



COLORADO
Department of Health Care
Policy & Financing

November 1, 2016

The Honorable Millie Hamner, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Representative Hamner:

Enclosed please find the Department of Health Care Policy and Financing's (the Department's) response to the Joint Budget Committee's Request for Information #6 regarding the Office of Community Living.

Legislative Request for Information #6 states:

*The Department is requested to provide by November 1, 2016, a written report detailing the continued implementation of 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: an update on the 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. Additionally, the report shall include a description of any FY 2017-18 budget requests that align with the plan.*

Over the past year, the Department created a comprehensive, multi-year plan called the Community Living Implementation Plan (CLIP). The CLIP encompasses efforts led by the Department, along with state and local partners, to transform the delivery of long-term services and supports (LTSS) in Colorado. This document includes a written summary, visual depiction, matrix summary and detailed version of the CLIP and provides a new way for stakeholders, including the Colorado General Assembly, to see the big picture of LTSS system transformation and track how each recommendation and goal set forth by Colorado stakeholders is being implemented.

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



Sincerely,



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

SEB/txs

Enclosure(s): Health Care Policy and Financing FY 2016-17 RFI #6

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Representative Dave Young, Joint Budget Committee
Senator Kevin Grantham, Joint Budget Committee
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FY 2016-17 RFI #6: Office of Community Living

November 1, 2016

Executive Summary

This report is in response to Health Care Policy & Financing FY 2016-17 RFI #6, which requires the Department of Health Care Policy & 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 Request for Information states:

*The Department is requested to provide by November 1, 2016, a written report detailing the continued implementation of 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: an update on the 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. Additionally, the report shall include a description of any FY 2017-18 budget requests that align with the plan.*

This report is an update to a similar request from FY 2015-16 and provides a more detailed look at the major projects the Department is working on to implement system redesign recommendations. 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.

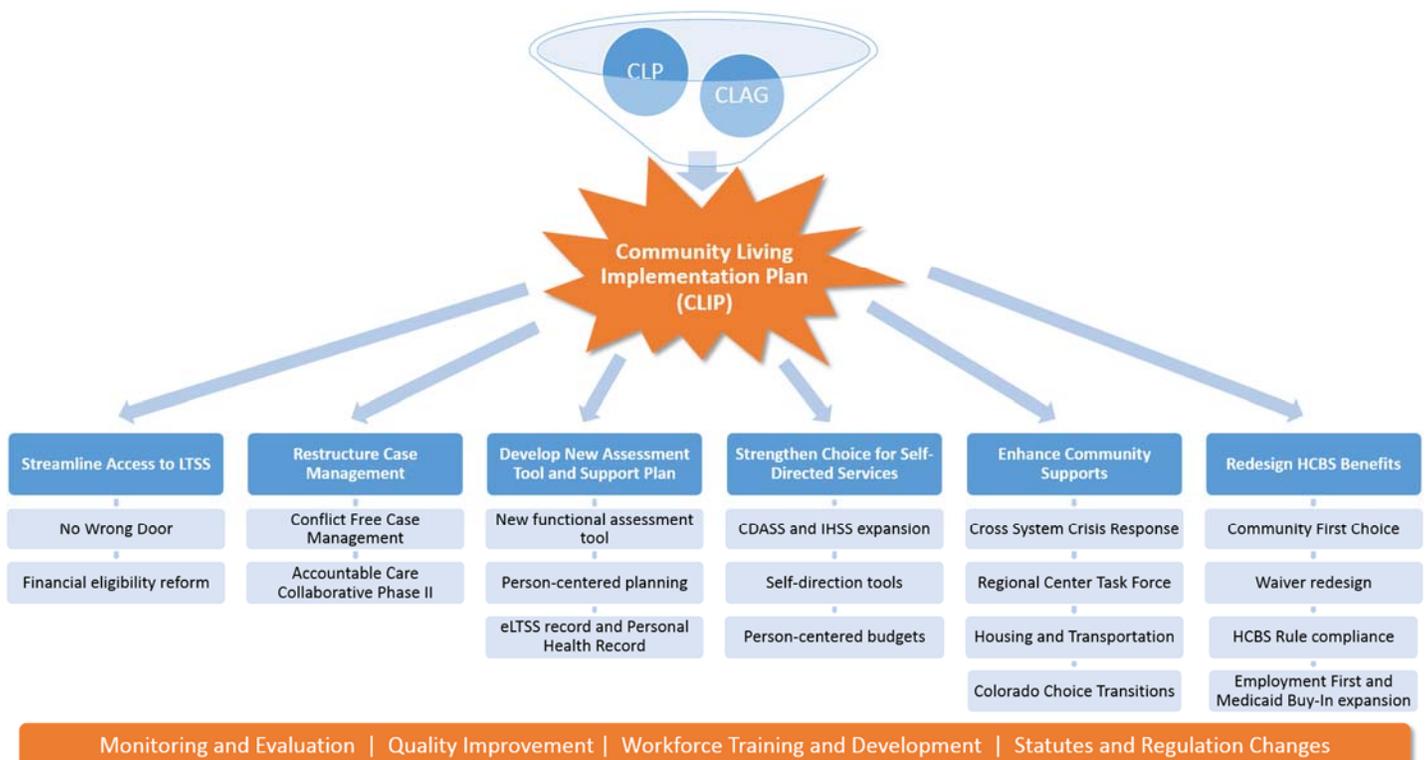
Community living for older adults and people with disabilities is one of the Department's leading priorities. As a leader in this work, the Department is committed to providing forums for defining and solving problems collaboratively with other state agencies and stakeholders.

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. In addition, the Department will create other stakeholder groups when needed to guide its work on LTSS redesign.

Community Living Implementation Plan

Over the past year, the Department created a comprehensive, multi-year plan to achieve the goals set forth by the Community Living Advisory Group (CLAG) and *Colorado's Community Living Plan (CLP)*, considered foundational documents for long-term services and supports (LTSS) system redesign. The final federal rule setting forth requirements for Home- and Community-Based Services (HCBS) aligns with and supports the goals set by Colorado's own foundational documents.

The multi-year plan, called the Community Living Implementation Plan (CLIP), encompasses efforts led by the Department, along with other state and local partners, to transform the delivery of LTSS in Colorado. Increasing person-centeredness and client choice are not only the main guiding principles leading the CLIP, but the reason for initiating system transformation. The six areas of work of the CLIP align with how clients interact with the LTSS system, and each utilizes four key strategies for success.



Streamline Access to Long-Term Services and Supports

- In September 2015, the Department received a three-year implementation grant to develop a statewide No Wrong Door (NWD) system. NWD's goal is to streamline access LTSS for all individuals in need, regardless of age, disability or payer source. Three to five regional pilot sites will test and refine various tools and approaches to carrying out the functions of an NWD system. Contracts for the pilot sites are expected to be in place by spring 2017. The pilot sites will be evaluated quarterly and learnings will be incorporated into a statewide rollout plan.
- Updates went live to PEAKPro in September 2016 to allow county eligibility technicians and LTSS case managers to more easily share information regarding financial eligibility and functional eligibility status for LTSS clients. Users will be trained on the new system throughout the fall of 2016. The ability to share information should expedite the eligibility determination process for LTSS clients.

Restructure Case Management and Care Coordination

- The Department submitted a plan to the Colorado General Assembly for Conflict-Free Case Management (CFCM) on July 1, 2016. Separation of case management from direct service provision is a requirement of the final federal HCBS rule. CFCM will not only remove conflicts of interest in the case management system, but allow clients to choose their own case management agency. Increasing choice throughout the system is a fundamental aspect of person-centered services and supports.
- The Accountable Care Collaborative (ACC) is the core delivery system for Colorado Medicaid. Currently the program is administered by seven Regional Collaborative Care Organizations (RCCOs). The contracts for the RCCOs are scheduled to be re-procured for FY 2018-19 and the Department is taking this opportunity to evolve the program.

Develop a New Assessment Tool and Support Plan

- The Department was awarded a Testing Experience and Functional Tools (TEFT) planning grant from the Centers for Medicare and Medicaid Services (CMS) in May 2015, along with eight other states. TEFT tests and develops tools that give LTSS clients better access to their records and supports a seamless assessment and support planning process.
- Field testing functional assessment items from the new assessment tool to establish reliability is currently underway. These functional assessment items will be used in the future to determine functional eligibility for Medicaid LTSS. Field testing for 11 other modules, including modules on employment preferences and a personal story, as well as new eligibility thresholds based of the new assessment will occur in 2017. When the assessment tool is finalized, the Department will use the data elements from the assessment to inform the person-centered support planning process.

Strengthen Choice for Self-Directed Services

- The Department submitted a Consumer-Directed Attendant Support Services (CDASS) amendment for the Supported Living Services (HCBS-SLS) waiver for approval to CMS in August 2015. This amendment will allow clients in the HCBS-SLS waiver to direct their own services and supports. The CDASS service in the HCBS-SLS waiver is expected to go live February 1, 2017.
- The Department worked with partners to develop a directory for CDASS attendants. This new tool streamlines the process for CDASS participants for finding, hiring and registering attendants. The directory went live in September 2016.
- Recent changes to the In-Home Supports and Services (IHSS) program to increase flexibility and choice in the self-directed program include: Spouses can now receive reimbursement for providing IHSS, relatives employed by an IHSS agency may provide up to 40 hours of personal care in a seven-day period, and IHSS can be provided in the community, in addition to a client's home.

Enhance Community Supports

- People with intellectual and developmental disabilities often experience gaps in service between their long-term services and supports and behavioral and mental health care. The Department is conducting a cross-system crises response pilot program, authorized through HB 15-1368, to better understand these gaps and test ways to respond to behavioral and mental health crises for these individuals. Learnings from the pilot will inform efforts to better integrate behavioral and mental health support into the LTSS system.
- The Colorado Choice Transitions (CCT) Program successfully transitioned 203 individuals from long-term care facilities to community living between April 2013 and September 2016, with a record high of 14 in the month of September 2016.
- The Corporation for Supportive Housing (CSH), with support from the Department and the Governor's interagency Housing Workgroup, conducted a Medicaid Academy in July 2016, providing training, technical assistance, and billing guidance to about 50 individuals from 10 supportive housing provider organizations on how to bill for Medicaid services accurately and appropriately.
- The Department collaborated with the Division of Housing (DOH) and stakeholders to change the LTSS Home Modification benefit rule to include person-centeredness and incorporate DOH Fair Housing Act requirements, among other things. The rule change was effective August 1, 2016.
- The Department re-submitted Colorado's statewide transition plan for complying with the HCBS settings requirements of the final federal rule in June 2016 and is awaiting approval from CMS. All HCBS settings must be compliant with the rule by March 2019.

Redesign Home- and Community-Based Service Benefits

- The Department hired a Community First Choice (CFC) Administrator in April 2016 to work with clients and stakeholders to define and assess how Colorado could implement the CFC option, which would add HCBS attendant services and other HCBS services to the Medicaid State Plan. The Department is in the process of reviewing the most recent CFC cost model, policy analysis, and findings from other states to decide how to move forward.
- The Department continues to develop the recommendation set forth by the Waiver Redesign Workgroup in 2015 to implement a single HCBS waiver to support adults with intellectual and developmental disabilities in settings of their choosing. The Waiver Redesign Workgroup transitioned to an Implementation Council in April 2016. The Council will provide ongoing feedback as the Department continues to evaluate and plan for the implementation of the new waiver. The Department expects to submit the new waiver to CMS by July 2017, and implement the waiver the following summer in 2018.
- SB 16-077 seeks to increase employment for individuals with disabilities through several strategies, including an Employment First Advisory Council and reporting requirements for employment and wage data. The Department is working with the Department of Labor & Employment, Division of Vocational Rehabilitation (DVR) on implementing these requirements.
- The Medicaid Buy-In program was expanded to the Elderly, Blind and Disabled waiver and the Community Mental Health Supports waiver in 2012. HB 16-1321 directs the Department to implement a Medicaid Buy-In program in three additional HCBS waivers, including Supported Living Services (HCBS-SLS), Persons with Brain Injury (HCBS-BI), and Spinal Cord Injury (HCBS-SCI). The Department will be submitting public notices and the CMS waiver amendments over the next few months.

