



COLORADO

Department of Health Care
Policy & Financing

Q4 2022 QUARTERLY REPORT

Colorado Spending Plan for Implementation of the American Rescue Plan Act of 2021, Section 9817

*Enhancing Colorado's Home and Community-Based Services
System through an Enhanced Federal Match*

April 18, 2022

Submitted to: The Centers for Medicare & Medicaid Services

Quarterly Report Submission to CMS
Q4 2022 Report
January 2022- March 2022



COLORADO
Department of Health Care
Policy & Financing

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

April 18, 2022

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850

To Whom it May Concern,

The Colorado Department of Health Care Policy & Financing is pleased to share the third Quarterly Progress Report in alignment with the CMS Medicaid Director Letter SMD 21-003 dated May 13, 2021 and subsequent guidance. In accordance with that request, this report includes the narrative for our key spending priorities, updates on project progress for each of these initiatives, and an updated spending plan. Per the email sent on April 13, 2022, we acknowledge that the narrative component of the spending plan is not required this quarter, though have decided to include it in order to provide a more detailed update on our progress to date. We also assure CMS of the following:

- Colorado will use the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid Home and Community-Based Services (HCBS) in effect as of April 1, 2021;
- Colorado will use the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- Colorado will not impose stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- Colorado will preserve covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- Colorado will maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021.

Please provide any response to me with a copy to Tracy Johnson, Medicaid Director, at Tracy.Johnson@state.co.us and Kim Bimestefer, Department Executive Director, at Kim.Bimestefer@state.co.us.

Sincerely,

Bonnie Silva
Director, Office of Community Living

cc: Kim Bimestefer, Executive Director, Colorado Department of Health Care Policy & Financing;
Tracy Johnson, Health Programs Office, Colorado Department of Health Care Policy & Financing

Colorado Spending Plan Quarterly Report

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Introduction

The Colorado Department of Health Care Policy & Financing (The Department) has made significant progress towards implementation of the state's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan. The Department remains keenly focused on the goals laid out in our initial plan:

- To supercharge existing initiatives,
- Support the COVID-19 response and recovery,
- Foster innovation and long-term transformative change, and
- Increase quality and fiscal stewardship.

The 65 projects the Department is undertaking are focused on strengthening the provider network and investing in the critical workforce providing the services. The initiatives will also improve access, by expanding availability of services, streamlining processes and enhancing quality for members and their families. These initiatives fall into the following eight categories:

- Strengthen the Workforce & Enhance Rural Sustainability
- Improve Crisis & Acute Services
- Improve Access to HCBS For Underserved Populations
- Support Post-COVID Recovery & HCBS Innovation
- Strengthen Case Management Redesign
- Invest in Tools & Technology
- Expand Emergency Preparedness
- Enhance Quality Outcomes

Since our previous report, submitted on February 1, 2022, 40 phase 1 and 2 initiatives have launched. During these initial months of implementation, the project teams have created project plans, including detailed timelines and deliverables, hired new staff, begun the contracting process, and set out plans for stakeholder engagement. The ARPA project support team continues to refine the processes and systems put in place to monitor initiative progress, enable easy reporting of key metrics, and provide resources, training, and technical assistance to project teams.

The Department has made significant strides in our organization and planning of stakeholder engagement efforts around this work. The Department has hosted two stakeholder meetings attended by providers, advocates, members and families, in addition to project-specific engagement which has recently begun for phase 1 projects. Additionally, the Department recently released a Stakeholder Engagement Plan, which outlines how stakeholders can continue to engage with the Department's HCBS ARPA efforts. The Department has also concluded an update of the HCBS ARPA

webpage and has released three ARPA Project Pulse Newsletter, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

Included within this report is an update to Colorado’s initially submitted ARPA HCBS Spending Plan. All new content added since our previous report is in red text for ease of identifying. For those initiatives that have launched (phase 1 and 2 projects), there is a status update on their progress to date. Additionally, information about whether Colorado has or will be requesting approval for a change to an HCBS program, and details about which HCBS program, the authority it operates under, and when the requested change is planned, has been included, when applicable, as it relates to a given project. Finally, we outline below how Colorado intends to sustain the activities we are implementing to enhance, expand, or strengthen HCBS under the Medicaid program.

Budget Overview

The ‘Supplemental Document 5-1-22’ attached provides projected and actual spending amounts for each of Colorado’s planned activities, including which we intend to draw down additional FFP, the amount of state and federal share for any activities for which we plan to claim additional FFP, and whether these activities will be eligible for the HCBS increased FMAP under ARP section 9817. The ‘Supplemental Document 5-1-22’ also provides an update to the amount of funds attributable to the increase in FMAP that Colorado has claimed and anticipates claiming between April 1, 2021, and March 31, 2022.

The Department’s HCBS Spending Plan includes \$529.0 million to support enhancing, expanding, and strengthening our HCBS system, including \$310.8 million from reinvested state funds and \$218.2 million from matching federal funds. The funding will be spread out over three fiscal years as shown in **Table 1** below.

Table 1. Planned Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24
\$529.0 million	\$133.2 million	\$308.8 million	\$87.0 million

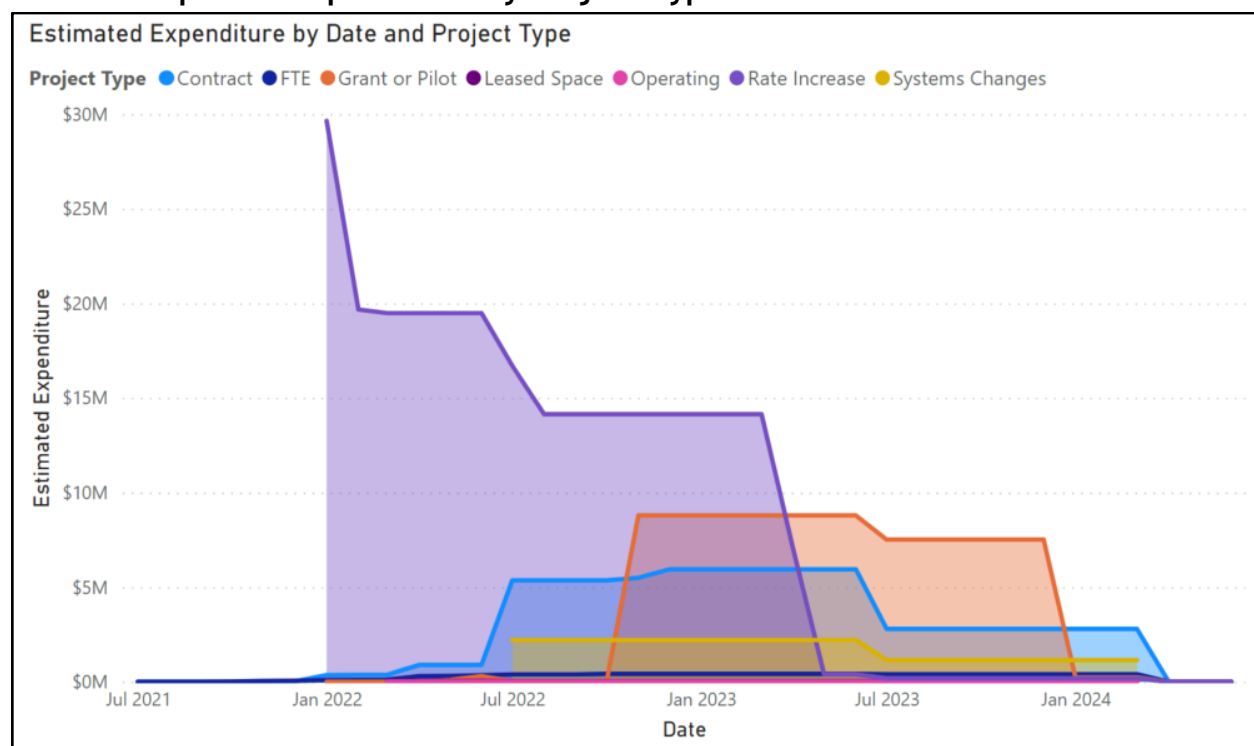
Since the last reporting period, the Department received approval from the Colorado Joint Budget Committee for the \$16.7 million total additional funds to be included in the long bill. These additional funds are available due to updated projections for the 10% FMAP bump and the PHE extension. **Appendix 2** includes the approved uses for

these additional funds. The project descriptions in **Appendix 1** have also been updated to account for any changes in project scope resulting from these budget adjustments.

Additionally, the Department has updated the expected timeline of projected cost for each project within the plan by reviewing hiring and contracting patterns as well as estimated service expenditures. An overall summary of how the Department expects spending to occur can be seen below in **Chart 1**. This chart includes expectations that:

- Rate increase expenditure for the \$15/base wage will increase as providers bill more claims for services incurred after January 1, 2022; span billing results in a billing delay.
- Overall, rate increase expenditure is expected to decrease at varying levels as the time period associated with ARPA funding expires. The Department has included information about the retroactive 2.11% in memos to providers and the information is included in the provider portal to encourage rebilling. We are hopeful those reminders will increase expenditure in that area.
- Grants and pilot expenditures are expected to ramp up quickly as many contracts to develop the grant programs are currently in development. The Department is also working to procure a grant financial manager to oversee contracting and payment. That vendor is expected to start issuing and paying grants in fall 2022.
- Phase 1 and Phase 2 contracts are also expected to ramp up significantly after the start of the fiscal year (July 2022) as many are in the procurement process now.
- Systems changes have been delayed as a result of hiring delays but will start as soon as those the term-limited staff are in place.

Chart 1. Expected Expenditure by Project Type



The Department is currently working on evaluating how much savings the Department has accrued through the 10% FMAP bump to evaluate the total funding available to allocate to projects compared to projections. In the next submission the Department anticipates that it will know the final amount for the full year in which the FMAP bump is effective and can compare the projected budget available to the actual budget available for reinvestment.

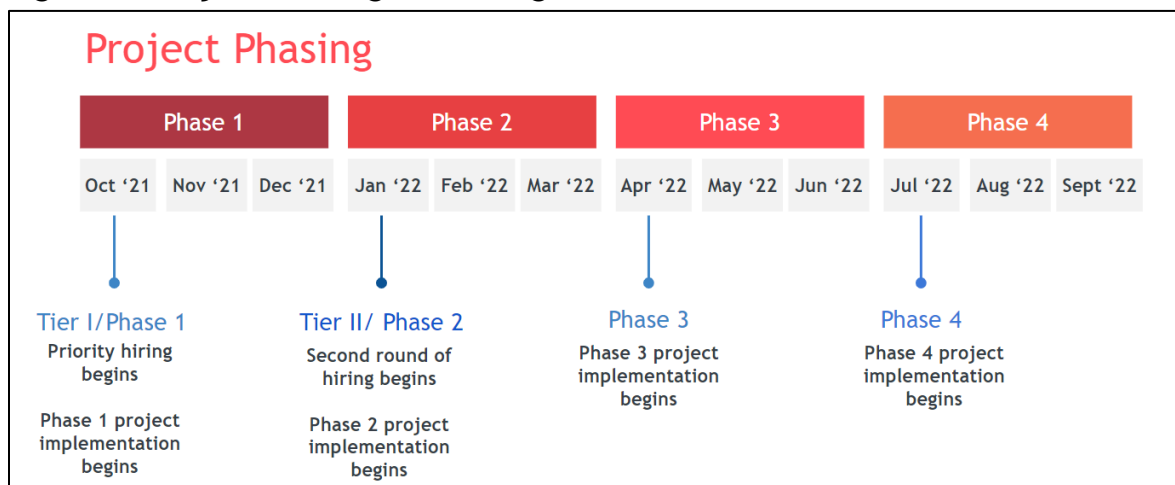
Additionally, the Department is working with CMS to determine whether or not some of the ARPA technology projects could be eligible for additional federal match through the Advanced Planning Document process. Should the Department be approved for a higher match rate, we will include that information in the next quarterly report as appropriate and work through the state budget process for final approval.

Project Overview

Since our last report, the Department has made significant progress towards executing the 65 initiatives to enhance, expand and strengthen the State's HCBS system. The Department continues to move these projects forward in a phased approach to project initiation (see **Figure 1**). This approach allows the Department: to make

project initiation more manageable for our project staff, properly time projects having reliance on other project outputs, and reduce the impact on the human resources group’s hiring efforts. As of this writing, the Department has 22 phase 1 projects and 18 phase 2 projects under way and will have begun an additional 13 projects by the time of your receipt (launched April 1, 2022). A complete listing of projects by phase and category may be found in **Appendix 3**.

Figure 1. Project Phasing and Hiring Tiers



There have been very few changes to the overall structure of roll-out and implementation of projects since our last report. Project 8.11’s name has been changed to more accurately capture the goal and scope of the project. The project will now be titled “EPSDT Benefits Training”, changed from the previous title of “Quality Measures and Benefits Training”. Similarly, Project 4.04’s name has also been changed to “Tiered Residential Rates & Benefits” from its previous title of “Alternative Care Facility Tiered Rates & Benefits”. The change was made after the expansion of scope and additional funding were approved.

As requested by CMS in the ‘helpful tips’ document received February 9, 2022, we have also added indicators for projects which promote equity and/or address social determinants of health (SDOH). For ease of identifying these projects, we have developed a key of symbols. Projects which address either equity, SDOH, or both, will be identified by these symbols in the Project Descriptions and Updates section of this report. In determining the projects that address SDOH, the Department utilized the U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion definition. For the promotion of equity, the Department considered two definitions to inform selection of projects. First, we considered the Department’s internal Equity, Diversity, and Inclusion committee’s developed definition: “Equity is the fair treatment, access, opportunity, and advancement for all people, while at the

same time striving to identify and eliminate barriers that have prevented the full participation of some groups.” In addition, we also utilized the [definition provided by CMS for health equity](#) in particular: “Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.” Through this analysis, 55 projects were identified to be directly impacting SDOH or promoting equity.

