COLORADO
Department of Health Care Policy & Financing

Quarterly Report #4

Implementation of the American Rescue Plan Act of 2021, Section 9817

Enhancing Colorado's Home and Community-Based Services System through an Enhanced Federal Match

August 1, 2022

Submitted to: The Joint Budget Committee

Quarterly Report
April 2022- June 2022

COLORADO
Department of Health Care Policy & Financing

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

August 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 the Department of Health Care Policy & Financing's (HCPFs) quarterly Implementation of the American Rescue Plan Act of 2021, Section 9817 report to the Joint Budget Committee.

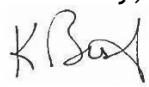
Section 25.5-6-1804, C.R.S. requires the Department, commencing November 1, 2021 and occurring quarterly thereafter to report to the Joint Budget Committee concerning the status of expenditures pursuant to part 18. The report must include:

- *(a) The scope, intended impact, and amount of money disbursed from the money received pursuant to the "American Rescue Plan Act";*
- *(b) A description of how the state department incorporated stakeholder feedback into plans for the disbursement of money; and*
- *(c) An update as to the total amount of money disbursed from the money received pursuant to the "American Rescue Plan Act", the remaining amount of money, and the projected amount of anticipated federal financial participation.*

HCPF submitted its initial proposal of American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending to the Centers for Medicare and Medicaid Services (CMS) on June 13, 2021. Since receiving Joint Budget Committee approval on September 21, 2021, Colorado also received conditional approval from CMS. Conditional approval simply entails the state's compliance with the applicable requirements set forth under section 9817 of the Act and fulfillment of the requirements as stated in State Medicaid Directors Letter # 21-003.

This report provides an update of current progress and continues a spirit of transparency for project operations. 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

KB/JM

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Colorado Spending Plan Quarterly Report to the Joint Budget Committee

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Key Takeaways

The Department has met, or is on track to meet, the milestones for implementation of our Phase 1, 2, and 3 projects outlined in our HCBS ARPA spending plan. Since our last quarterly report, the Department has:

- Successfully launched all 52 Phase 1, 2, and 3 ARPA projects;
    - Worked with project teams to develop detailed schedules, deliverables, milestones, and resources to ensure the projects move forward successfully
- Engaged stakeholders by hosting two general webinars and 11 project-specific meetings, launched a grant opportunity webpage, and published 3 newsletters to inform about, and gain input on, the Department's ARPA HCBS projects;
- Hired 52 of the 59 Tier I and II priority positions;
- Executed 15 contracts to assist with Phase 1, 2 and 3 projects;
- Refined the project management framework, including developing a new project status matrix and process for creating action plans for projects at risk.

Introduction

The Colorado Department of Health Care Policy & Financing (Department) continues to make significant progress towards implementation of the state's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan. The Department remains focused on the goals laid out in our initial plan:

- To supercharge existing initiatives
- Support the COVID-19 response and recovery
- Foster innovation and long-term transformative change
- Increase quality and fiscal stewardship.

The 63 projects the Department supported through these funds are focused on improving access to community-based services and supports, strengthening the provider network, and investing in the critical workforce providing the services. The initiatives will also improve access by expanding availability of services, streamlining processes and enhancing quality for members and their families. These initiatives fall into the following eight categories:

1. Strengthen the Workforce & Enhance Rural Sustainability
2. Improve Crisis & Acute Services
3. Improve Access to HCBS For Underserved Populations
4. Support Post-COVID Recovery & HCBS Innovation
5. Strengthen Case Management Redesign

6. Invest in Tools & Technology
7. Expand Emergency Preparedness
8. Enhance Quality Outcomes.

Since our last report, submitted on May 1, 2022, the Department has launched our Phase 3 projects. Across the projects launched to date, Phase 1-3, we currently have 52 projects actively underway. These initiatives have made substantial progress in finalizing their project plans, including developing detailed timelines and deliverables, hiring term-limited staff who will support the successful implementation of the work, and moving through the contracting process. Teams are also beginning to map out their stakeholder engagement plans, with some engagement already underway. The ARPA project support team continues to develop resources and tools to support the project teams leading the work. Additionally, the team is now fully leveraging the project management software and created dashboards to ensure consistent tracking of progress and monitoring for risks or issues.

Between April and June 2022, the Department hosted two stakeholder meetings attended by providers, advocates, members and families to continue to keep them informed on progress and to garner feedback and recommendations. In addition to these large stakeholder webinars, project-specific engagement has begun for some of the initiatives. The Department has also continued to update the HCBS ARPA webpage and has released three new ARPA Project Pulse Newsletters, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

Of note, since the last quarterly report, the Centers for Medicare and Medicaid Services announced changes to the ARPA HCBS spending timeline and reporting requirements. According to a State Medicaid Director's Letter sent on June 3, 2022, CMS is allowing for a one-year extension for states to spend the 10% enhanced FMAP funds allowed under ARPA Section 9817. Spending now must conclude on or before March 31, 2025, instead of the previous end date of March 31, 2024. There are no additional funds provided through this extension, rather, an allowance of more time to spend current funds. With this extension in time, the state must commit to continue to follow the Maintenance of Effort requirements outlined in the original State Medicaid Director's Letter sent on May 13, 2021 outlining ARPA HCBS requirements. Given the impact of the MOE on current Department efforts, the Department is conducting a full analysis of the potential effect of this extension on all ARPA HCBS and non-ARPA HCBS affiliated initiatives. The Department expects to decide whether to leverage this time extension in early to mid-July 2022.

Within the same letter, CMS also outlined a change in reporting requirements. Both a budget and narrative report are required to be submitted 75 days before the start of the October 1, 2022 federal fiscal quarter. Following this submission, states will only be required to submit a budget update to CMS on a quarterly basis and a narrative every other quarter. In the event that changes are requested to project scopes, or if new projects are proposed, then a narrative report should also be submitted in the off quarters. Given this change in reporting cadence, starting next quarter, the Department will submit a budget report and an abbreviated narrative report to the Joint Budget Committee every other quarter to coincide with the new CMS reporting schedule. A full report such as the report herein, will then be provided bi-annually, with the next full report provided February 1, 2023.

Included within this report is an update to Colorado's initially submitted ARPA HCBS Spending Plan. All new content added since our previous report, are in red text for ease of identification. For those initiatives that have launched (Phase 1, 2, and 3 projects), there is a status update on progress to date. Additionally, information about whether Colorado has or will be requesting approval for a change to an HCBS program, and details about which HCBS program, the authority it operates under, and when the requested change is planned, has been included, when applicable, as it relates to a given project. Finally, we outline below how Colorado intends to sustain the activities we are implementing to enhance, expand, or strengthen HCBS under the Medicaid program.

Budget Overview

The 'Supplemental Document 8-1-22' attached provides projected and actual spending amounts for each of Colorado's planned activities and significant updates including an updated forecast for expenditures and the identification of additional funds to reinvest.

Expenditure Overview

As shown in **table 1**, the Department estimates it has spent $2.7 million on projects that do not include rate increases. Expenditures identified in this category include contracts, grants, administrative costs, etc. While these expenditures remain low, the Department expects significant ramp up in the coming months.

Additionally, the Department estimates that it has spent $90.7 million on rate increases through 6/30/2022. The Department has identified challenges with provider rebilling capabilities related to the retroactive rate increases. Retrospective rebilling

must be initiated by providers, and many providers do not have sufficient administrative support to rebill. To decrease the administrative burden, the Department has hosted technical assistance webinars and issued published guidance, however despite the technical assistance, draw down of the retroactive rate increase remains lower than projected. At the same time that retroactive billing is low, rate increases including the $15/hr base wage has not been billed at the rate expected in the Department's initial forecasts.

Table 1. HCBS Funding Overview

Project Area	Total Current Budget	Encumbered/ Allocated*	Estimated Amount Spent
Spending Plan Projects Excluding Rate Increases	$261.8M	$5.6M	$2.7M
Spending Plan Rate Increases	$267.2M	$156.9 M	$90.7M
Total	**$529M**	**$162.5M**	**$93.4M**

*Encumbered/Allocated amounts do not include expended amounts; rather, they reflect executed contract amounts that have not yet been spent and rate increases that are built into the claims payment system through the allocated time period.

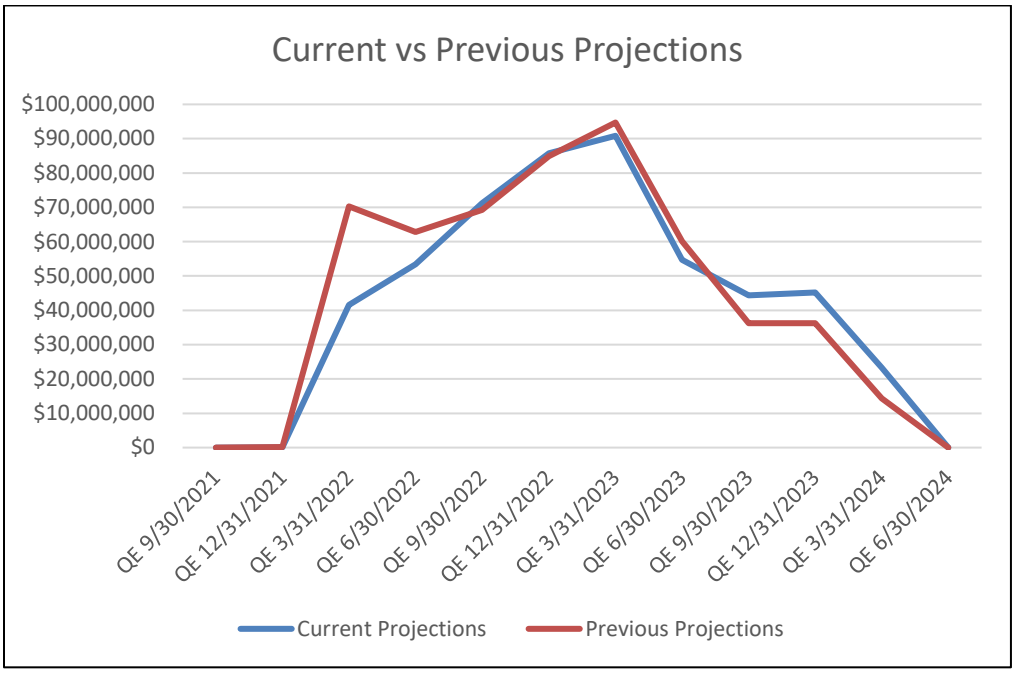
Revised Estimates

To adjust for the shortfalls in rate billing, the Department has revised the forecast which reduces the overall estimated expenditure when compared to the last report. The Department's current forecast estimates $510.5 million in expenditure to support enhancing, expanding and strengthening our HCBS system, including $286.1 million from state funds and $224.3 million from matching federal funds. The funding will be spread out over three fiscal years as shown in **table 2 and chart 1** below. The Department is developing a plan to reinvest the under expended dollars and will include the reinvestment plan in an incoming quarterly ARPA Spending Plan Report.

