National Core Indicators- Health and Wellness

In-Person Survey
Aging and Disabilities
Children and Family Satisfaction

2015 - 2021

NATIONAL CORE INDICATORS ®

NASDDDS & HSRI

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National Core Indicators & Colorado

The National Core Indicators (NCI) Survey's primary aim is to collect and maintain valid and reliable data that give states a broad view of how publicly funded services impact the quality of life and outcomes of service recipients. The survey also provides an opportunity for members who receive Home and Community-Based Services (HCBS) to report their satisfaction with their services and level of community integration. NCI surveys collect demographics and measure Self Determination, Service Coordination and Access, Relationships and Community Inclusion, Rights, Choices, and Decision-Making, Employment Status and Goals, and Health, Welfare, and Safety. The data that result from NCI surveys are often used to inform strategic planning, produce legislative reports, and prioritize quality improvement initiatives, and to also share the data with stakeholder groups and use the stakeholder feedback to help set priorities and establish policy direction. Colorado has been participating in the NCI surveys since 2013.

Adult In-Person Survey (NCI-IDD)

The In-Person Survey (known as the NCI-IPS or the NCI-Intellectual and Developmental Disabilities or IDD) is typically a face-to-face conversation completed with a minimum of 400 individuals who are 18 years of age or older and receive at least one paid service from the state, in addition to case management. Colorado surveys members who are enrolled in the Developmental Disabilities (DD) and Supported Living Services (SLS) waivers. This survey will be referred to as the NCI-IDD.

Aging and Disability Survey (NCI-AD)

Colorado's population is rapidly becoming older, and Colorado is among one of the fastest growing states with populations of adults aged 65 and older. This demographic is more likely to have at least one physical disability. Colorado surveys members who are enrolled on the Elderly, Blind, and Disabled (EBD) and the Community Mental Health Supports (CMHS) waivers. Starting in FY 22-23 cycle, Brain Injury (BI) and Complementary Integrative Health (CIH) waiver members will be included in the survey sample.

Children and Family Survey (CFS)

The National Core Indicators (NCI) Child Family Survey (CFS) is mailed to families who have a child (under the age of 18) with an intellectual and/or developmental disability who lives in the family's home and receives at least one service, in addition to case management. Colorado surveys children's families who are enrolled on the Children's Extensive Supports (CES) waiver.

More information on NCI surveys and other final reports is on our website.

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Health and Wellness

The intent of this report is aimed at exploring Health and Wellness as it relates to health care access, or "the ability to obtain health care services such as prevention, diagnosis, treatment, and management of diseases, illness, disorders, and other health-impacting conditions."[1] Access to health care assists in the active process of obtaining health and wellness.[2] While health care access is only one component of health and wellness, it is important to focus on and acknowledge the impact access to health care has on our members, their services, and overall satisfaction with their health.

How are data shown in this report?

This report includes Colorado's In-Person Survey *(tables are shown in blue),* Children and Family Survey (*tables are shown in yellow*) and Aging and Disabilities (*tables are shown in green*) data collected between 2015 and 2021, compared to the NCI weighted average collected during the 2021-22 survey cycle. The NCI weighted average is labeled as "NCI-[year]" (*data is shown in orange*). Only the most recent NCI average year is represented. Colorado outcomes that were found to be statistically significantly higher or lower[3] than the NCI-IDD or NCI-CFS Average by Human Services Research Institute (HSRI) and National Association of State Directors of Developmental Disabilities Services (NASDDDS) are indicated below the question.

Colorado's NCI data shown in the below tables as 2015, 2016, 2017, 2018, 2019, 2020, and 2021. The survey years are represented as follow:

Survey Year	Survey Data Collection Year
2016	2016 - 2017
2017	2017 - 2018
2018	2018 - 2019
2019	2019 - 2020
2020	2020 - 2021

N represents the number of responses that were found valid and were incorporated into the data set.

All state and NCI averages throughout this report are "weighted" by the HSRI and NASDDDS to account for any nonproportional sampling of programs and to "rebalance" the states' sample sizes according to their populations of survey-eligible service recipients. For more information

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[1] *Center for Health Ethics, Health Care Access, MU SCHOOL OF MEDICINE, https://medicine.missouri.edu/centers-institutes-labs/health-ethics/faq/health-care-access (last visited April 24, 2023).*

[2] NWI's Six Dimensions of Wellness, NATIONAL WELLNESS INSTITUTE, https://nationalwellness.org/resources/six-dimensions-of-wellness/ (last visited April 24, 2023).

[3] Statistical significance depends on both the amount by which a state differs from the average for a given item and the state's sample size for that item. So, there may be instances where the difference from the average is larger but is shown as significantly different from the average whereas others are not. The larger the sample size, the smaller the difference needs to be for it to be statistically significant.

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on weighting, please view the process in National Core Indicators' data report. It is also important to note that questions are added, changed, or removed between survey cycles. Some data tables below may not show results for all fiscal survey cycles either to the question being added, changed, or removed from the survey.

Many questions in the NCI surveys allow respondents to answer a question with "middle" response like "maybe," "sometimes," or "in-between." The data in this report are "collapsed" data provided by HSRI and NASDDS, unless otherwise presented in the tables below. That means that two or more response options are grouped together if they are considered to reflect a positive outcome. To see the breakout of responses for each option, please see the full National Report[4] for the corresponding survey year.

Important note on impact of COVID-19

It is important to note while viewing the data, that data may have been impacted due to the COVID-19 pandemic. In 2019-2020, NCI-IDD survey data collection period was unexpectedly abbreviated. National Core Indicators recommended states pause in-person surveying on March 16, 2020, and the NCI-IDD surveying was ended in April due to the ongoing pandemic. The 2020-2021 NCI-IDD was conducted remotely with the person receiving services and/or their proxy (a person authorized to participate in the survey on behalf of another) via Zoom video.

Similarly, the 2019-20 NCI-AD data collection period was unexpectedly abbreviated, and all data collection stopped in April. A national report of NCI-AD data comparing states was not released for this survey cycle, and only a state-specific report was released. In 2020-21, neither the state-specific nor national report was produced or released for the NCI-AD.

