Abstract

The Colorado Department of Health Care Policy and Financing (the Department), along with the Colorado Department of Human Services' State Unit on Aging (SUA), Office of Behavioral Health (OBH) and Division of Vocational Rehabilitation (DVR), will work with key stakeholders over a three-year implementation period to implement a regional No Wrong Door (NWD) system in selecting pilot sites in Colorado. The **goal** of the Department and its partners is to develop a model for implementing a fully functional NWD system statewide. The **objectives** of this project are 1) to establish community organizational pilot sites 2) to identify the regulatory and policy barriers and necessary actions to eliminate or mitigate these barriers 3) to create a financial model for regionally-based NWD networks 4) to determine NWD operating protocols 5) to train and provide technical assistance to the pilot sites and 6) to evaluate NWD operations during the pilot phase. Anticipated **outcomes** include 1) developing a toolkit, which includes job descriptions, decision support tools and operational protocols, for implementing NWD regionally, 2) creating action plans to address the regulatory and policy barriers that have implications for NWD agencies and 3) creating an action plan for implementing the financial model for the pilots. The expected **products** are marketing and outreach materials, a defined financial model, a technical assistance package and established metrics for evaluating NWD activities.

Colorado's LTSS No Wrong Door Project Narrative

Problem Statement

Colorado's long-term services and supports (LTSS) system operates with little communication between organizations. As seen in attachment 1, Colorado's LTSS Puzzle, there are currently a variety of actors in the system, which produces a very complex path that individuals must navigate to access LTSS in Colorado. At the same time, the need for LTSS is increasing. The number of Coloradans who are 65 and older will more than double, from roughly 700,000 in 2014 to 1.5 million in 2040. Nearly three of four seniors (70 percent) will need LTSS at some point in their lives. Additionally, people with disabilities are living longer than previous generations and they continue to use services and supports as they age. The current LTSS system has neither the capacity nor the sustainable funding to handle this expected influx of consumers. Therefore, it is essential to make the system more consumer friendly and efficient. In an effort to address these problems, Colorado has taken several steps to reduce the complexity of its LTSS service system.

In 2012 the Community Living Advisory Group (CLAG) and the Office of Community Living (OCL) were created by Executive Order to recommend strategies for creating a person-centered LTSS system. In 2014, Colorado responded to the Olmstead Decision by creating Colorado's Community Living Plan (CCLP). The CCLP built upon the CLAG's work by developing a series of strategies and goals to help people with disabilities remain in their communities. These strategies and goals included:

- Creating comprehensive access points for all LTSS;
- Creating a funding a system of LTSS that supports people of all ages, disabilities and pay sources;
- Preventing the unnecessary institutionalization of people who could otherwise live in the communities of their choice if they are provided with the right services and supports; and
- Improving communication among LTSS agencies to ensure the provision of timely, accurate and consistent information about service options.

As a result of the work of the CLAG and CCLP, the Department and partnering agencies are working together to create a seamless entry point system, also known as a No Wrong Door (NWD) system, for LTSS.

To understand what Colorado needs to do to implement NWD, it is essential to understand where Colorado's entry point system currently stands by comparing it to the six fully functioning Aging and Disability Resource Center (ADRC) criteria identified by the Administration for Community Living (ACL). These criteria provide a framework to discuss the functions needed to create a NWD system. For more information on these criteria, see attachment 2, Colorado's NWD Needs Assessment.

Function 1: Information, Referral and Community Awareness

Major Challenges

Colorado has a fragmented system for providing information, assistance and referrals. Medicaid pays some organizations to provide these services, while others are funded through federal, state and local funds. In effect, Colorado has created entry point systems around funding streams rather than around the needs of people trying to access information about LTSS options. Furthermore, consumers can be confused by fragmented responsibilities among entry point organizations. For example, each entry point has disparate business processes for applications, intake and screening. These organizations are often poorly connected to each other, making it difficult to create streamlined referrals. Even when an agency refers someone for help, there is often no way to share information, forcing consumers to retell their stories at each encounter with an entry point. Additionally, follow-up procedures after successful referrals are inconsistent across the state, sometimes leaving consumers to navigate the system themselves after they receive a referral. Colorado recognizes that the challenge in creating a more person-centered LTSS access system lies in increasing coordination and visibility for all individuals in need of LTSS.

