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Department of Human Services

1575 Sherman St.
Denver, CO 80203

November 1, 2020

The Honorable Daneya Esgar, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Representative Esgar:

Enclosed please find the response to the Joint Budget Committee's Multi-Department Request for Information #6 regarding the Departments of Health Care Policy & Financing (HCPF), Human Services (CDHS), and Public Health & Environment (CDPHE).

Multi-Department Request for Information #6 states:

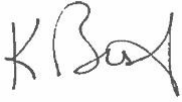
Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers; and Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Health Facilities Division -- The Departments are requested to provide by November 1 of each fiscal year, the status of the implementation of Regional Center Task Force recommendations.

While the three Departments achieved some milestones quickly, some of the Regional Center Task Force recommendations and associated tasks have been ongoing and are being advanced by eight interrelated initiatives identified in this report. Seventy-five percent of the Regional Center Task Force recommendations have been completed, and this report will provide updates on how the remaining 25 percent are progressing in interrelated initiatives.

If you require further information or have additional questions, please contact the Department's Legislative Analyst, Jill Mullen, at jill.mullen@state.co.us or 303-866-6912.



Sincerely,



Kim Bimestefer
Executive Director
Department of Health
Care Policy & Financing

Sincerely,



Jill Hunsaker Ryan
Executive Director
Department of Public
Health & Environment

Sincerely,



Perry May
Deputy Executive Director,
Health Facilities
Department of Human Services

KB/JHR/MB

Enclosure(s): Health Care Policy & Financing FY 2019-20 Multi-Department RFI #6

CC: Senator Dominick Moreno, Vice-Chair, Joint Budget Committee
Representative Julie McCluskie, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
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Regional Center Task Force Implementation Update

Legislative Requests for Information for FY 2020-21

Requests Affecting Multiple Departments #6

November 1, 2020

Submitted to: Joint Budget Committee



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I. Requests Affecting Multiple Departments #6

This report was developed in response to the Joint Budget Committee’s Multi-Department Request for Information #6 - “Department of Health Care Policy and Financing, Office of Community Living; Department of Human Services, Services for People with Disabilities, Regional Centers; and Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, Health Facilities Division -- The Departments are requested to provide by November 1 of each fiscal year, the status of the implementation of Regional Center Task Force recommendations.”

II. RCTF Overview

The Regional Centers Task Force (RCTF), created by [House Bill \(HB\) 14-1338](#), was directed to develop recommendations regarding the future size, scope and role of Colorado’s three Regional Centers serving people with intellectual and developmental disabilities (I/DD). The Task Force produced ten recommendations, each with several associated tasks, as reflected in the [RCTF Final Report](#) published in December 2015. The recommendations include ambitious, broad system changes that involve the Colorado Departments of Health Care Policy & Financing (HCPF), Human Services (CDHS), and Public Health & Environment (CDPHE).

III. Regional Centers’ Role

CDHS, CDPHE, and HCPF (the Departments) agree that Colorado must provide effective, efficient, and person-centered services in the most appropriate and least restrictive setting. At times, Regional Centers are the most appropriate and least restrictive setting - offering short-term treatment and stabilization programs for individuals whose acute or complex needs cannot be met in the community. As a result, the Regional Centers play an important role in the state’s spectrum of care for people with I/DD.

IV. Recommendation Implementation and Satisfaction: Eight Inter-Related Initiatives

As noted in prior reports on this subject, the Departments have taken considerable steps toward improving community system capacity and stability by increasing funding and eliminating barriers to accessing services for individuals with I/DD who require complex mental and behavioral health

services. Through these measures, the Departments have completed three quarters of the work cut out for them in the RCTF's Final Report. See the FY 2019-2020 Legislative Request for Information #7 [Report](#).

As for the remaining work: There are eight system initiatives underway to strengthen services, build provider capacity, and improve quality of services for individuals with I/DD that will provide increased opportunities for people served by the Regional Centers to be served by private providers in their communities. Specifically, the following initiatives collectively advance the RCTF recommendations and associated tasks:

- a. Cross-System Crisis Response for Behavioral Health Pilot Program - Report of Best Practices and Recommendations
- b. Targeted Case Management - Transition Services
- c. Person-Centered Thinking Training Initiative
- d. Quality Metric Initiative
- e. Behavioral Health Task Force and Behavioral Health Entity - Implementation & Advisory Committee
- f. Department of Regional Center Operations Transitions
- g. Children's Habilitation Residential Program Waiver Expansion
- h. Reimbursement and Ongoing Rate Review

Initiative A. Cross-System Crisis Response for Behavioral Health Pilot Program - Report of Best Practices and Recommendations

[HB 15-1368](#) established the Cross-System Crisis Response for Behavioral Health Pilot Program (CSCR Pilot) to address gaps in services for people with an I/DD and a mental health disorder experiencing a behavioral health crisis.