Key 1. Social Determinants of Health & Equity Symbols

	Healthcare Access & Quality		Equity
	Economic Stability		Neighborhood & Built Environment
	Education Access & Quality		Social & Community Context

Stakeholder Engagement

The Department continues to keep stakeholders at the center of this work. To provide timely information and updates to stakeholders, the Department has developed a series of opportunities for ongoing interaction. Since our last report, the following activities related to stakeholder engagement have been undertaken:

- Releasing a [Stakeholder Engagement Plan](#), which outlines the ways in which the Department will share information and gather input and feedback on this work
- Revamping the [ARPA HCBS webpages](#) to make it easy for stakeholders to navigate and to quickly learn about the 65 projects and how to get involved
 - The recent updates include a [new calendar](#), where all ARPA HCBS related engagements will be posted
 - Analytics from Feb 18, 2022 - March 19, 2022:
 - 1,737 Pageviews
 - 1,249 Unique Pageviews
 - Top 5 Subpages (in order of most views):
 - [Project Directory](#)
 - [ARPA Stakeholder Engagement](#)

- [ARPA Newsletter](#)
 - [ARPA Workforce & Rural Sustainability Projects](#)
 - [ARPA Tools & Technology Projects](#)
- Launching a new Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
 - [January 2022 Newsletter](#)
 - [February 2022 Newsletter](#)
 - [March 2022 Newsletter](#)
- Hosting the first quarterly ARPA HCBS webinars in 2022 and launching project-specific stakeholder engagement for select projects
 - 219 stakeholders participated in two ARPA HCBS webinars
 - 10 meetings with 457 total participants for project-specific engagement
- Developing and releasing templates, tools, and resources for the ARPA Project Teams to ensure consistency in engagement across projects, including but not limited to:
 - Engagement Checklist with expectations and steps for conducting engagement
 - Engagement Plan to lay out the target population, timeline, method, and goals for engagement
 - Engagement Metrics for consistent tracking across project activities

Analytics & Project Tracking

The ARPA Project Support Team has been working to further refine the use of Microsoft Project, Project Web App (PWA) for all project planning. The team has also made updates and changes to Power BI dashboards for ease of internal management and oversight of project progress and as a reporting tool.

All of the phase 1 and 2 project plans have been uploaded into PWA. 32 project schedules have been baselined (19 phase 1 and 13 phase 2) or formally approved by the project team and moved into management. The three phase 1 projects that are not yet baselined are in ‘watch’ for their schedule. All three continue to progress but due to their complexity or internal staffing capacity issues, have not finalized their schedule. Project details, such as the project charter and outcome metrics, are still being finalized with the project teams. As shown in the dashboard below, the teams are now utilizing PWA and reporting through the dashboards to show project statuses. Phase 3 project plans have all been drafted and will be uploaded into PWA shortly. These plans will be refined with project teams over the coming months.

The latest iteration of the Department’s reporting dashboard is included below (Figure 2). We anticipate this version will be modified as projects continue to advance in maturity.

Dashboard Guide:

The dashboards the Department is developing for this initiative includes the following functionality:

Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project’s health from ‘on track’ to ‘watch’ to ‘needs help’. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget. For the project set selected, the project count and aggregate percentage complete are also displayed.

Section 2 displays information by project phase. As discussed in the report narrative, the project initiatives have been split into four different launch phases. This section displays the count and aggregate status of project health by phase. At the time of this writing, projects in phase 1 are underway, and phase 2 has recently launched.

Section 3 identifies the number of projects requiring either an amendment to the State Plan or Waiver Program and the status of this activity. For those initiatives known to require an amendment, the process status of the effort is displayed. ‘TBD’ refers to those projects which are evaluating a new benefit or service or exploring a change which may in the future require a SPA or waiver amendment. As more information becomes available, these projects will move to either ‘No’, and no longer included in this section, or ‘Yes’ and tracked for process status.

Section 4 represents the individual project section from which aggregate data is drawn. It also shows a more detailed view of the individual project activity and the ability to access a more detailed project page (presently under development).

Figure 2. CMS Dashboard: Project Reporting, page 1

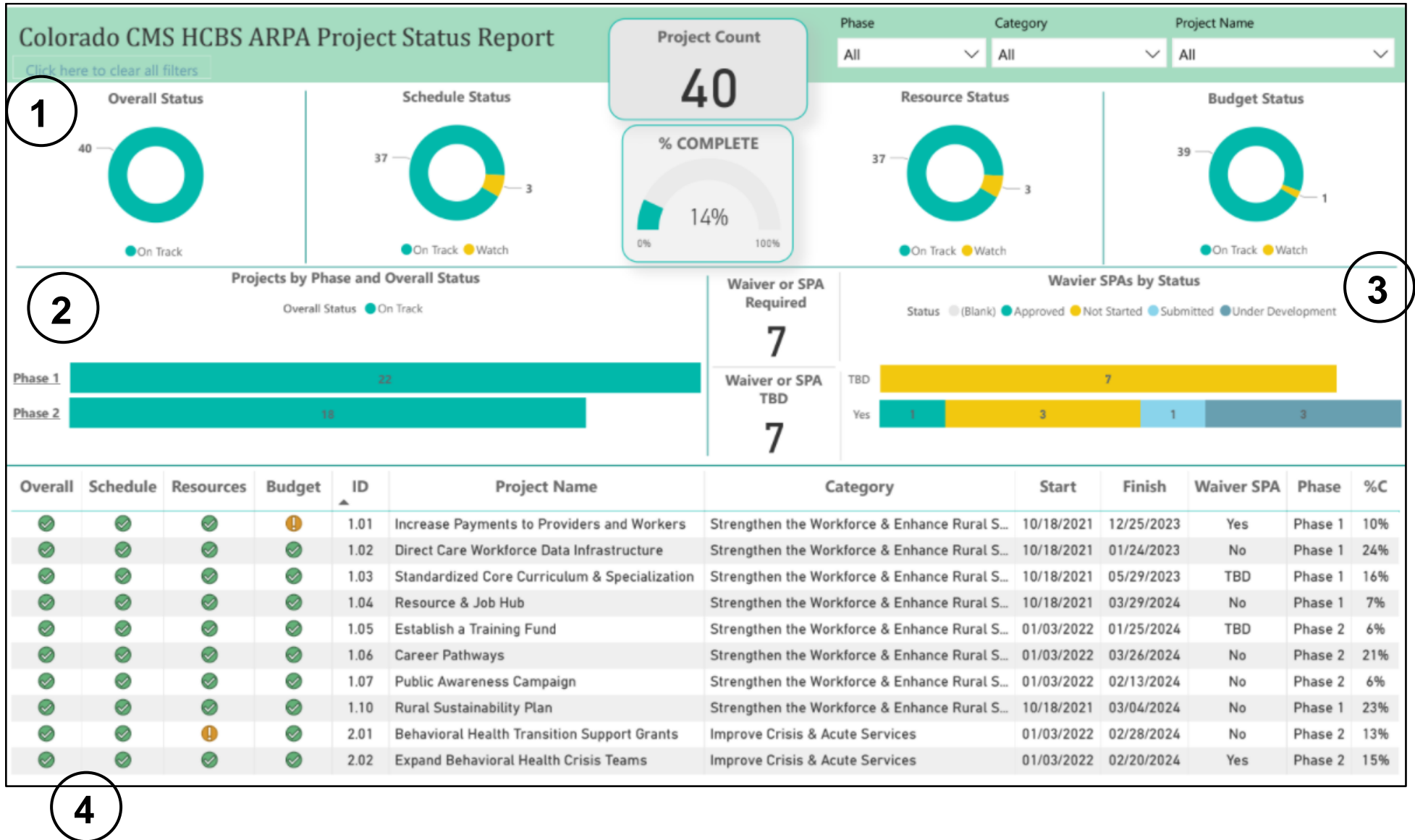


Figure 2. CMS Dashboard: Project Reporting, page 2

Colorado CMS HCBS ARPA Project Status Report (Page 2)												
Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C	
✓	✓	✓	✓	2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services	01/03/2022	07/26/2023	TBD	Phase 2	15%	
✓	✓	✓	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserve...	10/18/2021	03/11/2024	TBD	Phase 1	12%	
✓	✓	✓	✓	3.07	Wrap-Around Services, including Peer Supports...	Improve Access to HCBS for Underserve...	10/18/2021	03/07/2024	Yes	Phase 1	5%	
✓	✓	✓	✓	4.01	Residential Innovation	Support Post-COVID Recovery and HCBS...	01/03/2022	03/26/2024	No	Phase 2	6%	
✓	✓	✓	✓	4.03	Child Youth Step-Down Options Program and Pr...	Support Post-COVID Recovery and HCBS...	10/18/2021	03/18/2024	TBD	Phase 1	12%	
✓	✓	✓	✓	4.04	Tiered Rates and Benefits	Support Post-COVID Recovery and HCBS...	01/03/2022	03/01/2024	TBD	Phase 2	8%	
✓	✓	✓	✓	4.05	Pilot CAPABLE	Support Post-COVID Recovery and HCBS...	01/03/2022	03/21/2024	TBD	Phase 2	3%	
✓	!	✓	✓	4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery and HCBS...	10/18/2021	09/21/2023	No	Phase 1	1%	
✓	✓	✓	✓	4.07	New Systems of Care	Support Post-COVID Recovery and HCBS...	01/03/2022	03/29/2024	No	Phase 2	3%	
✓	✓	✓	✓	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCBS...	10/18/2021	06/26/2023	No	Phase 1	7%	
✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS...	10/18/2021	02/14/2024	Yes	Phase 1	29%	
✓	!	✓	✓	4.12	Community First Choice	Support Post-COVID Recovery and HCBS...	10/18/2021	03/25/2024	Yes	Phase 1	30%	
✓	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	03/29/2024	No	Phase 1	24%	
✓	✓	✓	✓	5.03	Case Management Rates	Strengthen Case Management Redesign	10/18/2021	10/07/2022	No	Phase 1	54%	
✓	✓	✓	✓	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	03/21/2024	No	Phase 1	27%	
✓	✓	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	03/29/2024	No	Phase 1	9%	
✓	✓	✓	✓	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	03/18/2024	No	Phase 1	3%	
✓	✓	✓	✓	6.03	Member-Facing Provider Finder Tool	Invest in Tools & Technology	01/03/2022	03/29/2024	No	Phase 2	23%	
✓	✓	✓	✓	6.05	Member Tech Literacy	Invest in Tools & Technology	01/03/2022	02/12/2024	No	Phase 2	4%	
✓	✓	✓	✓	6.06	HCBS Provider Digital Transformation & EHR En...	Invest in Tools & Technology	10/18/2021	03/08/2024	No	Phase 1	5%	
✓	!	!	✓	6.08	Care And Case Management System Investments	Invest in Tools & Technology	10/18/2021	03/21/2024	No	Phase 1	37%	
✓	✓	✓	✓	6.09	Updates to Salesforce Database	Invest in Tools & Technology	10/18/2021	04/14/2023	No	Phase 1	21%	
✓	✓	✓	✓	6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology	01/03/2022	02/16/2024	No	Phase 2	5%	
✓	✓	✓	✓	6.12	Systems Infrastructure for Social Determinants ...	Invest in Tools & Technology	10/18/2021	02/22/2024	No	Phase 1	5%	

Figure 2. CMS Dashboard: Project Reporting, page 3

Colorado CMS HCBS ARPA Project Status Report (Page 3)											
Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C
✓	✓	✓	✓	6.13	Connect CMAs to CORHIO	Invest in Tools & Technology	01/03/2022	09/14/2023	No	Phase 2	22%
✓	✓	✓	✓	6.15	Systems Communication Improvements Trails	Invest in Tools & Technology	01/03/2022	02/22/2024	No	Phase 2	7%
✓	✓	✓	✓	8.04	Pay for Performance for PACE	Enhance Quality Outcomes	01/03/2022	07/25/2023	Yes	Phase 2	12%
✓	✓	!	✓	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	01/15/2024	Yes	Phase 1	11%
✓	✓	✓	✓	8.08	CMS Quality Metrics	Enhance Quality Outcomes	01/03/2022	01/04/2023	No	Phase 2	13%
✓	✓	✓	✓	8.11	EPSDT Benefits Training	Enhance Quality Outcomes	01/03/2022	02/19/2024	No	Phase 2	5%

Appendix 1 provides more detailed information for each of the 65 HCBS ARPA projects. For the purposes of consistency, the project descriptions remain as initially reported with minor updates. Consistent with our previous report, we have pulled out the State Plan Amendment and/or waiver amendment and sustainability plan information for each project, as well as added a dedicated section for each initiative where status updates are included. We have provided a list of projects within phase 1 and 2 in **Tables 2 and 3** below.

Oversight & Compliance

To ensure the Department's 65 ARPA projects are in compliance with ARPA Section 9817 and other state and federal regulations, the Department has taken a multi-pronged approach to oversight and risk mitigation.

First, to address compliance at the development and implementation phase of the projects, the Department is working with a contractor to create guidance materials and training for project teams so that project plans, contracts, and policies are developed within regulatory guidelines. This work also includes:

- Developing a project lead toolkit with expectations and limitations to ensure consistency across projects,
- Drafting contract language on reporting requirements to be included in each contract,
- Creating templates for contractor reporting,
- Meeting with project teams as project plans are developed to discuss compliance needs, etc.

Second, the Department is working with a separate contractor to assist with oversight, compliance, and monitoring of the Department's projects. The contractor will assess the risk and develop a compliance and monitoring plan for each project. For projects that are determined to be higher risk for compliance issues, the contractor will sample and review payments to ensure work completed is within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. The contractor will also provide feedback on the materials developed by the initial contractor mentioned above to ensure compliance is addressed consistently across the project timeframe.

Additionally, the Department has been working proactively to identify areas that may be at higher risk for compliance challenges and address them in the design and implementation phases of the projects. One such area is grant projects. There is

approximately \$100 million within 11 projects designated for issuing grants within the scope of the project. Each of the awarded grants will require contracting, tracking, monitoring, invoicing, and payment which create not only a significant administrative burden on the Department but also creates the opportunity for those processes to be managed in 11 different ways creating compliance risk. To mitigate this potential risk, and ensure consistency across projects, the Department is working to procure a grant financial management vendor who would take on this work. The contractor will also be monitored closely by the compliance monitoring contractor mentioned above to further reduce compliance risk.

