

The right to communicate in the language you feel most connected with- the language of your heart.



El derecho a expresarse en el idioma con el que se sientan más cómodos y conectados: el idioma de su corazón.

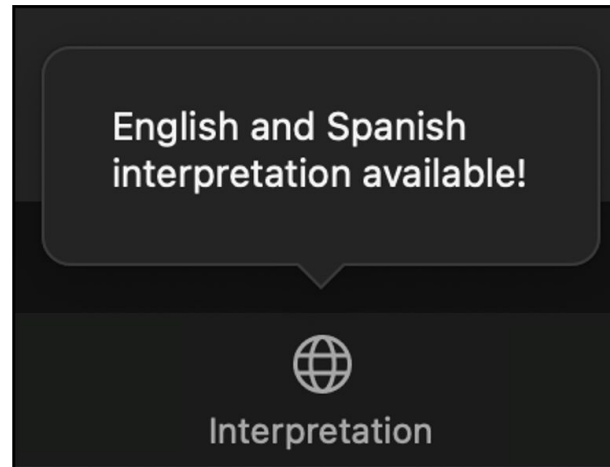
We will be using interpretation as a tool for opening communication



Usaremos la interpretación como una herramienta para expandir la comunicación.

Zoom Interpretation/ Interpretacion por Zoom

- In your meeting/webinar controls, click Interpretation.
- Click the language that you would like to hear.
- (Optional) To only hear the interpreted language, click Mute Original Audio



- En los controles de la reunión o el seminario web, hacer clic en Interpretación.
- Hacer clic en el idioma que desee escuchar.
- (Opcional) Para escuchar solo el idioma interpretado, haga clic en Silenciar audio original.

Creating Equitable Access within Colorado's Medicaid Home and Community-Based Services (HCBS)

ARPA 3.01 - HCBS Equity Study - Summit 2

June 6, 2023

from 12:00 to 2:00 p.m. on Zoom

Land Acknowledgement



Introductions



Department of Health Care Policy and Financing Staff (HCPF)

- **Bonnie Silva** (she/her/hers)
 - Director, Office of Community Living
- **Tasia Sinn** (she/her/hers)
 - Senior Policy Advisor

Civic Consulting Collaborative with CREA Results

- **Jack Becker** (he/him/his)
- **Amy Engelman** (she/her/hers)
- **Roshan Bliss** (he/him/his)
- **Fernando Pineda-Reyes** (he/him/his)

Agenda

- Opening & Welcome
- Background & Approach
- Illustration of Key Themes of Championing Health Equity
- How HCBS Can Increase Equity by Partnering with Community Driven Organizations
- Recommendations
- Next Steps

Inclusion, Care and Safety

1. Everyone holds expertise
2. Respect
3. Share the air
4. Assume positive intent
5. Listen to understand first
6. Zoom etiquette

Our Purpose

To put people with disabilities and older adults, their advocates, and community at the center of change as HCPF works to reduce barriers for more equitable awareness, enrollment, and use of Home and Community-Based Services (HCBS).

Why Examine Equity?

People with disabilities who are enrolled in Health First Colorado (Colorado Medicaid) are a diverse population comprising many backgrounds, ages, races and ethnicities, ranges of disability types, severities and symptomologies, and co-occurring health conditions. Intersectional identities influence people's health care preferences, needs, and choices, as well as their experience with the health care system. This report focuses on health disparities which are defined as differences in health outcomes between populations due to socioeconomic factors or population characteristics. While disability is often a primary lens for evaluating health disparities, in this research we consider additional identities, especially race/ethnicity, to understand how members enroll in, navigate, and utilize services within the Medicaid system.

