will be alignment in the

work of procuring Phase II of the Accountable Care Collaborative and implementation of the State Innovation Model.

## **Conclusion**

System change is complex work. The Department, along with its partners, remains committed to testing changes to this complex system to ensure that LTSS benefits are delivered in the most person-centered, flexible and cost effective way possible.

## Introduction

This report is written in response to Health Care Policy and Financing FY 2015-16 RFI #3, which requires the Department of Health Care Policy and Financing (the Department) to provide a written report detailing how the Department will implement the recommendations made by the Community Living Advisory Group, *Colorado's Community Living Plan* developed to comply with the United States Supreme Court's ruling in *Olmstead v. L.C.*, 527 U.S. 14 581 (1999), and the final federal rule setting forth requirements for home- and community-based services (HCBS), 79 CFR 2947.

Many of the recommendations of the Community Living Advisory Group, and the addition of HCBS services to the Medicaid State Plan, cannot be implemented without additional appropriations. These initiatives will require further analysis to set an accurate budget amount. The Department will continue to pursue implementation of these items in upcoming years, and will use the interim time to understand the necessary steps and budget to implement these recommendations.

## How This Report Is Organized

The Department was asked to provide an update on its progress in implementing three items: the final federal rule for home- and community-based services, *Colorado's Community Living Plan* (Olmstead plan), and the Community Living Advisory Group recommendations. This report addresses each as follows:

- Final federal rule for home- and community-based services: This rule includes a number of provisions. One provision clarifies how states can use the Community First Choice option, which allows states to offer home- and community-based attendant (personal care) services to Medicaid clients through the Medicaid State Plan. We address this in the section on **Waiver Simplification and Benefit Structure**. Other provisions of the rule address the need for person-centered service planning and person-centered case management. Part of these components is a requirement for clear separation between needs assessment and the provision of services. We address this in the section on **Person-Centered Care Coordination**.
- *Colorado's Community Living Plan* (Olmstead) and Community Living Advisory Group recommendations: The **Activities and Plans** section is organized using the themes that emerged from both of these documents. Each section describes the Department's progress and plans for activities within each theme. In each section of the report, we list the *Community Living Plan* goals and Community Living Advisory Group recommendations that correspond to the section.

The LRFI also requested information about how the Department will monitor and evaluate the initiatives described in this report. This information is described in the **Monitoring and Evaluation** section.

A timeline for initiatives is included in Appendix E. A summary of statute changes needed to implement the system redesign can be found in Appendix B.

## About Long-Term Services and Supports in Colorado

There is a growing interest in a person-centered, community-based system of LTSS for older adults and people with disabilities. It makes sense to help older adults and people with disabilities remain in the community; institutions are costly and their residents are often separated from one of the most important sources of health and well-being—family and community. Sometimes it is not possible for people to remain in the community, even with support. But it is fiscally, legally and ethically necessary to make community living a viable option whenever possible.

In 2012, Governor John Hickenlooper issued an Executive Order to establish the vision that “all Coloradans—including people with disabilities and aging adults—should be able to live in the home of their choosing with the supports they need and participate in the communities that value their contributions.” This executive order established the stakeholder-driven Community Living Advisory Group and the Office of Community Living to redesign how LTSS are delivered.

All of the recent movements toward redesigning and refining how and where people access and receive LTSS have common underlying principles leading to an overall vision. The governor's Executive Order summarizes this vision for Colorado's LTSS system:

- Provide services in a timely manner with respect and dignity
- Strengthen consumer choice in service provision
- Incorporate best practices in service delivery
- Encourage integrated home- and community-based service delivery
- Involve stakeholders in planning and processes
- Incorporate supportive housing

Colorado has executed on this vision in recent years and continues to make progress toward achieving the recommendations identified by the Community Living Advisory Group and the goals identified in *Colorado's Community Living Plan*, and the requirements and opportunities for person-centered LTSS presented in the final federal rule.

### ***About the Final Federal Rule for Home- and Community-Based Services (79 CFR 2947)***

The Centers for Medicare and Medicaid Services finalized rule changes that include a number of requirements and opportunities for home- and community-based services, to promote person-centered services and case management.

The final rule makes several important changes to 1915(c) HCBS waiver programs. It provides states the option to combine existing waivers and create one waiver that serves multiple groups. The rule also establishes requirements for home and community-based settings under the 1915(c), 1915(i) and 1915(k) Medicaid authorities as well as person-centered planning requirements for Medicaid HCBS participants under 1915(c) and 1915(i). In addition, it clarifies the timing of amendments and public input requirements when states propose changes to HCBS waiver programs and reimbursement rates for services. Finally, it describes the additional strategies available to CMS to ensure state compliance with the statutory provisions of section 1915(c) of the Act.

CMS gave states one year to submit a transition plan for compliance with the home and community-based settings requirements of the final rule. Colorado was the third state to submit its transition plan, on November 19, 2014. CMS reviewed the plan and asked the Department to make changes to the plan. The Department has responded to CMS questions, submitted a modified plan and awaits CMS response. CMS may approve transition plans for a period of up to five years, depending on each state's circumstances, but all HCBS residential and non-residential settings must be in compliance by March 17, 2019.

### ***About Colorado's Community Living Plan (Response to Olmstead Decision)***

The Department, together with the Colorado Department of Human Services and Department of Local Affairs, released *Colorado's Community Living Plan* in July 2014. This plan is Colorado's response to the *Olmstead v. L.C.* Supreme Court decision, which found that it is discriminatory to systematically place those with disabilities into institutions. States were required to create plans to prevent such systematic placement and find ways to support people with disabilities to live in their communities. The state agencies developed the plan with support and input from a host of community organizations, persons living with disabilities, and their families.

The plan contains nine goals with action steps and outcome measures to meet the housing, transportation, employment, health and personal care needs of people with disabilities who wish to remain in the community.

### ***About the Community Living Advisory Group Report***

Governor Hickenlooper established the Community Living Advisory Group with his 2012 Executive Order. The group was a collaboration between consumers, families, advocates for people living with disabilities and older adults, legislators, providers and staff from Colorado

Departments of Human Services, Local Affairs, Public Health and Environment, Regulatory Agencies, Transportation and Health Care Policy and Financing.

The group issued its final report with recommendations in September 2014. The report addresses many of the same issues identified in *Colorado's Community Living Plan*, but has a broader scope. In addition to addressing the needs of people with disabilities, it includes recommendations to help older Coloradans "age in place" and remain in the community for as long as possible.

## Activities and Plans

Below is a description of the work the LTSS work the Department has completed thus far, and the work it has planned for implementing the community living recommendations.

### Person-Centered Care Coordination

This activity addresses Goal 6 and Goal 7 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Improve the Coordination and Quality of Care in the LTSS System. It also addresses conflict-free, person-centered case management, as required by the final federal HCBS rule.

