American Rescue Plan Act (ARPA) Update Webinar

Colorado Department of Health Care Policy & Financing

Office of Community Living
Health Programs Office

February 17, 2022

Agenda

- **Background & Recap**
  Bonnie Silva - Office of Community Living Director

- **Budget Update**
  Bonnie Silva - Office of Community Living Director

- **Launched Projects**
  Bonnie Silva - Office of Community Living Director

- **Hiring Progress Update**
  Bonnie Silva - Office of Community Living Director

- **Stakeholder Engagement**

  - **New Plan**
    Hayley Gleason - Strategic Outcomes Division Director

  - **Website Update & Demo**
    Max Winkler - Strategic Unit Supervisor

- **Project Updates**

  - **A Focus on the Workforce**
    Colin Laughlin - Office of Community Living Deputy Director

    - **Project Category Highlight**

    - **Project 1.10 - Rural Sustainability & Investments**

  - **Behavioral Health Project Updates**
   Cristen Bates - Population Health Division Director

The American Rescue Plan Act

❖ The **American Rescue Plan Act (ARPA)** was passed by Congress on March 11, 2021

❖ **Section 9817 of ARPA** supports HCBS services, including behavioral health components

  ➢ 1915 (c) Home and Community-Based (HCBS) Waivers
  ➢ Personal Care
  ➢ Targeted Case Management
  ➢ Home Health Care
  ➢ Private Duty Nursing
  ➢ Program of All Inclusive Care for the Elderly (PACE)
  ➢ Behavioral Health
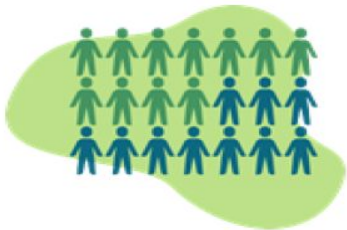
$2,604 Additional Spending per Beneficiary

On average, states plan to spend an additional **$2,604** per home and community-based services (HCBS) beneficiary on activities that enhance, expand, or strengthen HCBS.

CMS Has Approved All States' Spending Plans[1]

17- Conditionally approved[2]

34 - Partially approved[3]

All partially and conditionally approved states can begin claiming the 10 percentage point HCBS FMAP increase retroactive to April 1, 2021[4]

Total of $25B in Planned Spending Across States

According to states' initial spending plans submitted to CMS, each state plans to spend between **$32.1 million** and **$4.63 billion** on activities that enhance, expand, or strengthen HCBS under Medicaid. These amounts will change as states further plan and implement their activities under ARP section 9817.

Legend:
- <$50M
- $50-$100M
- $100-$250M
- $250-$500M
- $500M-$1B
- $1-$2.5B
- >$2.5B
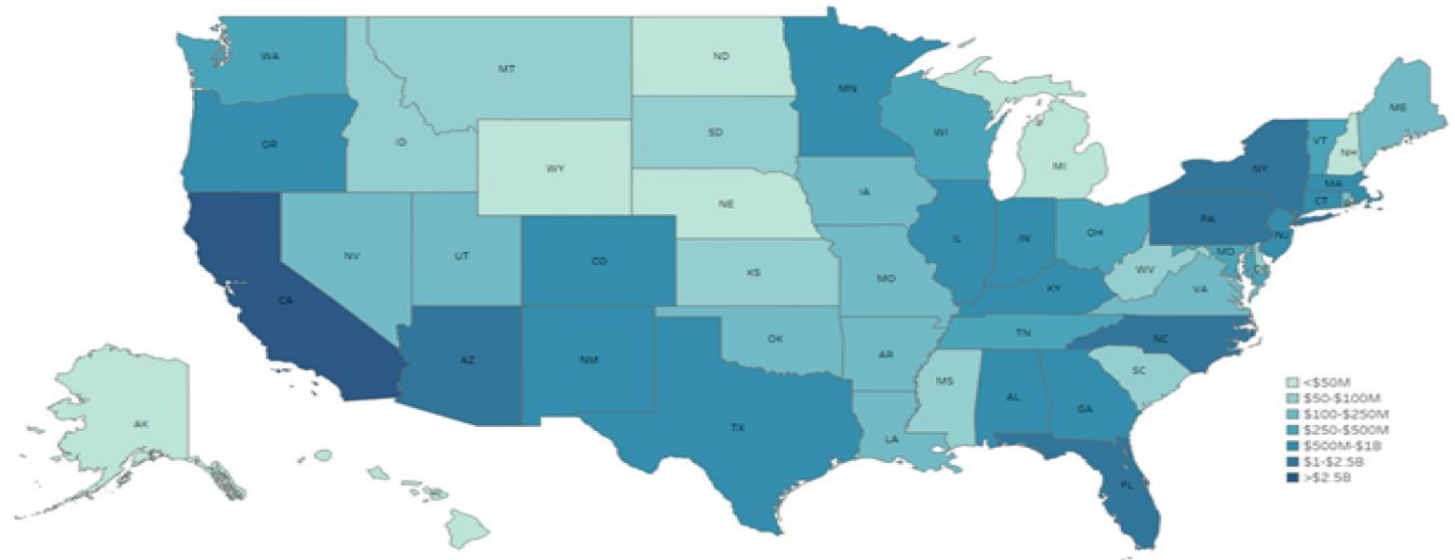
[1] Approvals made by CMS as of January 25, 2022

[2] States with conditional approval of their spending plans can begin implementing all of the activities included in the spending plan.

[3] Within this category, CMS has asked the state to provide additional information before one or more proposed activities to enhance, expand, or strengthen HCBS in the state's spending plan and narrative can be approved, and/or has identified an activity that is not approvable under ARP section 9817 (e.g., room and board). States with partial approval of their spending plans can begin implementing any activity included in the spending plan if CMS has not identified the activity as not approvable or asked for additional information about the activity.