ARPA 3.01 HCBS Equity Study

Goal:

Help us better understand who receives HCBS in Colorado and what services they receive, where there are gaps, and target outreach to ensure Medicaid HCBS appropriately serves all Coloradans who qualify

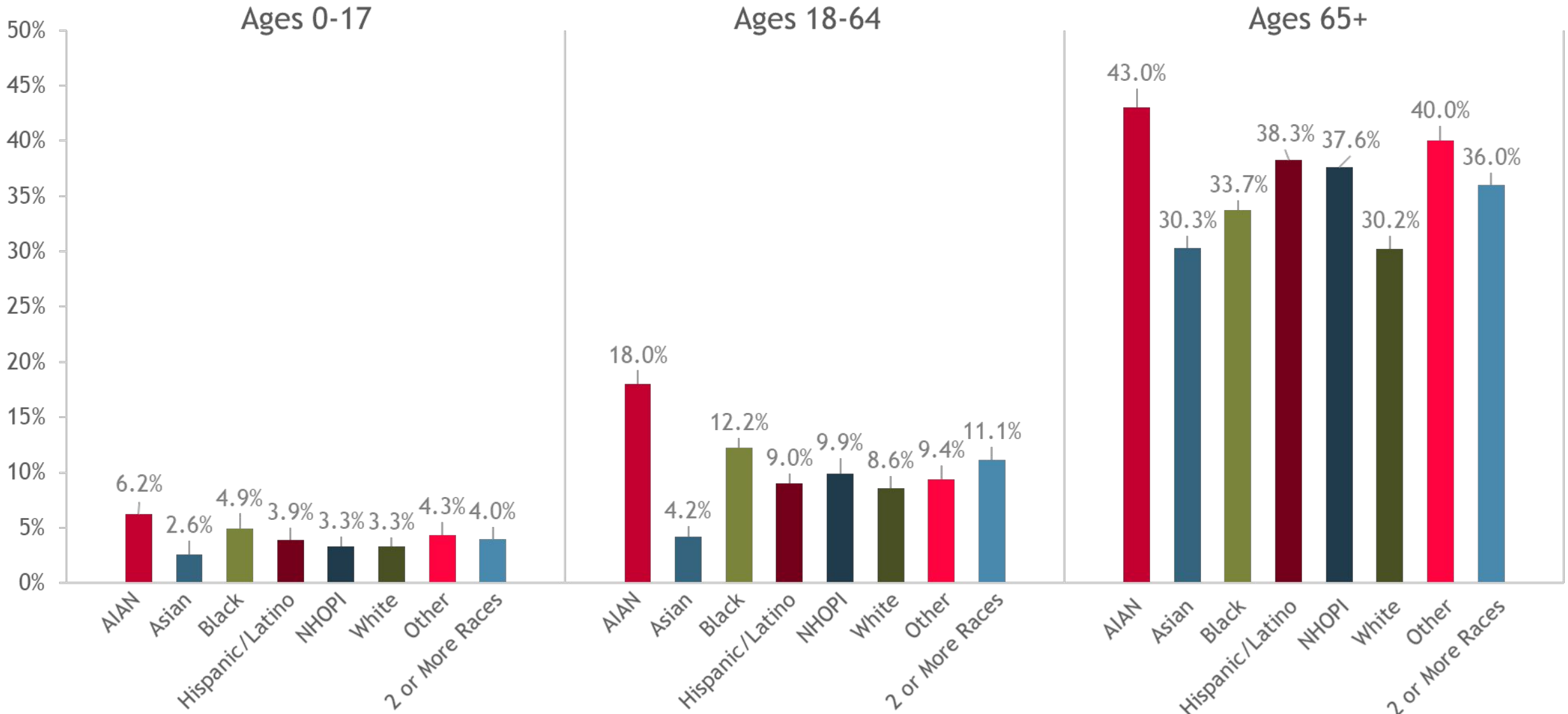
3 Phases:

- Internal Data Analysis and Literature Review
- External Stakeholder Feedback and Recommendations
- Implementation Planning

Follow the project at:

[ARPA HCBS Initiative 3.01 - Equity Study](#)

Disability Prevalence in Colorado



American Indian, Black, and Hispanic/Latino Children with Disabilities are Underrepresented in HCBS

Ages 0-17	HCBS	Medicaid Overall
American Indian	0.4%	0.8%
Black	3.3%	6.9%
Asian	2.7%	2.0%
Hispanic/Latino	12.3%	40.0%
Not Provided	0.6%	0.8%
Other People of Color	5.3%	6.8%
Other/Unknown	24.9%	13.0%
Pacific Islander	0.0%	0.4%
White	50.5%	29.4%

