



COLORADO
Department of Health Care
Policy & Financing

Colorado Proposed 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*

June 12, 2021

Submitted to: The Centers for Medicare and Medicaid Services



Colorado Proposed Spending Plan

Table of Contents

Introduction	4
Spending Plan Narrative	7
Legislative Appropriation	7
Budget Overview	7
Guiding Principles	8
Priority Investments	10
STRENGTHEN THE WORKFORCE & ENHANCE RURAL SUSTAINABILITY	11
IMPROVE CRISIS & ACUTE SERVICES	13
IMPROVE ACCESS TO HCBS FOR UNDERSERVED POPULATIONS	14
SUPPORT POST-COVID RECOVERY & HCBS INNOVATION	16
STRENGTHEN CASE MANAGEMENT REDESIGN	18
INVEST IN TOOLS & TECHNOLOGY	19
EXPAND EMERGENCY PREPAREDNESS	21
ENHANCE QUALITY OUTCOMES	22
Timeline and Next Steps	23
Appendix A. Detailed Spending Plan Tables	24

June 12, 2021

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 welcomes the opportunity to share Colorado's spending plan and narrative in response to the CMS Medicaid Director Letter dated May 13, 2021, and in alignment with Section 9817 of the American Rescue Plan Act. In accordance with that request, this plan includes an outline of our key spending priorities and a table showing the projected savings and spending estimates. We also agree to submit quarterly spending plans and narratives by the deadlines outlined in the letter and we 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.

The designated contact for future communication and questions is listed below:
Bonnie Silva, Director Office of Community Living
Colorado Department of Health Care Policy & Financing
Bonnie.Silva@State.CO.US

Please also copy me and Kim Bimestefer, our Department Executive Director, at
Kim.Bimestefer@state.co.us.

Sincerely,



Tracy Johnson
Medicaid Director

cc: Kim Bimestefer, Executive Director, Colorado Department of Health Care Policy & Financing; Bonnie Silva, Director, Office of Community Living, Colorado Department of Health Care Policy & Financing

I. Introduction

The American Rescue Plan Act was signed into law on May 11, 2021, and includes funding to support a wide range of infrastructure activities, programs, and services. Provision 9817 of the Act increases the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS) spending by 10 percentage points from April 1, 2021, through March 31, 2022. The bill specifies that states must use the enhanced funds to “implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen” Medicaid HCBS. Within the Colorado Department of Health Care Policy & Financing (Department), the state’s Medicaid agency, HCBS typically refers only to the Department’s 10 1915 (C) HCBS waiver programs, but for purposes of this spending plan, HCBS refers to all services eligible for the enhanced FMAP authorized in Section 9817, including:

- 1915(c) Home and Community-Based Services waiver programs
- Home health care
- Personal care services
- Self-directed personal care services
- Case management
- School-based services
- Rehabilitative services, including behavioral health services
- Private duty nursing
- Alternative benefit plans
- Program for All Inclusive Care for the Elderly (PACE)

These services encompass critical supports that help older adults, people with disabilities, and people with behavioral health needs to live and thrive in their communities. The Department’s approach to identifying, prioritizing, and planning for the use of these funds has intentionally included a cross disability lens; therefore, this proposed spending plan is not population focused.

This proposed plan is the result of countless hours of brainstorming, engaging, and vetting to develop a plan that is both responsive to the immediate needs of members, families, and providers in the wake of the pandemic, while also moving us into the future by reimagining and transforming HCBS. The community has been

at the heart of this effort, first in honing our priorities - constantly realigning to ensure we are addressing the most pressing needs of members and their families - and second, in our strategic outreach - listening, learning, and weighing our stakeholders' ideas, recommendations, and feedback. Even with the truncated timeline, the Department hosted seven open public meetings attended by nearly 800 people, launched a webpage that, as of June 11, had nearly 2,000 unique visitors, and collected survey responses from 428 people. Across these various opportunities, the Department collected over 375 questions and recommendations. As an honored core principle of the Department's, engagement with stakeholder communities will continue as we move forward with planning, operationalizing, and implementing.