The 2019-20 NCI Family Survey data collection cycle began July 1, 2019, and ended June 30, 2020. Data collection for the NCI Family Surveys continued throughout the pandemic. States begin data collection at various times throughout the year – some states began before the pandemic started, and some began after. Because the family surveys do not collect information on the date of survey completion, we cannot fully assess what impact the pandemic had on data collected at different times throughout the year.

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[4] National Core Indicator's National Report website: https://www.nationalcoreindicators.org

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Demographics

Table 1. **Average Age**

	In-Person Survey (NCI-IDD)		Aging & Disabilities		Child & Family Survey	
	Mean	**N**	**Mean**	**N**	**Mean**	**N**
NCI 2021	42	13,416	66.8	12,847	10.6	7,741
2021	38.1	426	62.8	406	11.2	222
2020	39.3	655			10.5	250
2019	39.7	304	60	318	11	291
2018	39.6	706	62.8	679	11.3	195
2017	40	391	63.9	934		
2016	42	397	66	388		
2015			65	N/A		

Table 2. **Age Group**
This table represents data collected by the NCI-IDD Survey.

	2016	**2017**	**2018**	**2019**	**2020**	**2021**	**NCI 2021**
18-22	13%	13%	14%	13%	14%	12%	8%
23-34	27%	30%	34%	33%	33%	39%	33%
35-54	35%	32%	31%	36%	33%	33%	33%
55-74	22%	21%	19%	16%	19%	14%	23%
75 & older	2%	0%	2%	3%	1%	2%	3%
Unknown	1%	3%	1%	0%	0%	0%	1%
N	403	405	712	304	655	426	13,559

Table 3. **Individuals 90 years of age and older**
This table represents data collected by the NCI-AD Survey.

	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**NCI 2021**
Average	5%	4%	7%	4%	5%	N/A	4%	6%
N	N/A	402	998	695	336	N/A	425	13,593

Health Conditions & Disabilities

Table 1. **Has diagnosis of intellectual or other developmental disability**

	In-Person Survey (NCI-IDD)		Aging & Disabilities		Child & Family Survey	
	Yes	N	Yes	N	Yes	N
NCI 2021	87%	13,392	8%	N/A	34%	N/A
2021	92%	426	6%	N/A	62%	N/A
2020	92%	655			61%	N/A
2019	96%	304	19%	334	66%	N/A
2018	94%	706	10%	677	68%	N/A
2017	93%	405	8%	980		
2016	98%	391	7%	393		
2015			7%	392		

Table 2. **Level of IDD** (if the person has an IDD diagnosis)
This table represents data collected by the NCI-IDD Survey.

	Mild	Moderate	Severe	Profound	Unspecified	Unknown	N
NCI 2021	38%	29%	12%	7%	12%	1%	11,965
2021	29%	29%	15%	12%	16%	0%	393
2020	38%	38%	16%	8%	0%	0%	601
2019	41%	36%	12%	7%	4%	0%	219
2018	29%	26%	9%	6%	31%	0%	664
2017	17%	23%	10%	8%	34%	7%	405

Table 3. **More than one child living in the home has IDD**
This table represents data collected by the NCI-CFS Survey.

	2018	2019	2020	2021	NCI 2021
Average	29%	26%	27%	74%	68%
N	191	280	248	216	7,615

Table 4. **Proportion of people with a diagnosis of physical disability**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	76%	69%	67%	70%	58%	N/A	80%	70%
N	396	383	957	675	334	N/A	N/A	N/A

Table 5. **Proportion of people who consider themselves to have a physical disability**
This table represents data collected by the NCI-AD Survey.

	2016	2017	NCI 2017
Average	82%	80%	77%
N	359	869	14,440

Table 6. **Other Disabilities** ('Don't Know' responses are included in the denominator)
Categories are not mutually exclusive; therefore, N is not shown.

	In-Person Survey (NCI-IDD)							Child & Family Survey				
	2016	2017	2018	2019	2020	2021	NCI 2021	2018	2019	2020	2021	NCI 2021
Autism	12%	17%	25%	23%	25%	25%	26%	60%	58%	67%	64%	71%
Cerebral Palsy	14%	11%	15%	12%	16%	17%	15%	21%	19%	15%	15%	8%
Brain Injury	2%	5%	5%	5%	5%	3%	4%	15%	15%	10%	17%	4%
Seizure Disorder	28%	23%	26%	27%	29%	23%	24%	43%	39%	36%	36%	14%
Chemical Dependency	0%	3%	3%	2%	1%	0%	0%	1%	1%	0%	0%	0%
Down Syndrome	12%	10%	13%	15%	13%	12%	8%	6%	8%	5%	9%	9%
Prader-Willi	0%	1%	1%	0%	1%	0%	0%	0%	0%	0%	1%	0%
Fetal Alcohol Syndrome	0%	2%	2%	1%	2%	1%	1%	4%	3%	3%	3%	1%
Limited or No Vision	6%	5%	12%	6%	9%	4%	9%	18%	18%	15%	16%	5%
Severe Hearing Loss	5%	6%	10%	9%	6%	5%	5%	8%	10%	6%	7%	3%
Other Disabilities	42%	26%	31%	33%	25%	34%	18%	45%	37%	34%	42%	21%
No Other Disabilities	0%	4%	3%	5%	3%	5%	9%	N/A	N/A	N/A	N/A	N/A

Table 7. **Have chronic condition(s)**
This table represents data collected by the NCI-AD Survey.
The NCI-AD weighted average is not shown due to the national report not being released in FY 2019-20.

	2015	2016	2017	2018	2019
Average	86%	88%	84%	N/A	94%
N	399	398	993	N/A	317

Table 8. **Know how to manage their chronic condition(s) (if have chronic conditions)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	86%	72%	81%	83%	75%	N/A	83%	86%
N	358	346	820	640	317	N/A	332	9,226

Table 9. **Health Conditions** ('Don't Know' responses are included in the denominator)
Categories are not mutually exclusive; therefore, N is not shown.