Person-centered care coordination allows people to receive the services they need in a coordinated manner so they may remain in their communities and participate fully in their lives. Individuals participate in developing their own plan for services according to their assessed need. Integrating this and service delivery information across medical, behavioral and social providers allows for an effective use of limited resources in meeting those needs. Currently, consumers do not have a choice of case management agency. In some cases, the case management agency is also the direct service provider. The final federal rule for HCBS services requires states to ensure the separation of HCBS case management from direct service provision. An agency cannot provide both HCBS case management and direct services to the same individual.

#### ***Care Coordination Accomplishments***

- The Department convened a Task Group in 2014 consisting of individuals who receive services, their families, advocates, Community Centered Boards, other direct service providers, and others. The Task Group provided a report with three recommendations to the Department on how to address conflict-free case management.<sup>1</sup>
- The Department applied for and received a Testing Experience and Functional Tools (TEFT) grant to create an electronic personal health record, providing a portal for clients to access

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<sup>1</sup> The Department responded to the recommendations within the report and both documents can be found here: <https://www.colorado.gov/hcpf/DIDD-conflict-free-case-management>.

the information they need, designed in a format they can use that would include clinical information such as, lab results, and non-clinical information such as how many units of service are still available. This tool will help to improve the consumer experience and create a more person-centered approach by allowing consumers control over their own information.

- In September 2014, the Department took the first steps to align the Accountable Care Collaborative (ACC) program and the LTSS system by enrolling approximately 30,000 full benefit Medicare-Medicaid enrollees into the ACC program. The experience has served to highlight the need to formally expand the ACC network to coordinate with agencies such as Single Entry Points and Community Centered Boards.
- The Office of Community Living hosted a two-day summit in June 2015 to create a vision statement for Person-Centered Thinking for LTSS delivery. The summit convened 50 stakeholders representing diverse perspectives including LTSS consumers and families.
- In October 2015, the Department published a Concept Paper for Phase II of the ACC program. The Concept Paper describes the proposed program structure and the Department's goals for the next iteration of the ACC. It was sent to CMS, to Department stakeholders and has been posted on the Department website. The Concept Paper is meant to initiate conversations between the Department and the wide variety of stakeholders who deliver and receive services through Colorado Medicaid.

#### ***Care Coordination Planned Work***

- Pursuant to 25.5-6-409.3 C.R.S. (2014), the Department is required to provide a plan for conflict-free case management implementation to the legislature by July 1, 2016. The Department has hired a contractor to provide a report outlining the plan for implementation of conflict-free case management. To complete this report the Department will conduct a financial analysis of the Community Centered Boards, work in concert with them and other stakeholders, and solicit stakeholder input through community engagement meetings.
- The Department's work related to HB 15-1318 (waiver simplification) involves working with stakeholders to develop and transition to a combined waiver. Stakeholders working on the simplification process have expressed wanting choice in their case management agency. The Department anticipates that a waiver simplification implementation plan will create options on how individuals choose their case management agency.
- The Department has already heard from many stakeholders that real and informed choice in case management agencies would be desirable, and therefore the Department assumes that the transition plan will include steps towards achieving this goal. Furthermore, to ensure system-wide compliance, consistency, and simplicity, the Department anticipates that Single Entry Point agencies that provide case management to LTSS populations other than persons with intellectual and developmental disabilities will need to undergo some parallel changes. Therefore, the Department will also need to engage and collaborate with those Single Entry Point agencies.

- The Accountable Care Collaborative (ACC) is the core delivery system for Colorado Medicaid. Phase II of the ACC begins in July 2017 with the implementation of Regional Accountable Entities (RAE) responsible for ensuring whole-person care for physical and behavioral health. In Phase II, Regional Accountable Entities will work with LTSS case management agencies to coordinate care for LTSS clients and will have formal contractual relationships that clearly define business processes for alignment and coordination. The structure of the contractual relationships will respect longstanding case manager/client relationships and local community investments that currently exist, and the planning process will include stakeholder engagement. This alignment work will require the services of a contractor to conduct a fiscal and programmatic analysis.
- The Department will comply with HB 15-1368 by creating a pilot program to provide a cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities. People with intellectual and developmental disabilities often experience gaps in service between their LTSS and behavioral health care and this program will be designed to better understand and address those gaps. Learnings from the pilot will be incorporated into the new responsibilities for Regional Accountable Entities when new ACC vendors are procured. The Department believes that its efforts in the area of HB 15-1368 are in alignment with the behavioral health integration focus of the State Innovation Model.
- The Regional Center Task Force was created by HB 14-1338 to review operations of three state Regional Centers for people with intellectual and developmental disabilities. The Task Force will put forth recommendations regarding the services for individuals living in Regional Centers, including how to restructure and improve case management and supports for residents who move back to the community.
- Once the Department's eligibility determination pilot is complete and a new eligibility tool is finalized (see **Entry Point and Eligibility** section), the Department will develop a person-centered service plan beginning in 2017, to comply with the HCBS person-centered planning regulations. This new service plan will provide the foundation for LTSS care management and coordination.
- Effective LTSS care delivery and care management hinges on an integrated information technology (IT) infrastructure. The goals of IT system change include improvements in data collection, reporting and dissemination to encourage, among other things, consumer involvement and care coordination. As a condition of receiving enhanced federal match for information technology, information technology improvements must be within a federally approved Medicaid Information Technology Assessment (MITA) framework. The Department will be assessing its MITA maturity level between October 2015 and June 2016 and will include a more robust assessment of LTSS, including functionality that might be shared – via federally approved cost allocation methodologies – with state agencies other than HCPF. If the changes in this architectural design are funded and built, the result would be a more seamless and integrated customer

experience that helps, rather than hinders, client navigation through the Medicaid and non-Medicaid LTSS system.

- The Department will conduct focus groups with LTSS consumers and families in early 2016 to test the vision statement developed at the Person-Centered Thinking summit. The vision statement will be used to guide the development of a person-centered planning process.

## **Entry Point and Eligibility**

This activity addresses Goal 1 and Goal 2 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Streamline and Simplify Access to LTSS. It also addresses the need to separate assessment and care planning from service delivery, as required by the final federal HCBS rule.

Colorado currently lacks a coordinated, standardized system to provide information about and connect people to LTSS. Information, assistance, and referral networks are often disconnected from intake and screening for LTSS, leaving consumers to navigate entry into the system on their own. Several entry point organizations serve only Medicaid-eligible consumers while several others have no formal interaction with the Medicaid system, are not the agents of the Department and cannot track the Medicaid eligibility of their clients.

Medicaid LTSS programs lack a streamlined process for eligibility determination. Many county departments of social and human services determine an individual's financial eligibility independent of the organizations that assess the individual's functional eligibility, and different organizations determine functional eligibility depending on a consumer's type of disability: a Community Centered Board determines functional eligibility for people with intellectual or developmental disabilities while a Single Entry Point determines eligibility for consumers with other types of disabilities. This bifurcated eligibility process contributes to the difficulty in accessing LTSS.

