



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

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

Dear Representative Esgar:

Enclosed please find a legislative report to the Joint Budget Committee from the Department of Health Care Policy & Financing as directed by HB 18-1326 - Support for Transition from Institutional Settings.

Section 25.5-6-1501(8), C.R.S., states that “on or before November 1, 2019, and each November 1 thereafter, the state department shall submit an annual report to the health and human services committee of the senate, the public health care and human services committee of the house of representatives, and the joint budget committee, or any successor committees, on the effectiveness of providing the services and supports required by this part 15. The report must include: (a) an evaluation of the cost-effectiveness of the services; and (b) for each year of the program, the number of persons who: (i) requested services; (ii) received services; (iii) transitioned from an institutional setting to a home or community-based setting; and (iv) transitioned from an institutional setting but later returned to an institutional setting.”

Transition Services within Health First Colorado (Medicaid) have been providing community transition services and supports to people who are in facility settings, are eligible for Medicaid, and desire to transition to a home- or community-based setting since January 1, 2019. Colorado is the first state in the nation to add critical services from a Money Follows the Person (MFP) demonstration grant, known in Colorado as Colorado Choice Transitions (CCT), as ongoing services in Colorado’s Medicaid program.

The Department anticipates having more robust cost-effectiveness data on the new Transitions Services in the next year to share with the committees.

If you require further information or have additional questions, please contact the Department’s Legislative Analyst, Jill Mullen, at Jill.Mullen@state.co.us or 303.866.6912.



Sincerely,



Kim Bimestefer
Executive Director

KB/KB

Enclosure(s): HCPF 2020 Support for Transition from Institutional Setting Annual Report

- CC: Senator Dominick Moreno, Vice-chair, Joint Budget Committee
Representative Julie McCluskie, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Senator Rachel Zenzinger, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Eric Kurtz, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
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Bonnie Silva, Community Living Interim Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Anne Saumur, Cost Control Office Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF





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Department of Health Care
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Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

The Honorable Susan Lontine, Chair
House Health and Insurance Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Lontine:

Enclosed please find a legislative report to the House Health and Insurance Committee from the Department of Health Care Policy & Financing as directed by HB 18-1326 - Support for Transition from Institutional Settings.

Section 25.5-6-1501(8), C.R.S., states that “on or before November 1, 2019, and each November 1 thereafter, the state department shall submit an annual report to the health and human services committee of the senate, the public health care and human services committee of the house of representatives, and the joint budget committee, or any successor committees, on the effectiveness of providing the services and supports required by this part 15. The report must include: (a) an evaluation of the cost-effectiveness of the services; and (b) for each year of the program, the number of persons who: (i) requested services; (ii) received services; (iii) transitioned from an institutional setting to a home or community-based setting; and (iv) transitioned from an institutional setting but later returned to an institutional setting.”

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Executive Director

KB/KB

Enclosure(s): HCPF 2020 Support for Transition from Institutional Setting Annual Report

Cc: Representative Yadira Caraveo, Vice Chair, Health and Insurance Committee
Representative Mark Baisley, Health and Insurance Committee
Representative Janet Buckner, Health and Insurance Committee
Representative Richard Champion, Health and Insurance Committee
Representative Dominique Jackson, Health and Insurance Committee
Representative Kerry Tipper, Health and Insurance Committee
Representative Kyle Mullica, Health and Insurance Committee
Representative Matt Soper, Health and Insurance Committee
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Representative Perry Will, Health and Insurance Committee
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Parrish Steinbrecher, Health Information Office Director, HCPF
Anne Saumur, Cost Control and Quality Improvement Division Director, HCPD
Bonnie Silva, Office of Community Living Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

The Honorable Jonathan Singer, Chair
House Public Health Care and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Singer:

Enclosed please find a legislative report to the House Public Health Care and Human Services Committee from the Department of Health Care Policy & Financing as directed by HB 18-1326 - Support for Transition from Institutional Settings.

Section 25.5-6-1501(8), C.R.S., states that “on or before November 1, 2019, and each November 1 thereafter, the state department shall submit an annual report to the health and human services committee of the senate, the public health care and human services committee of the house of representatives, and the joint budget committee, or any successor committees, on the effectiveness of providing the services and supports required by this part 15. The report must include: (a) an evaluation of the cost-effectiveness of the services; and (b) for each year of the program, the number of persons who: (i) requested services; (ii) received services; (iii) transitioned from an institutional setting to a home or community-based setting; and (iv) transitioned from an institutional setting but later returned to an institutional setting.”