A marketing plan that clearly delineates where consumers can go for assistance will also be crucial in developing a NWD system. Coloradans face a complex network of LTSS entry points. Many people do not know where to turn for information, referral and assistance resources. The lack of a marketing plan to inform people of all ages, disabilities and income levels about what is available in their

communities contributes greatly to the confusion. Colorado wants to be certain that the marketing plan that is ultimately developed will be the most helpful to the consumer, and is aware that branding across fragmented organizations will take significant stakeholder work. Therefore, the Department and its partners plan on conducting extensive stakeholder engagement in order to develop this plan, to make sure the necessary input is received to understand how people currently access information.

Function 2: Person-Centered Counseling

Major Challenges

To provide robust person-centered counseling, entry point staff across organizations must be well-versed in all options available to consumers regardless of disability or payer source. Unfortunately, there is a significant barrier to achieving this objective: Colorado's entry point organizations currently serve distinct populations characterized by age, income level and disability. The LTSS options presented are often dictated by an organization's funding sources. Thus a person who receives information from an entry point agency from an organization that only serves Medicaid clients might learn about some Medicaid options but very little about other choices. Even within the Medicaid entry point system, clients might not receive the full range of Medicaid options depending on the type of disability or age.

Another challenge is that staff members of the various organizations are not required to go through the same level or kind of training, creating varying approaches to options counseling. Furthermore, different types of entry point organizations serve different geographic regions but overlapping regions in Colorado, making it difficult to create a true NWD approach.

Function 3: Streamlined Eligibility Determination for Public Programs

Major Challenges

Colorado lacks a coordinated, standardized intake and screening process for public programs. Intake and screening is often disconnected from the information, assistance and referral networks, meaning consumers are left to navigate the system on their own. Several entry point organization serve only Medicaid-eligible consumers while several others have no formal interaction with the Medicaid system and cannot track the Medicaid eligibility of their clients. At the same time, public programs lack a

seamless process for eligibility determination. County departments of social and human services determine a person's financial eligibility independent of organizations that assess the person's functional eligibility for Medicaid LTSS in many cases. Even within the Medicaid program, different organizations determine functional eligibility depending on a consumer's type of disability.

Additionally, there is no data system that connects demographic, eligibility and assessment data for most individuals seeking Medicaid LTSS. Currently, the data system used in determining financial eligibility for Medicaid does not interface with the systems used for functional eligibility determination. This lack of data system integration means agencies are not automatically notified when a client receives an eligibility determination. This obstacle, in turn, can result in delays in enrollment.

Function 4: Person-Centered Transition Support

Major Challenges

To effectively deliver person-centered transition support, the entry point system must be able to create formal linkages between and among the major pathways that people travel while transitioning from one setting of care to another, or from one public program to another. The entry point system can play a pivotal role in these transitions to ensure that people understand their options and receive LTSS in the setting that best meets their needs and preferences. Promoting formal and robust partnerships between entry point agencies and critical pathway providers, such as hospitals and nursing homes, would go a long way towards meeting the objective of comprehensive and consistent person-centered transition support.

Function 5: Consumer Populations, Partnerships and Stakeholder Involvement

Major Challenges

Under the current entry point system, agencies involve stakeholders and partners to varying degrees. Since a fully-functional entry point system must serve persons with all types of disabilities regardless of age and income, a wide variety of stakeholders, including consumers, LTSS programs and providers and state agencies, must actively participate in not only designing and refining the entry point system but also in providing the services.