Table 2. Phase 1 Projects

Project ID	Project Name (link)	Project Category
1.01	Increase Payments to Providers and Workers	Strengthen the Workforce & Enhance Rural Sustainability
1.02	Direct Care Workforce Data Infrastructure	Strengthen the Workforce & Enhance Rural Sustainability
1.03	Standardized Core Curriculum & Specialization	Strengthen the Workforce & Enhance Rural Sustainability
1.04	Resource & Job Hub	Strengthen the Workforce & Enhance Rural Sustainability
1.10	Rural Sustainability & Investment	Strengthen the Workforce & Enhance Rural Sustainability
3.06	Expand the Behavioral Health Safety Net	Improve Access to HCBS For Underserved Populations
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	Improve Access to HCBS For Underserved Populations
4.03	Child/Youth Step-down Options Program and Provider Recruitment	Support Post-COVID Recovery & HCBS Innovation
4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery & HCBS Innovation
4.09	Respite Rate Enhancement	Support Post-COVID Recovery & HCBS Innovation
4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery & HCBS Innovation
4.12	Community First Choice	Support Post-COVID Recovery & HCBS Innovation
5.01	Case Management Capacity Building	Strengthen Case Management Redesign
5.03	Case Management Rates	Strengthen Case Management Redesign
5.04	Case/Care Management Best Practices	Strengthen Case Management Redesign
5.05	Case Management Agency Training Program	Strengthen Case Management Redesign
6.01	Home Health/PDN Acuity Tool	Invest in Tools & Technology
6.06	HCBS Provider Digital Transformation	Invest in Tools & Technology
6.08	Care & Case Management System Investments	Invest in Tools & Technology
6.09	Updates to Salesforce Database	Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health	Invest in Tools & Technology
8.06	PACE Licensure	Enhance Quality Outcomes

Table 3. Phase 2 Projects

Project ID	Project Name (link)	Project Category
1.06	Career Pathways	Strengthen the Workforce & Enhance Rural Sustainability
1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural Sustainability
1.05	Establish a Training Fund	Strengthen the Workforce & Enhance Rural Sustainability
2.01	Behavioral Health Transition Support Grants	Improve Crisis & Acute Services
2.02	Expand Behavioral Health Crisis Teams	Improve Crisis & Acute Services
2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services
4.07	New Systems of Care	Support Post-COVID Recovery & HCBS Innovation
4.01	Residential Innovation	Support Post-COVID Recovery & HCBS Innovation
4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery & HCBS Innovation
4.05	Pilot CAPABLE	Support Post-COVID Recovery & HCBS Innovation
6.15	Improvements - System Communication [Interface with Trails]	Invest in Tools & Technology
6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology
6.05	Member Tech Literacy	Invest in Tools & Technology
6.13	Connect CMAs to CORHIO	Invest in Tools & Technology
6.03	Member-Facing Provider Finder Tool Improvement	Invest in Tools & Technology
8.11	EPSDT Benefits Training	Enhance Quality Outcomes
8.04	P4P for PACE	Enhance Quality Outcomes
8.08	CMS Quality Metrics	Enhance Quality Outcomes

Timeline and Next Steps

The Department continues to move forward 22 phase 1 projects and 18 phase 2 projects. As of the writing of this report, an additional 13 phase 3 projects have recently launched (as of April 1, 2022). Over the next quarter, we anticipate having most of our hiring complete, with the understanding that turnover is anticipated so hiring will be ongoing. Additionally, the phase 1 and 2 contracting should be executed or nearly completed. The completion of hiring and contracting will greatly enhance capacity, allowing project teams to more quickly move the work forward. In tandem over the next quarter, phase 3 project teams, with project management support, will further refine their initiative's timelines, deliverables, and outcomes. Finally, project performance metrics will be fine-tuned and incorporated into dashboards for ongoing monitoring. These may include the collection and reporting of process, output, outcome, and member, family, and provider experience data to inform the initiative's progress towards success. Additionally, project teams will collect information about best practices and lessons learned. We are eager to share the successes and impacts of these projects as they move fully into the execution phase.

Appendix 1: Project Descriptions & Updates

1. Strengthen the Workforce & Enhance Rural Sustainability



Initiative 1.01. Increase Payments to Providers and Workers - Phase 1



At the heart of the ARPA is the call to support the recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them have been devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerge from the pandemic, stabilizing the direct care workforce is the most immediate priority. For that reason, as of January 1, 2022 the Department, in collaboration with the Polis-Primavera administration, implemented a \$15/hour base wage for Colorado's Medicaid, HCBS direct care workers and a rate increase for provider agencies.

A rate increase to accommodate a new \$15 per hour base wage requirement for frontline staff providing direct hands-on care implemented on Jan. 1, 2022 through April 15, 2023. The services targeted for this increase include:

- Adult Day
- Alternative Care Facility
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Day Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite Care
- Supported Community Connections
- Supported Employment
- Supportive Living Program

The Department understands that direct care workers' wages vary considerably across geography, provider type, and internally, depending on experience and length of employment. For this reason, the expectation will be that all direct care workers currently employed receive at least \$15 an hour. All new Home and Community-Based

Services direct care workers hired after Jan. 1, 2022, must also have a wage of at least \$15 per hour.

In addition to the rate increase for the new base wage, the Department has also increased provider rates for the services listed above except for Consumer-Directed Attendant Support Services (CDASS), and adding Non-Medical Transportation, by 2.11% retroactively to April 1, 2021, and going forward through July 31, 2022.

To ensure stability across the long-term services and supports continuum, case management will be increased by 2.11% from April 1, 2022 through June 30, 2023, pending federal approval. Additional adjustments will be made for the Program for All Inclusive Care for the Elderly (PACE) providers due to common policy changes within HCBS as well as a rate increase next calendar year.

State Plan Amendment and Waiver Information

The Department received approval for an Emergency Preparedness and Response Appendix K (Appendix K) amendment on [October 19, 2021](#) to allow for the 2.11% rate increases. Approval for the \$15 per hour base wage through a rate increase for HCBS direct care workers was approved through Colorado's Appendix K amendment on [November 5, 2021](#). Colorado subsequently submitted, and received approval on [March 31, 2022](#), to extend the rate increases for both the 2.11% and \$15 per hour base wage. The 2.11% provider rate increase will now be effective until July 1, 2022 and the \$15 per hour base wage is approved until 6 months post the end of the Public Health Emergency. As Colorado's Appendix K amendment is effective until July 1, 2022, the Department plans to submit a 1915(c) waiver amendment to ensure the \$15 per hour base wage continues long-term.

Sustainability Plan

Understanding that the ARPA funds have an end date, we are committed to identifying funds to ensure long-term sustainability of this effort. Included within the Department's Fiscal Year 2022-23 budget requests, with initial approval, is funding to sustain the \$15/hour base wage increase for all direct care workers employed by HCBS providers.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.

- **Resource Status: *On track***- The team has hired a term-limited subject matter expert that will provide oversight of the project plan. The project team is now fully staffed and possesses adequate resources to complete this project in the current timeframes laid out in the project schedule. Related to the rate increases for case management agencies, the Option Letters were executed for the Community Centered Board (CCB) and Single-Entry Point (SEP) Contracts to increase the HCBS case management rates by 2.11% effective April 1st.
- **Budget Status: *Watch***- The Department has run into challenges with providers being able to rebill claims to receive the retroactive 2.11% rate increases. This must be initiated by providers, and many providers do not have sufficient administrative support to rebill all of the affected individual claims. Due to this difficulty the Department has not paid out a significant amount of expenditure for retroactive rate increases to providers. The Department is working with providers to inform them on how to reprocess claims, including sending out numerous memos and reminders. We will continue to monitor this and put in place contingency plans if the billing continues to be under the allocated budget. The Department is well on track with the other rate increases including adjustments to rates for minimum wage adjustment and the prospective 2.11% rate increase. The Department is currently working on a process to properly report expenditure for each rate increase, and allocate the funding spent to the appropriate funding source. Finally, the additional funds approved by the Joint Budget Committee have been incorporated into this project, extending the availability of the provider and CMA 2.11% rate increase.
- **General Project Update:** An existing workgroup is being utilized to provide stakeholder input and to move project priorities forward. The additional budget requested for this project, allowing extension of the 2.11% increase for providers and case management agencies, was approved by the JBC and is moving forward. An announcement was sent out to providers to inform them of this change.

To implement the rate increase for PACE Organizations, the Department is working to assess the corresponding changes to the Upper Payment Limit or UPL and capitation rates for each PACE provider with our actuary. The Department will be retroactively adjusting Fiscal Year 20-21 Quarter 4 rates to all PACE Organizations soon. Fiscal Year 2021-22 rates have been calculated to account for the home and community-based services wage increases that went into effect on January 1, 2022. The Department anticipates the adjustments will be finalized this month.



Initiative 1.02. Direct Care Workforce Data Infrastructure - Phase 1

Under this project, the Department will expand the data infrastructure to better understand the current supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. The Department will develop two surveys for the direct care workforce. The first survey will be a staff stability survey for providers of long-term services and supports (LTSS) waiver services and will include data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, percentage of DCWs that are full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey will be for direct care workers rather than the employers to determine, at a minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey will evaluate why there is a workforce crisis among direct care workers and what the Department can do to address it. The surveys will be administered multiple times to supply comparative data. This project will fund the development of the surveys, data collection, and analysis. These surveys will assist in strengthening the data infrastructure in the short and long-term to better understand the workforce and evaluate the strategies outlined in this plan.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Maintaining currency in understanding of the environment and motivations for employment in the direct care workforce will be critical to alleviating the shortages in this field. Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Surveys will be updated and used to maintain baseline data intended to inform direct care workforce efforts, recruitment and retention policies, and even skills-based career latticing.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member has started and has quickly jumped into her new role. The team has determined that the project

will leverage a current contractor to move forward development of one of the survey tools.

- **Budget Status: On track-** The project team has no current concerns related to the project budget.
- **General Project Update:** The Department is working with Advancing States to create a staff stability survey for direct support professionals who work with individuals who are aging or have a physical disability. Colorado, along with three (3) other states, plan to pilot this survey in August 2022. The pilot and data collection will help Advancing States to have a full launch of this survey in late spring 2023.



Initiative 1.03. Standardized Core Curriculum & Specialization - Phase 1



The Department will develop a standardized curriculum and training program for homemakers and personal care workers to establish quality standards, as well as increasing specialized qualifications tied to wage increases. The Department will develop a homemaker and personal care worker curriculum to include modules on specialized topics, such as Alzheimer's disease and related dementias and mental and behavioral health care and make the training available for free in-person through a train-the-trainer model and online. Initial work has already been completed via the Training Advisory Committee per SB 19-238, "Improve Wages and Accountability Home Care Workers."

These trainings will be developed using a 'universal worker' structure, designed for use by individuals working in a variety of settings and with different populations. The modules will be adaptable depending on the employer, client, and worker's needs, and training certificates will be transferable across employers. Funding will support training development, creation and launch of the online training platform, hosting statewide train-the-trainer sessions, and pilot testing and evaluating the new curriculum. These trainings will 'live' on the newly created Resource & Job Hub (initiative 1.04) for sustainability and ongoing management.

State Plan Amendment and Waiver Information

The Department will review and submit a waiver amendment after development efforts are complete should training be deemed a condition of provider qualification.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for the direct care workforce is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this

transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Staff support for this project will be shared with the other workforce-focused projects and is currently on track. The contract is in process with procurement for a vendor to take on the work of curriculum development, pilot testing and evaluation. Several options are being considered for the Learning Management System to house the new training material.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team will be leveraging the Direct Care Workforce Collaborative as its stakeholder group for this project; particularly the Training & Career Advancement Action Group. An initial meeting was held with the group in March to review the project goals and strategies.



Initiative 1.04. Resource & Job Hub - Phase 1

The Department will create a resource, job search, and employer matching hub for direct care workers to ease their entry into the job. This funding will support the development of a website for the direct care workforce where interested individuals can go to receive information and resources about direct care positions, access free training, and view job boards to quickly be placed in positions. The newly developed personal care/homemaker training will be accessible through this site, and individuals who completed the training would be entered into a database for easy tracking of certification. The Department is partnering with our internal health information office and the State's Office of Information Technology to ensure long-term sustainability of the site.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department is enthusiastic about launching this new resource to expand and embolden opportunities for the direct care workforce. Increasing the ease of navigation to employment paired with standardized skills validation (Initiative 1.03) is seen as a critical component to maintaining a sufficient and successful workforce. While the Department recognizes the inherent competition of this endeavor, it is looking to develop complementary relationships with employment partners and exploring additional options for continued maintenance and operations of these efforts beyond the ARPA funding period.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process. The team is in initial conversations with a potential vendor to develop the new resource and job site and contracting has begun.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team will be leveraging the Direct Care Workforce Collaborative as its stakeholder group for this project, particularly the Training & Career Advancement Action Group.



Initiative 1.05. Establish a Training Fund - Phase 2

Note: *As of December 2021, this project has incorporated project 3.03 Disability Cultural Competency Training for Behavioral Health Providers under the scope of its efforts.*

Providing more training opportunities and incentives for workers to gain higher level skills would promote greater retention within the workforce. The Department will establish a training fund targeted to high-demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds may be distributed directly to the prospective or current worker, to the employer to provide the training to their employees, or to a training provider. Additionally, funds may be used to expand standard training provider resources or trainer availability where gaps exist. This project will also develop a disability-specific, culturally competent curriculum that includes the different types of disabilities and incorporates people's lived experiences to help providers understand diverse populations' perspectives. The training will include

information, examples, and skill-building activities on how best to serve the disability community. Following the approval of additional funds for this project in March 2022, the scope of the project has been expanded to provide further training opportunities for the behavioral health workforce, with a particular focus on skill building, upskilling, and peer supports. The goal of this fund is to provide short-term funding to incentivize and expand training opportunities for the HCBS workforce with the goal of increasing recruitment and retention.

State Plan Amendment and Waiver Information

The Department will submit waiver amendment documentation in support of program changes upon completion of cultural competency curriculum development should training be a condition of provider enrollment.

Sustainability Plan

The Department recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, the Department will review feasibility for continuing enhanced training efforts on an ongoing basis and look to define best practices from that which is developed.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process. The team will leverage the fiscal intermediary described above to support the financial and administrative management of the training funds.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** The team is working to scope the allowable training opportunities that will be covered through this funding. The team has also expanded the scope of the project with the additional funds made available through the JBC to expand the training availability to the behavioral health workforce, with a particular focus on skill building, upskilling, and peer supports. The project team will be leveraging the Direct Care Workforce Collaborative as its stakeholder group for this project, particularly the Training & Career Advancement Action Group. The team is also exploring opportunities to collaborate with other State agencies to support workforce development and maximize efforts already underway.



Initiative 1.06. Career Pathways - Phase 2

The Department will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. The Department will partner with the Colorado Community College System, the Department of Higher Education, and the Department of Labor and Employment to work on career development pathways for direct care workers. This project will leverage the existing work within our sister agencies and incorporate the deliverable into ongoing initiatives.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding is being utilized to enhance and enrich the existing overall structure for our direct care workforce. In such, this effort is solely intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by our sister agencies and workforce partners. The Department will maintain partner engagement to ensure workforce advancement efforts continue.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been onboarded by the Department. The Interagency Agreement (IA) with the Colorado Community College System (CCCS) has been executed and the new term-limited staff member who will lead this work for CCCS has been hired. The IA with the Department of Higher Education is in process and further discussions are underway with the Department of Labor & Employment to better define the work that they will undertake with the new resource.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project and will further support the efforts of our three sister agencies to undertake the work.
- **General Project Update:** The project team will be leveraging the Direct Care Workforce Collaborative as its stakeholder group for this project, particularly the Training & Career Advancement Action Group.