Source: Medicaid MMIS claims data, April 2021 through March 2022

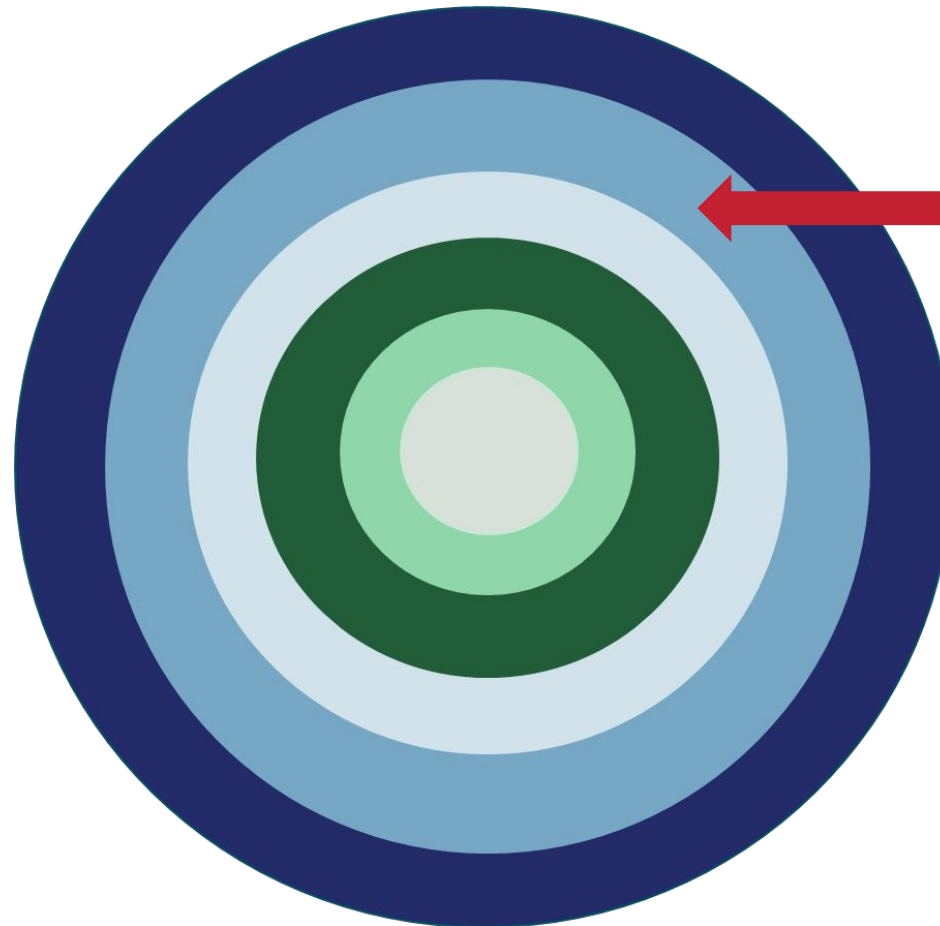
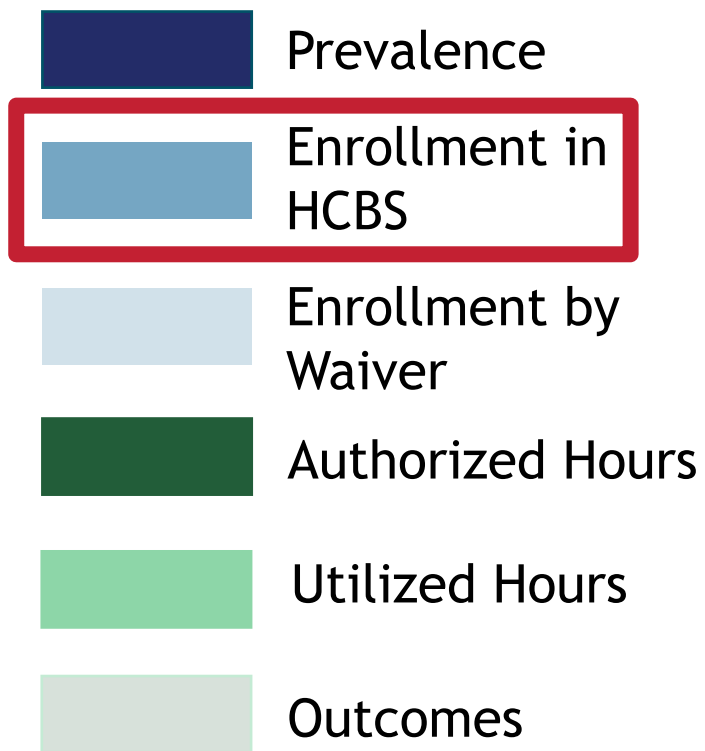
American Indian and Hispanic/Latino Adults with Disabilities are Underrepresented in HCBS