Function 6: Quality Assurance and Continuous Improvement

Major Challenges

Colorado faces significant challenges in constructing a standard, high-quality entry point system. Quality assurance and continuous improvement depend on adequate coordination and staff capacity as well as an integrated IT solution or interoperability to support data sharing. Staff capacity, which is crucial for implementing continuous improvement activities, varies across organizations. Some organizations are understaffed given their workload and limited funding for entry point services and turnover is high. While local organizations are largely responsible for staff training, there is no common set of qualifications or training protocols. Creating a consistent and standardized training process that is implemented at the state level will greatly help address the lack of a trained workforce, ultimately leading to significantly improved experiences for consumers trying to access LTSS.

Goals and Objectives:

Colorado's goal is to develop a model for implementing a fully functional NWD system statewide to address many of the major challenges currently experienced by LTSS consumers. Major objectives for the NWD system include:

1. Establish 3-5 community organizational pilot sites by July 1, 2016.
2. Establish learning communities composed of representatives from the community organizational pilot sites, state staff and other stakeholders by October 1, 2016.
3. Create an action plan to address the identified policy barriers that have implications for NWD agencies by September 2018.
4. Determine a financial model with an action plan to finance a NWD system statewide by September 2018.
5. Develop a toolkit of NWD operations for the statewide NWD system that is informed by the community organizational pilots by April 2018.
6. Complete an evaluation of NWD operations during the pilot phase by September 2018.

Proposed Interventions

Background

In a continuation of the CLAG and CCLPs' efforts, staff from the Colorado Department of Health Care Policy and Financing (the Department), along with the Colorado Department of Human Services' State Unit on Aging (SUA), Office of Behavioral Health (OBH) and Division of Vocational Rehabilitation (DVR), have spent the last 12 months working with consultants from the Colorado Health Institute (CHI) and Nonprofit Impact (NI) to develop a three-year NWD implementation plan. The above mentioned state staff and consultants served as the NWD Project Team. The team formed the NWD Planning Advisory Group, which was made up of stakeholders from throughout the state, including representatives from LTSS entry point agencies, the Veterans Administration, nursing facilities, home health care providers, consumers and family members. The advisory group met four times in 2015 across the state in an effort to engage key stakeholders in this planning process. The planning was complete in May, 2015. Through engagement with all of these key stakeholders, the Project Team was able to determine a proposed structure and vital components of a NWD system for Colorado. From these meetings, Colorado determined that the following items (though not an exhaustive list) should be considered in designing a responsive NWD system:

- Ensure individuals seeking assistance are provided with a wide range of LTSS options and are allowed to decide what options are best able to meet their goals and needs;
- Improve coordination between entities that determine financial eligibility and functional eligibility for public programs;
- Develop training standards and procedures for NWD staff;
- Create a governance and administration structure; and
- Use multiple methods of communication for meaningful stakeholder engagement.

Given the regional variability across the state, Colorado will pilot regional NWD systems to determine how it will impact individuals seeking assistance, state agencies, entry points and other stakeholders.

Colorado's Proposed Interventions

The primary intervention that Colorado will use is to establish three to five pilot sites in different regions to test and refine various tools and approaches to carrying out the four functions of a fully functional NWD system as articulated by ACL. To determine which regions will serve as these pilot sites, Colorado plans to issue a statewide Request for Proposals (RFP), allowing entities in all interested regions to apply for this opportunity. The state will ensure that the community organizational pilots are from both Colorado's urban and rural areas. To select regions, the state will consider existing relationships between entry point agencies within a region, local barriers to accessing LTSS, a focus on making a preventative impact whenever possible and clear steps in the proposals that entities will take in implementing the NWD system within their respective regions. Each respondent's proposal must include a description of the lead and partnering organizations that will be involved in setting up the appropriate NWD structures, provide a detailed description of their approach and proposed budget. The regional entities are expected to contract with local organizations and providers to conduct NWD functions and will be accountable to the state for outcomes. The lead organizations are expected to serve as coordinating or integrating agency that ensures NWD functions are carried out through their organization or sub-contractors in their respective regions.