Initiative 1.07. Public Awareness Campaign - Phase 2



The Department will launch a public awareness campaign about the value and importance of the direct care workforce, as well as use the campaign to promote careers in the field, including opportunities to move into other allied health roles. The campaign will garner workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals into the field.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Changing perceptions of the roles and importance of the direct care workforce is integral to overcoming the shortages growing in this workforce segment. The Department recognizes that awareness and outreach are critical components of achieving this transition. The Department will assess the outcomes of campaign efforts and determine the level of importance and the feasibility of continuing awareness and other campaigns. Additionally, the campaign will direct individuals to the newly established Resource & Job Hub (initiative 1.04) which will serve as an on-going site available for information and resources about direct care for those interested in pursuing a career in the field.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Staff support for this project will be shared with the other workforce focused projects and is currently on track. The team is currently in the process of reviewing and selecting a vendor to run the campaign.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Moving this project forward is contingent on the other workforce projects, namely the launching of the Resource & Job Hub and the Standardized Core Curriculum & Specialization. As these projects continue to move forward, the public awareness campaign will follow. The project team

will be leveraging the Direct Care Workforce Collaborative as its stakeholder group for this project, particularly the Value & Awareness Action Group.



Initiative 1.08. Home Health Delegation - Phase 4



One way to expand the workforce in the home health field is to ensure that all workers are working at the top of their licenses. For example, Registered Nurses (RNs) may delegate skilled tasks to a Certified Nurse Aide (CNA) that they otherwise would not be able to perform. An RN provides training to the CNA to perform the skilled task and the task is then delegated to them, allowing a CNA to practice to the top of their license and potentially increase their wages, leading to longer-term retention. The Department will explore opportunities for further developing the home health workforce. This includes an environmental scan to identify care deserts, a survey to understand barriers, and subsequently, implementing solutions to increase delegation to this workforce, thereby enabling increased wages, retention, and recruitment. In addition, the Department will provide incentive payments to home health agencies that provide innovative models of care, such as increased delegation.

State Plan Amendment and Waiver Information

If identified solutions change scopes of service or reimbursement methodologies, the Department will submit a State Plan Amendment to support these efforts long term.

Sustainability Plan

This one-time policy analysis will allow the Department to develop a formal strategy for whether and how these efforts will continue.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 1.09. Workforce Compensation Research - Phase 3

Wages are not the only consideration in someone's decision to work in a certain field. The Department will research innovative opportunities for increasing compensation for the HCBS workforce in other ways. The Department will identify ways to provide childcare for direct care workers; explore funding for shift differentials; and identify other practices that could better support low-income workers, such as hiring retention specialists or case managers within home care agencies whose job is to support the frontline workers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The scope of this effort is limited to research efforts. At the time of project completion, the Department will have a suite of potential actionable offerings and will review the scope of implementation options available.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 1.10. Rural Sustainability and Investment - Phase 1



Investing in rural communities to strengthen care access is critical in Colorado. This initiative will include implementation of three key strategies to ensure the sustainability of providers in rural communities, with the focused aim of strengthening and enhancing Colorado's Medicaid and HCBS workforce. These initiatives are especially targeted at bolstering Colorado's rural Medicaid and HCBS infrastructure, providers, and members. These strategies include: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies is to expand the provider network in rural communities by identifying gaps and potential opportunities for expansion. A care desert, also known as a medical desert, exists mostly in rural places and inner cities and leads to inequalities in health care. The federal government now designates nearly 80 percent of rural America as 'medically underserved.' About 20% of the U.S. population live in rural areas, but only 10% of doctors and other health care professionals operate in those regions, and that ratio is worsening each year. Additionally, a higher proportion of rural populations are made up of those over the age of 65.

The Department first needs more data and analysis on where there are care deserts and potential solutions in those areas. The Department will complete an environmental scan of Colorado's current HCBS 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; and give recommendations for provider or service expansion and solutions in a final report.

One way to help prevent a care desert is to pay providers differently by region to account for differences in cost structure, which would encourage more people to work in direct care professions in areas that are currently underpaid. The Department will design rates by geographic region to account for the cost differential associated with different locations. Geographic modifiers are intended to improve the appropriateness of Medicaid rates to providers 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. The Department is dedicated to identifying ways for implementing these proposed geographic rates if found advantageous in the Sustainability Plan.

The workforce shortage is particularly concerning in rural areas. The Department will research ways to partner with hospitals and rural health clinics to identify opportunities to share resources and/or more efficiently and creatively offer services in rural areas. The goal of this initiative is to increase access to services by setting up partnerships across hospitals, clinics, and HCBS providers to share certain resources between them. This may include using a coordinated pool of workers, training, personal protective equipment, or other resources. The Department, in partnership with the Office of eHealth Innovation, will identify areas that would benefit from this approach and recommendations on how to pursue and implement it. The Department will then set up a pilot program by finding members and providers to test out the model. The Department will evaluate the pilot by analyzing whether the desired outcomes were achieved, interviewing participants, and providing final recommendations on next steps and sustainability.

State Plan Amendment and Waiver Information

Not at this time. Once the rate proposal is developed and pilot efforts completed, the Department will assess the need for programmatic changes and submit any appropriate administrative process documentation.

Sustainability Plan

Upon reviewing the outcomes of these sustainability efforts, the Department will identify and address any necessary administrative and operational measures to support program longevity.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.

- **Resource Status: *On track***- Staff support for this project will be shared with the other workforce-focused projects and is currently on track. Contracting is currently underway and on schedule.
- **Budget Status: *On track***- The project team has no current concerns related to the project budget.
- **General Project Update:** Stakeholder engagement efforts will begin once the vendor is onboard.

2. Improve Crisis & Acute Services



Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization - Phase 2

Under this project, the Department will offer short-term grant funding for behavioral health crises and transition services to support higher acuity members moving from an institution, hospital, or corrections to the community, specifically focusing on increasing capacity for community-based care. The Department would create grants for local communities, including providers, non-governmental organizations, and counties, to implement programs that are specific to their behavioral health capacity needs and geographic area. Grantees may request funding for implementation projects that improve service delivery options for crisis and transition programs or create pathways that improve care transitions. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to help move individuals from inpatient to community settings. This grant would prioritize transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior Department work transitioning members from long-term care institutions with the Colorado Choice Transitions Program will inform the design of the grant program, as will extensive stakeholder engagement. Providers may request funding for program improvements, infection control, staff training, best practice implementation costs, regulatory compliance, and community integration.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *Watch*- There is one project resource, the Behavioral Health Grants Specialist, in the final hiring stages to support the implementation of this project. This is a Tier I position that had to be reposted after a failed first recruitment. The second recruitment yielded a qualified pool of candidates from which the Department intends to hire.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is in the process of developing grant guidelines including eligibility criteria, program criteria, funding amounts and reporting requirements.



Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams - Phase 2

The Department will supercharge activities related to the mobile behavioral health crisis teams, which offer an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis. Currently in Colorado there are differing practices, pilots, and approaches to behavioral health crisis calls.

The Department will provide funding in the form of grants to support this effort. Grantees could utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment purchases, and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

State Plan Amendment and Waiver Information

The Department is developing and plans to submit a waiver to CMS to authorize a universal mobile crisis benefit for Medicaid members by Sept. 30, 2022 via an external workstream for CMS Grant 2I2CMS331818-01-00.

Sustainability Plan

This project initiative will afford the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. Recognizing both the importance and impact these initiatives will have, the Department is developing a benefit program to authorize universal mobile crisis benefit for Medicaid members.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is working to develop grant guidelines including eligibility criteria, program criteria, funding amounts and reporting requirements.

Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy - Phase 2

As a complement to the crisis service grant programs, the Department will explore the detailed policy and licensing requirements of different provision types that are federally prescribed when serving persons experiencing behavioral health crises. Colorado currently has a network of different facilities that can be used to assist a person in crises including Acute Treatment Units (ATU), Crisis Stabilization Units (CSU), emergency rooms, and when needed, traditional hospitalization. Both emergency rooms and hospitals come at higher costs, may lack behavioral health expertise, and may experience capacity issues to serve persons with medical needs when supporting persons in crises.

By contrast, ATUs and CSUs are especially adapted to behavioral health crises. However, to ensure the State's new model of care from crisis response to crisis service delivery is successful, there needs to be compliance work completed with ATUs and CSUs. Crisis units must operate in compliance with federal Institutes for Mental Disease (IMD) regulations to receive Medicaid funding. Currently these crisis units are unable to serve and/or receive reimbursement for members who make up most of all calls to the statewide Crisis Services hotline.

ATU and CSU facilities were not folded into the Department's recent child serving policy revisions to address the risk of being considered IMDs. Through this project, the Department will work to review these facilities, including their programming and campus structure, from a lens of IMD standards to identify ways to address any IMD concerns. If they are considered IMDs, Medicaid funding is completely restricted. These facility types are providing critical crisis services so this project will explore ways to mitigate the risk of these providers meeting the IMD criteria and how we can maintain their services, which could include a waiver, policy recommendations or other mitigation efforts. The Department will generate recommendations on how to mitigate IMD risk as the state promotes the use of ATUs and CSUs in lieu of hospitalization or institutionalization, including the costs and benefits of the State seeking an 1115 waiver.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project. However, the Department will review research developed under this effort and decide if the development of a demonstration waiver is appropriate.

Sustainability Plan

This one-time policy analysis will allow the Department to identify any ongoing supportive activities.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been selected by the Department. A draft SOW has been developed to bring on a contractor to perform the policy research, analysis, recommendations report and draft the implementation plan for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Department has begun initial research into the scope of the problem as it relates to providers being at risk of the IMD designation. This will help to inform future stakeholder engagement activities in addition to communication needs and the alternatives analysis that will be completed by the contractor.

3. Improve Access to HCBS For Underserved Populations



Initiative 3.01. Equity Study - Phase 3



Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall state population and general Medicaid population. It is unclear what is driving the disparity or how to create more equity in HCBS. This project would aid in better understanding who receives HCBS in Colorado and what services they receive, where the gaps are, and target outreach to ensure HCBS services are provided to all Coloradans who are eligible.

The study will address the following:

- Internal data analysis: Identify disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; develop a snapshot report that identifies disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contract with a vendor to gather feedback from stakeholders and write up recommendations.
- Implementation planning: Once recommendations are gathered, an internal team will put together an implementation plan to begin creating more equity in HCBS.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Upon completion of the Equity Study, the Department will consider the options to operationalize inclusion efforts.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 3.02. Buy-In Analysis - Phase 4



Many people with disabilities are interested in working. Health insurance coverage can have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they will lose their Medicaid coverage if they enter or return to the workforce. Commercial or employer-based health insurance might not provide

coverage for services and supports that enable people with disabilities to work and live independently such as personal assistance services. The purpose of the Medicaid buy-in program is to allow persons with disabilities to purchase Medicaid coverage that helps enable them to work. Through this initiative, the Department will research strategies to improve equity outcomes by analyzing the financial, population size, and demographic impacts of using less restrictive eligibility income and resource methodologies for individuals with disabilities. This project will also include targeted outreach to ensure individuals know about the buy-in program for members with disabilities who are working and how they are able to qualify and retain their assets.

State Plan Amendment and Waiver Information

Per Colorado Senate Bill 20-033, the Department is updating our Elderly, Blind and Disabled, Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), Supported Living Services (SLS), and Brain Injury (BI) waivers for an effective date of July 1, 2022 to include Buy-In for individuals over the age of 65. Though not specific to this ARPA project, this effort was part of the catalyst to moving forward with additional efforts, to enhance opportunities for access to services for those who are actively working. The ARPA project described above does not include any state plan amendments or waivers. Once the analysis is complete, the Department will pursue any programmatic or administrative changes necessary to implement a new approach.

Sustainability Plan

Upon completion of the Buy-In Analysis, the Department will explore the feasibility of implementing proposed solutions for encouraging employment among individuals with a disability on a long-term basis.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 3.04. HCBS Training for Members & Families - Phase 3



In addition to providing training for providers, the Department will develop and make available culturally competent trainings and resources for members and their families to assist with navigating the HCBS system. This will include providing education and support to family caregivers. The training project will provide information to members to help educate them on all waivers, navigate through the different waivers, and explain members' right to choose between service providers. The training would be member-focused, person-centered and in plain language for ease of use.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The suite of developed training materials will be incorporated into the Department's currently available training resources for ongoing management and oversight.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 3.05. Translation of Case Management Material - Phase 3



The Department does not currently have member-facing case management material translated into all necessary languages. The Department will translate public facing case management materials, such as waiver charts, waiver flow charts, specialized behavioral health programs and benefits, and other basic information about waivers and other long-term services and support programs, into multiple languages for members and caretakers to understand in their own language. This work would also take into consideration other accessibility needs such as hearing and vision impairments.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Recognizing the importance of inclusion for all programs, the Department is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 3.06. Expand the Behavioral Health Safety Net - Phase 1



The Department has an opportunity with these funds to strengthen and expand the behavioral health safety net through provider training, workforce development, enhanced standards, high-intensity outpatient services, and value-based pay for performance models supporting whole-person care.

Over the past two years, the Department, in partnership with the RAEs, have aligned on a definition for high intensity outpatient services through a collaborative stakeholder engagement process. The safety net expansion effort will build upon and implement this definition through the following four projects:

- Conduct a gap analysis for high intensity outpatient services: The Department needs to assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.
- Develop training and technical assistance to build capacity with providers and health plans: Providers will need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.
- Develop value-based payment framework for high intensity services and whole person care: Providers will also need alternative financing models that better support whole person care and reward improved outcomes. The Department will create a new value-based reimbursement model to support the implementation of high intensity outpatient services and to improve capacity of the service networks.
- Assess and review regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, the Department, working with the Office of Behavioral Health, needs to review and align their credentialing and contracting policies with the safety net framework. The Department will assess and revise critical regulations concerning high intensity outpatient services.

Following approval in March 2022 by the JBC, the project scope was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.

State Plan Amendment and Waiver Information

Upon understanding the full scope of potential program changes, the Department may submit a State Plan Amendment to address any modifications to existing program administration.

