



COLORADO
Department of Health Care
Policy & Financing

1570 Grant Street
Denver, CO 80203

November 1, 2022

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.”

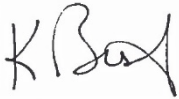
Transition Services within Health First Colorado (Medicaid) have been providing community transition services and supports to people who are in facility settings, are eligible for Medicaid, and desire to transition to a home- or community-based setting since January 1, 2019.

This report demonstrates that the program is cost-effective in meeting needs and supporting skill acquisition in a chosen community setting for hundreds of individuals who likely would have otherwise remained in a facility.

If you require further information or have additional questions, please contact the Department’s Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7796.

Sincerely,





Kim Bimestefer
Executive Director

Enclosure(s): HCPF 2022 Support for Transition from Institutional Setting Annual Report

- Cc: Senator Joann Ginal, Vice Chair, Senate Health and Human Services Committee
Senator Janet Buckner, Senate Health and Human Services Committee
Senator Sonya Jaquez Lewis, Senate Health and Human Services Committee
Senator Barbara Kirkmeyer, Senate Health and Human Services Committee
Senator Cleave Simpson, Senate Health and Human Services Committee
Senator Jim Smallwood, Senate Health and Human Services Committee
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Cristen Bates, Medicaid and CHP+ Behavioral Health Initiatives and Coverage Office, HCPF
Ralph Choate, Medicaid Operations Office Director, HCPF
Charlotte Crist, Cost Control & Quality Improvement Office Director, HCPF
Adela Flores-Brennan, Medicaid Director, HCPF
Thomas Leahey, Pharmacy Office Director, HCPF
Tom Massey, Policy, Communications, and Administration Office Director, HCPF
Bettina Schneider, Finance Office Director, HCPF
Bonnie Silva, Office of Community Living Director, HCPF
Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF





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**Department of Health Care
Policy & Financing**

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

November 1, 2022

The Honorable Dafna Michaelson Jenet, Chair
House Public & Behavioral Health & Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Representative Michaelson Jenet:

Enclosed please find a legislative report to the House Public & Behavioral Health & 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.”

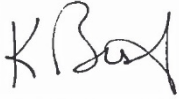
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Sincerely,



Kim Bimestefer
Executive Director

Enclosure(s): HCPF 2022 Support for Transition from Institutional Setting Annual Report

- Cc: Representative Emily Sirota, Vice Chair, House Public & Behavioral Health & Human Services Committee
Representative Judy Amabile, House Public & Behavioral Health & Human Services Committee
Representative Mary Bradfield, House Public & Behavioral Health & Human Services Committee
Representative Lisa Cutter, House Public & Behavioral Health & Human Services Committee
Representative Serena Gonzales-Gutierrez, House Public & Behavioral Health & Human Services Committee
Representative Ron Hanks, House Public & Behavioral Health & Human Services Committee
Representative Richard Holtorf, House Public & Behavioral Health & Human Services Committee
Representative Iman Jodeh, House Public & Behavioral Health & Human Services Committee
Representative Rod Pelton, House Public & Behavioral Health & Human Services Committee
Representative Naquetta Ricks, House Public & Behavioral Health & Human Services Committee
Representative Dave Williams, House Public & Behavioral Health & Human Services Committee
Representative Mary Young, House Public & Behavioral Health & Human Services Committee
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Jo Donlin, Legislative Liaison, HCPF





COLORADO

**Department of Health Care
Policy & Financing**

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

November 1, 2022

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

Dear Representative McCluskie:

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.”

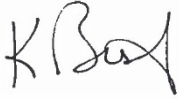
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If you require further information or have additional questions, please contact the Department’s Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 720-610-7795.