The NWD Implementation Grant funding will be used to support the operations of the pilot sites and to hire two contractors for the duration of the grant period. The contractors will be responsible to provide technical assistance to the pilot sites and to develop a final statewide NWD operational plan and financing model. The NWD Implementation Grant funding will also be used to fund three positions housed within the Department. These positions are: Policy Lead, Project Manager and Program Assistant. These positions will be responsible for management of the grant project as well as coordinating the next steps of the implementation plan when approved by the ACL.

The contractor for technical assistance, NI, will work with the pilot sites and the state staff to organize a learning community among the pilots. The learning community will also include a cross-section of other stakeholders who are impacted by changes to the system. NI will facilitate any meetings

and coordinate communication between meetings. The purpose of the learning community is to glean best practices and lessons learned regarding all aspects of operating the pilot. The identified best practices and lessons learned will be used to refine training; improve upon existing tools, such as job descriptions and forms; shape future considerations for financing; and inform future policy actions. The consultant, NI, will coordinate periodic learning community meetings with help from the Project Team and identify other strategies to engage the pilot sites in sharing lessons learned. As the pilot sites progress in implementing their NWD systems, it is expected that they will use the sessions to provide information on trends and critical issues that may require adjustments to operational and financial model for a statewide NWD system. The consultant will also issue summary reports documenting lessons learned during the implementation process. Ultimately, the work of the learning community will directly impact the final products and deliverables that result from this grant opportunity.

Function: State Governance and Administration

The function of State Governance and Administration includes the state leadership and collaboration, the inclusion of stakeholder input, designation of non-state government entities to perform NWD functions at a local level, the assurance of person-centeredness, staffing and performance standards and quality improvement. Addressing the challenge of creating entry points that serve all individuals begins by establishing a strong governance structure. An overall proposed statewide structure to implement NWD was developed during the NWD planning phase (see attachment 3 for an organizational chart). This structure includes decision making and operational oversight at the state level along with non-state regional entities responsible for ensuring NWD functions are carried out across the state.

Once the pilot sites are chosen, stakeholders, including leaders from local LTSS entry point agencies and individuals, will work with the state to develop a regional governance structure. Through the regional and state governance structure, the Department will establish key performance metrics for the NWD agencies that will serve as the basis for ongoing evaluation and quality improvement.

As part of the technical assistance package to be developed for the pilot sites, the Department will make available training resources to promote person-centered thinking and to develop a person-centered

organization. To ensure adequate staff capacity, the pilots will work with local entry point agencies to secure person-centered counselors and eligibility staff during the grant period. Counselors will need to become experts in all LTSS programs so that they understand all of the options available to individuals.

Function: Public Outreach and Coordination with Key Referral Sources

This NWD function includes public outreach and education to raise awareness of the NWD system, to develop a referral relationship with information and referral entities, to establish partnerships with nursing facilities and other care facilities to support diversion or transitions to community-based LTSS and to support youth transitions from school. To carry out this function, the pilot sites will be tasked with creating formal linkages with a wide range of partners to identify referral sources, including entry point agencies, hospital discharge planners, nursing homes, advocacy organizations, faith-based institutions, schools and area nonprofits to create a robust referral network.

Once referral sources are identified, the pilot sites will educate them on the NWD pilot and its operations in their specific region. As part of the education, the pilot sites with the Department will ensure that referral sources understand their role and how the NWD pilots will benefit the referred individuals and support specific referring agency expectations. In the process, the state and pilot sites will study the barriers to connecting individuals to services and will develop a strategy for information sharing and inter-organizational communication among the referral sources.

From there, the Project Team and pilot sites will establish protocols for referrals based on organizational type, organizational capacity and consumer need. Once protocols are established, pilot sites will work with a contractor to determine feasible benchmarks and specific evaluation metrics with each referral entity. These protocols will include the use of an already established statewide toll-free number for Aging and Disability Resources in Colorado (ADRCs).

To ensure that referrals take place, the state, pilot sites and referral sources will need to enter into Memorandums of Understanding (MOUs) outlining expectations. MOUs will be a vital part of the relationships with referral sources. For referral entities already performing NWD functions, the Project Team and the pilot sites will determine whether or not these entities need to take on new or different roles

and responsibilities.