Sustainability Plan

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. The Department is committed to implementing advanced strategies for transformation in delivery of high intensity outpatient services. Shifting from a pay for service to a performance compensation model is intended to change the focus of care to a person-centric model. As such, the

Department will continue the initiative through programmatic changes and continue to monitor the progress of change implemented under the ARPA funding.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- One of the term-limited staff member to support this project has been onboarded by the Department. The second position is currently moving through the hiring process. The team has begun procurement efforts for the gap analysis. The Regional Accountable Entities (RAEs) will be responsible for completing this portion of the project. In anticipation of the value-based payment recommendations report projected to be received June 30, 2022, procurement efforts are underway to have a contractor identify and develop a payment methodology for the Department.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** The project team continues to work in close collaboration with the new Behavioral Health Administration to ensure continuity of services and expansion of capacity across the continuum of care. The project team is closely involved in the current work to identify the value-based payment model recommendations that will ultimately be vetted across the Department and with external stakeholders to choose a payment methodology that will be most advantageous to all invested parties. The team has also incorporated the expanded scope for this project into the project plan.



Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs - Phase 1



The Department will fund and develop a sustainability strategy for wrap-around services, including housing support services and community-based peer support, for recipients of complex social service benefits such as housing vouchers and supportive housing services. This will be focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and will not include any funding for room and board.

Specifically, the Department will implement a pilot program to provide supportive services, including peer supports, behavioral health services, and supportive housing

services, for 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA), which has committed 500 vouchers to the pilot program. This initiative is modeled on the evidence-based social impact bond project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care. The Department has also been awarded a technical assistance program by the National Academy for State Health Policy about how to best integrate services across state agencies to expand housing options to their shared clients who are unhoused.

With the support of the NASHP technical assistance grant, the Department would conduct an analysis of funding mechanisms and payment models and develop recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this would create options for them to expand their business models, increasing their solvency and the populations they are able to serve. It would build provider capacity, including housing service providers, and sustainability in rural areas where traditional care models are becoming more difficult to provide due to changing economic and population needs. It also aligns with Colorado's broader behavioral health safety net initiative in that it expands the network and financing of behavioral health specialty providers.

State Plan Amendment and Waiver Information

The Department may submit a waiver or state plan amendment to build out the benefit package identified through the pilot program and subsequent evaluation.

Sustainability Plan

Over the pilot period, the Department will collaborate with DOLA and the Colorado Department of Human Services (CDHS) to build a sustainability model for these housing supports by identifying which services are billable as wraparound Medicaid benefits and which are fundable through CDHS or DOLA. It is expected that this program model will be self-sustaining and, once ARPA funded efforts are completed, the Department may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

Status Update

- **Overall Project Status: On track**
- **Project Plan & Schedule Status: On track-** The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.

- **Resource Status: *On track***- One of the term-limited staff members to support this project has been onboarded by the Department. The second term-limited position is currently moving through the hiring process. An evaluation partner is being brought on board to provide fiscal impact evaluation and analysis.
- **Budget Status: *On track***- The project team has identified service cost savings in year 1 due to the ramp up and planning time needed to launch the project. They have identified a greater need in the project management/technical assistance line item to provide support to contracted service providers and will be submitting an internal request to shift funds to increase that contract. The team is working to identify the exact amount of cost savings and the amount needed for the contract increase.
- **General Project Update:** The project is continuing to familiarize themselves with project objectives and establishing relationships with the Housing Workgroup, partner agencies and other community resources. The Housing Workgroup has finalized the risk and eligibility criteria and has completed an initial data pull to identify members who are experiencing homelessness and who meet the eligibility criteria. The Workgroup is continuing to work through data sharing considerations to ensure both member confidentiality and member choice as key contributors. In addition, the Workgroup is in the final stages of receiving applications from community wrap-around service providers and will be making funding decisions in the coming weeks to begin serving members. Finally, the Workgroup is exploring ways to support local service providers through project management and technical assistance support from a trusted expert in the supportive housing sector.



Initiative 3.08. Behavioral Health Capacity Grants - Phase 3



To finalize the suite of projects to expand the behavioral health safety net in Colorado, the Department will complete a final project focused on community identified service gaps that members experience when seeking behavioral health services. The Department will award small grants that focus on the following needs: rural behavioral health, tribal behavioral health, integrating care and treatment options in communities, substance use services, and filling other locally identified gaps in the care continuum. There will be a technical assistance component for grantees provided through a learning collaborative.

Funds will be distributed to smaller sub-awardees using evidenced-based practices. Awards would be prioritized to agencies mitigating care deserts or better serving the Colorado American Indian/Alaskan Native (AI/AN) population. This grant program will prioritize providers and programs that are improving their ability to serve individuals

with disabilities on an HCBS waiver, who also have co-occurring behavioral health (SUD and MH) needs with a focus on lower acuity services and smaller community-based providers compared to the previously mentioned initiatives. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides a one-time capacity building opportunity to local communities, allowing the Department to maintain a high level of service delivery across all member populations.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

4. Support Post-COVID Recovery & HCBS Innovation



Initiative 4.01. Residential Innovation - Phase 2

Under this project, the Department will develop and pilot continuum models of care that incent the creation of financially viable small residential programs that are person-centered, with a focus on rural communities. This would be accomplished by completing an analysis and pilot program:

- **Models of Care Analysis:** The Department will conduct an analysis of funding mechanisms and feasibility on how to improve transitions of care for people transitioning from nursing facilities and other institutional settings and potential new models of care for investment and innovation.
- **Pilot Program:** The Department will develop a pilot to develop, design and/or implement a re-envisioned holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment. Learnings from the pilot program will be used to scale the model to other communities and to provide best practice recommendations for further development of new, innovative models. The Department will hold at the forefront the HCBS Settings Final Rule, including CMS guidance and requirements for integration of persons residing in community placements, when researching, planning,

and implementing this pilot program. It is the intent of this project to determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities.

State Plan Amendment and Waiver Information

The Department recognizes the potential need for waiver amendments to support programmatic changes and will submit such requests once the scope of desired change is identified.

Sustainability Plan

The Department will closely examine the success and viability of supported communities and based on the outcomes, formally develop any necessary administrative documentation and other avenues for the ongoing support of such efforts.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Staff support for this project will be shared with the projects 4.07 New Systems of Care and 4.02 Promote Single Occupancy. The shared position is currently moving through the hiring process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has a clear understanding of the scope of the project and will be working to examine the feasibility of developing an innovative residential services model with extensive stakeholder engagement.



Initiative 4.02. Promote Single Occupancy - Phase 4



This project will focus on supporting assisted living facilities and group homes in creating more single occupancy rooms, which would help prevent the spread of diseases and promote greater independence among residents. The Department will research current practice and what it would take for these providers to offer more single occupancy rooms. The Department will offer incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The pandemic has brought to light shortcomings in the current occupancy rates and impacts on disease transmission. The Department is exploring options for both improving quality of life and managing transmissibility in assisted living and other settings of concentrated care. Sustainability funding for these efforts is being reviewed for long-term viability.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment - Phase 1



The Department will focus on those areas in which there are currently gaps in services and treatment programs for children and youth. These include members with Autism Spectrum Disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnoses.

The Department will work with several providers to develop a viable step-down treatment program, to create models of care that are financially viable and person-centered, with a focus on those children and youth who are currently being sent out of state for services. This project will also look at the creation or expansion of a step-down service between hospitals and a short-term residential placement.

State Plan Amendment and Waiver Information

The Department may submit identified program and service changes through a State Plan Amendment if determined necessary.

Sustainability Plan

The Department is committed to improving programs for child/youth, the capacity of the State to provide services to this population and managing program cost. The Department is committed to exploring outcomes from this effort to better provide services in this area.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been onboarded by the Department.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** An internal workgroup has been established to move project priorities forward. The project team has a clear understanding of the scope of the project and will be working to develop a Child/Youth Step-Down model with extensive stakeholder engagement and then move to phase 2 of the project, which includes program and provider capacity building.



Initiative 4.04. Tiered Residential Rates & Benefits - Phase 2



Note: *As of March 2022, this project has been renamed Tiered Residential Rates & Benefits (previously titled Alternative Care Facility Tiered Rates & Benefit), to reflect the expansion in scope.*

The Department currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. The Department will develop a tiered rate methodology for setting levels, with an emphasis on secured settings, for the ACF benefit. This initiative will provide insight on how the Department could create multiple level settings for the ACF program that would limit placement into a skilled nursing facility. As of March 2022, **the project scope was expanded to include two additional setting types, Qualified Residential Treatment Programs (QRTPs) and Residential Child Care Facility Programs (RCCFs).** Additional funds were added to the project and approved by the JBC for this purpose.

The Department will also analyze other states that utilize a tiered rate for HCBS residential services, and their member assessment processes for assignment to the appropriate tier. The Department will provide recommendations related to services incorporated at each level to limit nursing facility placement and analyze whether Colorado's assessment tools would be sufficient to determine an appropriate tier. A new assessment tool will be developed, if appropriate.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The Department is committed to developing programmatic incentives to manage costs and improve quality of care. Stakeholders will be engaged both during the rate structure development process and for feedback on programmatic changes. Once program recommendations are created, the Department will pursue all appropriate administrative efforts to implement program and rate changes.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process. The procurement process is underway to bring on a contractor to support stakeholder engagement and research and analysis efforts.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project and will support the expansion of scope to include two additional setting types, Qualified Residential Treatment Programs (QRTPs) and Residential Child Care Facility Programs (RCCFs).
- **General Project Update:** The project plan has been updated to incorporate the expanded scope of work.



Initiative 4.05. Pilot CAPABLE - Phase 2

The Department will pilot and evaluate the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The Department will pilot the CAPABLE program in three to four locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, the Department will implement a pilot with an evaluation to ensure it results in the same outcomes, including cost savings, when implemented with a diverse group of members, including individuals of younger ages and those living in rural communities.

State Plan Amendment and Waiver Information

The Department will consider adding CAPABLE as an additional benefit available to our waiver participants based on program success. At that time, a waiver amendment will be pursued if considered feasible.

Sustainability Plan

The Department embraces opportunities for improving member experience and managing program costs. The CAPABLE program is one such alternative care model that has demonstrated inroads to achieving these goals. The Department is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- A scope of work is being drafted with input from project leads and procurement team. The Department intends to solicit and secure a vendor that is able to meet the needs of this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Department is engaging with Johns Hopkins to ensure implementation meets program standards. The Department has also held meetings with other states that have implemented CAPABLE as a benefit for members.



Initiative 4.06. Supported Employment Pilot Extension - Phase 1



In recent years, the Department has received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project is expiring on June 30, 2022. The Department will extend and expand the current pilot program to allow for increased participation, additional data collection, and to determine if expanding incentive-based payments for Supported Employment services within the waivers is cost effective and produces positive outcomes.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers presently planned for this project. However, if the program achieves successful outcomes, the Department will explore permanently implementing value-based payments for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers, which would require amendments to both waivers.

Sustainability Plan

The Department is committed to creating environments of inclusion and employment opportunities for people with disabilities. It is believed that this program will prove to be self-supporting, and the Department plans to explore partnerships with sister agencies and other options to support long-term implementation of this program.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch-* The project team has established and nearly finalized the project schedule, but the plan has not yet been baselined and approved by the project team. Because this is a Phase 1 project, the schedule is being observed closely to ensure it does not get off track.
- **Resource Status:** *On track-* The term-limited position to support this project is currently moving through the hiring process. A scope of work has been drafted and submitted to procurement to secure a contractor to further support this effort.
- **Budget Status:** *On track-* The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has a clear understanding of the scope of the project with the goal of extending the supportive employment pilot to expand the capacity of both pilot participants and providers through extensive stakeholder engagement. The team has experienced some turnover of permanent staff supporting this work and is in the process of replacing these staff members. Significant delays in replacing project team members could have an adverse impact on the timely completion of this project.



Initiative 4.07. New Systems of Care - Phase 2



The Department has an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, the Department will study successful initiatives implemented by other states and nations while also developing pilot programs that:

- Leverage creative solutions to provide low/no cost childcare to home and personal care workers, which helps address low wage concerns by expanding “total compensation”
- Pair older adults with college students who need affordable housing

- Create college credits and increase the workforce by employing college students to provide respite, homemaker, and personal care services to our growing older adult population, as well as the general HCBS population.

The Department will create a grant program with state-only funding to support innovative models of care. The Department will conduct an environmental scan of evidence-based practices that could be used and to create an innovative model to address “total compensation” for direct support professionals.

As of March 2022, following approval from the JBC, the project scope was expanded to include an additional component. This new activity will include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The lessons learned from the identification and piloting of innovative systems of care and what has been successful in other states will inform future budget requests, programs, and policies.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Staff support for this project will be shared with the projects 4.01 Residential Innovation and 4.02 Promote Single Occupancy. The shared position is currently moving through the hiring process.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** The team has also identified an existing Department workgroup that can be leveraged to share ideas and provide feedback as the project progresses. The project team has also included the new expanded scope into the project plan and is working with a cross-department team to move the work forward.



Initiative 4.08. Respite Grant Program - Phase 4

Expanding respite services was one of the most frequently cited items by Colorado stakeholders for consideration in the ARPA spending plan. Respite services provide temporary relief for the members' primary caregiver, which is necessary to support caregivers and helps prevent members moving to institutional settings.

The Department will create a grant program for increased access to respite for caregivers/families of adult and child members. The Department will identify the landscape of respite availability across Colorado and create a report identifying the gaps in respite care availability. Based on this report, the Department will develop a framework for a state-only grant program. Grant recipients may include parents, grandparents, or child caregivers of aging parents or family, and could be expanded to include other members of a household that are not usually afforded respite but could also benefit from respite.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The deliverables for this project - the report identifying gaps in respite care and the subsequent grant program - will be the foundation for future programs, policies, and budget requests. As the grant program is being established and provided in direct response to the impacts of COVID-19, it will not be continued post March 2024. But the respite benefit will continue as this is a critical service for our members and their families.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 4.09. Respite Rate Enhancement - Phase 1



The Department has provided a temporary targeted rate increase to incentivize additional respite providers to serve HCBS adult and child members, with a focus on home-based services. The rate increase also applies to respite services provided under the DHS' crisis services program. In addition, the Department will identify innovative ways that can be taken to incentivize respite provision by meeting with providers and other Colorado respite programs to gather information about barriers for enrollment and service provision.

State Plan Amendment and Waiver Information

The Department received approval through an Appendix K Amendment on [November 5, 2021](#) to implement a temporary 25% rate increase for HCBS Respite providers.

Sustainability Plan

The aspects of this program that will extend in the future relate to that which the Department learns through its meetings with providers and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Respite Rate has been applied retroactively to 4/1/2021 and ends on 3/31/2022. Providers have been notified of the enhanced respite rate through various communication channels and encouraged to bill for respite services through the enhanced rate.