Table 2. Revised Planned Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24
$510.5 million	$95.1 million	$302.5 million	$112.9 million

Chart 1. Current Projections Compared to Projections in Previous Quarterly Report



Additional Funds for Reinvestment Identified

In addition to the funds identified for reallocation through the reduction in the forecast, since the last submission, the Department has identified an additional $22.8 million available for reinvestment through the finalization of enhanced match projections and the opportunity to draw down a larger federal match on technology projects.

The Department received an additional $7.2 million in the 10% FMAP bump on top of the previously projected based on actual expenditure through March 2022. This was primarily due to higher-than-anticipated utilization of services eligible for the 10% FMAP bump.

In this last quarter, the Department also discussed with CMS that some ARPA technology projects are likely eligible for enhanced federal matching funds and determined that an additional $15.6 million in federal funds could be drawn down by including four projects in the Advanced Planning Document (APD) process. The Department is currently working through this process for official approval.

Further, while working through the APD process, the Department is developing a reinvestment plan for the additional $22.8 million and will include updates in a future quarterly ARPA Spending Plan Report.

Budget Changes

In addition to overall budget changes, since April 1, 2022, several project budgets have been adjusted to account for changes in scope or changes in project needs. See **table 3** below for more details.

Table 3. Project Budget Adjustments (April-June 2022)

Project Number	Project Name	Budget Change	Description
5.05	Case Management Agency Training	+$114,000	Additional funding requested to update web-based training and virtual instructor-led training materials for case management agencies related to the launch of the new assessment and support plan
5.03	Case Management Rates	-$114,000	Contractor came in under budget; funds moved to project 5.05
5.01	Case Management Capacity Building	-$500,000	A previous error was made when additional funds were allocated; funds should have gone to project 6.08
6.08	Care & Case Management System Investments	+$500,000	Correction for a previous error; additional funds were allotted to project 5.01 instead of 6.08
6.11	Centers for Excellence in Pain Management	+$75,000	Additional funds were requested to cover the cost of payment of a physician as opposed to a nurse, as was originally budgeted for*
5.01	Case Management Capacity Building	+$700,000	Additional funds requested to provide retention payments to case managers*
9.01	Overhead	-$734,527	Did not create or allocate new office space for HCBS ARPA hires so can reallocate leased space funding

*The additional funds to support these project requests come from the administrative reallocation of leased space and other overhead funding.

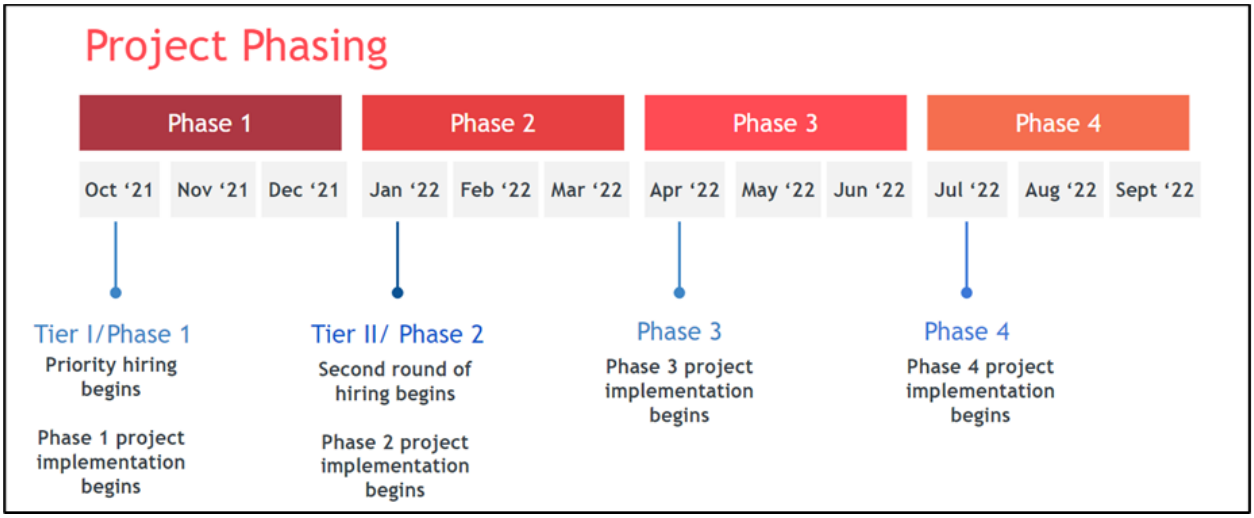
Additional Funding Requested

The Department is not requesting any additional funding in this reporting period. The Department will propose funding requests in the Supplemental budget request after evaluating which projects to invest in with the additional funding available from the 10% FMAP savings, lower than anticipated rate increase expenditure, and additional federal funding for ARPA technology projects.

Project Overview

The Department continues to make significant progress towards executing the 63 initiatives to enhance, expand and strengthen Colorado's HCBS system. At the time of receipt of this report, the Department will have launched all projects (phases 1-4) (see **figure 1**), with the final phase launching July 1, 2022. The projects by phase include: 22 phase 1 projects, 18 phase 2 projects, 12 phase 3 projects and 11 phase 4 projects. This phased approach has allowed the Department to make project initiation more manageable for both our project teams and our ARPA project support staff. A complete listing of projects by phase and category may be found in **Appendix 1**.

Figure 1. Project Phasing and Hiring Tiers



There have been several changes to individual project's scope and/or structure since our last report:

- Project 6.13 changed its name from "Connect Case Management Agencies (CMAs) to Colorado Regional Health Information Exchange (CORHIO)" to "Connect CMAs to Admission, Discharge, and Transfer (ADT) Data". This name change more accurately captures the direction of the project, in which the

Department will utilize ADT flat files that can be distributed to CMAs to link them to ADT data information, simplifying the process and minimizing costs.

- Project 3.08 “Behavioral Health Capacity Grants” has been renamed "American Indian/Alaskan Native (AI/AN) Culturally Responsive Services Capacity Grants" to more accurately capture the goals of the grant program, which are to provide support and capacity building to the AI/AN communities.

The overall count for initiatives has changed from 65 to 63 because of the combining of projects:

- Project 8.03 “Pay for Performance for HCBS” has been combined with project 8.05 “Pay for Performance for Home Health”. The project is now 8.05 and is titled “Pay for Performance for Home Health & Residential HCBS”. These projects were combined because their goals are nearly identical and by combining, efficiency in leadership and in the budget can be leveraged.
- Projects 8.01 “Provider Score Card” and 8.08 “CMS Quality Metrics” were combined into project 8.08 and retitled “HCBS Provider Quality Dashboard”. Both projects are developing metrics to gather insight into gaps in care and improve services and supports with the goal of developing dashboards or scorecards. This project combining will result in decreased duplication of effort and greater opportunities to utilize an expanded budget.

As a reminder, the Department added indicators for projects which promote equity and/or address social determinants of health (SDOH). For ease of identifying these projects, we developed a key of symbols included below.

Key 1. Social Determinants of Health & Equity Symbols

	Healthcare Access & Quality		Equity
	Economic Stability		Neighborhood & Built Environment
	Education Access & Quality		Social & Community Context

Stakeholder Engagement

The Department continues to keep stakeholders at the center of this work. To provide timely information and updates to stakeholders, the Department has developed a series of opportunities for ongoing interaction. Since our last report, the following activities related to stakeholder engagement have been undertaken:

- Continued improvements and additions made to the ARPA HCBS webpages, including the addition of a new "Grant Opportunities" page for easy access to information about grant opportunities and direct links to open Requests for Applications
    - Analytics from Apr 20, 2022 - May 19, 2022:
        - 1,420 Pageviews
        - 1,057 Unique Pageviews
        - Top 5 Subpages (in order of most views):
            - Project Directory
            - ARPA Stakeholder Engagement
            - ARPA Newsletter
            - ARPA Workforce & Rural Sustainability Projects
            - ARPA Enhance Quality Outcomes
- Released three new additions of our Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
    - April 2022 Newsletter
    - May 2022 Newsletter
    - June 2022 Newsletter
- Hosted two quarterly ARPA HCBS webinars and continued project-specific stakeholder engagement for select projects
    - 183 stakeholders participated in two ARPA HCBS webinars
    - 11 meetings with 642 total participants for project-specific engagement

Administrative Status & Hiring

The project teams leading the 52 launched projects (phases 1, 2, and 3) now meet at a regular cadence to ensure projects continue to move forward as planned. Key priorities for these teams are the hiring of term-limited staff, executing contracts, and monitoring project activities and milestones. All but four (3 phase 3, 1 phase 1) initiatives have a baselined project plan, including a finalized project timeline, milestones, deliverables, and resources defined. A goal for teams moving into the new fiscal year is to develop and finalize performance metrics for their project. Developing these metrics early in the implementation of the project is critical to ensure that the required data is being collected throughout the initiative to

accurately report on project success. In addition, teams continue to develop stakeholder engagement plans to clearly outline the role of stakeholders and the method and timeline for engagement efforts.

As of the writing of this report, the 11 final phase 4 projects have also launched (as of July 1, 2022). The project teams for these initiatives will have their kick-off meeting in July and then will begin meeting on a regular cadence to develop and review their project schedule and deliverables.

ARPA Project Support Team

With the majority of phase 1, 2, and 3 projects now having fully approved and baselined project plans, the Project Support Administrators (PSAs) are now working with the project teams to ensure project progression and success. The PSAs help schedule meetings, set agendas and take notes, track milestones and deliverables, document risks, issues and decisions, and provide every other week status updates on progress. This support team also continues to develop processes, systems, and tools to support all of the 63 ARPA Project Teams.