Efforts to reach out to referral sources will be part of each pilot's overall marketing plan and public relations campaign. The marketing plans and public relations campaigns will be designed to meet the needs and interests of all of the different market segments affected by NWD. The pilot sites' marketing plan will include components of the state's broader marketing strategies that will be outlined in the implementation plan. Steps in the campaign include creating a slogan, cross-platform advertising and developing educational materials. The Project Team will provide each of the pilot sites with customizable templates, which will help ensure consistent messaging across the state. The marketing plans and public relations campaigns will complement the state's current and ongoing Medicaid rebranding efforts.

Function: Person-Centered Counseling

Person-Centered Counseling is the process through which entry into the LTSS system occurs for individuals seeking services and supports. During the planning phase, the Planning Advisory Group addressed the challenges with Colorado's current process for providing person-centered counseling. They defined an ideal *process*, as opposed to an ideal *system*. During the grant period, the pilots will organize their infrastructure and agencies to deliver the ideal process. Stakeholders developed the ideal process, which included the following principles:

- Individuals are always in the driver's seat and person-centered counseling can refer to services and supports at any point in the process to address immediate non-LTSS needs as well as end the process once the consumers have accessed the options available to them.
- Because individuals will come to NWD at different points in their lives, NWD must be flexible enough to assist them during any life stage.
- The NWD process meets the highest standard of customer service.
- The NWD process is supported by staff who are well trained and well paid.
- The consumer experience is consistent statewide.

The Project Team, pilots and consultants will factor these principles into developing a person-centered

counseling process.

Position descriptions for person-centered counselors will be developed during the first year of implementation. Descriptions will be based on the best practices in information and referral standards for professionals and similar positions in other states, such as Wisconsin's Aging and Disability Resource Centers. Job descriptions need to be the same for all person-centered counselors in the state.

While the NWD IT system will not be completed during the first three years of implementation, it is a vital component of the state's long-term plans for providing person-centered counseling. Ultimately, there will be a call center, website and toll-free phone number for consumers to connect with counselors. Establishing the infrastructure needed to support these features of the NWD system will mainly be informed by the state's Colorado Crisis Services call center.

A common person-centered counseling training protocol also needs to be established. NPI will assist in developing the training protocol that will include facilitating access to public and private sector resources along with follow-up mechanisms.

Function: Streamlined Eligibility for Public Programs

One of the operating protocols to be developed will be the coordination of functional and financial eligibility determinations for Medicaid. Financial and functional eligibility will be experienced as one process, unlike today when individuals have to go through multiple eligibility processes separately. Each pilot will be required in their proposal to demonstrate a partnership with the agencies in their regions that are currently responsible for making the functional eligibility decision and the financial eligibility determination.

The person-centered counselor will be the main contact for individuals as they fill out applications. The financial eligibility worker and the person-centered counselor will be expected to establish a formal working relationship based on the operational protocol that will be developed. The eligibility process for other public programs, including Older Americans Act programs, veterans' benefits and State Funded Senior Services will be similarly streamlined. The person-centered counselor will be expected to help the individual apply for those services. If the individual is determined to be eligible for a

Medicaid LTSS Program, the person-centered counselor will make a warm handoff to the appropriate agency that will develop a service plan and set up services for the individual. If the individual is not eligible and wants services, the person-centered counselor will work with individual to access other options if available.

Rationale

Colorado is a state with large land area that has multiple organizations currently providing various entry point functions largely organized around funding streams and populations. The NWD system is a key component to achieve the goals in the CLAG and CCLP, which calls for coordinating an entry point system that ensures individuals are informed of all available LTSS options. The implementation of a fully, functional NWD system will assist in developing a sustainability plan for current ADRC and Money Follows the Person (MFP) efforts in Colorado. Specifically, the sustainability plan for Colorado Choice Transitions, Colorado's MFP program, identifies the NWD system as responsible for transitions after the grant ends in 2018. The pilot will assist Colorado in identifying the needed infrastructure and the financial model to reshape current financing and identify new opportunities to maximize Medicaid administrative claiming for entry point operations while leveraging other non-Medicaid funding streams.