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Kim Bimestefer
Executive Director

KB/KB

Enclosure(s): HCPF 2020 Support for Transition from Institutional Setting Annual Report

- Cc: Representative Dafna Michaelson Jenet, Vice Chair, Public Health Care and Human Services Committee
Representative Yadira Caraveo, Public Health Care and Human Services Committee
Representative Lisa Cutter, Public Health Care and Human Services Committee
Representative Serena Gonzales-Gutierrez, Public Health Care and Human Services Committee
Representative Richard Holtorf, Public Health Care and Human Services
Representative Sonya Jacquez Lewis, Public Health Care and Human Services Committee
Representative Lois Landgraf, Public Health Care and Human Services Committee
Representative Colin Larson, Public Health Care and Human Services Committee
Representative Larry Liston, Public Health Care and Human Services Committee
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Rachel Reiter, External Relations Division Director, HCPF





COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

November 2, 2020

The Honorable Rhonda Fields, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Fields:

Enclosed please find a legislative report to the Senate Health and Human Services Committee from the Department of Health Care Policy & Financing as directed by HB 18-1326 - Support for Transition from Institutional Settings.

Section 25.5-6-1501(8), C.R.S., states that “on or before November 1, 2019, and each November 1 thereafter, the state department shall submit an annual report to the health and human services committee of the senate, the public health care and human services committee of the house of representatives, and the joint budget committee, or any successor committees, on the effectiveness of providing the services and supports required by this part 15. The report must include: (a) an evaluation of the cost-effectiveness of the services; and (b) for each year of the program, the number of persons who: (i) requested services; (ii) received services; (iii) transitioned from an institutional setting to a home or community-based setting; and (iv) transitioned from an institutional setting but later returned to an institutional setting.”

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Executive Director

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Enclosure(s): HCPF 2020 Support for Transition from Institutional Setting Annual Report

Cc: Senator Faith Winter, Vice Chair, Health and Human Services Committee
Senator Larry Crowder, Health and Human Services Committee
Senator Jim Smallwood, Health and Human Services Committee
Senator Joann Ginal, Health and Human Services Committee
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Parrish Steinbrecher, Health Information Office Director, HCPF
Anne Saumur, Cost Control and Quality Improvement Division Director, HCPD
Bonnie Silva, Office of Community Living Division Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF



Support for Transition from Institutional Settings Report

November 1, 2020

Report Submitted to: Health and Human Services Committee
of the Senate, Public Health Care and Human Services
Committee of the House of Representatives, Joint Budget
Committee



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I. Introduction

The Transition Services program in the Department of Health Care Policy & Financing (the Department) was established on April 30, 2018 by House Bill 18-1326, Support For Transition From Institutional Settings. Passed with unanimous support, this enactment directs the Department to provide community transition services and supports to people who are in facility settings, are eligible for Medicaid, and desire to transition to a home- or community-based setting. The program officially began enrolling Medicaid members on January 1, 2019.

Since then, the Department has implemented Targeted Case Management-Transition Coordination (TCM-TC) in addition to four Home- and Community-Based Services (HCBS): Home Delivered Meals, Life Skills Training, Peer Mentorship and Transition Setup. These permanent Medicaid benefits were implemented with modifications to the eligibility requirements employed during the earlier demonstration period; specifically, the Department removed the length-of-stay in a facility requirement for TCM-TC and made the HCBS Transition Services available to members facing a life-changing event while living in the community.

The Transition Services program is unique in its connection to housing support. The program provides state-funded housing vouchers to members transitioning from a facility through an ongoing Interagency Agreement with the Department of Local Affairs (DOLA) and Division of Housing (DOH). In January 2020, the Department executed a statewide contract for housing navigation with Brothers Redevelopment, Inc. to efficiently connect members to accessible and desirable housing in the community.

To support ongoing learning beyond implementation, the Department began a concerted and public stakeholder engagement effort focused on eliciting from the community information regarding barriers to and opportunities for programmatic growth. Public engagement will be offered through the Transitions Stakeholder Advisory Council monthly forum. The effort will encourage discussion around identified topics through the end of June 2021.