	In-Person Survey (NCI-IDD)							Child & Family Survey				
	2016	2017	2018	2019	2020	2021	NCI 2021	2018	2019	2020	2021	NCI 2021
Cardiovascular Disease	7%	5%	6%	6%	5%	5%	10%	13%	13%	9%	10%	8%
Diabetes	9%	6%	11%	13%	12%	11%	17%	1%	2%	1%	4%	3%
Cancer	5%	1%	2%	1%	1%	3%	3%	1%	1%	0%	1%	2%
High Blood Pressure	19%	13%	13%	14%	11%	18%	29%	3%	5%	3%	5%	3%
High Cholesterol	16%	10%	11%	15%	10%	11%	24%	3%	2%	2%	3%	5%
Dysphagia	9%	5%	9%	8%	7%	6%	8%	43%	37%	35%	39%	12%
Pressure Ulcers	2%	1%	2%	1%	2%	1%	1%	1%	1%	1%	5%	1%
Alzheimer's	3%	2%	2%	3%	3%	1%	3%	N/A	N/A	N/A	N/A	N/A
Oral Health or Dental Problems	6%	3%	6%	6%	2%	3%	4%	10%	19%	10%	14%	9%
Sleep Apnea	14%	7%	10%	13%	11%	8%	9%	43%	46%	48%	39%	20%
Other Health Conditions	59%	34%	41%	40%	40%	71%	55%	10%	33%	42%	47%	37%

Table 10. **Diagnosis of acquired or traumatic brain injury**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	13%	10%	15%	20%	20%	N/A	30%	11%
N	392	391	980	674	334	N/A	N/A	N/A

Table 11. **Diagnosis of Alzheimer's disease or other dementia**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	9%	11%	10%	12%	11%	N/A	9%	11%
N	399	398	978	682	334	N/A	N/A	N/A

Table 12. **In the past 12 months, forgets things more often than before**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	52%	55%	59%	56%	56%	N/A	57%	43%
N	391	384	953	679	335	N/A	401	12,136

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Health Services

Table 1. **Stayed overnight in a hospital or rehab/nursing facility in the past 12 months and was discharged to go home**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	32%	35%	33%	34%	27%	N/A	29%	28%
N	398	398	994	687	335	N/A	411	12,427

Table 2. **Felt comfortable and supported enough to go home after stay in a hospital or rehab/nursing facility (if had an overnight stay in the past 12 months and was discharged to go home)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	83%	78%	87%	80%	77%	N/A	84%	82%
N	144	132	324	219	90	N/A	105	2,560

Table 3. **Someone followed-up to make sure they had needed services and supports after stay in a hospital or rehab/nursing facility (if had an overnight stay in the past 12 months and was discharged to go home)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	75%	82%	82%	80%	83%	N/A	81%	84%
N	138	126	310	212	86	N/A	115	3,068

Table 4. **Went to the emergency room for any reason in the past 12 months**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	41%	52%	51%	53%	48%	N/A	44%	39%
N	395	400	992	689	327	N/A	415	12,558

Table 5. **Health care services and supports needed (if all current needs and goals are not being met)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	14%	20%	4%	14%	19%	N/A	14%	5%
N	N/A	192	995	263	139	N/A	110	3,401

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Table 6. **Can your child see health professionals when needed (for example, doctor, dentist, psychologist)?**
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2020	70%	23%	6%	1%	4,552
2020	62%	31%	6%	1%	248
2019	63%	33%	3%	1%	288
2018	61%	33%	5%	2%	193

Table 7. **Can your child see a primary care provider (doctor, registered nurse, etc.) when needed?**
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	77%	15%	5%	3%	7,369
2021	77%	20%	1%	2%	209

Table 8. **Has a primary care doctor or primary care practitioner?**
Information may have been obtained through state records.

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	N	Average	N
NCI 2021	94%	12,954		
2021	94%	417		
2020	99%	559		
2019	99%	286		
2018	99%	645		
2017	99%	349		
2016	99%	372		
2015			98%	399

Table 9. **Can get an appointment to see or talk to their primary care doctor when they need to**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	73%	78%	76%	81%	77%	N/A	79%	83%
N	384	394	971	670	324	N/A	415	12,510

Table 10. **Has gone to the emergency room in the past 12 months due to not being able to see their primary care physician**
This table represents data collected by the NCI-AD Survey.

	2018	2019	2020	2021	NCI 2021
Average	13%	12%	N/A	14%	8%
N	348	155	N/A	183	4,748

Table 11. **Does your child's primary care doctor understand your child's needs related to his/her disability?**
This table represents data collected by the NCI-CFS Survey.
    In 2021-22, CO scored significantly **below** NCI-CFS weighted average.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	60%	26%	11%	3%	7,390
2021	50%	37%	9%	4%	213
2020	54%	34%	10%	2%	246
2019	60%	32%	8%	1%	288
2018	62%	26%	10%	1%	194

Table 12. **Had a physical exam/wellness visit in the past 12 months**
    Information may have been obtained through state records.
    In 2021-22, CO scored significantly **above** NCI-IDD weighted average.

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	N	Average	N
NCI 2021	85%	12,007	84%	12,256
2021	90%	415	81%	405
2020	88%	628		
2019	94%	264	82%	328
2018	94%	603	76%	679
2017	91%	310	83%	975
2016	88%	350	82%	390
2015			82%	390

Table 13. **Reasons people haven't had their physical exam in the past year**
This table represents data collected by the NCI-AD Survey.
        Categories are not mutually exclusive; therefore, N is not shown.

Aging and Disabilities	2019
Didn't Think Needed/ Didn't Want an Exam	5%
Couldn't Find a Provider	50%
Couldn't Get an Appointment with Provider	2%
Provider Doesn't Know How to Treat Someone with Person's Needs	6%
Unable to Get Transportation to Appointment	8%
Other	3%
Don't Know	24%
Unclear/Refused/ No Response	11%
N	66

Table 14. **Had a dental exam in the past year**
        Information may have been obtained through state records.
        In 2021-22, CO scored significantly **above** NCI-IDD weighted average.