Barriers

1. Lack of Knowledge of Various Programs: Currently, the entry point agencies are fragmented and do not have a full understanding of all the LTSS options an individual might access. To ensure that staff at the pilot sites are trained of all available options, the Department will work with a consultant to develop decision support tools to help the person-centered counselor direct the individual seeking services to the right options.

2. IT Infrastructure: Existing entry point agencies have different IT platforms which currently do not interface. Even individuals accessing Medicaid services will have information collected in different IT systems as they apply for Medicaid. There is no regional or statewide database system for

resources, which will be needed for information and referral. The Department is currently working on a new information management system that will better integrate data for Medicaid. To address non-Medicaid, the Department will work with the local pilots to identify a local information management platform that can coordinate data for just NWD functions and that can export information in a data format that can be uploaded to Department systems.

3. Regulatory Barriers: The state statutes and regulations affecting entry points are established for the current environment, designating specific agencies to complete specific functions. The Project Team in the first year will need to review Home and Community-Based (HCBS) waiver applications, statutes, contracts and regulations to determine how to structure the RFP and the pilots so that the pilots are operating with the authority to carry out the NWD functions.

4. Leveraging Funding Streams: Another anticipated barrier involves leveraging all funding streams for NWD functions. After identifying funding streams in the first year, the Project Team will work with the various state agencies' budget offices to identify supplemental funding to the grant, if warranted, to support NWD functions during the pilot period. While Medicaid will play a significant role in financing the NWD system, it has yet to be determined how much Medicaid funding is needed, as opposed to funding from other sources. A consultant will conduct a scaled-down time study assessing how much time staff from pilot sites spend on intake and screening for LTSS options and determining Medicaid eligibility. This study will indicate how much funding needs to come from Medicaid and how much funding needs to come from other sources. It is also not clear how the NWD system can access and leverage private pay or private insurance resources. The Department, through the pilots, will examine the private pay market opportunities to inform future financial modeling for the NWD system.

Target Populations and Organizations:

During the planning phase, the Department involved stakeholders and key partners to develop the NWD implementation plan. Individuals receiving LTSS were included, along with LTSS providers, entry point agencies and consumer advocates. Other state agencies were included in the planning process and

are part of the Project Team. During the implementation grant period, the Department will require the respondents to the RFP for the pilot sites to adequately describe their process for continued stakeholder engagement. This process will include how the pilot sites will ensure representation from a variety of individuals needing LTSS and community organizations. Their approaches must align with the proposed regional governance structure developed with the Planning Advisory Group during the planning phase. This structure requires that key stakeholders are included at both the regional and state level. See attachment 4 for a list of stakeholders and key partners that will be a part of NWD system planning efforts.

Additionally, the Department will host semi-annual public forums to inform the general public of the current status of the pilots and to solicit feedback during the grant period.

Outcomes

- Develop a NWD toolkit which includes job descriptions for person-centered counselors, decision support tools and operational protocols and a template for state contracts for NWD regional agencies by April, 2018. The operational protocols will include the coordination of the functional and financial eligibility determinations and quality assurance efforts. Nonprofit Impact, one of the contractors, will help the Project Team develop the toolkit.
- Create an inventory of regulatory and policy barriers that Colorado will face when implementing NWD, which will assist in the development of an action plan to eliminate or mitigate the barriers by April 2018. Through the Learning Communities established with the pilot sites, these barriers will be identified and appropriate strategies developed.
- Create an action plan to implement the financial model for the pilots by September, 2018. The Project Team will work with the state agencies' budget offices to identify existing funding streams for current entry point agencies and leveraging those funding streams to support a fully functional NWD system statewide.