[4] For all states, the approval to claim the FMAP increase is conditional upon the state's continued compliance with program requirements as stated in State Medicaid Director Letter #21-003 - https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf

Most Commonly Proposed State Initiatives

![CMS - CENTERS FOR MEDICARE & MEDICAID SERVICES / CENTER FOR MEDICAID & CHIP SERVICES]

1. Strengthening the Provider Workforce

- Provide one-time payments to provider agencies and/or direct service professionals (DSPs)
- Establish DSP training and certification programs
- Create workforce registries (e.g., statewide list of credentialed DSPs) and web-based hiring platforms that enhance employment opportunities and allow consumer-directed beneficiaries to find workers

2. Expanding Beneficiary Services

- Expand HCBS under section 1915(c) waiver programs
- Implement pilot programs
- Explore new service models for complex conditions

3. Enhancing the Use of Technology and Telehealth

- Provide equipment to enable telehealth visits
- Expand beneficiary access to assistive technology
- Modernize state Medicaid Management Information System (MMIS) / IT infrastructure

4. Improving Quality

- Adopt new quality measures
- Implement beneficiary experience surveys
- Explore outcome-based payment initiatives

5. Impacting Social Determinants of Health

- Improve employment opportunities
- Address homelessness and provide housing supports
- Provide grants to innovative providers

ARPA North Stars

Supercharge Existing Initiatives

Support COVID-19 Response & Recovery

Foster Innovation & Long-Term Transformative Change

Increase Quality & Good Fiscal Stewardship

PHE vs. ARPA

PHE → Public Health Emergency

- Federal declaration put into place in Jan 2020 and recently extended on Jan 16, 2022 for an additional 90 days
- Requires HCPF to maintain eligibility for all members enrolled during the PHE
- Provides an additional 6.2% federal funding match while PHE is in place per Families First Coronavirus Relief Act

ARPA → American Rescue Plan Act

- Not linked to Public Health Emergency (PHE)
- Funds must be spent by March 2024
- Provides an additional 10% federal funding match from April 1, 2021-March 31, 2022
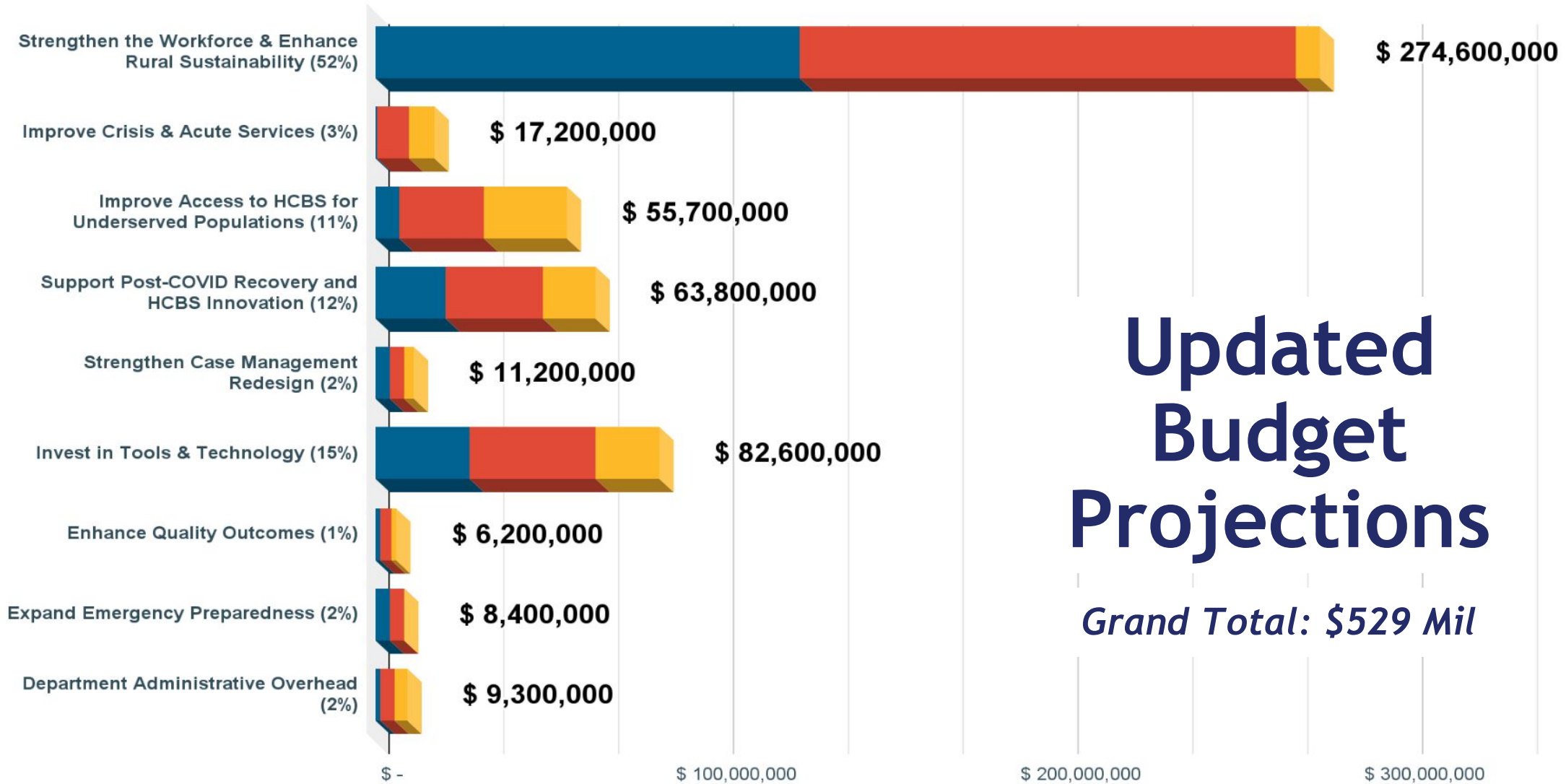
Proposed Additional Funding

➔ The Department updated its projections of state funds eligible for reinvestment due to the 10% FMAP bump based on the actual amount identified for 4/1/21- 9/30/21, which increased the amount that needs to be reinvested

➔ Additionally, the Department accounted for the extension of the public health emergency and corresponding 6.2% increase in FMAP

These budgetary changes result in $16.7 million total additional funds available, which has been allocated to existing projects

★ *The Department is working with the Colorado Joint Budget Committee to gain approval and additional appropriations to fund these proposed spending changes.*