Specific highlights of the ARPA Support Team's work since the last report include the following:

- Further developed the ongoing management and reporting structure for project progress, including refining the reporting dashboards
    - Developed a process for reporting on projects with a 'watch' or 'needs help' status, including developing an action plan for quick resolution
- Supported project leads and teams in tracking project schedules, milestones, deliverables and metrics
- Tracked information requests and reporting requirements for each of the Department's primary sponsors: the JBC, the Governor's Office, CMS, and Department Leadership
- Created and released tools and resources, including:
    - Developed a new project lead toolkit to provide guidance to project teams on how to execute specific tasks related to their ARPA HCBS Project
    - Created specific tools for project teams that are managing grant programs, including templates, a new 'community of practice' regular meeting, and check-lists to ensure oversight and following of key requirements

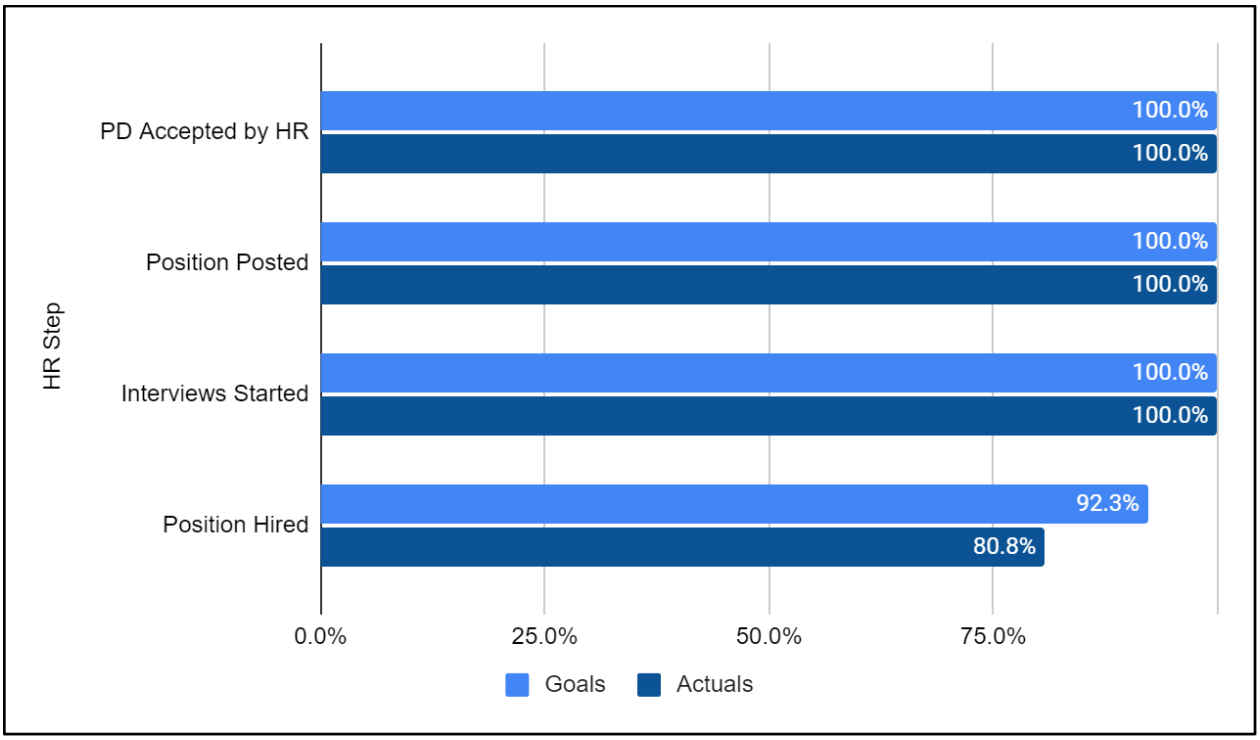
Project Team Hiring

Project leads, in collaboration with the ARPA Project Support Team and the Human Resources (HR) staff, have made significant progress in hiring the 59 term-limited FTEs to support the implementation of the 63 ARPA HCBS projects. As we have moved through the hiring process, the ARPA Leadership Team has continued to monitor progress and compare against key hiring milestones and goals. These teams are tracking progress closely, collecting data about when a PD was sent to Human Resources, when it was posted, when interviews start, when an offer is made, and when the position onboards. These statistics are available in **figure 2** below or in the ARPA HCBS dashboard (see **figure 3**). The Department continues to conduct regular reviews of these processes to identify barriers and delays on both the process and position classification levels.

As of mid-June, per our outlined hiring goals, we were anticipated to have completed all Tier I and Tier II hiring. Given the need to repost several positions, this goal has not been met, but we are very close to reaching that major milestone in this work. As of the writing of this report, 30 out of 32 of the Tier I positions have been hired. One of the two remaining positions has an offer out, which has not yet been accepted. The final remaining position is administrative, a business analyst position to support system changes needed to improve and streamline eligibility. The position has had to be reposted several times due to failed recruitment. The team is currently assessing next steps for filling the position.

Tier II positions are shown below in **figure 2**. The hiring for Tier II positions began January 1, 2022, and based on our set goals, should have been completed in mid-June. Of the 26 positions, 26 have finalized position descriptions, which have been approved. All positions have been posted and 5 are in the interview phase. 21 positions currently have either an accepted offer or have started. Comparing the current status of the Tier II positions with our goals, we are off-track slightly in our progress, still having 5 positions not yet hired. Given all these positions are currently in the interview stage, we anticipate that they will move forward soon. All projects that have a Tier II position that have not yet been hired are labeled as ‘watch’ in the resource category in the dashboard below (**figure 3**). More information on the status of the specific position can be found in the project status update section in **Appendix 1**.

Figure 2. Hiring Progress, Tier II Positions as of June 30, 2022 (N=26)



**Goals are through June 13, 2022, and actuals reflect through June 30, 2022*

Procurement Status

The ARPA Project Teams have been working diligently this Spring to draft Statements of Work and move procurement processes along to ensure timely execution of needed contracts. 30 Scopes of Work (SOWs) have been submitted to procurement, of which 15 have executed contracts. This status is on track with our anticipated projections for progress related to procurement for phase 1, 2, and 3 projects. Currently only one project is in 'watch' status for contracting, #4.12 Community First Choice, because it is slightly delayed. Additional detail is included in the contract status update section within **Appendix 1**.

Analytics & Project Tracking

The ARPA Project Support Team continues to refine the use of Microsoft Project, Project Web App (PWA) for all project planning. The team has also made updates and changes to Power BI dashboards for ease of internal management and oversight of project progress and as a reporting tool. In particular, the ARPA Support Team has further standardized the status update process to ensure consistency across project managers. Each project is provided with a narrative status update and an indicator of 'on track', 'watch', or 'needs help' in 8 areas every two weeks. The eight areas include: Overall Project, Budget, Schedule, Resources, Risks, Issues, Decisions, and

Contract. A new status matrix (**tables 4-6**) was developed for project managers to follow to ensure uniformity across these updates. This standardization provides assurance that assessment of project progress is consistent across project managers, as well as gives leadership insight into various aspects of each of the 63 projects. The narratives give context to the status and allow project teams to explain the current state of the project. Projects that are indicated to be in 'watch' or 'needs help' status for their overall project are required to develop an action plan which is presented to the ARPA leadership team and outlines how the project will quickly get back on track or what support is needed from leadership to push the project forward.

Table 4. Status Matrix

Item	On Track	Watch	Needs Help
Overall	Project or category is progressing according to plan. 2 (or less) project status categories (below) are Yellow.	Project or category is at risk, with a plan or opportunity to mitigate without impact. 3 (or more) project status categories (below) are Yellow.	Project or category is experiencing problems with impact; Leadership and/or management intervention is required. Any project status indicator (below) is Red.
Budget	Project budget is fully allocated or planned for AND Quarterly Cost Performance Index (CPI) is >= .90 and budget is on track as expected AND No anticipated budget adjustments needed	Project budget is fully allocated or planned for AND Quarterly CPI is .75 <> .90 OR Project may need budget adjustments (For example - estimated timeline changes, vendor cost differs from estimates, change in project need i.e. need a contract instead of system changes)	Project budget is not fully allocated or planned for OR Quarterly CPI is < .75 OR Project needs budget adjustment to move forward
Resource	Project is appropriately resourced by the Department	Department resources are constrained by other priorities (For example - Project lead leaves the Department, Project Lead is the lead for more than 2 projects without additional support, failed hiring, delayed solicitations)	Project does not have the resources necessary for success and needs support from HCPF leadership to resolve the resource constraint (For example - failed solicitation)
Schedule	Moderate, high, or significant task/schedule item overdue by <= 14 calendar days AND Project is set to be complete by 3/31/2024	Moderate, high, or significant task/schedule item overdue by 15 - 29 days AND Project is set to be complete by 3/31/2024	Moderate, high, or significant task/schedule item overdue by > 30 calendar days OR Project schedule pushes beyond 3/31/2024
Contract	The Contractor communicates with the Department timely AND invoices are submitted appropriately AND Contractor resources are stable. AND Deliverables are submitted timely and are high quality	Contractor does not meet 1-2 of the items in the "On Track" category OR Contract does not meet more than 2 items in the "On Track" but concerns have been addressed with the contractor	Contract does not meet more than 2 items in the "On Track" category and requires Department intervention or action OR Contractor disputes contract
Decisions	Moderate, high, or significant decision overdue by <= 5 days	Moderate, high, or significant decision overdue by 5 - 10 days	Moderate, high, or significant decision overdue by > 10 days
Risks	No more than two Watch risks	3-4 Watch risks	Any Needs Help risks OR More than 4 Watch risks
Issues	No more than two Watch issues	3-4 Watch issues	Any Needs Help issues OR More than 4 Watch issues

Table 5. Risk Matrix

Probability	Severity				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Very Low (1)	1	2	3	4	5
Low (2)	2	4	6	8	10
Medium (3)	3	6	9	12	15
High (4)	4	8	12	16	20
Very High (5)	5	10	15	20	25

Table 6. Issue Matrix

Resolution	Severity				
	Very Low (1)	Low (2)	Medium (3)	High (4)	Very High (5)
Low effort and quick to resolve (1)	1	2	3	4	5
Moderate effort and quick timeline to resolve (2)	2	4	6	8	10
Moderate effort and moderate timeline to resolve (3)	3	6	9	12	15
Significant effort and moderate timeline to resolve (4)	4	8	12	16	20
Significant effort and will take a long time to Resolve (5)	5	10	15	20	25

All of the phase 1 through 3 project plans have been uploaded into PWA. 48 of the 52 project schedules have been baselined, or formally approved by the project team, and moved into management. Of the 4 projects that have not been baselined, one project, 6.08 is a Phase 1 project and has been delayed to baseline due to complexities and uncertainty with the Care and Case Management System that the project supports. This project is in 'Needs Help' status and has been flagged for leadership support. The remaining 3 projects that have not been baselined are Phase 3 projects and have been delayed primarily as a result of internal staffing issues and turnover. However, each of these projects is working to assign leads and bring the projects back on track.