Project Management

A NWD-funded project manager will provide overall project oversight and coordination. A lead policy analyst position will be hired to focus on long range sustainability and full implementation of the NWD implementation plan developed during the planning grant period. An administrative assistant will be hired to assist with logistics related to NWD implementation grant activities. All of these positions will be housed within the Department and will report to Tim Cortez, the Department's Manager for the LTSS Community Options Section. The project manager, in conjunction with Tim Cortez, will hold leadership of this project, and will be responsible for monitoring on-going progress, financial oversight, preparing reports and facilitating communications with other partners and the ACL. Brittani Trujillo, the Case Management Services Coordinator for the Department's Division for Intellectual and Developmental Disabilities (DIDD) will serve as the Division's representative on the Project Team. She will work to ensure that the needs of Colorado's intellectual and developmental disability community are addressed throughout the implementation process. The Department's Grants Unit will provide support to ensure the Department complies with the terms and conditions of the grant.

Other state agency staff will also be included to provide overall guidance to ensure that the NWD implementation grant aligns with the priorities of the respective state agencies. Other state agency staff include representation from the SUA, OBH and DVR.

Technical assistance and process facilitation will be the responsibilities of NI. An evaluation consultant will be selected following the state procurement requirements.

Evaluation

A consultant will be contracted to write a final evaluation report at the end of the implementation period. This process will begin during the first year of implementation by developing an evaluation plan that identifies metrics to be evaluated and the methodology and reporting format for the pilot sites. Once the pilots begin, the consultant will need to develop site visit protocols and agreements with the pilot sites on reporting requirements. The consultant will spend the second year of implementation gathering and analyzing data as well as producing a mid-year report. The third year will be spent drafting the final

evaluation plan.

The contractor will engage stakeholders to develop evaluation metrics in the first year. Metrics may include the number of referrals, referral source and individual satisfaction, and timeframes for completion of eligibility determination. Evaluating NWD operations will assist the Department in determining if people are being connected to LTSS in a meaningful way, or, if not, what adjustments are needed. The pilot sites will also use a tracking system to see where referrals originate, what types are made and any other established metrics. The tracking system will be refined over the course of the grant period.

NI will establish a learning community consisting of the pilot sites to glean lessons learned during grant period that will inform future operations for a fully, functional statewide NWD system. This process will involve reviewing regulatory barriers, financial constraints and operational issues.

Dissemination

Both the Department and the offices and divisions within DHS have strong stakeholder outreach efforts and plan to leverage them in implementing the pilot sites. Stakeholders will be engaged through in-person meetings, social networking sites, updates on state agency websites, webinars and other engagement activities. The Project Team will work with the public information offices within the state agencies to coordinate stakeholder communication. These tactics will remain consistent with our current communications channels and will provide wide accessibility to the results, findings and other updates on implementation in an easy to read format. As previously mentioned, the Department will conduct semi-annual public forums to disseminate information to stakeholders and to solicit feedback.

Organizational Capacity Statement

The Department will serve as the applicant agency for the grant. The Department is the single state Medicaid agency tasked with delivering high quality health care to the residents of Colorado through the administration of the Medicaid and Child Health Plan Plus programs, as well as a variety of other programs for Colorado's low-income families, the elderly and persons with disabilities.

The Department has extensive experience in managing grants and cooperative agreements, both federal and non-federal, including Money Follows the Person (MFP) and the Testing Experience and Functional Tools (TEFT) in Community-Based LTSS. Both MFP and TEFT fall under the supervision of Tim Cortez, the Community Options Section Manager within the LTSS Division, which is in the Office of Community Living (OCL). This section is specifically responsible for programs and services in the Medicaid Program that assist and direct people to community-based LTSS options or other options if needed. Under this section, the Department has consolidated LTSS entry point and case management operations for individuals without an intellectual disability, Pre-Admission Screening and Resident Review (PASRR) and community transition services and programs, such as MFP. This grant is very closely aligned with the work of this section, which will have responsibility for implementing the CLAG recommendations to redesign entry point systems in Colorado and to sustain MFP efforts.