### ***Entry Point and Eligibility Accomplishments***

- In order to improve access to LTSS, Colorado applied for and received a federal No Wrong Door grant from the Administration on Community Living to create a system of comprehensive access points for LTSS. Comprehensive access points will make all LTSS accessible wherever individuals, regardless of disability, age or payer source, enter the LTSS system. Awarded in September 2015, the three-year implementation grant allows the Department, the Department of Human Services and other partners to test the No Wrong Door model at pilot sites. The model was developed alongside stakeholders through an initial 12-month planning grant that took place during 2014 and 2015. The three-year implementation grant award is \$2.2 million (approximately \$724,000 per year.)

- The Department is developing a new eligibility determination tool and process for all individuals in need of LTSS, based on a CMS functional assessment tool. The new assessment tool will have several modules, developed with extensive stakeholder input and stakeholder representation from various LTSS populations. It will include modules to facilitate the development of a person-centered planning process. A new Personal Story module was developed and piloted across the state. Both case managers and individuals receiving services responded positively to the module.
- Through the ACC: Medicare-Medicaid Program, the Department has tested a person-centered planning process with an assessment that leads to an individual service coordination plan. The assessment looks comprehensively at an individual's needs across systems so that the service coordination plan reflects the client's history and current services, and may be shared with all service providers so individuals do not have to share this information multiple times. This assessment and coordination began in 2014 and is ongoing. It has helped the ACC track hospital readmissions and emergency department use, follow-up on hospital admissions in cases of client mental illness, and track depression screening. The Department plans to leverage the experience of working with service coordination plans in the ACC and apply it to assessment and coordination of LTSS.

### ***Entry Point and Eligibility Planned Work***

- After development of the LTSS eligibility determination tool and additional modules are final, the Department will use the new assessment to develop a method for care planning and resource allocation. A method of resource allocation will assist in individual choice and budget control over services. The tool and process will be piloted in 2016 with case management agencies. However, the pilot is dependent on CMS finalizing the items in the functional assessment.
- Using the funds from the No Wrong Door grant, the Department will test the No Wrong Door model in 3–5 pilot regions. The entry point organizations in these regions will assess level of need and counsel consumers on LTSS options so they can choose the right services for them. Entry point organizations in a given region will work together to ensure that individuals in need of LTSS can access the system at any entry point. Each pilot must include a lead agency that ensures the region meets the criteria of a fully functioning No Wrong Door system, as described in the grant requirements. The lead agency will have the option of carrying out these functions either through their own organization or by subcontracting with other LTSS entry point agencies in their region.
- After the pilot is complete in 2018, the Department will use information from the pilot to design a system that will increase access to the No Wrong Door system. This system will include a toll-free phone number, a call center, and a website that consumers can navigate to get needed information.

## No Wrong Door Grant Timeline

No Wrong Door pilot sites Request For Proposals process	October 2015–June 2016
Complete an evaluation of No Wrong Door operations during the pilot phase	October 2015–October 2018
Determine the financial model along with an action plan for implementing the regional No Wrong Door system	October 2015–October 2018
Create an action plan to address identified policy barriers that have implications for No Wrong Door agencies	October 2015–October 2018
Create pilot site toolkit	November 2015–June 2016
Select 3–5 community No Wrong Door pilot sites	July 1, 2016
Establish a learning community, composed of representatives from the pilot sites, state staff and other stakeholders	October 2016–October 2018

## Waiver Simplification and Benefit Structure

This activity addresses Goal 2, Goal 4 and Goal 5 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Simplify the State's HCBS Waivers. It also addresses parts of the final federal HCBS rule.

Colorado has many waiver programs to meet the needs of different populations. Waivers provide different services, different levels of service and different definitions for the same services. Sometimes a person must move from one waiver to another, in order to receive the support they need. The Department is working to simplify the waivers by consolidating them and making the benefits more consistent across waivers. The Department is also reducing the waitlists for the waivers, so individuals can access needed services within weeks instead of years.

The federal Community First Choice option could help the Department achieve many aspects of the stakeholder vision for LTSS in Colorado, including improving HCBS waivers. The Affordable Care Act established the Community First Choice State Plan option to encourage states to provide more Medicaid-funded community-based LTSS. States that adopt the option must add personal assistance services to their State Plans. These services would be available to all Medicaid clients who meet institutional level of care. The services cannot be limited to individuals with certain diagnoses, as in current HCBS waivers.

The Community First Choice option offers an enhanced federal match and encourages states to redesign services to allow individuals to maintain the ability to have a significant role in the selection and dismissal of their providers and the delivery of their care. Thus, it would be a potential vehicle for designing more flexible, person-centered services as recommended by the Community Living Advisory Group. Since this option would involve establishing a shared definition for services, including services currently offered across HCBS waivers, it could help the Department implement the recommendation to simplify its waivers and to make personal care benefits more consistent.

### ***Waiver Simplification and Benefit Structure Accomplishments***

- The General Assembly provided funding through SB 13-230 to eliminate the waitlist for the Home- and Community-Based Services Children's Extensive Supports (HCBS-CES) waiver and through HB 14-1252 to eliminate the waitlist for the Home- and Community-Based Services Supported Living Services (HCBS-SLS) waiver. The Department maintains a waitlist for the Home- and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) waiver due to funding constraints.
- The Department merged the Persons Living with AIDS waiver with the Elderly, Blind and Disabled waiver in April 2014, and continues to examine different options to merge adult LTSS waivers into one waiver.
- As required by HB 14-1357, the Department researched and analyzed more effective ways to deliver home- and community-based services, to allow for more self-direction of services and cost savings to the state. The Department submitted a report in April 2015 on the option to expand In-Home Supports and Services (IHSS) to people enrolled in several HCBS waivers and continues to explore this option.
- The Department coordinated with the Department of Human Services, as required by HB 14-1368, to transition foster youth with developmental disabilities who have reached the age of adulthood from the child welfare system to community-based settings with the HCBS-DD and HCBS-SLS waivers.
- The Department facilitated a Redesign Workgroup comprised of a group of stakeholders representing diverse interests, including consumers, family members of consumers, and representatives from advocacy organizations, service provider agencies and Community Centered Boards. The workgroup met monthly to analyze the services and supports currently available, discuss and refine the Community Living Advisory Group recommendations, and develop additional recommendations for services, processes, policies and practices that would support adults with intellectual and developmental disabilities to live in the community. The workgroup submitted a summary and recommendation report to the Department in April 2015.
- In May and June 2015, the Department hosted 10 town hall meetings across the state to solicit feedback from local community stakeholders about the recommendations made by the Redesign Workgroup. The Department sought feedback particularly about how to

serve the needs and address the concerns of rural stakeholders, parents and family members, consumers, and providers. This month, the Department will release an addendum to the workgroup's report summarizing the comments from these statewide town hall meetings, and the Department's responses.