The results from the survey's rating of the level of importance for each broad category can be found in Table 1. The survey was open from May 26 through June 4, 2021, and was widely distributed. Respondents were asked to rate each priority area by level of importance as an area of investment and were also provided with an open comment field to provide additional feedback and recommendations. The respondents to the survey identified themselves in the following way: an HCBS service provider (26.6%), a family member or friend of a member (17.9%), an 'other' service provider (14%), an advocate (10%), a long-term home health provider (9.3%), a behavioral health service provider (8.6%), a member receiving services (7.4%), a general stakeholder (5.6%), and a PACE provider (0.2%).

The categories have been listed by area of importance, from most to least. Once received, the level of importance of each category reported by stakeholders was compared to the level of funding support and number of proposed initiatives included within that priority area. Where misalignment was identified, proposals were revisited and stakeholder comments re-reviewed to ensure appropriate support and focus was allocated.

Table 1. Stakeholder Input on Funding Priority Level of Importance

Category	Percent of Respondents who Ranked Category as a 5 (most important)
Strengthening the Workforce	62.7%
Rate Increases and Wage Passthrough	61%
Improving Crisis & Acute Services to Keep People in Their Communities	45.5%
Improving Access to HCBS for Underserved Populations	41.2%
HCBS Innovation	38.2%
Case Management Redesign	36.5%
Investing in Tools & Technology	35.1%
Improve Quality Outcomes	30.8%
Emergency Preparedness	30.3%
Post-COVID Recovery and Innovation	29.6%

Of note, upon further review of the projects and to align efforts, several categories included in the survey were collapsed: HCBS Innovation was combined with Post-COVID Recovery and Innovation; Rate Increases and Wage Passthrough was combined with Strengthening the Workforce.

From these engagement efforts, the Department has developed a proposed plan that includes eight priority categories. Each category represents a critical area of need for members, their families, and the provider network. Also included is a high-level outline of the initiatives which will drive the work we hope to accomplish in each area. The projects encompass a range of work activities, from current efforts that can be strengthened and supercharged with these funds, to large, transformative work that will ensure Colorado’s HCBS system is a national model for excellence in health outcomes, access, member satisfaction, and affordability. At the heart of each, is the Department’s guiding principle: to ensure access to high-quality services in the community of choice for all members.

The Department is eager to receive feedback from the Centers for Medicare and Medicaid Services (CMS) on the content of our proposed plan. As we wait for that feedback, the Department will continue to further develop each of the proposed initiatives. Upon receipt of CMS' comments and guidance, we will formulate a finalized plan for review by stakeholders and ultimately, submission to the Colorado Joint Budget Committee (JBC) for their approval. We anticipate further input and guidance, which will require the plan to evolve and change as necessary. The Department commits to notifying CMS when these changes occur and appreciates the flexibility provided to successfully and impactfully implement the American Rescue Plan Act.

We look forward to the iterative process that will leverage years of work and a transformative opportunity for the state, and most importantly, the Coloradans who receive HCBS.

II. Spending Plan Narrative

A. Legislative Appropriation

The Colorado Department of Health Care Policy & Financing (Department) requires legislative authority to spend the savings authorized in Section 9817 of the American Rescue Plan Act. The Department has worked collaboratively with the Colorado JBC to develop legislation that both provides the Department with the flexibility needed to incorporate stakeholder input within the requirements of federal guidance, and the guardrails to ensure appropriate legislative oversight and accountability.

At the time of this submission to CMS, [Senate Bill 21-286](#) has been approved by both the Senate and House and is on the way to the governor for signature into law. The legislation requires the Department to submit a proposed spending plan to the JBC for approval, with quarterly reporting requirements thereafter.

B. Budget Overview

Initial estimates indicate that the State of Colorado will save approximately \$291 million in state funds from the 10 percentage points of enhanced federal medical assistance percentage (FMAP) for HCBS expenditures between the eligible period of April 1, 2021 and March 31, 2022.

Estimated Savings for Colorado, by State Fiscal Year

SFY 2020-21	SFY 2021-22	Total
\$68 million	\$223 million	\$291 million

After reinvesting the savings and drawing down a federal match on eligible expenditures, Colorado will have an estimated \$501 million to spend across three state fiscal years.