Ages 18+	HCBS	Medicaid Overall
American Indian	0.6%	1.1%
Black	6.3%	7.0%
Asian	4.5%	2.7%
Hispanic/Latino	15.3%	25.7%
Not Provided	0.5%	0.8%
Other People of Color	2.1%	3.5%
Other/Unknown	15.3%	12.4%
Pacific Islander	0.1%	0.3%
White	55.2%	46.6%

Source: Medicaid MMIS claims data, April 2021 through March 2022

Guiding Logic for Identifying Compounding Disparities in HCBS: Focus Area

In order from outermost ring to innermost:



ARPA 3.01 Focus Area:
Representation

HCBS Equity Study Engagement Plan

Agency/Provider & Member/Caregiver Survey

- February 2023
- Nearly 500 responses
- Gathered input on HCBS barriers and solutions for awareness building, enrollment and utilization

Summit 1

- April 4, 2023
- Reported on Equity Study and Survey
- Heard from attendees to deepen understanding of solutions

Learning Exchanges

- April - May 2023
- Learning exchanges with nine community-driven organizations
- Interviews with additional community-driven organizations and state partners

Summit 2

- June 6, 2023
- Discussion with representatives from learning exchange participants
- Report out on project findings, recommendations and next steps

Why Community Driven Organizations?

- Missing representation from many historically marginalized and disenfranchised groups from enrollment despite high prevalence
- Bridge builders that understand the nuances of their community and systems
- Sustainability of partnership and effort

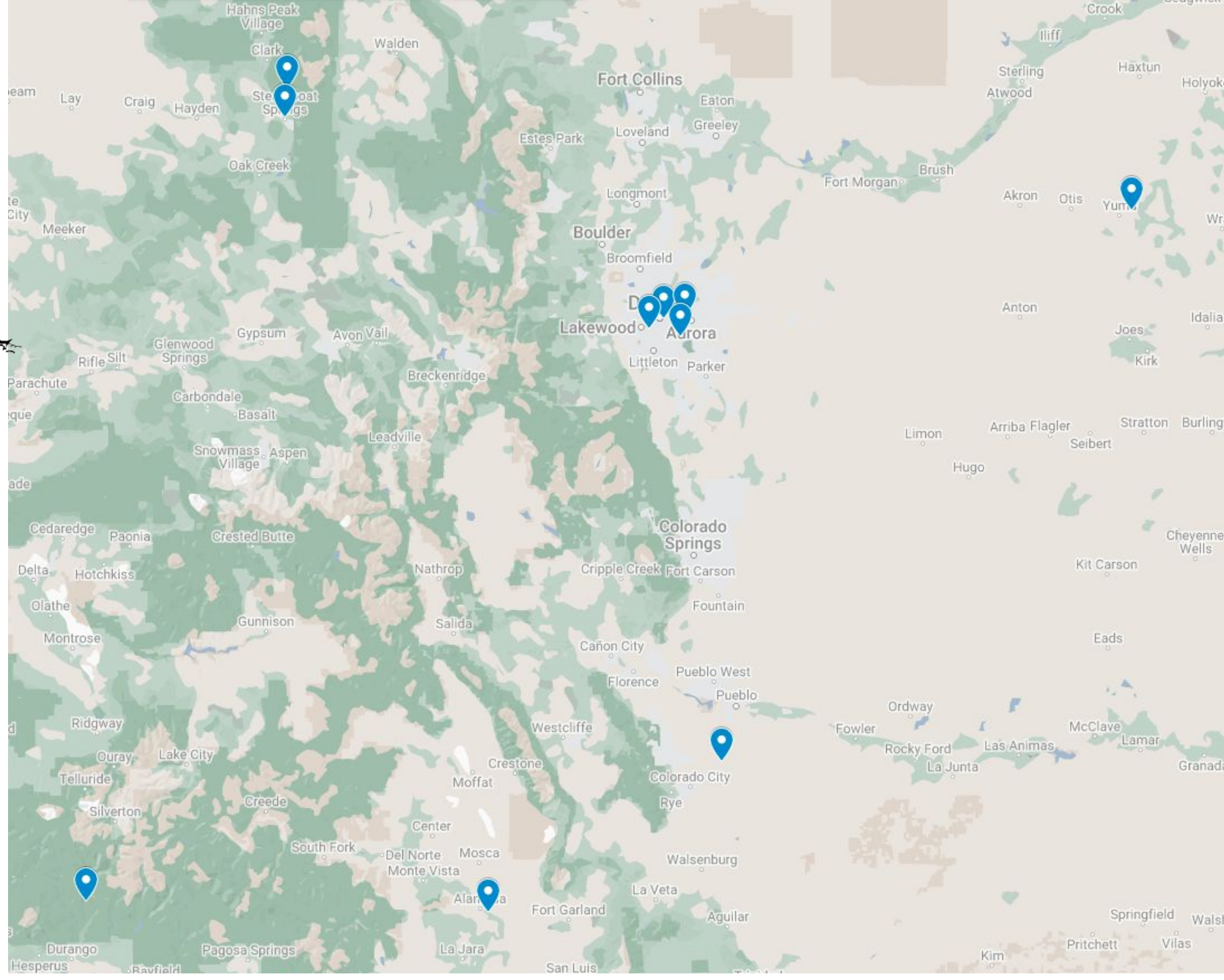
What Is a Learning Exchange?