- Over the past two years, the Department has worked with clients and stakeholders to define and assess how Colorado could implement the Community First Choice option. A cost model and policy analysis was developed for the Department in 2013.<sup>2</sup> Community First Choice is an ambitious and groundbreaking undertaking that would require restructuring multiple programs and would have a real impact on people's lives. Thoughtful and appropriate implementation will avoid service disruptions for more than 30,000 clients, families and providers. The Department is in the process of updating the cost model and policy analysis. The original study conducted in 2013 needs to be updated given the changes made in waiver benefits and waitlists.
- The Department's current option for self-direction, Consumer-Directed Attendant Support Services (CDASS), was audited in 2015. The audit identified 11 recommendations and the Department is working in collaboration with stakeholders to implement those recommendations. The audit report recommended additional case management training, development of additional case manager oversight and modification of forms for service consistency. Expanding self-direction through Community First Choice requires successful resolution of the issues identified in the CDASS audit.
- The Department worked with stakeholders to design an amendment adding a new option for Consumer-Directed Attendant Support Services (CDASS) in the HCBS Supported Living Services waiver. The amendment was submitted for approval to the Centers for Medicare and Medicaid Services in August 2015.
- The Department has made progress in expanding respite care services to caregivers caring for children with life-limiting illnesses. Further, the Department is currently studying how to increase access to emergency respite for individuals with a behavioral health crisis. The Department is also in the process of increasing the in-home respite rate for providers.
- The Department began providing the pediatric personal care benefit under the State Plan on October 19, 2015. Providers are currently being trained to provide this benefit.
- The Department expanded services in the Family Support Services Program serving individuals with intellectual and developmental disabilities.

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<sup>2</sup> See more about the CFC Option here: <https://www.colorado.gov/pacific/hcpf/community-first-choice-option>

### ***Waiver Simplification and Benefit Structure Work Planned***

- The Department supports the Community First Choice option in Colorado, which will require a statute changes and additional funding for implementation. The Department conducted a preliminary fiscal and programmatic analysis and will update this analysis.
- The Department plans to create rules for streamlined and consistent regulations regarding the definition for personal assistance services. Currently there are several definitions, depending on the HCBS waiver, which makes policies difficult to understand.
- House Bill 15-1233 created the Respite Care Task Force within the Department of Human Services to study the dynamics of supply and demand with regard to respite care services in Colorado. The Department expects that the direction of the Respite Task Force will provide implementation guidance to multiple state agencies consistent with the Community Living Advisory Group recommendations.
- House Bill 15-1318 requires the Department implement the consolidated waiver for individuals with intellectual and developmental disabilities effective July 2016, or as soon as CMS approves the waiver. The Department will continue its ongoing work with stakeholders towards implementation of this new waiver.
- The Department must comply with the final federal regulations regarding settings for home- and community-based services. In November 2014, the Department submitted its plan for coming into compliance, and must be in compliance by March 2019.

### **LTSS Workforce**

This activity addresses Goal 5 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Grow and Strengthen the Paid and Unpaid LTSS Workforce.

#### ***LTSS Workforce Accomplishments***

- The Department offered its staff training in Person-Centered Thinking through a joint effort with several Community Centered Boards. Staff from the Department of Public Health and Environment who work with HCBS providers also received this training.
- The Department is in the process of identifying best practices for training on person-centered approaches to case management agencies, and to develop a person-centered planning process that is compliant with the final federal HCBS rule.
- The Department worked with Regional Care Collaborative Organizations to train care coordinators on the LTSS system and person-centeredness, so they are equipped to serve the needs of LTSS consumers.
- The Department has created dedicated training positions for LTSS. These staff members develop training and technical assistance materials for case managers and providers.

- The Department is exploring options for one universal attendant list for CDASS clients. We have created a workgroup to explore best practices for background checks for CDASS attendants.
- The Department has published an updated list of In-Home Service and Support (IHSS) provider agencies on its website. The list indicates which counties each agency serves and gives the contact information for each agency. The list has been distributed to LTSS case managers.

### ***LTSS Workforce Work Planned***

- Ongoing training for both state staff and case managers on person-centered skills, processes and approaches.
- Develop a universal attendant list for CDASS and improve quality through appropriate background checks for attendants.

## **Regulations**

This activity addresses Goal 7 and Goal 9 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Harmonize and Simplify LTSS Regulations.

Regulations are also an important part of creating consistency and quality in the LTSS system. Legislation and administrative rules are necessary to allow for system transformation, protect LTSS consumers and safeguard the state's investment in LTSS.

### ***Regulations Accomplishments***

Much legislative work has already been done to address LTSS access and quality. In the most recent legislative session alone, the Colorado General Assembly passed:

- HB 15-1318, authorizing three actions: redesign of HCBS waivers for people living with intellectual and developmental disabilities, as a model for all of Colorado's HCBS waivers; addressing case management processes to come into compliance with federal requirements for conflict-free case management; and, provision of justification for use of a Supports Intensity Scale tool in support of level determination for individuals with intellectual and developmental disabilities.
- HB 15-1368, authorizing a cross-system crisis response pilot program for individuals with intellectual and developmental disabilities.
- SB 15-011, which authorized extending the Spinal Cord Injury waiver, a pilot program modeling alternative forms of health care for people living with a spinal cord injury.
- HB 15-1033, which established a Strategic Action Planning Group on Aging to study aging in Colorado and prepare a comprehensive strategic action plan on aging in Colorado through the year 2030. Its appointed members include consumers and other

older adults, advocates, and representatives of Area Agencies on Aging, community-based health care and LTSS providers. The Department has joined other state agencies in participating in the group, which began meeting in August 2015 and will have a completed strategic plan submitted by November 2016.

In addition to recent legislation, the Department has completed additional work including:

- In 2013, the Department completed a comprehensive review of rule sections at 10 CCR 2505-10, section 8.400 through 8.499, regarding long-term care. A key piece of this review included updating rules to be more person-centered and to include person-first language.
- The Department is working with the Department of Public Health and Environment to simplify and align rules regarding home care agency licensure for providers serving individuals with intellectual and developmental disabilities.

The Department's partners have also completed valuable work in the area of regulations, including:

- In July 2015, the Department of Human Services and the Colorado Commission on Aging collaborated on the *Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado* to respond to the growing older adult population in Colorado. The framework, published in July 2015, incorporates the findings of the 16 Area Agencies on Aging about the needs of older adults in their communities and captures what state agencies in Colorado are currently doing to respond to the increasing population of older adults. The purpose of the framework is to identify actions that state agencies, local governments and the private and nonprofit sectors can take to address the challenges and leverage the opportunities created by the growing number of older adults in Colorado. The Department supplied input to the Department of Human Services and the Colorado Commission on Aging for this framework.