To help with consistency in reporting and management of the projects, the Department changed how the project teams determine whether or not a waiver amendment or State Plan Amendment (SPA) is needed. After guidance provided during the May 26, 2022, National ARPA Section 9817 Technical Assistance Webinar series, the Department adjusted this measure to only identify projects that would need a waiver amendment or SPA during the ARPA period to implement the project.

The latest iteration of the Department's reporting dashboard is included below (**figure 3**). We anticipate this version will be modified as projects continue to advance in maturity.

Dashboard Guide:

The dashboards the Department has developed for this initiative includes the following functionality:

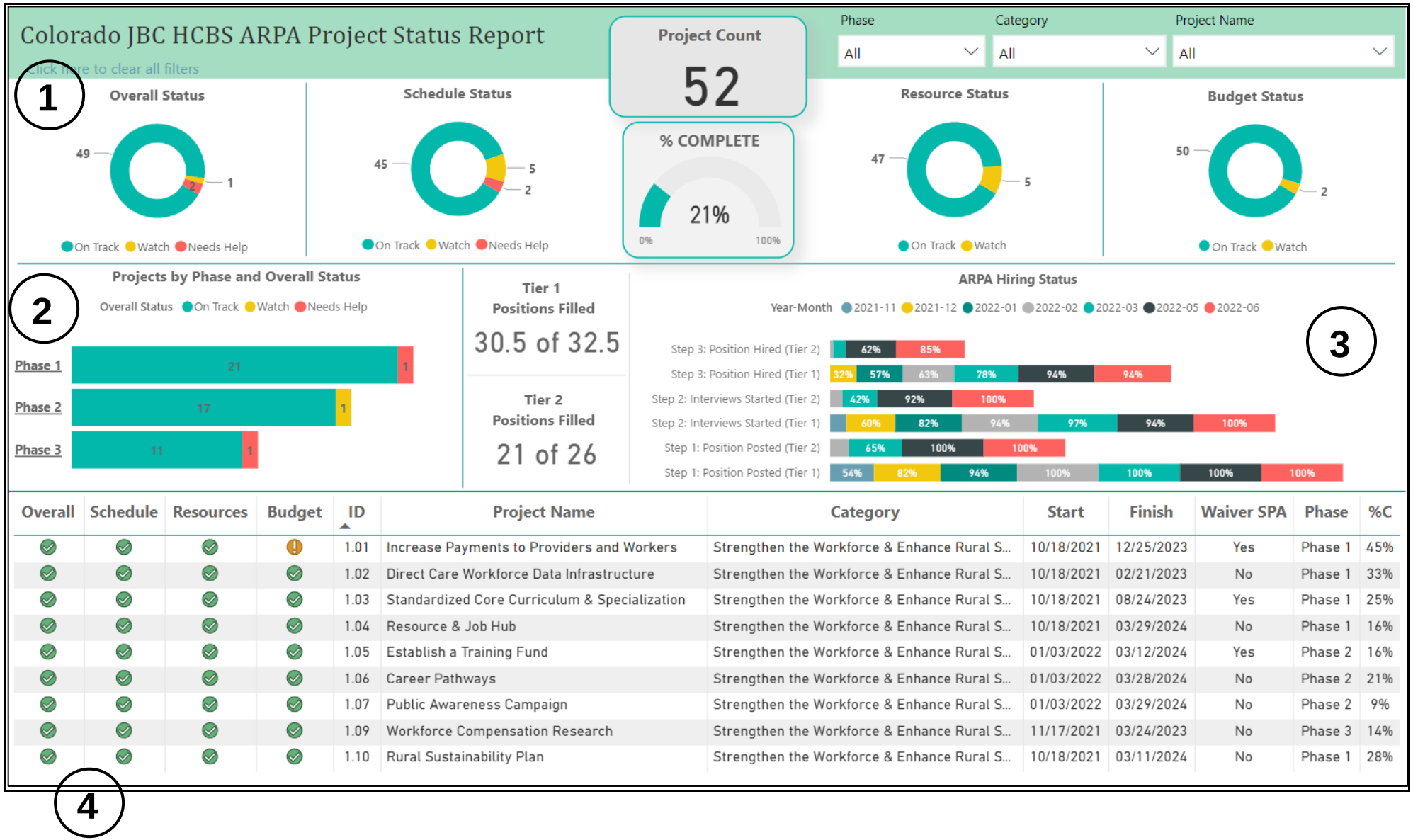
Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project's health from 'on track' to 'watch' to 'needs help'. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget. For the project set selected, the project count and aggregate percentage complete are also displayed.

Section 2 displays information by project phase. As discussed in the report narrative, the project initiatives have been split into four different launch phases. This section displays the count and aggregate status of project health ('on track' to 'watch' to 'needs help') by phase. At the time of this writing, projects in phase 1 are underway, and phase 2 has recently launched.

Section 3 identifies the status of hiring by Tier over time. Specifically, this section tracks the PD posting date, the interview/recruiting process, and the offer and onboarding process.

Section 4 represents the individual project section from which aggregate data is drawn. It also shows a more detailed view of the individual project activity and the ability to access a more detailed project page (presently under development).

Figure 3. Dashboard: Project Reporting, page 1



Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C
✓	✓	✓	!	1.01	Increase Payments to Providers and Workers	Strengthen the Workforce & Enhance Rural S...	10/18/2021	12/25/2023	Yes	Phase 1	45%
✓	✓	✓	✓	1.02	Direct Care Workforce Data Infrastructure	Strengthen the Workforce & Enhance Rural S...	10/18/2021	02/21/2023	No	Phase 1	33%
✓	✓	✓	✓	1.03	Standardized Core Curriculum & Specialization	Strengthen the Workforce & Enhance Rural S...	10/18/2021	08/24/2023	Yes	Phase 1	25%
✓	✓	✓	✓	1.04	Resource & Job Hub	Strengthen the Workforce & Enhance Rural S...	10/18/2021	03/29/2024	No	Phase 1	16%
✓	✓	✓	✓	1.05	Establish a Training Fund	Strengthen the Workforce & Enhance Rural S...	01/03/2022	03/12/2024	Yes	Phase 2	16%
✓	✓	✓	✓	1.06	Career Pathways	Strengthen the Workforce & Enhance Rural S...	01/03/2022	03/28/2024	No	Phase 2	21%
✓	✓	✓	✓	1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural S...	01/03/2022	03/29/2024	No	Phase 2	9%
✓	✓	✓	✓	1.09	Workforce Compensation Research	Strengthen the Workforce & Enhance Rural S...	11/17/2021	03/24/2023	No	Phase 3	14%
✓	✓	✓	✓	1.10	Rural Sustainability Plan	Strengthen the Workforce & Enhance Rural S...	10/18/2021	03/11/2024	No	Phase 1	28%

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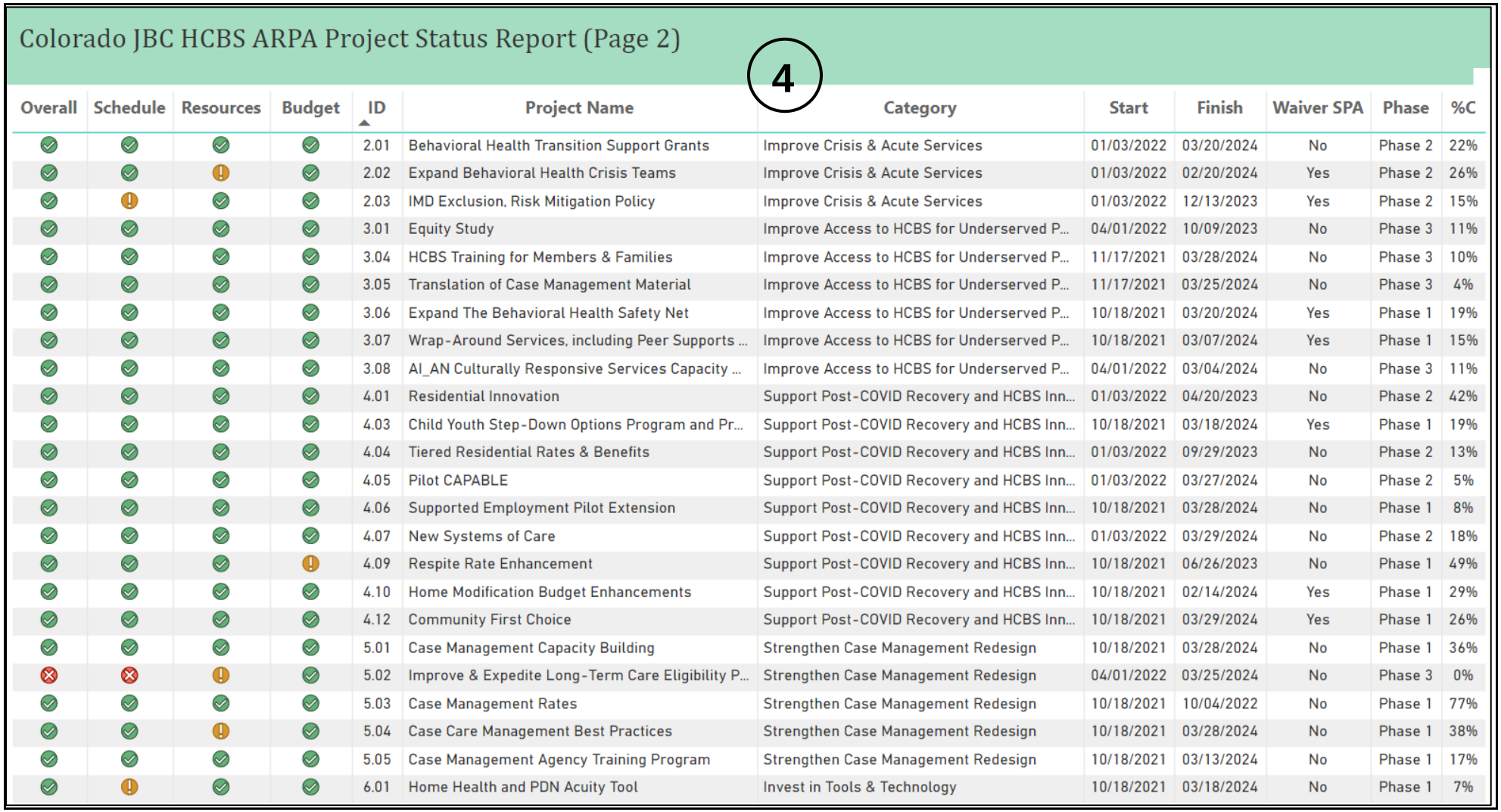
Figure 3. Dashboard: Project Reporting, page 2