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	N	Average	N
NCI 2021	75%	11,276	45%	11,839
2021	83%	413	51%	405
2020	83%	620		
2019	87%	282	50%	329
2018	75%	608	52%	682
2017	82%	330	44%	971
2016	70%	325	49%	398
2015			43%	378

Table 15. **Has gone to the emergency room in the past 12 months due to tooth or mouth pain**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	2%	3%	3%	5%	2%	N/A	2%	2%
N	399	206	509	352	155	N/A	182	4,768

Table 16. **Dental Care services and supports needed (if all current needs and goals are not being met)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	18%	27%	10%	23%	27%	N/A	19%	16%
N	N/A	192	995	263	139	N/A	110	3,401

Table 17. **Can your child go to the dentist when needed?**
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	68%	18%	9%	6%	7,448
2021	67%	25%	5%	3%	216
2020	70%	23%	5%	3%	246
2019	67%	25%	6%	2%	286
2018	66%	25%	5%	4%	196

Table 18. **Does your child's dentist understand your child's needs related to his/her disability?**
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	56%	26%	13%	5%	6,917
2021	53%	28%	15%	4%	211
2020	54%	35%	8%	3%	237
2019	53%	31%	12%	4%	277
2018	51%	35%	9%	4%	190

Table 19. **Had a hearing test in the past five years**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	66%	86%	88%	57%	49%	46%	51%
N	183	70	113	265	542	375	7,273

Table 20. **Had a hearing test in the past year**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	28%	28%	22%	19%	30%	N/A	22%	32%
N	377	396	976	686	326	N/A	403	11,907

Table 21. **Hearing was described as poor (with hearing aids if they wear any)**
This table represents data collected by the NCI-AD Survey.

The NCI-AD weighted average is not shown due to the national report not being released in FY 2019-20.

	2016	2017	2018	2019
Average	16%	16%	14%	14%
N	400	987	691	335

Table 22. **Had an eye exam or vision screening in the past year**

Information may have been obtained through state records.

In 2021-22, CO scored significantly **above** NCI-IDD weighted average.

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	**N**	**Average**	**N**
NCI 2021	56%	9,765	60%	12,140
2021	68%	405	58%	410
2020	60%	605		
2019	75%	280	59%	334
2018	49%	468	55%	687
2017	52%	239	54%	980
2016	66%	318	60%	398
2015			61%	390

Table 23. **Vision was described as poor (with glasses or contacts if they wear any)**
This table represents data collected by the NCI-AD Survey.

The NCI-AD weighted average is not shown due to the national report not being released in FY 2019-20.

	2016	2017	2018	2019
Average	19%	20%	23%	25%
N	400	982	688	331

Table 24. **Had a Pap test in the past three years (women 21 and older)**
This table represents data collected by the NCI-IDD Survey.

Information may have been obtained through state records.

In 2021-22, CO had >25% missing data.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	69%	50%	56%	N/A	37%	57%	55%
N	67	24	48	N/A	200	21	3,025

Table 25. **Had a mammogram test in the past two years (among women ages 40 and over)**
This table represents data collected by the NCI-IDD Survey.
        Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	71%	50%	50%	N/A	59%	N/A	74%
N	34	28	32	N/A	101	N/A	1,330

Table 26. **Had a cholesterol screening in the past five years**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	NCI 2017
Average	88%	83%	76%	72%
N	363	370	995	17,144

Table 27. **Last colorectal cancer screening (among people ages 50 and over)**
This table represents data collected by the NCI-IDD Survey.
        Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Colonoscopy in Past 10 Years	20%	22%	20%	N/A	45%	25%	37%
Flexible Sigmoidoscopy in the Past 5 Years	0%	2%	0%	N/A	1%	0%	2%
Fecal Occult Blood Test of Fecal Text in Past Year	3%	0%	0%	N/A	9%	0%	6%
Never had Exam or Screening	11%	0%	0%	N/A	22%	0%	16%
N	119	116	200	N/A	158	91	3,965

Table 28. **Had a flu vaccine in the past year**
        Information may have been obtained through state records.
        In 2021-22, CO scored significantly **below** NCI-IDD weighted average.

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	N	Average	N
NCI 2021	53%	13,559	71%	12,191
2021	21%	426	68%	409
2020	22%	655		
2019	74%	281	78%	328
2018	78%	669	72%	673
2017	76%	107	67%	948
2016	76%	393	65%	392
2015			78%	379

Mental Health

Table 1. **Mood, Anxiety, Behavior, Psychotic, and Other Mental Illness** ('Don't Know' responses are included in the denominator)
This table represents data collected by the NCI-IDD Survey.
Categories are not mutually exclusive; therefore, N is not shown.

	2016	2017	2018	2019	2020	2021	NCI 2021
Mood Disorder	9%	36%	39%	35%	35%	33%	31%
Anxiety Disorder	6%	29%	32%	33%	33%	29%	27%
Behavior Challenges	13%	33%	39%	35%	39%	15%	22%
Psychotic Disorder	2%	11%	11%	16%	13%	11%	10%
Other Mental Illness	0%	16%	17%	16%	17%	11%	10%

Table 2. **Child's Disabilities**
This table represents data collected by the NCI-CFS Survey.
All data are reported by the respondent based on their understanding of their family member's demographics, diagnoses, and personal characteristics.
Categories are not mutually exclusive; therefore, N is not shown.

	2018	2019	2020	2021	NCI 2021
Mood Illness or Psychiatric Disorder	21%	26%	28%	29%	12%

Table 3. **Have a chronic psychiatric or mental health diagnosis**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	45%	20%	27%	N/A	N/A	N/A	61%	35%
N	386	397	980	N/A	N/A	N/A	425	12,828

Table 4. **Often feels lonely, sad, or depressed**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	N/A	59%	18%	15%	16%	N/A	22%	20%
N	N/A	368	859	652	311	N/A	355	9,584

Table 5. **Have talked to someone about feeling sad and depressed during the past 12 months**
This table represents data collected by the NCI-AD Survey.
The NCI-AD weighted average is not shown due to the national report not being released in FY 2019-20.