II. Evaluation of the Cost-Effectiveness of the Services

The Transition Services program seeks to provide a means to support member needs and skill acquisition in order to live successfully in the community long term. The benefits bridge the gap between facility-based and community-based care. Providing a means to community living for all members underscores the value of choice in service delivery. The provision of quality care in the community also increases the state's savings and allows skilled nursing facilities (SNFs) to focus on those who require care in a skilled setting.

Overall cost-effectiveness will be measured based on established metrics once the program has generated sufficient data. During calendar year (CY) 2020, both the Colorado Choice Transitions (CCT) demonstration program and the permanent Transition Services program were concurrently in operation. CCT will officially end operation as of December 31, 2020. To generate reliable data comparing the cost-effectiveness of Transition Services programming to SNF placement, the Department will begin formal evaluation of the program based on data generated January 1, 2021 and following.

Utilization data during this period may be impacted by COVID-19. Early in the pandemic, transitions to the community were reduced, and the Department focused on transitions for those members with secured housing and/or who chose to pursue their transition in the present environment. Service delivery of HCBS Transition Services (Home Delivered Meals, Life Skills Training, Peer Mentorship and Transition Setup) decreased in May and June as a result of the pandemic. To support members, the Department successfully requested a waiver from the Centers for Medicare & Medicaid Services (CMS) to increase the number of Home Delivered Meals allowed to members each week.¹ Despite the challenges of the COVID-19 pandemic, the program has been able to successfully transition 199 members to the community during CY 2020.²

¹ Letter from Alissa M. DeBoy, Centers for Medicare & Medicaid Services, to Tracy Johnson, Colorado Department of Health Care Policy and Financing (April 14, 2020), *available at*: <https://www.medicaid.gov/state-resource-center/downloads/co-appendix-k-appvl-ltr-2.pdf>

² The numbers in this report go through September 2020 and refer to the Transition Services Program only.

Options Counseling referrals for Medicaid members residing in nursing facilities decreased during the initial months of the state of emergency. As a result, new enrollments for TCM-TC saw a decrease during this period. However, because of pressures on members facing isolation and limited community support, there was a justifiable increase in requests for authorization of TCM-TC units above the threshold for members already living in the community and receiving monitoring from their transition coordinators. During this period, 59 members in the community were authorized for additional TCM-TC services to bridge service gaps and prevent returns to a facility.

The Department is working with providers to stabilize utilization of the TCM-TC benefit; however, it is anticipated that additional support in the community will be required for the duration of the pandemic. Similarly, the Department continues to work with HCBS providers during the state of emergency to support the growth of these benefits through creative service delivery options, such as virtual supports, that are both safe and cost-effective.

III. Program by the Numbers

A. Number of People Who Requested Services

The following table outlines the number of Medicaid members that have received Options Counseling visits by Department-contracted Aging and Disability Resource Centers (ADRCs) across the state. This is the first step in the Transition Coordination process for members residing in facilities.²

	Medicaid Members Who Received Options Counseling
CY 2019	470
CY 2020	381
Total Medicaid Members Who Received Options Counseling	851

B. Number of People Who Received Services

The following table outlines the number of Medicaid members who received transition coordination services through Targeted Case Management - Transition Coordination. There is overlap from CY 2019 to current data for CY 2020 of members who received services in both years.

	Medicaid Members Who Received Services
CY 2019	400
CY 2020	450
Total Medicaid Members Received Services	769

C. Number of People Who Transitioned from an Institutional Setting to a Home- or Community- Based Setting

The following table outlines the number of Medicaid members that have used this program to transition to the community since the benefit went into effect in January 1, 2019.

	Medicaid Members Who Transitioned from an Institutional Setting to a Home- or Community-Based Setting
CY 2019	69
CY 2020	199
Total Medicaid Members Who Transitioned	268

D. Number of People Who Transitioned from an Institutional Setting but Later Returned to an Institutional Setting

The following table outlines the number of Medicaid members participating in the new benefits who have transitioned from a facility setting but have since returned to a facility setting.

	Medicaid Members Who Transitioned from an Institutional Setting But Later Returned to an Institutional Setting
CY 2019	Less than 30 ³
CY 2020	Less than 30 ³

³ Counts of 30 or fewer have been suppressed to protect confidentiality in compliance with Health Insurance Portability and Accountability Act (HIPAA) Safe Harbor requirements.

Total Medicaid Members Who Transitioned But Were Later Institutionalized	Less than 30 ³
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