Estimated Funding Available for Colorado, by State Fiscal Year

SFY 2021-22	SFY 2022-23	SFY 2023-24	Total
\$203 million	\$168 million	\$130 million	\$501 million

The estimated total budget, including breakdowns by each key priority category by year, is included in Appendix A.

C. Guiding Principles

The enhanced match included in the American Rescue Plan Act provides each state with a unique opportunity to reimagine and transform their HCBS system. Such rare investment requires significant strategic thinking to ensure the funds are allocated in a manner that will strengthen HCBS core infrastructure while investing in innovation to create long-term transformative change. Investments that only temporarily address an issue, essentially pushing current and emerging problems to be fully addressed down the road, must be avoided. To capitalize on this opportunity to truly transform the HCBS system, the Department identified four guiding principles to keep front of mind as the potential initiatives were imagined, reviewed, and considered:



1) Supercharge Existing Initiatives: Investments in the Colorado HCBS system to address gaps in benefits and services have been underway for years, further complicated by infrastructure, funding, and policy limitations. The initiatives already in process should be supercharged to ensure successful implementation and outcomes. These initiatives were reviewed first to identify areas of investment which could strengthen or hasten each project’s success.

2) Support the COVID-19 Response and Recovery: At the heart of the American Rescue Plan Act is the goal of supporting individual, business, community, and state recovery following the COVID-19 pandemic. Like so many others, the providers, members, and families relying on Colorado’s HCBS system were significantly impacted over the past 16 months. Ensuring members’ recovery and providers’ ongoing sustainability is critical.

3) Foster Innovation & Long-Term Transformative Change: Investing in initiatives that will support the creation of a transformative HCBS system, which is affordable, efficient, and gives members choice and access to the resources and care they need to live and thrive in their home and community, is integral to this plan. Incentivizing innovation to foster long-term and sustainable transformative change is key to ensuring this funding has a lasting impact. Though more immediate and responsive actions are required to address the pandemic’s impact, the vast majority of these funds should be invested to

develop the affordable, sustainable, accessible, person-centered HCBS system for the future.

4) Increase Quality & Fiscal Stewardship: With this funding, in alignment with our mission, the Department will continue to improve health care equity, access, and outcomes for the people we serve. The investment of funds with appropriate provider and Department performance accountability requirements will further increase the likelihood of better results, including higher quality health outcomes and efficiency improvements. Many of our members live with multiple conditions and medical complexities while facing social and economic barriers at the same time. Therefore, it is critical we leverage investments toward reducing health disparities.

D. Priority Investments

From these guiding principles, the Department developed a list of priority initiatives reflecting stakeholder feedback, requirements from CMS, and priorities articulated in the legislation from the JBC. Existing state and Department strategic reports and analyses were also incorporated.

These initiatives will provide immediate relief for the provider network, direct support to members and their families during the recovery phase following the pandemic, and foster longer-term innovation and transformation to create an HCBS system of the future. Proposed priority initiatives fall into the following categories:

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

Each of the priority categories are outlined in greater detail below. These categories represent the core investments identified by the Department—in collaboration with the Governor’s Office, the JBC, and stakeholders.

The proposed investments are intentionally not population focused; rather they consider the needs of people across the age continuum and with all types of disabilities and behavioral health needs.

STRENGTHEN THE WORKFORCE & ENHANCE RURAL SUSTAINABILITY

Budget: Approximately \$242 Million

“Investing in the Direct Support Professional workforce is critical. Look at establishing pay and career paths that enhance long-term employment opportunities.”
-Stakeholder

The direct care workforce is the backbone of the HCBS system. These frontline workers enable members to remain living safely in their homes and communities. Unfortunately, pre-COVID workforce shortages have been further exacerbated by the impacts of the pandemic as well as the increase in demand for HCBS services. Additionally, our direct care workforce has served on the frontline, risking their health and safety to ensure our members maintain theirs.