- Mutual exchange of information and learning
 - How navigators champion health equity
 - The basics of HCBS
- Dialogue creating connections and relationships to expand networks and understand and include different perspectives
- Space to identify resources and opportunities for future partnership

Partner Organizations



RURAL COMMUNITIES RESOURCE CENTER



How Community Driven Organizations Champion Health Equity

- Authentic, personal relationships grounded in dignity and respect
- Language and cultural justice
- Individualized navigation and support across the social determinants of health
- Strong personal, professional connections with other organizations

Authentic Personal Relationships Grounded In Dignity and Respect

Community resource navigators' work starts from a place of relationship and trust with their community. They understand that navigating an issue, accessing a resource or scheduling an important meeting is dependent on them establishing, and more often re-establishing, some inkling of trust in a system or agency after years, a lifetime, or generations of marginalization and discrimination. Thus, they are steadfast about their commitment to developing trusting personal relationships with clients by promoting a culture of dignity, respect, and deep understanding.

Language and Cultural Justice

Community resource navigators go to great lengths to respond to the unique linguistic and cultural realities in their communities. This includes:

- Providing expert, quality interpretation and translation
- Increasing capacity of medical interpreters in their communities
- Engaging in cultural transcreation in which navigators are helping community make meaning of the U.S. healthcare and benefits system, including language, terminology and context
- Educating providers on how to work with people in their communities
- Combating stigma through awareness and education

Individualized Navigation Across the Social Determinants of Health

Resource navigators conduct complex, multi-system, intersectional navigation in their communities to get people what they need. They are experts in how to work formally with the system and have developed intricate ways to also informally move a client through a process. More often than not, they provide much more than an informational referral or even a warm introduction. They walk through the process *with* clients to leverage relationships, lived experience, and expertise to navigate complex issues.

Strong, Personal, Professional Connections with Organizations

Many organizations have significant organizational and agency connections. They go to great lengths to establish strong relationships and ways to collaborate with providers, other community organizations, and agencies. While at times they establish formal collaborative programs, much collaboration is informal and the result of trust through personal connections. These connections enable navigators to help fast-track community navigation, or find answers to nuanced scenarios.