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Updated Budget Projections

Grand Total: $529 Mil

Chart: Updated Budget Projections by initiative across SFY 2021-22, SFY 2022-23, SFY 2023-24

- Strengthen the Workforce & Enhance Rural Sustainability (52%): $274,600,000
- Improve Crisis & Acute Services (3%): $17,200,000
- Improve Access to HCBS for Underserved Populations (11%): $55,700,000
- Support Post-COVID Recovery and HCBS Innovation (12%): $63,800,000
- Strengthen Case Management Redesign (2%): $11,200,000
- Invest in Tools & Technology (15%): $82,600,000
- Enhance Quality Outcomes (1%): $6,200,000
- Expand Emergency Preparedness (2%): $8,400,000
- Department Administrative Overhead (2%): $9,300,000

ARPA Project Phasing

Project Phasing

Phase 1	Phase 2	Phase 3	Phase 4
Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sept 22

Tier I

**Priority Hiring Begins
Phase I Projects
Implementation
Begins**

Tier II

**Second round of priority
hiring begins
Phase II Projects
Implementation Begins**

Phase 1 Project List

Project Title	Category							
PHASE 1 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Case Management Rates					X			
Case Management Agency Training Program					X			
Case/Care Management Best Practices					X			
Case Management Capacity Building					X			
PACE Licensure								X
Supported Employment Pilot Extension				X				
Child/Youth Step-down Options Program and Provider Recruitment				X				
Community First Choice				X				
Respite Rate Enhancement				X				
Home Mod Budget Enhancements				X				
Updates to SalesForce Database						X		
HCBS Provider Digital Transformation						X		
Care & Case Management System Investments						X		
Systems Infrastructure for Social Determinants of Health						X		
Home Health/PDN Acuity Tool						X		

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Phase 1 Project List (continued)

Project Title	Category							
PHASE 1 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
HCBS Provider Electronic Health Record System Upgrades						X		
Eligibility Systems Improvements						X		
Disability Cultural Competency Training for BH Providers			X					
Wrap-Around Services, including Peer Supports for Members with Complex Needs			X					
Expand the Behavioral Health Safety Net			X					
Increase Payments to Providers and Workers	X							
Resource & Job Hub	X							
Direct Care Workforce Data Infrastructure	X							
Standardized Core Curriculum & Specialization	X							
Rural Sustainability & Investment	X							

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Phase 2 Project List

Project Title	Category							
PHASE 2 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Behavioral Health Transition Support Grants		x						
Expand Behavioral Health Crisis Teams		x						
IMD Exclusion, Risk Mitigation Policy		x						
Quality Measures & Benefits Training								x
P4P for PACE								x
CMS Quality Metrics								x
ACF Tiered Rates & Benefit				x				
Residential Innovation				x				
New Systems of Care				x				
Pilot CAPABLE				x				
Connect CMAs to CORHIO						x		
Centers for Excellence in Pain Management						x		
Member Tech Literacy						x		
Member-Facing Provider Finder Tool Improvement						x		
Improvements - System Communication [Interface with Trails]						x		
Public Awareness Campaign	x							
Establish a Training Fund	x							
Career Pathways	x							

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Hiring Update

The Department continues to actively hire to fill roles that will support this critical work

- As of February 14, 2022, HCPF has hired 21.5 of the 58.5 ARPA focused positions
- New positions post all the time- continue to check our ARPA webpage!

Open ARPA Positions - Apply now!

Colorado Government Jobs Website - HCPF ARPA Positions

Position	Compensation	Posting Date	Application Deadline
Person Centered Budget Algorithm Coordinator	$5,428.00 - $6,600.00 Monthly	02/04/2022	02/20/2022
HCBS Quality Policy Specialist	$5,428.00 - $6,300.00 Monthly	02/10/2022	02/20/2022
Child and Youth Alternative Placement Model Advisor	$65,136.00 - $79,200.00 Annually	02/10/2022	02/21/2022

Questions & Discussion

*Press *6 to unmute if you're on the phone*
or
Raise your hand in Zoom

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New Stakeholder Engagement Plan

❏ Comprehensive overview of the stakeholder engagement strategy for ARPA Projects

❏ Includes types of engagements and methods of engagement

❏ Outlines expectations and responsibilities for stakeholders and the Department
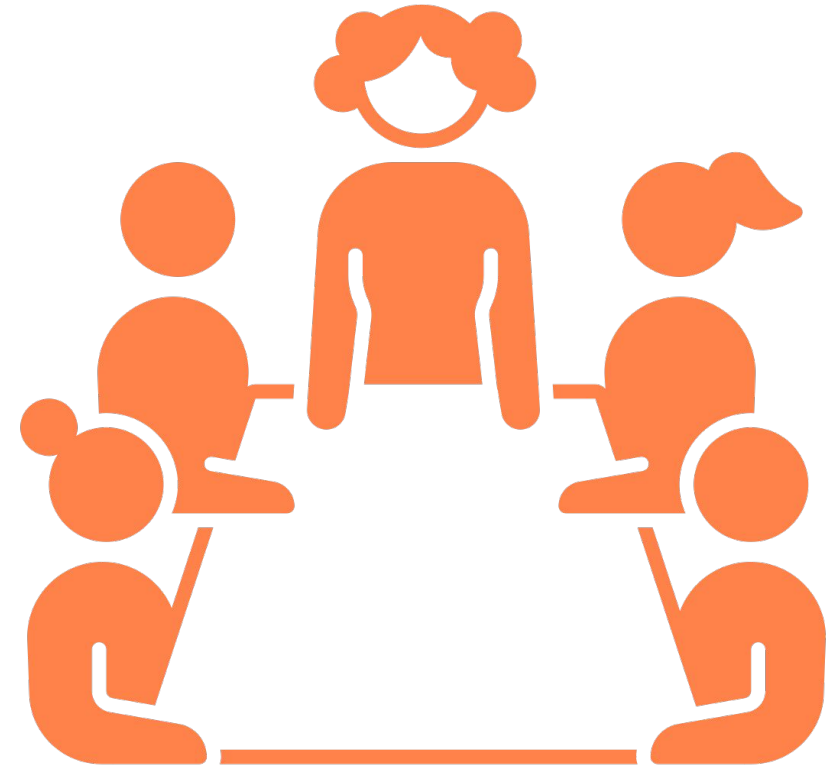
hcpf.colorado.gov/arpa/arpa-stakeholder-engagement/plan