Initiative 4.10. Home Modification Budget Enhancements - Phase 1



The Department identified enhancements to the Home Modification benefit as a need for our members, based on stakeholder feedback over the growing need to ensure members could continue to live and receive care in their homes, as opposed to congregate care settings, in response to the COVID-19 PHE. One way to help members continue to live in their homes is by funding specific modifications, adaptations, and improvements to their existing home setting. The Department will provide additional funding above the current service limitations for home modifications in response to members needing multiple adaptations to their homes for accessibility and the increasing costs related to construction and materials. The home modification budget enhancements will be available for all waivers in which this benefit already exists.

State Plan Amendment and Waiver Information

The Department will identify funding and pursue a waiver amendment once the complete scope of program changes is identified. The Department received approval through an Appendix K Amendment on [January 4, 2022](#) to temporarily increase the Home Modification and Home Accessibility Adaptation benefit by \$10,000 to help members continue to live in their home and community. On March 10, 2022 the Department submitted HCBS waiver amendments for the affected waivers, to include language that specifies during the Public Health Emergency (PHE), some individuals on the waiver may exceed the \$10,000 or \$14,000 cap to help them continue to live in their homes and the community. The Department is awaiting approval from CMS for this change. In addition, the Department will submit a waiver amendment in the fall of 2022 to allow the continuation of this temporary benefit through March 31, 2024.

Sustainability Plan

The Department recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA is providing will provide meaningful insights into cost challenges and will put the Department on better footing to ensure future budgets for this program consider increasing labor and materials costs.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Department has made available access to these enhanced home modification funds effective January 1, 2022. Our partners at the Department of Housing (DOH) -Division of Local Affairs (DOLA) have begun reviewing home modifications that request use of ARPA funding through the established home modification review process. Department system changes have been in effect since January 1, 2022, which allow for the approval of additional funds through this initiative. Stakeholders, including members, providers, and case managers, have been notified of the availability of this funding through Department communications, targeted case management training, and Home Modification Stakeholder meetings.



Initiative 4.11. Hospital Community Investment Requirements - Phase 4

Under this project, the Department will research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities. The Department will develop minimum guidelines for community benefit spending and reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines should allow for more consistent reporting and determination of what is a community health need as well as better evaluate the impact of community benefit programs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that providing guidance to hospitals regarding community investment requirements and best practices is important to ensuring that those contributions result in relevant and sustainable community change and improvement in community health needs and health care outcomes. Once the guidelines have been developed, the Department is committed to both maintaining the hospital community investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 4.12. Community First Choice - Phase 1



Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows the Department to offer attendant care services, including consumer directed options, on a state-wide basis to eligible members of all ages, instead of only those who meet criteria for a 1915(c) waiver. The Department will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, and a new Wellness Education Benefit. The goal is to implement CFC by January 1, 2025. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, the Department will need the following:

- **System changes:** System changes will be required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider subsystem, financial subsystem, prior authorization subsystem, the prior authorization system, provider subsystem, and care and case management product. This work will include ongoing testing and maintenance to ensure the changes made were accurate and operating correctly.
- **Wellness Education Benefit:** The Department will utilize a contractor to develop and manage the Wellness and Education Benefit. The cost of this benefit will be absorbed by the Department once CFC cost savings are realized.

State Plan Amendment and Waiver Information

The Department will submit an amendment to the State Plan allowing for the implementation of the Community First Choice 1915(k) federal authority.

Waiver amendments will be required for the Department's 1915(c) waivers to remove services provided under the 1915(k). Amendments will also be required to gain approval for the new Wellness Education Benefit.

Sustainability Plan

The ability to leverage the ARPA funds to allow the State to pursue CFC is a high priority of the Department. The funding accelerates investments in key information systems and with relevant stakeholders to ensure that the State's design, development, and implementation of CFC is informed by stakeholder feedback and aligns with best practices.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch-* The project team continues to work on establishing the finalized schedule, milestones, deliverables, and resources. Given that this is a Phase 1 project, the project plan and schedule are being monitored closely as the team moves quickly to finalize plans to move it into the management phase.
- **Resource Status:** *On track-* The term-limited staff members to support this project have been onboarded by the Department.
- **Budget Status:** *On track-* The project team has no current concerns related to the project budget.
- **General Project Update:** The team is currently developing the initial service and eligibility package for CFC. The CFC stakeholder group is being developed with recruitment currently underway. The CFC stakeholder group will help design CFC through regularly scheduled meetings, recommendations to the

Department, and participation in policy discussions on CFC and its potential effects. The team has used a variety of methods to spread the word about the opportunity to participate in the project.

5. Strengthen Case Management Redesign



Initiative 5.01. Case Management Capacity Building - Phase 1

Case management redesign is an overhaul of the current and traditional processes utilized by case management agencies. While the long-term effects are necessary and invaluable, there will be substantial changes in those processes. This project provides resources to help limit disruptions to members during that process. The Department will support case management redesign efforts in the community by developing a framework to support the change management requirements to ensure successful transition from the current system to implementation of a redesign that mitigates the negative impact on members. The Department will work with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It will provide support to CMAs to implement CMRD policy changes, transition, legal and corporate structures, change management, strategic and organizational planning, capacity and ensuring member access to a CMA, including developing an infrastructure for a learning collaborative so that CMAs have access to individual resources relevant to their change management needs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that expanding the capacity of the case managers who serve the HCBS population by designing an end-to-end case management paradigm is essential to ensuring that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, the Department is committed to continuing that vision both in the near- and long-term.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.

- **Resource Status: *On track***- This project is adequately resourced with Department staff and a contracted vendor.
- **Budget Status: *On track***- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** Stakeholder engagement is underway, and the contractor is currently executing tasks towards meeting deliverables as outlined in the contract.



Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes - Phase 3

Under this project, the Department will work with stakeholders to identify solutions to barriers to long term care eligibility, both from a physical eligibility and financial eligibility perspective. Any changes will result in the need for system enhancements as well as training to counties, Medical Assistance sites, and case managers on eligibility requirements for waiver programs and other long-term care programs.

The Department will research and determine appropriate solutions for expedited eligibility processes and manage projects. These changes will require extensive stakeholder feedback and engagement.

State Plan Amendment and Waiver Information

This project will support a collaboration between the Department's Office of Community Living and Medicaid Operations Office to identify solutions to barriers to long term care eligibility from a physical eligibility and financial eligibility perspective. A state plan amendment and waiver will be requested once stakeholder engagement has been completed and recommendations for future action documented.

Sustainability Plan

Depending on the outcomes of this project effort and feedback from stakeholders, the Department will prioritize resulting system enhancements and training needs in this area.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

Initiative 5.03. Case Management Rates - Phase 1

The Department transitioned to a new rate structure for case management agencies (CMAs) in FY 2020-21. The Department will evaluate and identify best practice approaches for rate methodology in case management to ensure they are appropriate for the activities expected of CMAs and then develop a proposed rate structure for these activities and services, including identifying options for tiered rates for supporting members with complex care needs. The Department will also work in coordination with the CMAs to facilitate stakeholder engagement on methodology.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that providing guidance and promoting best practices for rate methodology in case management is critical to developing the case management infrastructure that it is trying to create and support. Sharing promising practices and information is one of the keys to this transformation. Once the case management methodology has been developed, the Department is committed to maintaining the currency of the methodology as part of its overall goal of achieving a strong case management infrastructure statewide.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- This project is adequately resourced with Department staff and a contracted vendor.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** The Department and the contracted vendor are working with stakeholders to better understand issues with pay and practices to develop a draft workbook.



Initiative 5.04. Case Management Best Practices- Phase 1



Person-centered case management and care coordination requires adapting outreach strategies and support services to the needs of the population and of individuals, which may be different depending on the disability. The

Department will research national best practices and develop and pilot these practices through models of care coordination that meet the unique needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. The Department will develop a training plan, including developing appropriate materials for Case Management Agency (CMA) and Regional Accountable Entity (RAE) staff on their various roles and responsibilities, collaborative roles between the systems, and effective care collaboration across the continuum of care, especially for members with complex needs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that creating models of care and identifying best practices for individuals with disabilities is critical to developing the case management infrastructure that the State is establishing and supporting. Sharing promising practices and information is one of the keys to this transformation. Once the training materials for best practices have been developed, the Department is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited positions to support this project are currently moving through the hiring process. The project team has selected a vendor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The stakeholder engagement plan and schedule has been developed. The project team is leveraging ongoing stakeholder engagement sessions to minimize burden on the stakeholder community.



Initiative 5.05. Case Management Agency Training Program - Phase 1



The Department will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. The Department will develop a robust training program for CMAs, RAEs and MCOs for all

waiver programs and services, as well as behavioral health services, State Plan benefits, benefits counseling, and CFC. All the training will be incorporated into a Learning Management System allowing the Department to assign and monitor training completion. The Department will also update all existing training materials for content updates and upload them to LMS software to establish competency-based performance requirements of case managers. Any changes to program participation requirements will be supported by the submission of a waiver amendment once training documentation is completed.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for case management professionals is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been onboarded by the Department. A contractor has been identified and contractual materials are currently being drafted.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Existing training materials are being reviewed to understand what is currently available and the status of efforts that are underway. Stakeholder engagement is underway utilizing an existing workgroup.

6. Invest in Tools & Technology



Initiative 6.01. Home Health/PDN Acuity Tool - Phase 1

Home Health

The Department will design and develop an adult Long Term Home Health (LTHH) acuity tool and two Private Duty Nursing (PDN) tools for adult and pediatric members to better determine the appropriate medically necessary level of care and associated nursing hours for members. These tools will streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for members.

The Department received funding to implement a LTHH acuity tool in FY 2019-20 through R-9, “Long Term Home Health/Private Duty Nursing Acuity Tool.” The Department used this funding to conduct an environmental scan in FY 2020-21 of other state approaches but was unable to identify an appropriate tool, concluding that the Department must build one from the ground up. There was not adequate funding to build and implement a tool with the funding from that request.

The Department will create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. The Department will conduct both a policy and systems crosswalk of the proposed variables required for the LTHH acuity tool with the long-term services and supports (LTSS) assessment tool that determines nursing facility and/or hospital level of care for members seeking LTSS services. This will help determine opportunities for alignment of the tools to ensure that as members’ needs change, they do not have barriers to accessing other State Plan or waiver benefits, nor is there duplication of services. A crosswalk has already been completed for PDN tools.

Once the acuity tools are developed, the Department will integrate the developed tools as a module within the Care and Case Management System. The utilization management vendor will either access the CCM tool directly or through a workflow that will allow them to perform the necessary medical necessity prior authorization determinations for PDN and LTHH benefits.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The improvements to the tools will be integrated into the existing systems/platforms (HCBS assessment tool and CCM), both of which will be available to users beyond the terms of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process. The team is pursuing two vendor contracts to support this work. One contractor will be responsible for developing three assessment tools with interrater reliability. The second contractor will be responsible for building the tool into a computer system to transition this workflow off of paper and onto a digital platform. At this time, the team is finalizing the draft Request for Proposal language to contract with the vendor to complete the tool development and pilot. This project had a failed Request for Information, meaning that no companies chose to submit proposals of how they would complete this work. Because of this, the project team will carefully monitor the Request for Proposal (RFP) to ensure it is successful and bids are received. The team is planning communication efforts around the announcement about the RFP prior to it going live.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team remains on target for having tools developed and piloted by March 2024.



Initiative 6.02. Specialty Search in Provider Specialty Tool - Phase 3

HCBS providers struggle to identify which specialty they qualify for and which one to select when using the MMIS online enrollment module. As a result, providers either spend a lot of time researching provider specialties on the Department's website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

The Department will develop an optional "specialty finder" tool that will, through a series of questions, help providers identify which specialty or specialties they would like to enroll in, as well as the HCBS population they would like to serve. The tool will also provide guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. Once an

algorithm is developed, it will be integrated into the Department's website. This tool will allow providers to quickly understand which specialties they are eligible for, understand the steps necessary to enroll, and cut down on questions to MMIS staff and staff across the Department and the Department of Public Health and Environment.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides an important one-time investment in the provider infrastructure by allowing providers to easily enroll in their area of expertise online.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 6.03. Member Facing Provider Finder Tool Improvement - Phase 2



The Department administers a “Find A Doctor” provider search tool on the Department's website that identifies health care providers based on certain search criteria selected by the user. The Department is currently working to add additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Under this project, the Department will add the critical criteria of “Cultural Competency” to the search tool. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Through this project, the Department will add cultural competence search criteria to the tool. This could include criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State of Colorado and the Department hold equity and cultural competency among the provider community and health care systems at the forefront of importance for service delivery. Upon completion of the member-facing provider tool

enhancements, the Department will monitor the use of the cultural competence queries and results to inform future investments, programs, and policies to promote equity and culturally competent care.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- A contractor has been identified and contractual materials are currently being drafted.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is aligned with a current Scope Change Request (SCR) that is underway, thus it will be combined for efficiency. For the cultural competency elements to be reflected in the Member Facing Provider Finder Tool, modifications must be made to both CBMS and the MMIS systems. The team is completing the required High Level Business Review (HLBR) that will be used to implement these changes. Simultaneously, the project team is working to define the cultural competency elements.



Initiative 6.05. Member Tech Literacy - Phase 2



Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop a program for members that would provide a one-year digital literacy training, with the hope of improving access to benefits virtually and more broadly.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This is an upfront investment in the training modules and structure. The Department will absorb maintenance and updating of materials through existing workflows.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.

- **Resource Status:** *On track*- A contractor statement of work has been developed and procurement is currently in process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Once the contract is executed, the vendor will support stakeholder engagement efforts which will help inform the roll out of the tech literacy support.

Initiative 6.06. HCBS Provider Digital Transformation - Phase 1

Note: *As of November 2021, this project has incorporated project 6.04 HCBS Provider Electronic Health Record System Upgrades under the scope of its efforts.*

The purpose of this project is to provide funding to home and community-based providers to digitally transform their care delivery. Funding will include investments in upgrading or implementing electronic health record systems to be able to better coordinate care, access real-time information through health information exchanges, and the purchase of tools necessary for the delivery of virtual services. This project will leverage lessons and processes from the Department’s Electronic Health Record incentive program and the Office of eHealth Innovation’s telemedicine projects, with a focus on inclusive and equitable approaches and solutions. These funds will be provided through a competitive grant program that is aligned with other developing efforts, such as HB 21-1289, “Funding for Broadband Deployment.” The two features of this project, Electronic Health Record enhancement and expanding provider’s capacity to offer telehealth services, both have the potential to positively impact members either by improving access to care or improving communication. **The scope of this project was expanded following the approval of the additional funds in March 2022. The project will support technology security enhancements for the County Departments of Human Services and Single-Entry Points, who make eligibility determinations. These new funds will focus on ensuring cybersecurity measures are in place to protect member information. This component of the project will be led by the Department’s Health Information Office.**

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA funding provides one-time seed funding for providers across the state. Lessons learned will be shared with future tech upgrade workflows.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- A contractor will be brought on to support this project and the contract is currently in process. The team will leverage the fiscal intermediary described above to support the financial and administrative management of the training funds.
- **Budget Status:** *On track*- The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** A strong project team has been formed with cross-Office representation and leadership by the Office of eHealth Innovation. This team is also actively working on identifying opportunities for streamlining and efficiency across several of the ARPA HCBS efforts, in addition to other ongoing technology and system efforts. Stakeholder efforts will begin once the vendor is on board, though initial conversations with key stakeholders are underway. Though the project has no identified issues, the team is aware that the project includes distribution of a large number of grants to the community in a short timeline. The scope of this project has been expanded following the approval of the additional funds this spring.