Recruitment and turnover among frontline staff are the most frequently reported provider challenges. Provider recovery payments and wage passthroughs will provide short-term relief to ensure provider solvency and a wage increase to both reward and retain committed direct-care staff. This will be done in a reasonable ratio and in complement to longer-term, transformational strategies. Incentives to these workers to both thank them for their commitment throughout the pandemic and to recruit and retain them into the future, are also important rewards that will help strengthen and grow the workforce. In addition to direct payments to workers, enhancing the system to better train, support, and advance direct care workers, will ensure higher quality services are delivered resulting in better health outcomes for members.

“Additional funding that could be used to enhance our wages would impact our retention and recruitment efforts in this very competitive economic environment.”
-Stakeholder

The capacity of the provider network, particularly in rural communities, is thin—driven by the limited workforce availability, difficult economic conditions, and long distances that must be traveled to serve community-based members. Investments in the workforce to expand recruitment and improve retention will bolster both provider capacity and members’ quality of care. A particular emphasis on rural provider sustainability will be made to ensure access to care across the state. Specific workforce initiatives are outlined below.

- Distribute provider recovery payments, with a required wage passthrough, as well as hero pay, retention bonuses and/or hiring bonuses for direct care workers and direct support professionals (non-administrative personnel) for the following providers and services:
 - Personal Care
 - Homemaker
 - Participant-Directed Services (including skilled care under self-direction programs)
 - Community-Based Residential Programs
 - PACE
 - Case Management

- 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 herein on recruitment, retention, and turnover

- 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
 - Create a resource, job search and employer matching hub for direct care workers to ease their entry into the job
 - In collaboration with the Community College System and the Department of Higher Education, establish income-based, affordable pathways to allied health professions to build career advancement opportunities for the workforce
 - Combine these career pathing efforts with a public awareness campaign about the value and importance of the direct care workforce to garner

workforce pride as well as greater respect and appreciation for these positions and to recruit and retain individuals into the field

- 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
- Explore opportunities for further developing the home health workforce, including understanding barriers and implementing solutions to increase delegation to this workforce, thereby enabling increased wages, retention, and recruitment
- Research innovative opportunities for increasing compensation for the HCBS workforce, including direct care workers and case managers, by addressing issues related to the benefit cliff as well as the social factors that most impact low-income workers' ability to thrive (i.e.: child care, housing, education)
- Invest in strategies to expand the provider network in rural communities to avoid a “care desert” in these areas
 - Utilize technology, such as GIS mapping of the provider networks, to identify gaps and potential opportunities for expansion
 - Designate rates by geographic region to account for the cost differential associated with different locations
 - Partner with hospitals and rural health clinics to create shared workforce skill sets and systems of care

IMPROVE CRISIS & ACUTE SERVICES

Budget: Approximately \$20 Million

Crisis situations can lead individuals who reside in the community to seek treatment or care in a hospital or institutional setting. Unfortunately, these emergency situations can often be the impetus for long-term placement in these settings. If preventive services were expanded, crisis response improved, and

transitions strengthened, individuals may be able to, instead, return to their homes and communities.

- Offer short-term grant funding for behavioral health crises and transition services to support members moving from an institute or corrections to the community, specifically focusing on increasing capacity for community-based care
- Explore opportunities to supercharge activities related to the secure transport, mobile behavioral health crisis teams, which offers an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis; includes training for providers on use of crisis line, 988, and community response
- Pursue strategies to mitigate the Institutions for Mental Disease (IMD) risk related to behavioral health Alternative Treatment Units and Crisis Stabilization Units
- Develop and implement performance metrics to ensure behavioral health providers are adequately and appropriately serving members with disabilities

“I completely agree with the need to support individuals in temporary crisis and then help them return to the community or other supportive living environments.”
-Stakeholder

IMPROVE ACCESS TO HCBS FOR UNDERSERVED POPULATIONS

Budget: Approximately \$57 Million

The Department has identified several underserved populations in HCBS programs, including individuals with disabilities living on tribal lands, those who identify as Black, Indigenous, and People of Color (BIPOC), and individuals with behavioral health needs. As a state focused on meeting the needs of all Coloradans, ensuring access across all populations through disability and culturally competent, whole-person care is a key priority for the Department.