	2015	2016	2017	2018	2019
Average	70%	68%	70%	76%	77%
N	188	222	498	386	184

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Table 6. **Has access to mental health services if they want them**
This table represents data collected by the NCI-AD Survey.

	2021	NCI 2021
Average	94%	89%
N	332	8,807

Table 7. **Mental Health services might help meet people's needs and goals (if have unmet needs and goals)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	15%	10%	5%	11%	17%	N/A	12%	7%
N	N/A	192	995	263	139	N/A	110	3,401

Table 8. **Can your child get mental or behavioral health supports when needed? (Like see a therapist, go to group counseling)?**
This table represents data collected by the NCI-CFS Survey.
In 2021-22, CO scored significantly **below** NCI-CFS weighted average.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	39%	24%	15%	22%	5,569
2021	28%	33%	21%	18%	164

Table 9. **If your child uses mental health services, does the mental health professional understand your child's needs related to his/her disability?**
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	53%	28%	13%	6%	4,402
2021	42%	35%	17%	6%	142
2020	47%	35%	13%	5%	96
2019	45%	37%	11%	7%	122
2018	44%	40%	9%	8%	80

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Table 10. **Support Needed to Manage Self-Injurious Behavior**
This table represents data collected by the NCI-IDD Survey.

	None	Some	Extensive	Don't Know	N
NCI 2021	76%	16%	5%	2%	12,397
2021	69%	22%	7%	2%	423
2020	65%	21%	10%	3%	620
2019	70%	24%	4%	2%	286
2018	70%	23%	5%	2%	654
2017	58%	21%	5%	17%	405
2016	71%	20%	8%	1%	370

Table 11. **Support Needed to Manage Disruptive Behavior**
This table represents data collected by the NCI-IDD Survey.

	None	Some	Extensive	Don't Know	N
NCI 2021	61%	30%	8%	N/A	11,584
2021	47%	38%	13%	2%	423
2020	43%	40%	14%	3%	620
2019	52%	37%	9%	2%	286
2018	50%	39%	10%	2%	654
2017	38%	36%	11%	15%	405
2016	48%	37%	12%	2%	370

Table 12. **Support Needed to Manage Destructive Behavior**
This table represents data collected by the NCI-IDD Survey.

	None	Some	Extensive	Don't Know	N
NCI 2021	67%	18%	5%	9%	12,447
2021	63%	25%	9%	3%	423
2020	61%	25%	11%	4%	620
2019	71%	2%	46%	5%	286
2018	65%	25%	8%	2%	654
2017	55%	21%	7%	17%	405
2016	62%	27%	9%	2%	372

Table 13. **Child's Support Needs for Self-Injurious, Disruptive, and/or Destructive Behaviors**
This table represents data collected by the NCI-CFS Survey.
All data are reported by the respondent based on their understanding of their family member's demographics, diagnoses, and personal characteristics.

	Extensive	Some	None	N
NCI 2021	26%	43%	30%	7,621
2021	57%	28%	15%	221
2020	60%	25%	14%	245
2019	58%	25%	17%	281
2018	62%	24%	14%	191

Table 14. **Has a behavior plan**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.
In 2021-22, CO scored significantly **above** NCI-IDD weighted average.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	32%	29%	31%	31%	31%	36%	27%
N	362	328	622	266	557	385	12,568

Table 15. **Takes medications that help them feel less sad or depressed**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	38%	43%	39%	45%	44%	N/A	45%	41%
N	393	395	974	672	326	N/A	404	11,913

Table 16. **Takes medication for mood, anxiety, and/or psychotic disorders**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	48%	52%	51%	42%	48%	49%	53%
N	365	320	610	270	562	388	11,844

Table 17. **Number of medications taken for at least one of the following: mood disorders, anxiety, or psychotic disorders if taking at least one medication for this purpose**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
1-2 Medications	68%	71%	77%	69%	75%	72%	66%
3-4 Medications	25%	28%	20%	24%	19%	23%	27%
5-10 Medications	7%	1%	2%	7%	6%	5%	7%
11 or More	0%	0%	0%	0%	0%	0%	0%
N	168	148	284	104	262	200	5,996

Table 18. **Takes medication for behavior challenges**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.
In 2021-22, CO scored significantly **below** NCI-IDD weighted average.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	66%	25%	24%	23%	21%	20%	26%
N	82	301	593	253	526	356	11,689

Table 19. **Number of medications taken for behavior challenges if taking at least one for this purpose**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
1-2 Medications	75%	83%	88%	69%	83%	96%	77%
3-4 Medications	20%	16%	10%	21%	14%	3%	19%
5-10 Medications	5%	1%	2%	10%	4%	1%	4%
11 or More	0%	0%	0%	0%	0%	0%	0%
N	81	69	127	48	109	71	2,958

Table 20. **Has a behavior plan (among those who take medication for a behavior challenge)**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	66%	57%	57%	65%	60%	66%	58%
N	82	68	131	52	101	68	3,102

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Medication

Table 1. Knows what prescription medications are for
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	88%	84%	86%	88%	85%	N/A	87%	86%
N	378	397	840	654	312	N/A	346	9,730

Table 2. If your child takes medications, do you know what they're for?
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	85%	7%	4%	4%	4,469
2021	92%	5%	2%	1%	182
2020	94%	4%	0%	2%	206
2019	95%	4%	1%	0%	247
2018	94%	5%	1%	1%	173

Table 3. Do you, your child, or someone else in your family know what is needed to safely take the prescription medications?
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2020	92%	7%	1%	1%	3,793
2020	93%	6%	1%	0%	205
2019	94%	6%	0%	0%	248
2018	89%	10%	0%	1%	172

Table 4. Do you know when your child should take the medication, how much to take, and the potential side effects?
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	89%	9%	2%	1%	4,452
2021	93%	6%	1%	1%	182

Wellness

Table 1. **In poor health**

	In-Person Survey (NCI-IDD)		Aging & Disabilities	
	Average	**N**	**Average**	**N**
NCI 2021	11%	12,844	18%	12,815
2021	12%	409	21%	416
2020	3%	631		
2019	5%	291	N/A	N/A
2018	3%	678	22%	680
2017	4%	394	23%	988
2016	6%	402	25%	401
2015			16%	399