### ***Regulations Work Planned***

- Beginning in 2016, the Department will review the rules governing programs for individuals with intellectual and developmental disabilities to ensure that they are updated, simplified, clear and person-centered.
- The Community Living Advisory Group will continue to meet quarterly, and the subcommittees will continue to meet every other month.

## **Housing and Transportation**

This activity addresses Goal 3 and Goal 4 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group: Promote Accessible, Affordable, Integrated Housing.

## ***Housing and Transportation Accomplishments***

- Through the Section 811 Supportive Housing for People with Disabilities program, the U.S. Department of Housing and Urban Development (HUD) provides funding to develop and subsidize rental housing with the availability of supportive services for very-low and extremely-low income adults with disabilities. This program allows persons with disabilities to live as independently as possible in the community by subsidizing rental housing opportunities which provide access to appropriate supportive services. In 2015, the U.S. Department of Housing and Urban Development (HUD) awarded Colorado \$7.6 million over five years to provide rental assistance through Section 811 vouchers for persons with disabilities who have extremely low incomes. These vouchers can be used to provide housing assistance to persons receiving home and community-based services. This award is significant because it underscores Colorado's commitment to *Colorado's Community Living Plan* (Colorado's response to the Olmstead decision.)
- The Colorado Department of Human Services (CDHS) has an interagency agreement with the Department of Local Affairs to provide housing vouchers to 35% of the 429 new clients receiving Assertive Community Treatment, and intensive approach to community-based mental health treatment. These individuals require rent subsidies to improve their stability, independence, long-term treatment and recovery. The CDHS FY 2013-14 Budget Request R-3B: "Strengthen Behavioral Health – Improved Community Capacity" indicated a start date for this program of January 1, 2014. However, the Department of Local Affairs began implementing housing vouchers several months earlier, in mid-October 2013 by adding one-time interagency funding from the Department to the General Fund, using Substance Abuse, Prevention and Treatment Block Grant federal funds with the intent of providing an opportunity to address any issues with the vouchers before other services were added.
- To address housing affordability and access to supportive housing for people with disabilities, the Department has partnered with the Governor's Office and the Division of Housing to create a cross-agency Housing Workgroup. This workgroup addresses the spectrum of population needs from people requiring care for acute health care needs to people with disabilities needing LTSS. With the Housing Workgroup, the Governor's Office developed and led an initiative to analyze supportive housing services currently available, including those currently covered by Medicaid. Through this process, the workgroup has also identified gaps in coverage for these services and is currently working to identify opportunities to maximize Medicaid resources. The workgroup has also provided billing guidance for supportive housing providers on how to bill for Medicaid services accurately and appropriately.
- The Governor remains committed to ensuring that every Colorado resident has a place to call home. The Department partnered with CSH, an organization dedicated to using housing as a platform to provide supports to improve the lives of the most vulnerable people, over a 10-month period to determine the degree to which Colorado Medicaid

includes housing-related supports. The resulting 2015 report, the *Colorado Medicaid Crosswalk*, provides Colorado a tool to help access additional resources for programs that are proven to help those, including Medicaid recipients, who are homeless or at risk to become homeless.

- The Housing and Healthcare Summit meeting was held in October 2015. This meeting was sponsored jointly by the Colorado Departments of Local Affairs and Health Care Policy and Financing, and hosted by the interdepartmental Housing Workgroup. It brought together health care providers and housing providers so they can work together to maximize existing resources for clients seeking housing and supportive services. The goals of this summit were to educate providers, begin to build local relationships and increase capacity for supportive housing.
- The Department has participated in training conferences during 2014 and 2015, held by the Colorado Association of Transit Agencies and aimed at transit professionals. The Department has helped design and deliver sessions providing professionals a better understanding of the needs of older adults and people with disabilities. These conferences are a gateway to opening collaboration between the Department, the Colorado Department of Transportation and other transit providers to begin cross-agency collaboration and improve transit for LTSS consumers.

### ***Housing and Transportation Work Planned***

- The Strategic Action Planning Group on Aging identified transportation issues facing older Coloradans, concerns that also affect individuals with disabilities. The Department will closely follow the work of this group and the transportation issues that arise.
- The Department will follow the work that the Department of Transportation is doing to meet the needs of older adults and those with disabilities. Many people with disabilities access public transportation, and the Department of Transportation has incorporated stakeholder feedback in its newly developed Statewide Transit Plan. Over 3,000 older adults and people with disabilities were surveyed to understand travel behavior and characteristics of older adults (65 years and older) and persons with disabilities (18 years and older), determine their transportation priorities, needs and preferences and identify gaps and barriers. These surveys identified numerous transit gaps and needs, for example when service is not available where people live or want to go, or when transit service is not available on the day or time that someone needs to ride. The Department of Transportation will implement the Statewide Transit Plan over the next several years, working in partnership with transit providers and human service agencies to improve mobility for all Coloradans.

## Employment

This activity is not addressed in *Colorado's Community Living Plan* but one of the recommendations of the Community Living Advisory Group: Promote Employment Opportunities for All.

Many people with disabilities are underemployed or unemployed, and would have a better experience living in the community if they were able to find employment commensurate with their skills and abilities. Governor Hickenlooper served as the Vice Chair of the National Governor's Association in 2012–13 when it addressed this issue with the initiative, "A Better Bottom Line: Employing People with Disabilities." The resulting report noted that the number of individuals with disabilities working in integrated settings has not improved over the last two decades and recommended that state agencies work together to help individuals with disabilities find work in the community.

### ***Employment Accomplishments***

- Using the National Governor Association's recommendations as a starting place, Department staff began building cross-agency relationships, especially with the Division of Vocational Rehabilitation, to improve employment outcomes. The agencies are focusing on fostering supported employment opportunities for adults with intellectual or developmental disabilities.
- The Department and the Division of Vocational Rehabilitation held 20 meetings with case management leaders at Community Centered Boards between November 2013 and January 2015 to raise awareness and open conversations about employment for individuals with disabilities.
- The Department and the Division of Vocational Rehabilitation held four Supported Employment Roundtables during the summer of 2014, in different Colorado communities to help employers, job coaches, and Medicaid case managers understand how to work together to connect individuals with disabilities to employers. They discussed how the Medicaid Supported Employment benefits could best be leveraged to support an individual's employment goals.
- The Department has been offering technical assistance to providers and case managers on best practices for the Medicaid Supported Employment benefit through the HCBS-DD and HCBS-SLS waivers. As a result, participation in the Supported Employment benefit has increased from 1,120 participating individuals in January 2011 to 1,804 in May 2015. Colorado has exceeded the national average for the percent of adults with intellectual and developmental disabilities receiving Day Habilitation (through the HCBS-DD and HCBS-SLS waivers) who are employed (2011: Colorado 21%, National Average 19%; 2012: Colorado 24%, National Average 18%; 2013: Colorado 27%, National Average 18%.)