Strategies for Success

The CLIP employs several strategies to ensure success as LTSS system redesign moves forward, including monitoring and evaluation, quality improvement, workforce development and training, and statute and regulation changes.

Monitoring and Evaluation

- The Department is targeting a roll out of the new Medicaid Management Information System (MMIS) on March 1, 2017 called the Colorado Medicaid Management Innovation and Transformation Project (COMMIT). COMMIT will include the implementation of a new claims processing system, a pharmacy benefit management system, and a business intelligence data management system.
- The tools developed through the Testing Experience and Functional Tools (TEFT) grant will create standards for the electronic exchange of LTSS information and provide the Department with a clearer picture of how clients use LTSS and where there are gaps.

Quality Improvement

- The OCL developed the Community Living Quality Improvement Committee (CLQIC) in FY 2015-16. With person centeredness as a foundation, the CLQIC will study national quality trends, current and potential data sets and other appropriate input. This will help to understand current systems, support continuous improvement, and imagine desired future systems for the benefit of consumers across all populations.
- In 2013, Colorado joined a collaborative of states participating in the National Core Indicators (NCI) project to measure client satisfaction with services and quality of life for individuals with intellectual and developmental disabilities. The survey (NCI-IDD) was implemented and has been an ongoing project since 2013. In 2015, the Department expanded the NCI work to include older adults and adults with physical disabilities receiving either Medicaid services or Older Americans Act services (administered by the Colorado Department of Human Services). NCI-AD grew out of concern about the limited information currently available to help states assess the quality of LTSS services for seniors, adults with physical disabilities, and their caregivers.

Workforce Development and Training

- Developing a workforce skilled in Person-Centered Thinking helps reshape how LTSS are provided. Between February and June 2016, the Department provided training sessions to over 2,100 families, case managers, and service providers across the state. But more work needs to be done to create consistent, system-wide trainings on Person-Centered Thinking.
- Further, the Department is in the process of identifying best practices for training on person-centered approaches to case management agencies, which will support the development of a person-centered planning process that is compliant with the final federal HCBS rule.

Statute and Regulation Changes

- The Department is working with the Colorado Department of Public Health and Environment (CDPHE) through a lean process to create alignment on regulations regarding provider qualifications, certification, and licensing for services as a part of the waiver redesign process. The two departments began this work in July 2016.
- The Background Check Task Group was developed in January 2016 and charged with identifying and developing solutions to address gaps in Colorado statutes, rules, policies, and procedures that would allow people with a previous civil or criminal finding of abuse or neglect of an adult in need of protection to be employed in a position where they would have the opportunity to conduct such acts again. The Task Group submitted a summary of findings and recommendations in August 2016. The Department is working with the Task Force to explore a federal matching program to implement system wide background checks.

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. The Department's CLIP provides a framework to communicate about the work to implement system transformation and demonstrates the Department's commitment to executing the vision for a better, more person-centered LTSS system.

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Introduction

This report is written in response to Health Care Policy & Financing FY 2016-17 RFI #6, which requires the Department of Health Care Policy & Financing (the Department) to provide a written report detailing how the Department will implement the recommendations made by the Community Living Advisory Group (CLAG), *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 CLAG, 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.

About Long-Term Services and Supports in Colorado

There is a growing interest in a person-centered, community-based system of long-term services and supports (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 (CLAG) and the Office of Community Living (OCL) 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 client 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 CLAG 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 (42 CFR Parts 430, 431, 435, 436, 440, 441, and 447)

The Centers for Medicare and Medicaid Services (CMS) finalized rule changes that include a number of requirements and opportunities for HCBS to promote person-centered services and case management. The main components of the rule changes include:

- Implementing Conflict-Free Case Management (CFCM).
- Ensuring HCBS settings comply with the new rules.
- Developing and implementing a Person-Centered Planning process for HCBS waiver participants.

The final rule also 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. 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.

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 submitted a revised statewide transition plan in June 2016 and is awaiting approval. 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 (DHS) and Department of Local Affairs (DOLA), 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 CLAG with his 2012 Executive Order. The group was a collaboration between clients, families, advocates for people living with disabilities and older adults, legislators, providers and staff from the Department, DHS, DOLA, CDPHE, Department of Regulatory Agencies (DORA), and the Department of Transportation (CDOT).

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.

How This Report is Organized

Over the past year, the Department created a comprehensive, multi-year plan to achieve the goals set forth by the Community Living Advisory Group (CLAG) and *Colorado's Community Living Plan (CLP)*, considered foundational documents for long-term services and supports (LTSS) system transformation. The final federal rule setting forth requirements for Home- and Community-Based Services (HCBS) aligns with and supports the goals set by Colorado's own foundational documents.

The multi-year plan, called the Community Living Implementation Plan (CLIP), encompasses efforts led by the Office of Community Living (OCL), along with state and local partners, to transform the delivery of LTSS in Colorado. Increasing person-centeredness and client choice are not only the main guiding principles leading the CLIP, but the reason for initiating system transformation.

This document includes a detailed version of the CLIP and provides a new way for stakeholders, including the Colorado General Assembly, to see the big picture of LTSS system transformation and track how each recommendation and goal set forth by Colorado stakeholders is being implemented. The CLIP replaces other methods of reporting on implementation and serves as a way to increase transparency about system changes. The CLIP is a living document, refined regularly, to reflect the dynamic environment of transforming LTSS. It reflects a rolling wave approach to planning, meaning intermediate and long-term decisions and actions are dependent on short term achievements. It also serves as a tool to engage other state and local partners and outlay a path for creating change together.

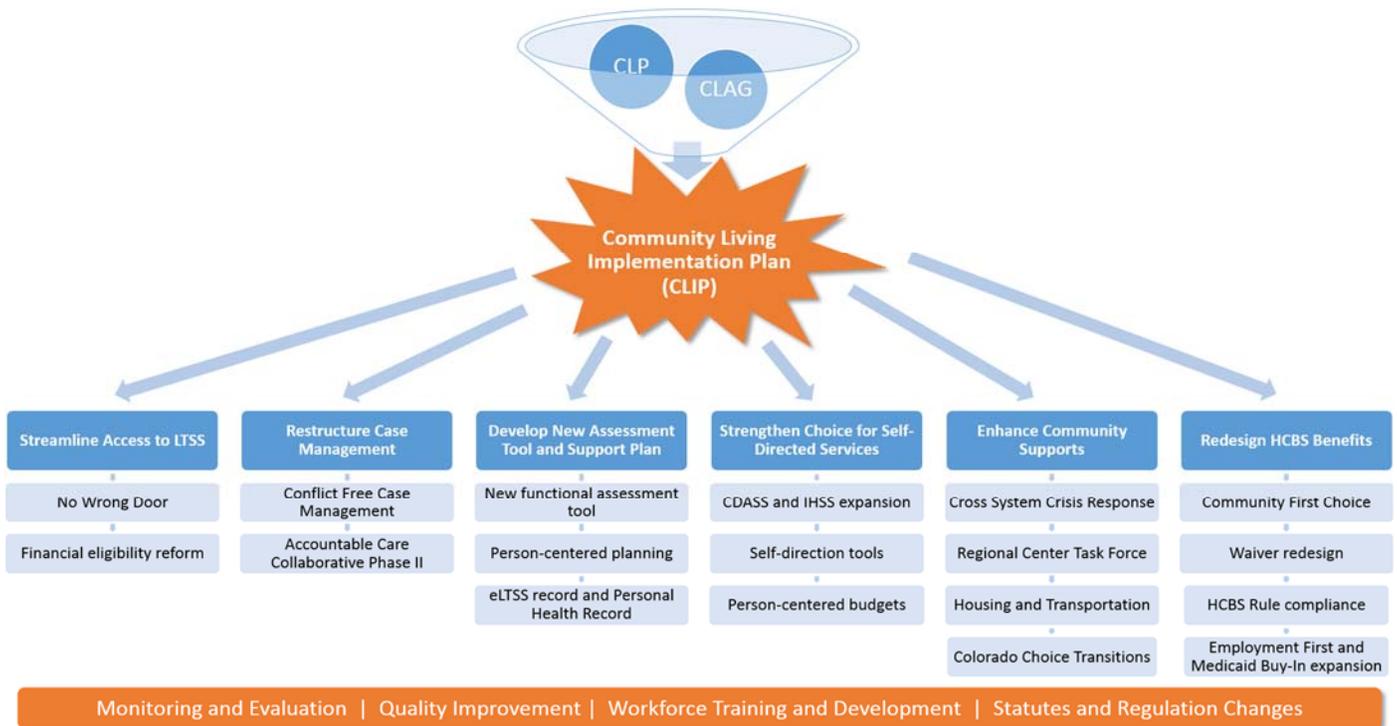
The CLIP aligns with how clients interact with the LTSS system, with six areas of work including:

- Streamline Access to LTSS
- Restructure Case Management and Care Coordination
- Develop a New Assessment Tool and Support Plan
- Strengthen Choice for Self-Directed Services
- Enhance Community Supports
- Redesign HCBS Benefits

A current status is assigned to each project or work item identified in the CLIP to more easily identify progress toward system transformation. The CLIP also recognizes that there are four strategies for achieving successful system transformation, including:

- Monitoring and Evaluation
- Quality Improvement
- Workforce Development and Training
- Statute and Regulation Changes

The graphic below visually represents how the CLIP was created using Community Living Advisory Group (CLAG) and *Colorado's Community Living Plan (CLP)* goals and recommendations, and includes a summary of the six areas of work included in the CLIP. The bottom orange box represents the foundational strategies for success. A matrix of all CLIP work follows.



Community Living Implementation Plan Status Matrix

The matrix below offers a snapshot view of the work the Department, along with other state and local partners, is doing to implement community living recommendations and requirements. The tasks relate to the six areas of work and four strategies for success identified in the CLIP. The status shows where the Department and its partners are in implementing the task (see definitions of each status below matrix). The timeline identifies the next step in the process to fully-implement the corresponding task, and in some cases a few steps. The matrix also identifies any budgets requests related to each task, recommendations from the Community Living Advisory Group (CLAG), the *Community Living Implementation Plan (CLP)*, and requirements from the final federal Home- and Community-Based Services (HCBS) rule. The recommendation numbers can be referenced in the corresponding appendices in this document.