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Website Expansion Update

hcpf.colorado.gov/arpa

- Huge expansion of content added to website at the end of January
  - New to explore:
    - Searchable Project Directory
    - Individual project descriptions and project category explanations of need
    - Project Pulse Newsletter archive
    - Article and Blog Posts
    - Interactive Stakeholder Engagement Calendar and Meeting Information
    - New Question/Comment Submission Form

  - Still being actively updated:
    - Full quarterly reports to JBC and CMS (newest posted Feb 1st)
    - Hiring efforts and job postings

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Live Website Demo

Questions & Discussion

*Press *6 to unmute if you're on the phone*
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Raise your hand in Zoom

Project Category:
Strengthen the Workforce & Enhanced Rural Sustainability

Direct Care Workforce Goals

1. Support Crisis Response & Recovery

2. Expand Cross-Agency Collaboration

3. Recruit New Individuals into the Field

4. Build Career Ladders & Growth Opportunities

5. Improve Retention

6. Develop a Strong Stakeholder Alliance

Strategies
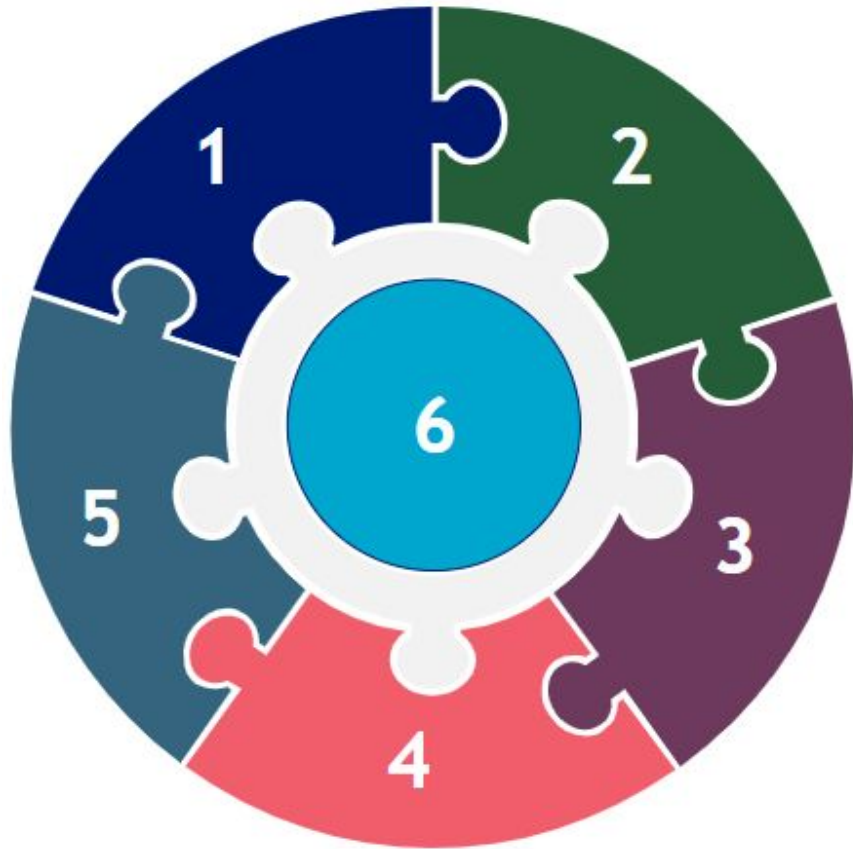
1 Provide **immediate relief** to employers and workers to address COVID related shortages, such as rate increases and direct hands-on support

2 Strengthen the Long Term Direct Care Workforce group to leverage opportunities for greater **cross-agency collaboration** utilizing stimulus funding and new legislation to address immediate and long-term needs of the workforce

3 **Raise awareness** about direct care positions in order to recruit new individuals into the field

4 Create **career advancement opportunities** by redefining Direct Care Workforce position credentials & removing barriers to advancement

5 **Promote retention** through known best practices and improved compensation

6 **Activate industry stakeholder**s to refine and accelerate other efforts

ARPA Direct Care Workforce Initiatives

Project:	Budget:
Increase Payments to Providers and Workers	$244 million
Direct Care Workforce Data Infrastructure	$1.1 million
Standardized Core Curriculum & Specialization	$3.1 million
Resource & Job Hub	$750k
Establish a Training Fund	$9.2 million
Career Pathways	$500k
Public Awareness Campaign	$400k
Workforce Compensation Research	$50k

Actions
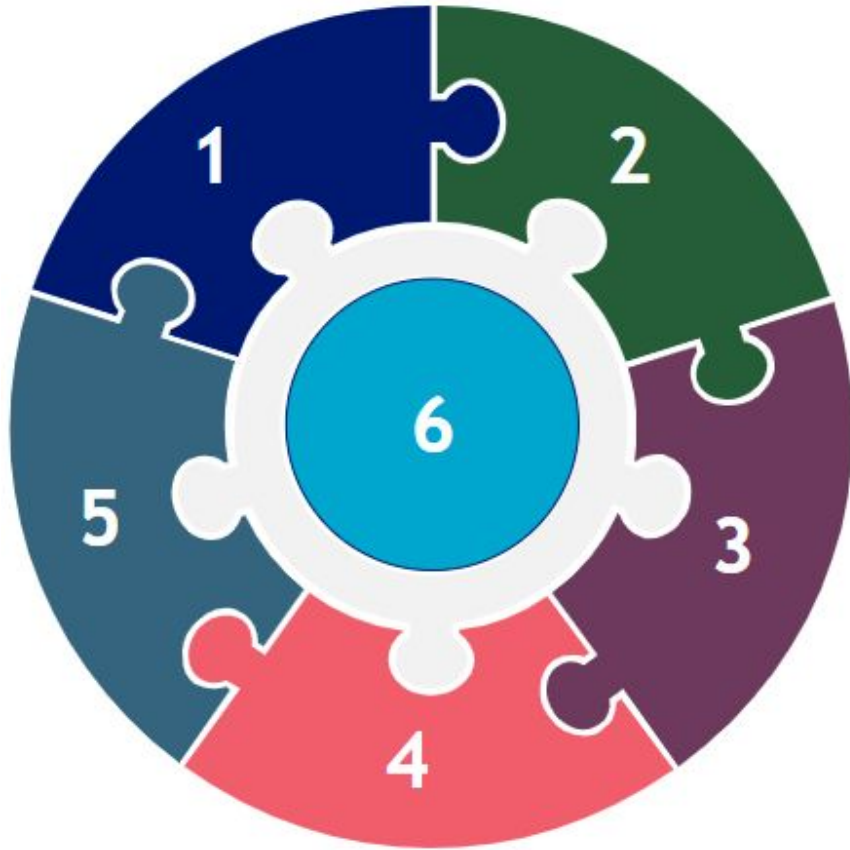
1 **COVID Response:** Provide a 2.11% rate increase for HCBS providers to address workforce shortages; offer hands on support through the national guard and staffing contractors