Table 2. **Person receives Medicare**

	In-Person Survey (NCI-IDD)				Aging & Disabilities	
	Yes	**No**	**Don't Know**	**N**	**Yes**	**N**
NCI 2021	42%	51%	7%	13,184	79%	12,473
2021	42%	58%	0%	426	82%	425
2020	53%	47%	0%	655		
2019	60%	0%	41%	304	76%	334
2018					82%	697
2017					74%	993
2016					64%	400
2015					86%	403

Table 3. **Exercises or does physical activity at least once per week for 10 minutes or more at a time**
This table represents data collected by the NCI-IDD Survey.
> In 2021-22, CO scored significantly above NCI-IDD weighted average.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	71%	75%	83%	82%	80%	86%	80%
N	399	393	677	290	633	417	13,008

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Table 4. **Exercises or does physical activity at least once per week that makes the muscles in arms, legs, back, and/or chest work hard**
This table represents data collected by the NCI-IDD Survey.
In 2021-22, CO scored significantly **above** NCI-IDD weighted average.

	2017	2018	2019	2020	2021	NCI 2021
Average	37%	55%	46%	44%	46%	33%
N	391	675	290	630	411	12,967

Table 5. **Body Mass Index (BMI) category; BMI calculated using data on weight and height**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Underweight	5%	8%	7%	8%	6%	6%	5%
Normal or Healthy	35%	38%	37%	33%	36%	40%	30%
Overweight	31%	28%	27%	26%	28%	24%	28%
Obese	29%	27%	29%	33%	29%	31%	37%
N	378	369	663	264	614	402	10,701

Table 6. **Uses nicotine or tobacco products**
This table represents data collected by the NCI-IDD Survey.
Information may have been obtained through state records.

	2016	2017	2018	2019	2020	2021	NCI 2021
Average	12%	9%	7%	7%	6%	7%	7%
N	398	397	685	291	630	413	12,664

Mobility

Table 1. **Level of Mobility**

	In Person Survey (NCI-IDD)					Aging and Disabilities				
	Moves Self without Aides	Moves Self with Aides	Non-Ambulatory, Always Needs Assistance	Don't Know	N	Moves Self without Aides	Moves Self with Other Aides	Moves self with Wheelchair	Non-Ambulatory	N
NCI 2021	75%	16%	8%	1%	13,263	27%	53%	21%	8%	13,086
2021	39%	52%	9%	0%	426	67%	20%	0%	0%	425
2020	61%	28%	10%	1%	621					
2019	77%	15%	8%	0%	292	49%	48%	12%	3%	334
2018	78%	15%	7%	0%	687	35%	61%	18%	6%	N/A
2017	82%	10%	8%	0%	397	12%	21%	2%	62%	N/A
2016	76%	16%	8%	0%	402	32%	57%	15%	5%	402
2015						19%	N/A	91%	2%	N/A

Table 2. **Has history of frequent falls (more than two falls in a six-month period)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	34%	34%	31%	37%	33%	N/A	26%	29%
N	400	401	987	686	334	N/A	413	12,866

Table 3. **They or someone else has concerns about falling or being unstable**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	62%	72%	73%	73%	71%	N/A	68%	54%
N	401	401	992	693	335	N/A	416	13,019

Table 4. **Has worked with someone to reduce risk of falls (if someone has concerns about them falling or being unstable)**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	76%	68%	81%	81%	75%	N/A	83%	84%
N	277	285	678	442	216	N/A	284	7,083

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Table 5. **Has gone to the emergency room in the past 12 months due to falling or losing balance**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	20%	29%	29%	35%	30%	N/A	29%	179
N	397	204	507	349	155	N/A	30%	4,817

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Access to Needed Equipment

Table 1. Does your child have the special equipment or accommodation that s/he needs?
This table represents data collected by the NCI-CFS Survey.

	Always	Usually	Sometimes	Seldom or Never	N
NCI 2021	40%	30%	16%	14%	3,302
2021	32%	44%	21%	3%	164
2020	27%	50%	18%	6%	181
2019	32%	48%	16%	3%	234
2018	30%	52%	16%	3%	159

Table 2. Needs other bathroom modifications but does not have them
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	11%	25%	19%	18%	13%	N/A	19%	12%
N	400	397	987	688	331	N/A	418	12,720

Table 3. Needs grab bars in the bathroom or elsewhere in their home but does not have them
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	9%	20%	17%	15%	11%	N/A	15%	11%
N	402	401	991	693	334	N/A	419	13,100

Table 4. Needs a ramp or stair lift in or outside their home but does not have it
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	9%	15%	14%	11%	6%	N/A	11%	7%
N	401	399	989	694	332	N/A	418	12,762

Table 5. Needs some other home modification but does not have it[5]
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	4%	9%	10%	10%	10%	N/A	49%	11%
N	384	386	974	676	331	N/A	93	5,525

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[5] In 2021, this question's skip logic was incorrectly programmed into the survey which resulted in a lower denominator or the number of responses that were found valid and incorporated into the data set. This causes the data to appear so much higher than previous years and the national average.

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Table 6. **Needs a specialized bed but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	10%	16%	14%	14%	11%	N/A	14%	8%
N	399	400	991	692	335	N/A	417	12,782

Table 7. **Needs a remote monitoring system but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	NCI 2017
Average	5%	9%	11%	7%
N	399	399	997	17,199

Table 8. **Needs a walker but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	3%	3%	6%	4%	4%	N/A	5%	4%
N	400	399	990	693	334	N/A	419	12,927

Table 9. **Needs a scooter but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	9%	16%	14%	18%	10%	N/A	18%	9%
N	398	398	986	689	334	N/A	420	12,713

Table 10. **Needs a wheelchair but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	5%	5%	6%	6%	6%	N/A	5%	5%
N	400	401	992	691	334	N/A	419	12,868

Table 11. **Needs hearing aids but does not have them**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	13%	13%	17%	15%	15%	N/A	13%	8%
N	396	397	982	691	331	N/A	414	12,598

Table 12. **Needs glasses, but does not have them**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	4%	4%	8%	9%	6%	N/A	11%	6%
N	401	395	983	692	335	N/A	417	12,584

Table 13. **Needs a personal emergency response system but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	10%	22%	18%	11%	11%	N/A	9%	11%
N	400	397	981	688	333	N/A	415	12,608

Table 14. **Needs a CPAP machine but does not have one**
This table represents data collected by the NCI-AD Survey.

