

**DEPARTMENT OF HEALTH CARE POLICY & FINANCING
FY 2020-21 JOINT BUDGET COMMITTEE HEARING AGENDA
OFFICE OF COMMUNITY LIVING
Friday, December 20, 2019
10:30 a.m.-12:00 p.m.**

10:30-10:40 INTRODUCTION & OPENING REMARKS

Main Presenters:

- Kim Bimestefer, Executive Director
- Bonnie Silva, Office of Community Living Director
- Slides 1-4

10:40-11:00 COST ESTIMATES

Topics:

- Questions 1-3, Pages 2-5, Slides 5-8

11:00-11:20 SYSTEM CAPACITY

Topics:

- Questions 4 and 5, Pages 5-7, Slides 9-16

11:20-11:40 WAITING LIST OVERVIEW

Topics:

- Questions 6-8, Pages 7-9, Slides 17-21

11:40-11:50 CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD)

Topics:

- Questions 9 and 10, Pages 9-14, Slides 22-26

11:50-12:00 CLOSING REMARKS & ADDITIONAL QUESTIONS

- Slides 27-29

**DEPARTMENT OF HEALTH CARE POLICY & FINANCING
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**Friday, December 20, 2019
 10:30 a.m. -12:00 p.m.**

DEVELOPMENTAL DISABILITIES WAIVER

- 1. JBC Staff provided an estimated fiscal impact of enrolling individuals on the Developmental Disabilities (DD) waitlist over five years with a seven-year annualization (assuming the overall number of individuals remained static). The estimate does not include cost shifting that may occur as a result of individuals moving from their existing waiver onto the DD waiver. Please provide an estimate of the cost shift that may occur if such a plan were implemented.**

RESPONSE

The Department estimated what it would cost to reduce the Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) waiver waiting list over six years, including the impact of shifting costs from other waivers to the HCBS-DD waiver. The total cost by fund source and fiscal year is shown below.

Item	Total Funds	General Fund	Federal Funds
Estimated FY 2020-21 Impact	\$29,647,414	\$14,823,707	\$14,823,707
Estimated FY 2021-22 Impact	\$82,216,918	\$41,108,459	\$41,108,459
Estimated FY 2022-23 Impact	\$134,866,400	\$67,433,200	\$67,433,200
Estimated FY 2023-24 Impact	\$187,517,357	\$93,758,679	\$93,758,678
Estimated FY 2024-25 Impact	\$240,168,314	\$120,084,157	\$120,084,157
Estimated FY 2025-26 Impact	\$292,424,893	\$146,212,447	\$146,212,446
Estimated FY 2026-27 Impact	\$315,412,550	\$157,706,275	\$157,706,275

In addition to including the effect of cost shifting, there are several key differences between the Department’s fiscal estimate and the Joint Budget Committee (JBC) Staff’s estimate, which are outlined below:

- The Department assumes all enrollments authorized on July 1 of a fiscal year will enroll within 12 months in a linear fashion instead of 18 months.
- In order to assist with timely enrollments, the Department has included capacity-building costs of \$1,191 per enrollment to assist case managers with their increasing caseloads.
- The Department’s analysis does not include any provider rate increases over time.

- The Department has included the cost of one full-time equivalent (FTE) staff to oversee case management, waiting list coordination, and reporting.
- The Department assumes that the waiting list would continue to grow while the enrollments occur. Using recent waiting list data, the Department estimates that 30 people will join the waiting list each month in the first year of implementation, with monthly additions tapering off to 18 per month by year 6 of the policy for a total enrollment of 4,989 by June 2026.

Similar to the JBC Staff’s analysis, the Department’s estimate does not incorporate the effect of people deciding not to enroll in the waiver when they are offered a spot. In these situations, the Department would offer the enrollment to the next person on the waiting list. This may result in the waiting list being exhausted sooner than expected.

The Department incorporates the impact of cost shifting by only including the incremental cost for each member compared to the services they are currently receiving. For example, most people currently on the waiting list are receiving services through the HCBS Supported Living Services (HCBS-SLS) waiver. The average cost per person for the HCBS-SLS waiver is forecasted to be \$17,109.24 in FY 2020-21, compared to the average cost per person for the HCBS-DD waiver of \$79,428.86. The Department added only the incremental cost of joining the HCBS-DD waiver of \$62,319.62 for people currently on the HCBS-SLS waiver in its estimate.

The Department has calculated separate impacts for the following populations: people receiving no Medicaid services, people receiving state plan services only, people on the HCBS-SLS waiver, and people on the HCBS-EBD waiver. A table of the incremental costs is below:

Incremental Impact for New HCBS-DD Waiver Enrollees		
Type of Member	Percentage of Waiting List in Category	FY 2020-21 Incremental Cost per Person
Currently receiving no services	15.83%	\$79,428.86
Receiving state plan services only	11.88%	\$79,428.86
Currently on SLS waiver	68.01%	\$62,319.62
Currently on EBD Waiver	4.28%	\$55,543.74

- 2. The Department has provided information concerning the types of services individuals may be receiving while on the DD waitlist (see page 10 of JBC staff document for table). Please provide a description and example of each type of service and how shifting between waiver services and/or State Plan services affects the forecast and cost projections for the Adult Comprehensive Services line item.**

RESPONSE

When a person becomes eligible for Medicaid, they are eligible for all State Plan services, even while they are on the waiting list for the Home and Community-Based Services for Persons with

Developmental Disabilities (HCBS-DD) waiver. This includes inpatient hospital visits, such as a stay overnight at a hospital for an injury requiring surgery; outpatient hospital visits, such as going to the emergency department for a sudden illness; and professional services, such as visits with a member's primary care doctor. Members can also receive home health (included in the outpatient services category); prescription drugs (listed under pharmacy services in the table), dental services (e.g., seeing a dentist); and other state plan services.

While on the HCBS-DD waiting list, the member could be utilizing waiver services through another HCBS waiver. HCBS waivers provide services in the member's home and community, including services like day habilitation, homemaker, personal care, and non-medical transportation. Waiver services are listed as their own category in the table.

The Department updates its forecasts for each of these service categories through its annual R-1 and R-5 budget requests, where it accounts for any changes in expenditure trends due to members shifting utilization between programs or services. For example, members have been shifting from the HCBS Supported Living Services (HCBS-SLS) waiver to the HCBS-DD waiver through the waiting list reduction efforts over the last several years. Most of the time, these members were high utilizers of the HCBS-SLS waiver. When they enroll into the HCBS-DD waiver, the enrollment in the HCBS-SLS waiver and the average cost per utilizer of the HCBS-SLS waiver decreases as high utilizers shift out. The Department has adjusted for this in its forecast by slowing growth in HCBS-SLS expenditures and increasing growth in the HCBS-DD waiver.

3. How does the Department use historical expenditure data, requests for services compared with actual services provided, and actual paid claims for services to calculate cost shifts that occur between Medicaid funded programs?

RESPONSE

The Department projects expenditures for all Medicaid-funded programs it administers twice per year, as part of its annual R-1 through R-5 budget requests. The Department analyzes actual paid claims for services by service type and program to identify underlying historical expenditure trends. Based on that information, the Department selects trend factors to project costs for future years in the budget and incorporates adjustments for any anticipated policy changes. To forecast utilization of services provided under the Home and Community-Based Services (HCBS) waiver programs, the Department analyzes how many members are authorized for waiver services each month and how many of those members incurred a paid claim.

If members are shifting away from certain programs or services, the claims data analysis would show a decline in the trend and the Department would select a lower trend factor for that program or service. This is often coupled with an increase in a trend factor elsewhere. For example, members have been shifting from the HCBS Supported Living Services (HCBS-SLS) waiver to the HCBS Developmental Disabilities (HCBS-DD) waiver through the waitlist reduction efforts

over the last several years. The Department reduced the enrollment growth trend factor for the HCBS-SLS waiver and increased the maximum enrollment for the HCBS-DD waiver in response to that change.

- 4. Has the Department analyzed the capacity of the system to fill the RFPs for all individuals enrolled in the DD waiver? If so, please describe the gaps in the system, the types of services in which there is not enough capacity to serve, and the locations in the State that face the greatest challenges in delivering services. If funding is appropriated for all necessary enrollments onto the DD waiver, what level of capacity exists in the system to actually provide the services each individual requires? What system dynamics affect this capacity?**

RESPONSE

The Department continues to analyze provider capacity throughout the state in response to the increasing number of Home and Community-Based Services (HCBS) waiver members. The Department recognizes that there are distinct issues around access to critical services in both rural and urban areas that result in delays for individuals receiving services within the HCBS Developmental Disability (HCBS-DD) waiver.

The Department utilizes geo-mapping to identify where providers are located, which HCBS waivers they serve, and which services they provide. The geo-mapping has identified that the largest need for increased provider capacity is in the Residential Habilitation Services and Supports (RHSS) benefit, the primary service in the HCBS-DD waiver, specifically in the northwest region and the eastern plains. This analysis aided the Department in undertaking efforts to recruit providers that are in adjacent areas or that historically provided services to people with different disability types. As part of these efforts, the Department is encouraging new providers to expand their service area footprint, thereby better meeting the needs of rural communities. Furthermore, the Department has recently partnered with the Department of Local Affairs – Division of Housing to collect data on residential providers within the HCBS-DD waiver. This centralization of data will enable the Department to better link members residing in rural areas with available providers that have capacity.

The Department will conduct ongoing analysis on access to services statewide to inform any corresponding policy changes to address regional provider sustainability, such as the implementation of geographic rate modifiers. The Department is also working to align services and provider qualifications across all waivers which will decrease the confusion for providers and make serving all populations easier.

Should the waiting list for the HCBS-DD waiver be funded entirely, the Department would need to work across the state to build provider capacity. Approximately 50 percent of program approved service agencies provide Residential Habilitation in the HCBS-DD waiver. In addition, there are over 450 Day Habilitation providers throughout the state.

GENERAL QUESTIONS RELATED TO HCBS WAIVER SERVICES

5. When forecasting costs and allocating funding to each Community Centered Board, how does the Department account for the differences in the cost of doing business, including the differing cost of salaries and services, in each CCB region?

RESPONSE

The Department compensates Community Centered Boards (CCBs) via two main avenues: administrative contracts and Medicaid provider claims payments.

The Department contracts with CCBs to perform administrative functions for the four Home and Community-Based Services (HCBS) waivers serving individuals with intellectual or developmental disabilities (I/DD). Some of these activities include conducting the developmental delay and disability determinations, determining eligibility for I/DD programs, and conducting the Supports Intensity Scale assessment. The Department has established rates for each of these functions. Additionally, the Department contracts with the CCBs to provide administration, case management, and direct service provision for the state-only programs. Currently, each CCB receives a set allocation to perform these functions; however, the Department is in the process of developing rates for each activity. The state Supported Living Services program allocation is calculated using historic caseloads, current caseloads, number of individuals on the waiting list, and unspent revenue. The Family Support Services Program allocation is calculated using demographer data and CCB service areas. Funding for both programs is distributed in equal portions throughout the year.

CCBs also enroll as Medicaid providers to provide Targeted Case Management (TCM) services and HCBS waiver services for individuals enrolled in any of the four HCBS waivers specifically for individuals with I/DD. The Department has established rates for TCM and HCBS waiver services. These services are all reimbursed in a fee-for-service model, and therefore funds are not allocated to CCBs for these services.

The Department's rate methodology incorporates the following factors for all services paid using a fee-for-service rate methodology:

A. Indirect and Direct Care Requirements

The rate methodology incorporates salary expectations for direct and indirect care workers based on the Colorado Bureau of Labor Statistics mean wage for each position, direct and indirect care hours for each position, the full-time equivalency (FTE) required for the delivery of services to HCBS Medicaid members, and necessary staffing ratios. Wages are determined by the Bureau of Labor Statistics and are updated by the Bureau every two years. Communication with stakeholders, providers, and members aids in the determination of direct and indirect care hours required and the full-time equivalent of each position. Finally, the Department works to ensure the salaried positions, wage, and hours required conform to the program or service design.

B. Facility Expense Expectations

The rate methodology incorporates the facility type through the use of existing facility type property records listing square footage and actual value. Facility expenses also include estimated repair and maintenance expenses, utility expenses, and phone and internet expenses. Repair and maintenance price per square foot is determined using industry standards and varies for facilities that are leased and facilities that are owned. Utility pricing includes gas and electricity, which are determined annually through the Public Utility Commission, which provides summer and winter rates and thermal conversions for appropriate pricing. Finally, internet and phone services are determined using the “Build Your Own Bundle” tool available through the Comcast Business Class website.

C. Administrative Expense Expectations

The rate methodology incorporates computer, software, and office supply costs to determine administrative and operating costs per employee.

D. Capital Overhead Expense Expectations

The rate methodology incorporates additional capital expenses such as medical equipment, supplies, and additional information technology (IT) equipment directly related to providing the service. Capital overhead expenses are rarely utilized for HCBS services but may include items such as massage tables for massage therapy or supplies for art and play therapy.

All facility, administrative, and capital overhead expenses are reduced to per-employee costs and multiplied by the total FTE required to provide services per Medicaid member.

While the Department understands that regional variation may exist for salary, overhead, and administrative expenses, it determines rates using a mean wage for the state as well as incorporating information from property records to determine a mean cost of operation. The Department is evaluating the merits of incorporating geographic modifiers for HCBS services.

6. How does the Department allocate new or newly vacated enrollments to CCBs each year? How does the Department ensure stability of enrollment numbers in rural CCB regions?

RESPONSE

The Department’s current agreement with the federal Centers for Medicare & Medicaid Services (CMS) states that the waiting list for the Home and Community-Based Services for Persons with Developmental Disabilities (HCBS-DD) waiver is managed on a statewide basis, creating a single waiting list. Enrollments are authorized by order of selection date, which is an individual’s “place in line” on the waiting list. These enrollments are authorized for those individuals with an “as soon as available” (ASAA) timeline, meaning they have said they would accept the enrollment when offered.

The Department authorizes enrollments from the ASAA waiting list monthly, based on the number of individuals who have been removed from the waiver (e.g., because of their death or moving out of state). These vacant enrollments allow the Department to authorize, on average, 20 new enrollments every month from the waiting list.

Because of attrition and fewer people with intellectual or developmental disabilities (I/DD) residing in rural regions of Colorado, the Department is researching new ways to manage the waiting list to help address rural provider stability. The Department is exploring the ability to authorize enrollments on a per-capita basis based on the percent of the state's population residing in each Community Centered Board (CCB) catchment area.

The Department is planning stakeholder engagement over the next few months on this proposal. If a new policy is developed, the Department must then seek approval from CMS prior to implementation.

7. Are the 398 enrollments requested by the Department in its FY 2020-21 request a part of the 2,985 individuals identified on the Developmental Disabilities (DD) enrollment waitlist? If not, please explain how the Department accounts for these enrollments when calculating the DD waitlist.

RESPONSE

Yes, some of the 398 individuals included the Department's budget request are among the 2,985 individuals on the Home and Community-Based Services Developmental Disabilities (HCBS-DD) waiver waiting list.

The HCBS-DD waiver waiting list is comprised of all individuals who have been determined eligible, are at least 18 years old, and who have indicated they would accept an enrollment "as soon as available" (ASAA).

The 398 enrollments requested by the Department are for what is called "reserved capacity." Funding for these enrollments reflects a significant investment from the General Assembly to ensure that individuals with intellectual and developmental disabilities with the most significant needs may bypass the waiting list. Reserved capacity enrollments include children transitioning from the HCBS Children's Extensive Support (CES) waiver and the foster care system; adults transitioning from an institution to the community; and, adults experiencing an emergency (e.g., caregiver capacity, danger to others/self, homelessness, or experiencing abuse/neglect) that cannot be resolved in any other way. Of these categories of reserved capacity enrollments, only adults experiencing an emergency and youth transitioning from foster care may be on the waiting list.

Reserved capacity enrollments help address the waiting list. When a person who receives a reserved capacity enrollment is on the waiting list, the waiting list is reduced; if the person is not on the waiting list, then that person will not get added to the waiting list in the future, which means the waiting list does not grow.

8. How many individuals are currently on the State Supported Living Services and Family Support Services waitlists. Does the Department have a plan to request funding to enroll all individuals waiting for services into these programs?

RESPONSE

As of June 30, 2019, there were 1,288 children on the Family Support Services Program (FSSP) waiting list. The Department has authorized funding to enroll all individuals on the state Supported Living Services program (state SLS) waiting list.

In FY 2019-20, the Department received approval for its budget request R-16, “Employment First Initiatives and State Programs for People with IDD” to eliminate the state SLS waiting list entirely and to enroll an additional 272 children in the Family Support Services Program (FSSP). The Department notes that the funding that was appropriated for this purpose was from the Intellectual and Developmental Disabilities Services Cash Fund, which does not have a permanent revenue source and is repealed effective July 1, 2022. The Department will continue to use the funding appropriated by the General Assembly in FY 2019-20 and allocated for the next two fiscal years to further draw down the waiting lists. However, because the funding is time limited, the offset to the current waiting list for some programs may be temporary.

The Department is also in the process of developing a new payment structure and allocation methodology that is scheduled to go into effect July 1, 2020. This work will allow the Department to better manage how funding is distributed across the CCBs to maximize enrollments across the state. Once the impact of the new rate structure is calculated, the Department will determine whether additional individuals can be enrolled from the waiting lists using existing appropriations and determine the amount of funding necessary to fully fund the remainder of the waiting lists. Regardless, enrolling all individuals waiting for services into these programs would require additional funding from the General Assembly.

SERVICES FOR CHILDREN WITH IDD

9. Please provide information on the following:

- **The current capacity of, funding for, and process through which families with children with intellectual and developmental disabilities access services; and**
- **The capacity, funding, and access challenges that negatively impact families with children with intellectual and developmental disabilities.**

RESPONSE

The Department is deeply committed to improving access and services for children with disabilities. The Medicaid services available for children with intellectual and developmental disabilities (IDD) include Home and Community-Based Services (HCBS) waivers, medical services, and behavioral health services. The table below shows the four HCBS waiver programs that serve children with disabilities:

Waiver	Eligibility Criteria	Number of Children Served
Children's Habilitation Residential Program (CHRP) Waiver	Children and youth age birth (0) through twenty (20) determined to have a developmental disability who have extraordinary needs that put them in need of, or at risk of, out of home placement.	48
Children's Home and Community-Based Services (CHCBS) Waiver	Children and youth age birth (0) through seventeen (17) with significant medical needs and who are at risk for institutional care in an acute hospital or skilled nursing facility.	1,752
Children with Life Limiting Illness (LLI) Waiver	Children and youth age birth (0) through eighteen (18) with a life limiting illness who are at risk for institutionalization in an acute care hospital.	172
Children's Extensive Support (CES) Waiver	Children and youth age birth (0) through seventeen (17) with intensive behavioral or medical needs who have been determined to have a developmental delay or disability, live in the family home, and are at risk of institutionalization.	2,147

Two of the four HCBS programs are targeted specifically to children with IDD. Children with IDD are eligible to enroll in the other HCBS programs if they meet the eligibility criteria. There are no waiting lists for any of the children's HCBS programs, which means if a child meets the eligibility criteria they may immediately enroll.

In addition to these Medicaid services, the Department operates the Family Support Services Program (FSSP), which is a state general-fund-only program intended for families with children that have IDD. FSSP provides flexible funding opportunities to support families that have expenses that are above and beyond what other families face.

Capacity

There are currently 30 enrolled providers for the CHRP waiver and 192 for the CES waiver.

- *Challenges:* Provider capacity is an issue in terms of both the number of providers and their specialization in rendering services to children with an IDD. Further, within the behavioral health system, there are issues relating to the disability cultural competency to serve children with IDD who also have complex behavioral support needs.
- *Department efforts to address:* The Department has been, and continues to be, engaged in extensive provider training and recruitment for the CHRP waiver. Twelve new providers have enrolled as CHRP providers since July 1, 2019. The Department is undertaking efforts to recruit providers that are in adjacent geographic areas and providers that historically provided services to youth with different disability types. As part of these efforts, the Department is encouraging new providers to expand their service area footprint, thereby better meeting the needs of communities, and in particular, rural communities. The Department is also working to identify and revise provider types so that more people can serve CHRP waiver participants. Efforts are ongoing around ensuring cultural competency within the behavioral health system, including a renewed focus on wrap-around services for children with complex needs, development of on-going training for mental health professionals, and exploration of opportunities to implement the use of the Diagnostic Manual – Intellectual Disability-2 (DM-ID-2) for more accurate identification of behavioral health needs. The Department continues to work on increasing provider capacity for the CES waiver as well. The Department is undertaking efforts to recruit providers that are in adjacent geographic areas or providers that historically provided services to people with different disability types, such as Children with Life Limiting Illnesses. As part of these efforts, the Department is encouraging new providers to expand their service area footprint, thereby better meeting the needs of rural communities.

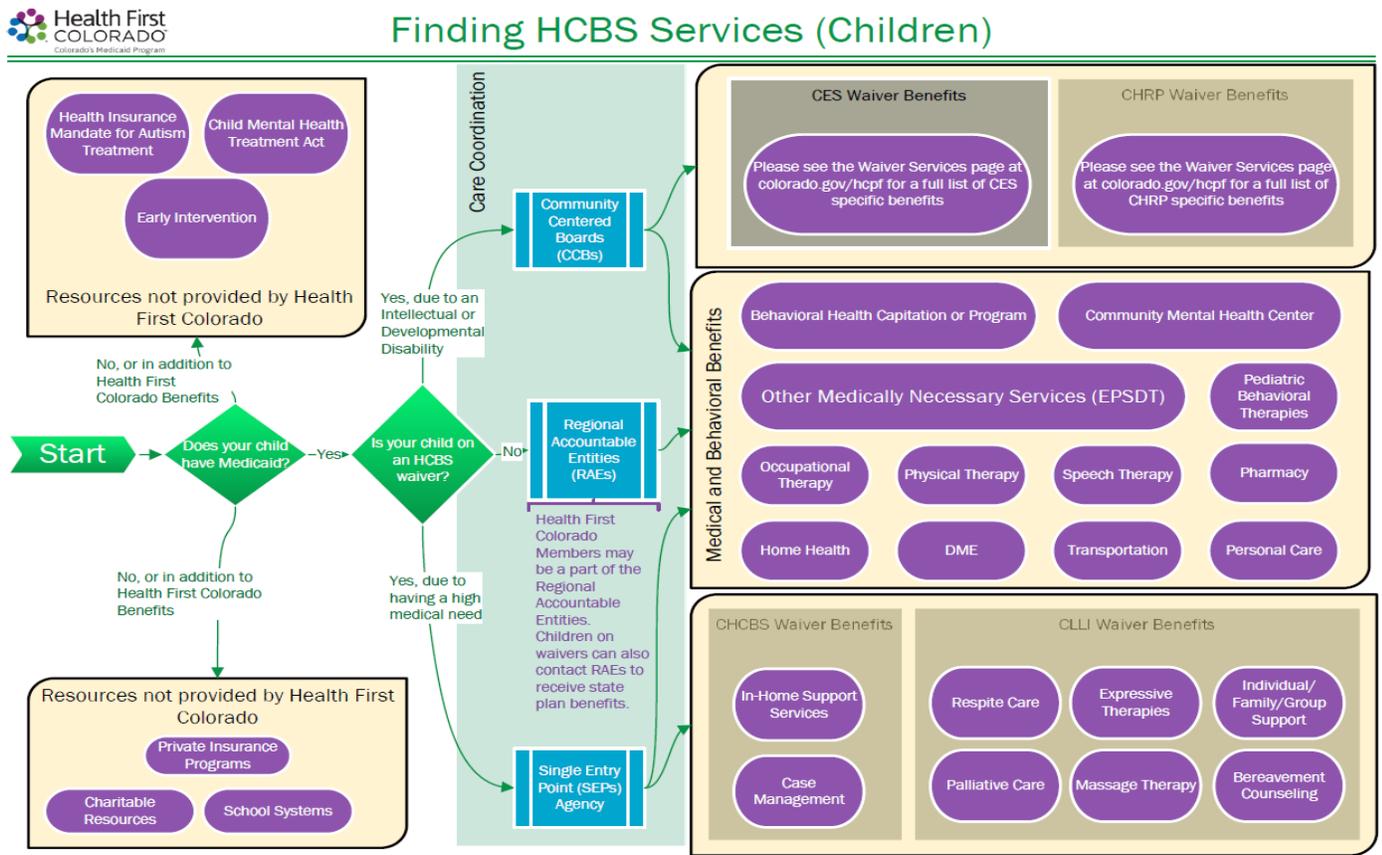
Funding for HCBS waiver services, medical services, and behavioral health services is a combination of state General Fund and federal funds.

- *Challenges:* Reimbursement rates for Residential Child Care Facilities (RCCFs) in the CHRP waiver do not cover their costs or incentivize providers to serve children with IDD.
- *Department efforts to address:* The Department’s current budget request R-10, “Provider Rate Adjustments” proposes an increase in the rates for habilitation services provided through RCCFs based on the support level needed by the child/youth and to be more consistent with rates paid to the RCCFs by the Department of Human Services.

Process of accessing services

There are two main entry points to access Medicaid services for children with IDD: Community Centered Boards (CCBs) for HCBS waiver services and Regional Accountable Entities (RAEs) for medical and behavioral health services. These entities work with families to identify the services they qualify for that best meet their needs and connect them with providers. The Department expects that RAEs, CCBs, and Single-Entry Points (SEPs) operate with a “no wrong

door” philosophy and collaborate across agencies to best meet the need of the member. The Department, in conjunction with stakeholders, created a visual document to better direct families to the two main access points for Medicaid services.



Department of Health Care Policy & Financing

December 2019

- *Challenges:* There are services and systems outside of Medicaid that may provide services to children with IDD. These options can be complex and cause confusion for families trying to determine which system to access to get the services they need.
- *Department efforts:* The Department is actively working to simplify access. The Department and the Colorado Department of Human Services (CDHS)-Office of Behavioral Health are partnering to implement SB 19-195, which addresses challenges families encounter in seeking these services. The Office of Behavioral Health’s work to create a single statewide assessment tool, standardized screening tools, and a single entry and referral point for children and youth with complex needs will improve all children’s ability to access care, and the Department’s partnership to integrate this work into our delivery system will further this aim.

The Department understands the often complex nature of the system for families and children and is working with its state and community partners to ensure a more simplified system. The Department hosts many of these going conversations monthly at the Children’s Disability Advisory Committee (CDAC). Furthermore, ongoing efforts around behavioral health and services for children with complex needs are happening through the Children’s Behavioral Health subcommittee of the Behavioral Health Taskforce.

10. Please provide an update on the amendments to the Children’s Habilitation Residential Program (CHRP) waiver and the anticipated changes in enrollment. In addition, please respond to the following:

- **What are the eligibility requirements of the CHRP waiver?**
- **Are there enough beds to serve the eligible children?**
- **How do families with children who are not eligible for the CHRP waiver access and pay for an out of home placement bed?**

RESPONSE

The Home and Community-Based Services Children’s Habilitation Residential Program (HCBS-CHRP) waiver was amended, following budget, legislative, and federal approval, effective July 1, 2019 to:

- Remove the eligibility requirement that the child or youth be in child welfare;
- Add two new services to support the child or youth to remain in the family home or transition back to the family home;
- Transfer CHRP waiver case management functions from the county departments of Human Services to the Community Centered Boards (CCBs); and
- Transfer administration of the CHRP waiver from the Colorado Department of Human Services to the Department of Health Care Policy & Financing.

The Department has submitted a second amendment to the Centers for Medicare & Medicaid Services (CMS) with an anticipated effective date of January 1, 2020 to allow for relatives to be paid to provide Residential Habilitation and Respite services.

The Department has projected an approximate increase of 50 percent in CHRP waiver enrollments for FY 2019-20 as part of its budget request R-5, “Office of Community Living Cost and Caseload.” As of November 30, 2019, there were 48 participants, which is a 78 percent increase since July 1, 2019.

Eligibility

The CHRP waiver is open to children and youth from birth through age twenty who are eligible for Medicaid, which includes meeting financial criteria; are determined to meet developmental disability criteria; and have extraordinary needs that put them at risk for, or in need of, out of home placement.

Capacity

There are not enough beds to serve eligible children. To address this, the Department's current budget request R-10, "Provider Rate Adjustments," includes a proposal to increase the rates for habilitation services provided through Residential Child Care Facilities (RCCFs). RCCFs are residential settings designed to provide 24-hour services and intensive therapeutic supports to children and youth with extreme behavior support needs. These types of intensive supports are not available in the other residential settings available under CHRP. Currently, the RCCF rates under the CHRP waiver are the same as group home rates under the waiver, but group homes do not provide the same level of intensive therapeutic supports as RCCFs, and the costs of providing services in RCCFs are higher than the current \$196.33 per diem. This is a barrier to access, because RCCFs may not accept CHRP members as the per diem rate does not cover their costs. The Department's proposed increases to these rates would be based on the support level needed by the child/youth and be more consistent with rates paid to the RCCFs by the Department of Human Services.

Additionally, the Department has been, and continues to be, engaged in extensive provider training and recruitment for the CHRP waiver. Twelve new providers have enrolled as CHRP providers since July 1, 2019.

Children not eligible for CHRP

Options for families with children who are not eligible for the CHRP waiver to access and pay for an out-of-home placement bed may include: private insurance; services provided by CDHS through the Child and Youth Mental Health Treatment Act and the Momentum Program; and, other Medicaid services provided through the Regional Accountable Entities (RAEs) as required under federal law for Early Periodic Screening Diagnostic and Treatment (EPSDT).

JOINT BUDGET COMMITTEE

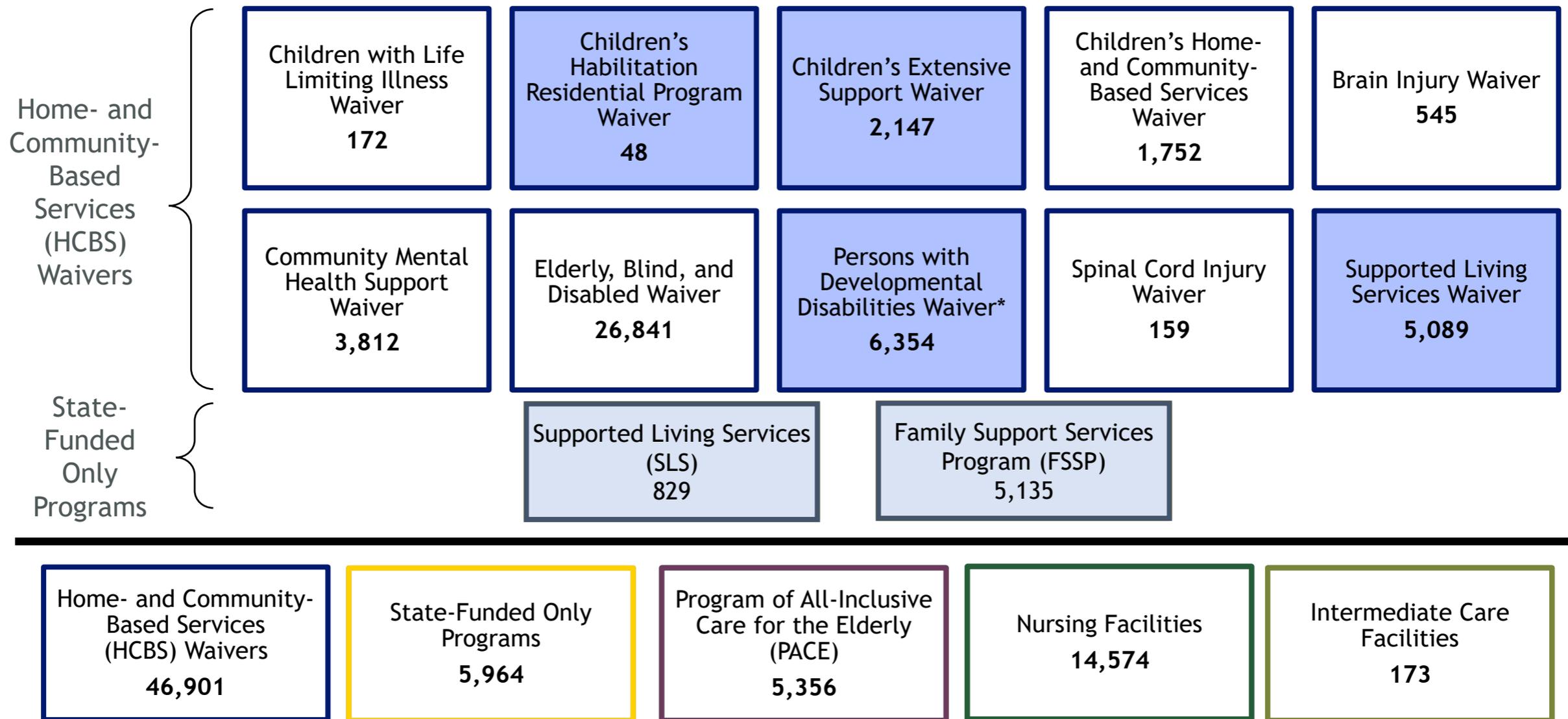
Colorado Department of
Health Care Policy & Financing

Office of Community Living
Hearing

Kim Bimestefer, Executive Director
Bonnie Silva, Office of Community Living Director

December 20, 2019

Long-Term Services and Supports Programs



SOURCE: FY 2018-19; based on claims in MMIS. * There is a waiting list for the HCBS-DD waiver. As of June 30, 2019, there were 2,895 people waiting for enrollment into the HCBS-DD waiver "As Soon As Available."

OCL Roadmap

Improve Access & Case Management

Projects

1. Case Management Redesign-New Qualifications
2. Case Management Redesign-Reimbursement Methodology
3. Colorado Choice Transitions Sustainability-ICM
4. Conflict Free Case Management (CFCM)
5. HCBS-DD Waiting List Management
6. Eliminate CES and SLS Waiting Lists
7. Reduce State SLS and FSSP Waiting Lists
8. New Assessment Tool / Person Centered Planning Process
9. New Case Management IT System (Aerial)
10. Medicaid Buy-In
11. No Wrong Door Pilot
12. Implemented Statewide Person-Centered Training

Evaluate & Improve Benefits

Projects

1. CHRP Waiver Expansion
2. Colorado Choice Transitions Sustainability-HCBS Benefits
3. Cross-System Crisis Response Pilot
4. Hospital Back-Up Program
5. IDD Waiver Redesign
6. Waiver Service Alignment
7. Nursing Home Innovation Analysis
8. PACE Encounter Data
9. Regional Center Task Force Implementation
10. Roadmap to Serve Older Adults with Disabilities
11. Add CDASS to SLS Waiver
12. Employment First

Where We Are Headed

Streamlined access to eligibility, options counseling functions and case management

CMA serve all people needing LTSS

Alignment across and reduction of HCBS waivers, waiver with a menu of services

Everyone can access individualized budgets and self-directed service options

Social determinants of health incorporated into HCBS programs

Right level of oversight of internal operations, vendor operations, and providers, carried out by the right people

Cost-appropriate and sustainable LTSS system as population grows

Increase Oversight & Stewardship

Projects

1. Electronic Visit Verification (EVV)
2. Implementation of HCBS Settings Rule
3. Improve Oversight of CMAs
4. Regulations for State Supported Living Services
5. Rule Revisions to Align Service Definitions for IHSS and CDASS

Ensure Capacity Across the Spectrum of Care

Projects

1. Rural Sustainability
2. Provider Capacity
3. Direct Care Workforce (including HB 18-1407 - and SB 19-238)

IDD System Accomplishments

Added CDASS to SLS Waiver

Ended CWA Waiver and moved services into EPSDT

Made significant investments in targeted rate increases

Built EVV Solution

Eliminated waiting lists for CES and SLS Waivers

Implemented wage pass-throughs

Offered 1055 DD Waiver enrollments

Implemented rules for State SLS and Family Support Services Program

CHRP Waiver Expansion

Implemented Employment First and Supported Employment enhancements

Colorado Choice Transitions sustainability

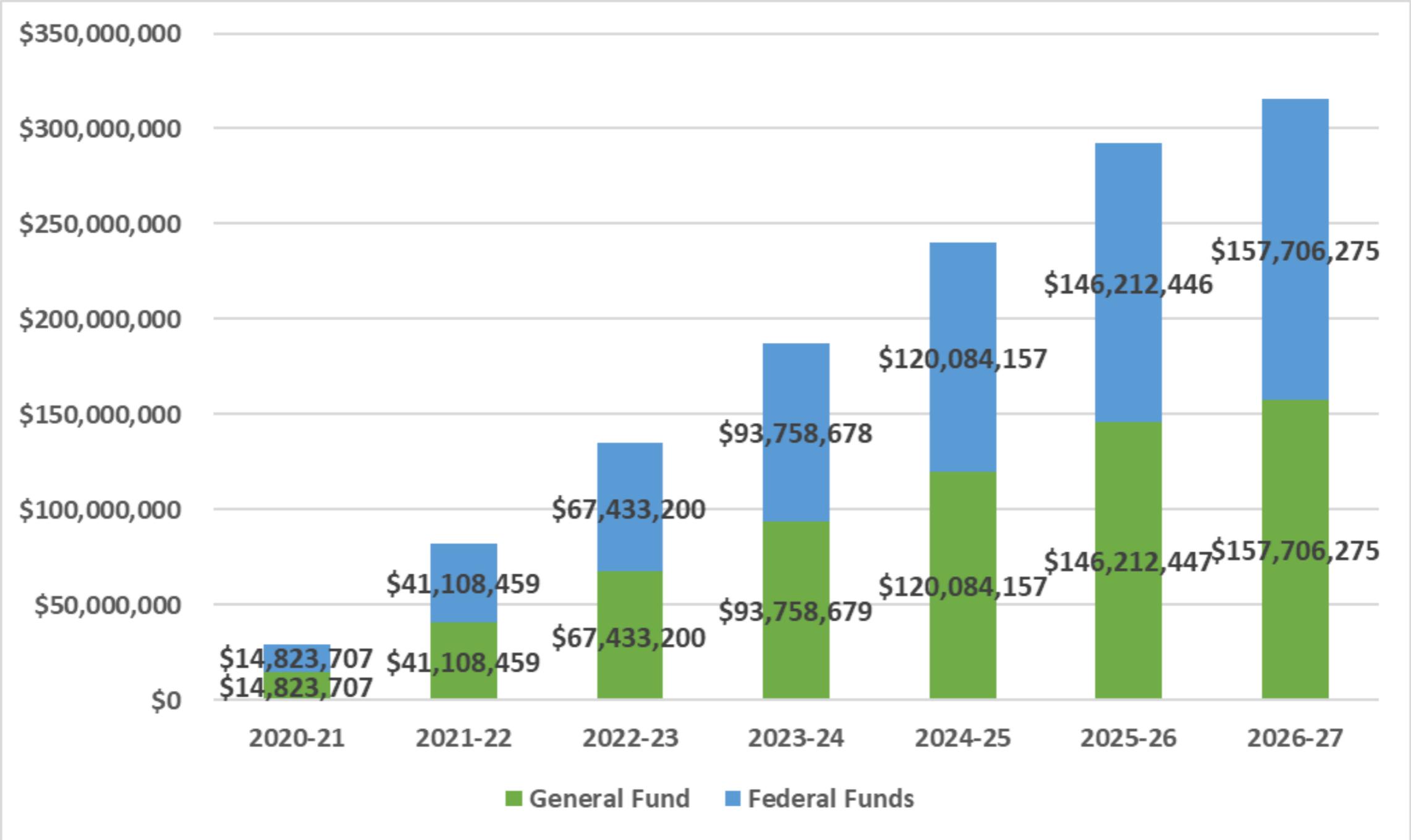
Obtained National Center on Advancing Person-Centered Practices and Systems (NCAPPS) technical assistance

Regional Centers Task Force Implementation

Cost estimates

Questions 1-3

Estimated Costs to Reduce the Waiting List over Six Years



Waiver Services

DD Waiver Services

- Residential Habilitation Services (24-hour individual or group)

Mutual DD/SLS Waiver Services

- Behavioral Services
- Day Habilitation (Specialized Habilitation, Supported Community Connections)
- Dental Services
- Home Delivered Meals
- Non-Medical Transportation
- Peer Mentorship
- Prevocational Services
- Specialized Medical Equipment & Supplies
- Supported Employment
- Transition Set Up
- Vision Services

SLS Waiver Services

- Assistive Technology
- Health Maintenance Activities
- Home Accessibility Adaptions
- Homemaker Services
- Life Skills Training
- Mentorship
- Personal Care
- Response System (PERS)
- Professional Services (Includes Hippotherapy, Massage & Movement Therapy)
- Respite Services
- Transportation
- Vehicle Modifications
- Recreational Facility Fees/Passes

Adult IDD Waiver Comparison



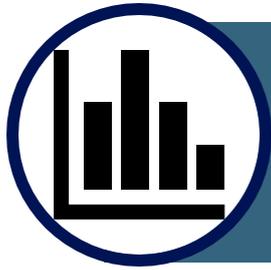
System Capacity

Questions 4 and 5

System Building Blocks

- Case Management Redesign
 - Aerial
 - Assessment and Support Plan
 - Resource Allocation - Person-Centered Budgets
 - Conflict-Free Case Management
- HCBS Settings Final Rule
- Waiver Service Alignment

Provider Capacity



Analyze Provider Capacity

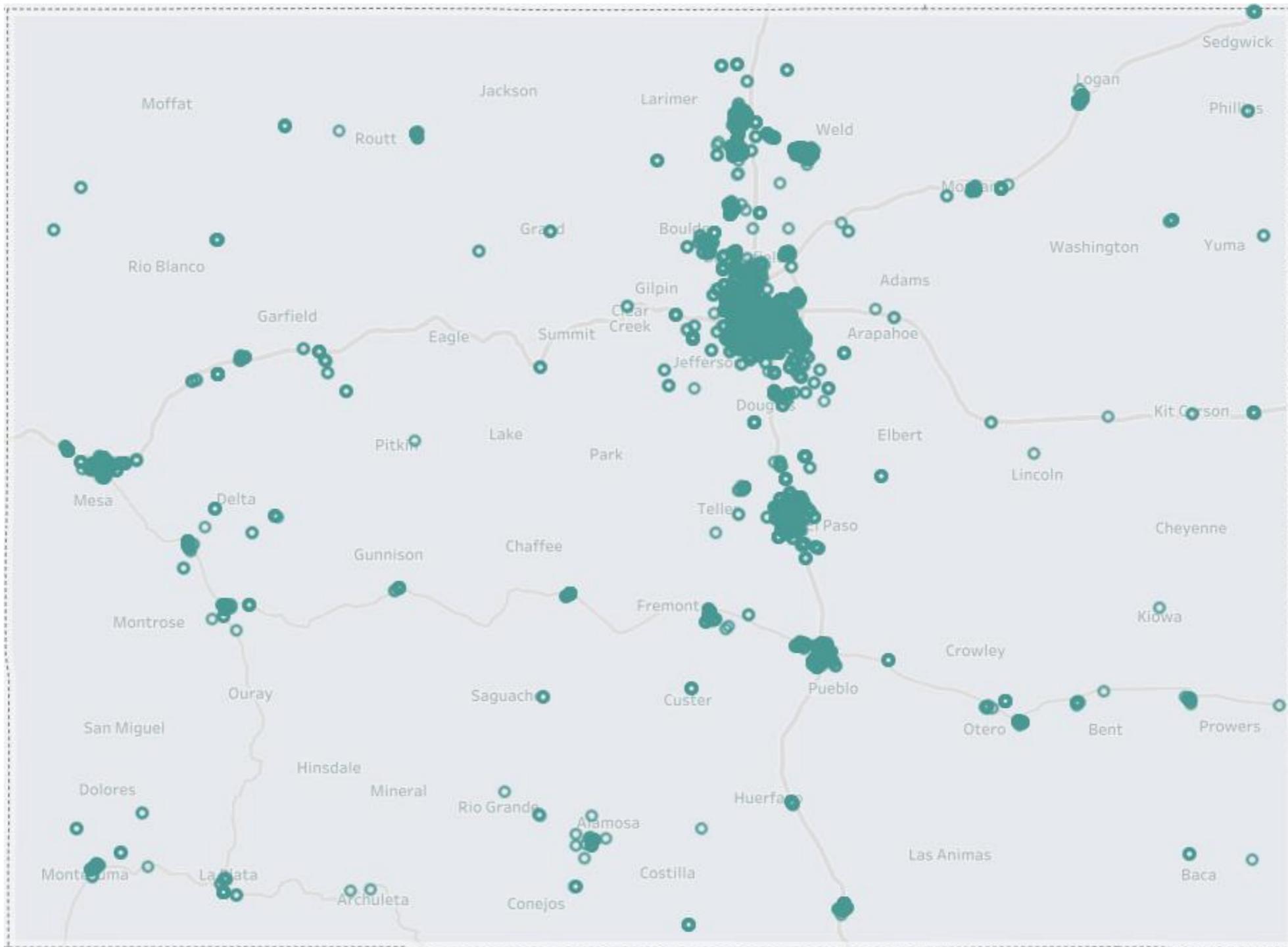


Conduct Provider Outreach



Stabilize Workforce

All Home- and Community-Based Services Providers in Fiscal Year 2018-19



Direct Care Workforce Legislation

Increasing Wages: HB 18-1407

6.5% increase in the reimbursement rate for specific HCBS services delivered to individuals with intellectual and developmental disabilities

- 100% must be passed through to the direct support professionals (DSPs)
- Agencies must document that the increase went to DSP compensation

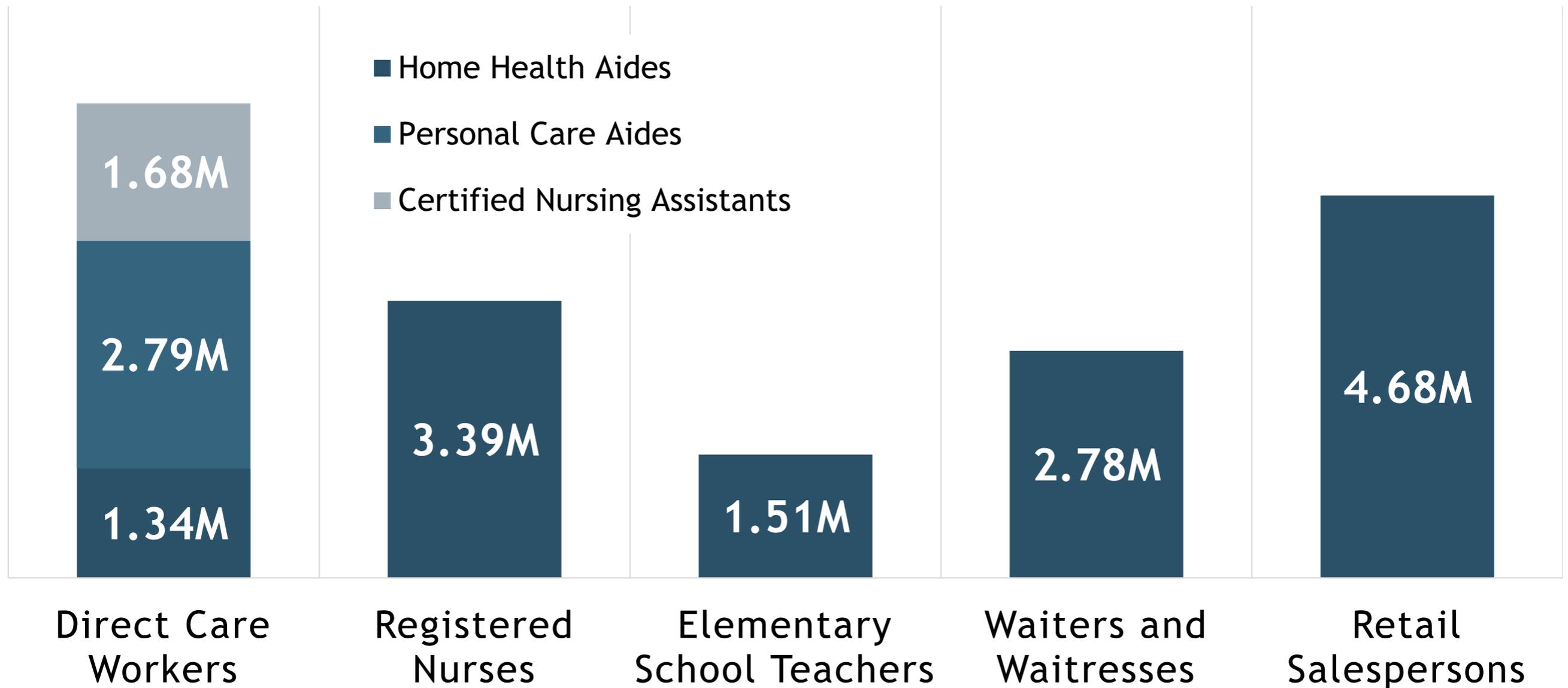
Increasing Wages: SB 19-238

8.1% increase in the reimbursement rate for specific HCBS services (personal care, homemaker, and in-home support services)

- For the 2019-20 fiscal year, 100% must be passed through to the direct care workers (DCWs); for 2020-21 fiscal year, 85% must be passed through
- Agencies must document that the increase went to DCW compensation

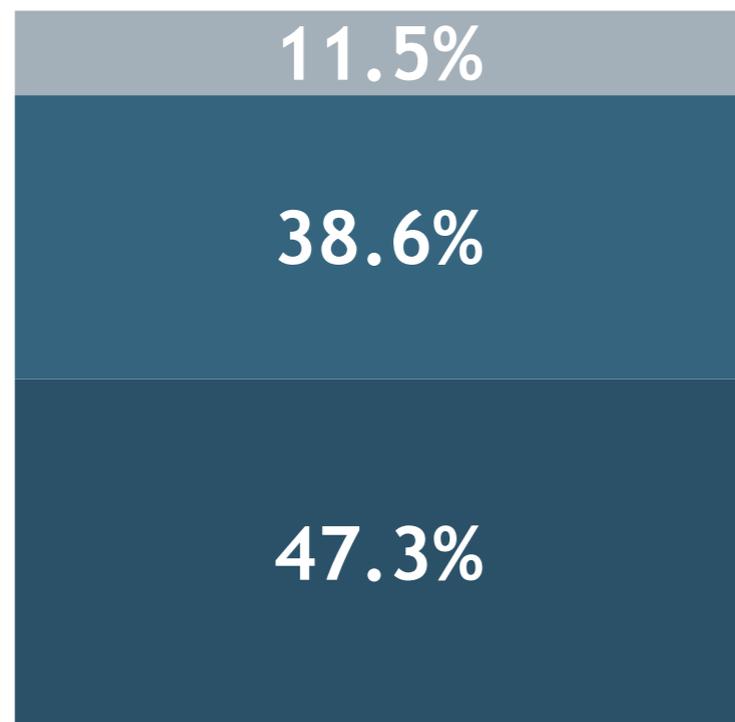
By July 1, 2020 the hourly minimum wage for these DCWs is set at \$12.41/hour

National Workforce Numbers Anticipated 2026

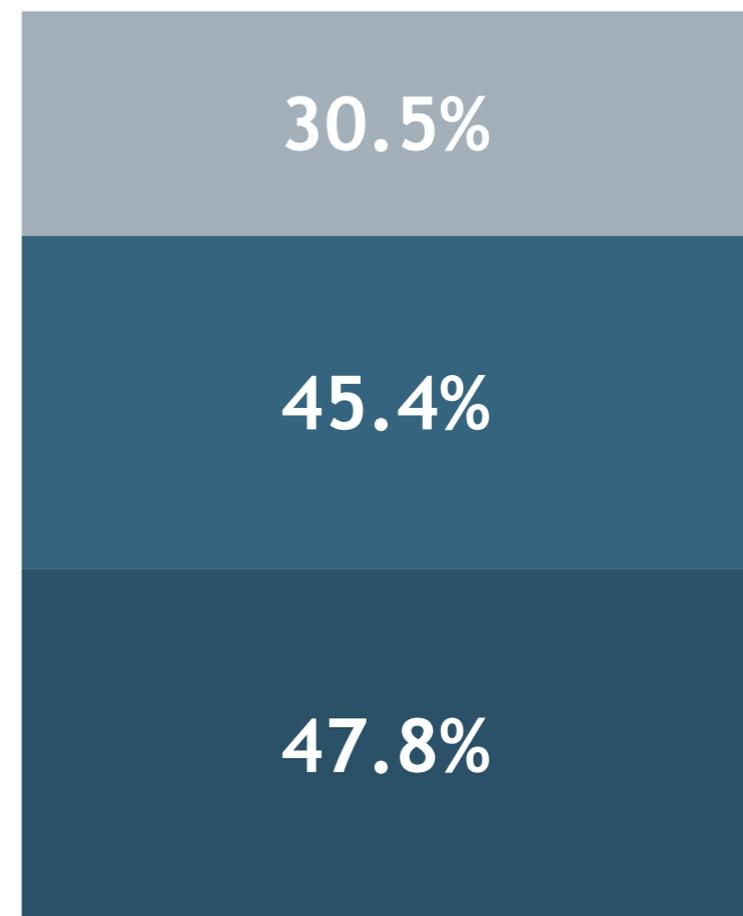


Workforce Growth (2016-2026) National & Colorado

- Home Health Aides
- Personal Care Aides
- CNAs



Direct Care Workers- National



Direct Care Workers- Colorado

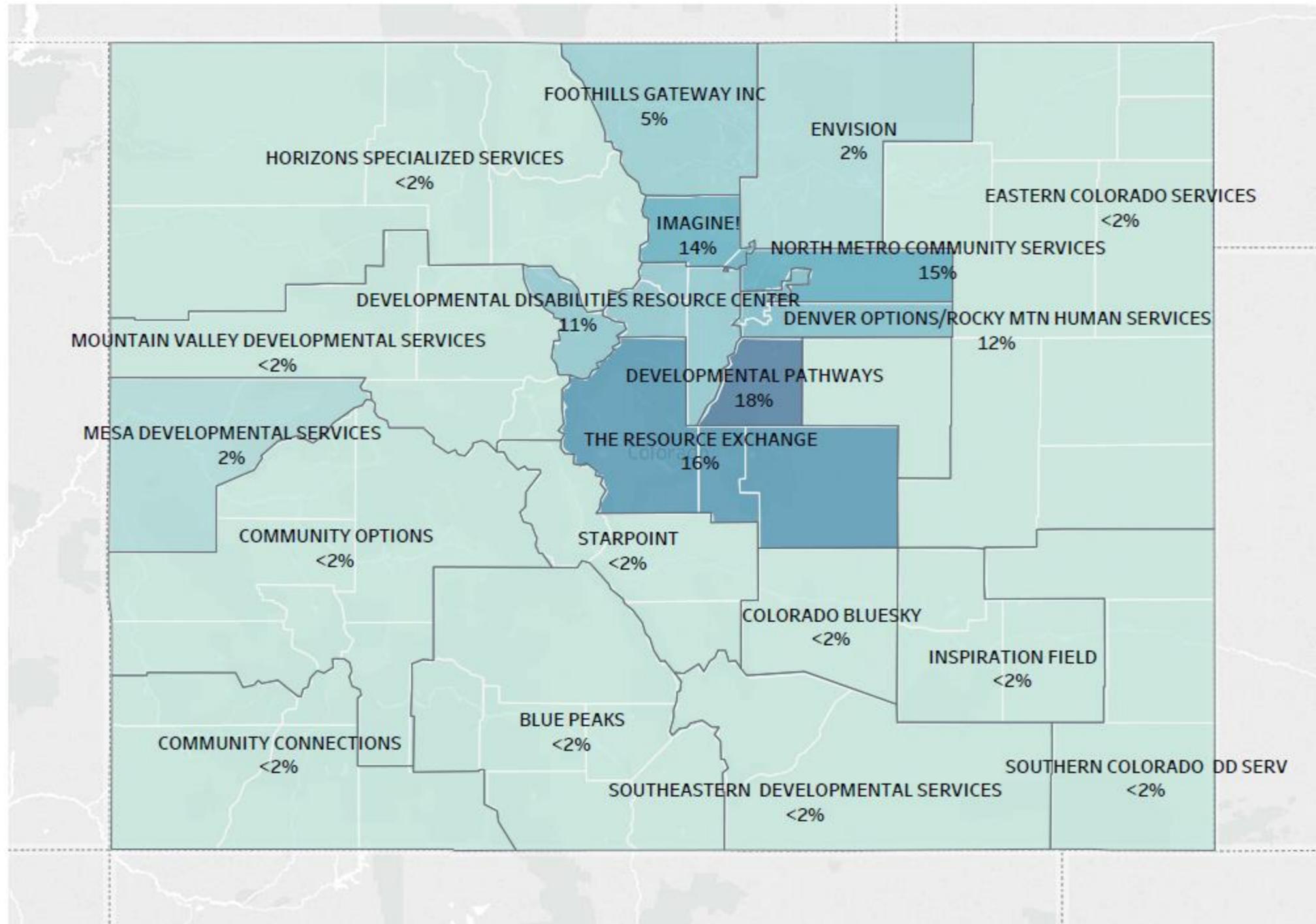
Waiting List Overview

Questions 6-8

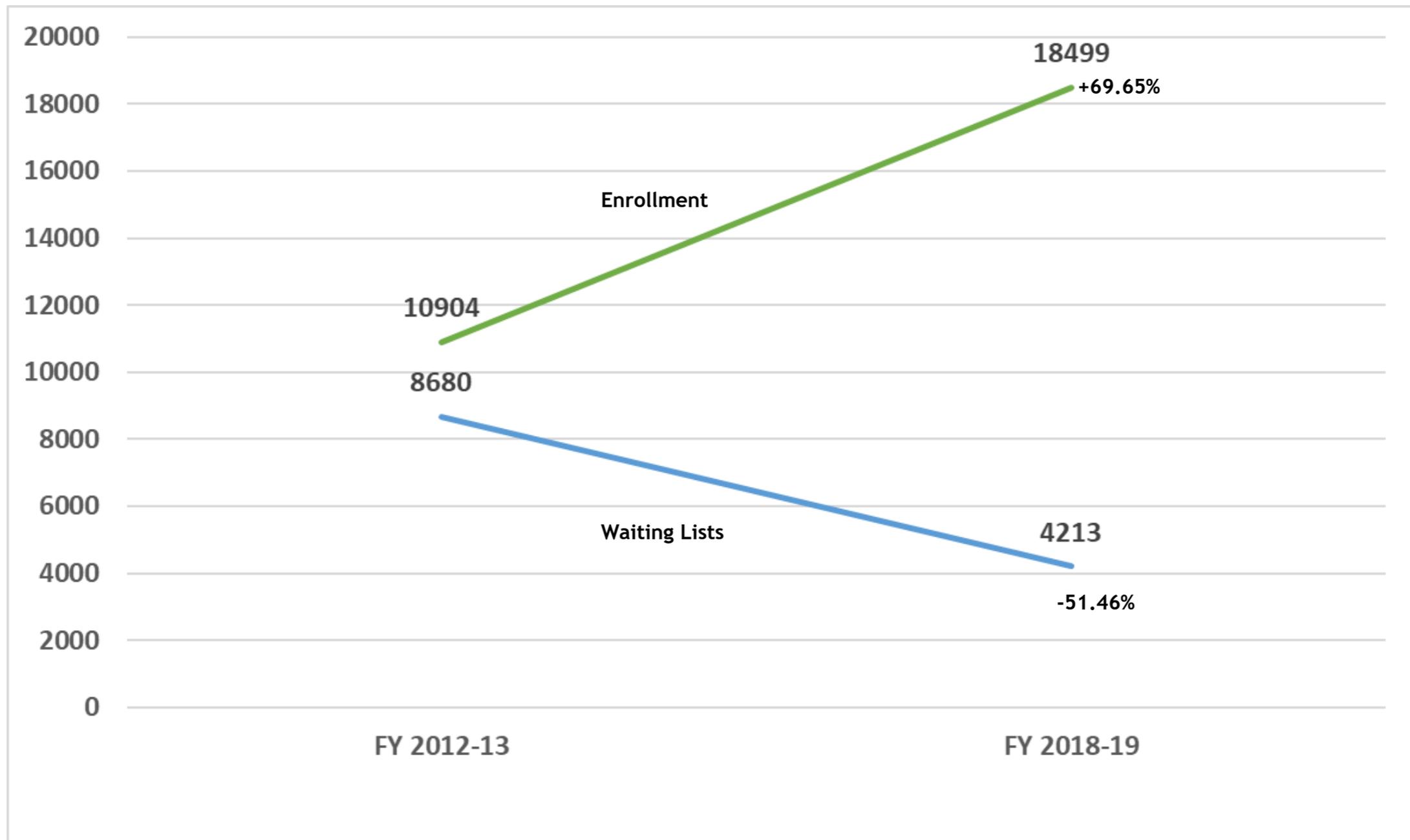
Waiting List Overview

- Order of Selection Date
- Timelines
 - As Soon as Available
 - Safety Net
 - See Date
- Exceptions (Reserve Capacity)
- Role of Community Centered Boards

HCBS-DD Waiver Waiting List Members by Community Centered Board (CCB)

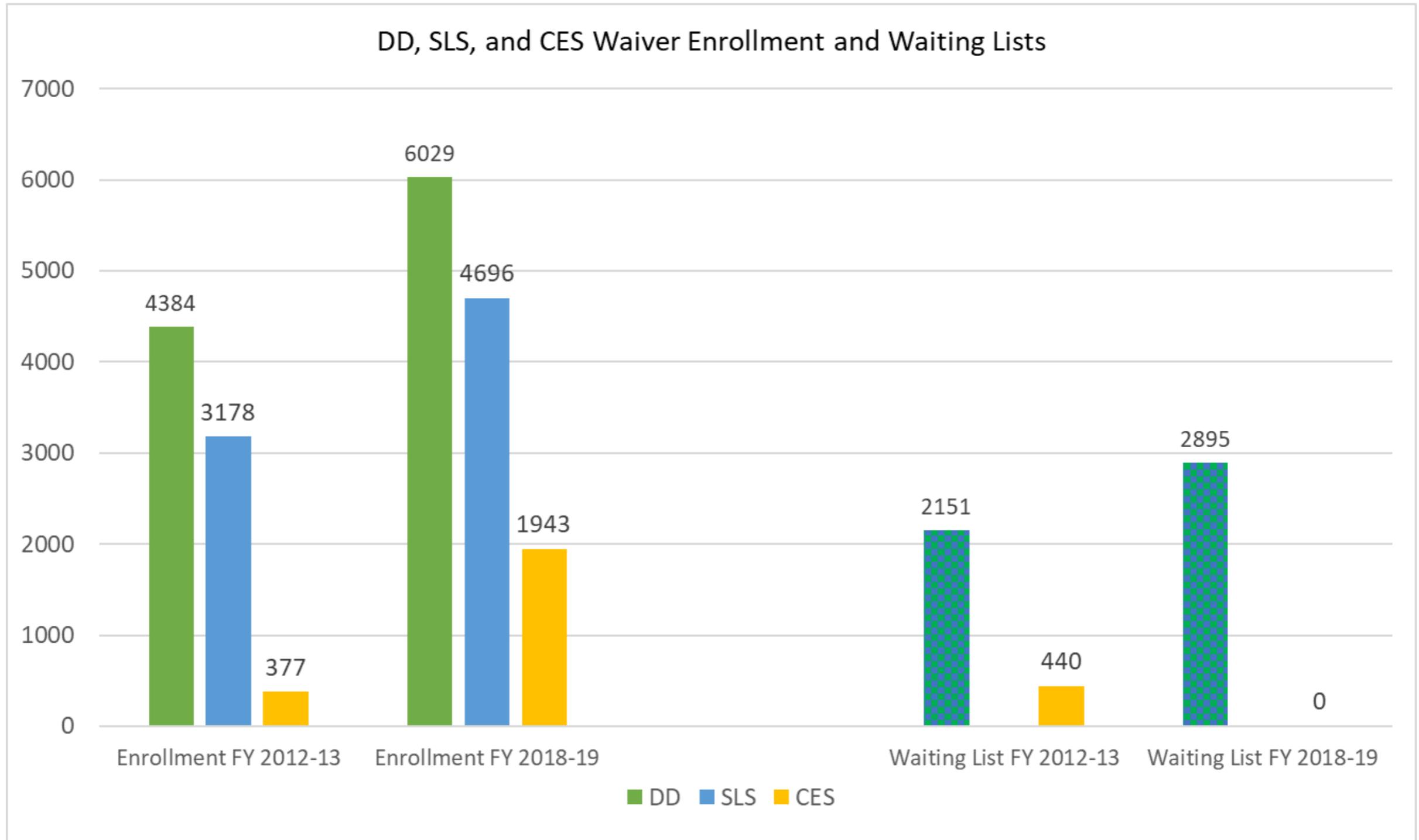


Growth in Medicaid and State-Only IDD Programs



Source: Community Contract Management System and Medicaid Management Information System

Waiting List Progress



Source: Community Contract Management System and Medicaid Management Information System

Children with IDD

Questions 9 and 10

Programs for Children with IDD

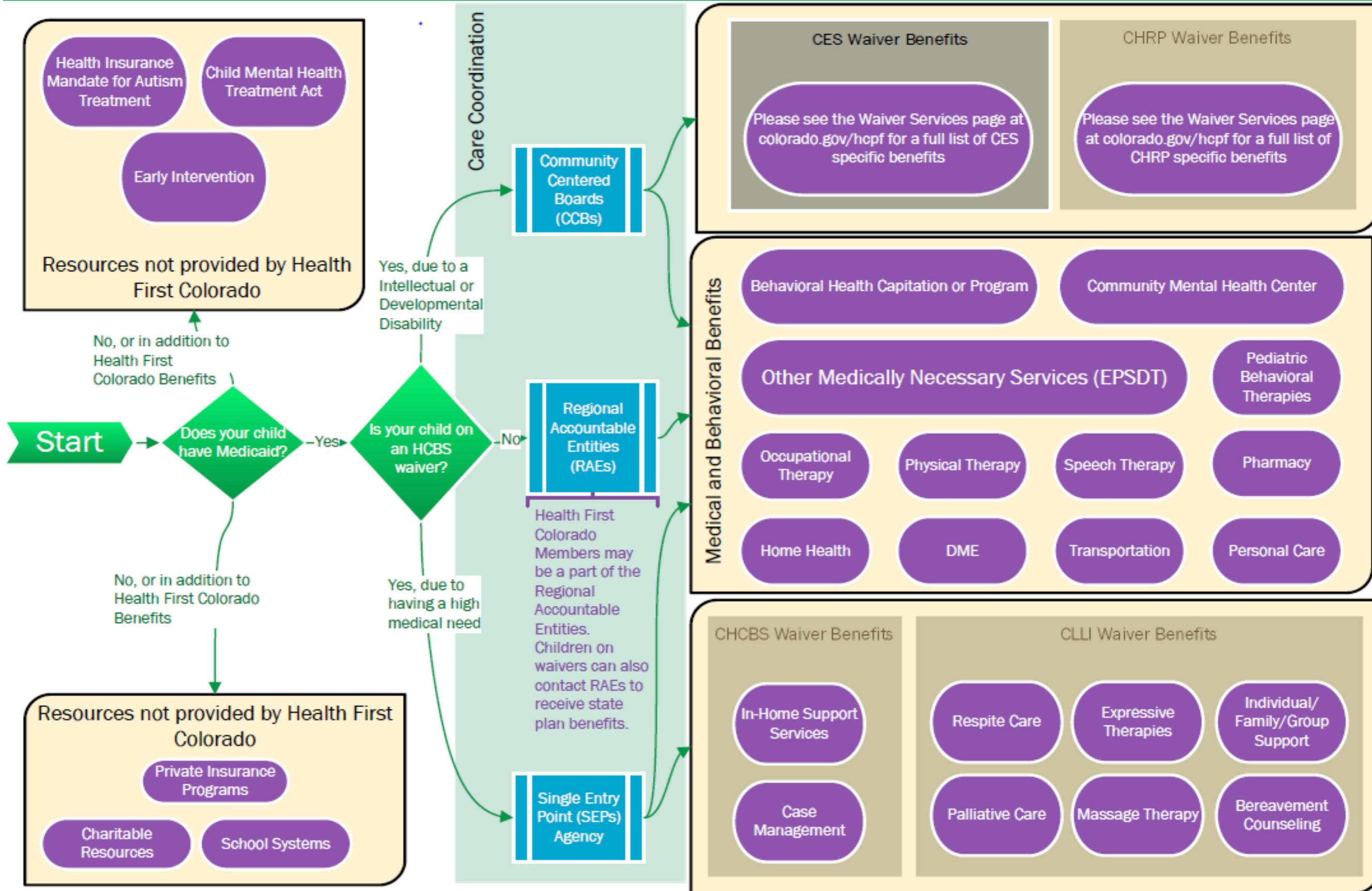
Specifically for children with IDD:

- Children's Habilitation Residential Program (CHRP) Waiver
- Children's Extensive Support (CES) Waiver
- Family Support Services Program (FSSP)

Other:

- Children's Home and Community-Based Services (CHCBS) Waiver
- Children with Life Limiting Illness (CLLI) Waiver

Finding HCBS Services (Children)



CHRP Background

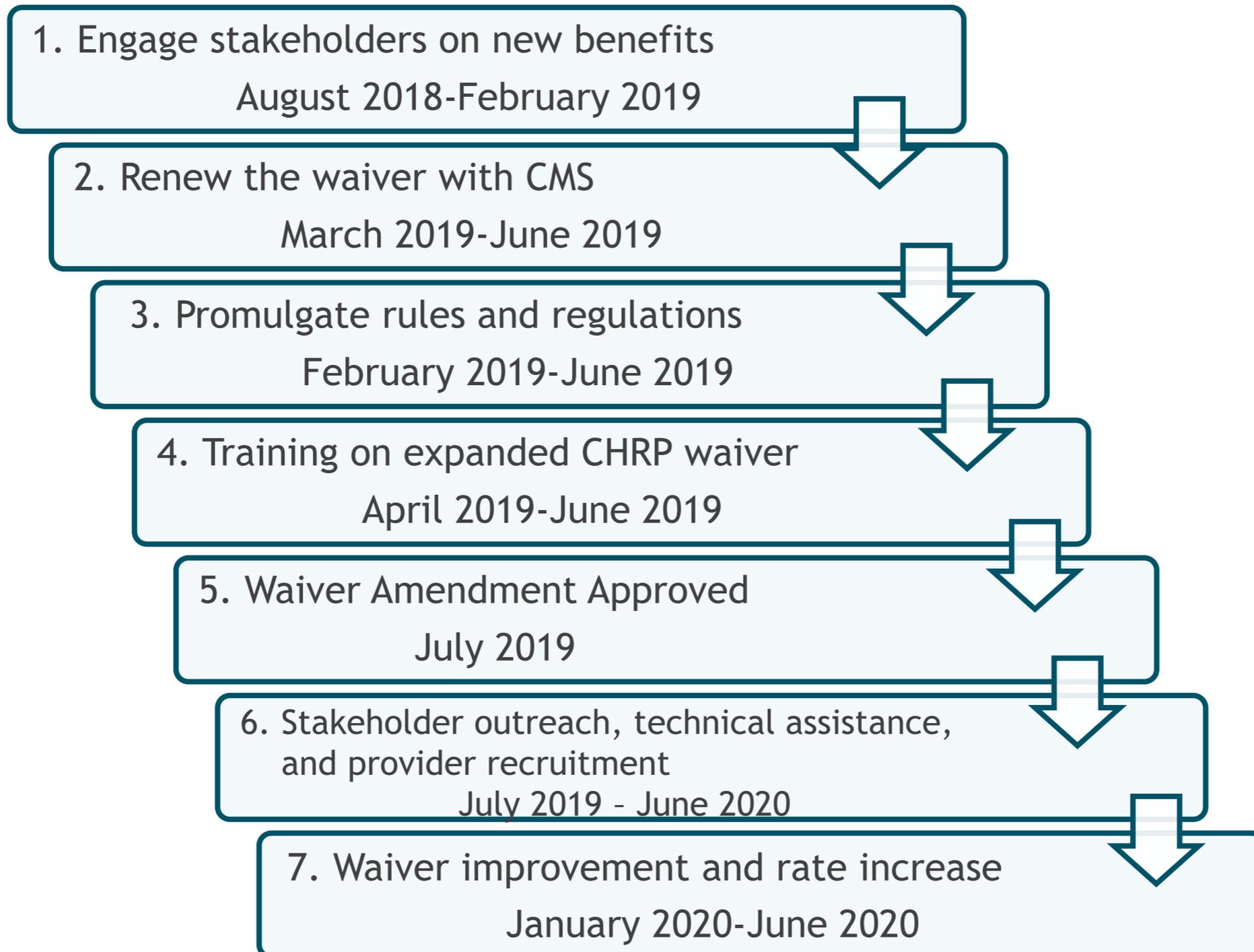
Prior State

- Eligibility limited to children with intellectual and developmental disabilities (I/DD) and complex support needs involved in child welfare
- Waiver case management by the County Departments of Human Services
- Waiver administered by the Colorado Department of Human Services before being moved to HCPF on 7/1/18

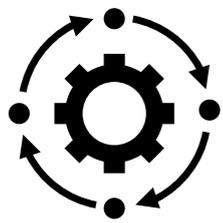
Current State + Going Forward

- Eligibility expanded to include children with I/DD and complex support needs not in child welfare
- Waiver case management by Case Management Agencies - Community Centered Boards (CCB)
- Waiver administered by Health Care Policy & Financing (HCPF)
- Two new services; Intensive Support and Transition Support

Children's Habilitation Residential Program Waiver



Looking Ahead



Structures and systems to effectively manage long-term services and supports (LTSS) programs



Sustainable and adequate capacity across the spectrum of care to meet expected growth in populations served statewide



Policy framework to promote person-centered and innovative best practices



Questions?

Thank You!