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
Streamline Access to LTSS						
Establish three to five community No Wrong Door pilot sites.	Vetting	Pilot contracts in place by spring 2017.	No – Pilots are grant-funded through 2018. Funding requirements for statewide rollout will be analyzed.	Recommendation 4	Goal 1, 2 and 6	Person-Centered Planning
Evaluate No Wrong Door pilots on an ongoing basis to develop a statewide plan to implement No Wrong Door.	Development	Ongoing until grant ends in 2018.	No – Grant-funded through 2018. Funding requirements for statewide rollout will be analyzed.	Recommendation 6	Goal 1, 2 and 6	N/A
Create a toll-free phone number, a call center, and a website for people trying to access LTSS in Colorado.	Not Started	Timeline dependent on NWD development.	No – Funding will eventually be needed to build infrastructure.	Recommendations 4 and 9	Goal 1, 2 and 6	Person-Centered Planning
Streamline financial eligibility determination.	Implementation	Training case managers on PeakPro in Fall	No – Utilizing existing resources. Additional funds	Recommendation 7	Goals 2 and 6	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
		2016. (PeakPro is only the first step in this area of work)	may be needed to continue to streamline the process.			
Restructure Case Management						
Restructure LTSS case management to be conflict-free and provide choice of case management agencies for clients. (HB 15-1318)	Planning	Implementation plan submitted July 1, 2016 for legislative approval. Implementation will occur over next 3-5 years.	No – Funding may be needed to implement aspects of CFCM and will be analyzed in the planning phase. Requires statutory changes.	Recommendation 12	Goals 2 and 4	Person-Centered Planning
Integrate LTSS case management and Preadmission Screening and Resident Review (PASRR) into the Accountable Care Collaborative (ACC) Phase II.	Vetting	ACC Phase II implemented by July 2018.	Yes – “R-6: Delivery System and Payment Reform” would fund several aspects of the ACC procurement.	Recommendation 12	Goals 1, 2, 4, and 6	Person-Centered Planning
Enhance the transition planning process to include additional person-centered elements and improve outcome tracking. (RCTF R4)	Development	Dependent on budget request to implement RCTF recommendations.	Yes – “R-10: Regional Center Task Force Recommendations Implementation” would provide to oversee and implement RCTF recommendations.	Recommendation 12	Goals 1, 2, and 4	Person-Centered Planning
Develop New Assessment Tool and Support Plan						
Implement a new person-centered assessment tool	Vetting	Establishing reliability for select	No – Grant-funded to develop and test	Recommendation 13	Goal 2	Person-Centered Planning

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
for establishing functional eligibility for LTSS.		functional assessment items in Oct-Dec 2016; eligibility thresholds in 2017; and, testing 11 other modules in 2017.	new assessment. Funding will be needed for statewide rollout.			
Develop a person-centered service plan.	Development	Started training case managers on person-centered thinking. Developing service plan alongside the finalization of the assessment tool.	No – Funded through prior year budget action. Funding will be needed to plan for and implement statewide rollout.	Recommendations 1 and 16	Goals 2 and 4	Person-Centered Planning
Create an electronic LTSS personal health record and portal.	Development	Piloting in 2017.	No – Grant-funded to develop and test new assessment tool. Funding will be needed for statewide rollout.	Recommendation 1	Goals 6 and 7	Person-Centered Planning
Strengthen Choice for Self-Directed Services						
Expand access to CDASS and IHSS in more waivers.	Vetting	CDASS into SLS waiver February 2017.	Yes – “R-7: Oversight of State Resources” requests funding to analyze the benefits, outcomes, and costs associated with Consumer Directed Services like CDASS and IHSS.	Recommendation 11	N/A	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
Enhance and expand tools for self-directed supports and services, including training on self-direction tools for clients and case managers.	Development	Ongoing	No – Utilizing existing resources.	Recommendation 11	N/A	N/A
Develop peer-to-peer mentoring programs.	Development	Ongoing	No – Utilizing existing resources.	Recommendation 11	N/A	N/A
Create a registry of all CDASS attendants.	Implementation	Registry went live September 2016.	No – Utilizing existing resources.	Recommendation 11 and 23	N/A	N/A
Develop person-centered budgets to allow participants to manage an individual budget for services.	Not Started	Dependent on finalization of assessment tool and the Community First Choice timeline.	No – Analyzing options through prior year budget action. Funding will be needed to implement.	Recommendation 11	N/A	N/A
Enhance Community Supports						
Create a pilot program for cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities. (HB 15-1368)	Implementation	Pilot went live August 2016. Actuarial findings will be submitted July 2017.	No – Pilot funded through HB 15-1368. Funding requirements for statewide rollout will be analyzed.	N/A	Goal 4	N/A
Assess to behavioral and mental health services for individuals with intellectual and developmental disabilities. (RCTF R2)	Development	Dependent findings from Pilot actuarial study.	No - Funding requirements for statewide rollout will be analyzed.	N/A	Goal 4	N/A
Develop a plan to sustain the Colorado Choice Transitions program services.	Development	Grant ends December 2018.	No – Funding requirements for sustaining CCT	N/A	Goal 1, 2, 3, and 4	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
			services are being analyzed.			
Actively participate in a cross-agency Housing Workgroup.	Implementation	Ongoing	No – Utilizing existing resources.	Recommendations 27, 28, 29, 30, and 31	Goal 3, 6, and 7	N/A
Restructure both non-emergent medical transportation and non-medical transportation Medicaid benefits. (HB 16-1097)	Implementation	Permits issued in early 2017.	No – Funded through prior year budget action.	Recommendation 2	Goal 4	N/A
Comply with federal final rule regarding HCBS settings.	Vetting	Statewide transition plan submitted to CMS in June 2016, waiting for approval.	No – Funded through prior year budget action.	Recommendation 4	Goal 4	HCBS Settings Requirements
Participate in the Strategic Action Planning Group on Aging. (HB 15-1033)	Implementation	Report will be released November 2016	No – Utilizing existing resources.	Recommendations 5 and 6	N/A	N/A
Redesign HCBS Benefits						
Implement the Community First Choice option.	Development	Dependent on vetting cost estimates. Requires statutory change	No – Analyzing options through prior year budget action. Funding will be needed to implement.	Recommendation 10	Goals 2 and 4	N/A
Redesign HCBS waivers. (HB 15-1318)	Development	Submit new IDD waiver to CMS for approval by July 2017.	No – Funding requirements are dependent on final design and will be analyzed.	Recommendation 14 and 15	Goal 4	Waiver Consolidation

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
Rate increase for in-home respite providers.	Planning	Respite services undergoing rate review in FY 2016-17.	No – Utilizing existing resources.	Recommendation 20	Goal 4	N/A
Develop an Employment First policy that increases competitive integrated employment for persons with disabilities. (SB 16-077)	Planning	CDLE is the lead and is still in planning process.	No – Utilizing existing resources.	Recommendations 32, 33, and 34	N/A	N/A
Expand the Medicaid Buy-In program. (HB 16-1321)	Implementation	Plan to submit waiver amendments to CMS in early 2017.	No – Funded through prior year budget action.	Recommendation 32	N/A	N/A
Monitoring and Evaluation						
Roll out new Medicaid Information Management System (MMIS, BIDM, PBMS), called interChange.	Implementation	Targeted roll out date of March 1, 2017.	Yes – “R-8: MMIS Operations Adjustment” would adjust funding for implementation of the new systems.	Recommendation 3	Goal 6 and 8	N/A
Create standards for LTSS electronic health data and interoperability with other systems, to make it easier for providers and clients to share this information.	Development	Completed by July 2018.	No – Grant-funded to develop and test. Funding will be needed for statewide rollout.	Recommendation 3	Goal 6, 7 and 8	N/A
Establish and on-going monitoring, assessment and reporting structure to ensure that Regional Center Task Force recommendations are	Development	RCTF Operations Team began meeting Oct 2016.	Yes – “R-10: Regional Center Task Force Recommendation Implementation” would provide for	N/A	Goal 7 and 9	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
implemented and evaluated for impact. (RCTF R10)			oversight and implementation of RCTF recommendations.			
Quality Improvement						
Utilize the Community Living Quality Improvement Committee to identify and support changes to improve quality of care and quality of life.	Implementation	Ongoing	No – Funded through prior year budget action.	Recommendation 3	Goal 8	N/A
Continue to conduct the annual National Core Indicators for Individuals with Developmental Disabilities (NCI-ID) survey and the NCI Aging and Disabilities (NCI-AD) survey.	Implementation	Data for FY 2016-17 will be available summer 2017.	Yes – “R-13: Quality of Care and Performance Improvement Projects” requests funding to continue and expand NCI data collection.	Recommendation 3	Goal 8	N/A
Contract with a Quality Improvement Organization (QIO) to perform long-term care utilization management.	Planning	Still in planning phase. Dependent on approval of funding.	Yes – “R-9: Long-Term Care Utilization Management” will allow the Department to contract with a QIO.	Recommendation 3	Goal 8	N/A
Workforce Training and Development						
Test the Person-Centered Thinking vision statement with client focus groups.	Development	Early 2017.	No – Funded through prior year budget action.	Recommendation 25	N/A	Person-Centered Planning
Create dedicated training positions for LTSS at the	Implementation	Hired in 2015.	No – Utilizing existing resources.	Recommendations 17 and 18	Goal 5	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
Department to develop training and technical assistance materials for case managers and providers.						
Develop and implement ongoing training for both state staff and case managers on person-centered skills, processes and approaches.	Implementation	Trained over 2,100 people in 2016. Planning and support still needed for consistent, system-wide, person-centered trainings.	No – Funded through prior year budget action. Funding requirements for system-wide trainings will be analyzed.	Recommendations 8, 18 and 19	Goal 5	N/A
Develop guidelines, trainings and clinical tools for medical, behavioral and mental health providers to deliver effective services to the I/DD community population regardless of the complexity of their needs. (RCTF R3)	Planning	Still in planning phase.	Yes – “R-10: Regional Center Task Force Recommendation Implementation” would provide for oversight and implementation of RCTF recommendations.	N/A	Goal 5	N/A
Statutes, Rules and Regulations						
Review, simplify and align the state rules governing LTSS programs.	Planning	Still in planning phase.	No – Utilizing existing resources.	Recommendations 21, 25, and 26	Goal 7	N/A
Create rules for streamlined and consistent regulations regarding the definition of person-centered.	Planning	Still in planning phase.	No – Utilizing existing resources.	Recommendations 10, 21, and 25	N/A	N/A

Task	Status	Timeline	FY 2017-18 Budget Request	CLAG	CLP	HCBS Rule
Continue exploring system-wide background checks.	Development	Recommendation submitted August 2016.	No – Funded through prior year budget action.	Recommendation 22	N/A	N/A

Status Definitions:

Not Started – Discussed as potential work project, but no work completed.

Planning – Beginning to put things to paper, like a project plan identifying what work needs to be completed.

Development – Hiring or assigning staff and contractors, conducting research, working with stakeholders.

Vetting – Obtaining stakeholder feedback, getting federal or legislative approval.

Implementation – Received funding and moving forward with implementing project, including training.

Community Living Implementation Plan (CLIP)

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

Streamline Access to Long-Term Services and Supports

This activity addresses Goal 1, 2, and 6 of *Colorado's Community Living Plan* and multiple recommendations of the Community Living Advisory Group (CLAG) within the "Establish a comprehensive, universal system of access points" section. It also addresses the need to separate assessment and care planning from service delivery, as required by the final federal Home- and Community-Based Services (HCBS) rule.

Colorado currently lacks a coordinated, standardized system to provide information about and connect people to long-term services and supports (LTSS). Information, assistance, and referral networks are often disconnected from intake and screening for LTSS, leaving clients to navigate entry into the system on their own. Several entry point organizations serve only Medicaid-eligible clients 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 client's type of disability: a Community Centered Board (CCB) determines functional eligibility for people with intellectual or developmental disabilities while a Single Entry Point (SEP) determines eligibility for clients with other types of disabilities. This bifurcated eligibility process contributes to the difficulty in accessing LTSS.

No Wrong Door (NWD)

The Department, along with the Department of Human Services (DHS), State Unit on Aging (SUA) and Office of Behavioral Health (OBH), and Department of Labor and Employment (DLE), Division of Vocational Rehabilitation (DVR), is developing a No Wrong Door (NWD) system to improve access to LTSS.

Colorado applied for and received a federal NWD grant from the Administration on Community Living (ACL) 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, along with other state partners, to test the NWD 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.)

Using the funds from the NWD grant, the Department will test the NWD model in 3–5 pilot regions. The request for proposals (RFP) for pilot regions will be released in fall 2016 and contracts should be in place by spring 2017. The entry point organizations in these regions will assess level of need and counsel clients 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 NWD 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.

The Department is in the process of hiring a grant-funded NWD policy lead to develop a statewide program and sustainability plan for when the pilot program ends in 2018. The Department will use information from the pilot to design a system that will increase access to the NWD system. This system will include a toll-free phone number, a call center, and a website that clients can navigate to get needed information.

The NWD pilots will be evaluated on a quarterly basis to capture ongoing learnings to be rolled into a statewide launch of the NWD System. It is difficult at this point to estimate the cost of a statewide rollout of NWD without the learnings from the pilot, but a full cost and funding needs analysis will be conducted toward the end of the grant period when a plan for statewide rollout is finalized.