2 **Cross Agency Collaboration:** Leverage the expertise of other agencies in developing career pathways by providing funds to support expanded internal capacity; maximize stimulus funds to address workforce challenges

3 **Raise Awareness & Increase Recruitment:** Launch a public awareness campaign; Build a one-stop resource and job source hub for prospective and current direct care workers

4 **Build Career Advancement Opportunities:** Develop a core standardized curriculum with specialization modules; Build pathways for advancement to other allied health professions

5 **Promote Retention:** Implement a new $15/hour base wage requirement for all HCSB workers

6 **Activate Industry Stakeholders:** Leverage the Direct Care Workforce Collaborative as partners in executing and promoting new workforce efforts

Direct Care Workforce Collaborative

- Launched in January 2021 as a stakeholder-led group
  - **Mission**: *Stabilize the direct care workforce by implementing strategies that support priority issues and raise awareness about their value*
  - **Vision**: *To be recognized as the central hub for action, expertise, and advocacy on the direct care workforce*

- **Opportunities for Engagement:**
  - Full Collaborative Meetings (1x/quarter)
  - Action Groups- Three topic focused groups focused on implementing action (1x every other month)

Next Direct Care Workforce Collaborative Meeting:
Wednesday, March 9, 2022 from 10:00 - 11:30 am

Rural Sustainability & Investments

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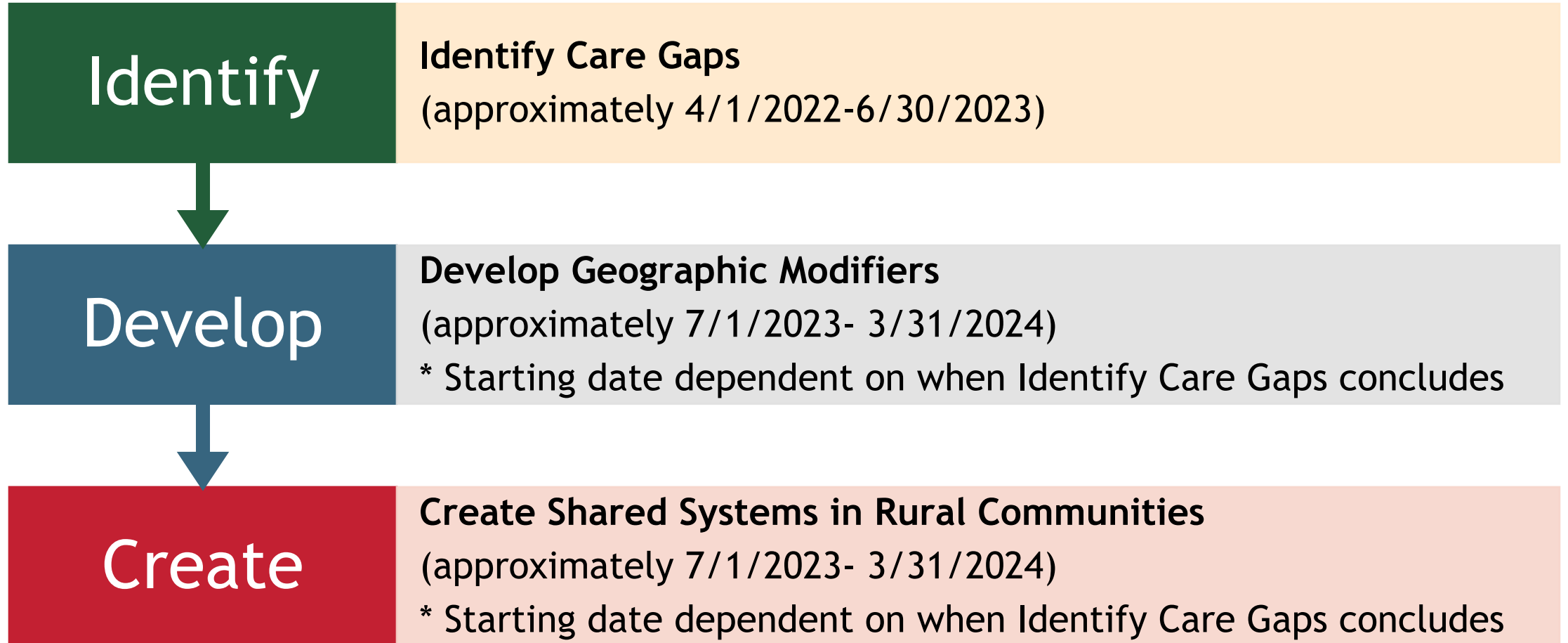Policy & Financing

Background

- Intended to combat **care deserts** in Colorado by investing in strategies to expand our provider network in these areas

- Care deserts lead to inequalities in health care

- The federal government now designates nearly 80 percent of rural America as "medically underserved."