Colorado JBC HCBS ARPA Project Status Report (Page 2)

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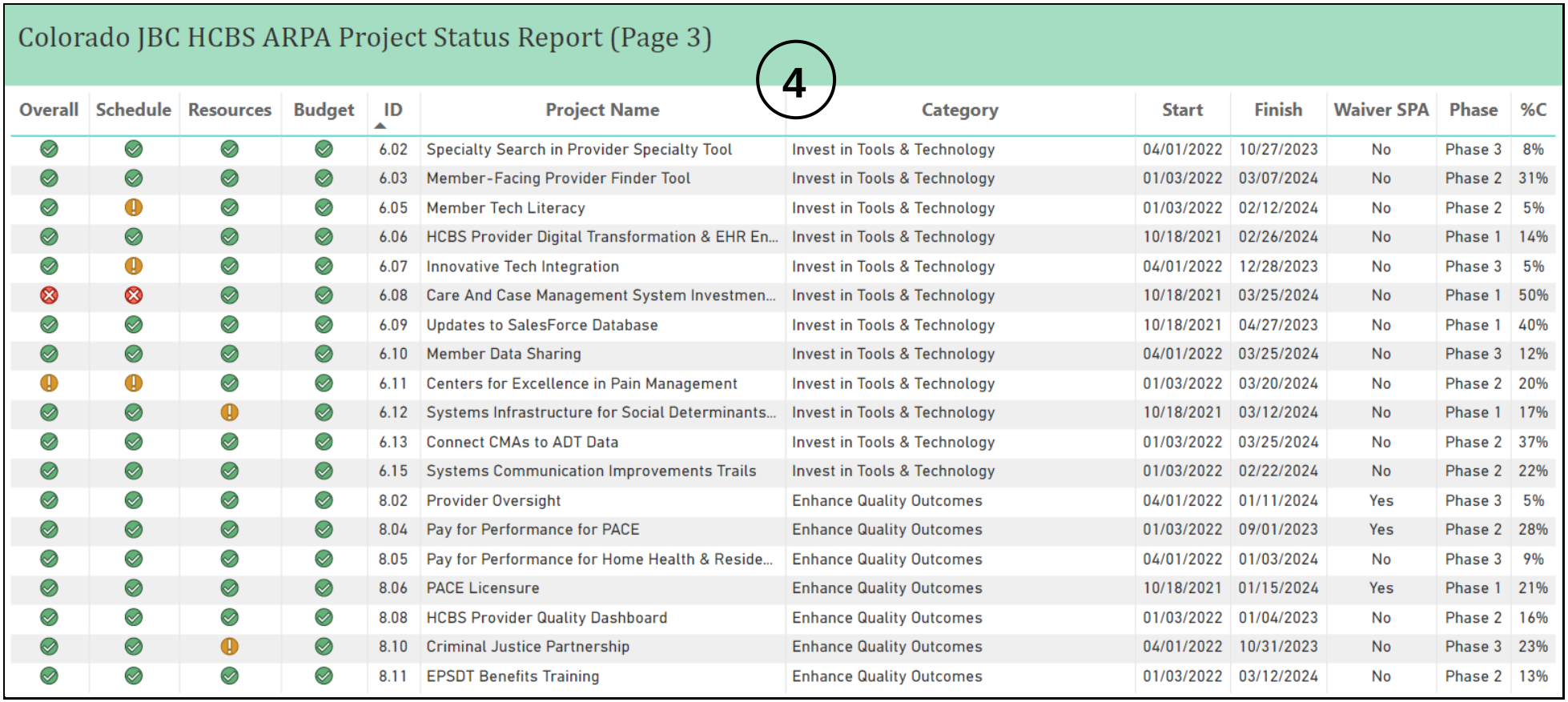
Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C
✓	✓	✓	✓	2.01	Behavioral Health Transition Support Grants	Improve Crisis & Acute Services	01/03/2022	03/20/2024	No	Phase 2	22%
✓	✓	!	✓	2.02	Expand Behavioral Health Crisis Teams	Improve Crisis & Acute Services	01/03/2022	02/20/2024	Yes	Phase 2	26%
✓	!	✓	✓	2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services	01/03/2022	12/13/2023	Yes	Phase 2	15%
✓	✓	✓	✓	3.01	Equity Study	Improve Access to HCBS for Underserved P...	04/01/2022	10/09/2023	No	Phase 3	11%
✓	✓	✓	✓	3.04	HCBS Training for Members & Families	Improve Access to HCBS for Underserved P...	11/17/2021	03/28/2024	No	Phase 3	10%
✓	✓	✓	✓	3.05	Translation of Case Management Material	Improve Access to HCBS for Underserved P...	11/17/2021	03/25/2024	No	Phase 3	4%
✓	✓	✓	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserved P...	10/18/2021	03/20/2024	Yes	Phase 1	19%
✓	✓	✓	✓	3.07	Wrap-Around Services, including Peer Supports ...	Improve Access to HCBS for Underserved P...	10/18/2021	03/07/2024	Yes	Phase 1	15%
✓	✓	✓	✓	3.08	AI_AN Culturally Responsive Services Capacity ...	Improve Access to HCBS for Underserved P...	04/01/2022	03/04/2024	No	Phase 3	11%
✓	✓	✓	✓	4.01	Residential Innovation	Support Post-COVID Recovery and HCBS Inn...	01/03/2022	04/20/2023	No	Phase 2	42%
✓	✓	✓	✓	4.03	Child Youth Step-Down Options Program and Pr...	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	03/18/2024	Yes	Phase 1	19%
✓	✓	✓	✓	4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery and HCBS Inn...	01/03/2022	09/29/2023	No	Phase 2	13%
✓	✓	✓	✓	4.05	Pilot CAPABLE	Support Post-COVID Recovery and HCBS Inn...	01/03/2022	03/27/2024	No	Phase 2	5%
✓	✓	✓	✓	4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	03/28/2024	No	Phase 1	8%
✓	✓	✓	✓	4.07	New Systems of Care	Support Post-COVID Recovery and HCBS Inn...	01/03/2022	03/29/2024	No	Phase 2	18%
✓	✓	✓	!	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	06/26/2023	No	Phase 1	49%
✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	02/14/2024	Yes	Phase 1	29%
✓	✓	✓	✓	4.12	Community First Choice	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	03/29/2024	Yes	Phase 1	26%
✓	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	03/28/2024	No	Phase 1	36%
✗	✗	!	✓	5.02	Improve & Expedite Long-Term Care Eligibility P...	Strengthen Case Management Redesign	04/01/2022	03/25/2024	No	Phase 3	0%
✓	✓	✓	✓	5.03	Case Management Rates	Strengthen Case Management Redesign	10/18/2021	10/04/2022	No	Phase 1	77%
✓	✓	!	✓	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	03/28/2024	No	Phase 1	38%
✓	✓	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	03/13/2024	No	Phase 1	17%
✓	!	✓	✓	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	03/18/2024	No	Phase 1	7%

Figure 3. Dashboard: Project Reporting, page 3



Colorado JBC HCBS ARPA Project Status Report (Page 3)

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Overall	Schedule	Resources	Budget	ID	Project Name	Category	Start	Finish	Waiver SPA	Phase	%C
✓	✓	✓	✓	6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology	04/01/2022	10/27/2023	No	Phase 3	8%
✓	✓	✓	✓	6.03	Member-Facing Provider Finder Tool	Invest in Tools & Technology	01/03/2022	03/07/2024	No	Phase 2	31%
✓	!	✓	✓	6.05	Member Tech Literacy	Invest in Tools & Technology	01/03/2022	02/12/2024	No	Phase 2	5%
✓	✓	✓	✓	6.06	HCBS Provider Digital Transformation & EHR En...	Invest in Tools & Technology	10/18/2021	02/26/2024	No	Phase 1	14%
✓	!	✓	✓	6.07	Innovative Tech Integration	Invest in Tools & Technology	04/01/2022	12/28/2023	No	Phase 3	5%
✗	✗	✓	✓	6.08	Care And Case Management System Investmen...	Invest in Tools & Technology	10/18/2021	03/25/2024	No	Phase 1	50%
✓	✓	✓	✓	6.09	Updates to SalesForce Database	Invest in Tools & Technology	10/18/2021	04/27/2023	No	Phase 1	40%
✓	✓	✓	✓	6.10	Member Data Sharing	Invest in Tools & Technology	04/01/2022	03/25/2024	No	Phase 3	12%
!	!	✓	✓	6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology	01/03/2022	03/20/2024	No	Phase 2	20%
✓	✓	!	✓	6.12	Systems Infrastructure for Social Determinants...	Invest in Tools & Technology	10/18/2021	03/12/2024	No	Phase 1	17%
✓	✓	✓	✓	6.13	Connect CMAs to ADT Data	Invest in Tools & Technology	01/03/2022	03/25/2024	No	Phase 2	37%
✓	✓	✓	✓	6.15	Systems Communication Improvements Trails	Invest in Tools & Technology	01/03/2022	02/22/2024	No	Phase 2	22%
✓	✓	✓	✓	8.02	Provider Oversight	Enhance Quality Outcomes	04/01/2022	01/11/2024	Yes	Phase 3	5%
✓	✓	✓	✓	8.04	Pay for Performance for PACE	Enhance Quality Outcomes	01/03/2022	09/01/2023	Yes	Phase 2	28%
✓	✓	✓	✓	8.05	Pay for Performance for Home Health & Reside...	Enhance Quality Outcomes	04/01/2022	01/03/2024	No	Phase 3	9%
✓	✓	✓	✓	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	01/15/2024	Yes	Phase 1	21%
✓	✓	✓	✓	8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes	01/03/2022	01/04/2023	No	Phase 2	16%
✓	✓	!	✓	8.10	Criminal Justice Partnership	Enhance Quality Outcomes	04/01/2022	10/31/2023	No	Phase 3	23%
✓	✓	✓	✓	8.11	EPSDT Benefits Training	Enhance Quality Outcomes	01/03/2022	03/12/2024	No	Phase 2	13%

Appendix 1 provides more detailed information for each of the 63 HCBS ARPA projects. The project descriptions remain as initially reported with all updates indicated with red font. Consistent with our previous reports, we have pulled out the State Plan Amendment and/or waiver amendment and sustainability plan information for each project, as well as added a dedicated section for each initiative where status updates are included. We have provided a list of those projects within phase 1, 2, and 3 in **tables 7-9** below.