While the Department is piloting a NWD model in select regions, DHS is working in collaboration with the Department to pursue an opportunity to leverage Medicaid funds for the Aging and Disability Resources for Colorado Program (ADRC). ADRC is a collaborative effort initiated by the ACL and the Centers for Medicare and Medicaid Services (CMS) that serves as access points for LTSS for older adults and people with disabilities. ADRCs help direct clients and their families to much needed information, services, and supports. Colorado has 16 ADRCs in operation at this time. ADRCs have been funded by a mix of federal grant, state and local funds.

The Departments plan to work together to request approval from CMS to allow for Medicaid Administrative Claiming of ADRC activities that support enrollment in Medicaid LTSS programs. Existing state and local funds that support ADRCs would be used to leverage a federal Medicaid match. The ADRCs will conduct time reporting on the work provided to identify the amount of time the ADRCs provide services eligible for Medicaid claiming. If CMS approves the request for Medicaid claiming, the ADRCs will have access to a steady funding stream that will not require additional state funding and the services they provide will continue.

Financial Eligibility

Applications for LTSS programs often get held up because of the lack of communication across eligibility systems, and individuals have waited months to almost a year for eligibility determination. The Colorado Benefits Management System (CBMS) is currently used by county eligibility technicians to process and manage financial eligibility for LTSS programs. Functional eligibility information is entered into a different system by case managers for LTSS programs. Case managers for LTSS programs only have access to the functional eligibility information and are unable to check the status of financial eligibility, and vice versa for county technicians. PEAKPro is a software program for eligibility technicians that will allow case managers and county technicians to communicate about eligibility status without having to send encrypted emails and paper documents. The system updates went live in the summer of 2016, and training for case managers will be provided throughout the fall of 2016. PEAKPro will help to expedite the eligibility determination process.

Along with the new system, some county eligibility departments have conducted process improvements specifically related to LTSS eligibility processes. The Department manages two separate programs approved through a budget action by the Colorado General Assembly related to eligibility processes: County Incentives Program and County Grant Program. The incentives are based on performance-based contracts for all 64 counties and do not necessarily include a separate LTSS piece, though there is a focus on timeliness and backlog. The County Grant Program provides infrastructure and process improvement grants for counties that apply for funding. The Department funded 17 different grants in FY 2015-16 that totaled \$992,000, out of a total budget of \$1 million. There were four LTSS business process reengineering projects. Other projects included a focus on public health, county call centers, and a variety of other county functions.¹

Implementing presumptive eligibility for LTSS programs was a recommendation of the CLAG and would allow individuals who applied for LTSS programs to be assumed eligible at the time of application and begin receiving services. However, any services provided while an individual waits for eligibility determination creates a liability for the state, for if that individual is determined ineligible for programs the state alone is responsible for the costs of the services provided. With improvements in the system mentioned above expected to reduce wait times, the Department is not pursuing presumptive eligibility at this time.

Restructure Case Management and Care Coordination

This activity addresses Goal 1, 2, 4, and 6 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group (CLAG), "Tailor case management to

¹ More information can be found at <https://www.colorado.gov/hcpf/county-admin>.

individual needs and preferences.” It also addresses conflict-free, person-centered case management, as required by the final federal Home- and Community-Based Services (HCBS) rule.

Currently, clients 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 waiver 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.

Beyond complying with the federal rule, providing choice of case management agency is integral to creating a person-centered experience through the entire spectrum of LTSS. The Department is pursuing multiple strategies to both empower individual choice and comply with federal regulations.

Conflict-Free Case Management (CFCM)

In March 2014, the Centers for Medicare and Medicaid Services (CMS) implemented the final rule requiring states to separate case management from service delivery functions to reduce conflict of interest for services provided under HCBS waivers. This rule addresses conflicts of interest that may arise when one entity is responsible for both performing case management functions and providing direct services. As a result of these federal regulations, Colorado’s existing system for its three HCBS waivers supporting individuals with intellectual and/or developmental disabilities (I/DD) is no longer compliant because case managers and direct service providers are currently part of the same organization. Community Centered Boards (CCBs) are currently the only entities in Colorado that conduct targeted case management for the I/DD population, and most also provide or contract for direct services for individuals enrolled in the HCBS waivers. To continue receiving federal funding for the I/DD waivers, Colorado must come into compliance with the CMS conflict-free case management (CFCM) regulations. Further, Single Entry Points (SEPs) both determine eligibility and provide case management services for individuals on the other HCBS waiver programs, also creating a potential conflict of interest.

Colorado HB 15-1318 required the Department to develop a plan, with input from CCBs, SEP agencies, and other stakeholders, for the delivery of CFCM that complies with federal regulations. The plan was submitted to the Colorado General Assembly on July 1, 2016. Overall, there was consensus among stakeholders that the Department should prioritize maximizing individual choice when determining future CFCM policies. The majority of stakeholders felt that the Department should require CCBs to divest themselves of either case management or direct services to eliminate the potential for conflicts of interest and that the transition to CFCM should occur gradually. Most stakeholders also believed that the Department should recruit new case management agencies and direct service providers to increase the number of choices for individuals enrolled in a waiver.

The plan includes three phases over the next 3-5 years to increase choice and satisfy the federal requirements, including a Planning, Design, and Implementation phase. The Colorado General Assembly must approve the plan before the Department can move forward. Once the plan is accepted, the Department will move forward with the planning phase. A core piece of the planning phase will be to analyze costs associated with implementing the transition to CFCM. The plan identifies items that may require funding, including:

- Dedicated Department staff to manage CFCM activities.
- Resources to conduct assessments needed to make additional decisions.
- Assistance from third party entities, such as enrollment brokers or Family Health Coordinators to facilitate the transition to new case management agencies.
- Costs for establishing new case management agencies.
- Marketing and communication materials.
- Additional costs that will be identified during the planning phase.

Accountable Care Collaborative (ACC) Phase II – PASRR and Case Management

The Accountable Care Collaborative (ACC) is the core delivery system for Colorado Medicaid. Currently the program is administered by seven Regional Collaborative Care Organizations (RCCOs). The contracts for the RCCOs are scheduled to be reprocured for FY 2018-19 and the Department is taking this opportunity to evolve the program. One of the most significant differences between the current ACC and next iteration of the program is the integration of physical and behavioral health, accomplished by transitioning from the current RCCOs and the behavioral health organizations (BHOs) to one regional entity that focuses on whole-person care. This new entity would be called the Regional Accountable Entity (RAE) and would be responsible for coordinating care between both physical and behavioral health care needs.

The RAEs would expand care coordination by supporting a multidisciplinary approach that, dependent on the health needs of clients, could include an array of providers, such as specialty behavioral health providers, long-term services and supports (LTSS) case management agencies, and certain specialists. In addition, the RAE will access resources from a health neighborhood that includes hospitals, oral health, specialists, other providers, and human/social services agencies to support the client in achieving improved health and access to benefits. The RFP for the ACC will be released for public comment in November 2016. The Department is projected to implement the new program on July 1, 2018.

PASRR

Pre-Admission Screening and Resident Review (PASRR) is federally required for all admissions to nursing facilities to determine if an applicant might have a mental illness or intellectual disability. The existing PASRR process involves an inherent conflict of interest and lacks regional coordination, presenting an opportunity for the Department to move the screenings to the

infrastructure of the RAEs. The RAE is well positioned to assume these responsibilities given its charge to coordinate whole-person, value-based care and to provide behavioral health services.

Case Management Agencies

In the next iteration of the ACC, the RAEs' contracted responsibilities may include assisting with the decision-making process to choose a case management agency for individuals receiving services through an HCBS waiver. Allowing the RAEs to facilitate choice for individuals will be integral to the implementation of CFCM.

Transition Planning Process

There are three Regional Centers in Colorado serving individuals with intellectual and developmental disabilities (I/DD). The role and function of these facilities has changed over time with the national movement towards community integration. In December 2015, the Regional Center Task Force (RCTF), created by HB 14-1338, published its final recommendations regarding the future size, scope, and role of Colorado's three Regional Centers. The recommendations include expansive and comprehensive steps needed to improve Regional Center operations, increase and/or shift funding and eliminate barriers to accessing services so that community providers can effectively serve people with the highest level of needs while insuring optimal client outcomes in terms of choice and service options. As stated in the recommendations, "[the recommendations] represent an ambitious multi-year commitment that would require collaboration between the legislature, various state agencies, community providers, medical professionals, families, advocates, and a host of others".

Of the tasks identified as necessary to implement the vision of the RCTF, the Department has identified several that can be accomplished faster and with less resources than the others. One of these is closing the case management gap for clients transitioning from a Regional Center to other community settings by leveraging Intensive Case Management (ICM) services similar to that offered under the Colorado Choice Transitions (CCT) program. This task aligns with both recommendation 1 and 4 of the RCTF.

Clients who are transitioning out of Intermediate Care Facilities (ICFs) do not qualify for case management services while living in an ICF, meaning that case managers do not have adequate time to assess the transitioning client's needs and preferences pre-transition. Additionally, once a client has transitioned, case managers are limited to 240 units of case management for the year, which makes it difficult to ensure a stable and successful transition. While clients on the HCBS-Developmental Disabilities (HCBS-DD) waiver who receive services from a Regional Center have access to case management, the amount available is inadequate to ensure that a client's needs are met during the transition.

If the Department's R-10 "Regional Center Task Force Recommendation Implementation" budget request is approved regarding the RCTF, clients living in ICFs or clients on the HCBS-DD waiver

receiving services from a Regional Center will be able to receive ICM for up to one year after their transition begins. This would ensure that each transitioning client's needs are fully assessed and that a service package is created for the client prior to leaving the ICF. Clients would be directly impacted through greater support from case managers both before and after a transition takes place. Case managers and individuals would have more time to vet provider options pre-transition, increasing the prevalence of client choice of providers during the transition process. The provider would also have more time to prepare for the unique needs of the client whom they would be serving. Clients and providers would have more time to identify common interests, which would help them to build a successful professional relationship prior to the client's transition. Ultimately the client would experience a more seamless transition from Regional Center providers to other providers in a way that better meets the client's needs in regards to provider choice and service package.

A State Plan Amendment (SPA) would also be required to allow for the expanded ICM services and allow for this service to be offered to clients residing in an ICF setting. The SPA would require approval from CMS. Also, in order to offer the proposed case management services the Department would need to modify the Colorado Code of Regulations (CCR) to allow for case management to be offered pre-transition to transitioning clients. The Department expects these processes to take a minimum of six months, and is also contingent on CMS responsiveness.

Develop a New Assessment Tool and Support Plan

This activity addresses Goal 2, 4, 6, and 7 of *Colorado's Community Living Plan* and three of the recommendations of the Community Living Advisory Group (CLAG): "Develop a single, unified care plan that can be shared widely," "Develop a new universal assessment tool to establish LTSS eligibility and facilitate a person-centered planning process," and "Address essential life domains in person-centered planning." It also addresses person-centered planning as required by the final federal Home- and Community-Based Services (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. Clients 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.

The Department has been working on a person-centered, streamlined process for determining eligibility for LTSS programs, developing a support plan, and electronically sharing information. This multi-year project is part of a national grant program called Testing Experience and Functional Tools (TEFT), which will help set and test national standards. When the project is complete, case managers will have access to an electronic LTSS record (eLTSS) and clients will have access to an electronic personal health record (PHR).

The PHR will provide a portal for clients to access 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 client experience and create a more person-centered approach by allowing clients control over their own information. The case manager will only be able to access demographic information, the client's assessment, and the client's support plan through the eLTSS record. The development of the eLTSS records and PHR could eventually enhance the ability of clients to manage self-directed budgets.

The new assessment will identify the needs and preferences of the client, and the support plan will include the set of services the client receives to satisfy the needs and preferences in the assessment.