Sincerely,



Kim Bimestefer
Executive Director

Enclosure(s): HCPF 2022 Support for Transition from Institutional Setting Annual Report

- Cc: Senator Chris Hansen, Vice-chair, Joint Budget Committee
Representative Leslie Herod, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Senator Rachel Zenzinger, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
Robin Smart, JBC Analyst
Lauren Larson, Director, Office of State Planning and Budgeting
Noah Straayer, Budget Analyst, Office of State Planning and Budgeting
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Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF



Support for Transitions from Institutional Settings

Nov. 1, 2022

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 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 institutional settings, are eligible for Health First Colorado (Colorado's Medicaid program), and desire to transition to a home- and community-based setting. The Transition Services program officially began enrolling Health First Colorado members on Jan. 1, 2019. Implementation of Transition Services is based on the success of the federal Money Follows the Person (MFP) grant program, which Colorado implemented as the Colorado Choice Transitions (CCT) demonstration in 2013. Concluding Dec. 31, 2019, the CCT program helped 702 people transition from institutional settings to the community.

Transition Services is a service delivery model within Health First Colorado's ecosystem that includes 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 Health First Colorado benefits work in combination to reduce barriers to community access, while supporting a variety of life-changing events for members living in the community. As such, Transition Services provide an ongoing pathway to sustainable community living for people who would otherwise likely remain in more restrictive settings were it not for this program.

In August 2021, the Department was awarded \$5 million by the Centers for Medicare and Medicaid Services (CMS) under the Money Follows the Person (MFP) Supplemental Capacity Building grant. This grant represents further investment in the services and supports implemented under HB 18-1326 by the Department. Colorado's grant proposal is designed to focus on innovative solutions that streamline access to Health First Colorado benefits. As part of HB 18-1326, the Department is required to report on the cost effectiveness of Transition Services as well as utilization patterns including: the number of

persons who requested services, the number of persons who received services, the number of persons who transitioned from an institutional setting to a home- and community-based setting, and the number of persons who transitioned from an institutional setting but later returned to an institutional setting. That analysis, and summary data, can be found below.

II. Evaluation of the Cost-Effectiveness of the Services

The Transition Services program is cost-effective in meeting needs and supporting skill acquisition for members who wish to live in the community long term. The benefits bridge the gap between institution-based and community-based care to help members adjust to living in a different setting with more independence and more personal responsibility. Providing a means to community living for all members reflects the value of choice in where people live and receive services. Informed choice is central to person-centered philosophies and members' potential to thrive in the community. The provision of quality care in the community is also cost-effective because the majority of members are able to have their needs met in the community for a cost that is less than the cost of living in an institution.

The table below illustrates the state's savings realized by the Transition Services program for members who transitioned from a nursing facility (NF) to the community during state fiscal years (SFYs) 2020-21 and 2021-22. This calculation includes 683 members who discharged at any point during these two years, and also received HCBS services following their transition to the community. The Per Member Per Month (PMPM) costs for NF and HCBS are based on the average monthly costs of all members who transitioned. Extrapolated over the course of the year, the Estimated Average Annual Total Funds Savings Per Capita represents the combined Federal and state's share of the cost, per member.

Per Member Per Month (PMPM) Expenditures for Members Who Transitioned from a Nursing Facility (NF) to Home- and Community-Based Services (HCBS)			
Row	Item	Amount	Source/Calculation
A	Average NF PMPM - Pre-Transition	\$7,648.79	Department actuals
B	Average HCBS PMPM - Post-Transition	\$3,916.69	Department actuals
C	Difference in PMPM	(\$3,732.10)	Row B - Row A
D	Estimated Average Annual Total Funds Savings Per Capita	(\$44,785)	Row C * 12
E	Estimated Total Funds Savings for Population Group	(\$30,588,155)	Row D * 683 members included in calculation
F	Estimated General Funds Savings for Population Group	(\$15,294,077)	Row E / 2

This table shows that the PMPM expenditures for members who transitioned from an NF to HCBS is \$3,916.69, which is significantly less than the PMPM for members in NF (\$7,648.79).

III. Program by the Numbers

A. Number of Members Who Requested Services

The Minimum Data Set (MDS) is a federally required tool administered by NF staff to residents upon admission and on a quarterly basis thereafter. Section Q of the tool reviews a member’s interest in community living and is a primary referral source for the Transition Services; those who respond “yes” to Section Q are referred to Options Counseling. The following table outlines the number of Health First Colorado members referred to Options Counseling based on their response to Section Q of the MDS tool.