Oversight & Compliance

As stated in our previous quarterly report, the Department has taken a multi-prong approach to ensuring compliance with ARPA Section 9817 and other state and federal regulations. Our goals are to provide sufficient guidance while maintaining oversight of the 63 projects to mitigate potential risks.

The Department, with support from a contractor, has developed guidance material and training for projects teams to ensure that project plans, contracts, and policies are developed within regulatory guidelines. A new project lead toolkit includes guidance for leads on general ARPA HCBS overview, procurement, budget and accounting, project management guidance and expectations, stakeholder engagement and developing and administering grants. We also have launched a new bi-weekly grant project community of practice, and bi-monthly project lead meetings, to ensure regular and consistent communication with project teams.

Additionally, to support particularly higher risk projects, such as grants and pilot projects, especially considering the possibility of inconsistency in management and oversight across multiple project teams, the Department is working to procure a grant financial vendor. Utilizing one vendor to process invoices and monitor deliverables will help mitigate potential risk and ensure consistency across projects. This contractor will also be monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk. The Request for Proposal for the grant financial vendor closed on June 3, 2022. The Department is working through the application review, vendor selection and contracting process and anticipates that the contract will be in place by September 2022.

Finally, the Department has an executed contract with a separate vendor to assist with oversight, compliance, and monitoring of the Department's projects. The contractor will assess the risk and develop a compliance and monitoring plan for each project. This work is anticipated to begin in July 2022. For projects that are determined to be higher risk for compliance issues, the contractor will sample and

review payments to ensure work completed is within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. The contractor will also provide feedback on the materials developed by the initial contractor mentioned above to ensure compliance is addressed consistently across the project timeframe.

Projects by Phase, Category, and Identification

Legend: Project Category Color

Workforce & Rural Sustainability		Access for Underserved	
Crisis & Acute Services		Recovery & Innovation	
Case Management		Emergency Preparedness	
Tools & Technology		Quality	

Table 7. Phase 1 Projects

Project ID	Project Name	Project Category
1.01	Increase Payments to Providers and Workers	Strengthen the Workforce & Enhance Rural Sustainability
1.02	Direct Care Workforce Data Infrastructure	Strengthen the Workforce & Enhance Rural Sustainability
1.03	Standardized Core Curriculum & Specialization	Strengthen the Workforce & Enhance Rural Sustainability
1.04	Resource & Job Hub	Strengthen the Workforce & Enhance Rural Sustainability
1.10	Rural Sustainability & Investment	Strengthen the Workforce & Enhance Rural Sustainability
3.06	Expand the Behavioral Health Safety Net	Improve Access to HCBS For Underserved Populations
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	Improve Access to HCBS For Underserved Populations
4.03	Child/Youth Step-down Options Program and Provider Recruitment	Support Post-COVID Recovery & HCBS Innovation
4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery & HCBS Innovation
4.09	Respite Rate Enhancement	Support Post-COVID Recovery & HCBS Innovation
4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery & HCBS Innovation
4.12	Community First Choice	Support Post-COVID Recovery & HCBS Innovation
5.01	Case Management Capacity Building	Strengthen Case Management Redesign
5.03	Case Management Rates	Strengthen Case Management Redesign
5.04	Case/Care Management Best Practices	Strengthen Case Management Redesign
5.05	Case Management Agency Training Program	Strengthen Case Management Redesign
6.01	Home Health/PDN Acuity Tool	Invest in Tools & Technology
6.06	HCBS Provider Digital Transformation	Invest in Tools & Technology
6.08	Care & Case Management System Investments	Invest in Tools & Technology
6.09	Updates to SalesForce Database	Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health	Invest in Tools & Technology
8.06	PACE Licensure	Enhance Quality Outcomes

Table 8. Phase 2 Projects

Project ID	Project Name	Project Category
1.06	Career Pathways	Strengthen the Workforce & Enhance Rural Sustainability
1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural Sustainability
1.05	Establish a Training Fund	Strengthen the Workforce & Enhance Rural Sustainability
2.01	Behavioral Health Transition Support Grants	Improve Crisis & Acute Services
2.02	Expand Behavioral Health Crisis Teams	Improve Crisis & Acute Services
2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services
4.07	New Systems of Care	Support Post-COVID Recovery & HCBS Innovation
4.01	Residential Innovation	Support Post-COVID Recovery & HCBS Innovation
4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery & HCBS Innovation
4.05	Pilot CAPABLE	Support Post-COVID Recovery & HCBS Innovation
6.15	Improvements - System Communication [Interface with Trails]	Invest in Tools & Technology
6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology
6.05	Member Tech Literacy	Invest in Tools & Technology
6.13	Connect CMAs to ADT Data	Invest in Tools & Technology
6.03	Member-Facing Provider Finder Tool Improvement	Invest in Tools & Technology
8.11	EPSDT Benefits Training	Enhance Quality Outcomes
8.04	Pay for Performance for PACE	Enhance Quality Outcomes
8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes

Table 9. Phase 3 Projects

Project ID	Project Name	Project Category
5.02	Improve & Expedite Long-Term Care Eligibility Processes	Strengthen Case Management Redesign
8.05	Pay for Performance for HH & Residential HCBS	Enhance Quality Outcomes
8.10	Criminal Justice Partnership	Enhance Quality Outcomes
8.02	Provider Oversight	Enhance Quality Outcomes
6.07	Innovative Tech Integration	Invest in Tools & Technology
6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology
6.10	Member Data Sharing	Invest in Tools & Technology
3.08	AI/AN Culturally Responsive Services Capacity Grants	Improve Access to HCBS For Underserved Populations
3.01	Equity Study	Improve Access to HCBS For Underserved Populations
3.04	HCBS Training for Members & Families	Improve Access to HCBS For Underserved Populations
3.05	Translation of Case Management Material	Improve Access to HCBS For Underserved Populations
1.09	Workforce Compensation Research	Strengthen the Workforce & Enhance Rural Sustainability

Timeline and Next Steps

The Department has made significant progress in moving towards implementation for the 22 phase 1, 18 phase 2 projects, and 12 phase 3 projects. As of the writing of this report, an additional 11 phase 4 projects have recently launched (as of July 1, 2022). Over the next quarter, we anticipate having all the initial hiring complete. Additionally, the phase 1 and 2 contracting should be executed and the phase 3 project contracts should be close to completed. We expect that many of our grant project's request for application processes will launch, moving us closer to getting funds out into the community. Project teams are also beginning stakeholder engagement activities to actively gather feedback and suggestions on project execution. With the recent launch of phase 4 projects, all of our 63 initiatives are now actively moving forward. The phase 4 project teams will be further refining their initiative's timelines, deliverables, and outcomes over the next quarter. Finally, over the next 3-6 months the project support team, in addition to continuing to assist with ongoing project management, will be hyper focused on development and implementation of project performance metrics. These may include the collection and reporting of process, output, outcome, and member, family, and provider experience data to inform the initiative's progress towards success. Additionally, project teams will collect information about best practices and lessons learned. We are eager to share the successes and impacts of these projects as they move fully into the execution phase.

Appendix 1: Project Descriptions & Updates

1. Strengthen the Workforce & Enhance Rural Sustainability

Initiative 1.01. Increase Payments to Providers and Workers - Phase 1

At the heart of the ARPA is the call to support the recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them have been devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerge from the pandemic, stabilizing the direct care workforce is the most immediate priority. For that reason, as of January 1, 2022, the Department, in collaboration with the Polis-Primavera administration, implemented a $15/hour base wage for Colorado's Medicaid, HCBS direct care workers and a rate increase for provider agencies.

A rate increase to accommodate a new $15 per hour base wage requirement for frontline staff providing direct hands-on care implemented on Jan. 1, 2022, through April 15, 2023. The services targeted for this increase include:

- Adult Day
- Alternative Care Facility
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Day Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Mentorship
- Personal Care
- Prevocational Services
- Residential Habilitation
- Respite Care
- Supported Community Connections
- Supported Employment
- Supportive Living Program

The Department understands that direct care workers' wages vary considerably across geography, provider type, and internally, depending on experience and length of employment. For this reason, the expectation will be that all direct care workers currently employed receive at least $15 an hour. All new Home and Community-Based

Services direct care workers hired after Jan. 1, 2022, must also have a wage of at least $15 per hour.

In addition to the rate increase for the new base wage, the Department has also increased provider rates for the services listed above except for Consumer-Directed Attendant Support Services (CDASS), and adding Non-Medical Transportation, by 2.11% retroactively to April 1, 2021, and going forward through July 31, 2022.

To ensure stability across the long-term services and supports continuum, case management will be increased by 2.11% from April 1, 2022, through June 30, 2023, pending federal approval. Additional adjustments will be made for the Program for All Inclusive Care for the Elderly (PACE) providers due to common policy changes within HCBS as well as a rate increase next calendar year.

State Plan Amendment and Waiver Information
The Department received approval for an Emergency Preparedness and Response Appendix K (Appendix K) amendment on October 19, 2021 to allow for the 2.11% rate increases. Approval for the $15 per hour base wage through a rate increase for HCBS direct care workers was approved through Colorado's Appendix K amendment on November 5, 2021. Colorado subsequently submitted, and received approval on March 31, 2022, to extend the rate increases for both the 2.11% and $15 per hour base wage. The 2.11% provider rate increase will now be effective until July 1, 2022, and the $15 per hour base wage is approved until 6 months post the end of the Public Health Emergency. As Colorado's Appendix K amendment is effective until July 1, 2022, the Department plans to submit a 1915(c)-waiver amendment to ensure the $15 per hour base wage continues long-term.