The new assessment tool will have several modules, developed with extensive stakeholder input and stakeholder representation from various LTSS populations. Modules include everything from eligibility determination to employment preferences to a personal story. Module development was funded by the Colorado Health Foundation (CHF) and the TEFT grant.

The eligibility determination portion of the assessment is currently being tested for reliability, and will eventually replace the current ULTC 100.2 tool used for eligibility determination. The remaining modules will undergo reliability testing and piloting in 2017. Once all modules have been proved reliable, a person-centered support plan template will be developed. The person-centered support plan will include the supports and services that align with the preferences and needs gathered during the assessment. Funding for the support plan has not yet been determined, but a full cost and funding analysis will be conducted as finalization of the assessment tool nears.

Until the new support planning process goes into effect, the Department is exploring other avenues to ensure that the current processes are person-centered. This will include training case managers in ways to more effectively use the current tools to develop person-centered service plans.

The Department hired a TEFT coordinator in September 2016, as well as a PHR project manager and an assessment project manager. SB 16-192 requires the Department to select a needs assessment tool for persons receiving LTSS, including services for persons with intellectual and developmental disabilities. The Department is required to use its existing stakeholder process concerning the new assessment tool when developing or selecting the needs assessment tool. The TEFT and CHF grant process will help facilitate the selection of a new tool and satisfy the requirements of SB 16-192. The Department received an FTE to oversee this work and hired an assessment coordinator in October 2016.

Strengthen Choice for Self-Directed Services

This activity addresses one recommendation from the Community Living Advisory Group (CLAG), “Give participants in HCBS waivers the option to self-direct their services and to control an individual budget.”

Self-directed services are home- and community-based services (HCBS) that help people of all ages, across all types of disabilities, maintain their independence and determine for themselves what mix of personal assistance supports and services work best for them. Self-direction empowers each program participant to expand his or her degree of choice and control over decisions made about his or her long-term services and supports in a highly personalized manner.

Access to Self-Directed Services

Providing access to self-directed service delivery options for all people who meet an institutional level of care is directly related to the Department’s goal of improving client experience, health care access and health outcomes as it allows clients choice, control, and flexibility in who provides services and how they are received.

Consumer Directed Attendant Support Services (CDASS) is a service-delivery option that allows some HCBS waiver participants to direct their care and have full control over their attendant services. In-Home Support Services (IHSS) is a service-delivery option that allows HCBS waiver participants to direct their care and have control over their attendant services, while having additional support with budgeting.

As required by HB 14-1357, the Department researched and analyzed more effective ways to deliver HCBS, 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 IHSS to people enrolled in several HCBS waivers and continues to explore this option. HB 16-1380 would have allowed the Department to add IHSS to the Brain Injury (BI) waiver program and the Community Mental Health Supports (CMHS) waiver program, but it did not pass.

The Department has implemented the following changes and received approval from the Centers for Medicaid & Medicare Services (CMS): Spouses can now receive reimbursement for providing IHSS, relatives employed by an IHSS agency may provide up to 40 hours of personal care in a seven-day period, and IHSS can be provided in the community, in addition to a client’s home. As of September 13, 2016, the Department has 49 approved IHSS providers. The IHSS provider list is updated anytime an IHSS agency is certified for IHSS by the Department of Public Health and Environment (CDPHE), in addition to completing provider enrollment with the Department.

To expand access to CDASS, the Department submitted a CDASS amendment for the HCBS-Supported Living Services (HCBS-SLS) waiver for approval to CMS in August 2015. The CDASS

service in the HCBS-SLS waiver is expected to go live February 1, 2017, pending CMS approval of the waiver amendment and the Medical Services Board (MSB) process.

In addition, the Department is working in collaboration with stakeholders to implement 11 recommendations from a 2015 audit of CDASS. The audit report recommended additional case management training, development of additional case manager oversight and modification of forms for service consistency. Expanding self-direction requires successful resolution of the issues identified in the CDASS audit. As of November 1, 2016, the Department has implemented 10 of 11 recommendations.

The Department requested funding in FY 2017-18 through R-7 "Oversight of State Resources" to complete an analysis of Consumer Directed Services like CDASS and IHSS programs. The requested analysis would serve as the Department's response to the 2015 audit which recommended the Department look at the benefits, health outcomes achieved, and costs of CDASS compared to other service delivery options. A comprehensive analysis that includes both CDASS and IHSS would allow the Department to better understand cost drivers, member outcomes and possible areas for program improvement.

Tools for Self-Directed Services

The Department is working to enhance and expand tools for those already utilizing self-directed services, including trainings on self-direction tools for clients and case managers.

Clients and case managers receive regular client-direction training. Case management training is offered twice per quarter. Client training is offered to clients when starting in a self-direction program and on an ongoing support basis. Tools for self-direction have been created and modified with the Participant Directed Programs Policy Collaborative (PDPPC) workgroup. New tools will be developed for self-direction as we determine and implement self-direction into additional service options.

The Department also 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.

Further, the Department worked with partners to develop a directory for CDASS attendants. The directory went live in September 2016. Participants in CDASS are the legal employer of record for their attendants. The attendant directory is a tool to help employers connect with attendants, and for way for attendants who are seeking work or additional hours to be a part of the directory. As employers, CDASS participants hire, train and manage attendants of their choice who best fit their unique needs. This new tool will help streamline the process for finding, hiring and registering attendants.

Participants active with CDASS also have access to peer mentoring/training. IHSS participants have access to cross-disability peer counseling with their IHSS provider agency.

Enhance Community Supports

This activity address Goal 1, 2, 3, 4, 6, and 7 of *Colorado's Community Living Plan* and several of the recommendations of the Community Living Advisory Group (CLAG), including "Coordinate transportation services and funds and align policies across systems," and all of the recommendations in the Promote Affordable, Accessible Housing section of the report. This activity also addresses the Home- and Community-Based Services (HCBS) setting requires in the final federal HCBS rule.

Living in the community takes more than the typical long-term services and supports (LTSS) to ensure people are fully experiencing and contributing to community life. It takes behavioral health supports to address sudden or ongoing issues, transition supports to make sure that getting back into the community after a brief or long stint in an institutional setting is seamless, and accessible, affordable and integrated housing and transportation to support daily life. These supports and more make it easier for individuals to live in the community and reduces the likelihood or need for people to move to institutional settings.

Cross-System Crises Response Pilot Program

People with intellectual and developmental disabilities often experience gaps in service between their LTSS and behavioral health care. The Cross-System Crises Response Pilot Program (Pilot) that was authorized through HB 15-1368 to address gaps in services for people with intellectual and developmental disabilities (I/DD) that experience a behavioral health crisis. The Pilot went live August 1, 2016.

The Pilot program provides access to intensive coordinated psychiatric, behavioral, and mental health services for crisis interventions as an alternative to emergency department or in-patient hospitalizations. The Pilot is accomplishing this goal through four primary areas of service: Community Site-Based Therapeutic Supports, In-Home Therapeutic Supports, Community Mobile Crisis Response Teams, and Follow-Up Services. Rocky Mountain Health Plans (RMHP), a Regional Care Collaborative Organization (RCCO), was chosen as the primary contract before March 1, 2016. RMHP has sub-contracted the delivery of this program to established and knowledgeable organizations in two different geographic locations on the Front Range and Western Slope.

In the first month of service, the Pilot has served approximately three times more individuals than originally projected. Data will continue to be gathered over the next several months as part of an actuarial study of service gaps. The actuarial report will be submitted to the legislature on or before July 1, 2017.

Access to Behavioral and Mental Health Services

Data collected in the actuarial study identified in HB 15-1368 on gaps in mental and behavioral health services for individuals with I/DD will inform how to increase access to services. The

Department will also continue to identify “bright spots” and best practices for working with individuals with co-occurring I/DD and mental health needs.

In addition, the Accountable Care Collaborative (ACC) Phase II will integrate physical and behavioral health services, accomplished by transitioning from the current Regional Care Collaborative Organizations (RCCOs) and the behavioral health organizations (BHOs) to one regional entity that focuses on whole-person care. This new entity would be called the Regional Accountable Entity (RAE) and would be responsible for coordinating care between both physical and behavioral health care needs. The RAEs will expand care coordination by supporting a multidisciplinary approach that, dependent on the health needs of clients, could include an array of providers, such as specialty behavioral health providers, long-term services and supports case management agencies, and certain specialists. Learnings from the Pilot and actuarial study may inform best practices for the RAEs to serve individuals with co-occurring conditions. The Department is projected to implement ACC Phase II on July 1, 2018. The timing will align with learnings from the Cross-System Crisis Response Pilot, which may help facilitate the transition to whole person care.

Recommendation 2 from the Regional Center Task Force (RCTF) also calls for an assessment on how to increase access to behavioral and mental health services for individuals with intellectual and developmental disabilities, and will be explored separately in 2017.

In response to HB 15-1186, the Department submitted an expansion of the Children with Autism (CWA) waiver for approval from the Centers for Medicare & Medicaid Services (CMS). The expansion increased the age limit, length of stay on the waiver, benefit dollar amount and included a requirement to provide annual program evaluation. CMS denied the expansion, stating that behavioral therapy services should be available to all children under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT). Thus, by the end of 2015, the Department started providing behavioral therapy services for children under EPSDT. The provider pool continues to grow and children continue to receive behavioral therapy services via EPSDT. Currently, multiple waivers continue to offer behavioral therapy services to children and youth and the Department is working on a plan to phase those services out of the waivers so all children that need behavioral therapy services will receive them via EPSDT.

Colorado Choice Transitions

In April 2016, the Department received \$15,800,200 from CMS to continue the Colorado Choice Transitions (CCT) program through December 2018. The primary goal of CCT, which is part of the federal Money Follows the Person (MFP) Rebalancing Demonstration, is facilitating the transition of Medicaid clients from nursing or other long-term care (LTC) facilities to the community using HCBS services and supports. Services are provided to promote independence, improve the transition process, and support individuals in the community.

The CCT Program successfully transitioned 203 individuals from long-term care facilities to community living between April 2013 and September 2016, with a record high of 14 in the month of September 2016.

The CCT program includes eight services that play a key role in the success of the transition. Five of these eight services will no longer be available after the grant ends in 2018 unless sustainment efforts are successful and each is moved into different areas of service. A sustainability plan for CCT has been approved by CMS, but remains a living document to reflect the constantly changing environment. Community transition programs and services are specifically supported by *Colorado's Community Living Plan*, so the Department is committed to working with our partners to figure out how to continue these services.

The Department has an interagency agreement with Colorado Department of Local Affairs, Division of Housing (DOLA/DOH) to help identify housing for CCT participants. Each participant receives a housing voucher to help pay for housing, but housing is not always available. The FY 2015-16 annual average cost of serving an individual in a nursing home was \$63,552, versus \$20,496, the average cost for CCT individuals living in the community. A portion of every dollar spent on service expenditures for every person that has transitioned into the community and during the 365 day enrollment period in CCT is put into a rebalancing fund which can be used to improve the program as well as the transition process. Some of the money from the rebalancing fund will be used to set up regional housing navigation services to help participants find housing. The Department is also exploring ways to continue providing housing navigation services once the grant ends.

Housing

Affordable and accessible housing offers individuals with disabilities and older adults the ability to live fully in the community, but it can be hard to come by.

The Governor remains committed to ensuring that every Colorado resident has a place to call home, and the Department continues to partner with the Governor's Office and the DOLA/DOH on a cross-agency Housing Workgroup. This workgroup focuses on improving access to care and services for individuals with disabilities. With support from the Housing Workgroup, the Governor's Office developed and led an initiative to analyze supportive housing services currently covered under Medicaid. The Workgroup also hosted one statewide and one regional Housing/Health Care Summit, where we brought together representatives of both professions to learn about what each does and how they can work better together.