- The Medicaid Buy-In program allows people with disabilities to work and earn up to 450% of the Federal Poverty Level and maintain their Medicaid services. The Buy-In was expanded to the Elderly, Blind and Disabled waiver and the Community Mental Health Supports waiver in 2012.
- In collaboration with counties and other stakeholders, the Department moved toward a more centralized Medicaid Buy-in application process by having most adult or child Medicaid Buy-in applications, and related case tracking, occur at a single Colorado Medical Assistance Program site. Also, the Department is changing the policy related to when initial premium payments are due so clients do not owe large retroactive payments.
- The Department and the Division of Vocational Rehabilitation are helping people with disabilities find and succeed in employment. From October 2014 to September 2015, the Division of Vocational Rehabilitation assisted nearly 1,700 Coloradans with disabilities to achieve successful employment outcomes (employed 90 days or longer). The Department, in its contracts with Behavioral Health Organizations, requires them to provide vocational rehabilitation services. These services are designed to help adult and adolescent clients who are ineligible for state vocational rehabilitation services to gain employment skills and employment. Services include skills development, educational services, vocational assessment, and job coaching.

### ***Employment Work Planned***

- Expand the Buy-in program to additional eligible adults and children living with disabilities, as authorized by Section 25.5-6-1401, et seq., C.R.S., subject to available appropriations. In order to implement under this estimated timeframe, the General Assembly would need to provide authorization.
- With the Division of Vocational Rehabilitation's move from the Department of Human Services to the Department of Labor and Employment, the Department will continue to build a relationship with the Department of Labor and Employment and work with them on Workforce Innovation and Opportunity Act implementation for employment for people with disabilities.

### **Monitoring and Evaluation**

This activity addresses Goal 8 of Colorado's Community Living Plan and one of the recommendations of the Community Living Advisory Group: Support Implementation. In addition, monitoring and evaluation information was requested as part of this legislative request for information.

Monitoring and evaluation is essential as the Department tests a number of new approaches to LTSS service delivery. The Department is using several different tools and approaches to

evaluation, one of which is a three-year Testing and Experience Functional Tools demonstration grant.

The Department applied for and received this grant in March 2015 to improve experience and quality of services for clients receiving LTSS. There are four components of this grant: (1) field-testing an Experience of Care survey that targets gathering information regarding a client's experience with their care; (2) testing new functional assessment standardized items specifically designed for clients in LTSS; (3) developing and field testing a personal health record that addresses the specific needs within LTSS; and (4) developing and field testing an electronic standard for the LTSS personal health record/care plan, as part of a nationwide effort. This electronic standard would become a national standard for the electronic exchange of LTSS health information.

The expected outcome for this grant is the creation of tools and standards that will support and track the quality of person-centered care for Medicaid LTSS consumers with the expectation that these tools will be scalable for use in other state agencies, with multiple populations. Currently there are no standards for electronic exchange of information within LTSS systems. Information regarding clients' care and services remain siloed, which affects both access to and quality of services. The goal is for service providers and consumers themselves to have ready access to a health record that contains both clinical and non-clinical information (such as how many units of a given service are left for use). Together with the Experience of Care survey, the electronic health record will make LTSS care and services more consistent and increase their quality.

### ***Monitoring and Evaluation Accomplishments***

- In 2013, the Division of Intellectual and Development Disabilities joined a collaborative of states to participate in the National Core Indicators project to measure consumer satisfaction with services for individuals with intellectual and developmental disabilities. The Department will use the data gathered in this process to measure system performance and implementation quality improvements to improve individual outcomes and experience.
- The Department is piloting an expansion of the National Core Indicators to other populations, in addition to those with intellectual and developmental disabilities, who are served in the LTSS system. This will help the Department to create a robust continuous quality improvement program as part of the quality strategy for the Office of Community Living.

### ***Monitoring and Evaluation Work Planned***

- The Department is planning to implement the Experience of Care survey (from the TEFT grant) to all LTSS consumers starting in July 2016 to monitor quality and improve services.

- The Department is creating standards for LTSS electronic health data and interoperability with other systems, to make it easier for providers and consumers to share this information.
- In the upcoming year, the Department's Office of Community Living and Quality and Health Improvement Unit will develop the Office of Community Living Quality Improvement Committee, to oversee quality throughout LTSS system transformation. The committee will identify and develop an integrated framework, outline a data strategy, and implement quality improvement initiatives related to case management, person-centeredness, choice, workforce, client experience and other quality issues. The first Core Team meeting was held on September 30, 2015. The Core Team will recruit members statewide and guide the development of the committee in the first year. The first, full Community Living Quality Improvement Committee meeting will take place in December 2015.
- The Department contracted with Spark Policy Institute to help develop the Office of Community Living Quality Improvement Committee. The Department has existing funding in the General Professional Services (GPS) line item for this purpose for FY 2015-16.

## **Conclusion**

System change is complex work. The Department, along with its partners, is testing, piloting, tracking, adjusting and refining changes to a complicated system that must be able to continue to serve those who depend on it while it is fundamentally transformed. Flexibility and responsiveness are as important as carefully planned action in this work, which requires a living and iterative project plan. The Department will submit updates on this work as it progresses.

In addition, the Department remains committed to having stakeholder engagement play a central part of this work. The Community Living Advisory Group (CLAG) utilized several stakeholder work groups over two years to develop draft recommendations for consideration by the CLAG. Known as the "CLAG Subcommittees," these groups completed their work successfully.

In the current implementation phase of LTSS redesign goals, the Department has stayed with the principle established by the Community Living Advisory Group of avoiding duplication of existing groups and structures. Thus, the Department is now utilizing many stakeholder groups, both ongoing and time-limited, across program and content areas such as waivers, quality, participant-direction, transportation, workforce, housing, employment, regulation review, person-centeredness and others. In addition, the Department will create other stakeholder groups when needed to guide its work on LTSS redesign.

The Department is committed to executing the vision for a better, more person-centered LTSS system. In the coming year, the Department will continue to make adjustments to Medicaid's

LTSS benefits and services while also working to transition the system itself into a more person-centered, efficient system that will enable both older adults and those with disabilities to remain a vibrant part of the communities to which they belong.

# Appendix A: Community Living Executive Order

## STATE OF COLORADO

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### OFFICE OF THE GOVERNOR

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John W. Hickenlooper  
Governor

### D 2012-027

### EXECUTIVE ORDER

#### Establishing The Office of Community Living

Pursuant to Article IV, Section 2 of the Colorado Constitution and the authority vested in the Office of the Governor, I, John W. Hickenlooper, Governor of the State of Colorado, hereby issue this Executive Order establishing the Office of Community Living in the Department of Health Care Policy and Financing.

