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Dear Members of Senate HHS Committee:

I am writing on behalf of the Colorado Cross-Disability Coalition (CCDC) in strong support of HB 21-1187. CCDC is the largest statewide disability-led organization in Colorado. Many of our members including most of our staff use Medicaid Long Term Services and Supports. We are deeply engaged in policy work to improve the quality and availability of these supports for people with ALL types of disabilities.

We believe this bill will move us in a better direction by streamlining and better managing case management. Case management is the entry point into LTSS services and also the point of contact for clients. They are the gatekeepers that decide who gets what and how much. Currently quality is all over the board with some areas of excellence, passion and dedication but with other areas with glaring inequities and deficits. HCPF needs ONE statutory definition and model, and right now they do not have this. Clients should be treated equitably regardless of the type of disability they have. Not all clients need the same level of support, so having a simpler system will free up resources to provide additional support to those without family members or innate ability to manage a complex system.

Our current LTSS system has some terrific components but it takes a lot of management and knowledge to use them. We need to make these excellent programs available to all that want them and simplify some of these programs so that everyone in need can use them. Other aspects of our LTSS system do not work as well and the problems get lost in the layers and complexity of the system. Having multiple case management systems with poor definition and varying oversight (not to mention some conflicts) gets in the way of real solutions.

NOTHING ABOUT us, WITHOUT us...EVER!

HCPF will be implementing a new assessment tool and other changes over the next few years and this will require a much lower caseload because the workload and time required of each case manager will increase. It will also require a significant amount of training for case managers to learn a whole new system. This is not a 2 hour Zoom training but probably a week of training upfront with multiple follow ups including individualized teaching in some cases to really help them understand. This will be training required over a couple of years as different changes unfold. In order to manage these changes and the programs overall HCPF needs one system.

For many years there has been agreement among most that the system is too fragmented, and the fragmentation starts at the entry point. Do you go through a Single-Entry Point, Community Centered Board, and for children perhaps a private case management company? There has been talk for years about collapsing some of the many waivers so that people can get services based on their need, not type of disability. (For example, the needs of people with a severe intellectual disability and someone with Alzheimer's disease may be similar but service options are completely different). Until we get case management aligned under one roof, we cannot even begin to assess broad community need and plan for a more logical person-friendly system.

HB 21-1187 also requires HCPF to continue with active stakeholder engagement. This bill is good for LTSS clients, applicants, HCPF and the taxpayers of Colorado. Please feel free to reach out if you have any questions.

Sincerely

Julie Reiskin, Executive Director (and Medicaid LTSS client)