The Department partnered with the Governor's Office and the Corporation for Supportive Housing (CSH), an organization dedicated to using housing as a platform to provide services to improve the lives of the most vulnerable people. They worked over a 10-month period to determine the degree to which Medicaid provides housing-related supports. The resulting report, the Colorado 2015 Crosswalk, provides Colorado a tool to that outlines covered Medicaid supports and services

that are proven to help those who are homeless or at risk to of becoming homeless. The Governor's Office and CSH, with support from the Department and the Colorado Department of Human Services (DHS) Office of Behavioral Health (OBH), conducted the Colorado Medicaid Academy in July 2016, providing training, technical assistance, and billing guidance to about 50 individuals from 10 supportive housing organizations on how to become a Medicaid provider.

The Department and DOLA/DOH worked together through the Housing Workgroup to host the Statewide Housing and Healthcare Summit meeting in October 2015, followed by a second, regional-focused meeting in June 2016. The June meeting brought together the local RCCO and BHO, as well as health care providers and housing providers in Pueblo and Fremont Counties so they can work together to maximize existing resources for clients seeking housing and supportive services. The region now holds their own meetings to continue to educate providers, build local relationships, leverage available resources, and increase capacity for supportive housing. The Department is working with other RCCOs to continue this model and foster local relationships between the housing and healthcare sectors. Further, the Department and DOLA/DOH are exploring data sharing options to continue to address much needed housing across Colorado.

DOLA/DOH operates rental housing voucher programs and home modification programs, among others. The Department works closely with DOLA/DOH on these two programs for individuals who receive HCBS.

The LTSS Home Modification Benefit is available to individuals in the Elderly, Blind and Disabled waiver, the Brain Injury waiver, the Community Mental Health Supports waiver, and the Spinal Cord Injury waiver. It provides modifications and alterations to an individual's home in order to allow them to remain independent. Approximately 822 clients used this benefit in FY 2014-15.

In October 2014, the Department signed an Interagency Agreement DOLA to transfer the day-to-day operations of the Home Modification benefit to DOH in order to gain from their subject matter expertise on approving construction projects and to implement an inspection process.

The Department and many stakeholders shared concerns regarding how the benefit was being delivered. Ambiguity within the rule and inconsistency with its implementation led to inappropriately delivered and poorly executed projects under this benefit. The Department determined, with stakeholder and DOH input over a thirteen-month period, how to best improve the program. The Department collaborated with DOH and stakeholders to change the rule to include person-centeredness and incorporate federal Fair Housing Act requirements, among other things. The rule change was effective August 1, 2016.

The Department and DOLA/DOH also have an Interagency Agreement through which DOH supports the Department's Colorado Choice Transitions program. DOLA/DOH has state-funded rental housing vouchers available for all CCT clients, and on a limited basis to others who are

either leaving an institution or at risk of being placed in an institution. Currently these vouchers serve 133 clients, and it continues to grow (funding is available for up to 225 clients).

DHS also has an interagency agreement with the DOLA/DOH to provide housing vouchers to 35% of the 429 new clients receiving Assertive Community Treatment, an intensive approach to community-based mental health treatment. Many of these individuals require rent subsidies to improve their stability, independence, long-term treatment, and recovery. Currently DOLA/DOH housing vouchers serves 134 clients on an annual basis.

Through the Section 811 Project Rental Assistance (PRA) program, the U.S. Division of Housing and Urban Development (HUD) provides funding to subsidize rental housing for 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 with access to appropriate supportive services. In 2015, HUD awarded DOLA/DOH \$7.6 million for five years of project-based rental assistance. These Section 811 PRA units are limited to persons receiving (or eligible to receive) home and community-based services, with a top priority for people who are leaving institutions. This award is significant because it underscores Colorado's commitment to Colorado's Community Living Plan (Colorado's response to the Olmstead decision).

Further, DOLA/DOH awarded 134 housing choice vouchers and Colorado Housing and Finance Authority (CHFA) awarded \$7.1 million in Low Income Housing Tax Credits (LIHTC) in 2016 to support the creation of 246 units of Permanent Supportive Housing for individuals and families experiencing homelessness or with severe special needs in Boulder, Cañon City, Colorado Springs, Denver, Eagle County, Longmont and Towaoc on the Ute Mountain Ute Reservation. Each project represents a major milestone in the long-standing collaboration between the Governor's Office, DOLA and CHFA to increase access to high-quality supportive housing for vulnerable populations with significant barriers to housing stability.

Transportation

Accessible transportation plays a vital role in allowing an individual with a disability to live independently and participate in community life.

HB 16-1097 will make it easier for new transportation businesses to provide Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) services to Medicaid clients. This bill moves Medicaid providers into a new category of licensure by the Public Utilities Commission (PUC), and will help increase transportation availability and access to care.

NEMT and NMT providers are currently regulated by the PUC as common carriers. This level of regulation has proven prohibitive because new transportation provider applications are regularly protested or blocked by established transportation providers. By creating the category of Medicaid Client Transport (MCT) under the limited regulation carrier permit type, it is expected to reduce the number protests and result in more transportation service providers for Medicaid clients.

These transportation businesses are required to have regular vehicle inspections, driver background checks, and sufficient insurance. It is expected that the MCT permits will start being issued in early 2017. The Department estimates that increasing access to less costly medical services will save \$345,000 in state fiscal year 2017-18.

The Department will follow the work that the Department of Transportation (CDOT) is doing to meet the needs of older adults and those with disabilities. Many people with disabilities access public transportation, and CDOT 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. CDOT has been working on contracting with a consultant to assist in the implementation of the State Transit Plan, working in partnership with transit providers and human service agencies to improve mobility for all Coloradans.

During the 2016 Colorado Association of Transit Agencies (CASTA) Annual Fall Conference, CDOT once again participated in sessions with the Colorado Mobility Action Coalition (CMAC) designed to support and encourage transportation coordination through mobility management which is primarily designed to support seniors and persons with disabilities. CDOT also continued to work with the Department in support of the Department's efforts to implement the new NEMT/NMT provider licensing regulations and in support of regional transit programs designed to provide support to seniors and persons with disabilities.

HCBS Settings Rule

In January 2014, CMS published a rule to ensure that the provision of HCBS occurs in settings that meet certain criteria. The rule went into effect in March 2014, and states have five years—until March 2019—to ensure that their HCBS settings are compliant with the rule. The new regulations ensure that participants in HCBS programs have access to the benefits of community living, and that services are true alternatives to services provided in an institutional setting and are delivered in the most integrated setting possible.

CMS gave states one year to submit a statewide transition plan for compliance with the HCBS 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 submitted a revised statewide transition plan in June 2016 and is awaiting approval.

Since the implementation of the HCBS rule, the Department has been working with stakeholders to ensure that Colorado is fully compliant by March 17, 2019. The Department has:

- Convened an interagency group, which includes the Colorado Department of Human Services (DHS) and the Colorado Department of Public Health and Environment (CDPHE), to assist in preparing and taking Action Steps.
- Solicited waiver participants, providers, and other stakeholders to assist with onsite technical assistance, participation in web-based trainings, and stakeholder workgroups, as well as presentations at various committees and boards to educate and engage in conversation regarding the HCBS settings rule.
- Created and maintains a website for educational materials, Department communications, and CMS communications to ensure accessibility.
- Continues to provide trainings to stakeholders regarding the HCBS settings rule to ensure that participants, providers and other stakeholders understand the HCBS settings rule and its implementation.
- Completed a crosswalk that systemically assesses current state statutes, regulations, and waivers and identifies where changes may be necessary; this crosswalk is incorporated by reference into the statewide transition plan.

Further, surveys to assess HCBS provider compliance with the new rule were piloted in FY 2015-16. During the pilot, 40 site visits were conducted and a total of 57 surveys completed. CDPHE is the agency responsible for conducting the site surveys moving forward. CDPHE filled a supervisor position and five other surveyor positions through the summer of 2016.

As part of the site-visit process, the Department is collecting information from providers regarding the potential costs of bringing their settings into compliance with the federal settings rule. In its report on its initial set of approximately 40 site visits, the Department's contractor provided the following examples of cost concerns cited by providers:

- For nonresidential providers, “[i]ncreased choice and opportunities for community integration generally required increased opportunities for employment and increased staffing. Financial support was a concern.”
- For nonresidential providers, “[p]roviders often provided services in groups of six or more. Often this was due to staffing availability. Sometimes it was due to individual choice to participate in popular activities. Providers who maintained regular services in these groups expressed concern about the financial burden of increasing staff in order to provide services in smaller, more individualized groups within the community.” Further, vehicles and staff to support community integration was also a financial concern.
- Residential providers “expressed concern about the cost of retro-fitting their settings with locks on individual doors.”

The Department has asked CDPHE, which is conducting more site visits, to request details from any providers that cite cost concerns or the need for a rate increase as a reason for any non-compliance.

The Department plans to take the following next steps:

- Provide sample Provider Transition Plans (PTPs) to CMS, which has stated that it will review providers' proposed remedial action plans to ensure that they are indeed compliant with the federal rule. The Department will use this process to ensure that remedial action plans without cost impacts can be sufficient in some cases, and to better understand the need in CMS's mind for any significant cost impacts.
- Continue to work with CDPHE on the PTP and site visit process, which should yield a bigger sample of data to extrapolate system-wide costs.
- Independently calculate the potential rate impacts of provider mitigation strategies.

Also, the Department is required to report quarterly to the Joint Budget Committee on its progress in implementing the federal settings rule, and it anticipates including new information about systems impacts, including provider costs, through that process. If additional funding is needed to implement these initiatives the Department would utilize the normal budget process to request funding.

In January 2013, five Department of Human Services (DHS) employees responsible for survey functions for over 300 providers, the certification and onboarding of new agencies, complaint oversight, Critical Incident review and the Qualified Medication Administration Personnel (QMAP) program were collocated with CDPHE Health Facilities staff who were conducting on-site survey and compliance oversight of providers. Prior to this change, CDPHE and DHS staff were conducting separate surveys. This meant that the facilities had multiple inspections, from multiple agencies. With the transfer, a single survey is now conducted minimizing the disruption to the facilities and providing reliable rule interpretation during survey with the variety of providers that fall under the same sets of regulations. The move of these DHS employees to CDPHE was made in an effort to streamline provision of services and comply with HB 12-1294. DHS staff were formally transferred to CDPHE in the FY 2014-15 Long Bill. This formal Long Bill adjustment codified the informal co-location of staff that had been occurring since 2013. The formal adjustment also created the Intellectual and Developmental Disabilities (I/DD) Community Services section, within the Health Facilities and Emergency Medical Services Division. I/DD Community Services Section is responsible for conducting the on-site survey and compliance oversight of providers within the HCBS for Persons with Developmental Disabilities (DD), HCBS-Supported Living Services (SLS) and HCBS-Children's Extensive Support Services (CES), the Residential Community Facilities (RCFs) group homes for people with I/DD and the Intermediate Care Facilities for persons with I/DD (ICF-IIDs). The division and program have worked diligently to combine, where appropriate, surveys of providers (i.e. an I/DD survey with a license survey for an RCF or Home Care agency) and leverage resources when applicable, such as clerical support for processing licenses/certifications. The program has undergone numerous lean projects to eliminate duplication of process and gain efficiencies where feasible. However, with significant growth over the last several years of providers serving individuals in these waivers, CDPHE is submitting a budget request in FY 2017-18 to hire more surveyors to keep up with the

growth, provide more technical assistance to facilities on person centered planning and meet the waiver timelines established for surveys.

Community Services for Older Adults

HB 15-1033 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 clients and other older adults, advocates, and representatives of Area Agencies on Aging (AAAs), 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 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 DHS and the Colorado Commission on Aging for this framework.

Redesign Home- and Community-Based Service (HCBS) Benefits

This activity addresses Goal 2 and 4 of *Colorado's Community Living Plan* and several of the recommendations of the Community Living Advisory Group (CLAG), including "Amend the Medicaid State Plan to include an essential array of personal assistance services," "Continue the plan detailed in the waiver simplification concept paper," "Provide a core array of services across all Medicaid HCBS waivers," "Provide respite for caregivers," and the Promote Employment Opportunities for All section of the report. It also addresses parts of the final federal Home- and Community-Based Services (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 like 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, and exploring options to include some Home- and Community-Based Services (HCBS) in the State Plan.

