COMPARISON of recommendations from Senate Bill 05-173, House Bill 07-1374
and recommendations from Auerbach Consulting with July 2010 status when applicable

SB05-173	HB07- 1374	Auerbach Consulting, Inc.
1. Expedite financial eligibility determination i.e.: presumptive eligibility **July 2010 Status**: HCPF pursued and got legislative authority (HB 09-1103) to seek federal approval for LTC Presumptive Eligibility. A federal approval mechanism that allows FMAP for individuals incorrectly determined eligible during the PE period has not been identified. *2. Pilot alternative housing options.* **July 2010 Status**: HCPF is working with Division of Housing to identify possibilities that don't require additional HCPF funding. *3. Provide financial incentives to SNF for Alternative uses for licensed beds to promote "least restrictive" environment.* *4. Pool transportation funding.* *5. Automate the functional assessment and service allocation/monitoring functions.* **July 2010 Status**: Working on maximizing automation of this in Business Utilization System (BUS) database. Additional funds would be needed to fully implement. *6. Develop and implement set of quality benchmarks and fully automated*	*1. Implement federal option for presumptive eligibility for individuals being discharged from acute care hospitals to LTC services.* **July 2010 Status**: HCPF pursued and received legislative authority (HB 09-1103) to seek federal approval for LTC Presumptive Eligibility. A federal approval mechanism that allows FMAP for individuals incorrectly determined eligible during the PE period has not yet been identified *2. Re-institute the Fast Track Program for hospitals on statewide optional basis.* *3. Issue RFP to contract out all LTC Medicaid financial eligibility.* *4. Develop a comprehensive communication plan for accurate, timely, consistent and comprehensive LTC information.* *5. Enhance advocacy efforts on behalf of LTC consumers.* *6. Establish executive level leadership for Colorado's LTC programs and funding.*	*1. Develop and implement information and counseling program for individuals needing access to LTC services and combine with presumptive eligibility.* **July 2010 Status**: HCPF pursued and got legislative authority (HB 09-1103) to seek federal approval for LTC Presumptive Eligibility. Development of a new information and counseling program would require additional resources, however, the Olmstead report has recommendations to develop an education and awareness program for LTC services.. *2. Initiate program with dual focus of home modification policy and expansion of affordable, accessible housing opportunities.* **July 2010 Status**: The Department worked with housing advocates to develop recommendations to increase access to affordable and appropriate housing for people with long term care needs as part of the policy recommendations contained in the *Olmstead* report. *3. Initiate discussions with Aging, Transportation and Labor to establish joint programs targeting healthy aging, non-medical transportation and employment for individuals with*

monitoring.		*disabilities.*
7. Personal care option added to state plan for persons not eligible for HCBS.		**July 2010 Status**: A representative from the CDOT was on the *Olmstead* Core Team and HCPF is looking at partnering with CDOT when developing the application for MFP funds.
July 2010 Status: Would be a Medicaid benefit expansion requiring additional resources.		
8. Authorize fully integrated primary care/ LTC pilot. This would integrate Medicaid for primary, acute and long term care into one capitation rate.		*4. Initiate process to automate intake, eligibility, service planning and monitoring.*
July 2010 Status: State law currently prohibits this; past attempt to change current statute have been opposed.		**July 2010 Status**: Working on maximizing automation of this in BUS database. Additional funds would be needed to fully implement.
9. Clarify Home Care Allowance eligibility to reduce redundancy in LTC services.		*5. Develop and implement process to monitor the quality of SEPs and CCB services.*
July 2010 Status: The law was changed this to support this recommendation was changed as part of the 2010 legislative session.		**July 2010 Status**: The Department has developed and is implementing the global Quality Improvement Strategy (QIS) per CMS
10. Clarify and strengthen the role of care managers.		*6. Develop and implement chronic care and disease management programs which include LTC providers.*
11. Reduce care manager caseloads (50 cases per managers).		
12. Include patient level LTC data in state's Colorado Regional Health Information Organization (CORHIO).		**July 2010 Status**: The Department is moving away from traditional single-disease management programs in favor of a whole person, medical home approach to care. To this end, the Accountable Care Collaborative will be piloted starting in April, 2011. In the
July 2010 Status: CORHIO is currently in		

development and stakeholders will have an on-going ability to provide input as to what should be in the data base. *13. Provide comprehensive training to hospital discharge planners.* **July 2010 Status**: In 2008 HCPF pursued a federal grant to do this but was not selected. Other federal funding sources will be explored. *14. Market the available bundled transitional services.* **July 2010 Status**: The Department is working on adding Care Transition Services to the HCBS MI waiver and on increasing knowledge about this benefit for people receiving services via the EBD waiver. *15. Rate-setting and financing reforms should be instituted to achieve equity in reimbursement based on the scope of services provided in each care setting.* **July 2010 Status**: HCPF is currently examining reimbursement methodologies in other Colorado Medicaid services and identifying ways that these methods could be applied to community based services. *16. Consolidate the care planner/service broker function at the community level for all consumers of LTC services.*		ACC model, regional organizations called RCCOs will support the primary care providers in their region by linking patients to their medical and non-medical needs. For example, if an individual needs long term care services, the RCCO would link the client with the local SEP or CCB. *7. Develop and implement a LTC telehealth program.* **July 2010 Status**: The legislation to support incorporating a telehealth benefit into home health care had technical defects that were addressed during the 2010 legislative session. An implementation strategy has not yet been addressed. *8. Develop and implement infrastructure for consumer-directed services.* **July 2010 Status**: The CDASS program has expanded significantly in recent years. Additional definitions and rules relating to the program will likely be introduced to the Medical Services Board in the Fall of 2010. *9. Demonstrate support for family caregivers and create a Family Caregiver Council.* *10. Clarify policy on relative caregivers, parents and spouses.* **July 2010 Status**: Additional definitions and

July 2010 Status: HCPF and CDHS are currently partnering to explore strategies for modernizing the HCBS waiver system. Additionally, a task force was developed and submitted recommendations to the state regarding potential conflict of interest issues. As the state progresses through the process of executing these initiatives, this recommendation will be addressed. *17. Ensure accountability for state level oversight and leadership.* **July 2010 Status**: The Olmstead report contains a recommendation that a full-time state employee be dedicated to address Olmstead-related issues and implementation of the recommendations as resources become available.		rules relating to CDASS will likely be introduced to the Medical Services Board in the Fall of 2010. *11. Consider using DRA HCBS State Plan Options to create a narrowly-defined benefit to keep Medicaid enrollees healthy and delaying more costly services.* *12. Initiate process to evaluate and revise SEP system as needed.* **July 2010 Status**: HCPF and CDHS are currently partnering to explore strategies for modernizing the HCBS waiver system. Additionally, a task force was developed and submitted recommendations to the state regarding potential conflict of interest issues. As the state progresses through the process of executing these initiatives, this recommendation will be addressed. *13. Implement an effective and affordable consumer satisfaction instrument.* *14. Create a position of Resource Developer in the LTC Benefits division and require SEPs to analyze gaps in service.* *15. Research possibility of offering a limited set of services to adults and older children on the mr/dd waiting lists.* **July 2010 Status**: This is addressed as part

		of the recommendations found in the *Olmstead* report. *16. Develop and implement comprehensive workforce development strategy.* **July 2010 Status**: This is addressed as part of the recommendations found in the *Olmstead* report. *17. Create advisory group on LTC.* **July 2010 Status**: The Long Term Care Advisory was created in April 2008 and meets on a quarterly basis.