#### I. Background and Purpose

The State has long been committed to helping all Coloradans, including people with disabilities and aging, live at home with the supports they need and participate in communities that value their contributions. In Colorado, we are fortunate to have providers and advocates working hard to connect people to the right services at the right time. However, there is a need for the State to better align services and supports so that people with long-term services and supports needs, and their families, do not have to navigate a complicated and fragmented system. This fragmentation prolongs the amount of time it takes for people to gain access to support, and prevents people from gaining access to the right services at the right time.

We need to prepare our long-term services and supports system for the coming 'wave of wisdom', when the nation's population age 65 and older is projected to double. By 2021, the number of older adults in Colorado is expected to increase by 54 percent.

The need for services is growing in other areas as well. Colorado needs to use its limited funds efficiently to better serve more people:

- As of March 2012, approximately 2,000 adults and 500 children with developmental disabilities were waiting to receive services through Medicaid waiver programs. Another 5,500 families are waiting to receive Family Support Services, which assist with the costs of caring for children with developmental disabilities.
- Waiting lists also exist for other home- and community-based waiver services. Approximately 425,000 people nationwide sustain moderate to severe traumatic brain injuries (TBIs) each year. Adults age 75 and over sustain the highest rates of hospitalization associated with TBI.
- Autism is the fastest growing developmental disability. The costs for lifelong care for a child with autism can be reduced by 66% with early diagnosis and intervention services.

Therefore, Colorado needs an effective system of services and supports to enable aging Coloradans and those with developmental, mental and physical disabilities to live in the community. This includes the full spectrum of supports from prevention and intervention services to skilled nursing care. It requires a strategic vision that will improve outcomes, recognize limited resources, break down silos, and promote self-direction and person-centered care.

All Coloradans - including people with disabilities and aging adults- should be able to live in the home of their choosing with the supports they need and participate in communities that value their contributions. To help meet these needs, we are creating an Office of Community Living within the Department of Health Care Policy and Financing with the goal of increasing access to community-based supports for long-term care services that will focus attention and resources on the unique needs of aging Coloradans and people with disabilities.

Establishing an Office of Community Living with active participation of the impacted consumers, families, advocates, providers, communities, and agencies is the most effective way to ensure that necessary coordination and administration is achieved.

## **II. Directives, Mission, and Scope**

### **A. The Office of Community Living**

In order to meet the growing needs of the people of Colorado, the Office of Community Living ("Office") will be established within the Colorado Department of Health Care Policy and Financing ("Department"). The Department shall establish a Director of the Office of Community Living who shall be a part of the Department's Executive Leadership Team and report to the Executive Director. The goal of the Office is to redesign all aspects of the long- term services and supports delivery system, including service models, payment structures and data systems to create efficient and person-centered community-based care. All State agencies and divisions engaged in activities concerning Community Living shall coordinate with the Office on their activities, including, but not limited to, the Division of Housing, the Department of Public Health and Environment, and the Department of Human Services. Moreover, State agencies and divisions shall provide information to the Office and shall involve the Office in strategic decisions regarding Community Living.

To ensure appropriate services are provided to clients, guiding principles of the Office shall be to:

- Provide services in a timely manner with respect and dignity;
- Strengthen consumer choice in service provision;
- Incorporate best practices in service delivery;
- Encourage integrated home- and community-based service delivery;
- Involve stakeholders in planning and processes; and
- Incorporate supportive housing.

In furtherance of these guiding principles, the Office shall:

1. Create an advisory group, the Community Living Advisory Group, that shall consider and recommend necessary changes to the system to ensure responsiveness, flexibility, accountability, and self-directed long-term services and supports for all eligible persons that are beneficial to the citizens of Colorado. In addition, the advisory group shall:
  - Be comprised of two members each of the House and Senate; members of impacted agencies and divisions; one member representing the Commission on Aging; two members representing the Area Agencies on Aging (AAAs); two members representing the Community Centered Boards (CCBs); two members representing providers of care to aging and people with disabilities; two members representing Colorado Counties Incorporated; one member representing Single Entry Point providers; one member representing a nursing home or home health agency; and 12 members representing consumers or consumer advocates with aging or disability community expertise.
  - Conduct open, public, and transparent meetings;
  - Coordinate and integrate with the existing work of the Long-term Care Advisory Committee, the Colorado Commission on Aging, and other planning groups to ensure a cohesive planning process for Colorado;
  - Recommend legislative changes for 2013 and 2014;
  - Sunset September 30, 2014, with final recommendations made to the Governor and Executive Directors of the State Departments of Health Care Policy and Financing, and Human Services.
2. Consider co-location of staff among impacted Departments as is financially and programmatically feasible; and
3. Provide oversight of Community Living efforts for the State of Colorado.

### **III. Resources**

The Office may enter into memoranda of understanding and other agreements with federal, state, and local agencies as necessary to accomplish the mission and purpose delegated to it by this Executive Order. Furthermore, the Office shall have the power to accept money, grants, and in-kind contributions from public and private agencies and entities. The Office shall have the power to hire consultants in compliance with Colorado law as deemed necessary and appropriate by the Director. To the fullest extent permitted by law, the Office shall be authorized to enter into contracts, receive and expend funds, purchase goods and services, and lease space.

**IV. Duration**

This Executive Order shall remain in effect until modified or rescinded by future Executive Order of the Governor.



GIVEN under my hand and the  
Executive Seal of the State of  
Colorado this fifth day of  
July, 2012.

A handwritten signature in blue ink, reading "John W. Hickenlooper".

John W. Hickenlooper

Governor

## Appendix B: Opportunities for Legislative Support and Funding to Assist LTSS Transformation

In this response, the Department has identified several opportunities for statutory changes and funding that would facilitate further implementation of the goals identified in the Community Living Advisory Group recommendations and *Colorado's Community Living Plan* (response to the Olmstead decision).

The list below summarizes these statutory and funding options:

1. **Continuous quality improvement in LTSS:** The Department is developing the Community Living Quality Improvement Committee to oversee quality throughout LTSS system transformation. The committee will identify and develop an integrated framework, outline a data strategy, and implement quality improvement initiatives related to case management, person-centeredness, choice, workforce, client experience and other quality issues. Formation of this committee is currently temporary. It may be useful to establish an ongoing funding source for this purpose.
2. **Improving access to LTSS:** Colorado received a three-year federal No Wrong Door grant from the Administration on Community Living, beginning September 2015, to create pilot projects to develop a system of comprehensive LTSS access points. If the pilots are successful, then making them permanent may require legislative and funding changes.
3. **Person-centered service redesign:** To further improve the consumer experience of LTSS, the General Assembly would need to provide authorization for Community First Choice implementation.
4. **Improving HCBS waivers and benefit structure:** Implementation of the Community First Choice option will require authorizing legislation.
5. **Conflict-free case management:** The Department is required to provide a plan to address conflict-free case management implementation to the legislature by July 1, 2016. Implementation of that plan will require authorizing legislation.
6. **Expansion of Medicaid Buy-in program:** In order to expand the buy-in, the General Assembly would need to provide authorization.