- Rural America is home to 20 percent of the U.S. population but fewer than 10 percent of its doctors and other healthcare professionals and that ratio is worsening each year.
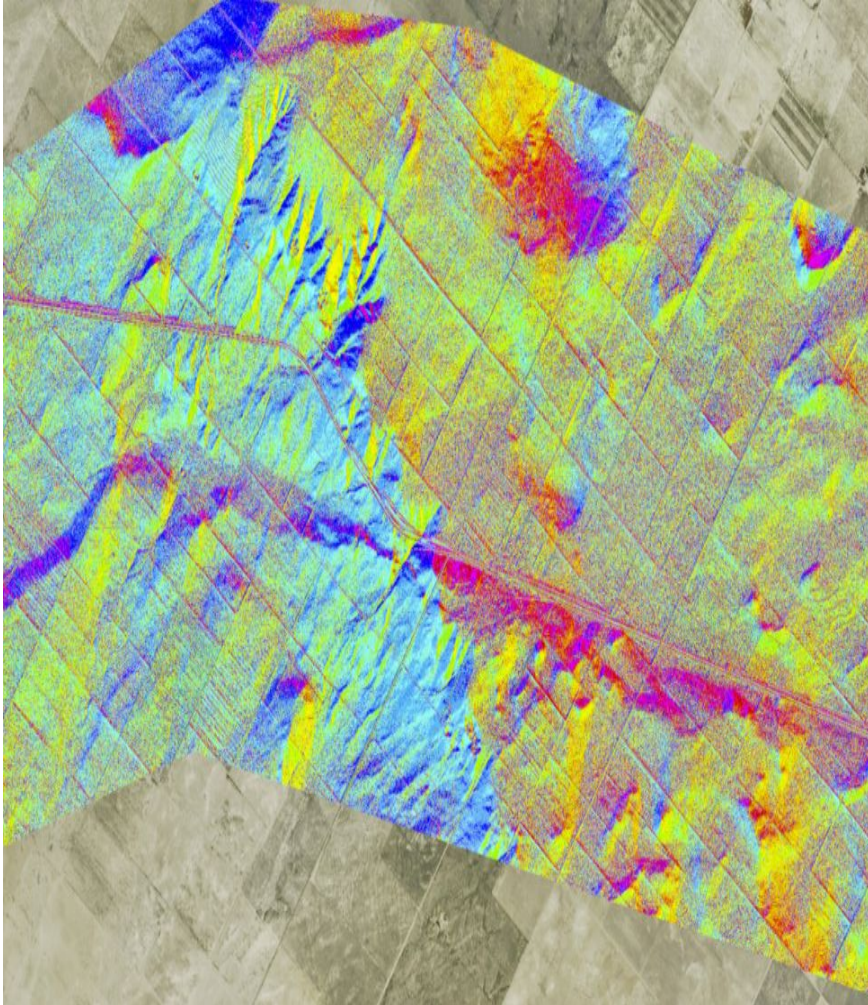
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Overview and Timeline

This project is broken down into 3 parts.

Identify
Identify Care Gaps
(approximately 4/1/2022-6/30/2023)

Develop
Develop Geographic Modifiers
(approximately 7/1/2023- 3/31/2024)
* Starting date dependent on when Identify Care Gaps concludes

Create
Create Shared Systems in Rural Communities
(approximately 7/1/2023- 3/31/2024)
* Starting date dependent on when Identify Care Gaps concludes

Phase 1: Identify Care Gaps

Strategy: This project will be utilizing technology, such as Geographic Information System (GIS) mapping of the provider networks, to identify gaps and potential opportunities for expansion

**Project Description**: We are going to hire a contractor to:

- Complete an environmental scan of Colorado's current HCBS/Medicaid provider network via a GIS heatmap
- Create a tool for the Department to update and track progress on a statewide level
- Identify gaps by waiver, service, and provider type
- Find out which populations are the most impacted
- Give recommendations for provider/service expansion and solutions in a final report

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Phase 2: Develop Geographic Modifiers

Strategy: This Project will be designating and proposing rates by geographic region to account for the cost differential associated with different locations.

Project Description: Geographic modifiers are intended to improve the accuracy of payments to providers in various areas of the state by accounting for the differences in prices for certain expenses (such as clinical and administrative staff salaries and benefits, rent, malpractice insurance, and other defined costs)

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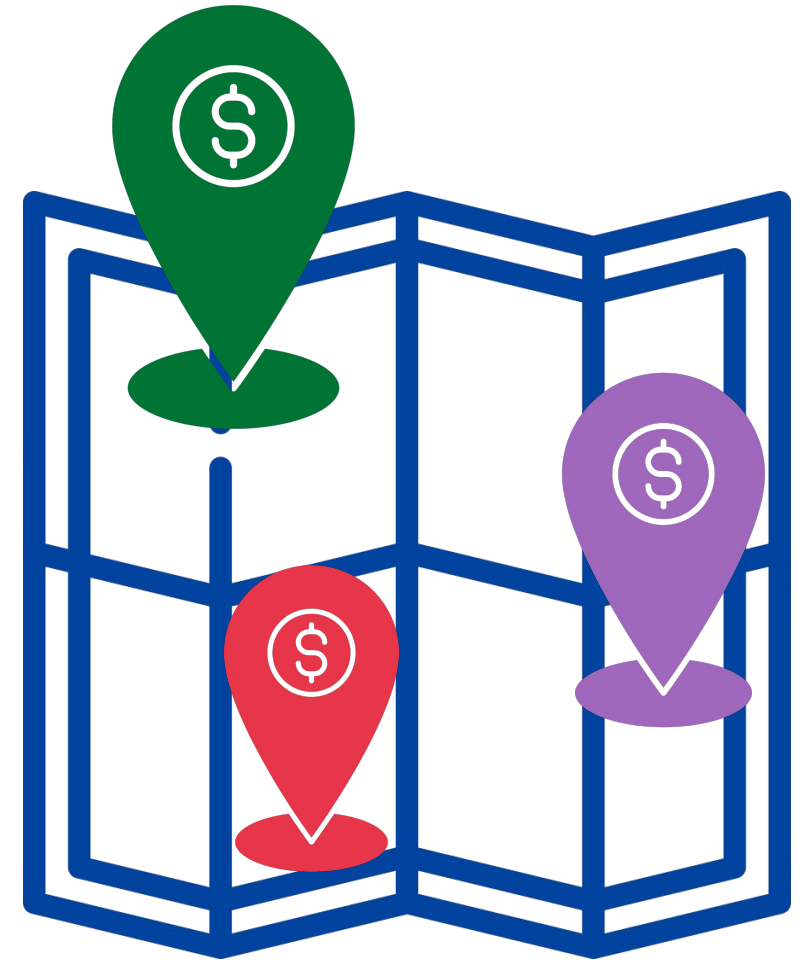
Phase 3: Shared Systems in Rural Communities

Strategy: Partner with hospitals, rural health clinics and other resources to create shared workforce skill sets, shared infrastructure, and systems of care to increase a provider network in efficiencies.