Fishbowl Discussion Logistics

Fishbowl Flows (draft timeline):

- :00-:01 Facilitator introduces fishbowl concept, frames discussion
- :01-:07 Participants get 2 minutes each to introduce themselves & their organizations, describe the kind of work they do
- :07-:15 Opening question from facilitator to participants
- :15-:25 Participant questions for each other, discussion amongst themselves
- :25-:30 Participant question(s) for audience
- :30-:35 Audience question(s) for participants

Zoom Details:

- Host will use **“spotlight”** feature to show only the discussion participants' video boxes to the audience for each discussion
- Co-facilitators will invite audience to put questions in the chat they want to ask panelists early in the discussion, vet the best submissions, then pass them to the fishbowl facilitator to introduce during Q&A sections
- For fishbowl-to-audience questions, use “raise hand” function and select no more than 1-2 audience members to briefly offer a response to the navigators' questions

Fishbowl Discussions

Goals:

- Allow time for community navigators to introduce their organization and work, including their approach to navigating systems.
- Give the audience more insight into the kind of work CBOs do and the barriers they face
- Engage in “bounded dreaming” about feasible solutions focused on enrollment and awareness.
- Opportunity to ask questions of the audience and for audience to surface questions to participants

Details:

- 2 back-to-back “fishbowl discussions” - conversations between navigators and a HCPF representative where they speak to and ask questions of each other with only very light facilitation to kick off the conversation and keep time
- Each fishbowl will have: 3 community navigator participants, 1 HCPF participant, 1 CCC facilitator
- 20-25 minutes for conversation among fishbowl participants
- 10-15 minutes for Q&A (1-2 fishbowl-to-audience questions, 1-2 audience-to-fishbowl questions, as time allows)

Discussion

- Elisa Aucancela, El Grupo Vida
 - Tara Bay, La Puente Home Inc.
 - Thera Marshall, It Takes A Village
 - Lily Boyce, Denver Indian Center
-
- Tasia Sinn, HCPF
 - Roshan Bliss, CCC

Draft Recommendations

- Continuing to elevate trust and relationship building
- Integration of HCBS throughout the system
- Responsive HCBS member and navigation materials
- Accountability for continuous support

Continuing to Elevate Trust and Relationship Building

HCPF can promote trust building, relationship deepening, and partnership creation among community driven organizations, RAEs, SEPs and CCBs in a number of ways:

- Information provider
- Convener
- Facilitator of relationship development
- Capacity builder through learning exchanges

Integration of HCBS throughout the System

There are opportunities to integrate HCBS more intentionally throughout statewide systems.

- **Define opportunities to more broadly include HCBS in certification and training programs**
- **Increase awareness for state employees**
- **Disseminate HCBS materials with intentionality**
- **Utilizing the new Community Health Worker (CHW) legislation to embed HCBS into the system**

Responsive Materials for Resource Navigation

In addition to improved materials for members, agencies and advocates, materials should be created with an intent to supporting community driven organizations and their navigators/specialists in reaching underrepresented communities throughout the state.

- **Transcreation and co-creation**
- **Elevating financial information, Medicaid Buy-In, and ABLE Account programs**

Accountability for Continuous Support

Consistency and accountability need to be ensured throughout the system.

- **Accountability through transparency**
- **Developing standards and evaluation protocols that include equity outcomes and community collaboration**

Reactions & Thoughts?

- Continuing to elevate trust and relationship building
- Integration of HCBS throughout the system
- Responsive HCBS member and navigation materials
- Accountability for continuous support

Next Steps

- Action Plan led by HCPF
- ARPA 3.04: Development of User Friendly Resources for HCBS
 - Materials design group will be comprised of trusted community connectors from across the state and across cultural backgrounds and lived experience



60 Second Satisfaction Survey

www.surveymonkey.com/r/GenARPA

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[2023 Memo Series](#)



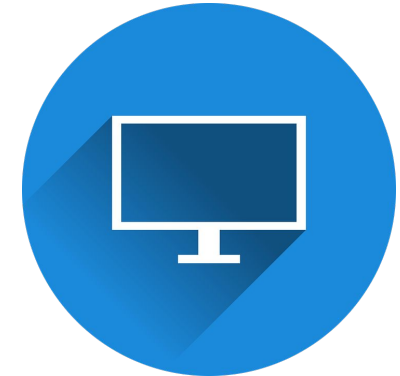
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Thank you!