# **Appendix C: Summary of Community Living Advisory Group Recommendations**

## **Improve the Quality and Coordination of Care**

1. Develop a single, unified care and service plan that can be widely shared.
2. Coordinate transportation services and funds and align policies across systems.
3. Improve LTSS price, quality, and performance data and make those findings publicly accessible.

## **Establish a Comprehensive, Universal System of Access Points**

1. Create comprehensive access points for all LTSS.
2. Create and fund a system of LTSS that supports individuals of all ages with all types of insurance.
3. Strengthen collaboration between statewide agencies and local Area Agencies on Aging (AAAs).
4. Conduct a pilot study of presumptive eligibility for LTSS.
5. Develop training modules for individuals working in entry point agencies and financial eligibility agencies.
6. Create a toll-free hotline to help individuals and families learn about LTSS.

## **Simplify the State's System of HCBS Waivers**

1. Amend the Medicaid State Plan to include an essential array of personal assistance services.
2. Give participants in HCBS waivers the option to self-direct their services and to control an individual budget.
3. Tailor case management to individual needs and preferences.
4. Develop a new universal assessment tool to establish LTSS eligibility and facilitate a person-centered planning process.
5. Continue the plan detailed in the waiver simplification concept paper.
6. Provide a core array of services across all Medicaid HCBS waivers.
7. Address essential life domains in person-centered planning.

## **Grow and Strengthen the Paid and Unpaid LTSS Workforce**

1. Develop a core competence workforce training program for LTSS.
2. Design specialized trainings on critical workforce service areas.
3. Professionalize the paid LTSS workforce.

4. Provide respite for caregivers.

### **Harmonize and Simplify Regulatory Requirements**

1. Change regulations to fully support community living.
2. Require system-wide background checks.
3. Create a registry of workers who provide direct service to LTSS consumers.
4. Synchronize schedules for administering surveys across all LTSS programs.
5. Amend regulations to support person-centeredness.
6. Consolidate rules that impact I/DD services and other LTSS.

### **Promote Affordable, Accessible Housing**

1. Expand housing opportunities for people who have disabilities and/or are older.
2. Promote compliance with the Fair Housing Act and with Affirmatively Further Fair Housing.
3. Encourage PHAs to adopt references for individuals with disabilities.
4. Provide information about housing resources through a web-based portal.
5. Develop a common housing application.

### **Promote Employment Opportunities for All**

1. Pursue a policy of Employment First, regardless of disability.
2. Provide DVR with sufficient resources to ensure that individuals gain access to employment in a timely manner.
3. Disseminate best practices, professional training and development, and good employment outcomes.
4. Host a community employment summit.
5. Develop the "Colorado Hires" program.

## Appendix D: Colorado's Community Living Plan Goals (Olmstead Response) Aims and Goals

Colorado's Community Living Plan strives to achieve four overarching aims:

- Successfully help individuals who want to transition from institutional settings to community settings
- Ensure that individuals living in community settings can do so in a stable, dignified and productive manner
- Prevent initial entry or re-entry into institutional settings when this is unnecessary
- Ensure the achievement of outcomes and responsive plan modifications through transparent oversight and evaluation efforts

These larger aims are reflected in nine goals that are accompanied by measurable outcomes, strategies and action steps. The plan's goals are as follows:

**Goal 1:** Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach.

**Goal 2:** Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community.

**Goal 3:** Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community.

**Goal 4:** Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community-based services and supports.

**Goal 5:** Increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups.

**Goal 6:** Improve communication strategies among long-term services and support (LTSS) agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado.

**Goal 7:** Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.

**Goal 8:** Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes.

**Goal 9:** Ensure successful plan implementation and refinements over time through the creation of an Olmstead Plan Governance Structure and supportive workgroups.

## Appendix E: Timeline of Activities

Tasks	Calendar Year and Quarter																								
	2015				2016				2017				2018				2019				2020				
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
<b>Person-Centered Care Coordination</b>																									
Implement the Experience of Care survey																									
Create and pilot electronic LTSS personal health record and portal																									
Pilot program for cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities (HB-1368)																									
Provide a plan for conflict-free case management implementation																									
Person-centered service plan																									
Test the person-centered thinking vision statement																									
Align ACC and LTSS through contractual relationships between ACC Regional Accountable Entities and LTSS case managers																									
Update Medicaid Information Technology Architecture (MITA) framework																									
Restructure case management so people transitioning from Regional Centers to the community have the support they need																									
Consumer focus groups to test the Person-Centered Thinking vision statement																									
<b>Entry Point and Eligibility</b>																									
No Wrong Door Pilot sites RFP process																									
Create pilot site toolkit																									
Establish 3–5 community No Wrong Door pilot sites																									
Develop a toolkit and training for No Wrong Door processes																									
Complete evaluation of No Wrong Door operations during pilot																									
Determine financial model & action plan for implementation																									
Create an action plan to address No Wrong Door policy barriers																									

Tasks	Calendar Year and Quarter																							
	2015				2016				2017				2018				2019				2020			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Establish a No Wrong Door learning community																								
Create a toll-free phone number, a call center, and a website																								
Pilot the new functional LTSS assessment tool and process																								
Streamline financial eligibility determination for LTSS programs per best practices identified through No Wrong Door 3-year pilots																								
<b>Waiver Simplification and Benefit Structure</b>																								
Provide updated fiscal analysis and project plan for implementing the Community First Choice option																								
Implement the Community First Choice option (State Plan, waiver and state rule changes; assumes authorizing legislation in 2017)																								
Provide a plan for consolidating the IDD waivers																								
Comply with federal final rule regarding HCBS settings																								
<b>LTSS Workforce</b>																								
Ongoing training for both state staff and case managers on person-centered skills, processes and approaches																								
<b>Regulations</b>																								
Review the state rules governing programs for individuals with intellectual and developmental disabilities																								
<b>Housing and Transportation</b>																								
Restructure both non-emergent medical transportation and non-medical transportation Medicaid benefits																								
<b>Employment</b>																								
Expand the Medicaid Buy-In program																								
<b>Monitoring and Evaluation</b>																								
Form, select and train the Community Living Quality Improvement Committee																								
Community Living Quality Improvement Committee work																								

	Calendar Year and Quarter																							
	2015				2016				2017				2018				2019				2020			
Tasks	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
National Core Indicators for Individuals with Developmental Disabilities (NCI-ID) project expansion																								