Sustainability Plan
Understanding that the ARPA funds have an end date, we are committed to identifying funds to ensure long-term sustainability of this effort. Included within the Department's Fiscal Year 2022-23 budget requests, with initial approval, is funding to sustain the $15/hour base wage increase for all direct care workers employed by HCBS providers.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project continues to proceed according to the established project schedule and is 45% complete.

- **Resource Status:** *On track*- The project team remains fully staffed and continues to possess adequate resources to complete this project in the current timeframes laid out in the project schedule.
- **Contract Status:** *On track*- There is no contractor currently utilized in this project.
- **Budget Status:** *Watch*- This project remains under budget due to a lack of billing by providers. The project team is implementing strategies to address underspending and has established a cutoff date for retroactive billing.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The project team is implementing strategies to address underspending due to lack of retroactive billing by providers and considering how funds could be reallocated to support providers.

Initiative 1.02. Direct Care Workforce Data Infrastructure - Phase 1

Under this project, the Department will expand the data infrastructure to better understand the current supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. The Department will develop two surveys for the direct care workforce. The first survey will be a staff stability survey for providers of long-term services and supports (LTSS) waiver services and will include data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, percentage of DCWs that are full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey will be for direct care workers rather than the employers to determine, at a minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey will evaluate why there is a workforce crisis among direct care workers and what the Department can do to address it. The surveys will be administered multiple times to supply comparative data. This project will fund the development of the surveys, data collection, and analysis. These surveys will assist in strengthening the data infrastructure in the short and long-term to better understand the workforce and evaluate the strategies outlined in this plan.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Maintaining currency in understanding of the environment and motivations for employment in the direct care workforce will be critical to alleviating the shortages in this field. Beyond the initial project efforts, the Department intends to continue

use of the tools and data infrastructure developed under this initiative. Surveys will be updated and used to maintain baseline data intended to inform direct care workforce efforts, recruitment and retention policies, and even skills-based career latticing.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 33% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- All resources needed for this project have been allocated.
- **Contract Status:** *On track*- The Contractor to support this project has been selected by the Department and is set to begin work on 7/1/22.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Project is on track. The contractor will begin work shortly. The expectation of the contractor is that they will develop and administer the two surveys which are key to the success of the project.

Initiative 1.03. Standardized Core Curriculum & Specialization - Phase 1

The Department will develop a standardized curriculum and training program for homemakers and personal care workers to establish quality standards, as well as increasing specialized qualifications tied to wage increases. The Department will develop a homemaker and personal care worker curriculum to include modules on specialized topics, such as Alzheimer's disease and related dementias and mental and behavioral health care and make the training available for free in-person through a train-the-trainer model and online. Initial work has already been completed via the Training Advisory Committee per SB 19-238, "Improve Wages and Accountability Home Care Workers."

These trainings will be developed using a 'universal worker' structure, designed for use by individuals working in a variety of settings and with different populations. The modules will be adaptable depending on the employer, client, and worker's needs, and training certificates will be transferable across employers. Funding will support training development, creation and launch of the online training platform, hosting statewide train-the-trainer sessions, and pilot testing and evaluating the new curriculum. These trainings will 'live' on the newly created Resource & Job Hub (initiative 1.04) for sustainability and ongoing management.

State Plan Amendment and Waiver Information
The Department will review and submit a waiver amendment after development efforts are complete should training be deemed a condition of provider qualification.

Sustainability Plan
The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for the direct care workforce is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 25% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Resources allocated for this project are adequate to meet goals and deadlines of this initiative.
- **Contract Status:** *On track*- The project team has selected a vendor and is working on finalizing contract requirements. The contract is currently in review with leadership.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. Because the contract is an Interagency Agreement, which allows for work to begin before contract execution, the contractor has begun initial stakeholder engagement.

Initiative 1.04. Resource & Job Hub - Phase 1

The Department will create a resource, job search, and employer matching hub for direct care workers to ease their entry into the job. This funding will support the development of a website for the direct care workforce where interested individuals can go to receive information and resources about direct care positions, access free training, and view job boards to quickly be placed in positions. The newly developed personal care/homemaker training will be accessible through this site, and individuals who completed the training would be entered into a database for easy tracking of certification. The Department is partnering with our internal health information office and the State's Office of Information Technology to ensure long-term sustainability of the site.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The Department is enthusiastic about launching this new resource to expand and embolden opportunities for the direct care workforce. Increasing the ease of navigation to employment paired with standardized skills validation (Initiative 1.03) is seen as a critical component to maintaining a sufficient and successful workforce. While the Department recognizes the inherent competition of this endeavor, it is looking to develop complementary relationships with employment partners and exploring additional options for continued maintenance and operations of these efforts beyond the ARPA funding period.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 16% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been selected by the Department.
- **Contract Status:** *On track*- The project team has selected a vendor and is working on finalizing contract requirements. The statement of work is expected to be drafted shortly.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is beginning to consider requirements for the new site and is eager to get the contract executed so that work can move forward.

Initiative 1.05. Establish a Training Fund - Phase 2
***Note**: As of December 2021, this project has incorporated project 3.03 Disability Cultural Competency Training for Behavioral Health Providers under the scope of its efforts.*

Providing more training opportunities and incentives for workers to gain higher level skills would promote greater retention within the workforce. The Department will establish a training fund targeted to high-demand jobs and to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds may be distributed directly to the prospective or current worker, to the employer to provide the training to their employees, or to a

training provider. Additionally, funds may be used to expand standard training provider resources or trainer availability where gaps exist. This project will also develop a disability-specific, culturally competent curriculum that includes the different types of disabilities and incorporates people's lived experiences to help providers understand diverse populations' perspectives. The training will include information, examples, and skill-building activities on how best to serve the disability community. Following the approval of additional funds for this project in March 2022, the scope of the project has been expanded to provide further training opportunities for the behavioral health workforce, with a particular focus on skill building, upskilling, and peer supports. The goal of this fund is to provide short-term funding to incentivize and expand training opportunities for the HCBS workforce with the goal of increasing recruitment and retention.

State Plan Amendment and Waiver Information
The Department will submit waiver amendment documentation in support of program changes upon completion of cultural competency curriculum development should training be determined to be a condition of provider enrollment.

Sustainability Plan
The Department recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, the Department will review feasibility for continuing enhanced training efforts on an ongoing basis and look to define best practices from that which is developed.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 16% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team plans to leverage the grant financial vendor to distribute the training funds.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has spent significant time over the last several months determining the structure and requirements associated with these funds. The team wants to ensure that employers, training providers, and individuals are all given an opportunity to leverage these training funds. The team has also been working collaboratively with other state Departments

to ensure that there is no duplication in effort and that opportunities to maximize state funds are taken.

Initiative 1.06. Career Pathways - Phase 2

The Department will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. The Department will partner with the Colorado Community College System, the Department of Higher Education, and the Department of Labor and Employment to work on career development pathways for direct care workers. This project will leverage the existing work within our sister agencies and incorporate the deliverable into ongoing initiatives.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
ARPA funding is being utilized to enhance and enrich the existing overall structure for our direct care workforce. In such, this effort is solely intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by our sister agencies and workforce partners. The Department will maintain partner engagement to ensure workforce advancement efforts continue.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 21% complete. Some adjustments to the schedule were required to accommodate the extended time to secure vendors. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The term-limited staff member to support this project has been onboarded by the Department.
- **Contract Status:** *On track*- The project team has a finalized Interagency Agreement with the Colorado Community College System and is working to finalize the Interagency Agreement with the Department of Labor and Employment. The team continues to have conversations with the Department of Higher Education to understand how they may be able to leverage an ARPA HCBS funded position.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.

- **General Project Update:** The project is on track. Securing all the vendors has taken longer than anticipated, but the project team still anticipates the project being completed on time.

Initiative 1.07. Public Awareness Campaign - Phase 2

The Department will launch a public awareness campaign about the value and importance of the direct care workforce, as well as use the campaign to promote careers in the field, including opportunities to move into other allied health roles. The campaign will garner workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals into the field.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Changing perceptions of the roles and importance of the direct care workforce is integral to overcoming the shortages growing in this workforce segment. The Department recognizes that awareness and outreach are critical components of achieving this transition. The Department will assess the outcomes of campaign efforts and determine the level of importance and the feasibility of continuing awareness and other campaigns. Additionally, the campaign will direct individuals to the newly established Resource & Job Hub (initiative 1.04) which will serve as an on-going site available for information and resources about direct care for those interested in pursuing a career in the field.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 9% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- Resources allocated for this project are adequate to meet goals and deadlines of this project.
- **Contract Status:** *On track*- The project team has selected a vendor and is working on finalizing contract requirements. The statement of work is being finalized.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.

- **General Project Update:** The project is on track. The contract with the vendor is expected to be completed in the coming weeks and work is expected to begin in August. Once the contract is finalized the vendor will develop and implement the campaign.

Initiative 1.08. Home Health Delegation - Phase 4

One way to expand the workforce in the home health field is to ensure that all workers are working at the top of their licenses. For example, Registered Nurses (RNs) may delegate skilled tasks to a Certified Nurse Aide (CNA) that they otherwise would not be able to perform. An RN provides training to the CNA to perform the skilled task and the task is then delegated to them, allowing a CNA to practice to the top of their license and potentially increase their wages, leading to longer-term retention. The Department will explore opportunities for further developing the home health workforce. This includes an environmental scan to identify care deserts, a survey to understand barriers, and subsequently, implementing solutions to increase delegation to this workforce, thereby enabling increased wages, retention, and recruitment. In addition, the Department will provide incentive payments to home health agencies that provide innovative models of care, such as increased delegation.

State Plan Amendment and Waiver Information
If identified solutions change scopes of service or reimbursement methodologies, the Department will submit a State Plan Amendment to support these efforts long term.