“Expand mental health provider capacity for people with disabilities to provide culturally competent services.”
-Stakeholder

- Research and implement strategies to improve equity outcomes
 - Conduct equity studies to identify specific populations that are underserved within HCBS due to eligibility policy or systemic racism and fund the implementation of culturally sensitive recommendations to improve access for people of color and address disparities in care
 - Analyze the financial, population size, and demographic impacts of using less restrictive eligibility income and resource methodologies for individuals with disabilities

- Make available tribal grants to increase access and use of HCBS

- Develop and require disability and cultural competency training for providers to ensure better access to appropriate care for HCBS members

- Develop and make available culturally competent trainings and resources for members and their families to assist with navigating the HCBS system, with particular attention to the education and support needs of family caregivers

- Translate case management material into multiple languages to increase accessibility and usage

- Fund and develop a sustainability strategy for wrap-around services for recipients of complex social service benefits, with a focus on individuals with serious mental illness and a history of homelessness and repeat hospitalizations

- Expedite and improve the following existing activities for individuals who have disabilities due to severe mental illness and individuals with disabilities who have behavioral health needs:
 - 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 (SB 19-222)

- Develop disability and clinical competency training for providers to better serve people with disabilities and individuals living with mental health and substance use disorders
- Fund the development of community-based peer support for homeless individuals
- Provide capacity building grants to communities and behavioral health providers to expand capacity for high need areas: rural behavioral health, connection to housing and social benefits, use of peer services, filling gaps in the care continuum

SUPPORT POST-COVID RECOVERY & HCBS INNOVATION

Budget: Approximately \$66 Million

The COVID-19 pandemic has had a startling, disproportionate impact on individuals residing in congregate care settings. While the American Rescue Plan Act (ARPA) funding may not be used for nursing facilities, it may be used to transform community-based residential care settings.

“Put rescue funds into new, innovative models in the community that work to solve the root of the problem and extend HCBS to meet needs.”
-Stakeholder

Reimagining Colorado’s residential settings is required to support member health, safety, and overall well-being, as well as to create the long-term care system of the future. This future system ideally supports choice, offers the continuum of care, and is provided in the member’s home or community of choice. The ARPA funding will support collaboration with community partners to begin the work of transforming the residential care setting environment and method by which these partners provide services.

Though higher rates and wages are important for sustainability, there are often specific projects that require a more significant upfront investment. With an eye toward promoting innovation, grants will be made available for one-time, transformative initiatives. Additionally, funding will be used to address specific barriers to the receipt of ongoing care in a member’s home or other community-based setting. An example would be the need for home modifications to adapt a person’s physical space or access to a personal care attendant to

support a person to live independently. Initiatives that strengthen these services and supports will be worthwhile investments as they extend the time members can live and thrive in their home of choice.

- 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
 - Provide payments to support single occupancy across assisted living facilities and group homes

- Develop tiered rates in Alternative Care Facilities to support higher acuity residents in a lower cost and less restrictive environment

- Pilot and evaluate the Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home

- Extend and expand the supported employment pilot to allow for additional data collection to determine if expanding incentive-based payments for supported employment services within the waivers is cost effective and produces positive outcomes

- Build systems of care and support that recognize and leverage the needs and capabilities of various populations. Study successful initiatives implemented by other states and nations while also developing pilot programs that:
 - Leverage creative solutions to provide low/no cost child care 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

- Provide a temporary targeted enhancement to incentivize additional respite providers to serve HCBS members and children, with a focus on home-based services
 - Provide grants to families and caregivers to increase access to respite services for care providers who are most in need

- Temporarily enhance home modifications budgets within waivers which currently offer the benefit

- Research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities

“Increase in Home Mod funding is a fantastic idea. There is so much more we could do to keep individuals in their homes if we had more funding to assist with modifications.”
 -Stakeholder

STRENGTHEN CASE MANAGEMENT REDESIGN

Budget: Approximately \$10 Million

“We need some major investment in case management and training on the new tool – deep training that we should be involved in designing. We need to develop competency training and lower caseloads. We also need investment in case management redesign.”
 -Stakeholder

The transformation of Colorado’s case management system is underway, requiring a complete reorganization of a decades-old system. Colorado is the second fastest growing state for older adults, which is driving increased demand for HCBS services. This, in combination with the fact that 84% of HCBS members have a chronic condition, 31% of whom have 5 or more chronic conditions, is having a measurable impact on state budgets and program

demands. As the case management system adapts and transforms in preparation, growing pains could be better addressed if case management agencies were better prepared. To assist with expected organizational and system changes, the

Department proposes providing capacity-building funds, change management expertise, and evolving systems support for agencies, members, and their families.