Further, the Department is working with its partners to enhance some services to create a more flexible, person-centered experience. These services include respite care services, employment services, and the Medicaid Buy-In program.

Community First Choice (CFC)

The federal Community First Choice (CFC) option would help the Department achieve many aspects of the stakeholder vision for long-term services and supports (LTSS) in Colorado, including improving HCBS waivers. The Affordable Care Act established the CFC State Plan option to encourage states to provide more Medicaid-funded community-based services. 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 CFC option offers a 6% 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 recommend by the CLAG. 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 assistance benefits more consistent.

Over the past three years, the Department has worked with clients and stakeholders to define and assess how Colorado could implement the CFC option. The Department is committed to understanding how this model could work for Colorado and hired a CFC Administrator in April 2016. The Department also started the CFC Development and Implementation Council, which is an advisory group consisting primarily of client, family and advocate members. The Council is responsible for working together to provide a set of recommendations to the State on how to proceed with this option. Two cost models and policy analyses were also developed for the Department in 2013 and 2016.² The two reports differ significantly in their cost estimates due to program design and benefit packages, which is requiring extensive review. The most recent report is a draft and has not been fully vetted. The CFC council and the Department are reviewing this draft work product collaboratively.

HCBS Waiver Redesign

Between October 2013 and January 2015, the Department facilitated a Waiver Redesign Workgroup comprised of stakeholders representing diverse interests, including clients, family members of clients, and representatives from advocacy organizations, service provider agencies and Community Centered Boards to discuss waivers serving individuals with intellectual and development disabilities (I/DD). The workgroup met monthly to analyze the services and supports

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

currently available; discuss and refine the CLAG 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, 2015, HB 15-1318 was signed into law and enacted as section 25.5-6-409.3, C.R.S. The new statute requires the Department to develop a single HCBS waiver to provide services to adults with intellectual and developmental disabilities. In anticipation of the bill's passing, the Waiver Redesign Workgroup had transitioned to an Implementation Council that began meeting in April 2016. The Council has continued to meet quarterly to provide ongoing consultation and advice throughout the waiver design and implementation process. Waiver redesign is one of the recommendations of the CLAG. The redesigned waiver will offer an array of services and supports that are flexible to the needs and preferences of the individuals who receive them and are available when and where they are needed. Further, the redesigned waiver will incorporate the following principles:

- Freedom of choice over living arrangements, social, community, and recreational opportunities;
- Individual authority over supports and services;
- Support to organize services in ways that are meaningful to the individual receiving services;
- Health and safety assurances;
- Opportunity for community contribution; and
- Responsible use of public dollars.

Starting early in 2017, the Department will work to estimate utilization of new service definitions resulting in cost estimates for the new waiver. The Department expects to submit the new waiver to CMS by July 2017, and implement the waiver the following summer in 2018.

While the Waiver Implementation Council's work is specific to waivers serving adults with intellectual and development disabilities, namely the Developmental Disabilities Waiver (DD Waiver) and the Supported Living Services Waiver (SLS Waiver). The insight gained from consolidating these two waivers will be invaluable to consolidating other waiver programs.

The Department is also exploring changes to the Children's Home and Community Based Services (CHCBS) waiver to address several challenges families face in accessing these services. A workgroup has been convened to discuss changes.

Recent achievements in other waiver redesign areas include:

- 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 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.
- 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.

HCBS Waiver Waiting Lists

The Department is also working to reduce the waiting lists for the waivers, so individuals can access needed services within weeks instead of years.

HB 14-1051 requires the Department to develop—in consultation with intellectual and developmental disability system stakeholders—a comprehensive strategic plan to enroll eligible persons with intellectual and developmental disabilities into HCBS programs at the time those persons choose to enroll in the programs or need the services or supports. The bill required the Department to submit annual strategic plans that include specific recommendations and annual benchmarks for achieving the enrollment goal by July 1, 2020, including recommendations relating to increasing system capacity.

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 waiting list for the HCBS for Persons with Developmental Disabilities (HCBS-DD) waiver due to funding constraints, but continues efforts to eliminate the waiting list by 2020 as directed by HB 14-1051. As of July 1, 2016, 2,250 people with developmental disabilities are waiting for needed services on the HCBS-DD waitlist.

Respite Care Services

HB 15-1233 created the Respite Care Task Force within the Department of Human Services (DHS) to study the dynamics of supply and demand with regard to respite care services in Colorado. Caregivers work twenty-four hours per day, seven days per week to ensure their loved ones have the support and tools they need to live their best life. It is critical that caregivers have access to respite care so that they have time to rejuvenate and spend time with their families and friends. The Task Force submitted recommendations to the legislature in January 2016 to increase access to respite care services. HB 16-1398 requires DHS to select a contractor to implement the recommendations of the Respite Care Task Force. DHS issued Request for Proposals (RFP) in September 2016 to select a vendor and hopes to have a contractor hired by January 2017.

The Department also increased the in-home respite rate for providers serving individuals receiving HCBS services through the Elderly, Blind and Disabled waiver, the Brain Injury waiver, and the Spinal Cord Injury waiver, effective July 1, 2015.

Employment

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. 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.

With passage of the federal "Workforce Innovation and Opportunity Act" of 2014 (WIOA), the United States Congress called for improvements across core programs to better focus on and improve employment service delivery to individuals with disabilities, including specifically identifying vocational rehabilitation as a required workforce partner for states' employment and training efforts. In an effort to improve programs, SB 15-239 moved the Division of Vocation Rehabilitation (DVR) from the Department of Human Services (DHS) to the Department of Labor and Employment (CDLE), where employment, training, and skill development and connecting available workers and employers are primary areas of focus for the entire department.

SB 16-077 outlines policies designed to increase employment opportunities for persons with disabilities and creates the Employment First Advisory Partnership to develop an employment-first strategic plan that increases competitive integrated employment for persons with disabilities. The bill specifies five agency partners, including the Department, CDLE, the Department of Education (CDE), the Department of Higher Education (DHE), and DHS, that must work together to identify employment and educational opportunities for persons with disabilities. CDLE will take the lead on developing recommendations and new employment practices, with participation from the other state departments. The Department is required to expand data collection and reporting employment numbers, wages, and hours worked, and maintain membership in the State Employment Leadership Network. Work is underway to meet these requirements.

The Department also works with DVR to provide Medicaid Supported Employment services in two waivers serving individuals with intellectual and developmental disabilities, HCBS-DD and HCBS-SLS. When a participant enrolls in Supported Employment services, they are referred to DVR. DVR then supports the individual with finding a job and getting stable in that job. Once the

individual is stable in the job, coaching services are then provided through the waiver. The Department is also working with DVR to understand how to increase employment for individuals not enrolled or not eligible for the Supported Employment services in the two waivers.

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 increased from 1,120 participating individuals in January 2011 to 2,327 in June 2016. Colorado 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 (2014: Colorado 28%, National Average 19%).³

Medicaid Buy-In Program

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 (HCBS-EBD) waiver and the Community Mental Health Supports (HCBS-CMHS) waiver in 2012. HB 16-1321 directs the Department to implement a Medicaid Buy-In program in three other HCBS waivers, HCBS-SLS, Persons with Brain Injury (HCBS-BI), and Spinal Cord Injury (HCBS-SCI). The Department will be submitting public notices and the CMS waiver amendments over the next few months.

The Department also worked with counties and other stakeholders to move 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. This is now being operated in a centralized location at Denver Health.

Strategies for Success

The Department employs four strategies to ensure smooth and successful system transformation.

Monitoring and Evaluation

This activity addresses Goals 6, 7, 8, and 9 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group (CLAG), "Improve LTSS price, quality, and performance data and make those findings publicly accessible." In addition, monitoring and evaluation information was requested as part of this legislative request for information.

³ Data available at <http://www.statedata.info/>.

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.

COMMIT

The Department is targeting a roll out of the new Medicaid Management Information System (MMIS) on March 1, 2017 called the Colorado Medicaid Management Innovation and Transformation Project (COMMIT). COMMIT will include the implementation of a new claims processing system, a pharmacy benefit management system, and a business intelligence data management system. Also included with the new MMIS, called interChange, is a client facing portal that allows consumers to view their benefit plans, the status and level of their Prior Authorization Requests (PARs), and the client handbook.

Related to long-term services and supports (LTSS), the new system will streamline PAR processing workflows and allow LTSS case managers to submit PARs electronically into the MMIS. Once operational, case managers will have access to client eligibility and PAR utilization data for the first time, and the system will allow them to run reports based on claims data. Further, Department staff will be able to aggregate claims data to better understand LTSS utilization to inform system re-design efforts. And since clients will have real-time access to their information, the new system will enhance transparency efforts.

Another part of the new system rollout includes re-validation of all Medicaid provider information and credentialing. Revalidation ensures providers are trained and have up-to-date credentials. All providers must revalidate before billing in the new system. Re-validation ensures safety and quality for clients.

TEFT

The Testing Experience and Functional Tools (TEFT) grant allows the Department to build on the core functionality of the new MMIS and include more person-centered elements to meet the requirements of the final Home- and Community-Based Services (HCBS) rule.⁴

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 gathers 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 a national electronic standard for the LTSS record, that is inclusive of client demographics, functional assessment data and support

⁴ See more information about the TEFT grant in the "Developing New Assessment Tool and Support Plan" section.

plan information. This electronic standard would become a national standard for the electronic exchange of LTSS 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 LTSS clients 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 clients themselves to have ready access to a e-LTSS data through an e-LTSS record for case managers and a PHR that contains both clinical and non-clinical information (such as how many units of a given service are left for use) for clients. Together with the Experience of Care survey, the eLTSS record and PHR will make LTSS care and services more consistent and increase their quality.

Transparency

In an effort to continue increasing transparency, SB 16-038 requires the Department to monitor transparency and the provision of information to clients served by Community Centered Boards (CCBs) that receives more than 75% of its funding on an annual basis from federal, state, or local government, or from any combination of such governmental entities. The bill requires the State Auditor to conduct a performance audits of these CCBs to determine whether the CCB is effectively and efficiently fulfilling its statutory obligations. Further, CCBs are now subject to the Colorado Open Records Act. The Department is currently drafting rules for audit requirements and monitoring CCB compliance and anticipate implementing the rules in next 4-6 months. The Department is also hiring 1.0 FTE to oversee this work, per the legislation.

On-Going Monitoring

The Regional Center Task Force (RCTF) was created by HB 14-1338 to review operations of three state Regional Centers for people with intellectual and developmental disabilities. The Task Force put forth recommendations regarding services for individuals living in Regional Centers. One of the recommendations establishes an on-going monitoring, assessment and reporting structure to ensure that the recommendations are implemented and evaluated for impact.

The Department hired a temporary RCTF project manager to create a work plan for the recommendations and put together an Operations Team per the RCTF recommendations. The Department organized the Team and began meeting on a monthly basis in October 2016. The Department is requesting funding in FY 2017-18 for a staff member to manage the RCTF recommendations work.

Quality Improvement

This activity addresses Goal 8 of *Colorado's Community Living Plan* and one of the recommendations of the Community Living Advisory Group, "Improve LTSS price, quality, and performance data and make those findings publicly accessible."

To ensure clients are experiencing their supports and services in a way that is person-centered and reflects client choice, the Department engages in several quality initiatives.