The CSCR Pilot [Annual Report](#) identified barriers to mental/behavioral health services within five general categories: diagnosis, training, crisis stabilization, care coordination, and collaboration. A series of best practices and recommendations was developed for serving individuals diagnosed with I/DD. The current emphasis is on implementing the recommendations and developing specialized training to benefit service professionals and providers specifically related to the diagnosis and assessment of mental health issues in individuals with I/DD.

HCPF continues to implement the CSCR Pilot recommendations, with special considerations respecting the impact and requirements of COVID-19. This includes, but is not limited to: assisting in developing training for professionals to provide a deeper understanding of diagnosing and treating individuals with I/DD and behavioral/mental health diagnosis; working with Regional Accountable Entities to encourage the use of the Diagnostic Manual: Intellectual Disability, Second Edition (DM-ID-2) when diagnosing mental/behavioral health needs in persons with I/DD; and contributing to the Governor's Behavioral Health Task Force to ensure that persons with I/DD and other cognitive needs are able to access necessary mental/behavioral health services.

Initiative B. Targeted Case Management - Transition Services

[HB 18-1326](#) authorized HCPF to sustain transition services for individuals who live in nursing facilities or receive services from Regional Centers and who choose to move into a community-based setting. The core new transition service, Targeted Case Management - Transition Services (TCM-TS), was implemented on January 1, 2019.

TCM-TS provides a robust amount (240 units or 60 hours) of paid casework to coordinate a transition, which allows providers to offer a higher quality of service to individuals as they transition into the community. Accompanying TCM-TS, all adult Home and Community-Based Services (HCBS) waivers offer four services for individuals transitioning: Life Skills Training, Home Delivered Meals, Peer Mentorship, and Transition Set-Up.

Regulations for TCM-TS require that transition monitoring include a client satisfaction survey prior to discharge from a facility and at the end of the transition period to evaluate the client's experience in service planning, transition plan implementation, transition coordination process, level and adequacy of services provided, and overall client satisfaction.

The Transitions Stakeholder Advisory Council provides feedback and recommendations to HCPF regarding operational policy and procedural changes to Transition Services, including identifying barriers to successful transitions and potential solutions. The Council is currently focused on soliciting and providing recommendations on priorities for Transition Services. HCPF is

collaborating with the Council to expand these conversations and stakeholder engagement to as many interested stakeholders as possible.

Initiative C. Person-Centered Thinking Initiative

In 2016, HCPF entered into a collaboration with Support Development Associates (SDA) and The Learning Community for Person Centered Practices (TLCPCP) to hold dozens of training events throughout Colorado to introduce the Person-Centered Thinking (PCT) Initiative. The work has continued to grow both internally at HCPF and externally. There are four components to the Person-Centered Thinking Initiative:

- “Speak Up” is a collaborative effort with the University of Colorado-Colorado Springs to develop and implement a targeted curriculum for an array of training modules to be offered to individuals receiving services. The training curriculums are designed to help individuals be their own advocate as they learn to lead their own person-centered support planning process and express what is important to them in reaching their personal goals.
- HCPF has developed a statewide Person-Centered Thinking Training plan. Person-Centered Thinking Training is offered by HCPF’s certified PCT Trainers to build competency in three crucial workforces:
 - Case Management Agencies
 - Direct Support providers
 - Transition Coordination Agencies (TCAs)
- In collaboration with stakeholders, HCPF has developed a new Long-Term Services and Supports (LTSS) Assessment Tool and Person-Centered Support Plan Process for eligibility determinations, needs assessments, and support planning for all individuals seeking or receiving LTSS. The new processes will be person-centered, enhance self-direction, and facilitate greater coordination of services, as well as be equally applicable to adults with disabilities and children.
- The Office of Community Living (OCL) was selected from among 30 state applicants to receive technical assistance from the National Center on Advancing Person-Centered Practices and Systems (NCAPPS). The goal of NCAPPS is to “promote systems change that makes person-centered principles not just an aspiration, but a reality in the lives of people who

require services and supports across the lifespan.” NCAPPS assists states, tribes, and territories to “transform their long-term care service and support systems to implement policy on person-centered thinking, planning, and practices.” OCL will benefit from this three-year technical assistance plan, which began in 2019, to enhance Colorado’s focus on person-centered approaches.

Initiative D. Quality Metric Initiative

HCPF is developing a multifaceted system of quality metrics that directly translates into individuals receiving the services they want, when they want, and where they want.

- HCPF administers the [National Core Indicators](#) (NCI) and [National Core Indicators-Aging and Disability](#) surveys to assess the quality of life and outcomes of people with disabilities who access publicly-funded services through Medicaid. Data is gathered yearly to measure the performance of states’ LTSS systems and help state agencies with quality improvement initiatives, strategic planning, and legislative and funding proposals. HCPF also administers the [Child Family Survey](#) and [Staff Stability Survey](#) through NCI.
- HCPF’s OCL is working to incorporate elements of the Quality Framework developed by the Community Living Quality Improvement Committee (CLQIC) as Key Performance Indicators for the Office to better track quality and program improvement opportunities.
- The Regional Center Task Force Operations Team is tracking transitions of individuals from Regional Center services for efficacy and analyzing transition data to identify key success strategies and determine whether/how changes should be implemented to improve the transition process.