- Provide case management capacity-building funds to support redesign efforts
- Enhance technology systems and policy requirements to address barriers to long-term care eligibility for members
- Develop and offer a comprehensive training for case management agencies to improve quality and consistency statewide
- Identify best practices in case management and care coordination for people who have long-term disabilities and for those with multiple comorbidities
 - Conduct system mapping to further define roles and responsibilities across systems to support individuals through holistic care management

INVEST IN TOOLS & TECHNOLOGY

Budget: Approximately \$90 Million

The HCBS system is complex with a number of technology systems and an enormous data infrastructure. To adequately prepare for the future, these systems need continual maintenance and updates. The tools and technologies the Department uses not only impact our administrative functions, but each is integral to our providers' ability to perform their contractual obligations and to provide care to our members.

"Create a data system that provides members/ family/ caregivers to review agencies providing care and see feedback and ratings of the agencies." -Stakeholder

In addition, technological advancement is necessary to support our members and their families who rely on our systems to access services, seek resources, and gauge provider quality. For these reasons, the Department proposes a package of investments to elevate our current suite of tools and technology and to develop new and emerging systems that will prepare us for the future.

- Create medical necessity acuity tools for home health and private duty nursing
- Expand the provider finder tool to enable a specialist search and to identify culturally competent care
- Distribute one time funding to HCBS providers to upgrade electronic health record systems to ensure interoperability and better coordinate care tools and supports
- Provide technical assistance and member education on adopting virtual solutions and ensuring general tech literacy
- Provide digital transformation workflow technical assistance to incorporate virtual service delivery for HCBS providers
- Explore and implement innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members
- Invest in system, software, and hardware to support the new care and case management system
- Create a member portal to allow for easy access to benefit and service information
- Finalize and implement the Colorado Centers of Excellence provider network for pain management to create the support individuals receiving HCBS need to thrive
- Expand phase II of the Prescriber Tool to provide case management agencies with insights into local social determinant of health supports and medical wellness program supports for those with HCBS (i.e.: diabetes, complex case management care coordination)
 - Grants for communities to incorporate their social determinant of health supports into the state’s Prescriber Tool to enable providers and case

managers to refer HCBS members to culturally competent social determinants of health supports

- Expand data sharing across entities, including state agencies, to improve member service, to include ensuring case managers and care coordinators have the information they need to best serve members, as well as ensure interoperability across technology systems
- Improve eligibility systems to hasten application processing, improve determination accuracy, and provide real-time provider eligibility status insights

EXPAND EMERGENCY PREPAREDNESS

Budget: Approximately \$9 Million

The pandemic has illustrated how crisis preparation and a swift response can dramatically change the outcome in the wake of an emergency. Individuals with disabilities, who live in the community, may not have the support or resources needed to be adequately prepared for an emergency, putting them at increased risk when a crisis arises. Building the capacity for both emergency preparedness and rapid response in the face of disasters, such as fires, floods, or a pandemic, will ensure Coloradans living with disabilities are protected.

“Seniors were disproportionately impacted by COVID-19 and extra resources should be made available to ensure that in the future they have what they need to avoid devastating consequences.”
-Stakeholder

- Support the development of provider emergency preparedness and response plans—resources that will outline how they will assist members with preparedness, and in the event of an emergency, how they will provide direct support
- 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, or education

ENHANCE QUALITY OUTCOMES

Budget: Approximately \$7 Million

A primary responsibility of the Department is ensuring the health, wellness, and safety of our members. As such, we must implement quality standards and maintain strict oversight of provider agencies. The Department proposes a series of projects to develop quality frameworks and oversight requirements, resulting in anticipated cost savings, provider accountability, and improved quality outcomes.