Options Counseling is provided by Department-contracted Aging and Disability Resource Centers (ADRCs) and non-profit agencies across the state. This is the first step in the Transition Coordination process for

members residing in facilities and provides members with information on transition services and their options for living in the community.

Health First Colorado Members Referred for Options Counseling	
CY 2019	470
CY 2020	522
CY 2021	469
CY 2022 ¹	258
Total Health First Colorado Members Who Received Options Counseling²	1,719

B. Number of Members Who Received Services

The following table outlines the number of Health First Colorado members who have received Targeted Case Management-Transition Coordination (TCM-TC) since Jan. 1, 2019. In order to receive TCM-TC, a member must reside in an NF with a desire to transition to community living. Eligible members receive TCM-TC before and after discharge to the community. This data represents all members utilizing TCM-TC during this period, not just those engaged in discharge planning.

Health First Colorado Members who Received Targeted Case Management - Transition Coordination	
CY 2019	275
CY 2020	824
CY 2021	816
CY 2022 ¹	688
Total Health First Colorado Members Who Received TCM-TC³	2,603

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

The following table outlines the number of Health First Colorado members who have used TCM-TC and have successfully transitioned to the community. Following Options Counseling there are multiple barriers that

¹ CY 2022 Data goes through Aug. 9, 2022

² Reflects total number of unique members referred for Options Counseling through MDS data. Some members received multiple Options Counseling visits over multiple CYs. Data goes through Aug. 9, 2022.

³ Reflects total number of unique members who received Targeted Case Management - Transition Coordination. Some members received services over multiple CYs. Data goes through Aug. 9, 2022.



may prevent a member from transitioning to the community. Barriers may include but are not limited to: exacerbation of condition, death, relocation outside of Colorado, availability of community-based support, availability of accessible housing, and member choice.

Despite challenges faced due to the COVID-19 Public Health Emergency (PHE), the number of members who successfully transitioned to the community from institutional settings has continued to increase each year following implementation of Transition Services. In CY 2022, the program is projected to continue its growth, transitioning more members to the community than in any year prior.

Health First Colorado Members Who Transitioned from an Institutional Setting to a Home- or Community-Based Setting	
CY 2019	69
CY 2020	250
CY 2021	275
CY 2022 ¹	218
Total Health First Colorado Members Who Transitioned ⁴	812

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

Some individuals who have received Transition Services have returned to a facility setting; however, because there are 30 or fewer members who returned to facilities, the data has been suppressed to protect confidentiality, in compliance with Health Insurance Portability and Accountability Act (HIPAA) Safe Harbor requirements. This is also true for previous years.

E. COVID-19 PHE Impact

The COVID-19 PHE had significant impacts on our Transition Services. In fact, 75% of the program’s life cycle was directly impacted. Challenges for members moving out of a congregate setting included HCBS direct care

⁴ Represents total number of unique members transitioned to the community using Targeted Case Management - Transition Coordination. Data goes through Aug. 9, 2022.



workforce shortages, NF staff capacity, and societal restrictions that limited direct access to members living in facilities. For those members and families who wished to leave facilities, Transition Services offered a path to community living.

IV. Closing

The number of members who successfully transitioned to the community from institutional settings has continued to increase each year following implementation of Transition Services. Even though 75% of the program's life cycle has been directly impacted by the COVID-19 PHE, Transition Services have supported hundreds of members throughout the PHE. The data shown in this report demonstrates that despite the challenges faced during the PHE, the program has continued to support the most vulnerable members as they pursue options for community living. Additionally, this report shows that the PMPM expenditures for members who transitioned from a nursing facility to home- and community-based services is less than it would have been in an NF, demonstrating that the program is cost-effective in meeting needs and supporting skill acquisition for members who wish to live in the community long term.

Transition Services have represented a bridge to ensure that members continue to receive the care they require during this critical time. As a result of this program, hundreds of individuals who likely would have otherwise remained in a facility setting have been able to successfully live in their local communities. The Department will continue to work closely with stakeholders to support programmatic adjustments as the PHE continues to evolve.