The OCL also includes the Division for Intellectual and Developmental Disabilities (DIDD). The DIDD provides leadership for the direction, funding and operation of services to persons with intellectual and developmental disabilities in Colorado. State leadership and oversight includes: policy, planning, program development, budget development, program operation guidelines, technical assistance, training, determining funding needs, setting priorities, contracting and allocating funds, reviewing services and funding utilization, program quality, monitoring and evaluation and management information. Included in the DIDD's oversight are administration of entry point functions performed by Community Centered Boards (CCBs), the case management agencies for intellectual and developmental disability services. These functions are performed in concert with service providers, advocacy groups and consumers and their families.

The Department has a unit responsible for grants management, whose staff are able to provide expertise and help when needed to other Department staff, as well as to external agencies. The Department's grants and OCL staff, as well as the SUA, OBH and DVR staff, have collaborated together on numerous projects over the past several years. The Department will work with aforementioned agencies as full partners in co-leading the three-year implementation process. All agencies are committed

to participating in the implementation of NWD in Colorado. Resumes for key agency staff are attached.

Within the Department of Human Services, OBH is the state's behavioral health authority and is responsible for policy development, service provision and coordination, program monitoring and evaluation and administrative oversight for the public behavioral health system. OBH funds, supports and monitors numerous mental health and substance abuse community programs and provides and reviews and designates the state's 27-65 providers. OBH executes the state's federal responsibilities such as the State Mental Health Authority and the State Substance Abuse Authority for the purposes of administering federal mental health and substance abuse block grant funds. OBH's initiative to establish a statewide crisis intervention system and the coordination with the Department's managed care behavioral health system provide the knowledge and expertise to advise project staff on the linkages between the mental health system and a NWD system in Colorado.

The Office of Community Access and Independence contains the Division of Aging and Adult Services, Division of Vocational Rehabilitation, Division for Regional Center Operations, Division of Veterans Community Living Centers and the Division of Disability Determination. The office directs programs and facilities that assist veterans, older individuals and individuals with disabilities. Policy, performance management, fiscal and administrative tools and directions are provided to: 16 Area Agencies on Aging (AAAs), 64 county departments of social/human services, three regional centers for individuals with intellectual and developmental disabilities and vocational rehabilitation.

Colorado's SUA, housed in the Division of Aging and Adult Services, currently provides oversight of the AAAs and has been the lead state agency responsible for the implementation and development of ADRCs throughout the state since 2005. For this project, the SUA will coordinate with the AAAs and ADRCs in the selected regions to build and promote community organizational pilot sites. The SUA has been involved throughout the planning process and in the work of both the CLAG and CCLP.

During implementation, the SUA will work with the AAAs to leverage Older Americans Act and State Funding for Senior Services dollars to expand NWD. The AAAs budget on a state fiscal year (July 1

through June 30) and the next budget cycle will occur in SFY 2016-17. Since the majority of the money for the AAAs are state funds, the SUA will work with the Department to explore the use of state dollars to draw down Medicaid funding where appropriate.

The SUA will monitor the progress of its AAA and ADRC networks relative to the implementation of the community organizational pilot sites. Depending on the roles of the AAAs and the ADRCs, the SUA will provide the technical support, training and follow-up to ensure the work of the aging network supports this initiative. The SUA will also participate in planning, training and identifying community partners from the aging and disability communities.

The Division of Vocational Rehabilitation (DVR) assists persons with disabilities to succeed at work and to live independently. They also administer federal funds for the Centers for Independent Living (CILs) in Colorado. Throughout the implementation process, DVR will collaborate with the CILs to promote the community organizational pilot sites.

Nonprofit Impact was founded in 1996, and is dedicated to impacting the way organizations, agencies and communities do their work to achieve mission related results. The company specializes in organizational and multi-sectorial partnership success and sustainability. They provide services in strategic planning, marketing, and capacity building and work solely with nonprofits and public agencies. NI and its sister company, Conservation Impact, have completed more than 1,000 projects with 650 organizations in 48 states, China, the Philippines, Canada and Australia.