- Establish metrics and develop public-facing provider scorecards
- Expand HCBS provider oversight and certification in collaboration with the Colorado Department of Public Health & Environment and the Office of Behavioral Health
- Develop and implement a pay-for-performance program for HCBS, PACE, behavioral health, and long-term home health
- Establish a PACE licensure type to ensure appropriate oversight and compliance
- Invest in initiatives that improve Colorado’s CMS quality scores for HCBS members
 - Routinely stratify CMS quality metrics by disability and Serious Mental Illness (SMI) status and invest in data repositories that enable more robust insights into gaps in care as well as the most effective therapies, supports, and programs for individuals receiving HCBS
 - Identify providers who deliver higher quality care and better member experience outcomes to HCBS members and establish a network designation that identifies them as Colorado Providers of Distinction
 - Create an eConsult process that enables primary care providers to offer better care to HCBS members by referring them to culturally competent

“HCBS agencies need supervision at the state level for better quality outcomes.”
-Stakeholder

specialists who have a track record for achieving better member outcomes

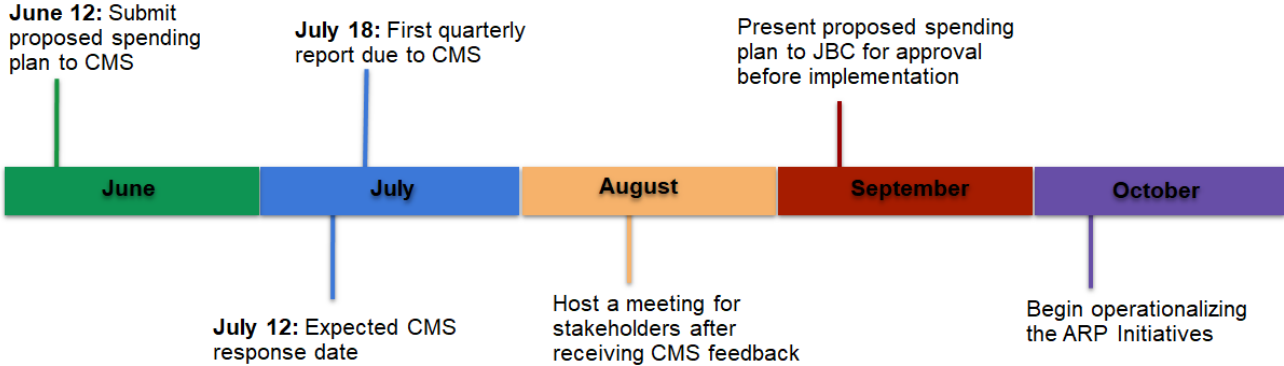
- Work with the Department of Corrections to identify opportunities to leverage HCBS programs and behavioral health supports to improve post-release access to care, reducing overdose rates, morbidity, mortality, and recidivism
- Develop training for providers to assist them with meeting quality performance measures, with a specific training focused on the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit and the performance measures related to the program

III. Timeline and Next Steps

Though an enormous amount of work has been accomplished in an extremely short amount of time, there is significant planning still to be done. Between the submission of this plan and receipt of response from CMS, expected approximately 30 days from submission, the Department will continue to develop detailed project plans for each initiative. These plans will include clearly articulated goals, timelines, partners, and budget projections. Once the Department receives CMS' response, revisions to the plan will be undertaken, including providing any necessary clarifications or making any required changes to proposed spending.

Following this process, the Department will schedule additional stakeholder engagement opportunities to again provide feedback on the next iteration of the spending plan. After the second round of stakeholder review is complete, a full proposal will be submitted to the JBC for formal approval. Figure 1 below provides an overview of the timeline over the summer and fall months.

Figure 1. Timeline



Appendix A. Detailed Spending Plan Tables

Below is a link to an excel spreadsheet that contains detailed spending plans for each initiative outlined in this plan:

[American Rescue Plan Act - Project Cost Estimates](#)