Project Description: In a shared systems of care program, members should find:

- Accessible & flexible care
- Increased communication/collaboration between providers
- Increased educational opportunities for providers
- Ease of access to patient information
- Increased continuity of care
- Maintenance of practitioner and patient satisfaction

Shared care is highly dependent on communication style, skill and expertise, availability, and attitudes toward shared care.

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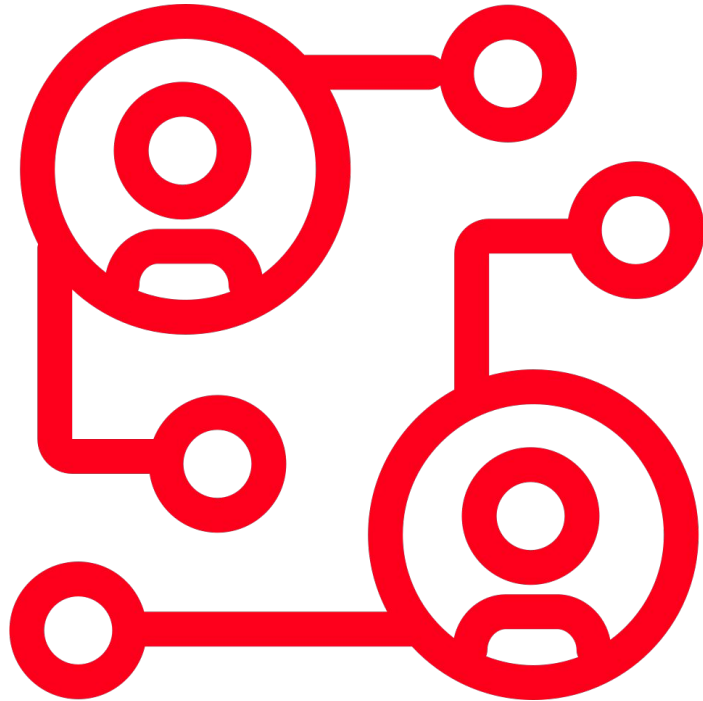
Important Numbers and Data

Metrics

- Improve access
- Increase timeliness of care
- Increase quality
- Increased patient satisfaction
- Increased efficiencies

Budget

- $500,000 FY22
- $600,000 FY23
- $250,000 FY24
- TOTAL: $1,350,000

Progress Made

- New Staff Hired in the Workforce Unit of Office of Community Living
- Project Plan Complete
- Determined Metrics to Track
- Currently in the Procurement Process seeking a full-service consulting firm that has expertise GIS Heatmapping, actuarial analysis, and facilitation

How can stakeholders get involved in this project?

The [Direct Care Workforce Collaborative Meetings](#) will be the primary venue where this project is discussed as it's implemented

Behavioral Health

State ARPA Funds from BHTTF

- Residential SUD for American Indian and Alaska native population. ($5-$10m)

- Youth & family services (residential care, community services, school & pediatric behavioral health care integrations. ($110.5-$141.5m)

- Increase adult inpatient and residential care. ($65 to $71M)

- Integrate primary care and behavioral health. ($35 to $37.6M)

- Grants to local governments and community-based organizations ($35 to $37.6M)

- Diversion, early interventions, & competency restoration. ($65 to $70M)

- Support the behavioral health workforce. ($80.3 to $82.7M)

Wraparound Housing Supports

Goal 1: Build data sharing capacity between DOLA-affiliated support service providers & HCPF

Goal 2: Match ARPA funding for wraparound support services with ~500 housing vouchers distributed by DOLA
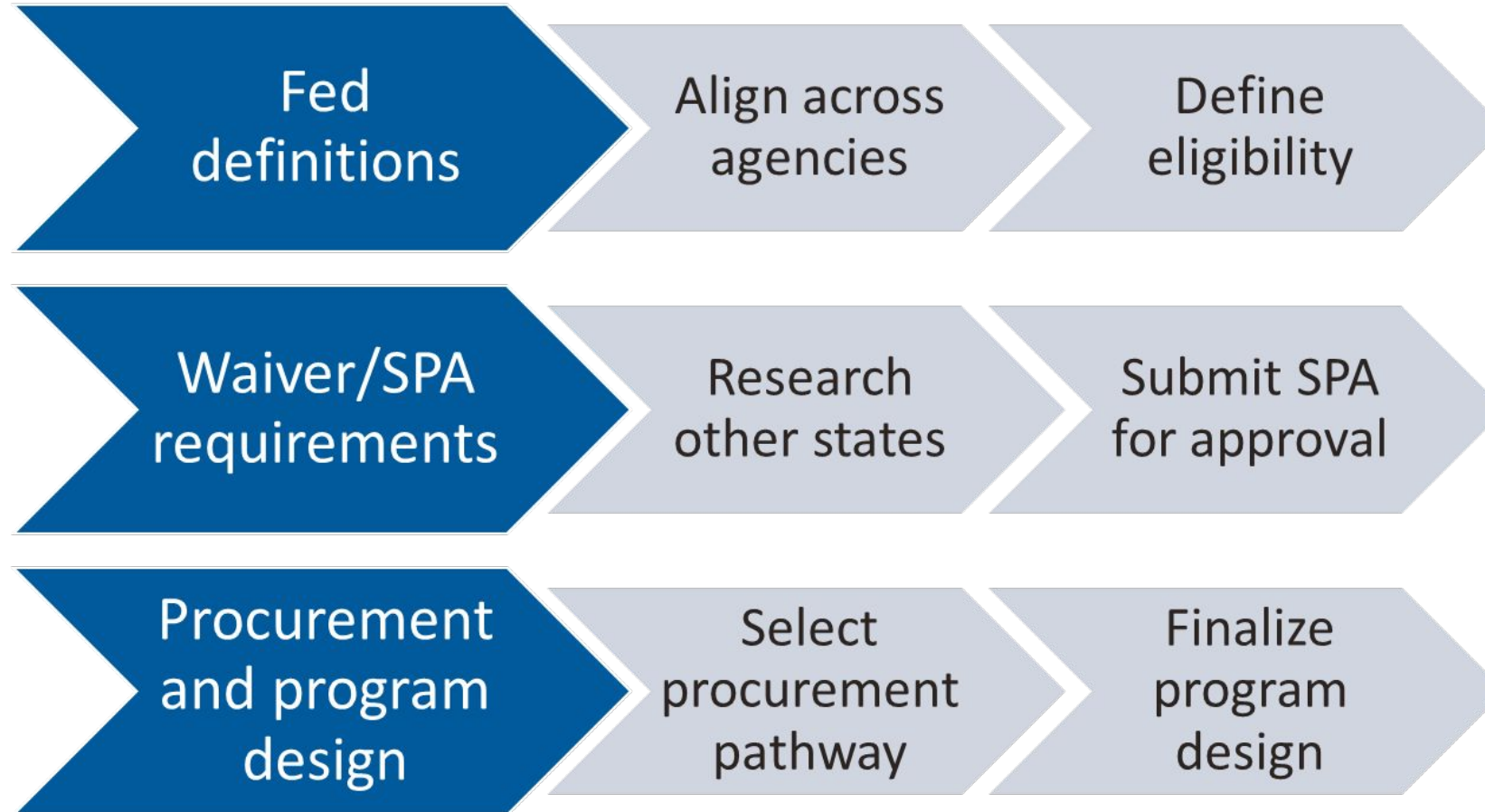
Includes:

- Operations plan to identify utilization of services
- Systematic review of service delivery & relationship to housing stability
- Budgetary analysis evaluation
- Strategic stakeholder engagement

Goal 3: Develop comprehensive portfolio of services available through DOLA-affiliated service providers, CDHS, & HCPF funding sources

- Develop new or expanded benefit to support key wraparound service delivery in a sustainable manner

Steps Prior to Launch

Fed definitions	Align across agencies	Define eligibility
Waiver/SPA requirements	Research other states	Submit SPA for approval
Procurement and program design	Select procurement pathway	Finalize program design

Sustainable plan will ensure alignment with federal goals and standards and will avoid duplication of supports provided by other divisions or agencies

Crisis Response Services Expansion (CRSE)

- ARPA created a new state Medicaid option to provide qualifying community-based **mobile crisis intervention services**
  - HCPF awarded planning grant to create the benefit
  - Matching these plans with new Secure Transportation benefit
  - Mobile crisis benefit live July 2023; Secure transport to be added in 2024
  - Benefit comes with enhanced match for first 3 years

Goal is to increase non-police response by expanding EMT co-responder programs, & potential support clinical elements of law enforcement co-responders models that meet criteria

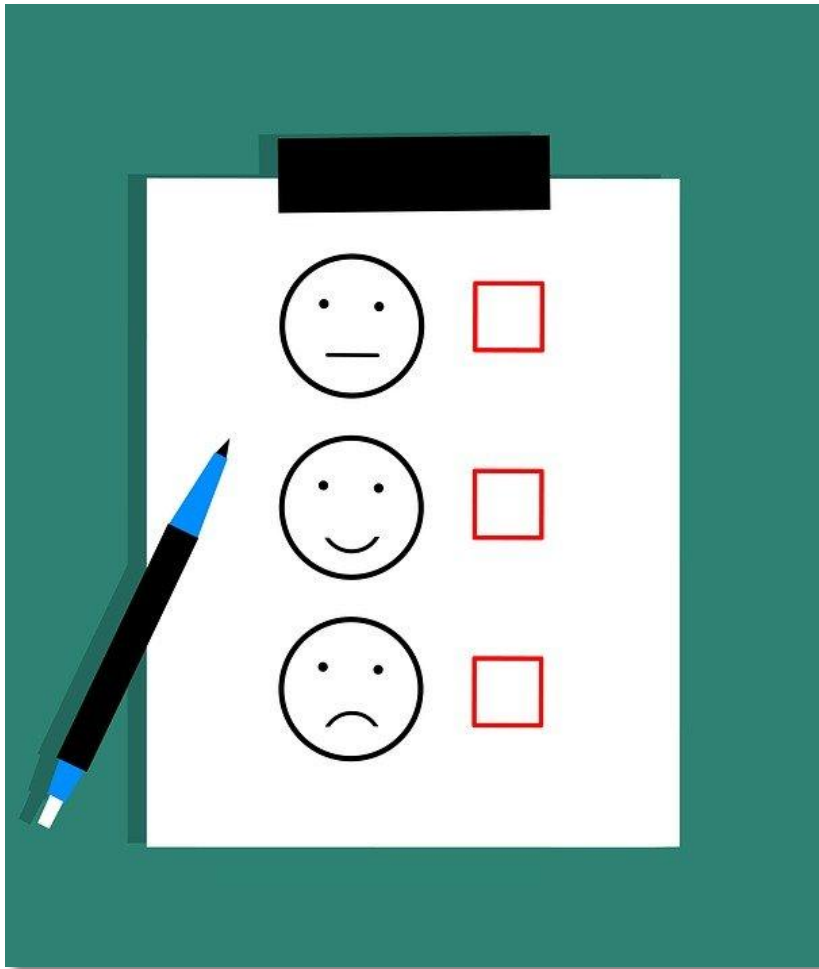- For more info, contact John.Lentz@state.co.us

Questions & Discussion

Press *6 to unmute if you're on the phone
or
Raise your hand in Zoom

60 Second Satisfaction Survey

www.surveymonkey.com/r/GenARPA

Next Webinars

OCL General Updates
Thursday March 17th, 2022

9:30 - 10:30 am - Disability, Older Adult, & Advocacy Communities

3:30 - 4:30 pm - Providers

ARPA Quarterly Update
Thursday May 19th, 2022

9:30 - 11 am - Disability, Older Adult, & Advocacy Communities

3:30 - 5 pm - Providers

Thank you!