Community Living Quality Improvement Committee

The Office of Community Living (OCL) developed the Community Living Quality Improvement Committee (CLQIC) in FY 2015-16. With person centeredness as a foundation, the CLQIC will study national quality trends, current and potential data sets and other appropriate input. This will help to understand current systems, support continuous improvement, and imagine desired future systems for the benefit of clients across all populations. The CLQIC will provide advisory input to the Department related to, among other things:

- Improving strategies to support continuous quality improvement initiatives and best practices, including:
 - Sharing best practices, through examples of individual success stories, with sufficient specificity to support quality-of-care/services, quality-of-life, person-centeredness and self-direction at the system and individual provider level; and
 - Expanding peer-to-peer information gathering methodologies that will encourage vulnerable populations to honestly and fully provide quality information/data on their experiences with care/service providers.
- Developing a robust quality improvement strategy for the OCL including:
 - Using of measures that respect the goals of the individual client; and
 - Providing discovery and remediation processes at the system and individual provider levels.
- Providing input related to future surveys on client experience as well as input about how to respond to data from completed surveys;
- Maintaining and growing a survey library of resources, questions, and methodologies consisting of quality data collection strategies, which would include, resources on disability cultural competence, peer-to-peer interview methodologies, and the use social media opportunities;
- Addressing health disparities among those receiving OCL services;
- Monitoring client "survey fatigue";
- Considering social determinants of health, economic viability and the ability for older adults as well as disabled children and adults to give back to the community;
- Considering the challenges associated with transitions across the full range of life stages; such as a "child" transitioning to an "adult," and older adults transitioning between delivery systems;

- Improving coordination and collaboration within Colorado, such as with other HCPF workgroups that consider quality improvement initiatives, acute care providers, Regional Accountability Entities (RAEs, previously known as Regional Care Collaborative Organizations or RCCOs), Department demonstration projects, and non-Medicaid services; and
- Following, collaborating with, and using tools from other state-based and national quality improvement initiatives, including the National Quality Foundation, National Core Indicators, and subject matter experts when practical and appropriate.

The CLQIC was developed throughout FY 2015-16, with \$55,000 funding, including onboarding the 14 members, training them, and conducting strategic planning for the group.

National Core Indicator Surveys

In 2013, Colorado joined a collaborative of states participating in the National Core Indicators (NCI) project to measure client satisfaction with services for individuals with intellectual and developmental disabilities. The survey (NCI-IDD) was implemented and has been an ongoing project since 2013. The NCI-IDD data will:

- Be used to improve the quality of services and the client satisfaction with services in Colorado and nationwide
- Document service strengths and needs
- Help to develop benchmarks
- Make it easier to share system data in an accessible format
- Assist in planning public policy and aligning system priorities with desired outcomes
- Be used in conjunction with the Quality Improvement Strategy (QIS) as evidence to meet home and community based waiver assurances for CMS especially in the areas of client satisfaction and health initiatives

In 2015, the Department expanded the NCI work to include older adults and adults with physical disabilities receiving either Medicaid services or Older Americans Act services (Colorado Department of Human Services). NCI-AD grew out of concern about the limited information currently available to help states assess the quality of LTSS services for seniors, adults with physical disabilities and their caregivers.

The Department plans to use the NCI-AD data to measure the performance and outcomes of their aging and disability services. The 2015 state-specific report for the NCI-AD was presented to the department in April 2016. The CLQIC will be working on identifying key areas of the report that closely align with current department initiatives. Currently, as of September 2016, the survey is in the 2nd year of implementation. Upon completion of the analysis and reporting, the Department will continue to work on improvement strategies as it relates to the clients' experiences with their services and begin development of comparison data from the first and second year of implementation.

The Department has requested funding in its FY 2017-18 budget request R-13 “Quality of Care and Performance Improvement Projects” to continue and expand its participation in NCI data collection.

Quality Improvement Organization

Many of the Department’s Long Term Care Utilization Management (LTC UM) activities are managed internally with non-clinical FTE or through contracts with service providers or case management agency staff. This process is de-consolidated and fragmented, leading to inefficient use of time and resources by Department staff and contractors which is impacting the Department’s ability to provide for the health, safety, and welfare for clients enrolled in Medicaid long term services and supports. In addition, the Department is out of federal compliance in a number of different areas with respect to HCBS waiver requirements related to quality monitoring and improvement and financial review, including provider oversight and post payment review of claims. The Department’s failure to remedy these issues puts the Department at the risk of loss of federal financial participation (FFP). The Department currently receives 50% FFP for most LTC UM activities. These costs are eligible for a 75% FFP rate if they are consolidated through a contract with a designated Quality Improvement Organization (QIO).

Without moving the LTC UM processes to a QIO contractor, the Department will not be able to claim the enhanced FFP. Additionally, without clinically experienced staff the Department cannot ensure the health, safety and welfare of clients who require additional services and oversight to live in the community. When health and safety cannot be ensured, the Department is required by Medicaid regulation to provide services in institutions, which are much more expensive and provide a more segregated experience for clients than they have when supported to live in the community. There is also potential that without clinical experience, staff would be unable to properly investigate possible fraud in provider plans of care.

The Department is requesting funding this year through the R-9 “Long Term Care Utilization Management” budget request to contract with a QIO to perform LTC UM functions and to monitor health and welfare for LTC clients. Consolidation of these functions under the responsibility of a QIO would allow faster responses to member issues and qualified QIO staff could ensure client wellbeing and an efficient allocation of funding according to individually assessed needs which would allow Department staff to focus their efforts on contract oversight, root cause analysis, strategic quality assurance activities and federal reporting. The QIO would monitor utilization of services provided in the HCBS waivers, prevent duplication of services between waivers and state plan services, ensure services align with the level of care needed by individuals and support the Department to meet federal waiver assurances, which may ultimately reduce the per-capita cost of health care.

Workforce Development and Training

This activity addresses Goal 5 of *Colorado's Community Living Plan* and several of the recommendations of the Community Living Advisory Group in the Grow and Strengthen the Paid and Unpaid LTSS Workforce section. It also ensures Colorado's workforce delivers the person-centered planning process compliant with the Home- and Community-Based Services (HCBS) rule.

Workforce development and training is a mechanism for the Department to ensure the system is working for clients, meaning services and supports are high-quality and person-centered.

The Department hosted a two-day summit in June 2015 to create a vision statement for Person-Centered Thinking for long-term services and supports delivery. The summit convened 50 stakeholders representing diverse perspectives including LTSS clients and families. The Department will conduct focus groups with LTSS clients and families in early 2017 to test the vision statement developed at the Person-Centered Thinking summit. The vision statement will begin to standardize language around person-centeredness and be used to guide the development of a person-centered planning process.

In 2015, the Department was funded by the legislature to conduct a massive Person-Centered Thinking training effort. Person-Centered Thinking training is an instructor-led training focused on helping participants change their thinking from a priority on fixing what is wrong with a person to supporting each person's opportunities to share their gifts and live an everyday life. These efforts are in line with new federal requirements to implement the final HCBS rule requirements for person-centered planning.

The statewide training began in February 2016, and the last session was held on June 30, 2016. Training was delivered to 2,158 individuals attending multiple sessions across the state, including a wide representation of stakeholders, families, services providers, and case managers. While this training effort provided a robust platform for change, additional work must be done to create and provide consistent, system-wide trainings on a regular basis.

The Department has also created dedicated training positions for LTSS. These staff members develop training and technical assistance materials for case managers and providers. The Department is in the process of identifying best practices for training on person-centered approaches to case management agencies, which will support the development of a person-centered planning process that is compliant with the final federal HCBS rule.

The Regional Center Task Force also recommends the development of guidelines, trainings and clinical tools for medical, behavioral and mental health providers to deliver effective services to individuals with intellectual and development disabilities regardless of the complexity of their needs. The Department requested to hire staff to oversee the implementation of the Regional Center Task Force recommendations through its R-10 "Regional Center Task Force Recommendations Implementation" budget request.

Statute and Regulation Changes

This activity addresses Goal 7 and 9 of *Colorado's Community Living Plan* and several of the recommendations of the Community Living Advisory Group in the Harmonize and Simplify Long-Term Services and Supports (LTSS) Regulations section.

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 clients and safeguard the state's investment in LTSS.

Regulation Review

The Department is working with the Colorado Department of Public Health and Environment (CDPHE) through a LEAN process to create alignment on regulations regarding provider qualifications, certification, and licensing for services as a part of the waiver redesign process. The two departments began this work in July 2016.

The Department is also working to realign citations from Department of Human Services (DHS) to the Department. Additionally, the Department is updating and modernizing language to align with federal rules. For example, references to Intermediate Care Facilities for the Mentally Retarded (ICF-MRs) will be changed to Intermediate Care Facilities for Individuals with Intellectual Disabilities (IFC-IIDs).

section 25.5-10-202(1.3), C.R.S. defines Authorized Representative as "a person designated by the person receiving services, or by the parent or guardian of the person receiving services, if appropriate, to assist the person receiving services in acquiring or utilizing services or supports pursuant to this article. The extent of the authorized representative's involvement shall be determined upon designation." The Department is gathering information about how Authorized Representatives are being used in the community and anticipates promulgating rules to clarify the extent and responsibilities of authorized representatives.

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 also working to create a common definition of "person-centered" that can be included in any new rules or changes.

Rule Changes

Pursuant to SB 15-109 and its companion bill HB 16-1394, the Department is adopting rules defining MANE (mistreatment, abuse, neglect, and exploitation). The changes called for in this legislation align the definitions and reporting requirements across DHS and the Department.

The Family Support Services Program (FSSP) is a General Fund program that provides support for families who have children with developmental disabilities or delays with costs that are beyond those normally experienced by other families. In 2015, staff within the Department completed an audit of FSSP. The audit reviewed the financial and service records of each of the 20 Community Centered Boards (CCBs) throughout Colorado. The results of the audit prompted changes to contracts with CCBs, improving transparency and data tracking of expenditures for services. Further, FSSP has very few rules and the Department is planning to engage stakeholders around creating new rules for the program. One of the biggest changes will be to add service descriptions to clearly outline the services available through the program.

Background Checks

SB 15-109 expands the mandatory reporting requirement to cover known or suspected abuse of at-risk adults with an intellectual or developmental disability (I/DD) and created a task force. The Background Check Task Group was developed in January 2016 by the Executive Directors of four state departments, including the Department, the Colorado Department of Human Services (DHS), Colorado Department of Public Safety (CPS), and CDPHE. The charge of the Task Group was to identify and develop solutions to address gaps in Colorado statutes, rules, policies, and procedures that would allow people with a previous civil or criminal finding of abuse or neglect of an adult in need of protection to be employed in a position where they would have the opportunity to conduct such acts again. The members of the Task Group believe that vulnerable adults served in our State should be safe, secure, and able to thrive in the community of their choice. The Task Group submitted a summary of the research conducted and the findings and recommendations in August 2016. The Department is working with the Task Force to explore a federal matching program to implement system wide background checks.

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. The Department's Community Living Implementation Plan (CLIP) provides a framework to communicate about the work going on to implement system transformation and demonstrates the Department's commitment to executing the vision for a better, more person-centered long-term services and supports (LTSS) system. Flexibility and responsiveness are as important as carefully planned action in this work, which requires a living and iterative project plan.

In the current implementation phase of LTSS system transformation goals, the Department has stayed with the principle established by the Community Living Advisory Group (CLAG) 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 system transformation.

Appendix A: 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

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

Simplify the State's System of HCBS Waivers

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

Grow and Strengthen the Paid and Unpaid LTSS Workforce

17. Develop a core competence workforce training program for LTSS.
18. Design specialized trainings on critical workforce service areas.
19. Professionalize the paid LTSS workforce.
20. Provide respite for caregivers.

Harmonize and Simplify Regulatory Requirements

21. Change regulations to fully support community living.
22. Require system-wide background checks.
23. Create a registry of workers who provide direct service to LTSS clients.
24. Synchronize schedules for administering surveys across all LTSS programs.
25. Amend regulations to support person-centeredness.
26. Consolidate rules that impact I/DD services and other LTSS.

Promote Affordable, Accessible Housing

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

Promote Employment Opportunities for All

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

Appendix B: *Colorado's Community Living Plan (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 client 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.