	2017	2018	NCI 2018
Average	5%	7%	3%
N	986	689	13,975

Table 15. **Needs an oxygen machine but does not have one**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	3%	N/A	N/A	3%	1%	N/A	3%	2%
N	402	N/A	N/A	691	335	N/A	416	12,609

Table 16. **Needs other equipment but does not have[6]**
This table represents data collected by the NCI-AD Survey.

	2015	2016	2017	2018	2019	2020	2021	NCI 2021
Average	3%	7%	7%	7%	10%	N/A	44%	11%
N	398	389	983	684	326	N/A	121	5,807

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[6] In 2021, this question's skip logic was incorrectly programmed into the survey which resulted in a lower denominator or the number of responses that were found valid and incorporated into the data set. This causes the data to appear so much higher than previous years and the national average.

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NCI Data Report Overview

Notable improvements in Colorado include:

- **Dental Exams**: It is typically recommended that all adults and children receive a dental exam at least every 6 months. Colorado has seen an increase in dental exams within the NCI-IDD survey, from 70% in 2016 to 83% in 2021. In 2021-22, Colorado scored significantly above NCI-IDD weighted average. In NCI-AD, there was also an increase from 43% in 2015 to 51% in 2021. In the CFS, there was an increase from 66% in 2018 to 70% in 2020 of children who can **always** see the dentist when needed, with 4% in 2018 and 3% in 2020 reporting they never or seldom see the dentist.

- **Colonoscopy**: It is recommended that people at average risk for colorectal cancer should have a baseline colonoscopy at age 50, then repeat the exam every 10 years. CO has seen an increase in the NCI-IDD surveys, from 20% among people ages 50 and over reporting having a colonoscopy in the past 10 years in 2016, to 45% in 2020. In 2021, this dropped back down to 25%.

- **Pap Screens**: It is recommended if you are between the ages of 21-29, you should receive a Pap smear every three years. If you are between the ages of 30-65, you should receive a Pap smear every five years. There was an increase in the NCI-IDD, from 37% of women 21 and older reporting they had a pap test in the past three years in 2020, to 57% in 2021.

Areas for improvement in Colorado include:

- **Special Equipment Needs**: There was a decrease in the NCI-CFS for a child's access to the special equipment or accommodations that s/he needs, from 30% of children **always** having access in 2018, to 27% **always** having access in 2020. In 2020-21, Colorado scored significantly below NCI-CFS weighted average.

- **Hearing Tests**: The American Speech-Language-Hearing Association recommends that adults be screened by an audiologist once per decade and every 3 years after age 50 years or more frequently in those with known exposures or risk factors associated with hearing loss. There was a decrease in the NCI-IDD surveys for members who had a hearing test within the past five years, from 66% in 2016 to 46% in 2021. However, it is important to note in 2021, only 16% of members reported being 55 years or older and information may have been obtained through state records. In 2021, in the NCI-AD, the average member was 63; 22% reported having a hearing test in the past year, and 13% reported needing hearing aids but did not have them.

- **Mammograms**: The American Cancer Society continues to recommend annual mammograms for women starting at age 40, it is typically recommended women over 40 get a mammogram at least every two years. There was a decrease in the NCI-IDD, from 71% of women ages 40 and over reporting they had a mammogram test in the past two years in 2016, to 59% in 2020. Colorado did not have sufficient data to be included in the 2021-22 data set.

- **Flu Vaccines**: There was a decrease in the amount of flu vaccinations in the NCI-IDD surveys, from 76% in 2016, to 21% in 2021. In 2021-22, Colorado scored significantly below NCI-IDD weighted average. It is important to note this information was obtained through state records. In the NCI-AD, Colorado decreased from 78% in 2015, to 68% in 2021.

Recommendations

1. Population-Based Payment (PBP) Models

Population-based payment (PBP) models —a value-based payment approach — are gaining increased interest in health care as a way to achieve often hard-to-reach goals, such as controlling health care costs, improving care quality, enhancing patient and provider experience, and advancing health equity.[7] These models align provider and payer incentives by encouraging providers to keep their patients well, rather than rewarding them for a large volume of reimbursable services.[8] "The strong financial incentives in PBP models represent a significant opportunity" to transform how health care is delivered in Medicaid.[9]

Colorado is considering increasing its Medicaid primary care rates by 16% to match current Medicare rates for providers who commit to participate in Colorado's Alternative Payment Model (APM) 2 model. The APM 2 model allows participating practices to choose to receive some or all their revenue as Per Member Per Month payments, to provide stable revenue and allow for increased investment in care improvements. Participating providers are also eligible to share in the savings that result from improved chronic care management by meeting quality thresholds. Freed from utilization as the driving factor for revenue, providers can consistently make the decisions they want for their patients, ensuring the best possible care.

2. Dual Eligible Special Needs Plans

People enrolled in both Medicaid and Medicare receive their benefits through a system that integrates both services. Typically, members receive these two sets of benefits from different delivery systems, which can result in uncoordinated, fragmented care that can be difficult to navigate.[10] The intent of a dual eligible special needs plan is for one plan to be responsible for coordinating across all Medicare and Medicaid benefits and to make it easier for dually eligible members to navigate both systems through "comprehensive care management, streamlined member notification materials, a single insurance card for both plans, single provider directories and prescription formularies, and a unified grievances and appeals process."[11]

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[7] Houston, R., Smithey, A., & Brykman, K. Medicaid population-based payment: The Current Landscape, Early Insights, and Considerations for Policymakers. CENTER FOR HEALTH CARE STRATEGIES, (November 2022), https://www.chcs.org/resource/medicaid-population-based-payment-the-current-landscape-early-insights-and-considerations-for-policymakers/.