Initiative 6.07. Innovative Tech Integration - Phase 3

Technology changes rapidly, including in the healthcare field. The Department will explore innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. The Department will research potential innovative models for diagnoses, access, outcomes, and delivery, as well as evaluate whether those technologies would work in Colorado practices. Recommendations, including implementation steps, for pursuing these forms of technology will be developed.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will allow the Department to be positioned to identify innovative projects to its healthcare technology roadmap and implement these new solutions well into the future.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.

Initiative 6.08. Care & Case Management System Investments - Phase 1

The Department will fund investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience. The Department is reviewing investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience.

Device Costs

The Department will provide one-time funding for CMAs to purchase laptops or other mobile devices compatible with the new case management IT solution, the Care and Case Management (CCM) system. These devices will be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. Case managers will have the IT technology necessary to leverage the capabilities of the new CCM tool, including accessing the log notes offline, perform assessments in the home, or upload assessments with the latest technology. Members will be able to be assessed quickly in their homes and provide signatures in real time.

System Costs

Funding will also be used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, the CCM system does not include remote signature capability of support plans by all stakeholders; this has been identified as an opportunity for future enhancements. Another potential enhancement is to allow providers to upload incident reports directly to the member record for the case manager to review and identify whether a critical incident occurred. This is highly encouraged by CMS to ensure incidents are tracked, mitigated, and trended prior to becoming a critical incident. Further, the Department will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs.

Additional funds, approved by the JBC in March 2022, expanded the scope of this project to include enhancements to the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior

authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.

The Department intends to create a regional advisory board to support improvements to provider IT sophistication and interoperability, to include the development of data dictionaries of key elements needed by providers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The State has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project will go to advance the deployment and optimization of the system by users statewide. Once the system changes have been deployed and mobile devices provisioned, the Department is committed to working with CCM users to ensure these capabilities continue into the future.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch-* The project team continues to work to design and finalize the phased roll-out for the system enhancements in alignment with other Department efforts. This project is contingent on the Department's launch of the new Care & Case Management System which was recently delayed until the early fall. For these reasons, the project plan is not yet baselined and therefore in 'watch' status.
- **Resource Status:** *Watch-* Two of the three term-limited staff members to support this project have been onboarded by the Department. The third position, a Tier I position, has been delayed due to a failed recruitment. The position was reposted and was successful in recruiting a more qualified pool of applicants. Interviews are currently underway. Because of this delay, the resource status is in 'watch'. Additionally, the project team is identifying contracting requirements and will start the procurement process shortly.
- **Budget Status:** *On track-* The additional funds approved by the Joint Budget Committee have been incorporated into this project.
- **General Project Update:** The scope of the project was expanded following the approval of additional funds. The project team is currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

Initiative 6.09. Updates to Salesforce Database - Phase 1

As part of this technology project, the Department will implement a system where complaints, issues, grievances, clinical documentation, and quality care complaints are compiled and centralized. This will include updates to the Salesforce system to allow for clinical review and time tracking for staff as well as tracking for creative solutions and complex solution calls to allow for tracking of diagnosis, services, and length of time it takes to locate a solution for the case.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ability to centralize complaints, issues, and grievances will allow the Department to better diagnose issues and, as noted above, provides the opportunity to identify and spread best practices statewide.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team and the onboarded vendor are currently engaged in tool development through regular sprints.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Stakeholders, as the end users, are being leveraged to provide feedback and recommendations through user testing.



Initiative 6.10. Member Data Sharing - Phase 3

Through the CMS Interoperability Rule, which is a part of the 21st Century Cures Act, the Department received funding from its FY 2021-22 R-9 “Patient Access and Interoperability Rule Compliance” decision item to develop an agreed upon, consensus-based approach regarding compliance with the Interoperability Rule. Compliance is based on the creation of an open framework that will allow data to be stored, shared, and pulled into consumer-chosen, consumer-facing applications, vetted through a federally mandated review process.

The Department will use funding to integrate key data points from the CCM tool into a data set that meets federal technical requirements. This data could include member assessments, case management log notes, and critical incidents. The data will be available for members to access through consumer-facing applications or other Electronic Health Record (EHR) applications, leveraging recommendations from the Testing and Experience and Functional Tools (TEFT) Grant, in consultation with the Governor's Office of eHealth Innovation. The implemented solution would be a way for members to access data collected by and maintained in the CCM tool, as well as information about qualified providers as maintained in the BIDM, and could include functionality like secure, in-app texting/reminders that could occur between Health First Colorado members and their care team or teams. The Department will design a Long-Term Services and Supports-focused application or other point of access. Any solution will include functionality that is compliant with the Americans with Disabilities (ADA) Act.

Members will be able to access their CCM-related data through the application of their choice, using a device of their choosing. Members will have a seamless experience with their CCM-related health data, irrespective of payer or provider or originating IT source, and be able to access that information using technology of their choosing. This solution builds on existing work done statewide to provide access to health care data.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Compliance with federal regulations regarding information sharing and interoperability by creating patient-facing applications that allow access to their medical record information is among the highest priorities of the Department and the Office of eHealth Innovation. The ARPA funding provides an important investment in moving the State further along in implementing its interoperability strategies and creating a statewide patient engagement strategy.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 6.11. Centers of Excellence in Pain Management - Phase 2



Many HCBS members deal with chronic pain and are unsure how to navigate the system to providers that are best equipped to help them manage their pain and

thrive. The Department will pilot a program in which a contractor team consisting of a nurse practitioner and a licensed clinical social worker will assess the needs of chronic pain patients for mental health or substance use disorder treatment. The team will coordinate appropriate referrals to mental health, SUD, or Centers of Excellence for Chronic Pain providers primarily via telemedicine using best practices for appropriate pain management. This team will also coordinate with RAEs to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA funds will support a first-time demonstration project and the subsequent learnings will inform future budget requests, policies, and programs.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process. The statement of work for an interagency agreement has been submitted to procurement.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Stakeholder efforts are not yet underway, but are anticipated to begin shortly.



Initiative 6.12. Systems Infrastructure for Social Determinants of Health - Phase 1

The Department, in partnership with the Office of eHealth Innovation, will expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, RAEs, care coordinators, and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more. This will be part of a broader social health information exchange ecosystem being developed by the Office of eHealth Innovation. In addition, the Department will distribute funding in the form of state-only community grants to help connect small non-clinical

agencies that specialize in and serve the HCBS population to the health information exchange and access the functionality.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Lessons learned regarding the technology implementation and related challenges, as well as the needs and opportunities of partnering with organizations that provide non-medical services will inform future social determinants of health-related projects, programs, and policies initiated by the Department.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project's timeline and progression is contingent on the Office of Behavioral Health's (OBH) Social Health Information Exchange (SHIE) project to develop a data sharing network. The team is working closely with OBH staff to ensure that their project is moving forward as planned so as to not disrupt progress on the inclusion and addition of SDOH resources. The project team is also working diligently to connect with internal stakeholders across the Department on this complex and unique project. Stakeholder meetings with community service organizations have yet to begin, but are being planned.



Initiative 6.13. Connect Case Management Agencies to CORHIO - Phase 2

The Department will connect CMAs to the Colorado Regional Health Information Exchange Organization (CORHIO) to obtain hospital admission data in real-time. While Admission, Discharge, and Transfer (ADT) data from hospitals is transmitted from the BIDM to the CCM system, there is a significant lag, which

prevents it from being actionable. This project will purchase a license for one user at each CMA to access ADT information via CORHIO.

Case managers will benefit from knowing when members have been hospitalized, alerting them to possible changes in functional needs and services and supports, as well as possible critical incidents. Case managers will be able to better coordinate care and participate in discharge planning with access to this information.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA investment for this project will focus on providing access to CMA users to CORHIO, a predominant HIE serving the front range of Colorado. CMA users will have the ability to receive ADTs in a much timelier manner and be more proactive in facilitating transitions of care. This access and the new workflows that result will be relevant and available to CMA users beyond the life of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Contracting requirements are currently being discussed by the team.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Currently the team is spending significant time conducting research to determine potential interoperability opportunities.



Initiative 6.14. Data Sharing with the State Unit on Aging - Phase 4

The Department suspects that many LTSS older adult members are receiving services through their local community, including the Area Agencies on Aging. These individuals may not be accessing the care that they need and are eligible for through Medicaid. Understanding who these individuals are and what services they are relying on from community-based organizations will help the Department to better target services. Additionally, if the Department can improve access to Medicaid services for these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

In this project, the Department will work with the Office of Aging and Adult Services within the Department of Human Services to conduct a system mapping of program and IT systems to determine a mechanism to share data and information across offices. The goal will be to implement a technology solution to access the Area Agencies on Aging data to identify and better track Medicaid LTSS members who are receiving services. Current efforts are underway through Colorado's Health IT Roadmap led by the Office of eHealth Innovation to accelerate the sharing of information and establish infrastructure, governance, and policy that enable the broader health IT ecosystem and State agencies to support care delivery and quality measurement.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addresses alignment with people, process, and technology to better track Medicaid LTSS members who are receiving services. The technology implementation funded by the ARPA grant will create new opportunities to more efficiently and effectively serve these members well into the future.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 6.15. Interface with Trails - Phase 2

The Department will implement system changes to connect Trails, the State's child welfare system, with the MMIS to allow counties to improve quality and reduce duplicate cases. This will improve the eligibility determination process for LTSS utilizers. The interface will allow county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This may be accomplished by building a warehouse, an interface, or allowing Trails and the MMIS to communicate in real time.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level. These process improvements will extend beyond the lifecycle of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team's project schedule and timeline includes short-term, medium-term, and long-term recommendations and solutions to connect the two systems, Trails and MMIS. Ongoing internal workgroup meetings continue to move the work forward. Additionally, an Overflow Processing Center has been developed to aid in the eligibility determination process. Cross-Department collaboration with the Colorado Department of Health Care Policy & Financing, the Colorado Department of Human Services, and the Office of Information Technology continues to be a key component in the identification of plausible solutions.

Initiative 6.16. Eligibility Systems Improvements - Phase 4

The Department will improve eligibility systems to hasten application processing, improve determination accuracy, and provide real-time provider eligibility status insights. To do this, the Department will streamline eligibility processing for HCBS members. This will include system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility. Part of the project will be to create a bidirectional interface between CBMS and the CCM.

These changes will further automate the exchange of information between case managers and county technicians and eliminate the need to maintain a third system acting as a go-between for the entities, increasing operational efficiency and improving the member experience.

State Plan Amendment and Waiver Information

Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments. The specific provisions of the waiver or State Plan Amendments will be determined once the CCM system, which is scheduled to launch in April 2022, is stabilized post-deployment and that these new enhancements/capabilities can be introduced.

Sustainability Plan

The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies. Finally, the bi-directional interface between CMBS and CCM and the elimination of the third system that acts as an interface today, will introduce efficiencies that will extend beyond the grant period.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

7. Expand Emergency Preparedness

Initiative 7.01. Emergency Response Plans - Phase 4

One initiative to support future emergency preparedness is developing provider emergency preparedness and response plans. These will be resources that outline how providers will assist members with preparedness, and in the event of an emergency, how they will provide direct support. The Department will research national standards for emergency preparedness for various provider types. Based on that research, the Department will develop tools and resources for providers in developing emergency preparedness and response plans. These resources will be made readily available for current and new providers.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will support providers with tangible plans, skills, and materials to continue operations in the event of an emergency. The Department is confident that

these assets will benefit these providers long into the future and well beyond the ARPA grant period.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 7.02. Member Emergency Preparedness - Phase 4

In addition to providing resources for providers, the Department will assist members with disabilities and those with mental health needs who live independently in the community to be prepared for potential emergencies by providing resources, supplies, and/or education. The Department will develop and execute a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan will address educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This project will provide members with disabilities and those with mental health needs tangible plans, skills, and materials to continue living independently in an emergency situation. The Department is confident that these assets will benefit these members long into the future and well beyond the ARPA grant period.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Capital Expenditures

We are currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

8. Enhance Quality Outcomes

Initiative 8.01. Provider Scorecards - Phase 4

To support quality performance, the Department will establish metrics and develop public-facing provider scorecards. Scorecards can be used to identify providers that

may need more intense oversight and to help consumers and their families make choices about their care. Providers with continuously low scores could face additional corrective action.

The Department will create provider and CMA scorecards and will add the scorecards to the public-facing provider search tool. Applicable performance measures will also be included in the scorecard. The Department will develop metrics and a weighting algorithm incorporating provider input. Providers should understand metrics and underlying data sources and believe that scores accurately and meaningfully represent care quality. Provider input and buy-in can help the Department develop a better methodology, promote higher quality data collection, and encourage providers to improve performance based on findings. The Department will continue to update these scorecards moving forward.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The metrics and scorecard development anticipated with this project will inform provider oversight and improve performance in the future. In addition, establishing dashboards with more robust metrics will open opportunities to identify and share information about thriving provider programs, initiatives, and workflows in the administration of HCBS services.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 8.02. Provider Oversight - Phase 3

The Department operates ten waivers to provide HCBS to our members. To do this, the Department contracts with the Colorado Department of Public Health and Environment (CDPHE) to certify providers, demonstrating they meet state and federal requirements regarding the safety and well-being of consumers. The certification process involves an initial survey when the provider enrolls in Medicaid and unannounced re-certification surveys periodically thereafter, in most cases every three years. Through onsite visits, surveyors capture comprehensive information on policies and procedures, consumer experience and satisfaction with services, staff perspectives on care quality, alignment between care plans and service delivery, and, in the case of residential settings, facility safety and cleanliness.

The Department has identified challenges with the certification processes, including lack of standardization across provider types and an increasingly complex process and workload. In addition, The Department does not have the tools necessary to analyze information on certification outcomes and hold providers to higher standards of quality of care.