Initiative E. Behavioral Health Task Force and Behavioral Health Entity - Implementation & Advisory Committee

Behavioral Health Task Force:

On April 8, 2019, Governor Polis directed CDHS to spearhead Colorado’s [Behavioral Health Task Force](#) (BHTF). The mission of the task force was to evaluate and set the roadmap to improve the behavioral health system in the state. This included developing Colorado’s Behavioral Health Blueprint by

August 2020. The BHTF ended its official meetings and planning in June 2020 and will work with BHTF members, as well as an expanded group of subject matter experts across the State, on implementation of its official recommendations. Anticipated publication of the Behavioral Health Blueprint, as well as work on the beginning phases of implementation of the BHTF's recommendations, are set for the fall of 2020 and will include special considerations in response to COVID-19. Additionally, the BHTF voted to create the Behavioral Health Administration (BHA). The precise role of the BHA will be further defined in the forthcoming Blueprint and explored during implementation by the as-yet unidentified implementation committee members.

Behavioral Health Entity - Implementation & Advisory Committee:

[HB 19-1237](#) directed that by 2024, minimum standards and rules be established for behavioral health entities operating in the State of Colorado that:

- Provide a single, flexible license category under which community-based behavioral health services can provide integrated mental health services and meet an individual's continuum of needs, from crisis stabilization to ongoing treatment;
- Provide a regulatory framework for innovative behavioral health service delivery models to meet the needs of both individuals and communities;
- Increase parity between physical health and behavioral health in the oversight and protection of a consumer's health, safety, and welfare, regardless of payment source; and
- Streamline and consolidate the current regulatory structure to enhance community providers' ability to deliver timely and needed services, while ensuring consumer safety.

The [Behavioral Health Entity Implementation and Advisory Committee \(BHE-IAC\)](#) was formally established in October 2019 and meets on a monthly basis. The BHE-IAC is currently drafting regulations for the Phase 1 portion of the project, which includes a cafeteria-style licensing chapter for those providers already licensed by the Health Facilities and Emergency Medical Services Division (HFEMSD) within CDPHE, which include Community Mental Health Centers, Community Mental Health Clinics, Acute Treatment Units and Crisis Stabilization Units. The final draft of the Phase 1 work is due to be completed

by December 2020 and to be presented to the Board of Health in the spring of 2021.

Initiative F. Division of Regional Center Operations Transitions

The Division of Regional Center Operations (DRCO) has developed a well-defined process for facilitating transitions from Regional Center services to private service agencies.

In alignment with its goal of “supporting people in multiple ways so they have [the] opportunity to live in the most integrated community setting,” DRCO collaborates with HCPF, the Community Centered Boards (CCBs), service agencies, advocates, and families to provide a person-centered, treatment-focused stabilization model.

An interdisciplinary Transition Support Team (TST) provides guidance to the community team throughout the transition process and provides support as needed and requested for the first three months following a transition.

Initiative G. Children’s Habilitation Residential Program Waiver Expansion

Per [HB 18-1328](#), the Children’s Habilitation Residential Program (CHRP) Waiver has been expanded to include children and youth age birth (0) to twenty-one (21) who have an I/DD and very high needs and are not in child welfare, and it now includes two new services. CHRP waiver services may be used to provide supports as youth transition into adulthood. The new services provide wraparound support and in-home learning opportunities to support the child or youth to remain in the family home or to return to the family home after out-of-home placement.

The changes to the waiver were effective July 1, 2019. In state fiscal year (SFY) 2019-2020, new enrollments to the CHRP waiver increased substantially, and the changes contributed to children and youth being able to remain in the family home, return to the family home after out-of-home placement, and return to Colorado from out-of-state placement. HCPF anticipates that continued growth in utilization of this waiver will decrease enrollments of individuals age 18-20 to the Regional Centers.

Initiative H. Reimbursement and Ongoing Rate Review

HPCF received budgetary authority to increase the per diem rates for Residential Child Care Facility (RCCF) CHRP providers beginning in SFY 2020-2021. The new rates require approval from the Centers for Medicare & Medicaid Services and are anticipated to be effective January 1, 2021. This rate increase will increase provider capacity and help RCCFs to support children and youth with very high behavioral support needs in an intensive treatment environment with the goal of stabilization and return to the family home or other less-intensive living environment.

Ongoing work to examine payment and rate reforms will be done through the [Medicaid Provider Rate Review Advisory Committee](#) (MPRRAC). The next review for HCBS-DD waiver rates will be in SFY 2020-2021.

V. Conclusion

The Departments have made significant investments to ensure access to community-based services and continue to work toward implementing practicable, interrelated initiatives that directly support the RCTF recommendations. To date, 75 percent of the tasks contained in the Regional Center Task Force Recommendations have been implemented. The remaining tasks are being addressed by the inter-related series of initiatives discussed above. The intra-departmental Regional Center Task Force Sponsor Group and Operations Team will continue to monitor the implementation of the recommendations, and the Departments will continue to support people with I/DD to live as they choose.