[8] *Id.*

[9] *Id.*

[10] Center for Health Care Strategies, Decipher Health Strategies, & Chapman Consulting. In Alignment: CalAIM's Plan to Coordinate Care for Dual Enrollees in Medicare and Medi-Cal. CENTER FOR HEALTH CARE STRATEGIES, (November 2022 Issue Brief), https://www.chcf.org/wp-content/uploads/2022/11/IssueBriefAligningMedicareMediCal.pdf.

[11] *Id.*

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3. Improvement to Care Coordination Technology

Enrolling members in public health programs is not enough to positively impact health outcomes. It is essential for members to know how to access preventive services and health care services. In 2011, Colorado launched the Accountable Care Collaborative (ACC) which entailed ensuring that health services for Health First Colorado members were coordinated and that members were connected with primary care.[12] This involved a number of changes aimed at coordinating care, reducing cost, and the introduction of new organizations — Regional Accountable Entities, or RAEs.[13] The RAEs' responsibilities include ensuring Health First Colorado members have access to primary care and behavioral health services, coordinating members' care and monitoring data to ensure members are receiving quality care.[14] They also have a role in paying providers, including managing payments for behavioral health services and using bonus payments to encourage primary care providers to improve care.[15] Search RAEs by county on our website.

Colorado is currently working to invest in tools and technology to close gaps in communication across sectors and improve care coordination through America Rescue Plan Act (ARPA) initiatives. Colorado ARPA Initiative 6.07 is exploring Innovative Tech Integration. HCPF will investigate innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. HCPF 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.

Colorado ARPA Initiative 6.12 creates a Systems Infrastructure for Social Determinants of Health. HCPF, 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, HCPF 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. HCPF will build upon lessons learned from the recent build of the prescriber tool that connects providers to information that helps inform real-time decisions needed to best help members.

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[12] Bontrager, J., Boone, E., Clark, B., Esposito, C., Foster, C., Hanel, J., & Zubrzycki, J. The Ways of the RAEs, COLORADO HEALTH INSTITUTE (October 11, 2018), https://www.coloradohealthinstitute.org/research/ways-raes.

[13] *Id.*

[14] *Id.*

[15] *Id.*

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These are some examples of ARPA Initiatives but is not an exhaustive list. Find out more about Colorado's ARPA initiatives geared towards improving technology.

4. Increase Language Accessibility

Language accessibility helps ensure that diverse populations can understand eligibility rules, the application process, coverage options, and medical services.[16] Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall Colorado population and general Medicaid population. The contributing factors driving the inequity are unclear. Colorado ARPA Initiative 3.01 is an equity study geared to understand what drives the disparity in the general Medicaid population, and how to create more equity in HCBS. The project aids 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 qualify.

Colorado APRA Project 3.05 aims to 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 takes into consideration other accessibility needs such as hearing and vision impairments.

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[16] Clemente, I. & Casau, A., Covering all kids: Strategies to connect children of undocumented status to Health Care Coverage, CENTER FOR HEALTH CARE STRATEGIES (February 14, 2023 Blog Post), https://www.chcs.org/covering-all-kids-outreach-enrollment-and-retention-strategies-to-connect-children-of-undocumented-status-to-health-care-coverage/?utm_source=CHCS%2BEmail%2BUpdates&utm_campaign=f58c71b770-NJ_Covering-All-Kids_Blog_2%2F14%2F2023&utm_medium=email&utm_term=0_-f58c71b770-%5BLIST_EMAIL_ID%5D

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Colorado Resources and Programs

Breast and Cervical Cancer Program (BCCP)
The Breast and Cervical Cancer Program (BCCP) is a program for women who have been diagnosed with breast or cervical cancer. BCCP also covers breast and cervical conditions that may lead to cancer if not treated.

Colorado Dental Health Care Program for Low-Income Seniors
Senate Bill 14-180 created the Dental Health Care Program for Low-Income Seniors to provide access to dental care for low-income seniors.

Colorado Indigent Care Program (CICP)
The Colorado Indigent Care Program (CICP) provides discounted health care services to low-income people and families. CICP is not a health insurance program. Discounted health care services are provided by Colorado hospitals and clinics that participate in the CICP.

Health First Colorado Buy-In Program for Children with Disabilities
The Health First Colorado Buy-In Program for Children with Disabilities lets families of children with a disability who qualify to 'buy-into' Health First Colorado (Colorado's Medicaid Program) for that child. If your child and/or your family earn too much for Health First Colorado or Child Health Plan *Plus* (CHP+) your child may qualify. If your child does qualify, you may pay a monthly premium to be in the program. We base your monthly premium on your family's income.

Health First Colorado Buy-In Program for Working Adults with Disabilities
The Health First Colorado Buy-In Program for Working Adults with Disabilities lets adults with a disability who qualify to "buy-into" Health First Colorado (Colorado's Medicaid Program). If you work and earn too much to qualify for Health First Colorado, you may qualify. If you qualify, you pay a monthly premium. Your monthly premium is based on your gross monthly earned and unearned income after any applicable disregards.

Health Insurance Buy-In (HIBI) Program
Health Insurance Buy-In (HIBI) is a premium assistance program for Health First Colorado (Colorado's Medicaid program) members. It sends monthly payments to you for all or a portion of the cost of your commercial health insurance premiums, and in some cases also reimburses you for deductibles, co-insurance, and co-pays.

Medicare Savings Programs (MSP)
Medicare Savings Programs (MSP) help people with limited income and resources pay for some or all of their Medicare premiums and may also pay their Medicare deductibles and co-insurance. In some cases, Medicare Savings Programs may also pay Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) deductibles and co-insurance. Medicare Savings Programs are a group of programs Colorado residents can apply for if they have Medicare. Medicare Buy-In is one of the benefits of the Medicare Savings Programs.

Old Age Pension Health and Medical Care Program (OAP)

The Old Age Pension (OAP) Health and Medical Care Program provides limited medical care for Coloradans getting Old Age Pension. If you (or your family or caretaker) get Old Age Pension and make too much to qualify for Health First Colorado (Colorado's Medicaid program), you may qualify.

School Health Services Program

School Health Services Program

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