The Department will finalize and implement work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process.

Specifically, the following work will be accomplished:

- Confirm prior decision points made on where the process could be simplified, or unnecessary steps could be eliminated entirely with the goal of reducing the time it takes a provider to become enrolled
- Implement a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitate and support break-out cross-Department groups in making necessary changes
- Provide support to streamline and align the certification processes across survey types
- Make recommendations to improve data collection and sharing, so data is actionable
- Create an action plan and timeline to implement recommendations from 2016 such as:
 - Allow deeming based on accreditation,
 - Streamline and align current survey certification processes,
 - Emphasize Quality Management Programs,
 - Enhance remediation strategies, and
 - Create a comprehensive picture of provider quality.
- Create recommendations to integrate the surveying and provider enrollment processes more fully across CDPHE, HCPF, and its vendors, such as:
 - An electronic workflow that would allow a warm handoff from CDPHE to HCPF for enrollment to bill for services once survey work is completed, and
 - Creation of an identification method for the shared tracking of providers across the two agencies.

State Plan Amendment and Waiver Information

It is likely that the extensive review of our existing provider-focused waivers will require modifications to some if not many existing waivers. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the

time of this writing, it is likely that the specifics of the waiver changes for this project will not be available until Q1 2023.

Sustainability Plan

As noted above, provider oversight and certification has been a priority for the Department and the State for a number of years, and the ARPA funds provide an important investment and catalyst for needed changes and improvements.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 8.03. Pay-for-Performance for HCBS Waivers - Phase 3

The Department currently pays for most services under a fee-for-service methodology, which rewards for volume of services rather than the quality of the care provided. The Department will shift to pay-for-performance programs within a few program areas. By supporting these pay-for-performance programs, the ARPA funds will serve as a catalyst to expand and sustain new performance-based models of care. First, the Department will develop a pay-for-performance rate methodology for the HCBS Residential programs. The Department will work with states that use pay for performance to identify key performance indicators to accomplish policy directives such as ensuring proper placement and care planning. Recommendations will be developed on performance benchmarks, bonus pay amounts, and per diems.

State Plan Amendment and Waiver Information

It is likely that a waiver will be needed to support these changes. Given the launch date of our Phase 3 projects (April 2022), we anticipate that the specifics of the waiver for this Pay-for-Performance project will be clarified by Q3 2023.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for the HCBS waivers and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 8.04. Pay-for-Performance for PACE - Phase 2

The Department will identify key performance measures to incorporate into a pay-for-performance methodology within the PACE capitation payments. The percentage for each performance measure will be identified and the monitoring processes and reporting requirements will be outlined. The appeals process and contractual language will also be developed.

State Plan Amendment and Waiver Information

It is likely that a waiver will be needed to support these changes. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver for this pay-for-performance project will be clarified by Q1 2023.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for PACE and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited position to support this project is currently moving through the hiring process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has a clear understanding of the scope of the project and will be working to develop a pay for performance model for PACE services with extensive stakeholder engagement. Phase 2 of the project will include examining the feasibility of implementing the proposed model. The project team will work with stakeholders to gather input and inform the new payment model.



Initiative 8.05. Pay-for-Performance for Home Health - Phase 3

The Department will develop a pay-for-performance methodology for Long Term Home Health services. The changes will embrace the guidance in the proposed federal rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes value and quality. The proposed changes address challenges facing Americans with Medicare who receive health care at home. The proposed rule also outlines nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model to incentivize quality of care improvements without denying or limiting coverage or provision of Medicare benefits for all Medicare consumers, and updates to payment rates and policies. The Department will look to this new proposed rule to design and develop methodologies and models to select the best value-based payment options for the Colorado Medicaid program.

State Plan Amendment and Waiver Information

A SPA is most likely needed for value-based payment options. The project team expects to have more information in early 2023.

Sustainability Plan

The model establishes a value-based payment methodology for Long Term Home Health services in alignment with the proposed federal rule. The Department is confident that this model will position the State as a nationwide leader in this area for the future.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 8.06. PACE Licensure - Phase 1

Within the PACE program, the Department will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. The Department will establish a PACE audit structure including fee cost, resource needs, timeline, survey elements, corrective action plan templates, reporting requirements, valid sample size, appeal process, performance measures, and interview questions. The Department will also develop a system to record and capture incident reviews, complaints, survey results, and reports. This will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization.

State Plan Amendment and Waiver Information

This project will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization. The project anticipates developing the proposed audit structure in 2022, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in early 2023.

Sustainability Plan

The PACE audit paradigm that this project will support will launch toward the end of the project period and will be implemented well beyond the early 2024 end date of the ARPA funding.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *Watch*- After a failed recruitment, the team has reposted a Tier I position for a term-limited subject matter expert that will provide oversight of the research and develop licensure requirements for PACE providers. Interviews are currently underway for this role. Since this is a Tier I position, the resource status is in 'watch' and will be closely monitored to ensure the delay will not disrupt the project schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Until the position to support hti work is hired, the project team has been able to absorb the responsibilities of the position, though the delayed hiring could pose issues for completing this project under the current project schedule if not brought onboard soon.



Initiative 8.07 eConsult to Improve Quality - Phase 4

The Department is implementing an eConsult system in FY 2021-22 to increase the capacity and capability of primary care providers, to reduce unnecessary specialist visits, and to connect appropriate specialist referrals to higher performing specialist providers. The Department will research whether it is feasible to expand the eConsult program to include a broader array of specialists, such as providers that have expertise and good outcomes working with individuals with disabilities. The Department will adjust the overall eConsult design in accordance with federal feedback.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

This one-time policy analysis will inform future funding options that may expand access to eConsults to patients with disabilities and behavioral health needs.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 8.08. CMS Quality Metrics - Phase 2

The Department will routinely stratify CMS quality metrics by disability and SMI status. To accomplish this, the Department will invest in data repositories that enable more robust insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. The Department will share this data with the RAEs and CMAs to help them connect members with the highest-performing providers. This information may also be leveraged by the above-described eConsult system. The Department will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The data analysis anticipated with this project will inform policy, program, and project implementation in the future. In addition, establishing dashboards with more robust data will open opportunities to identify and share information about thriving programs, initiatives, and workflows in the administration of HCBS services.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The team is currently re-evaluating the need for a contractor to support this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.

- **General Project Update:** The project team is exploring whether there may be an opportunity to leverage internal staff to develop and share the data repositories as opposed to using an outside vendor. The team is currently exploring this option and weighing the potential risks to taking this route, such as staff capacity.



Initiative 8.09. Waiver Quality Expansion - Phase 4



To better understand where there are quality gaps in the HCBS waiver programs, the Department will expand waiver quality surveys and metrics. This will provide insights into member experience, member satisfaction, and whether members received care that they reported needing. The Department will utilize the data to recommend changes to waiver programs.

The Department will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. The Department will design and/or procure the surveys and implement member outreach, engagement, and survey completion. Waiver amendments may be required if modifications to performance measures are made as part of this initiative.

State Plan Amendment and Waiver Information

Waiver amendments may be required if modifications to performance measures are made as a part of this initiative.

Sustainability Plan

The surveys, outreach, and engagement supported by this project, as well as any waiver amendments that occur as a result, will inform HCBS policy in Colorado beyond the life of the ARPA grant.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.



Initiative 8.10. Criminal Justice Partnership - Phase 3



Note: As of November 2021, this project has been renamed *Criminal Justice Partnership* (previously titled *Department of Corrections Partnership*), to reflect the engagement of the entire criminal justice system.

The Department has engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This

project will expand post-release supports to members who are transitioning or may have already transitioned back into the community. The Department will address the following action items:

- Identification of best practices of engaging justice-involved members,
- Review and improve eligibility processes for waiver services prior to release,
- Identify most prevalent needs from these members and work with stakeholders to implement best practices,
- Collaborate with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Work with state and local government and community-based organizations to identify solutions, develop meaningful metrics and build lasting support systems for individuals involved with the justice system,
- Partner with the Regional Accountability Entities to create member-reported information about the need for justice-specific care coordination. Provide training materials and education to RAEs, and
- Identify data system opportunities to monitor member enrollments in multiple systems and develop strategies to ensure data system connections are in place to improve coordination activities.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA provides seed funding to create cross-agency connections both at an organizational and technical level to support an enterprise-wide paradigm shift in addressing behavioral health needs of individuals leaving the justice system.

Status Update

Phase 3 projects are slated to begin execution in April 2022 and have not yet started.



Initiative 8.11. EPSDT Benefits Training - Phase 2



***Note:** As of March 2022, this project has been renamed EPSDT Benefits Training (previously titled Quality Measures & Benefits Training), to better reflect the scope and goals of the project.*



To ensure the best use of services potentially available to the HCBS population, the Department will develop training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit metrics. The team will use an analysis of EPSDT to illuminate current gaps in the HCBS

program. The analysis will be used to create training materials that will include specific learning objectives on how and when to use EPSDT and how and when to use HCBS services. To the extent this analysis exposes policy gaps, this information would be used to inform policy and program adjustments. These trainings will also be used to assist the state to meet the federal requirement of an intersection of EPSDT and waiver services as outlined in the CMS Part V Manual.

To complete this project, the Department will provide a standard, adult learning training on EPSDT benefit and performance metrics. The final product will be posted on Department websites and updated regularly as a sustainability mechanism. The training is expected to be 4-6 separate training modules.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Future updates to the training will be absorbed into regular Department training workflows. Additionally, the policy and program adjustments that are revealed as a component of the EPSDT gap analysis will help set the stage for future work in this area, beyond the life of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule. Work has begun to develop a statement of work for a contractor to build the training modules.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project's title was changed to more accurately reflect the nature of the work. An internal workgroup continues to meet to develop the topics to be covered through this training.

Appendix 2: Approved Budget Adjustments

Project Name	Reason for Adjustment	Funding Amount
1.01. Increase Payments to Providers & Workers	To align with the fiscal year and contract timelines, the 2.11% rate increase for Case Management Agencies will be extended to June 30, 2023 (from March 31, 2023).	\$475,963
1.01 Increase Payments to Providers & Workers	The 2.11% rate increase for HCBS providers will be extended to July 31, 2022 (from March 31, 2022).	\$10,249,669
1.05. Establish a Training Fund	To further support training for the HCBS workforce, additional funds were added to offer further training opportunities for behavioral health workers focused on skill building, upskilling and peer supports.	\$1,000,000
1.06. Career Pathways	The original budget projected that this project and spending would not begin until July 2022. The work is planned to begin sooner, so additional funds were added to account for that.	\$170,000
3.06. Expand the Behavioral Health Safety Net	As the scope of work was further developed, the proposed budget exceeded initial projections, requiring additional funds. Additionally, the scope of the project was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.	\$350,000
4.04. Alternative Care Facility Tiered Rates & Benefits	The scope of this project was expanded to include tiered rates analysis for two additional setting types, Qualified Residential Treatment Programs (QRTPs) and Residential Child Care Facility Programs (RCCFs).	\$300,000
4.07. New Systems of Care	An additional component was added to the original project scope to include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).	\$250,000
5.01. Case Management Capacity Building	During the project team's research of the cost for devices which have the functionality needed for the new case management system, the projected budget exceeded projections, requiring additional funds.	\$500,000

5.03. Case Management Rates	As the scope of work for this project was further developed, the proposed budget exceeded initial projections, requiring additional funds.	\$100,000
6.06 HCBS Provider Digital Transformation	An additional component was added to this project, prioritizing the technology needs of County Departments of Human Services and Single-Entry Points, who make eligibility determinations. Funds will focus on ensuring cybersecurity measures are in place to protect member information.	\$3,486,008
6.08. Care & Case Management System Investments	Additional funds will be used to expand the scope of work to enhance the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.	\$700,000
Department Administrative Overhead Costs	To ensure appropriate monitoring and oversight of our ARPA efforts, the Department has added funds to support a contractor who will perform ongoing monitoring of our ARPA initiatives for compliance.	\$620,974
Adjustments to Full Time Employee Costs	The Department updated estimates on FTE costs based on revised expectations on hiring dates.	(\$1,506,953)
Total Changes		\$16,695,661

Appendix 3: Project Initiatives Identified by Phase & Category

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		

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							

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						
EPSDT Benefits Training								x
P4P for PACE								x
CMS Quality Metrics								x
Tiered Residential 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							

Project Title	Category							
PHASE 3 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Improve & Expedite Long-Term Care Eligibility Processes					x			
P4P for HCBS Waivers								x
Criminal Justice Partnership								x
Provider Oversight								x
P4P for HH								x
Innovative Tech Integration						x		
Specialty Search in Provider Specialty Tool						x		
Member Data Sharing						x		
Equity Study			x					
HCBS Training for Members & Families			x					
Translation of Case Management Material			x					

Behavioral Health Capacity Grants			x					
Workforce Compensation Research	x							

Project Title	Category							
PHASE 4 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Member Emergency Preparedness							x	
Emergency Response Plans							x	
Provider Score Cards								x
Waiver Quality Expansion								x
eConsult to Improve Quality								x
Respite Grant Program				x				
Hospital Community Investment Requirements				x				
Promote Single Occupancy				x				
Data Sharing with the SUA						x		
Eligibility Systems Improvements*						x		
Buy-In Analysis			x					
Home Health Delegation	x							

Appendix 4: Resources

Colorado Department of Health Care Policy & Financing HCBS ARPA Links:

- HCPF ARPA Webpage:
<https://hcpf.colorado.gov/arpa>
 - ARPA Project Pulse Newsletters:
<https://hcpf.colorado.gov/arpa/newsletter>

Center for Medicare & Medicaid Services

- HCPF Spending Plan Submitted to CMS:
https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021_Acc.pdf
 - Appendix:
https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf
- Initial CMS Partial Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf>
- HCPF Response to Partial Approval:
<https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf>
- CMS Conditional Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf>
- CMS Quarterly Report #1:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf>
- CMS Quarterly Report #2:
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20CMS-%20February%201%2C%202022.pdf>

Joint Budget Committee:

- Senate Bill 21-286:
http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf
- HCPF Spending Plan Submitted to the JBC:
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf>
 - Appendix: <https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf>

- Presentation to the Joint Budget Committee:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf>
- JBC Quarterly Report #1:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf>
- JBC Quarterly Report #2:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20the%20JBC-%20February%201%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202-1-22.pdf>

Federal HCBS ARPA Links:

- ARPA Legislation:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text>
- Home & Community Based Services Section of ARPA:
<https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H04B309FDB3FA4109B306C6622D55C4D8>
- CMS ARPA Guidance:
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf>