

2017 Medicaid Provider Rate Review Analysis Report

Home- and Community-Based Services (HCBS) Waivers

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Submitted to: The Joint Budget Committee and the Medicaid Provider Rate Review Advisory Committee



COLORADO

Department of Health Care
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Table of Contents

Table of Contents	2
I. Executive Summary	5
II. Introduction.....	7
Evaluating Rate Sufficiency	7
HCBS Waiver Background	8
HCBS Waiver Environment in Colorado	9
HCBS Waivers Rate Setting Methodology	10
Rate Comparison State Selection.....	10
Special Considerations for State Selection	11
III. Format of Report.....	12
Waiver and Waiver Service Descriptions.....	12
Rate Comparison Analysis.....	13
Utilization and Access Analysis.....	13
Summary.....	13
IV. Analysis Considerations.....	13
Waiver and Waiver Service Descriptions.....	13
Rate Comparison Analysis.....	14
Utilization and Access Analysis.....	15
Stakeholder Feedback	16
V. HCBS Waivers and Waiver Services.....	18
Common LTSS Waiver Services.....	18
Personal Care	18
Alternative Care Facilities	19
IHSS Health Maintenance	20
Homemaker	21
Adult Day	22
Non-Medical Transportation (NMT)	24
IHSS Personal Care.....	25
IHSS Homemaker.....	27
Nursing Facility Respite	28
In-Home Respite	29
ACF Respite	30
Consumer Directed Attendant Support Services	32
HCBS Waiver for Persons Who are Elderly, Blind, and Disabled (EBD Waiver).....	32
Aggregate EBD Waiver	33
HCBS Waiver for Community Mental Health Supports (CMHS Waiver)	34
Aggregate CMHS Waiver	35
HCBS Waiver for Persons with Brain Injury (BI Waiver)	36
Aggregate BI Waiver	37
Supported Living Program	38
Independent Living Skills Training	39
Day Treatment.....	40
Behavioral Services	41

Substance Abuse Counseling	42
Transitional Living Program	44
HCBS Waiver for Persons with Spinal Cord Injury (SCI Waiver)	44
Aggregate SCI Waiver.....	45
Acupuncture.....	45
Massage Therapy.....	46
Chiropractic.....	47
Children’s Home- and Community-Based Services (CHCBS Waiver)	49
Aggregate CHCBS Waiver	49
In Home Support Services (IHSS) – Health Maintenance	50
Case Management.....	51
HCBS Waiver for Children with Autism (CWA Waiver).....	52
Aggregate CWA Waiver	53
Behavioral Therapies.....	53
Initial and Ongoing Treatment and Evaluation	55
Post Service Evaluation	55
HCBS Waiver for Children with a Life-Limiting Illness (CLLI Waiver).....	56
Aggregate CLLI Waiver	57
Therapeutic Life Limiting Illness Support	58
Expressive Therapy	59
Respite.....	60
Massage Therapy.....	62
Bereavement Counseling.....	63
Pain and Symptom Management.....	64
Care Coordination.....	65
HCBS Children’s Extensive Supports (CES Waiver)	67
Aggregate CES Waiver.....	68
Behavioral Services.....	68
Respite.....	70
Community Connector.....	71
Movement Therapy	72
Enhanced Homemaker.....	73
Massage Therapy.....	74
Basic Homemaker	75
Behavioral Plan Assessment	76
Hippotherapy	77
Personal Care	78
HCBS Children’s Habilitation Residential Program (CHRP Waiver).....	79
Aggregate CHRP Waiver	80
Habilitation	81
Behavioral Services	82
Professional Services, Respite, and Supported Community Connector	83
HCBS Waiver for Persons with Developmental Disabilities (DD Waiver)	83
Aggregate DD Waiver.....	84
Residential Habilitation	85
Day Habilitation.....	87
Job Coaching	88
Non-Medical Transportation (NMT)	89



Behavioral Services	90
Prevocational Services.....	92
Behavioral Plan Assessment	93
Job Development.....	94
HCBS Supported Living Services Waiver (SLS Waiver).....	95
Aggregate SLS Waiver	96
Day Habilitation.....	97
Respite.....	99
Non-Medical Transportation.....	100
Personal Care	101
Job Coaching	102
Enhanced Homemaker	103
Prevocational Services.....	105
Basic Homemaker	106
Mentorship	107
Behavioral Services	108
Massage Therapy.....	109
Movement Therapy	110
Behavioral Plan Assessment	111
Hippotherapy	112
Job Development.....	113
Targeted Case Management.....	114
VI. Appendices.....	116
Appendix A – HCBS Payment Comparison Methodology.....	116
Appendix B – Aggregate Utilization Data for Common Adult LTSS Waivers by Waiver.....	116
Appendix C – Rate Review Process and Consumer Directed Attendant Support Services (CDASS)	116



I. Executive Summary

This report contains the work of the Colorado Department of Health Care Policy & Financing (the Department) to review rates paid to providers under the Colorado Medical Assistance Act. Specifically, this report reviews Home- and Community-Based Services (HCBS) Waivers and contains a service description, rate comparison analysis, access analysis, and a summary for each waiver service under review. Targeted Case Management (TCM) is also included in this report.

Members of the public are invited to attend Medicaid Provider Rate Review Advisory Committee (MPRRAC) meetings, provide input on provider rates, and engage in the rate review process. Stakeholders provided comment on most HCBS Waivers and provided comments stating that access issues exist for specific waiver services. Most commonly, stakeholders identified concerns with:

- respite services;
- alternative care facility services;
- non-medical transportation services;
- adult day services; and
- personal care and homemaker services.

For rate comparison analyses, Colorado Medicaid rates were compared to five other states' HCBS Waiver rates. In aggregate, the rate benchmark below shows how Colorado Medicaid pays compared to the lowest and highest state benchmarks:

HCBS Waiver	Rate Benchmark Comparison Range
Waiver for Persons Who are Elderly, Blind, and Disabled (EBD Waiver)	62.16% - 110.12%
Community Mental Health Supports Waiver (CMHS Waiver)	36.70% - 90.09%
Waiver for Persons with Brain Injury (BI Waiver)	100.12% - 139.87%
Waiver for Persons with Spinal Cord Injury (SCI Waiver)	86.52% - 145.96%
Children's Home- and Community-Based Services Waiver (CHCBS Waiver)	83.43% - 180.98%
Waiver for Children with Autism (CWA Waiver)	62.21%*
Waiver for Children with Life Limiting Illness (CLLI Waiver)	48.28% - 137.24%*
Children's Extensive Supports Waiver (CES Waiver)	87.83% - 184.58%
Children's Habilitation Residential Program Waiver (CHRP Waiver)	113.35%*
Waiver for Persons with Developmental Disabilities (DD Waiver)	78.30% - 165.10%
Supported Living Supports Waiver (SLS Waiver)	46.47% - 97.55%
Targeted Case Management (TCM)	64.36% - 100.76%

*Special considerations were accounted for in rate benchmark comparisons for these HCBS Waivers. A detailed explanation is contained in the report.

The comparison ranges presented above are an aggregate result per HCBS Waiver. The Department made waiver service comparisons when appropriate. Thus, not every service is compared to every state, and for some services no appropriate comparison was available.

Access analyses in this report are limited to utilization data regarding changes in client counts, provider counts, units per client, and units per provider. Results identified potential issues with:

- day treatment (BI Waiver);
- transitional living program (BI Waiver);
- habilitation (CHRP Waiver); and
- prevocational services (DD Waiver).

Access analysis results were inconclusive for:

- in-home support services (IHSS) health maintenance services (EBD, SCI, and CHCBS Waivers);
- non-medical transportation (EBD, CHMS, BI, SCI, and DD Waivers);
- acupuncture, massage therapy, chiropractic services (SCI Waiver);
- personal care (CES Waiver);
- behavioral services (CHRP and SLS Waivers);
- prevocational services (SLS Waiver); and
- massage therapy (SLS Waiver).

The Department was unable to conduct access analyses for three waiver services that had no utilization: supported community connections, respite, and professional services on the CHRP Waiver.

This report is intended to be used by the Medicaid Provider Rate Review Advisory Committee (MPRRAC), stakeholders, and the Department to work collaboratively to evaluate rate review findings and generate recommendations. While it is important to thoughtfully and critically examine the contents of this report, readers must remember that services reviewed in this year's report are part of a larger set of services. Services reviewed this year encompass only a subset of all services to be reviewed over five years. The five-year rate review schedule, MPRRAC meeting schedules, past MPRRAC meeting materials, and more can be found on the Department's [MPRRAC webpage](#).

It is worth noting that the planned HCBS Waiver rate review analysis, as outlined in the five-year rate review schedule, was to conduct analyses for each HCBS Waiver, not for each individual waiver service. However, after further evaluation, informed by stakeholder input, the Department chose to conduct analyses for both aggregate HCBS Waivers and for applicable waiver services. Review of individual waiver services takes considerably more time and in future years of the rate review process, the Department will explore the feasibility of reviewing HCBS Waivers, and the corresponding waiver services, in their own year, to allow for more time to evaluate each waiver service.

II. Introduction

The Colorado Department of Health Care Policy & Financing (the Department) administers the State's public health insurance programs, including Medicaid and Child Health Plan *Plus* (CHP+), as well as a variety of other programs for Coloradans who qualify. Colorado Medicaid¹ is jointly funded by a federal-state partnership. The Department's mission is to improve health care access and outcomes for the people it serves while demonstrating sound stewardship of financial resources.

In 2015, the Colorado State Legislature adopted Senate Bill 15-228 "Medicaid Provider Rate Review", an act concerning a process for the periodic review of provider rates under the Colorado Medical Assistance Act. In accordance with Colorado Revised Statutes (CRS) 25.5-4-401.5, the Department established a rate review process that involves four components:

- assess and, if needed, revise a five-year schedule of rates under review;
- conduct analyses of service, utilization, access, quality, and rate comparisons for services under review and present the findings in a report published the first of every May;
- develop strategies for responding to the analysis results; and
- provide recommendations on all rates reviewed and present in a report published the first of every November.

The rate review process is advised by the Medicaid Provider Rate Review Advisory Committee (MPRRAC), whose members recommend changes to the five-year schedule, provide input on published reports, and conduct public meetings to allow stakeholders the opportunity to participate in the process.

Since September 2016, MPRRAC meetings served as a forum for general discussion of the rate review process, services under review in year two, and stakeholder feedback. In addition to the MPRRAC meetings, the Department hosted three Rate Review Information Sharing Sessions with MPRRAC members and interested stakeholders. In these sessions, stakeholders were invited to comment on data as it relates to methodologies for collecting, analyzing, and presenting rate comparison and access analyses. These sessions helped the Department better understand provider service provision experiences. Summaries from meetings, including presentation materials, petitions from stakeholders, and meeting minutes are found on the Department's [MPRRAC website](#).

This report contains:

- the Department's analysis of service, utilization, access, and quality of services;
- a comparison of service rates with available benchmarks; and
- an assessment of whether payments were sufficient to allow for client access and provider retention and to support appropriate reimbursement of high value services.

Evaluating Rate Sufficiency

Payment sufficiency cannot be determined by examining rate comparisons in isolation. In addition to rate benchmark comparisons, the Department conducts claims-based utilization and access analyses and incorporates stakeholder feedback prior to assessing whether payments are sufficient to allow for client access and provider retention. Even after incorporating additional sources of information in the analysis of payment sufficiency, there are complicating factors:

¹ The consumer-facing name for Colorado Medicaid is now Health First Colorado. In this report, the Department refers to the program as Colorado Medicaid.

- Client access and provider retention are influenced by factors beyond rates.² Such factors include, but are not limited to:
 - provider outreach and recruitment strategies;
 - the administrative burden of program participation;
 - health literacy and healthcare systems navigation levels; as well as
 - provider scheduling practices.
- Rates may not be at their optimal level, even when there is no indication of poor client access or provider retention. For example:
 - rates that are above optimal may lead to increases in unwarranted utilization or utilization of low value services; and
 - rates that are less than optimal may lead to decreases in the provision of high-quality care, or increases in the provision of services in a less cost-effective setting.
- Additional factors relating to the market, such as:
 - for HCBS waiver services, Medicaid could be the main driver for provider participation given that waiver services are primarily funded by state Medicaid programs; and
 - for some HCBS services, particularly those that require unskilled work, high turnover rates can be driven by competing industries in the market.

In addition to complicating factors, the use of claims data, as was done for the utilization and access analyses in this report, presented data limitations. Claims data:

- Does not allow the Department to determine which providers are currently accepting new Medicaid clients.
- Does not contain information regarding the supply of providers that are not participating in the Medicaid program.
- Does not provide information regarding the amount of time it takes clients and their families to find providers.
- Does not allow the Department to quantify the care that a client may have needed, but did not receive, or the possible causes.
- Does not provide information regarding what amount of a rate paid to an agency or other type of service provider is being passed on to an employee via wages.

HCBS Waiver Background

HCBS Waivers allow state Medicaid agencies to waive certain Medicaid program requirements.³ HCBS Waivers allow states to:

- waive certain income and/or eligibility criteria;
- provide specific services to target groups and geographic regions of the state; and
- allow clients to receive services in their home and communities to prevent institutionalization.

² The Department adapted some factors from: Long, Sharon. 2013. Physicians May Need More Than Higher Reimbursements to Expand Medicaid Participation: Findings From Washington State., accessed via <http://content.healthaffairs.org/content/32/9/1560.full.pdf+html>.

³ Home- and Community-Based Services are offered through states' Medicaid programs upon waiver authorization. There are five waiver authorization options available to states: 1915(c) Home- and Community-Based Waivers, 1915(i) State Plan Home- and Community-Based Services, 1915(j) Self-Directed Personal Assistance Services Under State Plan, 1915(k) Community First Choice, and 1115 demonstration waivers. Colorado has 1915(c) authority for its HCBS waivers, more information is available on the [CMS's website](#).

HCBS Waivers must:

- Demonstrate cost effectiveness, that is, that the costs of providing services in the community are expected to be lower than providing them in an institutional setting. Examples of institutional settings include nursing homes, hospitals, intermediate care facilities for individuals with intellectual disabilities (ICFs/IID), and long-term psychiatric facilities.
- Set adequate and reasonable provider standards that meet the needs of the target population.
- Ensure that services follow an individualized and person-centered plan of care.
- Ensure the protection of client's health and welfare.

The State of Colorado operates 11 waiver programs to meet the needs of different populations. HCBS Waivers provide different services, different levels of service, and different definitions for like services.⁴ The regulatory framework for HCBS waivers is located under 10 CCR 2505-10. Each waiver offers a unique set of waiver services to align with the needs of the clients enrolled in each waiver and sometimes clients move from one waiver to another to receive the support they need. The number and type of services vary by waiver and each waiver is renewed every 5 years. The waivers are:

- HCBS Waiver for persons who are Elderly, Blind, and Disabled (EBD Waiver)
- HCBS Community Mental Health Supports Waiver (CMHS Waiver)
- HCBS Waiver for persons with Brain Injury (BI Waiver)
- HCBS Waiver for persons with Spinal Cord Injury (SCI Waiver)
- Children's Home- and Community-Based Services Waiver (CHCBS Waiver)
- HCBS Waiver for Children with Autism (CWA Waiver)
- HCBS Waiver for Children with Life Limiting Illness (CLLI Waiver)
- HCBS Children's Extensive Supports Waiver (CES Waiver)
- HCBS Children's Habilitation Residential Program Waiver (CHRP Waiver)
- HCBS Waiver for persons with Development Disabilities (DD Waiver)
- HCBS Supported Living Supports Waiver (SLS Waiver)

Targeted Case Management (TCM), a State Plan benefit, is also reviewed in this report.

HCBS Waiver Environment in Colorado

There are multiple ongoing efforts outside of the rate review process that should be considered during recommendation development. The Department is working with stakeholders, and state and federal partners, to simplify HCBS Waivers by consolidating them and making waiver services and benefits more consistent across waivers. The Department is also reducing waiting lists for HCBS Waivers and exploring options to include some waiver services in the State Plan. These efforts are supported by several changes at the state and federal levels:

- [Executive Order D2012-027](#) established the [Community Living Advisory Group \(CLAG\)](#) to consider and recommend changes to the overall system of long-term services and supports for people with disabilities and older adults. The CLAG worked from August 2012 through September 2014 developing a [Final Recommendations Report](#).
- A 2014 Federal Final Rule, [42 CFR Part 430, 431, 435, 440, 441, and 447](#), made several important changes to HCBS Waivers:

⁴ Under Medicaid, states are required to cover mandatory benefits and may choose to cover optional benefits. All waivers are optional benefits. For a more complete list of mandatory and optional benefits, see the [Medicaid and CHIP Payment and Access Commission \(MACPAC\) benefits page](#).

- Provides states with the option to combine existing HCBS Waivers and create one HCBS Waiver that serves multiple populations; and
- Requires that states ensure HCBS Waiver clients have access to the benefits of community living and that services are true alternatives to those provided in an institutional setting and are delivered in the most integrated setting possible. More information is found on the Department's [HCBS Settings Final Rule website](#).
- For HCBS Waivers for clients with intellectual and developmental disabilities, several bills were adopted by the Colorado General Assembly to reduce Department-maintained waiting lists:
 - [Senate Bill 13-230](#) provided funding for the elimination of the CES Waiver waiting list.
 - [House Bill 14-1252](#) provided funding for the elimination of the SLS Waiver waiting list.
 - [House Bill 14-1051](#) calls for the Department, in consultation with intellectual and developmental disability system stakeholders, to develop a comprehensive strategic plan, updated annually, to enroll eligible persons with intellectual and developmental disabilities into HCBS Waivers by July 1, 2020.
- [House Bill 15-1318](#) requires the Department to develop a single HCBS Waiver to provide services to adults with intellectual and developmental disabilities. In addition to using CLAG recommendations, the Department hosts the [Waiver Implementation Council](#) to provide ongoing consultation and advice for waiver redesign and implementation. The Department expects to submit the new HCBS Waiver to CMS by January 1, 2018.

HCBS Waivers Rate Setting Methodology

Most HCBS Waiver services in Colorado are paid using a fee-for-service (FFS) reimbursement methodology. Beginning in 2011, Colorado adopted a FFS rate setting methodology for HCBS Waivers that incorporates the following inputs:

- Salary expectations, including direct and indirect care hours, and full time equivalency of each position providing the service.
- Facility expectations, including rental, maintenance, utilities, phone, and internet costs.
- Administrative expectations, including software upgrades and office supplies.
- Capital expectations, which, though not typically covered by Medicaid for HCBS Waiver services, may include supplies for art and play therapy or massage tables for massage therapy.

HCBS Waiver service rates set through this process are then evaluated for alignment with other payers in the market.

HCBS rates are subject to periodic adjustments based on legislative appropriations; such appropriations may reduce or increase the Department-calculated rate. Beginning in 2016, the Department initiated a process of re-setting rates as HCBS Waivers are renewed with CMS. Doing so allows the Department to examine and document waiver service rates in detail. While a significant number of rates have been recently reviewed for the various inputs mentioned above, some rates have, historically, only been adjusted only for changes in legislative appropriations.

Rate Comparison State Selection

Medicare does not cover most of the waiver services outlined in this report. Since HCBS Waiver services are typically unique to Medicaid, the Department relied upon other state Medicaid agencies' HCBS Waivers for rate benchmark comparisons.

The Department examined Medicaid programs in other states to identify HCBS Waivers with multiple comparable services.⁵ The following criteria guided the Department's selection of comparator states:

- the state had FFS, as opposed to managed care, delivery systems for HCBS Waiver services;⁶
- HCBS Waivers were approved under 1915(c) waiver authority;⁷
- HCBS Waivers covered similar services and target populations;⁸
- there were comparable numbers of enrollees; and
- the state had similar geography.

Stakeholders suggested the Department consider other states' budgets when selecting comparator states. However, because the amount of money a state allocates for specific HCBS waivers are at the discretion of each state, with unique and state-specific budget constraints, this type of information was not used as one of the state selection criteria.⁹

The states included for the comparison in this analysis are: Connecticut (CT), Ohio (OH), Oklahoma (OK), Utah (UT), and Montana (MT). HCBS Waivers in Connecticut, Ohio, and Oklahoma met the criteria of covering broadly similar services and populations, but varied in terms of the number of enrollees, with HCBS enrollment of approximately 23,000, 88,000, and 25,000 clients, respectively, in 2012. Utah and Montana were selected based on comparable services and similar geographies, though both states appeared to have fewer clients enrolled in HCBS Waivers in 2012.

Special Considerations for State Selection

For the CLLI and CHRP Waivers, the selected comparator states, above, did not have suitable or sufficient services to conduct a rate benchmark comparison. The Department attempted to resolve this issue by researching other state Medicaid agency HCBS Waivers:

⁵ In November 2015, the Department responded to a Legislative Request for Information (LRFI) asking the Department to compare Colorado Medicaid reimbursement rates to the rates of other payers. The LRFI contained rate comparison information for multiple services, including HCBS which relied upon rate information from the Medicaid programs of Arizona, California, Washington, D.C., Illinois, and Ohio. See "[LRFI 1 Colorado Medicaid Provider Payment Rate Comparison Report](#)". Further research into these states led to state selection criteria and the states used in this analysis.

⁶ Examples of states considered for comparison, but not selected due to managed care delivery systems include: Florida, Texas, Kansas, and Virginia (for all waivers except DD).

⁷ Oregon was considered for comparison, however, most of the HCBS waiver services are provided under a 1915(k) waiver which allows states to provide services through the State Plan. The services that remain under the 1915(c) authority focus on employment supports.

⁸ The Department examined the waiver applications that states submit to CMS. In this application, each state must define the scope and nature of each waiver service as well as specify any limits placed on the amount, frequency, and duration of services. States must also specify the qualifications required of providers to be able to furnish waiver services. This information can be found on [CMS's waiver technical guidance webpage](#).

⁹ Though evaluating the budget constraints of potential comparator states is difficult, the Department did assess broad economic environments by examining [cost of living index information](#). This assessment showed that, in 2016, Colorado and Montana had similar cost of living indices, Connecticut had a higher cost of living index, and Ohio, Utah, and Oklahoma each had lower cost of living indices.

- For the CLLI Waiver, The Department could identify only two potential comparator states offering similar services: North Dakota for most CLLI Waiver services, and California for bereavement counseling services only. Results of these comparisons are included in this report.¹⁰
- For the CHRP Waiver, identifying comparable HCBS Waivers across states is challenging due to the nature of the services. The CHRP Waiver offers residential services to children with an intellectual or developmental disability who also have very high needs and who were placed in foster care through a County Department of Social Services. This is a unique HCBS Waiver in that it is offered to children in foster care only. In Colorado, child welfare services are managed through county social services departments and the Department of Human Services (DHS). Because of this unique administrative function, identifying a comparable HCBS Waiver or waiver service is difficult, as child welfare services are administered and funded through DHS and not the Department. Despite this challenge, the Department identified Wisconsin as a potential comparator and the results of this comparison are included in this report.

For the CWA Waiver, CMS recently provided guidance to states clarifying that behavioral therapy services under this HCBS Waiver are covered under the State Plan through the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. During the payment comparison analysis, comparable services for this HCBS Waiver were only found for Connecticut.

III. Format of Report

Information below outlines the four sections included for each waiver service, as well as the basic structure and the content of each section. More detailed information regarding how to read and interpret analyses is outlined in the Analysis Considerations section, below (pp.13-17).

Waiver and Waiver Service Descriptions

Each HCBS Waiver has specific criteria and allows clients to access specific waiver services. Waiver services are specific services offered to clients enrolled in an HCBS Waiver and waiver services are frequently offered across multiple HCBS Waivers.

Descriptive information, by HCBS Waiver, includes:

- the purpose of the HCBS Waiver;
- the number of clients who received services;
- the total expenditures;
- a list of the HCBS Waiver's services under review;¹¹
- Waiver renewal date; and
- a density map, showing the distribution of clients receiving services and the location, by zip code, of providers delivering services.

Descriptive information, by waiver service, includes:

- a brief service definition;

¹⁰ California was used to compare bereavement counseling services because it is the only other state that offers this service, but was not included in the comparisons for other HCBS waivers or waiver services due to California operating under a managed care delivery system.

¹¹ For the CHCBS, CWA, CLLI, CES, CHRP, DD, and SLS Waivers, waiver services are listed in order of highest to lowest total paid amount. For the EBD, CMHS, BI, and SCI Waivers, common services are listed first, in order of highest to lowest total paid amount, and unique waiver services are listed second, from the highest to lowest total paid amount.

- the number of clients who utilized the waiver service;
- the total expenditures for that waiver service; and
- the average number of clients per provider.

Rate Comparison Analysis

The rate comparison analysis is based on FY 2015-16 claims data and contains a rate benchmark comparison, which describes (as a percentage) how Colorado Medicaid payments compare to other state Medicaid agency rates. This section also contains a fiscal impact estimate, which describes the estimated change in General Fund and total funds expenditures, had Colorado Medicaid rates been at 100% of the benchmark in FY 2015-16. Fiscal impact estimates are not recommendations to change a Colorado Medicaid rate; instead, these estimates highlight the impact of bringing Colorado Medicaid payments to approximately 100% of the benchmarks. For detailed rate benchmark comparison methodology and calculation information, refer to Appendix A.

Utilization and Access Analysis

The utilization and access analysis is based on FY 2014-15 and FY 2015-16 claims data. This section contains a table that shows the client count, provider count, units per client, and units per provider for each fiscal year in review, as well as the year-over-year change (i.e., from FY 2014-15 to FY 2015-16). This metric is labeled as “YoY Change”. The Department’s interpretations of these year-over-year changes are listed below the table in each waiver service. Further information is outlined in the Analysis Considerations section, below.

Summary

This section summarizes how Colorado Medicaid payments compared to benchmarks and restates whether an access issue was identified in the access analysis. This section also notes when the Department received stakeholder comment through the rate review process. A general summary of the types of stakeholder feedback the Department received through the rate review process is outlined in the Analysis Consideration section, below.

IV. Analysis Considerations

Analysis Considerations contain general explanations of the logic used in the rate comparison and access analyses and explain how information is presented in the pages that follow.

Waiver and Waiver Service Descriptions

For the purposes of this report, the Department presents HCBS Waivers in three groups:

- adult Long-Term Services and Supports (LTSS) Waivers (EBD, CMHS, BI, and SCI Waivers);
- children’s Waivers (CHCBS, CWA, CLLI, CES, and CHRP Waivers); and
- adult Intellectual and Developmental Disability (IDD) Waivers (DD and SLS Waivers).

This grouping allows for the Department to analyze the same waiver service, as defined by regulation, across HCBS Waivers that serve different populations. Specifically, this applies to waiver services that are common across adult LTSS Waivers, also referred to as “common adult LTSS Waiver services”. These common services are examined first in this report. For adult IDD Waivers and for children’s Waivers, services were reviewed separately, but, in instances where waiver services may be similar, it is noted in the report.

Similar to other broad categories of service examined in the rate review process, certain waiver services are excluded from the rate review process.¹² Services may be excluded when a cost based, negotiated, or allocation

¹² For more information regarding exclusions from the rate review process, see the [five year Medicaid Provider Rate Review Schedule](#).

methodology is used to determine payments, or when rate setting for the services is outside of the Department's authority. For a full list of excluded waiver services see Appendix A.

Many waiver services have limits in the amount of services available to clients. While limits are outside of the scope of these analyses, limits should be considered during recommendation development. A rate change, without an accompanying change to limits, may impact unit limitations.¹³

Rate Comparison Analysis

The Department conducted rate benchmark comparisons for each HCBS Waiver and waiver service under review. To create rate benchmark comparisons, the Department identified comparable waivers and eligible populations in other state Medicaid programs (for more information on state selection, see pp.10-11). After identifying waivers and eligible populations, a detailed review of each service was conducted to determine if the other state's service was comparable to Colorado's waiver service. If Colorado's waiver services were not identified in a similar waiver from another state, other waivers within that state were reviewed for comparability and used if applicable. If a comparable service was available across multiple waivers within a state, the simple average was used for comparison. This was done in order to increase the number of services in the comparison.

Assumptions were made in instances when the service rate unit was different from that of Colorado, or when tiered rates had to be compared to single rate. For example, if a comparator state had a day unit and Colorado had 15 minute units, assumptions were made to make these comparable. Or when Colorado has seven tiered rates and the comparator state had one rate for that service, the weighted average of Colorado's tiers was used. More information regarding assumptions can be found in Appendix A.

After comparable waiver services and corresponding rates were identified, the rate benchmark comparison involves four general steps:

1. Calculate the "Colorado Medicaid – Repriced Amount". This is done by applying current (FY 2016-17) Colorado Medicaid rates to the most recent and complete utilization data, obtained from FY 2015-16 claims data.¹⁴
2. Calculate the "Service Match Rate". This is done by calculating the percent of "Colorado Medicaid–Repriced Amount" that had a matching service in the other state.¹⁵
3. Calculate the "Comparator State Benchmark – Repriced Amount". This is done by applying the comparator states' rates (with any assumptions applied) to the same utilization data used above.
4. Calculate the "Rate Benchmark Comparison". This is done by dividing the "Colorado Medicaid – Repriced Amount", from step one, by the "Comparator Benchmark – Repriced Amount" from step two. This percent represents, in aggregate, how Colorado's estimated expenditures compare to the benchmark. Rate benchmark comparisons above 100% indicate that Colorado Medicaid payments, in aggregate, are higher than the comparator benchmark, while rate benchmark comparisons below 100% indicate that Colorado Medicaid payments, in aggregate, are lower than the comparator benchmark.

¹³ Information regarding waiver service limits is found in the fee schedule, and may be accessed via the Department's [Provider Rates & Fee Schedule](#) webpage, under the HCBS Rate Schedule tab.

¹⁴ Rate increases prior to July 1, 2017 are accounted for in this report. Rates for services may be accessed via the Department's [Provider Rates & Fee Schedule](#) webpage, under the HCBS Rate Schedule tab.

¹⁵ For example, if a state has a service match rate of 100%, all of Colorado Medicaid's repriced amount had a comparable service in the other state. If a state has a service match rate of 10%, a small portion Colorado's services were comparable to that state, and only 10% of Colorado's expenditures were used in the rate benchmark comparison for that state.

This information is aggregated at both the HCBS Waiver and waiver service and presented in the following table format:¹⁶

Service Rate Comparison	
Service Match Rate	This row shows the percent of “Colorado Medicaid- Repriced Amount” that had a matching service in each state
Estimated Total Funds FY 2015-16 Impact	This row shows the difference between “Comparator State Benchmark – Repriced Amount” and “Colorado Medicaid – Repriced Amount”. If Colorado had reimbursed at 100% of the comparator state benchmark, total funds expenditures would have increased (decreased) by the amount indicated in the table.
Estimated General Fund FY 2015-16 Impact	This row shows the difference between “Comparator State Benchmark – Repriced Amount” and “Colorado Medicaid – Repriced Amount”. If Colorado had reimbursed at 100% of the comparator state benchmark, the General Fund expenditures would have increased (decreased) by the amount indicated in the table.
Rate Benchmark Comparison	This row shows, as a percentage, how Colorado’s estimated expenditures compare to the benchmark. Rate benchmark comparisons above 100% indicate that Colorado Medicaid payments, in aggregate, are higher than the comparator benchmark, while rate benchmark comparisons below 100% indicate that Colorado Medicaid payments, in aggregate, are lower than the comparator benchmark.

Utilization and Access Analysis

The utilization and access analyses in this report are based on FY 2014-15 and FY 2015-16 claims data.¹⁷ Using this data, the Department calculated four access-related metrics, which serve as a proxy for client demand and provider supply for waiver services. Year-over-year changes (YoY Changes) allow the Department to evaluate if such changes are an indication of potential access issues.¹⁸ Although FY 2014-15 data may not indicate ideal utilization, it was used as a baseline for the purposes of this analysis. Due to limited statewide enrollment, it is difficult to conduct valid regional comparisons. As a result, YoY Changes in these metrics are reviewed at the state level.

For clients, the Department examined changes to client count and average units per client. Client counts provide context to interpret changes in the need of clients using each service. Client counts may increase or decrease due to:

- changing acuity levels;
- the elimination of waiting lists, and/or
- a change in the supply of providers available to render these services.

¹⁶ For most HCBS Waivers and waiver services, tables include rate benchmark comparisons for Connecticut, Ohio, Oklahoma, Utah, and Montana. However, when a state was not used for comparison, that state was removed from the table.

¹⁷ Unlike the 2017 Medicaid Provider Rate Review Analysis Report – Physician Services, Surgery, and Anesthesia, the access analysis in the HCBS Waivers report does not contain an Access to Care Index (ACI) and accompanying ACI scores. This is because the metrics used to create the ACI do not provide as much information relating to access to care for services that are only available to subsets of a population.

¹⁸ For consistent comparison, YoY Changes that were within 1% of 0 were considered as constant or no change.

The average units per client metric indicates if, on average, clients who utilized a service received the same, more, or less of the service. Average units per client may increase or decrease due to:

- changing acuity levels;
- increases in the number of providers or their capacity; and
- providers being unable to maintain the same level of service provision.

For providers, the Department considers changes in the provider count as well as average units per provider. Provider counts are based on active providers, not enrolled providers.¹⁹ Provider information is based on the billing provider, which could be an agency that employs multiple staff who render services. This is a data limitation, in that the Department doesn't necessarily know how many providers were rendering services and cannot measure true provider availability or capacity.

A metric that is often used in analysis of waiver services is the percent of authorized units a client utilized, where the authorized units act as a measure of the demand for services. Because prior authorization is required before receiving waiver services, and claims data provides information for what services are billed for, the Department should be able to calculate the percent of authorized services utilized. However, after the Department attempted to gather this data for every client for every waiver service under review, the data was determined to be unreliable. As a result, the Department could not use the percent of authorized services utilized in this analysis. The Department will improve processes so that this metric is available in future iterations of this report.

Because utilization information derived from claims data alone does not necessarily indicate if an access issue may be present, the Department does not make conclusions solely on the basis of this data. Rate comparison analysis and stakeholder feedback are also essential to understand whether access issues may exist. Furthermore, stakeholders indicated that this data would not necessarily indicate an access issue. Therefore, the rate information as well as stakeholder feedback are important information to determine if there could be access to care issues. The data presented here aids the Department in determining where to focus energy in its regular operations.

Stakeholder Feedback

Through the rate review process, the Department hosted two meetings where stakeholders could provide feedback regarding HCBS Waivers. During and after these meetings, the Department received feedback from providers, clients, families, and advocates, among others. Stakeholders shared factors they believe impact access and provided comment regarding how Colorado Medicaid payments impact these factors. Themes included:

- Rates are too low for providers to offer appropriate wages to qualified employees and rates do not grow fast enough to account for increases in cost of living and minimum wage. Stakeholders said low rates, and the corresponding low wages, can result in high turnover rates and the loss of qualified staff.
- Rates are too low for providers to cover overhead and administrative costs. Stakeholders said that, as a result, they may operate at a loss and are considering offering fewer services to Colorado Medicaid clients. Similarly, some stakeholders said that they would be willing to open additional facilities, and therefore provide more services, if rates were higher.
- Rates do not consider new and increased regulations at both the federal and state levels, which stakeholders expressed may require additional funding for compliance.
- Some rates do not consider that different clients require differing levels of care and may require higher staffing ratios. For example, aging populations or populations with unique needs (e.g., behavioral health

¹⁹ Active providers are providers that billed Medicaid for at least one service between July 1, 2014 and June 30, 2016.

needs) may require additional providers or may require services typically provided by higher skilled providers.

- Clients, and their families, are not able to find providers in a reasonable amount of time for the services they are authorized to receive through their service plan.
- Rates do not consider geographic differences. Stakeholders said some waiver services may necessitate higher rates to account for longer travel distances and lower client counts in rural areas.
- Waiver services, and their payments, are less costly than skilled nursing facilities and the emergency room. Some stakeholders suggested that, as a result, the Department should raise HCBS Waiver rates to reduce payments for potentially avoidable skilled nursing facility and/or emergency room utilization.

When the Department received feedback along these themes, specific to an HCBS Waiver or waiver service, the Department attempted to note this in footnotes. Written comments from stakeholders are located on the Department's MPRRAC website.²⁰

To understand the breadth of stakeholder-identified access issues, the Department needs statewide information, to rule out the possibility that observed issues are isolated to clients seeing a single provider or to clients in a specific region, and to understand if access issues are specific to Medicaid, or if access issues are present across all payer types. Such information may include:

- Employee wage information, to understand what amount of a rate is being passed on to an employee via wages.
- Itemized cost information, including overhead and administrative expenses, to understand what components stakeholders believe current rates do not cover. This information may also include additional costs associated with regulatory compliance.
- Surveys of clients, and their families, to gather more information, such as client satisfaction and time to be seen by a provider.
- Provider surveys, to gather more information, such as non-financial barriers to providing Medicaid services, time to be seen by a provider, and waiting lists.

The Department recognizes that clients often engage with the healthcare system through a variety of health care and waiver services. While examining a client's engagement with a variety of services provides more context vis-à-vis client access, the Department is limited to conducting rate comparison and access analyses to specific services, which may mask the full range of accessible services and access issues. In order to conduct these analyses, the Department must review waiver services in aggregate. Therefore, the results might not reflect every individual's experience of accessing these services.

²⁰ With permission from stakeholders, the Department posts stakeholder comment on the [MPRRAC website](#), except when comment contains protected health information. This report references written comments the Department received from February to March 2017; the Department will post additional written comments on the MPRRAC website as they are received.

V. HCBS Waivers and Waiver Services

Common LTSS Waiver Services

Personal Care

Personal care services are defined in 10 CCR 2505-10 section 8.489 as meeting the client's physical, maintenance and supportive needs through hands-on assistance or cueing to prompt the client to perform unskilled tasks (e.g., bathing, ambulation, exercises). Analyses in this section refer to personal care services available to clients enrolled in the EBD, CMHS, BI, and SCI Waivers; for personal care services available on the CES (pp.78-79) and SLS (pp.101-102) Waivers, refer to those sections. For the purposes of this report, personal care analyses in this section includes: personal care and personal care relative. In FY 2015-16, 12,863 clients used this service, with total expenditures of \$113,232,080, and, on average, providers delivered these services to 53 clients.

Rate Comparison Analysis

Colorado's personal care service rate is \$4.25 per 15 minutes. Colorado payments for personal care services range from 80.94% to 140.86% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS Personal Care Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$18,497,892	\$(14,573,611)	\$(11,991,380)	\$(35,041,933)	\$28,447,771
Estimated General Fund FY 2015-16 Impact	\$9,112,061	\$(7,178,961)	\$(5,906,954)	\$(17,261,656)	\$14,013,372
Rate Benchmark Comparison	86.72%	113.72%	111.02%	140.86%	80.94%

Utilization and Access Analysis

Utilization data, below, helps understand how personal care services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS Personal Care Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	12,466	12,863	3.18%
Provider Count	228	241	5.70%
Units per Client	2,204.62	2,201.44	-0.14%
Units per Provider	120,538.82	117,498.35	-2.52%

Client counts increased and units per client remained constant. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.94% to 140.86% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and between 75% and 100% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.²¹ Stakeholder feedback was similar to the general stakeholder feedback outlined above in the Stakeholder Feedback section (pp.16-17).

Alternative Care Facilities

Alternative Care Facility (ACF) services are defined in 10 CCR 2505-10 section 8.495 as providing an alternative residential option for eligible clients; services provided in an ACF include: personal care/homemaker services, protective oversight; and medication administration. This service rate does not incorporate room and board. ACF services are available to clients enrolled in the EBD and CMHS Waivers. In FY 2015-16, 4,751 clients used this service, with total expenditures of \$52,642,015, and, on average, providers delivered these services to 15 clients.

Rate Comparison Analysis

The ACF service rate is \$51.20 per day. Colorado payments for ACF services range from 27.12% to 89.52% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).²²

Adult LTSS ACF Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$6,218,377	\$23,048,742	\$12,739,763	\$24,412,330	\$142,690,968
Estimated General Fund FY 2015-16 Impact	\$3,063,173	\$11,353,811	\$6,275,607	\$12,025,513	\$70,289,571
Rate Benchmark Comparison	89.52%	69.73%	80.65%	68.50%	27.12%

Utilization and Access Analysis

Utilization data, below, helps understand how ACF services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

²¹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Home Care Association of Colorado.

²² Some other states reimburse for this service using a tiered rate structure, while others reimburse using a single rate. States use assessment tools to evaluate client's needs and, based on the result, they are assigned to the corresponding tier. Also, this service may be reimbursed monthly. To compare the Colorado's single daily rate to the other states, the weighted average was calculated in the presence of tiers or multiple waivers with the service. To convert the Connecticut's monthly rate to a daily unit, a 30 day month was assumed.

Adult LTSS ACF Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	4,814	4,751	-1.31%
Provider Count	314	320	1.91%
Units per Client	262.61	265.11	0.95%
Units per Provider	4,026.18	3,936.03	-2.24%

Fewer clients utilized this service, but on average received roughly the same number of units. Providers increased, and though they provided fewer units on average, this may indicate providers could accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 27.12% to 89.52% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in three states and below 75% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.²³ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

IHSS Health Maintenance

In-Home Support Services (IHSS) is a service delivery model that provides clients the ability to direct their care, including the hiring and scheduling of attendants. IHSS is available on certain HCBS Waivers for health maintenance, personal care, and homemaker services. IHSS health maintenance services are defined in 10 CCR 2505-10 section 8.552 to include routine and repetitive health-related tasks necessary for health and normal bodily functioning. Analyses in this section refer to IHSS health maintenance services available to clients enrolled in the EBD and SCI Waivers; for IHSS health maintenance services available to clients enrolled in the CHCBS Waiver (pp.50-51), refer to that section. In FY 2015-16, 1,587 clients used this service, with total expenditures of \$27,789,395, and, on average, providers delivered these services to 44 clients.

Rate Comparison Analysis

The IHSS health maintenance rate is \$7.27 per 15 minutes. Colorado payments for IHSS health maintenance range from 91.40% to 228.50% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

²³ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Brookdale Palmer Park, Accolade Living Centers, Kavod Senior Life, Golden Manner, LeadingAge Colorado, and Brookside Assisted Living.

Adult LTSS IHSS Health Maintenance Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$ 226,105	\$ 2,435,287	\$(15,699,216)	\$2,627,390	\$1,513,194
Estimated General Fund FY 2015-16 Impact	\$111,379	\$1,199,622	\$(7,733,433)	\$1,294,252	\$745,400
Rate Benchmark Comparison	99.20%	91.98%	228.50%	91.40%	94.86%

Utilization and Access Analysis

Utilization data, below, helps understand how IHSS Health Maintenance services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS IHSS Health Maintenance Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,131	1,587	40.32%
Provider Count	26	36	38.46%
Units per Client	3,907.91	3,436.85	-12.05%
Units per Provider	169,993.96	151,507.94	-10.87%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 91.40% to 228.50% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, and between 75% and 100% of the benchmark in four states. The results of the access analysis (see Access Analysis, above) are inconclusive.

Homemaker

Homemaker services are defined in 10 CCR 2505-10 section 8.490 and are provided in the client's home to maintain a healthy and safe home environment for the client (e.g., light housecleaning, meal preparation, laundry). Analyses in this section refer to homemaker services available to clients enrolled in the EBD, CMHS, and SCI Waivers; for homemaker services available to clients enrolled in the CES (pp.73-76) and SLS (pp.103-104 and p.106-107) Waivers, refer to those sections. In FY 2015-16, 7,751 clients used this service, with total expenditures of \$22,872,562, and, on average, providers delivered these services to 33 clients.

Rate Comparison Analysis

The service rate is \$4.25 per 15 minutes. Colorado payments for homemaker services range from 80.95% to 133.65% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$3,735,776	\$(2,950,272)	\$(6,149,613)	\$1,005,799	\$5,747,337
Estimated General Fund FY 2015-16 Impact	\$1,840,244	\$(1,453,305)	\$(3,029,299)	\$495,457	\$2,831,138
Rate Benchmark Comparison	86.73%	113.74%	133.65%	96.05%	80.95%

Utilization and Access Analysis

Utilization data, below, helps understand how homemaker services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	7,402	7,751	4.71%
Provider Count	220	235	6.82%
Units per Client	729.78	738.34	1.17%
Units per Provider	24,553.70	24,352.82	-0.82%

Both client counts and units per client increased, with additional providers also providing roughly the same number of units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.95% to 133.74% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states, and between 75% and 100% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.²⁴ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Adult Day

Adult day services are defined in 10 CCR 2505-10 section 8.491 and 10 CCR 2505-10 section 8.515.70 and are provided in a community-based setting and encompass both health and social services needed to ensure the optimal functioning of the client.²⁵ Analyses in this section refer to adult day services available to clients enrolled

²⁴ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Home Care Association of Colorado.

²⁵ Basic adult day services include basic social and health services, while specialized adult day services provide intensive health supportive services for clients with a specific diagnosis requiring extensive rehabilitative therapies.

in the EBD, CMHS, SCI, and BI Waivers. For the purposes of this report, Adult Day services include basic, specialized, and BI adult day. In FY 2015-16, 2,665 clients used this service, with total expenditures of \$15,135,628, and, on average, providers delivered these services to 37 clients.

Rate Comparison Analysis

The service rate for adult day services ranges from \$24.18 (basic adult day) to \$30.88 (specialized adult day) per half day and \$50.91 (for the BI Waiver) per day.²⁶ Colorado payments for adult day services range from 58.00% to 88.25% of the benchmarks.²⁷ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS Adult Day Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$11,071,392	\$2,035,535	6,438,222	\$5,615,935	\$9,379,039
Estimated General Fund FY 2015-16 Impact	\$5,453,767	\$1,002,704	\$3,171,469	\$2,766,410	\$4,620,114
Rate Benchmark Comparison	58.00%	88.25%	70.37%	73.14%	61.98%

Utilization and Access Analysis

Utilization data, below, helps understand how adult day services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS Adult Day Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	2,573	2,665	3.58%
Provider Count	72	72	0.00%
Units per Client	211.24	211.60	0.17%
Units per Provider	7,549.07	7,832.31	3.75%

The number of clients increased and the average units per client remained constant. While the number of providers did not change, the average units per provider increased, which may indicate providers could accommodate the increase in clients. This data alone does not show evidence of an access issue.

²⁶ The adult day service rate is higher for BI Waivers because a skilled nurse is required to be on the premise.

²⁷ Other states reimburse for adult day service based on a per day or per 15 minute rate. Colorado's rates are defined on a per half day or per day unit. The necessary transformations were completed to compare with the Colorado half or full-day equivalent.

Summary

Payments range from 58.00% to 88.25% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in two states, below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.²⁸ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Non-Medical Transportation (NMT)

Non-medical transportation (NMT) is defined in 10 CCR 2505-10 section 8.494 as providing clients access to non-medical community services and resources, and can include trips required by the care plan to prevent institutionalization (e.g., to and from adult day services). Analyses in this section refer to NMT available to clients enrolled in the EBD, CMHS, BI, and SCI Waivers; for NMT available on the DD (pp.89-90) and SLS (pp.100-101) Waivers, refer to those sections. For the purposes of this report, NMT analyses in this section include all mileage bands for mobility vans and wheelchair vans. In FY 2015-16, 4,796 clients used this service, with total expenditures of \$6,198,634, and, on average, providers delivered these services to 56 clients.

Rate Comparison Analysis

This service has three tiered rates for mobility van and three tiered rates for wheelchair van based on mileage bands. The rates range from \$8.34 to \$25.21 per trip. Colorado payments for NMT range from 46.11% to 201.86% of the benchmarks.²⁹ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

²⁸ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received public comment from Greeley Center for Independence, Brian Injury Services, LeadingAge Colorado, Seniors' Resource Center, Rocky Mountain MS Center, a parent, and Easterseals Colorado.

²⁹ When other states did not include a similar mileage band definition as Colorado, the rate unit was translated to a per-mile unit and transformed into the equivalent bands for comparison. Information about other general assumptions is found in Appendix A.

Adult LTSS NMT Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$7,432,837	\$2,555,782	\$(1,711,989)	\$(3,209,261)	\$421,233
Estimated General Fund FY 2015-16 Impact	\$3,661,416	\$1,258,978	\$(843,326)	\$(1,580,882)	\$207,499
Rate Benchmark Comparison	46.11%	71.33%	136.83%	201.86%	93.79%

Utilization and Access Analysis

Utilization data, below, helps understand how NMT was accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS NMT Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	4,371	4,796	9.72%
Provider Count	94	86	-8.51%
Units per Client	144.73	139.80	-3.41%
Units per Provider	6,730.09	7,796.09	15.84%

More clients utilized the service, but received, on average, fewer units. Though units per provider increased, there were fewer providers; it is difficult to draw conclusions from differing client and provider trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 46.11% and 201.86% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states, between 75% and 100% of the benchmark in one state, and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) are inconclusive.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.³⁰ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

IHSS Personal Care

IHSS is a service delivery model that provides clients the ability to direct their care, including the hiring and scheduling of attendants. IHSS is available on certain HCBS Waivers for health maintenance, personal care, and homemaker services. IHSS personal care services are defined in 10 CCR 2505-10 section 8.552 as meeting the client's physical, maintenance, and supportive needs through hands-on assistance or cueing to prompt the client to perform unskilled tasks (e.g., bathing, ambulation, exercises). IHSS personal care services are available to clients

³⁰ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Colorado Cross-Disability Coalition, a parent, and the Rocky Mountain MS Center.

enrolled in the EBD and SCI Waivers. For the purposes of this report, IHSS personal care services in this section include: IHSS personal care and IHSS relative personal care. In FY 2015-16, 919 clients used this service, with total expenditures of \$4,486,793, and, on average, providers delivered these services to 17 clients.

Rate Comparison Analysis

The service rate is \$4.25 per 15 minutes. Colorado payments for IHSS personal care services range from 80.95% to 140.88% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS IHSS Personal Care Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$725,890	\$(573,260)	\$(471,822)	\$(1,377,319)	\$1,116,752
Estimated General Fund FY 2015-16 Impact	\$357,573	\$(282,387)	\$(232,419)	\$(678,467)	\$550,113
Rate Benchmark Comparison	86.73%	113.74%	111.04%	140.88%	80.95%

Utilization and Access Analysis

Utilization data, below, helps understand how IHSS personal care services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS IHSS Personal Care Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	560	919	64.11%
Provider Count	46	53	15.22%
Units per Client	1,191.44	1,210.73	1.62%
Units per Provider	14,504.50	20,993.58	44.74%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.95% to 140.88% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states, and between 75% and 100% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined in above in personal care (pp.17-18).

IHSS Homemaker

IHSS is a service delivery model that provides clients the ability to direct their care, including the hiring and scheduling of attendants. IHSS is available on certain HCBS Waivers for health maintenance, personal care, and homemaker services. IHSS homemaker services are defined in 10 CCR 2505-10 section 8.552 as services provided to an eligible client in their home to maintain a healthy and safe environment for the client (e.g., light housecleaning, meal preparation, laundry). IHSS homemaker services are available to clients enrolled in the EBD and SCI Waivers. In FY 2015-16, 421 clients used this service, with total expenditures of \$1,582,682, and, on average, providers delivered these services to 9 clients.

Rate Comparison Analysis

The service rate is \$4.25 per 15 minutes. Colorado payments for IHSS homemaker services range from 80.95% to 133.65% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS IHSS Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$256,448	\$(202,526)	\$(422,150)	\$69,045	\$394,535
Estimated General Fund FY 2015-16 Impact	\$126,326	\$(99,764)	\$(207,951)	\$34,012	\$194,348
Rate Benchmark Comparison	86.73%	113.74%	133.65%	96.05%	80.95%

Utilization and Access Analysis

Utilization data, below, helps understand how IHSS Homemaker services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	290	421	45.17%
Provider Count	43	49	13.95%
Units per Client	871.11	933.39	7.15%
Units per Provider	5,874.93	8,019.57	36.50%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.95% to 133.65% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states, and between 75% and 100% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined in above in homemaker services (pp.21-22).

Nursing Facility Respite

Respite services are defined in 10 CCR 2505-10 section 8.492 and provided to clients on a short-term basis because of the absence or need for relief of those persons normally providing care. This section concerns respite services offered in a nursing facility. Services are provided for no more than 30 days per calendar year. Analyses in this section refer to nursing facility respite services available to clients enrolled on the EBD, CMHS, SCI, and BI Waivers. For other types of respite available for individuals on adult LTSS Waivers, see in-home respite (pp.29-30) and ACF respite (pp.30-31). For respite services available on the CLLI (pp.60-61), CES (pp.70-71), CHRP (p.83), and SLS (pp.99-100) Waivers, refer to those sections. In FY 2015-16, 349 clients used this service, with total expenditures of \$730,321, and, on average, providers delivered these services to 4 clients.

Rate Comparison Analysis

The service rate is \$120.30 per day under the BI Waiver, and \$127.14 per day under the EBD, CHMS, and SCI Waivers. Colorado payments for Nursing Facility respite services range from 47.51% to 101.30% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS Nursing Facility Respite Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$834,027	\$410,590	\$200,061	\$(9,676)	\$246,312
Estimated General Fund FY 2015-16 Impact	\$410,841	\$202,257	\$98,550	\$(4,767)	\$121,333
Rate Benchmark Comparison	47.51%	64.77%	79.05%	101.30%	75.40%

Utilization and Access Analysis

Utilization data, below, helps understand how nursing facility respite services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS Nursing Facility Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	321	349	8.72%
Provider Count	87	84	-3.45%
Units per Client	16.66	16.86	1.21%
Units per Provider	61.47	70.06	13.97%

Both client counts and units per client increased. Though there were fewer providers, increased units per provider indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 47.51% to 101.30% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmark in two states, and below 75% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined below in in-home respite (p.30).

In-Home Respite

Respite services are defined in 10 CCR 2505-10 section 8.492 and are provided to clients on a short-term basis because of the absence or need for relief of those persons normally providing care. This section concerns respite services offered in a client's home. Services are provided for no more than 30 days per calendar year. Analyses in this section refer to in-home respite services available to clients on the EBD, BI, and SCI Waivers. For other types of respite available for individuals on adult LTSS Waivers, see nursing facility respite (pp.28-29) and ACF respite (pp.30-31). For respite services available on the CLLI (pp.60-61), CES (pp.70-71), CHRP (p.83), and SLS (pp.99-100) Waivers refer to those sections. In FY 2015-16, 82 clients used this service, with total expenditures of \$109,946, and, on average, providers delivered these services to 2 clients.

Rate Comparison Analysis

The service rate is \$4.87 per 15 minutes. Colorado payments for In-Home respite services range from 101.81% to 177.74% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS In-Home Respite Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(2,543)	\$(62,521)	\$(30,600)	\$(34,930)	\$(15,850)
Estimated General Fund FY 2015-16 Impact	\$(1,252)	\$(30,797)	\$(15,074)	\$(17,206)	\$(7,807)
Rate Benchmark Comparison	101.81%	177.74%	127.24%	132.34%	112.47%

Utilization and Access Analysis

Utilization data, below, helps understand how in-home respite services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS In-Home Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	69	82	18.84%
Provider Count	35	48	37.14%
Units per Client	335.94	355.33	5.77%
Units per Provider	662.29	607.02	-8.34%

Both client counts and units per client increased. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 101.81% to 177.74% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in five states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.³¹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

ACF Respite

Respite services are defined in 10 CCR 2505-10 section 8.492 and are provided to clients on a short-term basis because of the absence or need for relief of those persons normally providing care. This section concerns respite services offered in an ACF. Services are provided for no more than 30 days per calendar year. Analyses in this section refer to ACF respite services available to clients enrolled in the EBD and CMHS Waivers. For other types of respite available for individuals on adult LTSS Waivers, see nursing facility respite (pp.28-29) and in-home respite (pp.29-30). For respite services available on the CLI (pp.60-61), CES (pp.70-71), CHRP (p.83), and SLS (pp.99-100)

³¹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Rocky Mountain MS Center, the Bell Policy Center, and Easterseals Colorado.

Waivers refer to those sections. In FY 2015-16, 71 clients used this service, with total expenditures of \$88,721, and, on average, providers delivered these services to 2 clients.

Rate Comparison Analysis

The service rate is \$57.01 per day. Colorado payments for Alternative Care Facility Respite services range from 21.32% to 33.84% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with three states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Adult LTSS ACF Respite Payment Comparison			
	CT	OH	MT
Service Match Rate	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$336,045	\$222,255	\$178,108
Estimated General Fund FY 2015-16 Impact	\$165,536	\$109,483	\$87,736
Rate Benchmark Comparison	21.32%	29.07%	33.84%

Utilization and Access Analysis

Utilization data, below, helps understand how ACF respite services were accessed. For utilization data for this service by HCBS Waiver, see Appendix B.

Adult LTSS ACF Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	60	71	18.33%
Provider Count	29	31	6.90%
Units per Client	22.37	22.18	-0.82%
Units per Provider	46.28	50.81	9.79%

Client counts increased and units per client remained constant, with additional providers providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 21.32% to 33.84% of the rate comparison benchmarks. Colorado payments were below 75% of the benchmark in three states and no comparable rates were in the other states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in in-home respite (p.30).

Consumer Directed Attendant Support Services

Consumer Directed Attendant Support Services (CDASS) is a service delivery model that provides either the client or authorized representative the ability to select, train, supervise, and dismiss attendants, set wages for attendants, manage an annual allocation and determine when the client will receive services. CDASS is defined under 10 CCR 2505-10 section 8.510 and it is available on certain HCBS Waivers for health maintenance, personal care, and homemaker services. Suggested payment rates for services under CDASS are publicly available.

Because CDASS is a service delivery model, the Department conducted a modified analysis of a rate-to-rate comparison. Explanation regarding why this was done and results are available in Appendix C.

Through the rate review process, the Department received stakeholder feedback, specific to this delivery option for personal care and homemaker waiver services, that CDASS rates should be aligned with agency-based personal care and homemaker service rates and that client access and provider retention issues may exist.³² Stakeholder feedback was similar to the general stakeholder feedback outlined above in the Stakeholder Feedback section (pp.16-17).

HCBS Waiver for Persons Who are Elderly, Blind, and Disabled (EBD Waiver)

This HCBS Waiver provides a home or community based alternative to nursing facility care for persons who are elderly, blind, and disabled aged 18 and older. In FY 2015-16, 26,533 clients received services on the EBD Waiver, with total expenditures of \$323,874,666.

The EBD Waiver services under review, all of which are included in the common LTSS services outlined above, listed in order of highest FY 2015-16 expenditures are:

1. Personal Care
2. Alternative Care Facilities
3. In-Home Support Services – Health Maintenance
4. Homemaker
5. Adult Day
6. Non-Medical Transportation
7. In-Home Support Services – Personal Care
8. In-Home Support Services – Homemaker
9. Nursing Facility Respite
10. In-home Respite
11. ACF Respite
12. Consumer Directed Attendant Support Services

This HCBS Waiver was last renewed in FY 2013-14.

The density map below depicts the distribution of clients receiving services through the EBD Waiver across the state (Figure 1). Counties with higher client counts are shown in darker blue, while counties with relatively fewer

³² The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Colorado Cross-Disability Coalition.

clients are shown in lighter blue. Triangles on the map represent the location of EBD Waiver service providers by the zip code of their billing location.

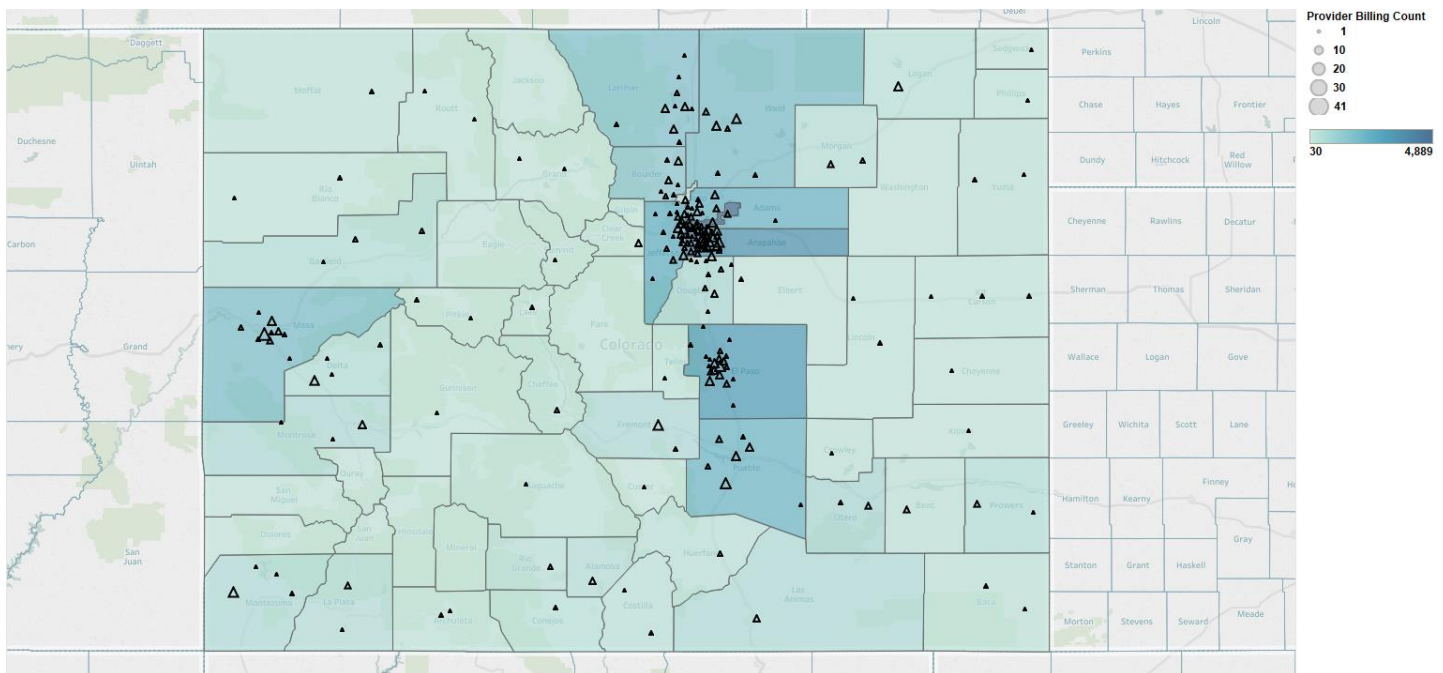


Figure 1 - EBD Waiver client density and provider billing location map.

Aggregate EBD Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the EBD Waiver range from 62.16% to 110.12% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

EBD Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$37,332,137	\$4,775,573	\$(20,407,215)	\$(13,097,063)	\$135,253,745
Estimated General Fund FY 2015-16 Impact	\$18,367,411	\$2,349,582	\$(10,040,350)	\$(6,443,755)	\$66,544,843
Rate Benchmark Comparison	85.61%	97.90%	110.12%	106.27%	62.16%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the EBD Waiver was accessed.

EBD Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	20,719	21,374	3.16%
Provider Count	732	741	1.23%
Units per Client	1,759.89	1,822.79	3.57%
Units per Provider	49,812.96	52,577.95	5.55%

Both client counts and units per client increased, with additional providers also providing more units on average. For utilization data for each service in the EBD Waiver, refer to those sections.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and waiver services available to enrolled clients, that client access and provider retention issues may exist.³³ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

HCBS Waiver for Community Mental Health Supports (CMHS Waiver)

This HCBS Waiver provides a home or community based alternative to nursing facility care for persons experiencing severe and persistent mental health needs aged 18 and older. In FY 2015-16, 3,782 clients received services on the CMHS Waiver, with total expenditures of \$35,581,012.

The CMHS Waiver services under review, all of which are included in the common LTSS services outlined above, listed in order of highest FY 2015-16 expenditures are:

1. Personal Care
2. Alternative Care Facilities
3. Homemaker
4. Adult Day
5. Non-Medical Transportation
6. Nursing Facility Respite
7. ACF Respite
8. Consumer Directed Attendant Support Services

This HCBS Waiver was last renewed in FY 2012-13.

The density map below depicts the distribution of clients receiving services through the CMHS Waiver across the state (Figure 2). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map represent the location of CMHS Waiver service providers by the zip code of their billing location.

³³ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Kavod Senior Life, Golden Manor, two parents, the Home Care Association of Colorado, Seniors' Resource Center, the Rocky Mountain MS Center, Colorado Cross-Disability Coalition, Easterseals Colorado, the Bell Policy Center, and Brookside Assisted Living.

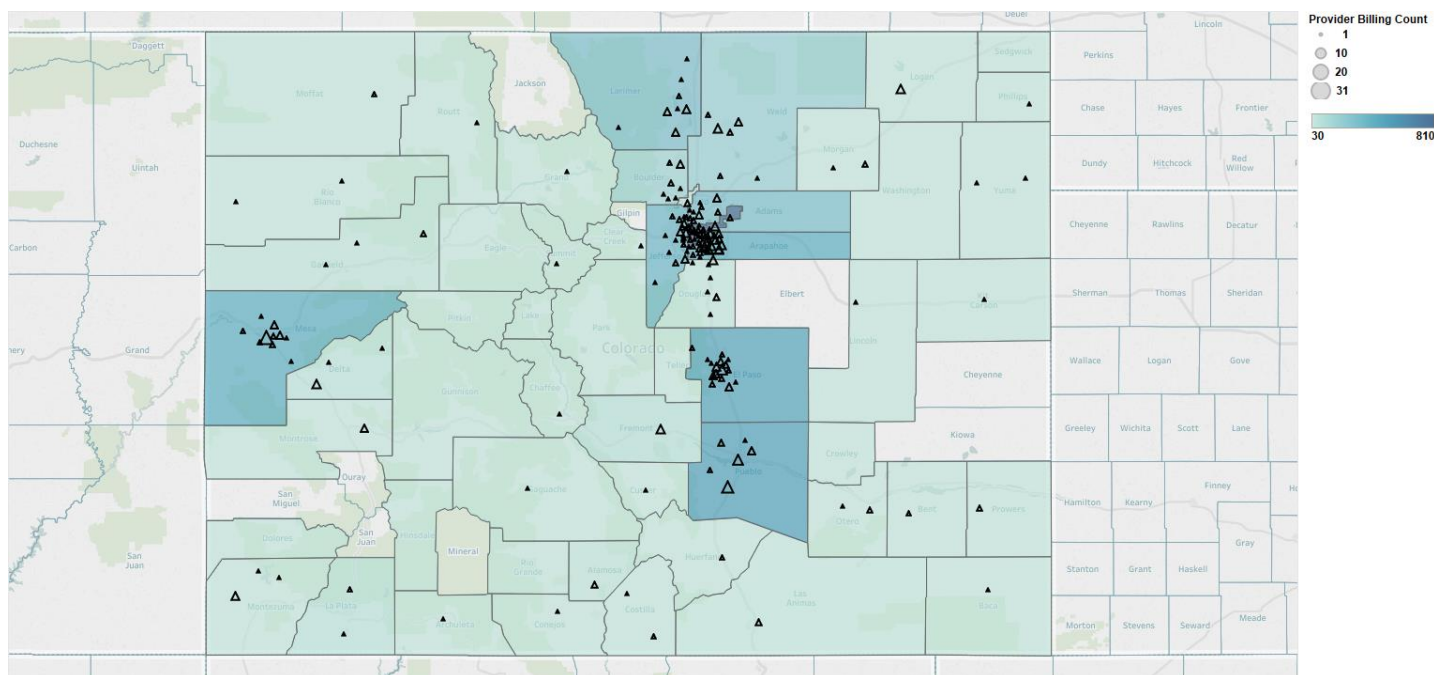


Figure 2 - CMHS Waiver client density and provider billing location map.

Aggregate CMHS Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments the CMHS Waiver range from 36.70% to 90.09% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CMHS Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	99.92%	99.92%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$11,629,738	\$7,643,140	\$3,474,833	\$7,354,694	\$54,522,054
Estimated General Fund FY 2015-16 Impact	\$5,761,372	\$3,786,412	\$1,721,432	\$3,643,515	\$27,010,226
Rate Benchmark Comparison	73.10%	80.53%	90.09%	81.11%	36.70%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CMHS Waiver was accessed.

CMHS Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	3,153	3,302	4.73%
Provider Count	472	494	4.66%
Units per Client	782.75	773.07	-1.24%
Units per Provider	5,228.82	5,167.35	-1.18%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. For utilization data for each service in the CMHS Waiver, refer to those sections.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.³⁴ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

HCBS Waiver for Persons with Brain Injury (BI Waiver)

This HCBS Waiver provides a home or community based alternative to hospital or specialized nursing facility care for persons with a brain injury aged 16 and older. In FY 2015-16, 402 clients received services on the BI Waiver, with total expenditures of \$18,945,668.

The BI Waiver services under review, some of which are included in the common services outlined above, and some of which are unique to the BI Waiver and outlined below, listed in order of highest FY 2015-16 expenditures are:

1. Personal Care
2. Adult Day
3. Non-Medical Transportation
4. Nursing Facility Respite
5. In-Home Respite
6. Supported Living Program
7. Independent Living Skills Training
8. Day Treatment
9. Behavioral Services (Behavioral Programming and Mental Health Counseling)
10. Substance Abuse Counseling
11. Transitional Living Program
12. Consumer Directed Attendant Support Services

This HCBS Waiver was last renewed in FY 2013-14.

The density map below depicts the distribution of clients receiving services through the BI Waiver across the state (Figure 3). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients

³⁴ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Argus Home Health Care and The Rocky Mountain MS Center.

are shown in lighter blue. Triangles on the map represent the location of BI Waiver service providers by the zip code of their billing location.

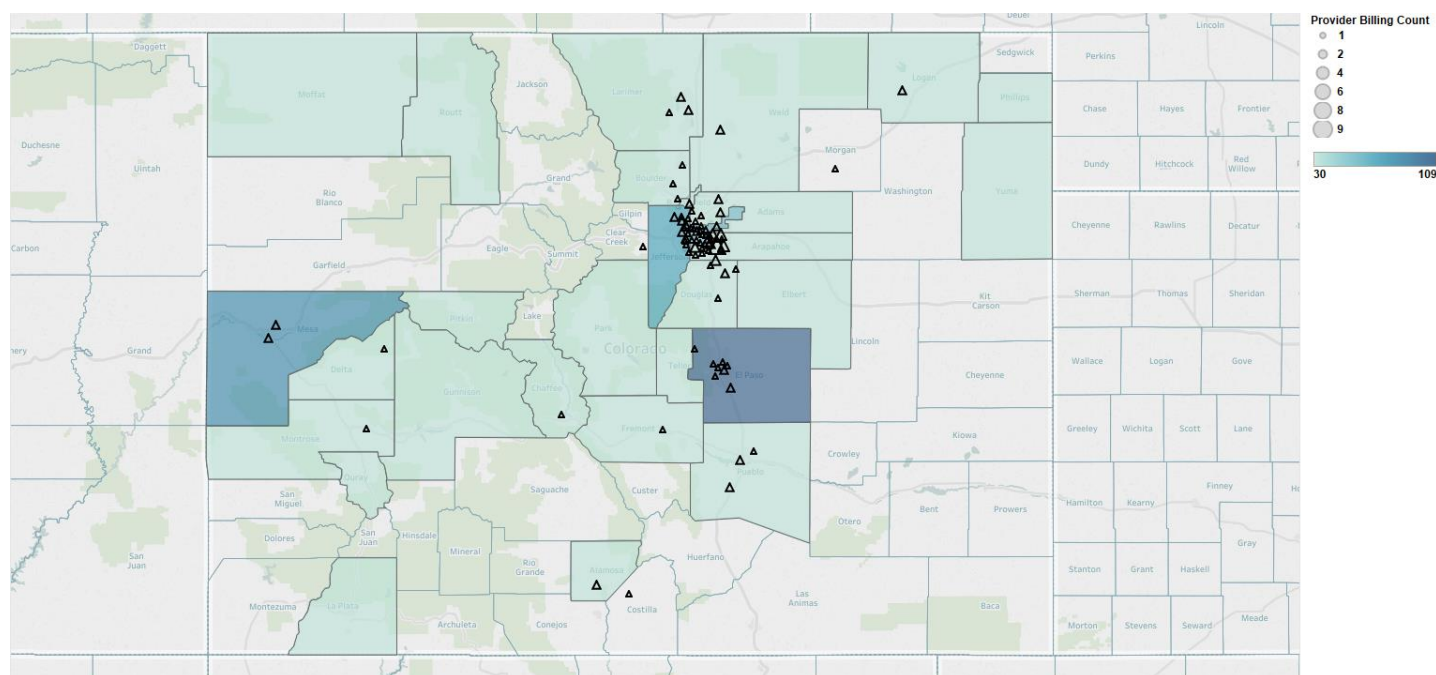


Figure 3 - BI Waiver client density and provider billing location map.

Aggregate BI Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the BI Waiver range from 100.12% to 139.87% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

BI Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	99.72%	6.19%	9.89%	85.12%	85.15%
Estimated Total Funds FY 2015-16 Impact	\$(4,619,791)	\$(50,073)	\$(1,912)	\$(3,563,467)	\$(573,890)
Estimated General Fund FY 2015-16 Impact	\$(2,296,498)	\$(24,891)	\$(950)	\$(1,771,400)	\$(285,280)
Rate Benchmark Comparison	139.87%	105.24%	100.12%	134.70%	104.33%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the BI Waiver was accessed.

BI Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	343	358	4.37%
Provider Count	74	85	14.86%
Units per Client	854.19	855.28	0.13%
Units per Provider	3,959.28	3,602.24	-9.02%

Both client counts and units per client increased. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. For utilization data for each service in the BI Waiver, refer to those sections.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.³⁵ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Supported Living Program

Supported Living Program (SLP) is defined in 10 CCR 2505-10 section 8.515.2 as a specialized program designed for clients whose independence can be maximized in the community by the provision of 24-hour supervision, structure, and supportive services (e.g., assessment, training, and supervision of self-care, behavioral management, household management). In FY 2015-16, 168 clients used this service, with total expenditures of \$12,943,429, and, on average, providers delivered these services to 17 clients.

Rate Comparison Analysis

The rate for this waiver service ranges from \$210.64 to \$286.81 per day.³⁶ Colorado payments for Supported Living Program services range from 107.11% to 185.81% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with three states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

³⁵ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Greeley Center for Independence Brain Injury Services, the Rocky Mountain MS Center, and Argus Home Health Care.

³⁶ Provider specific per diem rates are set by the Department using acuity levels of client population.

Supported Living Program Payment Comparison			
	CT	UT	MT
Service Match Rate	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(5,900,238)	\$(3,413,445)	\$(848,626)
Estimated General Fund FY 2015-16 Impact	\$(2,933,009)	\$(1,696,824)	\$(421,852)
Rate Benchmark Comparison	185.81%	136.46%	107.11%

Utilization and Access Analysis

Utilization data, below, helps understand how supported living program services were accessed.

Supported Living Program Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	164	168	2.44%
Provider Count	7	10	42.86%
Units per Client	299.97	317.46	5.83%
Units per Provider	7,027.86	5,333.30	-24.11%

Both client counts and units per client increased. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 107.11% to 185.81% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in all three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue. Stakeholders did not provide feedback regarding potential access issues for this service through the rate review process.

Independent Living Skills Training

Independent Living Skills Training (ILST) are defined in 10 CCR 2505-10 section 8.516.10 and are services to assist with the development and maintenance of the client's ability to sustain himself/herself physically, emotionally, and economically in the community (e.g., communication skill building, medication supervision, benefits and resource coordination). In FY 2015-16, 131 clients used this service, with total expenditures of \$1,812,464, and, on average, providers delivered these services to 19 clients.

Rate Comparison Analysis

The service rate is \$26.14 per hour. Colorado payments for ILST services are 71.69% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Independent Living Skills Training Payment Comparison	
	CT
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$718,252
Estimated General Fund FY 2015-16 Impact	\$357,044
Rate Benchmark Comparison	71.69%

Utilization and Access Analysis

Utilization data, below, helps understand how independent living skills training services were accessed.

Independent Living Skills Training Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	138	131	-5.07%
Provider Count	6	7	16.67%
Units per Client	486.24	529.38	8.87%
Units per Provider	11,183.50	9,907.00	-11.41%

Fewer clients utilized this service, but on average received more units. Providers increased, and though they provided fewer units on average this could indicate they were able to accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Payments were 71.69% of the rate comparison benchmark. Colorado payments below 75% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.³⁷ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Day Treatment

Day treatment services are defined in 10 CCR 2505-10 section 8.515.80 and provide clients with intensive therapeutic services, scheduled on a regular basis, to support the ongoing development of community living skills (e.g., vocational counseling, nursing, social skills training). In FY 2015-16, 47 clients used this service, with total expenditures of \$549,398, and, on average, providers delivered these services to 47 clients.

³⁷ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Argus Home Health Care.

Rate Comparison Analysis

The waiver service rate is \$80.77 per day. Colorado payments for Day Treatment services range between 87.32% and 106.14% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Day Treatment Payment Comparison		
	CT	OK
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$79,938	\$(31,843)
Estimated General Fund FY 2015-16 Impact	\$39,737	\$(15,829)
Rate Benchmark Comparison	87.32%	106.14%

Utilization and Access Analysis

Utilization data, below, helps understand how day treatment services were accessed.

Day Treatment Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	46	47	2.17%
Provider Count	1	1	0.00%
Units per Client	150.17	144.72	-3.63%
Units per Provider	6,908.00	6,802.00	-1.53%

One additional client utilized the service, but received, on average, fewer units. There was one provider who provided fewer units on average. This may indicate an access issue.

Summary

Payments range from 87.32% to 106.14% of the rate comparison benchmarks in two states. The results of the access analysis (see Access Analysis, above) may indicate an access issue.

Behavioral Services

Behavioral services are defined in 10 CCR 2505-10 section 8.516.50 and include both mental health planning services and behavioral programming. Mental health counseling services are individualized to assist the client and their support systems to effectively manage and overcome the difficulties and stresses confronted by people with brain injuries. Behavioral programming individualized interventions services are defined in 10 CCR 2505-10 section 8.516.40 and are designed to decrease or modify the client's behaviors which, if not managed, will interfere with the client's ability to remain integrated in the community. Analyses in this section refer to behavioral services available to clients enrolled in the BI Waiver; for behavioral services available to clients enrolled on the CWA (pp.53-54, referred to as behavioral therapies), CES (pp.68-69), CHRP (pp.82-83), DD (pp.90-91), and SLS (pp.108-

109) Waivers, refer to those sections. For the purposes of this report, behavioral services analyses in this section include: three levels of mental health counseling and behavioral programming. In FY 2015-16, 54 clients used this service, with total expenditures of \$50,457, and, on average, providers delivered these services to 18 clients.

Rate Comparison Analysis

The service rate is \$14.36 per 30 minutes. Colorado payments for behavioral services range from 23.95% to 85.18% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Services Payment Comparison				
	CT	OK	UT	MT
Service Match Rate	79.16%	79.16%	79.16%	79.16%
Estimated Total Funds FY 2015-16 Impact	\$161,032	\$35,056	\$21,484	\$8,822
Estimated General Fund FY 2015-16 Impact	\$80,049	\$17,426	\$10,680	\$4,385
Rate Benchmark Comparison	23.95%	59.13%	70.25%	85.18%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral services were accessed.

Behavioral Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	51	54	5.88%
Provider Count	2	3	50.00%
Units per Client	85.39	93.61	9.62%
Units per Provider	2,177.50	1,685.00	-22.62%

Both client counts and units per client increased. Though units per provider decreased, the increase of one provider indicates that, on average, providers might have been able to accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 23.95% to 85.18% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Substance Abuse Counseling

Substance abuse counseling services are defined in 10 CCR 2505-10 section 8.516.60 and are individualized interventions to reduce or eliminate the use of alcohol and/or drugs by clients, which, if not effectively dealt with, may interfere with the client's ability to remain integrated in the community. For the purposes of this report, substance abuse counseling includes: family, individual, and group substance abuse counseling. These services are

also available to clients through Behavioral Health Organizations.³⁸ To protect protected health information (PHI), the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

The waiver service rate ranges from \$33.28 to \$59.41 per hour. Colorado payments for substance abuse services range from 66.55% to 72.46% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Substance Abuse Counseling		
	CT	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$2,312	\$1,748
Estimated General Fund FY 2015-16 Impact	\$1,149	\$868
Rate Benchmark Comparison	66.55%	72.46%

Utilization and Access Analysis

Utilization data, below, helps understand how substance abuse counseling services were accessed.

Substance Abuse Counseling Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Constant
Provider Count	1	1	0.00%
Units per Client	PHI	PHI	Decrease
Units per Provider	216.00	138.00	-36.11%

The same number of clients utilized the service, but received, on average, fewer units. There was one provider, who, on average, provided fewer units, which may indicate a potential access issue. This data alone does not show evidence of an access issue.

Summary

Payments range from 66.55% to 72.46% of the rate comparison benchmarks. Colorado payments were below 75% of the benchmark in both comparator states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue. Stakeholders did not provide feedback regarding potential access issues for this service through the rate review process.

³⁸ For more information about the Behavioral Health Organizations see the [Department's website](#).

Transitional Living Program

Transitional living services, sometimes referred to as transitional living program (TLP) services, are defined in 10 CCR 2505-10 section 8.516.30 and provided to clients in a residential setting and are designed to improve the client's ability to live in the community by provision of 24-hour services, supports and supervision (e.g., medication management, communication skills, socialization). This service intended to help clients who were recently injured transition to a home- and community-based setting and is therefore limited to six months or less. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

The waiver service rate ranges from \$348.83 to \$452.69 per day. The Department was unable to find a comparable rate for this service in other states.

There is one provider for this service, who provides services to a limited number of Colorado Medicaid clients at a time. The Department continues to monitor utilization for potential access and provider retention issues. During provider outreach and recruitment efforts, the Department has heard that other providers would enroll as TLP providers if TLP rates were higher.

HCBS Waiver for Persons with Spinal Cord Injury (SCI Waiver)

This HCBS Waiver provides a home or community based alternative to nursing facility care for persons with a spinal cord injury aged 18 or older. In FY 2015-16, 60 clients received services on the SCI Waiver, with total expenditures of \$1,741,407.

The SCI Waiver services under review, some of which are included in the common services outlined above, and some of which are unique to the SCI Waiver and outlined below, listed in order of highest FY 2015-16 expenditures are:

1. Personal Care
2. In-Home Support Services – Health Maintenance
3. Homemaker
4. Adult Day
5. Non-Medical Transportation
6. In-Home Support Services – Personal Care
7. In-Home Support Services – Homemaker
8. Nursing Facility Respite
9. In-Home Respite
10. ACF Respite
11. Acupuncture
12. Massage Therapy
13. Chiropractic
14. Consumer Directed Attendant Support Services

This HCBS Waiver was last renewed in FY 2015-16. Participation in SCI Waiver is limited to clients living in Adams, Arapahoe, Boulder, Denver, Douglas, and Jefferson Counties. A density map showing provider and client locations is not shown to protect PHI.

Aggregate SCI Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the SCI Waiver range from 86.52% to 145.96% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

SCI Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	83.91%	83.91%	83.91%	90.37%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$51,457	\$(22,640)	\$(161,218)	\$56,562	\$95,103
Estimated General Fund FY 2015-16 Impact	\$25,574	\$(11,252)	\$(80,125)	\$28,111	\$47,266
Rate Benchmark Comparison	90.87%	104.63%	145.96%	90.70%	86.52%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the SCI Waiver was accessed .

SCI Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	54	44	-18.52%
Provider Count	29	28	-3.45%
Units per Client	1,391.87	2,062.05	48.15%
Units per Provider	2,591.76	3,240.36	25.03%

Fewer clients utilized this service, but on average received more units. Similarly, fewer providers provided this service, but on average provided more units. For utilization data for each service in the SCI Waiver, refer to those sections.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS waiver, and services available to enrolled clients, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Acupuncture

Acupuncture services are defined in 10 CCR 2505-10 section 8.517.11 as providing clients with beneficial physiologic and/or psychological changes. In FY 2015-16, 32 clients used this service, with total expenditures of \$40,234, and, on average, providers delivered these services to 32 clients.

Rate Comparison Analysis

The service rate is \$18.03 per 15 minutes. Colorado payments for Acupuncture services are 96.62% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the

benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Acupuncture Payment Comparison	
	MT
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,412
Estimated General Fund FY 2015-16 Impact	\$702
Rate Benchmark Comparison	96.62%

Utilization and Access Analysis

Utilization data, below, helps understand how acupuncture services were accessed.

Acupuncture Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	43	32	-25.58%
Provider Count	2	1	-50.00%
Units per Client	48.40	69.81	44.25%
Units per Provider	1,040.50	2,234.00	114.70%

Fewer clients utilized this service, but on average received more units, while one less provider provided this service, on average they provided more units. It is difficult to draw conclusions from differing count and average unit trends; this data alone is inconclusive as to whether there is an access issue.

Summary

Payments were 96.62% of the benchmark. Colorado payments were between 75% and 100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) are inconclusive.

Through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.³⁹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Massage Therapy

Massage services are defined in 10 CCR 2505-10 section 8.517.11 and include physical manipulation of muscles to ease muscle contractures or spasms, increase extension and muscle relaxation, and decrease muscle tension, and includes Watsu, to provide clients with beneficial physiologic, mechanical, and/or psychological changes. Analyses in this section refer to Massage Therapy available to clients enrolled on the SCI Waiver; for Massage Therapy available to clients enrolled on the CLLI (pp.62-63), CES (pp.74-75), CHRP (p.83), and SLS (pp.109-110) Waivers,

³⁹ The Department received written public comment from the SCI Recovery Project.

refer to those sections. In FY 2015-16, 31 clients used this service, with total expenditures of \$39,331, and, on average, providers delivered these services to 31 clients.

Rate Comparison Analysis

The service rate is \$13.87 per 15 minutes. Colorado payments for massage services range from 31.60% to 74.32% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Massage Therapy Payment Comparison		
	UT	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$85,308	\$13,614
Estimated General Fund FY 2015-16 Impact	\$42,406	\$6,768
Rate Benchmark Comparison	31.60%	74.32%

Utilization and Access Analysis

Utilization data, below, helps understand how massage therapy was accessed.

Massage Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	42	31	-26.19%
Provider Count	2	1	-50.00%
Units per Client	58.38	91.48	56.70%
Units per Provider	1,226.00	2,836.00	131.32%

Fewer clients utilized this service, but on average received more units, while one less provider provided this service, on average they provided more units. It is difficult to draw conclusions from differing count and average unit trends; this data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 31.60% to 74.32% of the benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) are inconclusive. Stakeholders did not provide feedback regarding potential access issues for this service through the rate review process

Chiropractic

Chiropractor services are defined in 10 CCR 2505-10 section 8.517.11 as providing clients with the goal of correcting alignment of the spine or other parts of the body and correcting other musculoskeletal problems. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the

number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

The service rate is \$23.20 per 15 minutes. Colorado payments for chiropractic services are 96.62% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Chiropractic Payment Comparison	
	MT
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$642
Estimated General Fund FY 2015-16 Impact	\$318
Rate Benchmark Comparison	96.62%

Utilization and Access Analysis

Utilization data, below, helps understand how chiropractic services were accessed.

Chiropractic Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Decrease
Provider Count	2.00	1.00	-50.00%
Units per Client	PHI	PHI	Increase
Units per Provider	274.00	1,016.00	270.80%

Fewer clients utilized this service, and clients, on average, received more units. One less provider provided this service, though the remaining provider provided more units. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments were 96.62% of the benchmark. Colorado payments were between 75% and 100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) are inconclusive.

Through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁴⁰ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

⁴⁰ The Department received written public comment from the Chanda Plan Foundation.

Children's Home- and Community-Based Services (CHCBS Waiver)

The CHCBS Waiver provides services to medically fragile children, from birth through age 17, that would not otherwise be eligible for Medicaid, due to their parental income/resources. In FY 2015-16, 1,456 clients received services on the CHCBS Waiver, with total expenditures of \$12,840,839.

The CHCBS services under review, listed in order of highest FY 2015-16 expenditures are:

1. In-Home Support Services – Health Maintenance
2. Case Management

This HCBS Waiver was last renewed in FY 2013-14.

The density map below depicts the distribution of clients receiving services through the CHCBS Waiver across the state (Figure 4). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map represent the location of CHCBS Waiver service providers by the zip code of their billing location.

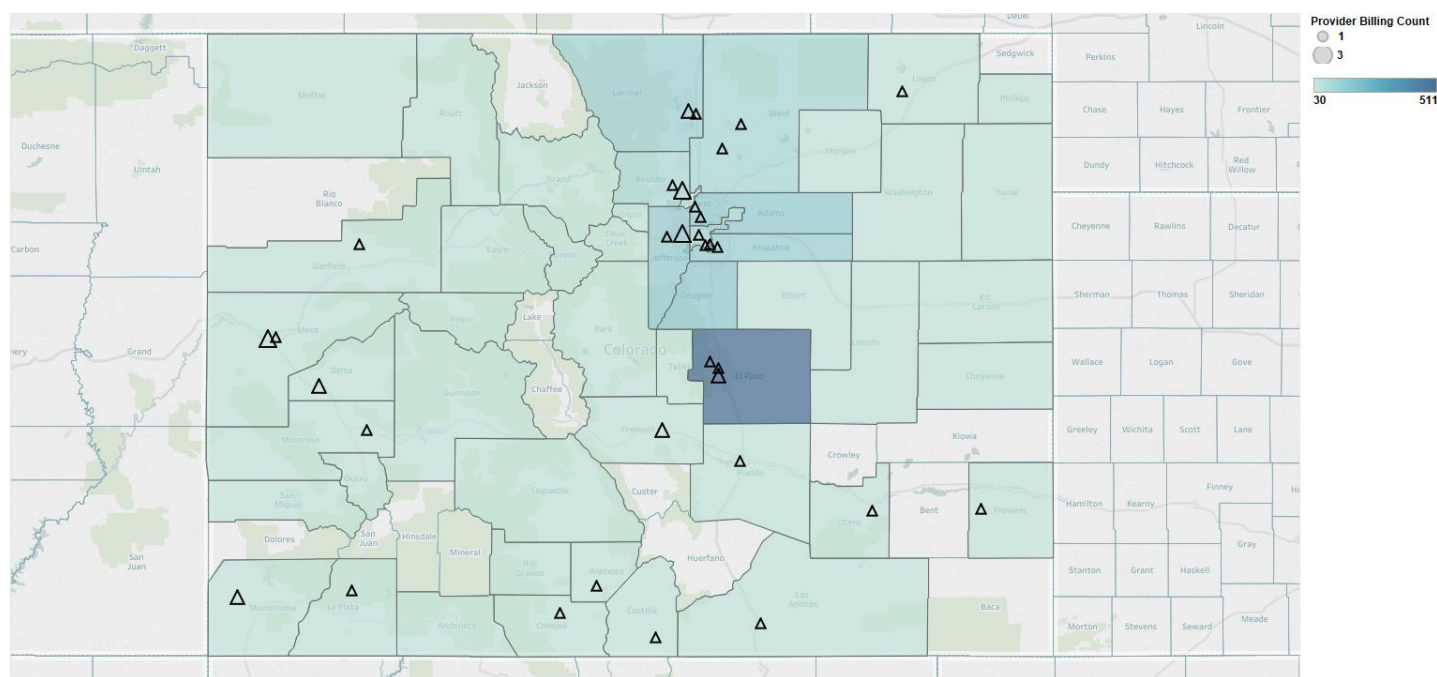


Figure 4 - CHCBS Waiver client density and provider billing location map.

Aggregate CHCBS Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the CHCBS Waiver range from 83.43% to 180.98% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CHCBS Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	91.70%	100.00%	100.00%	91.70%
Estimated Change to FY 2015-16 Total Funds	\$2,076,085	\$1,030,089	\$(5,761,774)	\$2,557,021	\$640,058
Estimated Change to FY 2015-16 General Fund	\$1,033,890	\$512,984	\$(2,869,363)	\$1,273,397	\$318,749
Rate Benchmark Comparison	86.12%	91.98%	180.98%	83.43%	94.86%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CHCBS Waiver was accessed.

CHCBS Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,256	1,456	15.92%
Provider Count	38	39	2.63%
Units per Client	1,199.64	1,199.82	0.02%
Units per Provider	39,651.29	44,793.44	12.97%

Client counts increased and units per client remained constant, with additional providers also providing more units on average. For utilization data for each service in the CHCBS Waiver, refer to the sections below.

In Home Support Services (IHSS) – Health Maintenance

In-Home Support Services (IHSS) is a service delivery model that provides clients the ability to direct their care, including the hiring and scheduling of attendants. IHSS is available on certain Waivers, for health maintenance, personal care, and homemaker services. IHSS health maintenance services are defined in 10CCR 2505-10 section 8.552 and include routine and repetitive health-related tasks necessary for health and normal bodily functioning. Analyses in this section refer to IHSS Health Maintenance services available to clients enrolled on the CHCBS Waiver; for IHSS Health Maintenance services provided to clients enrolled on the EBD and SCI Waivers, refer to that section (pp.20-21). In FY 2015-16, 285 clients used this service, with total expenditures of \$11,778,059, and, on average, providers delivered these services to 19 clients.

Rate Comparison Analysis

This waiver service rate is \$7.27 per 15 minutes. Colorado payments for IHSS Health Maintenance range from 91.40% to 228.50% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

IHSS Health Maintenance Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$95,639	\$1,030,089	\$(6,640,530)	\$1,111,346	\$640,058
Estimated General Fund FY 2015-16 Impact	\$47,628	\$512,984	\$(3,306,984)	\$553,450	\$318,749
Rate Benchmark Comparison	99.20%	91.98%	228.50%	91.40%	94.86%

Utilization and Access Analysis

Utilization data, below, helps understand how IHSS - health maintenance services were accessed.

IHSS Health Maintenance Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	237	285	20.25%
Provider Count	12	15	25.00%
Units per Client	5,951.95	5,697.40	-4.28%
Units per Provider	117,551.00	108,250.67	-7.91%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 91.40% to 228.50% of the benchmarks. Colorado payments were above 100% of the benchmark in one state and between 75% and 100% of the benchmark in four states. The results of the access analysis (see Access Analysis, above) are inconclusive. Stakeholders did not provide feedback regarding potential access issues for this service through the rate review process.

Case Management

Case management is defined in 10 CCR 2505-10 section 8.506.4.B and it means assistance provided by a case management agency on behalf of a client, which includes referral of needed Medicaid services and supports to enable the child to remain in community-based settings. In the CHCBS Waiver, case management is a waiver service. For all other HCBS Waivers, case management is provided administratively or as TCM (pp.114-115). In FY 2015-16, 1,448 clients used case management services, with total expenditures of \$1,062,780, and, on average, providers delivered these services to 60 clients.

Rate Comparison Analysis

This waiver service rate is \$8.64 per 15 minutes. Colorado payments for case management range from 35.05% to 54.88% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark

comparisons with three states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Case Management Payment Comparison			
	CT	OK	UT
Service Match Rate	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,980,446	\$878,756	\$1,445,675
Estimated General Fund FY 2015-16 Impact	\$986,262	\$437,621	\$719,946
Rate Benchmark Comparison	35.05%	54.88%	42.50%

Utilization and Access Analysis

Utilization data, below, helps understand how case management services were accessed.

Case Management Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,250	1,448	15.84%
Provider Count	26	24	-7.69%
Units per Client	76.91	85.07	10.61%
Units per Provider	3,697.58	5,132.67	38.81%

Both client counts and units per client increased. Though there were two fewer providers, increased units per provider indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 35.05% to 54.88% of the rate comparison benchmarks. Colorado payments were below 75% of the benchmark in all five states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue. Stakeholders did not provide feedback regarding potential access issues for this service through the rate review process.

HCBS Waiver for Children with Autism (CWA Waiver)

The CWA Waiver provides Colorado Medicaid benefits in the home or community for children from birth through age five with a medical diagnosis of autism. In 2015, CMS provided guidance that behavioral therapies should be provided to all Medicaid eligible children, not just those eligible through an HCBS Waiver. In response to this guidance, behavioral identification assessment and adaptive behavior treatment services were recently added to the EPSDT benefit in the State Plan. These services are meant to substitute services offered on the CWA Waiver as the Waiver will be phased out. In FY 2015-16, 65 clients received services on the CWA Waiver, with total expenditures of \$460,986.

The CWA services under review, listed in order of highest FY 2015-16 expenditures are:

1. Behavioral Therapies
2. Initial/Ongoing Treatment and Evaluation

3. Post Service Evaluation

This HCBS Waiver was last renewed in Calendar Year 2014.

A density map showing provider and client locations is not shown to protect PHI.

Aggregate CWA Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the CWA Waiver are 62.21% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CWA Payment Comparison	
	CT
Service Match Rate	58.6%
Estimated Total Funds FY 2015-16 Impact ⁴¹	\$166,466
Rate Benchmark Comparison	62.21%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CWA Waiver was accessed.

CWA Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	87	64	-26.44%
Provider Count	20	25	25.00%
Units per Client	478.97	472.69	-1.31%
Units per Provider	2,083.50	1,210.08	-41.92%

Fewer clients utilized this service and, on average received fewer units. Though providers increased, they provided, on average, fewer units. For utilization data for each service in the CWA Waiver, refer to the sections below. However, because similar services are now offered through the EPSDT benefit, this decline may not reflect an access issue, but rather possible access through that benefit.

Behavioral Therapies

Behavioral therapies are defined in 10 CCR 2505-10 section 8.519.2.C and provide individualized, intensive developmental behavioral therapies offered to clients with goals of building verbal skills, teaching imitation, establishing appropriate play, teaching appropriate expression, and reducing stimulation and aggressive behaviors. Analyses in this section refer to behavioral therapies available to clients enrolled in the CWA Waiver; for behavioral services available on the BI (pp.41-42), CES (pp.68-69), CHRP (pp.82-83), DD (pp.90-91), and SLS (pp.108-109) Waivers, refer to those sections. For the purposes of this report, behavioral therapies include: line,

⁴¹ For the CWA Waiver, there is not a General Fund portion.

lead, and senior therapist levels of behavioral therapies. In FY 2015-16, 64 clients used this service, with total expenditures of \$458,356, and, on average, providers delivered these services to 3 clients.

Rate Comparison Analysis

The behavioral therapies rates are \$3.53 for line, \$11.21 for senior, and \$21.64 for lead therapist per 15 minutes. Colorado payments for behavioral therapies are 62.21% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Therapies Payment Comparison	
	CT
Service Match Rate	58.97%
Estimated Total Funds FY 2015-16 Impact	\$166,452
Estimated General Fund FY 2015-16 Impact	\$0
Rate Benchmark Comparison	62.21%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral therapies were accessed.

Behavioral Therapies Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	85	64	-24.71%
Provider Count	20	25	25.00%
Units per Client	489.56	472.33	-3.52%
Units per Provider	2,080.65	1,209.16	-41.89%

Fewer clients utilized this service and, on average received fewer units. Though providers increased, they provided, on average fewer units; it is difficult to draw conclusions from differing client and provider trends. This data alone is inconclusive as to whether there is an access issue. However, because similar services are now offered through the EPSDT benefit, this decline may not reflect an access issue, but rather possible access through that benefit.

Summary

Payments were 62.21% of the rate comparison benchmark. Colorado payments are below 75% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) are inconclusive. This service is being transitioned to an EPSDT benefit and will be reviewed during year four of the rate review process.

Initial and Ongoing Treatment and Evaluation

Initial and ongoing treatment and evaluation services are defined in 10 CCR 2505-10 section 8.519.7.B.4 and are standardized, norm-referenced assessments conducted upon entrance to the CWA Waiver (initial) and every 6 months (ongoing); evaluations inform providers and families of the client's progress and assist in the development of a treatment plan. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

The rate for this waiver service is \$120.48 per evaluation. The Department was unable to find a comparable rate for this service in other states.

Utilization and Access Analysis

Utilization data, below, helps understand how these services were accessed.

Initial and Ongoing Treatment and Evaluation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Decrease
Provider Count	6	11	83.33%
Units per Client	PHI	PHI	Decrease
Units per Provider	7.67	2.00	-73.91%

Fewer clients utilized this service and, on average received fewer units. Though providers increased, they provided, on average, fewer units; it is difficult to draw conclusions from differing client and provider trends. This data alone is inconclusive as to whether there is an access issue. However, because similar services are now offered through the EPSDT benefit, this decline may not reflect an access issue, but rather possible access through that benefit.

Summary

The Department was unable to find a comparable rate for rate comparison. The results of the access analysis (see Access Analysis, above) were inconclusive. This service is being transitioned to an EPSDT benefit and will be reviewed during year four of the rate review process.

Post Service Evaluation

Post-service evaluation is defined in 10 CCR 2505-10 section 8.519.7.B.4 and is a standardized norm-referenced assessment conducted at the end of the client's time on the CWA Waiver; evaluations provide information on the child's overall progress while enrolled in the CWA Waiver. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

The rate for this waiver service is \$20.08 for 15 minutes. Colorado payments are 57.73% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Post Service Evaluation Payment Comparison	
	CT
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$15
Estimated General Fund FY 2015-16 Impact	\$0
Rate Benchmark Comparison	57.73%

Utilization and Access Analysis

Utilization data, below, helps understand how post evaluation services were accessed.

Post Service Evaluation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Decrease
Provider Count	8	1	-87.50%
Units per Client	PHI	PHI	Constant
Units per Provider	1.38	1.00	-27.27%

Fewer clients utilized this service but on average, received the same number of units. Provider counts decreased as did average units per provider. For previous analyses, this may have indicated an access issue, however, because similar services are now offered through the EPSDT benefit, this decline may not reflect an access issue, but rather possible access through that benefit.

Summary

Payments were 57.73% of the rate comparison benchmark. Colorado payments are below 75% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue. This service is being transitioned to an EPSDT benefit and will be reviewed during year four of the rate review process.

HCBS Waiver for Children with a Life-Limiting Illness (CLLI Waiver)

The CLLI Waiver provides Colorado Medicaid benefits in the home for children with a life-limiting illness, from birth to age 18, and allows the family to seek curative treatment while the child is receiving palliative or hospice care. This HCBS Waiver is unique, innovative, and offers services to one of the most vulnerable populations in Colorado. In FY 2015-16, 163 clients received services on the CLLI Waiver, with total expenditures of \$652,604.

The CLLI services under review, listed in order of highest expenditures are:

1. Therapeutic Life Limiting Illness Support
2. Expressive Therapy
3. Respite
4. Massage Therapy
5. Bereavement Counseling

6. Pain and Symptom Management
7. Care Coordination

This HCBS Waiver was last renewed in FY 2014-15.

The density map below depicts the distribution of clients receiving services through the CLLI Waiver across the state (Figure 5). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map represent the location of CLLI Waiver service providers by the zip code of their billing location.

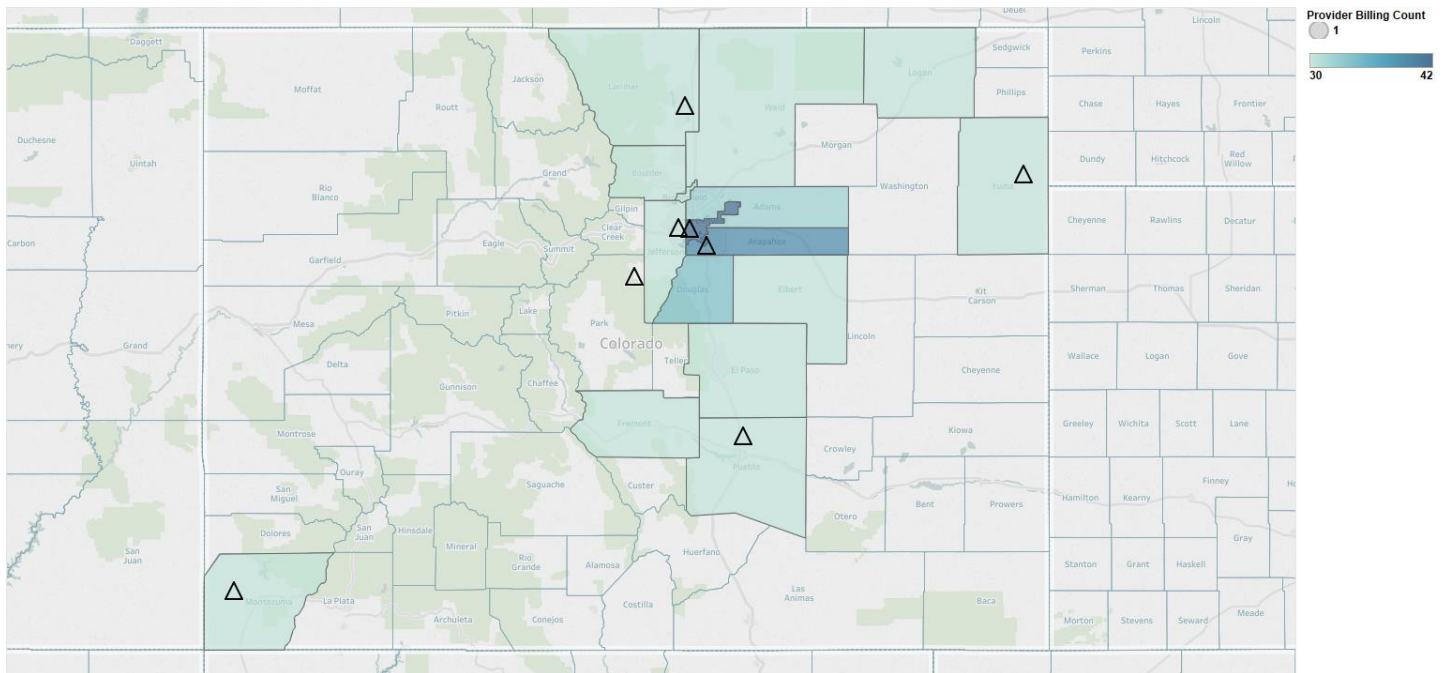


Figure 5 - CLLI Waiver client density and provider billing location map.

Aggregate CLLI Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the CLLI Waiver range from 48.28% to 137.24% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CLLI Waiver Payment Comparison						
	CT	OH	OK	UT	MT	ND ⁴²
Service Match Rate	12.27%	51.41%	41.02%	18.34%	61.79%	69.54%
Estimated Total Funds FY 2015-16 Impact	\$86,365	\$(91,696)	\$(34,767)	\$119,416	\$(60,581)	\$(15,796)
Estimated General Fund FY 2015-16 Impact	\$43,010	\$(45,665)	\$(17,314)	\$59,469	\$(30,169)	\$(7,930)
Rate Benchmark Comparison	48.28%	137.24%	114.80%	50.24%	117.53%	103.58%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CLLI Waiver was accessed.

CLLI Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	149	163	9.40%
Provider Count	7	7	0.00%
Units per Client	128.21	183.33	42.98%
Units per Provider	2,729.14	4,268.86	56.42%

Both client counts and units per client increased, with the same number providers also providing an increase in units, on average. For utilization data for each service in the CLLI Waiver, refer to the sections below.

Therapeutic Life Limiting Illness Support

Therapeutic Life Limiting Illness Support services are defined in 10 CCR 2505-10 section 8.504.1 and are grief or anticipatory grief counseling that help clients and families cope with emotional suffering, feelings of isolation, and the client's life-limiting diagnosis. For the purposes of this report, therapeutic life limiting illness support analyses in this section include: individual, family, and group counseling. In FY 2015-16, 114 clients used this service, with total expenditures of \$253,744, and, on average, providers delivered these services to 29 clients.

Rate Comparison Analysis

Therapeutic Life Limiting Illness Support rates are \$14.47 per 15 minutes for groups and \$24.53 per 15 minutes for individuals and families. Colorado payments for Therapeutic Life Limiting Illness Support range from 113.85% to 205.05% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

⁴² See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

Therapeutic Life Limiting Illness Support Payment Comparison				
	OH	OK	MT	ND ⁴³
Service Match Rate	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(131,827)	\$(31,301)	\$(100,426)	\$(48,746)
Estimated General Fund FY 2015-16 Impact	\$(65,650)	\$(15,588)	\$(50,012)	\$(24,470)
Rate Benchmark Comparison	205.05%	113.85%	164.01%	123.37%

Utilization and Access Analysis

Utilization data, below, helps understand how therapeutic life limiting illness support services were accessed.

Therapeutic Life Limiting Illness Support Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	90	114	26.67%
Provider Count	5	4	-20.00%
Units per Client	85.12	95.60	12.30%
Units per Provider	1,532.20	2,724.50	77.82%

Both client counts and units per client increased. Though there was one less provider, increased units per provider indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 113.85% to 205.05% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in all four states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Expressive Therapy

Expressive therapy is defined in 10 CCR 2505-10 section 8.504.1 and includes creative art, music, or play therapy and provides clients the ability to creatively and kinesthetically express their medical situation, express feelings of isolation, improve communication skills, manage emotional suffering, and develop coping skills. For the purposes of this report, expressive therapy analyses in this section include: individual and group levels of both music, and art and play therapy. In FY 2015-16, 126 clients used this service, with total expenditures of \$146,953, and, on average providers delivered this service to 29 clients.

Rate Comparison Analysis

The expressive therapy individual rate is \$15.80 and the group rate is \$8.84 per 15 minutes each. Colorado payments for expressive therapy are 83.11% of the benchmark. A summary of the estimated General Fund and

⁴³ See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Expressive Therapy Payment Comparison	
	ND ⁴⁴
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$29,889
Estimated General Fund FY 2015-16 Impact	\$15,004
Rate Benchmark Comparison	83.11%

Utilization and Access Analysis

Utilization data, below, helps understand how expressive therapy was accessed.

Expressive Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	111	126	13.51%
Provider Count	5	5	0.00%
Units per Client	56.66	73.98	30.57%
Units per Provider	1,257.80	1,864.20	48.21%

Both client counts and units per client increased, while provider counts remained constant, providers provided more units on average. This data alone does not show evidence of an access issue.

Summary

Payments were 83.11% of the rate comparison benchmark. Colorado payments are between 75%-100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Respite

Respite services are defined in 10 CCR 2505-10 section 8.504.1 and are available to clients on a short-term basis because of the absence or need for relief of those persons normally providing care. Analyses in this section refer to respite services available to clients enrolled in the CLLI Waiver; for respite services available for clients enrolled

⁴⁴ See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

on the adult LTSS Waivers (pp.28-31), CES (pp.70-71), CHRP (p.83), and SLS (pp.99-100) Waivers, refer to those sections. In FY 2015-16, 50 clients used this service, with total expenditures of \$101,386, and, on average, providers delivered these services to 13 clients.

Rate Comparison Analysis

The respite services for the CLLI Waiver have six subcategories for rates based on required skill level and time. The three daily rates range from \$96.63 to \$275.44. The three per 15 minute rates range from \$5.37 to \$15.31. Colorado payments for respite range from 71.14% to 207.11% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Respite Payment Comparison						
	CT	OH	OK	UT	MT	ND ⁴⁵
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$86,365	\$40,131	\$(3,466)	\$(9,768)	\$34,767	\$6,059
Estimated General Fund FY 2015-16 Impact	\$43,011	\$19,984	\$(1,725)	\$(4,864)	\$17,314	\$3,041
Rate Benchmark Comparison	207.11%	149.77%	71.86%	71.14%	155.92%	117.97%

Utilization and Access Analysis

Utilization data, below, helps understand how respite services were accessed.

Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	56	50	-10.71%
Provider Count	4	4	0.00%
Units per Client	38.36	82.58	115.29%
Units per Provider	537.00	1,032.25	92.23%

Fewer clients utilized this service, but on average received more units. The number of providers did not change and the average units per provider increased, which may indicate providers could accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 71.14% to 207.11% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in four states and below 75% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

⁴⁵ See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

Massage Therapy

Massage services are defined in 10 CCR 2505-10 section 8.504.1 and include physical manipulation of muscles to ease muscle contractures or spasms, increase extension and muscle relaxation, and decrease muscle tension, and includes Watsu, to provide clients with beneficial physiologic, mechanical, and/or psychological changes. Analyses in this section refer to massage therapy available to clients enrolled in the CLLI Waiver; for massage therapy available to clients enrolled on the SCI (pp.46-47), CES (pp.74-75), CHRP (p.83), and SLS (pp.109-110) Waivers, refer to those sections. In FY 2015-16, 93 clients used this service, with total expenditures of \$86,651, and one provider delivered these services.

Rate Comparison Analysis

The massage therapy service rate is \$17.63 per 15 minutes. Colorado payments for massage therapy range from 40.16% to 94.47% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Massage Therapy Payment Comparison		
	UT	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$129,184	\$5,078
Estimated General Fund FY 2015-16 Impact	\$64,334	\$2,529
Rate Benchmark Comparison	40.16%	94.47%

Utilization and Access Analysis

Utilization data, below, helps understand how massage therapy accessed.

Massage Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	71	93	30.99%
Provider Count	1	1	0.00%
Units per Client	36.62	52.88	44.41%
Units per Provider	2,600.00	4,918.00	89.15%

More clients used this service and, on average received more units. There was one provider of this service and the average units increased, which may indicate that the provider could accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 40.16% to 94.47% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Bereavement Counseling

Bereavement counseling is defined in 10 CCR 2505-10 section 8.504.1 and is provided to clients and/or family members to help cope with the client's illness and the related stress that accompanies the continuous, daily care required by a child with a life-threatening condition. In FY 2015-16, 41 clients used this service, with total expenditures of \$45,100, and, on average, providers delivered these services to 14 clients.

Rate Comparison Analysis

The bereavement counseling waiver service rate is \$1,100 one-time lump sum payment per client. Colorado payments for bereavement counseling are 98.29% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Bereavement Counseling Payment Comparison	
	CA ⁴⁶
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$785
Estimated General Fund FY 2015-16 Impact	\$394
Rate Benchmark Comparison	98.29%

Utilization and Access Analysis

Utilization data, below, helps understand how bereavement counseling was accessed.

⁴⁶ See the Rate Comparison State Selection section (pp.11-12) for more information on why California was included as a comparator state for this Waiver.

Bereavement Counseling Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	72	41	-43.06%
Provider Count	2	3	50.00%
Units per Client	1.00	1.00	0.00%
Units per Provider	36.00	13.67	-62.04%

Fewer clients utilized this service, and because it is a one-time lump sum payment, any client or family who uses the service uses one unit. The Department is unable to determine if the amount of services per client changed. Providers increased, and though they provided fewer units on average, the increase of a provider could indicate that they were able to accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Colorado payments at 98.29% are between 75%-100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Pain and Symptom Management

Pain and symptom management services are defined in 10 CCR 2505-10 section 8.504.1 and provide for in-home management of a client's symptoms and pain by a registered nurse. This service is considered a palliative care category of service, focused on providing clients with relief from symptoms, pain, and the stress of serious illness to improve the quality life for the client and their family. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

The pain symptom management waiver service rate is \$75.68 per hour. Colorado payments for pain symptom management are 177.02% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Pain and Symptom Management Payment Comparison	
	ND ⁴⁷
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(4,399)
Estimated General Fund FY 2015-16 Impact	\$(2,208)
Rate Benchmark Comparison	177.02%

Utilization and Access Analysis

Utilization data, below, helps understand how pain and symptom management services were accessed.

Pain and Symptom Management Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Constant
Provider Count	1	1	0.00%
Units per Client	PHI	PHI	Increase
Units per Provider	119.00	132.00	10.92%

The client count did not change and units per client increased. There was one provider of this service and the average units increased, which may indicate that the provider could accommodate more units per client on average. This data alone does not show evidence of an access issue.

Summary

Colorado payments at 177.02% are above 100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Care Coordination

Care coordination services are defined in 10 CCR 2505-10 section 8.504.1 and provide the development and implementation of a care plan, home visits for regular monitoring of the health and safety, and central coordination of medical and psychological services. This service is considered a palliative care category of service, focused on providing clients with relief from symptoms, pain, and the stress of serious illness to improve the quality life for the client and their family. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

⁴⁷ See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

Rate Comparison Analysis

The care coordination waiver service rate is \$20.07 per 15 minutes. Colorado payments for care coordination are 86.40% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Care Coordination Payment Comparison	
	ND ⁴⁸
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,400
Estimated General Fund FY 2015-16 Impact	\$703
Rate Benchmark Comparison	86.40%

Utilization and Access Analysis

Utilization data, below, helps understand how care coordination services were accessed.

Care Coordination Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Decrease
Provider Count	3	3	0.00%
Units per Client	PHI	PHI	Increase
Units per Provider	71.67	147.67	106.05%

Fewer clients utilized this service, but on average received more units. Provider counts remained constant, and average units per provider increased, which may indicate providers could accommodate more units per client on average. This data alone does not indicate an access issue.

Summary

Colorado payments at 86.40% are between 75%-100% of the benchmark in the only comparator state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

⁴⁸ See the Rate Comparison State Selection section (pp.11-12) for more information on why North Dakota was included as a comparator state for this Waiver.

HCBS Children's Extensive Supports (CES Waiver)

The CES Waiver provides Colorado Medicaid benefits in the home or community for children with developmental disabilities or delays who are most in need due to the severity of their disability from birth through age 17. In FY 2015-16, 1,628 clients received services on the CES Waiver, with total expenditures of \$21,688,220.

The CES services under review, listed in order of highest FY 2015-16 expenditure are:

1. Behavioral Services
2. Respite
3. Community Connector
4. Movement Therapy
5. Enhanced Homemaker
6. Massage Therapy
7. Basic Homemaker
8. Behavioral Plan Assessment
9. Hippotherapy
10. Personal Care

This HCBS Waiver was last renewed in FY 2014-15.

The density map below depicts the distribution of clients receiving services through the CES Waiver across the state (Figure 6). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map represent the location of CES Waiver service providers by the zip code of their billing location.

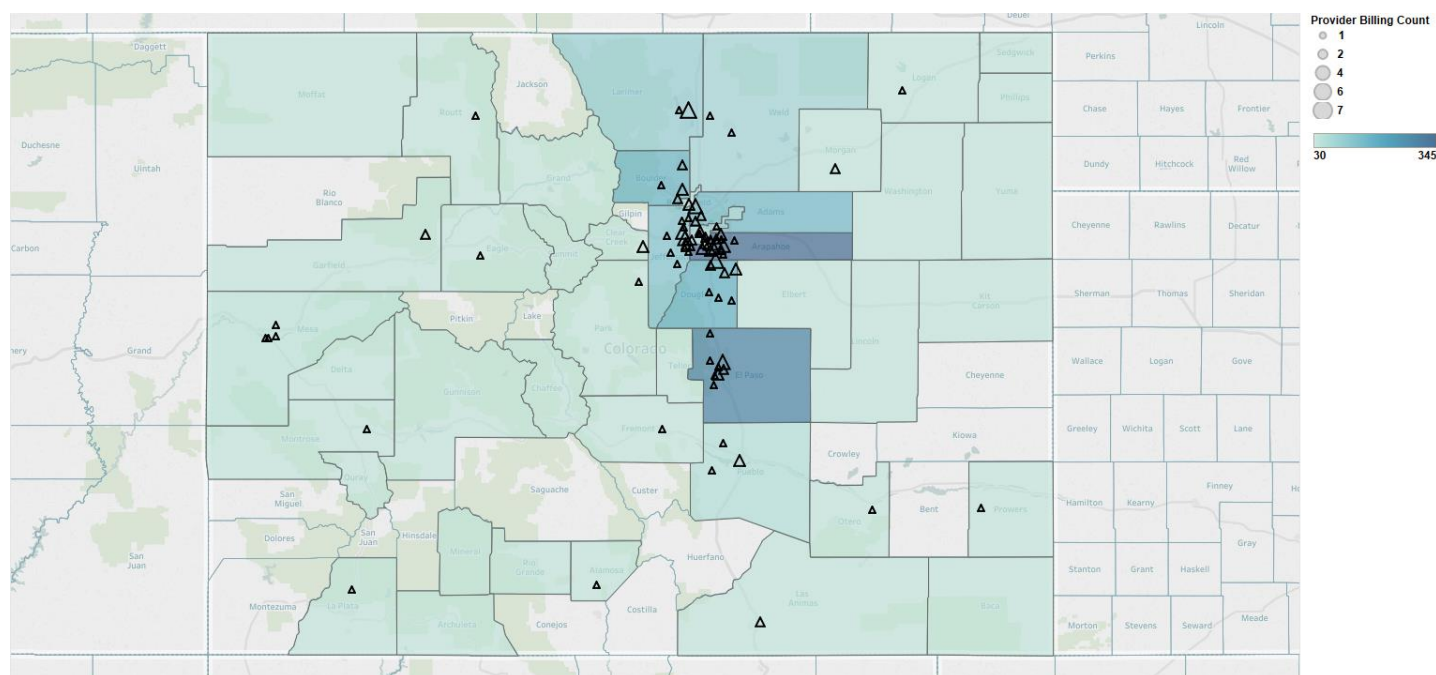


Figure 6 - CES Waiver client density and provider billing location map.

Aggregate CES Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the CES Waiver range from 87.83% to 184.58% of other State Medicaid benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CES Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	67.70%	67.70%	74.13%	35.86%	87.67%
Estimated Total Funds FY 2015-16 Impact	\$1,006,895	\$(6,252,930)	\$(2,855,784)	\$(242,593)	\$2,447,883
Estimated General Fund FY 2015-16 Impact	\$501,433	\$(3,113,959)	\$(1,422,180)	\$(120,811)	\$1,219,046
Rate Benchmark Comparison	93.13%	184.58%	123.63%	103.47%	87.83%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CES Waiver was accessed.

CES Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,148	1,559	35.80%
Provider Count	116	143	23.28%
Units per Client	1,393.47	1,406.88	0.96%
Units per Provider	13,790.52	15,337.94	11.22%

Client counts increased and units per client remained constant, with additional providers providing more units, on average. For utilization data for each service in the CES Waiver, refer to the sections below.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.⁴⁹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Behavioral Services

Behavioral services include behavioral consultation services and behavioral line services. Behavioral consultation services are defined in 10 CCR 2505-10 section 8.503.40.A.3.d(i) and include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the client's developmental disability and are necessary for the client to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Behavioral line services are defined in 10 CCR 2505-10

⁴⁹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Personal Assistance Services of Colorado (PASCO), Community Connections Colorado, Parker Personal Care Homes, a parent, and Alliance.

section 8.503.40.A.3.d.iv and include direct implementation of the behavioral plan under the supervision and oversight of a behavioral consultant, for intervention to address social or emotional issues or with an identified challenging behavior that puts the individual's health and safety or the safety of others at risk. Analyses in this section refer to behavioral services available to clients enrolled in the CES Waiver; for behavioral services available on the BI (pp.41-42), CHRP (pp.82-83), DD (pp.90-91), and SLS (pp.108-109) Waivers, refer to those sections. For the purposes of this report, behavioral services analyses in this section include: behavioral consultation, behavioral line staff, and group and individual behavioral counseling. In FY 2015-16, 406 clients used this service, with total expenditures of \$8,736,727, and, on average, providers delivered these services to 13 clients.

Rate Comparison Analysis

The behavioral consultation rate is \$24.94, the line staff rate is \$6.63, the counseling individual rate is \$24.94 and the counseling group rate is \$8.40. All rates are per 15 minute units. Colorado payments for behavioral services range from 77.60% to 217.28% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Services Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	77.59%	77.59%	77.56%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,977,104	\$(3,696,448)	\$(1,158,527)	\$(1,210,429)
Estimated General Fund FY 2015-16 Impact	\$984,598	\$(1,840,831)	\$(576,947)	\$(602,794)
Rate Benchmark Comparison	77.60%	217.28%	120.37%	115.89%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral services are accessed.

Behavioral Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	270	406	50.37%
Provider Count	36	45	25.00%
Units per Client	31.69	31.28	-1.29%
Units per Provider	237.67	282.22	18.75%

More clients utilized the service, but received, on average, fewer units. However, both the number of providers and the average units per provider increased, which may indicate providers could accommodate increased clients. This data alone does not show evidence of an access issue.

Summary

Payments range from 77.60% to 217.28% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in three states and between 75% and 100% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁵⁰ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Respite

Respite services are defined in 10 CCR 2505-10 section 8.503.40.A.10 and are provided to clients on a short-term basis because of the absence or need for relief of those persons normally providing care. Analyses in this section refer to respite services available to clients enrolled in the CES Waiver; for respite services available for clients enrolled on the adult LTSS Waivers (pp.28-31), CLLI (pp.60-61), CHRP (p.83), and SLS (pp.99-100) Waivers, refer to those sections. In FY 2015-16, 938 clients used this service, with total expenditures of \$5,633,065, and, on average, providers delivered services to 14 clients.

Rate Comparison Analysis

There are four subcategories under this service group and for two of them there is not a defined rate. Respite services have two defined rates, \$4.95 per 15 minute and \$197.91 per day. Colorado payments for respite services range from 114.61% to 173.55% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Respite Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(1,355,198)	\$(2,150,197)	\$(1,137,788)	\$(1,233,500)	\$(646,716)
Estimated General Fund FY 2015-16 Impact	\$(674,889)	\$(1,070,798)	\$(566,618)	\$(614,283)	\$(322,064)
Rate Benchmark Comparison	136.44%	173.55%	128.91%	132.12%	114.61%

Utilization and Access Analysis

Utilization data, below, helps understand how respite services were accessed.

⁵⁰ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting.

Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	710	938	32.11%
Provider Count	70	69	-1.43%
Units per Client	1,012.62	1,009.36	-0.32%
Units per Provider	10,270.90	13,721.43	33.60%

Client counts increased and units per client remained constant. Though there was one less provider, increased units per provider indicate that, on average, providers could accommodate increased client counts. This data alone does not show evidence of an access issue.

Summary

Payments range from 114.61% to 173.55% of the rate benchmark comparisons. Colorado payments were above 100% in all five states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁵¹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Community Connector

Community connector services are defined in 10 CCR 2505-10 section 8.503.40.A.4 and are intended to provide assistance to enable the client to integrate into their residential community and access naturally occurring resources. In FY 2015-16, 471 clients used this service, with total expenditures of \$2,201,694, and, on average, providers delivered services to 8 clients.

Rate Comparison Analysis

The rate for this waiver service is \$8.33 for 15 minutes. The Department was unable to find a comparable rate for this service in other states.

Utilization and Access Analysis

Utilization data, below, helps understand how community connector services were accessed.

⁵¹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from PASCO and Parker Personal Care Homes.

Community Connector Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	333	471	41.44%
Provider Count	50	61	22.00%
Units per Client	552.50	562.85	1.87%
Units per Provider	3,679.62	4,345.90	18.11%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

The Department was unable to find a comparable rate for rate comparison. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Movement Therapy

Movement therapy is defined in 10 CCR 2505-10 section 8.503.40.A.9.b and includes the use of music or dance as a therapeutic tool for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, social, communication, or gross motor skills, and assists in pain management and cognition. Analyses in this section refer to movement therapy available to clients enrolled on the CES Waiver; for movement therapy available on the CHRP (p.83) and SLS (pp.110-111) Waivers, refer to those sections. For the purposes of this report, movement therapy includes: masters and bachelor level movement therapy. In FY 2015-16, 561 clients used this service, with total expenditures of \$1,294,058, and, on average, providers delivered these services to 27 clients.

Rate Comparison Analysis

The Movement Therapy rates is \$15.55 per 15 minutes (bachelor's) and \$22.79 per 15 minutes (master's). Colorado payments for movement therapy range from 24.23% to 99.81% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Movement Therapy Payment Comparison		
	OK	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$2,440	\$4,064,284
Estimated General Fund FY 2015-16 Impact	\$1,215	\$2,024,014
Rate Benchmark Comparison	99.81%	24.23%

Utilization and Access Analysis

Utilization data, below, helps understand how movement therapy was accessed.

Movement Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	345	561	62.61%
Provider Count	18	21	16.67%
Units per Client	117.58	115.76	-1.54%
Units per Provider	2,253.56	3,092.57	37.23%

More clients utilized the service, but received, on average, fewer units. However, both the number of providers and the average units per provider increased, which may indicate providers could accommodate increased clients. This data alone does not show evidence of an access issue.

Summary

Payments range from 24.23% to 99.81% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Enhanced Homemaker

Enhanced homemaker services are defined in 10 CCR 2505-10 section 8.503.40.A.6.b and include basic homemaker services, with the addition of either procedures for habilitation or procedures to perform extraordinary cleaning. Analyses in this section refer to enhanced homemaker services available to clients enrolled in the CES Waiver. For enhanced homemaker services available on the SLS Waiver (pp.103-104), refer to that section. For homemaker services available on the adult LTSS Waivers (pp.21-22 and pp.27-28), refer to that section. In FY 2015-16, 270 clients used this service, with total expenditures of \$681,943, and, on average, providers delivered services to 10 clients.

Rate Comparison Analysis

The rate for this waiver service is \$6.13 per 15 minutes. Colorado payments for enhanced homemaker range from 77.14% to 192.85% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Enhanced Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$133,570	\$(159,334)	\$(330,709)	\$203,576	\$171,093
Estimated General Fund FY 2015-16 Impact	\$66,518	\$(79,348)	\$(164,693)	\$101,381	\$85,204
Rate Benchmark Comparison	83.72%	130.20%	192.85%	77.14%	80.06%

Utilization and Access Analysis

Utilization data, below, helps understand how enhanced homemaker services were accessed.

Enhanced Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	217	270	24.42%
Provider Count	23	28	21.74%
Units per Client	415.20	413.76	-0.35%
Units per Provider	3,917.35	3,989.86	1.85%

Client counts increased and units per client remained constant, with additional providers providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 77.14% to 192.85% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in two states and between 75% and 100% of the benchmarks in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁵² Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Massage Therapy

Massage therapy services are defined in 10 CCR 2505-10 section 8.503.40.A.9.c and include physical manipulation of muscles to ease muscle contractures or spasms, increase extension and muscle relaxation, and decrease muscle tension, and includes Watsu, to provide clients with beneficial physiologic, mechanical, and/or psychological changes. Analyses in this section refer to Massage Therapy available to clients enrolled in the CES Waiver; for massage therapy available to clients enrolled in the SCI (pp.46-47), CLLI (pp.62-63), CHRP (p.83), and SLS (pp.109-110) Waivers, refer to those sections. In FY 2015-16, 343 clients used this service, with total expenditures of \$744,069, and, on average, providers delivered these services to 17 clients.

Rate Comparison Analysis

The rate for this waiver service is \$18.65 for 15 minutes. Colorado payments for massage range from 42.50% to 99.96% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

⁵² The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Parker Personal Care Homes.

Massage Therapy Payment Comparison		
	UT	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,011,952	\$330
Estimated General Fund FY 2015-16 Impact	\$503,952	\$165
Rate Benchmark Comparison	42.50%	99.96%

Results for the comparator states do not provide enough consistent information to infer whether payments could be lower or similar. Please note that only 2 states were compared.

Utilization and Access Analysis

Utilization data, below, helps understand how massage therapy was accessed.

Massage Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	222	343	54.50%
Provider Count	16	20	25.00%
Units per Client	114.52	116.59	1.81%
Units per Provider	1,588.94	1,999.55	25.84%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 42.50 to 99.96% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Basic Homemaker

Basic homemaker services are defined in 10 CCR 2505-10 section 8.503.40.A.6.a and include cleaning, completing laundry, completing basic household care or maintenance within the client's primary residence only in the areas where the client frequents. Analyses in this section refer to Basic Home maker Services available to clients enrolled in the CES Waiver. For basic homemaker services available on the SLS Waiver (pp.106-107), refer to that section. For homemaker services available on the adult LTSS Waivers (pp.21-22 and pp.27-28), refer to that section. In FY 2015-16, 265 clients used this service, with total expenditures of \$495,933, and, on average, providers delivered services to 6 clients.

Rate Comparison Analysis

The rate for this waiver service \$3.73 for 15 minutes. Colorado payments for basic homemaker range from 80.95% to 140.88% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the

benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Basic Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$86,662	\$(68,432)	\$(142,646)	\$(164,422)	\$133,324
Estimated General Fund FY 2015-16 Impact	\$43,157	\$(34,079)	\$(71,038)	\$(81,882)	\$66,395
Rate Benchmark Comparison	86.73%	113.74%	133.65%	140.88%	80.95%

Utilization and Access Analysis

Utilization data, below, helps understand how basic homemaker services were accessed.

Basic Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	194	265	36.60%
Provider Count	29	41	41.38%
Units per Client	491.48	501.77	2.09%
Units per Provider	3,287.83	3,243.17	-1.36%

Both client counts and units per client increased. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.95% to 140.88% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in three of the states and between 75% and 100% of the benchmarks in two of the states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in enhanced homemaker (p.74).

Behavioral Plan Assessment

Behavioral plan assessments are defined in 10 CCR 2505-10 section 8.503.40.A.3.d.ii and include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document. Analyses in this section refer to behavioral plan assessments for clients enrolled in the CES Waiver; for behavioral plan assessments available to clients enrolled in the DD (pp.93-94) and SLS (pp.111-112) Waivers, refer to those sections. In FY 2015-16, 406 clients used this service, with total expenditures of \$312,129, and, on average, providers delivered services to 9 clients.

Rate Comparison Analysis

The rates for this waiver service is \$24.94 for 15 minutes. Colorado payments for behavioral plan assessment range from 77.65% to 217.71% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Plan Assessment Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$90,999	\$(170,969)	\$(53,567)	\$(148,176)
Estimated General Fund FY 2015-16 Impact	\$45,318	\$(85,143)	\$(26,676)	\$(73,792)
Rate Benchmark Comparison	77.65%	217.71%	120.40%	188.18%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral plan assessments were accessed.

Behavioral Plan Assessment Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	270	406	50.37%
Provider Count	36	45	25.00%
Units per Client	31.69	31.28	-1.29%
Units per Provider	237.67	282.22	18.75%

More clients utilized the service, but received, on average, fewer units. Both the number of providers and the average units per provider increased, which may indicate providers could accommodate the increase in clients. This data alone does not indicate an access issue.

Summary

Payments range from 77.65% to 217.71% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in three states and between 75% and 100% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Hippotherapy

Hippotherapy is defined in 10 CCR 2505-10 section 8.503.40.A.9.a and includes therapeutic treatment strategies that use the movement of the horse to assist in the development or enhancement of skills including gross motor, sensory integration, attention, cognitive, social, behavior and communication. Analyses in this section refer to hippotherapy available to clients enrolled in the CES Waiver; for hippotherapy available on the CHRP (p.83) and SLS (pp.112-113) Waivers, refer to those sections. For the purposes of this report, hippotherapy analyses include:

group and individual level hippotherapy. In FY 2015-16, 192 clients used this service, with total expenditures of \$271,246, and, on average, providers delivered services to 13 clients.

Rate Comparison Analysis

The rates for this waiver service are \$8.81 for 15 minutes for groups and \$20.72 for 15 minutes for individuals. The Department was unable to find a comparable rate for this service in other states.

Utilization and Access Analysis

Utilization data, below, helps understand how hippotherapy was accessed.

Hippotherapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	168	192	14.29%
Provider Count	13	15	15.38%
Units per Client	60.23	69.62	15.59%
Units per Provider	778.38	891.13	14.48%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

The Department was unable to find a comparable rate for rate comparison. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Personal Care

Personal care services are defined in 10 CCR 2505-10 section 8.503.40.A.8 and are designed to meet the client's physical, maintenance, and supportive needs through hands-on assistance or cueing to prompt the client to perform unskilled tasks. Analyses in this section refer to personal care services available to clients enrolled in the CES Waiver; for personal care services available on adult LTSS Waivers (pp.18-19 and pp.25-26) and SLS (pp.101-102) Waiver refer to those sections. In FY 2015-16, 36 clients used this service, with total expenditures of \$152,642, and, on average, providers delivered services to 2 clients.

Rate Comparison Analysis

The rate for this waiver service is \$4.95 for 15 minutes. Colorado payments for personal care range from 64.66% to 164.18% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Personal Care Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$73,758	\$(7,549)	\$(34,988)	\$(60,199)	\$84,174
Estimated General Fund FY 2015-16 Impact	\$36,732	\$(3,759)	\$(17,424)	\$(29,979)	\$41,919
Rate Benchmark Comparison	67.61%	105.15%	129.40%	164.18%	64.66%

Most comparator states payment are above 100%, which could indicate Colorado's payment for this service may be consistently higher.

Utilization and Access Analysis

Utilization data, below, helps understand how personal care services were accessed.

Personal Care Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	40	36	-10.00%
Provider Count	20	18	-10.00%
Units per Client	727.73	861.42	18.37%
Units per Provider	1,455.45	1,722.83	18.37%

Fewer clients utilized this service, but on average received more units, while fewer providers provided this service, on average, they provided more units. It is difficult to draw conclusions from differing count and average unit trends; this data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 64.66% to 164.18% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in three states and below 75% of the benchmarks in two states. The results of the access analysis (see Access Analysis, above) are inconclusive.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in enhanced homemaker (p.74).

HCBS Children's Habilitation Residential Program (CHRP Waiver)

The CHRP Waiver provides habilitative services for children and youth in foster care who have a developmental disability and extraordinary needs from birth through age 20. In FY 2015-16, 53 clients received services on the CHRP Waiver, with total expenditures of \$2,084,360.

The CHRP services under review, listed in order of highest FY 2015-16 expenditures are:

1. Habilitation
2. Behavioral Services
3. Professional Services (Hippotherapy, Movement Therapy, and Massage Therapy)

4. Respite
5. Supported Community Connections

This HCBS Waiver was last renewed in FY 2013-14. A density map showing provider and client locations is not shown to protect PHI.

Aggregate CHRP Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the CHRP Waiver are 113.35% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

CHRP Waiver Payment Comparison	
	WI ⁵³
Service Match Rate	67.02%
Estimated Total Funds FY 2015-16 Impact	\$(165,426)
Estimated General Fund FY 2015-16 Impact	\$(82,382)
Rate Benchmark Comparison	113.35%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the CHRP Waiver was accessed.

CHRP Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	71	53	-25.35%
Provider Count	24	21	-12.50%
Units per Client	288.83	294.87	2.09%
Units per Provider	854.46	744.19	-12.91%

Fewer clients utilized this HCBS Waiver and, on average received fewer units. Though units per provider increased, there were fewer providers. For utilization data for each service in the CHRP Waiver, refer to the sections below.

⁵³ See the Rate Comparison State Selection section (pp.11-12) for more information on why Wisconsin was included as a comparator state for this Waiver.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.⁵⁴ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Habilitation

Habilitation is defined in 10 CCR 2505-10 section 8.508.100 and is a foster and group home service that includes self-advocacy, independent living, and emergency assistance training, and cognitive, communication, counseling, therapeutic, personal care, community connector, and supervision services. For the purposes of this report, habilitation services analyses include: foster home and group home services. In FY 2015-16, 53 clients used this service, with total expenditures of \$2,025,970, and, on average, providers delivered services to 3 clients.

Rate Comparison Analysis

The habilitation waiver service has two subcategories with six tiered rates each. The foster home rates range from \$54.78 to \$190.15 per day and the group home rates range from \$80.33 to \$191.70 per day. Colorado payments for Habilitation were 110.59% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Habilitation Payment Comparison	
	WI⁵⁵
Service Match Rate	66.12%
Estimated Total Funds FY 2015-16 Impact	\$(129,126)
Estimated General Fund FY 2015-16 Impact	(\$64,305)
Rate Benchmark Comparison	110.59%

Utilization and Access Analysis

Utilization data, below, helps understand how habilitation services were accessed.

⁵⁴ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Parker Personal Care Homes.

⁵⁵ See the Rate Comparison State Selection section (pp.11-12) for more information on why Wisconsin was included as a comparator state for this Waiver.

Habilitation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	71	53	-25.35%
Provider Count	21	19	-9.52%
Units per Client	264.48	253.77	-4.05%
Units per Provider	894.19	707.89	-20.83%

Fewer clients utilized this service and, on average received fewer units, and the same was true for providers. Decreasing client and provider trends may indicate an access issue.

Summary

Payments were 110.59% of the rate comparison benchmark. However, the results of the access analysis (see Access Analysis, above) may indicate an access issue.

Behavioral Services

Behavioral services are defined in 10 CCR 2505-10 section 8.508.100.E and include individual and/or group counseling, behavioral or other therapeutic interventions directed at increasing the overall effective functioning of the client. For the purposes of this report, Behavioral Services analyses in this section include Behavioral Services line, lead, and senior levels. Analyses in this section refer to behavioral services available on the CHRP Waiver; for behavioral services available on the CWA (pp.53-54, referred to as behavioral therapies), CES (pp.68-69), DD (pp.90-91), and SLS (pp.108-109) Waivers, refer to those sections. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

Three of the four services under this group have defined rates. The behavioral line staff rate is \$8.30, the senior therapist rate is \$25.39 and the lead therapist rate is \$32.18. All rates have a 15 minute unit. Colorado payments for behavioral services are 287.71% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Services Payment Comparison	
	WI ⁵⁶
Service Match Rate	100%
Estimated Total Funds FY 2015-16 Impact	\$(36,299)
Estimated General Fund FY 2015-16 Impact	\$(18,077)
Rate Benchmark Comparison	287.71%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral services were accessed.

Behavioral Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	PHI	PHI	Increase
Provider Count	4	3	-25.00%
Units per Client	PHI	PHI	Decrease
Units per Provider	432.25	726.00	67.96%

More clients utilized the service, but received, on average, fewer units. Though providers delivered more units on average, there were fewer providers. This data alone is inconclusive as to whether an access issue exists.

Summary

Payments were 287.71% of the rate comparison benchmark. The results of the access analysis (see Access Analysis, above) are inconclusive.

Professional Services, Respite, and Supported Community Connector

There was no utilization of these services for clients enrolled in CHRP Waiver. Because analyses in this report rely on claims data, the Department is unable to complete analyses.

HCBS Waiver for Persons with Developmental Disabilities (DD Waiver)

The DD Waiver provides services and supports which allow persons with intellectual and developmental disabilities, aged 18 and older, to continue to live in the community. In FY 2015-16, 5,299 clients received services on the DD Waiver, with total expenditures of \$352,358,372.

The DD Waiver services under review, listed in order of highest FY 2015-16 expenditures are:

1. Residential Habilitation
2. Day Habilitation
3. Job Coaching

⁵⁶ See the Rate Comparison State Selection section (pp.11-12) for more information on why Wisconsin was included as a comparator state for this Waiver.

4. Non-Medical Transportation
5. Behavioral Services
6. Prevocational Services
7. Behavioral Plan Assessment
8. Job Development

This HCBS Waiver was last renewed in FY 2014-15.

The density map below depicts the distribution of clients receiving services through the DD Waiver (Figure 7). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map illustrate the billing zip code of each provider of DD Waiver services.

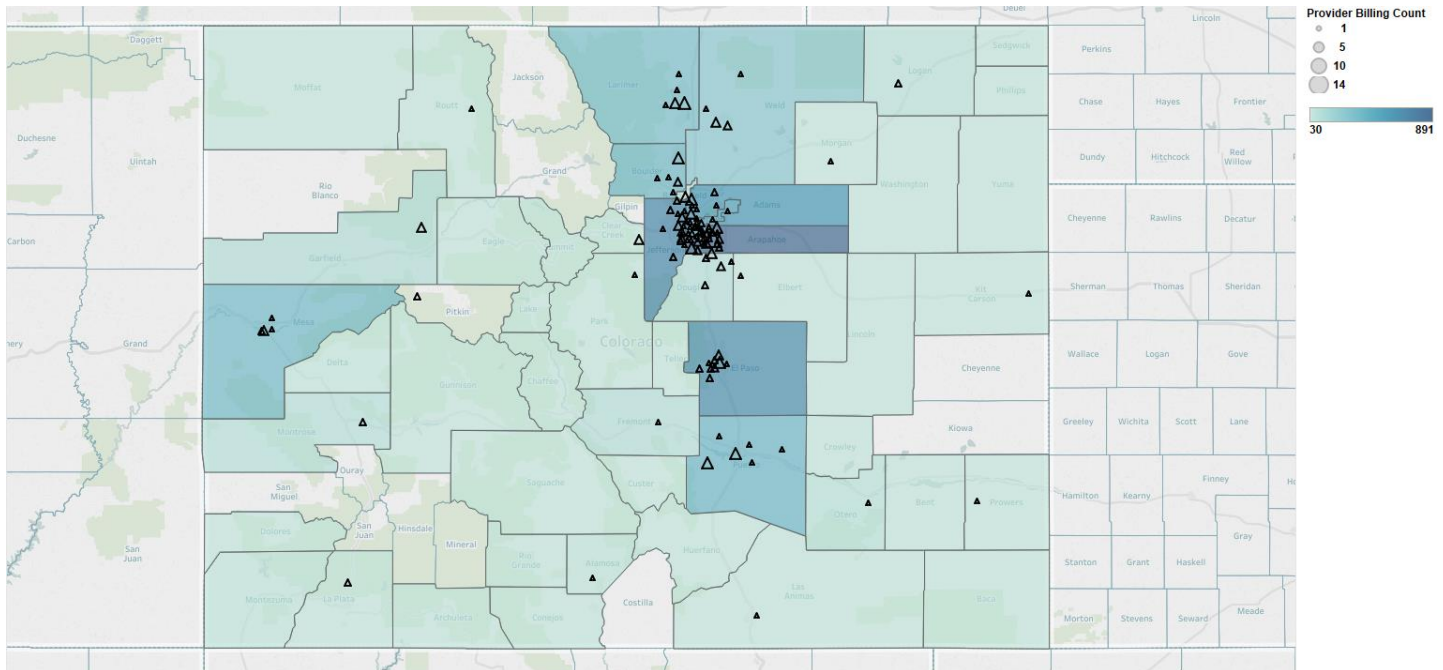


Figure 7 - DD Waiver client density and provider billing location map.

Aggregate DD Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the DD Waiver range from 78.30% to 165.10% of other State Medicaid benchmarks. This information, as well as information regarding percent of matched dollars, repriced dollars (for both Colorado and comparator state amounts), and fiscal impact, is contained in the table below.

DD Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	99.92%	99.92%	99.88%	98.33%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$58,484,779	\$(130,422,599)	\$27,201,979	\$28,049,830	\$91,757,435
Estimated General Fund FY 2015-16 Impact	\$29,125,420	\$(64,950,454)	\$13,546,586	\$13,968,815	\$45,695,203
Rate Benchmark Comparison	84.98%	165.10%	98.40%	92.07%	78.30%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the DD Waiver was accessed.

DD Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	5,054	5,297	4.81%
Provider Count	217	240	10.60%
Units per Client	3,930.38	3,866.07	-1.64%
Units per Provider	91,539.84	85,327.48	-6.79%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. For utilization data for each service in the DD Waiver, refer to the sections below.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.⁵⁷ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Residential Habilitation

Residential habilitation services and supports (RHSS) are defined in 10 CCR 2505-10 section 8.500.5.A.5 and are designed to ensure the health, safety and welfare of the client, and to assist in the acquisition, retention and/or improvement in skills necessary to support the client to live and participate successfully in the community. For the purposes of this report, residential habilitation analyses include: group residential services and supports; individual residential services and supports; and individual residential services and supports/host homes. In FY 2015-16, 5,142 clients used this service, with total expenditures of \$260,676,448, and, on average, providers delivered these services to 35 clients.

⁵⁷ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from a client, Mountain Valley Developmental Services, Community Connections Colorado, Parker Personal Care Homes, and Cheyenne Village.

Rate Comparison Analysis

Residential habilitation has three subcategories, mentioned above, with seven tiered rates each. Rates for this waiver service range from \$60.19 to \$225.27 per day. Colorado payments for residential habilitation range from 79.87% to 219.74% of the benchmarks.⁵⁸ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Residential Habilitation Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(42,379,269)	\$(131,248,418)	\$9,345,691	\$(786,121)	\$60,699,906
Estimated General Fund FY 2015-16 Impact	\$(21,104,876)	\$(65,361,712)	\$4,654,154	\$(391,488)	\$30,228,553
Rate Benchmark Comparison	121.35%	219.74%	96.26%	100.33%	79.87%

Access Analysis

Utilization data, below, helps understand how residential habilitation services are accessed.

Residential Habilitation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	4,895	5,142	5.05%
Provider Count	145	145	0.00%
Units per Client	339.60	337.55	-0.60%
Units per Provider	11,464.43	11,970.32	4.41%

Client counts increased and units per client remained constant, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 79.87% to 219.74% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in three states and between 75% and 100% in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁵⁹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

⁵⁸Montana has a single, per hour rate for residential habilitation. To convert from hours to days, the Department assumed one day was equal to eight hours. Information about other general assumptions is found in Appendix A.

⁵⁹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the parent of an adult client enrolled in the DD Waiver.

Day Habilitation

Day habilitation services and supports are defined in 10 CCR 2505-10 section 8.500.5.A.2 and include assistance with the acquisition, retention or improvement of self-help, socialization and adaptive skills that take place in a non-residential setting, separate from the client's private residence or other residential living arrangement, except when services are necessary in the residence due to medical or safety needs. Analyses in this section refer to day habilitation available to clients enrolled in the DD Waiver; for day habilitation available on the SLS Waiver (pp.97-98), refer to that section. For the purposes of this report, day habilitation includes: specialized habilitation and supported community connections. In FY 2015-16, 4,436 clients used this service, with total expenditures of \$57,822,496, and, on average, providers delivered services to 29 clients.

Rate Comparison Analysis

Specialized habilitation has seven tiered rates ranging from \$2.36 to \$9.52 per 15 minutes. Community connections also has seven tiered rates ranging from \$2.87 to \$9.52 per 15 minutes. Colorado payments for day habilitation range from 43.22% to 158.84% of the benchmarks.⁶⁰ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15)

Day Habilitation Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$76,354,946	\$(21,530,354)	\$25,359,974	\$20,072,638	\$14,507,020
Estimated General Fund FY 2015-16 Impact	\$38,024,763	\$(10,722,116)	\$12,629,267	\$9,996,174	\$7,224,496
Rate Benchmark Comparison	43.22%	158.84%	69.62%	74.33%	80.03%

Utilization and Access Analysis

Utilization data, below, helps understand how day habilitation services are accessed.

⁶⁰Oklahoma's day habilitation is defined as a day unit. To convert from days to 15-minute units, the Department assumed one day was equal to eight hours and then calculated 15-minute units for comparison. Montana's day habilitation is defined as an hour unit. The hourly rate was converted to 15-minute unit rates. Information about other general assumptions is found in Appendix A.

Day Habilitation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	4,221	4,436	5.09%
Provider Count	138	153	10.87%
Units per Client	3,149.19	3,123.36	-0.82%
Units per Provider	96,324.27	90,556.93	-5.99%

Client counts increased and units per client remained constant. Though units per provider decreased, increased provider counts indicate that, on average, providers were able to accommodate increased client count. This data alone does not show evidence of an access issue.

Summary

Payments range from 43.22% to 158.84% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmarks in two states, and below 75% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Job Coaching

Job coaching services are defined in 10 CCR 2505-10 section 8.500.5.A.7 and focus on activities needed to sustain paid work by clients, including supervision and training. Job coaching services may only be accessed if unavailable through the Department of Vocational Rehabilitation (DVR). Analyses in this section refer to job coaching available to clients enrolled in the DD Waiver; for job coaching available on the SLS Waiver (pp.102-103), refer to that section. In FY 2015-16, 1,428 clients used this service, with total expenditures of \$8,775,389, and, on average, providers delivered services to 19 clients.

Rate Comparison Analysis

The rate for job coaching individual is \$13.02 per 15 minutes. For job coaching group, there are 6 tiered rates ranging from \$3.16 to \$6.94 per 15 minutes. Colorado payments for job coaching range from 45.47% to 159.22% of the benchmarks.⁶¹ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

⁶¹ Typically, other states had only one fixed rate for job coaching with some variation between various waivers. For job coaching-group, the average rate across waivers was used to compare with each of Colorado's tiers. For the job coaching-individual, the average rate across waivers was compared with Colorado's rate. For both cases, priority was given to the comparable waiver type to match the rate. Information about other general assumptions is found in Appendix A.

Job Coaching Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(1,003,469)	\$14,833,713	\$(4,600,713)	\$7,333,753	\$7,768,477
Estimated General Fund FY 2015-16 Impact	\$(499,728)	\$7,387,189	\$(2,291,155)	\$3,652,209	\$3,868,702
Rate Benchmark Comparison	108.83%	45.47%	159.22%	62.78%	61.42%

Utilization and Access Analysis

Utilization data, below, helps understand how job coaching services were accessed.

Job Coaching Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,338	1,428	6.73%
Provider Count	67	74	10.45%
Units per Client	1,639.60	1,640.98	0.08%
Units per Provider	32,742.97	31,666.43	-3.29%

Client counts increased and units per client remained constant. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

Payments range from 45.47% to 159.22% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states and below 75% of the benchmarks in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Non-Medical Transportation

Non-medical transportation (NMT) services are defined in 10CCR 2505-10 section 8.500.5.A.4 and provide clients access to day habilitation services and supports, prevocational services, and supported employment services. Analyses in this section refer to NMT available to clients enrolled in the DD Waiver; for NMT available on adult LTSS Waivers (pp.24-25) and SLS (pp.100-101) Waiver refer to those sections. In FY 2015-16, 4,157 clients used this service, with total expenditures of \$10,733,545, and, on average, providers delivered services to 26 clients.

Rate Comparison Analysis

There are three defined rates for NMT based on mileage bands. The rate up to 10 miles is \$5.79, up to 12 miles is \$12.13, and over 20 miles is \$18.47 per trip. Colorado payments for NMT range from 32.13% to 147.37% of the benchmarks.⁶² For each comparator state, a summary of the estimated General Fund and total funds impacts in

⁶² When other states did not include a similar mileage band definition as Colorado, the rate unit was translated to a per-mile unit and transformed into the equivalent bands for comparison. Information about other general assumptions is found in Appendix A.

FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

NMT Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$22,861,383	\$10,950,372	\$(747,457)	\$(3,479,143)	\$5,737,261
Estimated General Fund FY 2015-16 Impact	\$11,384,969	\$5,453,285	\$(372,233)	\$(1,732,613)	\$2,857,156
Rate Benchmark Comparison	32.13%	49.71%	107.42%	147.37%	65.36%

Utilization and Access Analysis

Utilization data, below, helps understand how NMT was accessed.

NMT Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	3,985	4,157	4.32%
Provider Count	142	158	11.27%
Units per Client	319.00	313.29	-1.79%
Units per Provider	8,952.34	8,242.63	-7.93%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 32.13% to 147.37% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmarks in two states and below 75% of the benchmark in 3 states. The results of the access analysis (see Access Analysis, above) are inconclusive.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in NMT for adult LTSS Waivers (p.25).

Behavioral Services

Behavioral services include behavioral consultation services and behavioral line services. Behavioral consultation services are defined in 10 CCR 2505-10 section 8.500.5.A.1.d.i and include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the client's developmental disability and are necessary for the client to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Behavioral line services are defined in 10 CCR 2505-10 section 8.500.5.A.1.d(i) and include direct implementation of the behavioral plan under the supervision and oversight of a behavioral consultant, for intervention to address social or emotional issues or with an identified challenging behavior that puts the individual's health and safety or the safety of others at risk. Analyses in this

section refer to behavioral services available to clients enrolled in the DD Waiver; for behavioral services available on the BI (pp.41-42), CWA (pp.53-54; referred to as behavioral therapies), CES (pp.68-69), CHRP (pp.82-83), and SLS (pp.108-109) Waivers, refer to those sections. For the purposes of this report, behavioral services analyses in this section include: behavioral consultation, behavioral line staff, and group and individual behavioral counseling. In FY 2015-16, 1,923 clients used this service, with total expenditures of \$4,851,080, and, on average, providers delivered services to 26 clients.

Rate Comparison Analysis

The rate for this waiver service ranges from \$6.63 to \$24.94 per 15 minutes. Colorado payments for Behavioral Services range from 73.48% to 204.82% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Services Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	94.61%	94.61%	91.83%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$1,668,736	\$(2,366,048)	\$(757,062)	\$(1,749,976)
Estimated General Fund FY 2015-16 Impact	\$831,030	\$(1,178,292)	\$(377,017)	\$(871,488)
Rate Benchmark Comparison	73.48%	204.82%	120.29%	155.79%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral services were accessed.

Behavioral Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,732	1,923	11.03%
Provider Count	65	75	15.38%
Units per Client	118.37	122.16	3.20%
Units per Provider	3,154.17	3,132.11	-0.70%

Both client counts and units per client increased, with additional providers providing roughly the same number of units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 73.48% to 204.82% of the rate comparison benchmarks. Colorado payments were above 100% in three states and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Prevocational Services

Prevocational services are defined in 10 CCR 2505-10 section 8.500.5.A.2.e and are provided to prepare a client for paid employment in the community; services teach concepts such as attendance, task completion, problem solving, and safety. Analyses in this section refer to Prevocational Services available to clients enrolled in the DD Waiver, for Prevocational Services on the SLS Waiver (pp.105-106), refer to that section. In FY 2015-16, 472 clients used this service, with total expenditures of \$3,288,057, and, on average, providers delivered services to 25 clients.

Rate Comparison Analysis

For this waiver service, there are six teared rates ranging from \$2.36 to \$6.05 per 15 minutes. Colorado payments for Prevocational Services range from 39.22% to 162.12% of the benchmarks.⁶³ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Prevocational Services Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$802,254	\$(716,672)	\$(1,262,179)	\$4,922,954	\$5,104,245
Estimated General Fund FY 2015-16 Impact	\$399,522	\$(356,903)	\$(628,565)	\$2,451,631	\$2,541,914
Rate Benchmark Comparison	80.41%	127.81%	162.12%	40.09%	39.22%

Utilization and Access Analysis

Utilization data, below, helps understand how prevocational services were accessed.

Prevocational Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	536	472	-11.94%
Provider Count	22	19	-13.64%
Units per Client	2,257.06	2,073.43	-8.14%
Units per Provider	54,990.14	51,508.26	-6.33%

Fewer clients utilized this service and, on average received fewer units, and the same was true for providers. Decreasing client and provider trends may indicate an access issue.

⁶³Typically, other states had only one fixed rate for prevocational service support with some variation between various waivers. The average rate across waivers was used to compare with each of the six Colorado's tears. Priority was given to the comparable waiver type to match the rate. Information about other general assumptions is found in Appendix A.

Summary

Payments range from 39.22% to 170.63% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states, between 75% and 100% of the benchmark in one state, and below 75% of the benchmark in two states. However, the results of the access analysis (see Access Analysis, above) may indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁶⁴ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Behavioral Plan Assessment

Behavioral plan assessments are defined in 10 CCR 2505-10 section 8.500.5.A.1.d(iv) and include observations, interviews of direct care staff, functional behavioral analysis and assessment, evaluations, and completion of written assessment document. Analyses in this section refer to behavioral plan assessments available to clients enrolled in the DD Waiver; for behavioral plan assessments on the CES (pp.76-77) and SLS (pp.111-112) Waivers, refer to those sections. In FY 2015-16, 941 clients used this service, with total expenditures of \$629,566, and, on average, providers delivered services to 18 clients.

Rate Comparison Analysis

The rate for this waiver service is \$24.94 per 15 minutes. Colorado payments for behavioral plan assessment range from 77.73% to 216.65% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Plan Assessment Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$181,690	\$(341,360)	\$(106,953)	\$(295,852)
Estimated General Fund FY 2015-16 Impact	\$90,481	\$(169,997)	\$(53,262)	\$(147,334)
Rate Benchmark Comparison	77.73%	216.65%	120.29%	187.50%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral plan assessments were accessed.

⁶⁴ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Colorado Cross-Disability Coalition.

Behavioral Plan Assessment Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	746	941	26.14%
Provider Count	41	53	29.27%
Units per Client	26.90	26.86	-0.14%
Units per Provider	489.37	476.85	-2.56%

Client counts increased and units per client remained constant. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate increased client counts. This data alone does not show evidence of an access issue.

Summary

Payments range from 77.73% to 216.65% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and between 75% and 100% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Job Development

Job development services are defined in 10 CCR 2505-10 section 8.500.5.A.7 and focus on assessment and identification of vocational interests and capabilities in preparation for job development, as well as assisting in the location of a job or job placement. Job development services may only be accessed if unavailable through DVR. Analyses in this section refer to job development services available to clients enrolled in the DD Waiver; for job development services available on the SLS Waiver (pp.113-114), refer to that section. For the purposes of this report, job development analyses in this section include: group and all individual level job development. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

There are two rates for this waiver service, one for job development nt-group at \$4.15 per 15 minutes, and one for job development-individual at \$13.02 per 15 minutes.

Colorado payments for Job Development range from 103.72% to 338.49% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Job Development Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(1,492)	\$(3,833)	\$(29,323)	\$(14,251)	\$(13,647)
Estimated General Fund FY 2015-16 Impact	\$(743)	\$(1,909)	\$(14,603)	\$(7,097)	\$(6,796)
Rate Benchmark Comparison	103.72%	110.14%	338.49%	152.07%	148.79%

Utilization and Access Analysis

Utilization data, below, helps understand how job development services were accessed.

Job Development Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	90	PHI	Decrease
Provider Count	27	14	-48.15%
Units per Client	PHI	PHI	Constant
Units per Provider	339.67	228.57	-32.71%

Fewer clients received job development services, but received on average the same units. Fewer providers provided, on average, fewer units. Decreasing client and provider trends may indicate an access issue. However, because similar services are offered through DVR, this decline may not reflect an access issue, but rather possible access through DVR.

Summary

Payments range from 103.72% to 338.49% of the rate comparison benchmarks. Colorado payments were above 100% in all five of the states. However, the results of the access analysis (see Access Analysis, above) may indicate an access issue.

HCBS Supported Living Services Waiver (SLS Waiver)

This HCBS Waiver provides persons with intellectual and developmental disabilities, aged 18 and older, supported living services in the person's home or community. In FY 2015-16, 4,762 clients received services on the SLS Waiver, with total expenditures of \$53,954,679.

The SLS Waiver services under review, listed in order of highest FY 2015-16 expenditures are:

1. Day Habilitation
2. Respite
3. Non-Medical Transportation
4. Personal Care
5. Job Coaching
6. Enhanced Homemaker
7. Prevocational Services Support
8. Basic Homemaker

9. Mentorship
10. Behavioral Services
11. Massage
12. Movement Therapy
13. Hippotherapy
14. Behavioral Plan Assessment
15. Job Development
16. Job Placement

This HCBS Waiver was last renewed in FY 2014-15.

The density map below depicts the distribution of clients receiving services through the SLS Waiver (Figure 8). Counties with higher client counts are shown in darker blue, while counties with relatively fewer clients are shown in lighter blue. Triangles on the map illustrate the billing zip code of each provider of SLS Waiver services.

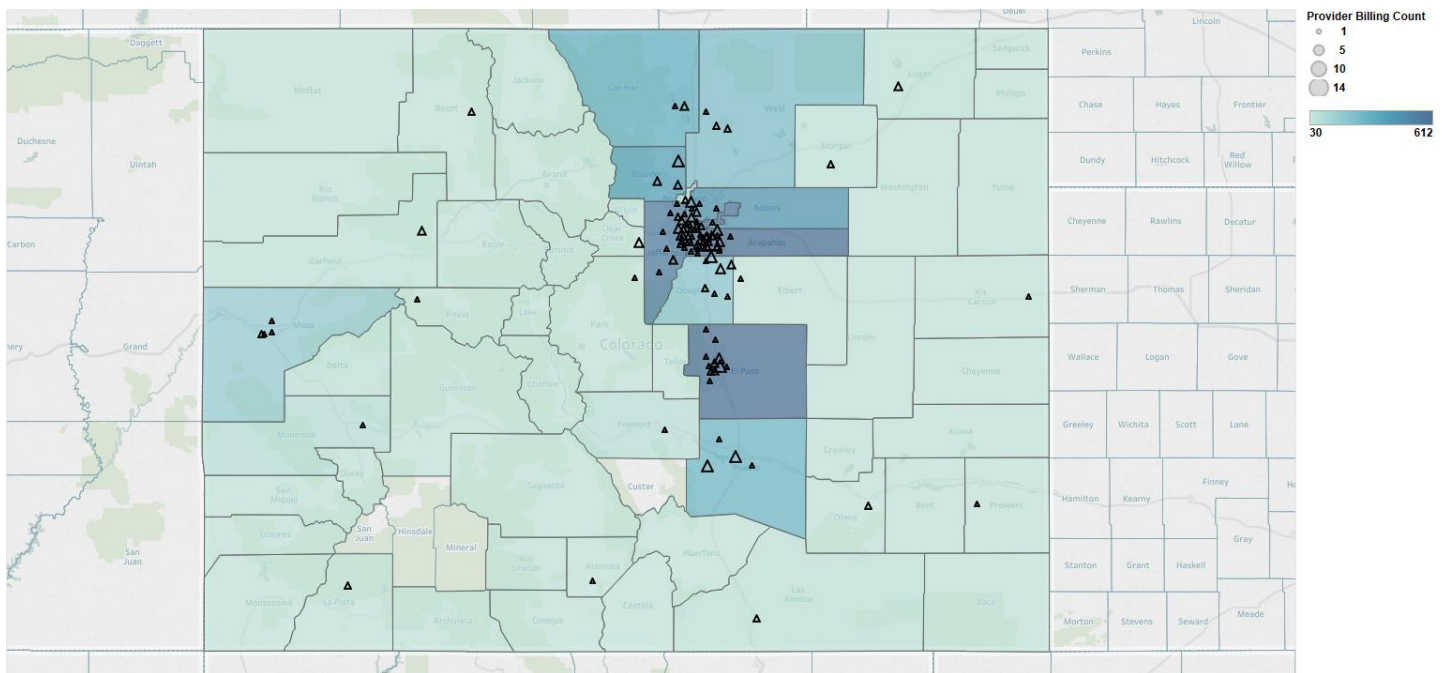


Figure 8 - SLS Waiver client density and provider billing location map.

Aggregate SLS Waiver

Aggregate Rate Comparison Analysis

Overall, Colorado payments for the SLS Waiver range from 46.47% to 97.55% of other State Medicaid benchmarks. This information, as well as information regarding percent of matched dollars, repriced dollars (for both Colorado and comparator state amounts), and fiscal impact, is contained in the table below.

SLS Waiver Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	97.79%	95.65%	96.37%	94.45%	97.30%
Estimated Total Funds FY 2015-16 Impact	\$58,289,856	\$1,243,833	\$13,441,856	\$17,994,366	\$25,839,649
Estimated General Fund FY 2015-16 Impact	\$29,028,348	\$619,429	\$6,694,044	\$8,961,194	\$12,868,145
Rate Benchmark Comparison	46.47%	97.55%	78.77%	73.09%	66.09%

Aggregate Access Analysis

Aggregate utilization data, below, helps understand how the SLS Waiver was accessed.

SLS Waiver Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	4,154	4,649	11.92%
Provider Count	191	223	16.75%
Units per Client	2,434.49	2,570.03	5.57%
Units per Provider	52,947.04	53,578.74	1.19%

Both client counts and units per client increased, with additional providers also providing more units on average. For utilization data for each service in the SLS Waiver, refer to the sections below.

Through the rate review process, the Department received stakeholder feedback regarding this HCBS Waiver, and services available to enrolled clients, that client access and provider retention issues may exist.⁶⁵ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Day Habilitation

Day habilitation services and supports are defined in 10CCR 2505-10 section 8.500.94.A.3 and include assistance with the acquisition, retention or improvement of self-help, socialization and adaptive skills that take place in a non-residential setting, separate from the client's private residence or other residential living arrangement, except when services are necessary in the residence due to medical or safety needs. Analyses in this section refer to day habilitation available to clients enrolled in the SLS Waiver; for day habilitation available on the DD Waiver (pp.87-88), refer to that section. For the purposes of this report, day habilitation analyses in this section include: specialized habilitation and supported community connections. In FY 2015-16, 3,605 clients used this service, with total expenditures of \$24,643,493, and, on average, providers delivered these services to 24 clients.

⁶⁵ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from PASCO, Mountain Valley Developmental Services, Community Connections Colorado, Laradon for Exceptional Children and Adults, Parker Personal Care Homes, Mosaic in Northern Colorado, Cheyenne Village, Alliance, Colorado Cross-Disability Coalition, and Community Options.

Rate Comparison Analysis

The rates for this waiver service are tiered into 12 rates. The rates range from \$2.36 per 15 minutes to 6.44 per 15 minutes. Colorado payments for day habilitation range from 35.37% to 130.00% of the benchmarks.⁶⁶ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Day Habilitation Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$45,252,664	\$(5,715,875)	\$18,699,758	\$15,946,660	\$13,048,662
Estimated General Fund FY 2015-16 Impact	\$22,535,827	\$(2,846,506)	\$9,312,480	\$7,941,437	\$6,498,234
Rate Benchmark Comparison	35.37%	130.00%	56.98%	60.84%	65.50%

Utilization and Access Analysis

Utilization data, below, helps understand how day habilitation services were accessed.

Day Habilitation Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	3,232	3,605	11.54%
Provider Count	138	153	10.87%
Units per Client	1,878.20	2,004.81	6.74%
Units per Provider	43,987.93	47,237.42	7.39%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 35.37% to 130.00% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmark in one state, and below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

⁶⁶Ohio and Oklahoma reimburse for this service based on a single fixed rate on a daily unit basis. For Ohio, it was assumed a 6 hour-day for the rate, and Oklahoma's service description indicated an 8 hour-day. The unit was converted for both to the equivalent per 15-minute defined by Colorado. Information about other general assumptions is found in Appendix A.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁶⁷ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Respite

Respite services are defined in 10 CCR 2505-10 section 8.500.94.A.12.b and are provided to clients on a short-term basis because of the absence or need for relief of those persons normally providing care . Analyses in this section refer to respite services available to clients enrolled in the SLS Waiver; for respite services available on adult LTSS Waivers (pp.28-31), CLLI (pp.60-61), CES (pp.70-71), and CHRP (p.83) Waivers, refer to those sections. In FY 2015-16, 1,135 clients used this service, with total expenditures of \$6,329,085, and, on average, providers delivered these services to 11 clients.

Rate Comparison Analysis

For the individual respite service, there are two defined rates one at \$4.95 per 15 minutes and another at \$197.91 per day. Colorado payments for respite range from 114.95% to 162.32% of the benchmarks for 15 minute units and 107.81% to 123.14% of the benchmarks for day units. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15)

Respite Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(1,415,279)	\$(2,193,893)	\$(1,250,328)	\$(1,250,754)	\$(742,996)
Estimated General Fund FY 2015-16 Impact	\$(704,809)	\$(1,092,558)	\$(622,664)	\$(622,876)	\$(370,012)
Rate Benchmark Comparison	132.92%	162.32%	128.01%	128.02%	114.95%

Utilization and Access Analysis

Utilization data, below, helps understand how respite services were accessed.

⁶⁷ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from the Colorado Cross-Disability Coalition.

Respite Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	976	1,135	16.29%
Provider Count	98	107	9.18%
Units per Client	828.22	812.08	-1.95%
Units per Provider	8,248.41	8,614.14	4.43%

More clients utilized the service, but received, on average, received fewer units. However, both the number of providers and the average units per provider increased, which may indicate providers could accommodate increased clients. This data alone does not show evidence of an access issue.

Summary

Payments range from 114.95% to 162.32% of the rate benchmark comparisons. Colorado payments were above 100% in all five states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁶⁸ Stakeholder feedback was similar to both the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17) and the stakeholder feedback outlined above in CES Waiver respite (p.71).

Non-Medical Transportation

Non-medical transportation (NMT) services are defined in 10 CCR 2505-10 section 8.500.94.A.12.b and provide clients access to day habilitation services and supports, prevocational services, and supported employment services. Analyses in this section refer to NMT available to clients enrolled in the SLS Waiver; for NMT available on the adult LTSS Waivers (pp.24-25) and DD Waiver (pp.89-90), refer to those sections. In FY 2015-16, 3,010 clients used this service, with total expenditures of \$4,997,453, and, on average, providers delivered these services to 22 clients.

Rate Comparison Analysis

There are three defined rates for NMT based on mileage bands and one for mileage-not in a day program. For the mileage band rates, the rate up to 10 miles is \$5.79, up to 12 miles is \$12.13, and over 20 miles is \$18.47 per trip. The rate for mileage-not in a day program is \$5.79 up to four trips per week. Colorado payments for NMT range from 32.02% to 147.34% of the benchmarks.⁶⁹ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15)

⁶⁸The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from PASCO, Parker Personal Care Homes, and Colorado Cross-Disability Coalition.

⁶⁹When other states did not include a similar mileage band definition as Colorado, the rate unit was translated to a per-mile unit and transformed into the equivalent bands for comparison. Information about other general assumptions is found in Appendix A.

NMT Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	96.16%	96.16%	96.16%	96.16%	96.16%
Estimated Total Funds FY 2015-16 Impact	\$10,255,250	\$4,920,817	\$(332,671)	\$(1,552,137)	\$2,586,087
Estimated General Fund FY 2015-16 Impact	\$5,107,115	\$2,450,567	\$(165,670)	\$(772,964)	\$1,287,872
Rate Benchmark Comparison	32.02%	49.54%	107.40%	147.34%	65.13%

Utilization and Access Analysis

Utilization data, below, helps understand how NMT was accessed.

NMT Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	2,632	3,010	14.36%
Provider Count	126	140	11.11%
Units per Client	199.39	205.29	2.96%
Units per Provider	4,165.06	4,413.74	5.97%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 32.02% to 147.34% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states and below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in adult LTSS Waivers (p.25).

Personal Care

Personal care services are defined in 10 CCR 2505-10 section 8.503.94.A.10 and designed to meet the client's physical, maintenance, and supportive needs through hands-on assistance or cueing to prompt the client to perform unskilled tasks. Analyses in this section refer to personal care services available to clients enrolled in the SLS Waiver; for personal care services available on the adult LTSS Waivers (pp.18-19 and pp.25-26) and CES Waiver (pp.78-79), refer to those sections. In FY 2015-16, 1,771 clients used this service, with total expenditures of \$5,044,552, and, on average, providers delivered these services to 18 clients.

Rate Comparison Analysis

The rate for this waiver service is \$4.95 per 15 minutes. Colorado payments for Personal Care range from 64.66% to 164.18% of the benchmarks. For each comparator state, a summary of the estimated General Fund and Total Funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the

benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Personal Care Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$2,427,641	\$(248,463)	\$(1,151,585)	\$(1,981,365)	\$2,770,469
Estimated General Fund FY 2015-16 Impact	\$1,208,965	\$(123,734)	\$(573,490)	\$(986,720)	\$1,379,693
Rate Benchmark Comparison	67.61%	105.15%	129.40%	164.18%	64.66%

Utilization and Access Analysis

Utilization data, below, helps understand how personal care services were accessed.

Personal Care Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,581	1,771	12.02%
Provider Count	86	98	13.95%
Units per Client	528.30	576.23	9.07%
Units per Provider	9,712.21	10,413.26	7.22%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 64.66% to 164.18% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and below 75% of the benchmark in 2 states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in CES Waiver enhanced homemaker (p.74).

Job Coaching

Job coaching services are defined in 10 CCR 2505-10 section 8.503.94.A.14 and focus on activities needed to sustain paid work by clients, including supervision and training. Job coaching services may only be accessed if unavailable through DVR. Analyses in this section refer to job coaching available to clients enrolled in the SLS Waiver; for job coaching available to clients enrolled in the DD Waiver (pp.88-89), refer to that section. In FY 2015-16, 933 clients used this service, with total expenditures of \$3,470,321, and, on average, providers delivered these services to 14 clients.

Rate Comparison Analysis

There are individual and group rates for this waiver service. The job coaching-individual rate is \$13.02 per 15 minutes. The job coaching-group rates have 6 tiers and they range from \$3.16 to 6.94 per 15 minutes. Colorado

payments for Job Coaching range from 38.51% to 134.94% of the benchmarks.⁷⁰ For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Job Coaching Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$266,343	\$5,561,482	\$(901,854)	\$3,067,916	\$3,212,452
Estimated General Fund FY 2015-16 Impact	\$132,639	\$2,769,618	\$(449,123)	\$1,527,822	\$1,599,801
Rate Benchmark Comparison	92.90%	38.51%	134.94%	53.17%	52.02%

Utilization and Access Analysis

Utilization data, below, helps understand how job coaching services were accessed.

Job Coaching Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	826	933	12.95%
Provider Count	62	66	6.45%
Units per Client	837.79	835.44	-0.28%
Units per Provider	11,161.52	11,810.11	5.81%

Client counts increased and units per client remained constant, with additional providers providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 38.51% to 134.94% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmark in one state, and below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Enhanced Homemaker

Enhanced homemaker services are defined in 10 CCR 2505-10 section 8.503.94.A.6.b and include basic homemaker services, with the addition of either procedures for habilitation or procedures to perform extraordinary cleaning. Analyses in this section refer to enhanced homemaker services available to clients enrolled in the SLS Waiver. For enhanced homemaker services available on the CES Waiver (pp.73-74), refer to that section.

⁷⁰Typically, other states had only one fixed rate for job coaching with some variation between various waivers. For job coaching-group, the average rate across waivers was used to compare with each of Colorado's tiers. For the job coaching-individual, the average rate across waivers was compared with Colorado's rate. For both cases, priority was given to the comparable waiver type to match the rate. Information about other general assumptions is found in Appendix A.

For homemaker services available on the adult LTSS Waivers (pp.21-22 and pp.27-28), refer to that section. In FY 2015-16, 881 clients used this service, with total expenditures of \$1,599,692, and, on average, providers delivered services to 11 clients.

Rate Comparison Analysis

The rate for this waiver service is \$6.13 per 15 minutes. Colorado payments for enhanced homemaker range from 77.14% to 192.85% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Enhanced Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$312,474	\$(372,747)	\$(773,661)	\$476,246	\$400,256
Estimated General Fund FY 2015-16 Impact	\$155,612	\$(185,628)	\$(385,283)	\$237,171	\$199,328
Rate Benchmark Comparison	83.72%	130.20%	192.85%	77.14%	80.06%

Utilization and Access Analysis

Utilization data, below, helps understand how enhanced homemaker services were accessed.

Enhanced Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	748	881	17.78%
Provider Count	65	81	24.62%
Units per Client	275.84	296.48	7.48%
Units per Provider	3,174.34	3,224.65	1.59%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 77.14% to 192.85% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in two states and between 75% and 100% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in CES Waiver enhanced homemaker (p.74).

Prevocational Services

Prevocational services are defined in 10 CCR 2505-10 section 8.503.94.A.3.e and are provided to prepare a client for paid employment in the community; services teach concepts such as attendance, task completion, problem solving, and safety. Analyses in this section refer to prevocational services available to clients enrolled in the SLS Waiver; for prevocational services available on the DD Waiver (pp.92-93), refer to that section. In FY 2015-16, 320 clients used this service, with total expenditures of \$1,439,533, and, on average, providers delivered services to 16 clients.

Rate Comparison Analysis

For this waiver service, there are six teared rates ranging from \$2.36 to \$6.05 per 15 minutes. Colorado payments for prevocational services range from 31.08% to 99.10% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Prevocational Services Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$873,095	\$13,109	\$(295,746)	\$3,206,155	\$3,308,799
Estimated General Fund FY 2015-16 Impact	\$434,801	\$6,528	\$(147,281)	\$1,596,665	\$1,647,782
Rate Benchmark Comparison	62.35%	99.10%	125.71%	31.08%	30.41%

Utilization and Access Analysis

Utilization data, below, helps understand how prevocational services were accessed.

Prevocational Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	305	320	4.92%
Provider Count	19	20	5.26%
Units per Client	1,759.97	1,730.29	-1.69%
Units per Provider	28,252.16	27,684.65	-2.01%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 31.08% to 99.10% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmark in one state, and below 75% of the benchmark in three states. The results of the access analysis (see Access Analysis, above) are inconclusive.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in prevocational services on the DD Waiver (p.93).

Basic Homemaker

Basic homemaker services are defined in 10CCR 2505-10 section 8.503.94.A.6.b and include cleaning, completing laundry, completing basic household care or maintenance within the client's primary residence only in the areas where the client frequents. Analyses in this section refer to Basic Homemaker Services available to clients enrolled in the SLS Waiver. For basic homemaker services available on the CES Waiver (pp.75-76), refer to that section. For homemaker services available on the adult LTSS Waivers (pp.21-22 and pp.27-28), refer to that section. In FY 2015-16, 580 clients used this service, with total expenditures of \$1,343,420, and, on average, providers delivered services to 8 clients.

Rate Comparison Analysis

The rate for this waiver service is \$4.25 per 15 minutes. Colorado payments for basic homemaker range from 80.95% to 140.88% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Basic Homemaker Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$234,641	\$(185,282)	\$(386,220)	\$(445,177)	\$360,979
Estimated General Fund FY 2015-16 Impact	\$116,851	\$(92,270)	\$(192,338)	\$(221,698)	\$179,767
Rate Benchmark Comparison	86.73%	113.74%	133.65%	140.88%	80.95%

Utilization and Access Analysis

Utilization data, below, helps understand how basic homemaker services were accessed.

Basic Homemaker Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	520	580	11.54%
Provider Count	57	72	26.32%
Units per Client	518.29	620.98	19.81%
Units per Provider	4,728.25	5,002.31	5.80%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 80.95% to 140.88% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and between 75% and 100% of the benchmark in two states. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist. Stakeholder feedback was similar to the general stakeholder feedback outlined above in CES Waiver enhanced homemaker (p.74).

Mentorship

Mentorship services are defined in 10CCR 2505-10 section 8.503.94.A.7 and are provided to clients to promote self-advocacy through methods such as instructing, providing experiences, modeling and advising. In FY 2015-16, 1,150 clients used this service, with total expenditures of \$1,095,391, and, on average, providers delivered services to 12 clients.

Rate Comparison Analysis

The rate for this waiver service is \$10 per 15 minutes. Colorado payments for Mentorship were 128.50% of the benchmark. A summary of the estimated General Fund and total funds impact in FY 2015-16 to reach 100% of the benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with one state. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Mentorship Payment Comparison	
	CT
Service Match Rate	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(245,098)
Estimated General Fund FY 2015-16 Impact	\$(122,059)
Rate Benchmark Comparison	128.50%

Utilization and Access Analysis

Utilization data, below, helps understand how mentorship services were accessed.

Mentorship Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	1,006	1,150	14.31%
Provider Count	81	99	22.22%
Units per Client	94.83	95.93	1.16%
Units per Provider	1,177.74	1,114.33	-5.38%

Both client counts and units per client increased. Though units per provider decreased, increased provider counts indicate that, on average, providers could accommodate the increased client counts. This data alone does not show evidence of an access issue.

Summary

Payments were 128.50% of the rate comparison benchmark. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

However, through the rate review process, the Department received stakeholder feedback, specific to this waiver service, that client access and provider retention issues may exist.⁷¹ Stakeholder feedback was similar to the general stakeholder feedback outlined in above in the Stakeholder Feedback section (pp.16-17).

Behavioral Services

Behavioral services include behavioral consultation services and behavioral line services. Behavioral consultation services are defined in 10 CCR 2505-10 section 8.500.94.A.2.d(i) and include consultations and recommendations for behavioral interventions and development of behavioral support plans that are related to the client's developmental disability and are necessary for the client to acquire or maintain appropriate adaptive behaviors, interactions with others and behavioral self-management. Behavioral line services are defined in 10 CCR 2505-10 section 8.500.94.A.2.d(vii) and include direct implementation of the behavioral plan under the supervision and oversight of a behavioral consultant, for intervention to address social or emotional issues or with an identified challenging behavior that puts the individual's health and safety or the safety of others at risk. Analyses in this section refer to behavioral services available to clients enrolled in the SLS Waiver; for behavioral services available on the BI (pp.41-42), CWA (pp.53-54, referred to as behavioral therapies), CES (pp.68-69), CHRP (pp.82-83), and DD (pp.90-91) Waivers, refer to those sections. For the purposes of this report, behavioral services analyses in this section include: behavioral consultation, behavioral line staff, and group and individual behavioral counseling. In FY 2015-16, 285 clients used this service, with total expenditures of \$968,190, and, on average, providers delivered services to 19 clients.

Rate Comparison Analysis

The rate for this waiver service ranges from \$6.63 to \$24.94 per 15 minutes. Colorado payments for behavioral services range from 75.29% to 210.18% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

⁷¹ The Department received feedback from stakeholders during the February 15, 2017 Rate Review Information Sharing Session and the March 17, 2017 MPRRAC Meeting. The Department also received written public comment from Cheyenne Village.

Behavioral Services Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	92.34%	92.34%	90.83%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$297,133	\$(474,631)	\$(150,421)	\$(331,914)
Estimated General Fund FY 2015-16 Impact	\$147,972	\$(236,366)	\$(74,910)	\$(165,293)
Rate Benchmark Comparison	75.29%	210.18%	120.32%	151.17%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral services were accessed.

Behavioral Services Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	237	285	20.25%
Provider Count	12	15	25.00%
Units per Client	5,951.95	5,697.40	-4.28%
Units per Provider	117,551.00	108,250.67	-7.91%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 75.29% to 210.18% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and between 75% and 100% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) are inconclusive.

Massage Therapy

Massage services are defined in 10 CCR 2505-10 section 8.500.94.A.11.c and include physical manipulation of muscles to ease muscle contractures or spasms, increase extension and muscle relaxation, and decrease muscle tension, and includes Watsu, to provide clients with beneficial physiologic, mechanical, and/or psychological changes. Analyses in this section refer to Massage Therapy available to clients enrolled in the SLS Waiver; for massage therapy available to clients enrolled on the SCI (pp.46-47), CLLI (pp.62-63), CES (pp.74-75), and CHRP (p.83) Waivers, refer to those sections. In FY 2015-16, 135 clients used this service, with total expenditures of \$393,467, and, on average, providers delivered services to 6 clients.

Rate Comparison Analysis

The rate for this waiver service is \$18.65 per 15 minutes. Colorado payments for massage therapy range from 42.50% to 99.96% of the benchmark. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate

benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Massage Therapy Payment Comparison		
	UT	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$534,025	\$174
Estimated General Fund FY 2015-16 Impact	\$265,945	\$87
Rate Benchmark Comparison	42.50%	99.96%

Utilization and Access Analysis

Utilization data, below, helps understand how massage therapy was accessed.

Massage Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	122	135	10.66%
Provider Count	16	21	31.25%
Units per Client	158.33	156.41	-1.21%
Units per Provider	1,207.25	1,005.52	-16.71%

More clients utilized the service, but received, on average, fewer units. Though there was an increase in providers, they provided fewer units on average. It is difficult to draw conclusions from differing count and unit trends. This data alone is inconclusive as to whether there is an access issue.

Summary

Payments range from 42.50% to 99.96% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) are inconclusive.

Movement Therapy

Movement therapy is defined in 10 CCR 2505-10 section 8.500.94.A.11.c and includes the use of music or dance as a therapeutic tool for the habilitation, rehabilitation, and maintenance of behavioral, developmental, physical, social, communication, or gross motor skills, and assists in pain management and cognition. Analyses in this section refer to movement therapy available to clients enrolled on the SLS Waiver; for movement therapy available on the CHRP (p.83) and CES (pp.72-73) Waivers, refer to those sections. For the purposes of this report, movement therapy analyses in this section include: masters and bachelor level movement therapy. In FY 2015-16, 131 clients used this service, with total expenditures of \$383,215, and, on average, providers delivered services to 7 clients.

Rate Comparison Analysis

The rate for this waiver service ranges from \$15.55 to \$22.79 per 15 minutes. Colorado payments for movement therapy range from 23.08% to 95.08% of the benchmark. For each comparator state, a summary of the estimated

General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with two states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Movement Therapy Payment Comparison		
	OK	MT
Service Match Rate	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$19,960	\$1,285,436
Estimated General Fund FY 2015-16 Impact	\$9,940	\$640,147
Rate Benchmark Comparison	95.08%	23.08%

Utilization and Access Analysis

Utilization data, below, helps understand how movement therapy was accessed.

Movement Therapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	97	131	35.05%
Provider Count	15	20	33.33%
Units per Client	150.00	154.54	3.03%
Units per Provider	970.00	1,012.25	4.36%

Both client counts and units per client increased, with additional providers also providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 23.08% to 95.08% of the rate comparison benchmarks. Colorado payments were between 75% and 100% of the benchmark in one state and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Behavioral Plan Assessment

Behavioral plan assessments are defined in 10 CCR 2505-10 section 8.500.94.A.2.d(iv) and include observations, interviews of direct staff, functional behavioral analysis and assessment, evaluations and completion of a written assessment document. Analyses in this section refer to behavioral plan assessments available to clients enrolled in the SLS Waiver; for behavioral plan assessments available on the CES (pp.76-77) and DD (pp.93-94) Waivers, refer to those sections. In FY 2015-16, 161 clients used this service, with total expenditures of \$109,921, and, on average, providers delivered services to 5 clients.

Rate Comparison Analysis

The rate for this waiver service is \$24.94 per 15 minutes. Colorado payments for behavioral plan assessment range from 77.73% to 216.65% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison

to the benchmark, is presented in the table below. Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Behavioral Plan Assessment Payment Comparison				
	CT	OH	OK	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$31,888.68	\$(59,912.49)	\$(18,771.52)	\$(51,925.25)
Estimated General Fund FY 2015-16 Impact	\$15,881	\$(29,836)	\$(9,349)	\$(25,859)
Rate Benchmark Comparison	77.73%	216.65%	120.29%	187.50%

Utilization and Access Analysis

Utilization data, below, helps understand how behavioral plan assessments were accessed.

Behavioral Plan Assessment Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	81	161	98.77%
Provider Count	21	32	52.38%
Units per Client	28.46	27.66	-2.81%
Units per Provider	109.76	139.16	26.78%

More clients utilized the service, but received, on average, fewer units. However, both the number of providers and the average units per provider increased, which may indicate providers could accommodate increased client counts. This data alone does not show evidence of an access issue.

Summary

Payments range from 77.73% to 216.65% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in three states and between 75% and 100% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Hippotherapy

Hippotherapy is defined in 10 CCR 2505-10 section 8.500.94.A.11.a and includes therapeutic treatment strategies that uses the movement of the horse to assist in the development or enhancement of skills including gross motor, sensory integration, attention, cognitive, social, behavior and communication. Analyses in this section refer to hippotherapy available to clients enrolled in the SLS Waiver; for hippotherapy available on the CHRP (p.83) and CES (pp.77-78) Waivers, refer to those sections. For the purposes of this report, hippotherapy analyses in this section include: group and individual hippotherapy. In FY 2015-16, 59 clients used this service, with total expenditures of \$96,385, and, on average, providers delivered services to 5 clients.

Rate Comparison Analysis

The hippotherapy individual rate is \$20.72 per 15 minutes and the hippotherapy group rate is \$8.81 per 15 minutes. The Department was unable to find a comparable rate for this service in other states.

Utilization and Access Analysis

Utilization data, below, helps understand how hippotherapy was accessed.

Hippotherapy Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	55	59	7.27%
Provider Count	14	13	-7.14%
Units per Client	74.20	86.12	16.06%
Units per Provider	291.50	390.85	34.08%

Both client counts and units per client increased. Though there was one less provider, increased units per provider indicate that, on average, providers could accommodate increased units per client. This data alone does not show evidence of an access issue.

Summary

The Department was unable to find a comparable rate for rate comparison. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

Job Development

Job development services are defined in 10 CCR 2505-10 section 8.500.94.A.14 and focus on assessment and identification of vocational interests and capabilities in preparation for job development as well as assisting in the location of a job or job placement. Job development services may only be accessed if unavailable through DVR. Analyses in this section refer to job development services available to clients enrolled in the SLS Waiver; for job development services available on the DD Waiver (pp.94-95), refer to that section. For the purposes of this report, job development analyses in this section include: group and all individual levels of job development. To protect PHI, the Department is unable to provide information in this report regarding FY 2015-16 data for: the number of clients that utilized this service; the total expenditures for this service; and the average number of clients per provider.

Rate Comparison Analysis

There are two rates for this waiver service, one for job development-group at \$4.15 per 15 minutes, and one for job development individual levels at \$13.02 per 15 minutes. Colorado payments for Job Development range from 103.30% to 321.58% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Job Development Payment Comparison					
	CT	OH	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$(897)	\$(771)	\$(16,605)	\$(7,203)	\$(6,830)
Estimated General Fund FY 2015-16 Impact	\$(447)	\$(384)	\$(8,269)	\$(3,587)	\$(3,401)
Rate Benchmark Comparison	103.87%	103.30%	321.58%	142.63%	139.55%

Utilization and Access Analysis

Utilization data, below, helps understand how job development services were accessed.

Job Development Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	75	PHI	Decrease
Provider Count	25	11	-56.00%
Units per Client	PHI	PHI	Constant
Units per Provider	194.52	182.82	-6.02%

Fewer clients received job development, but received on average the same units. Fewer providers provided, on average, fewer units. Decreasing client and provider trends may indicate an access issue. However, because similar services are offered through DVR, this decline may not reflect an access issue, but rather possible access through DVR.

Summary

Payments range from 103.30% to 321.58% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in all five states. However, the results of the access analysis (see Access Analysis, above) may indicate an access issue.

Targeted Case Management

Targeted Case Management (TCM) is a State Plan benefit defined in 10 CCR 2505-10 section 8.500.1 and includes facilitating enrollment, locating, coordinating, and monitoring needed waiver services and coordinating with other non-waiver resources.⁷² Clients with intellectual and developmental disabilities receive TCM through Community Centered Boards (CCBs). During the Request for Proposal processes, CCB case managers send a referral to potential providers. The referral identifies needed services and describes what support would look like for the client. The case manager then receives responses from interested providers and presents the options to the client. In FY 2015-16, 11,666 clients used this service, with total expenditures of \$23,340,153, and, on average, providers delivered services to 583 clients.

⁷² TCM offered under through EPSDT benefit were not included in these analyses, but will be reviewed with other EPSDT services later in the rate review process.

Rate Comparison Analysis

The rate for targeted case management is \$15.87 per 15 minutes. Colorado payments for TCM range from 64.36% to 100.76% of the benchmarks. For each comparator state, a summary of the estimated General Fund and total funds impacts in FY 2015-16 to reach 100% of each benchmark, as well as the payment comparison to the benchmark, is presented in the table below.⁷³ Please note, the Department was only able to conduct rate benchmark comparisons with four states. For information on how to read the table, refer to Analysis Considerations (pp.14-15).

Targeted Case Management Payment Comparison				
	CT	OK	UT	MT
Service Match Rate	100.00%	100.00%	100.00%	100.00%
Estimated Total Funds FY 2015-16 Impact	\$13,059,537	\$(178,287)	\$6,633,769	\$168,382
Estimated General Fund FY 2015-16 Impact	\$6,503,649	\$(88,787)	\$3,303,617	\$83,854
Rate Benchmark Comparison	64.36%	100.76%	78.04%	99.29%

Utilization and Access Analysis

Utilization data, below, helps understand how targeted case management services were accessed.

Targeted Case Management Utilization Metrics			
Metric	FY 2014-15	FY 2015-16	YoY Change
Client Count	10,680	11,666	9.23%
Provider Count	20	20	0.00%
Units per Client	126.18	126.47	0.25%
Units per Provider	67,377.95	73,770.65	9.49%

Client counts increased and units per client remained constant, with the same number of providers providing more units on average. This data alone does not show evidence of an access issue.

Summary

Payments range from 64.36% to 100.76% of the rate comparison benchmarks. Colorado payments were above 100% of the benchmark in one state, between 75% and 100% of the benchmark in two states, and below 75% of the benchmark in one state. The results of the access analysis (see Access Analysis, above) do not indicate an access issue.

⁷³ TCM was compared to HCBS Waiver case management in other states.

VI. Appendices

Appendix A – Payment Comparison Methodology

Appendix A includes details of the benchmark creation and payment comparison methodology. The Department contracted with Optumas, an actuarial firm, to provide support in comparing Colorado Medicaid rates to those of other payers. This appendix was prepared and written by Optumas.

[HCBS Waivers – Appendix A – Payment Comparison Methodology](#)

Appendix B – Aggregate Utilization Data for Common Adult LTSS Waivers by Waiver

Appendix B includes adult LTSS Waiver Utilization Metric tables, by HCBS Waiver, for each of the common adult LTSS Waiver services. This appendix contains portions of the [Preliminary Year Two HCBS Waivers Access Data handout](#), distributed during the March 17, 2017 MPRRAC meeting.

[HCBS Waivers – Appendix B – Aggregate Utilization Data for Common Adult LTSS Waivers by Waiver](#)

Appendix C – Rate Review Process and Consumer Directed Attendant Support Services (CDASS)

Appendix C provides more information regarding why CDASS received a modified analysis in the rate review process. This appendix also includes a rate-to-rate comparison for consumer-directed services to other state Medicaid agencies. This appendix is an updated version of [the Rate Review Process and Consumer Directed Attendant Support Services handout](#), distributed during the March 17, 2017 MPRRAC meeting.

[HCBS Waivers – Appendix C – Rate Review Process and Consumer Directed Attendant Support Services](#)