Sustainability Plan
This one-time policy analysis will allow the Department to develop a formal strategy for whether and how these efforts will continue.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 1.09. Workforce Compensation Research - Phase 3

Wages are not the only consideration in someone's decision to work in a certain field. The Department will research innovative opportunities for increasing compensation for the HCBS workforce in other ways. The Department will identify ways to provide childcare for direct care workers; explore funding for shift differentials; and identify other practices that could better support low-income

workers, such as hiring retention specialists or case managers within home care agencies whose job is to support the frontline workers.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The scope of this effort is limited to research efforts. At the time of project completion, the Department will have a suite of potential actionable offerings and will review the scope of implementation options available.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 16% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- This project does not require any additional FTEs. Resources allocated for this project are adequate to meet the goals and deadlines of this project.
- **Contract Status:** *On track*-The project team has selected a vendor and is working on finalizing contract requirements. The draft statement of work is currently with procurement.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is on track. The contractor is expected to come on board in early fall and will be responsible for conducting stakeholder engagement and research on best or promising practices for improving compensation and benefits, as well as social supports, for direct care workers and case managers.

Initiative 1.10. Rural Sustainability and Investment - Phase 1

Investing in rural communities to strengthen care access is critical in Colorado. This initiative will include implementation of three key strategies to ensure the sustainability of providers in rural communities, with the focused aim of strengthening and enhancing Colorado's Medicaid and HCBS workforce. These initiatives are especially targeted at bolstering Colorado's rural Medicaid and HCBS infrastructure, providers, and members. These strategies include: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies is to expand the provider network in rural communities by identifying gaps and potential opportunities for expansion. A care desert, also known as a medical desert, exists mostly in rural places and inner cities and leads to inequalities in health care. The federal government now designates nearly 80 percent of rural America as 'medically underserved.' About 20% of the U.S. population live in rural areas, but only 10% of doctors and other health care professionals operate in those regions, and that ratio is worsening each year. Additionally, a higher proportion of rural populations are made up of those over the age of 65.

The Department first needs more data and analysis on where there are care deserts and potential solutions in those areas. The Department will complete an environmental scan of Colorado's current HCBS provider network via a GIS heatmap; create a tool for the Department to update and track progress on a statewide level; identify gaps by waiver, service, and provider type; find out which populations are the most impacted; and give recommendations for provider or service expansion and solutions in a final report.

One way to help prevent a care desert is to pay providers differently by region to account for differences in cost structure, which would encourage more people to work in direct care professions in areas that are currently underpaid. The Department will design rates by geographic region to account for the cost differential associated with different locations. Geographic modifiers are intended to improve the appropriateness of Medicaid rates to providers by accounting for the differences in prices for certain expenses, such as clinical and administrative staff salaries and benefits, rent, malpractice insurance, and other defined costs. The Department is dedicated to identifying ways for implementing these proposed geographic rates if found advantageous in the Sustainability Plan.

The workforce shortage is particularly concerning in rural areas. The Department will research ways to partner with hospitals and rural health clinics to identify opportunities to share resources and/or more efficiently and creatively offer services in rural areas. The goal of this initiative is to increase access to services by setting up partnerships across hospitals, clinics, and HCBS providers to share certain resources between them. This may include using a coordinated pool of workers, training, personal protective equipment, or other resources. The Department, in partnership with the Office of eHealth Innovation, will identify areas that would benefit from this approach and recommendations on how to pursue and implement it. The Department will then set up a pilot program by finding members and providers to test out the model. The Department will evaluate the pilot by analyzing whether the desired

outcomes were achieved, interviewing participants, and providing final recommendations on next steps and sustainability.

State Plan Amendment and Waiver Information
Not at this time. Once the rate proposal is developed and pilot efforts completed, the Department will assess the need for programmatic changes and submit any appropriate administrative process documentation.

Sustainability Plan
Upon reviewing the outcomes of these sustainability efforts, the Department will identify and address any necessary administrative and operational measures to support program longevity.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 26% complete. The project schedule, milestones, deliverables, and resources have been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Resource Status:** *On track*- The project team has selected a vendor and the contract is in clearance.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The project team has developed a contract agreeable to both parties. Work will begin in July once the contract is signed. The first priority is the development of the heat maps where data can be filtered by county and provider type. The data will be entered into Tableau so progress will be viewable on an on-demand basis by the Department. Next phase of the contract will be developed as the heatmaps progress to ensure the best path forward.

2. Improve Crisis & Acute Services

Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization - Phase 2

Under this project, the Department will offer short-term grant funding for behavioral health crises and transition services to support higher acuity members moving from an institution, hospital, or corrections to the community, specifically focusing on increasing capacity for community-based care. The Department would create grants for local communities, including providers, non-governmental organizations, and counties, to implement programs that are specific to their behavioral health capacity needs and geographic area. Grantees may request funding for implementation projects that improve service delivery options for crisis and transition programs or create pathways that improve care transitions. Grant funds supporting the purchase of equipment and costs associated with infrastructure to build capacity will be allowable under this project. The focus will be on complex populations, with a history of institutionalization, and support step-down services specifically to help move individuals from inpatient to community settings. This grant would prioritize transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior Department work transitioning members from long-term care institutions with the Colorado Choice Transitions Program will inform the design of the grant program, as will extensive stakeholder engagement. Providers may request funding for program improvements, infection control, staff training, best practice implementation costs, regulatory compliance, and community integration.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The Department intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 22% complete. The project schedule, milestones, deliverables and resources have all been established by the project team.

- **Resource Status:** *On track*- The project team currently has all the needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The team continues work to design the request for application (RFA) that will be used to solicit proposals including application questions, scoring criteria, defining eligible organizations and outlining authorized expenditures.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The final project resource has been onboarded and has begun the process of developing the grant program. The team continues work to develop the RFA that will be used to solicit proposals including application questions, scoring criteria, defining eligible organizations and outlining authorized expenditures. The RFA is set to release early Fall 2022.

Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams - Phase 2

The Department will supercharge activities related to the mobile behavioral health crisis teams, which offer an alternative to police or Emergency Medical Services (EMS) transport for a person in a mental health or substance use disorder crisis. Currently in Colorado there are differing practices, pilots, and approaches to behavioral health crisis calls.

The Department will provide funding in the form of grants to support this effort. Grantees could utilize funding to start a program or to come into compliance by using funds for required staff training, increasing their capacity for 24/7 response, equipment, vehicle or telehealth purchases and potential technology needs. Funds would also be available to create more culturally responsive mobile crisis services in Colorado.

State Plan Amendment and Waiver Information
The Department is developing and plans to submit a waiver to CMS to authorize a universal mobile crisis benefit for Medicaid members by Sept. 30, 2022 via an external workstream for CMS Grant 2I2CMS331818-01-00.

Sustainability Plan
This project initiative will afford the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. Recognizing both the importance and impact these initiatives will have, the Department is developing a benefit program to authorize universal mobile crisis benefit for Medicaid members.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 26% complete. The hiring of the final project resource is behind schedule, but an offer has been made and the team hopes to have a candidate on board soon. All other project tasks, milestones and deliverables remain on schedule.
- **Resource Status:** *Watch*- The project team is currently working to fill one position still not secured for this project. The term-limited position to support this project is currently moving through the hiring process and an offer has been made to a candidate.
- **Contract Status:** *On track*- The contractor to support this project has been selected by the Department and is beginning work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** An offer has been made for the final project resource and the team anticipates having a candidate on board mid July 2022. The contract has been executed and work will begin to distribute grant funding in the next quarter. Extensive stakeholder engagement is also scheduled to begin during the Summer of 2022.

Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy - Phase 2

As a complement to the crisis service grant programs, the Department will explore the detailed policy and licensing requirements of different provision types that are federally prescribed when serving persons experiencing behavioral health crises. Colorado currently has a network of different facilities that can be used to assist a person in crises including Acute Treatment Units (ATU), Crisis Stabilization Units (CSU), emergency rooms, and when needed, traditional hospitalization. Both emergency rooms and hospitals come at higher costs, may lack behavioral health expertise, and may experience capacity issues to serve persons with medical needs when supporting persons in crises.

By contrast, ATUs and CSUs are especially adapted to behavioral health crises. However, to ensure the State's new model of care from crisis response to crisis service delivery is successful, there needs to be compliance work completed with ATUs and CSUs. Crisis units must operate in compliance with federal Institutes for Mental Disease (IMD) regulations to receive Medicaid funding. Currently these crisis units are unable to serve and/or receive reimbursement for members who make up most of all calls to the statewide Crisis Services hotline.

ATU and CSU facilities were not folded into the Department's recent child serving policy revisions to address the risk of being considered IMDs. Through this project, the Department will work to review these facilities, including their programming and campus structure, from a lens of IMD standards to identify ways to address any IMD concerns. If they are considered IMDs, Medicaid funding is completely restricted. These facility types are providing critical crisis services so this project will explore ways to mitigate the risk of these providers meeting the IMD criteria and how we can maintain their services, which could include a waiver, policy recommendations or other mitigation efforts. The Department will generate recommendations on how to mitigate IMD risk as the state promotes the use of ATUs and CSUs in lieu of hospitalization or institutionalization, including the costs and benefits of the State seeking an 1115 waiver.

State Plan Amendment and Waiver Information

The Department will utilize the recommendations received through the review of facilities and stakeholder feedback to draft an 1115 demonstration waiver to mitigate the risk of the providers meeting the IMD criteria.

Sustainability Plan

This one-time policy analysis will allow the Department to identify any ongoing supportive activities.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 16% complete. The project schedule is slightly delayed due to the procurement timeline. The project team is actively working to get the project back on track.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- While delayed in the schedule, the contract continues moving through the procurement process. The project team has selected a vendor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The final project resource was onboarded in April 2022. The team continues to work through the procurement process to bring on a contractor to begin the evaluation work.

3. Improve Access to HCBS For Underserved Populations

Initiative 3.01. Equity Study - Phase 3

Individuals receiving HCBS in Colorado are more likely to be white and English-speaking than the overall state population and general Medicaid population. It is unclear what is driving the disparity or how to create more equity in HCBS. This project would aid in better understanding who receives HCBS in Colorado and what services they receive, where the gaps are, and target outreach to ensure HCBS services are provided to all Coloradans who are eligible.

The study will address the following:

- Internal data analysis: Identify disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; develop a snapshot report that identifies disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contract with a vendor to gather feedback from stakeholders and write up recommendations.
- Implementation planning: Once recommendations are gathered, an internal team will put together an implementation plan to begin creating more equity in HCBS.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Upon completion of the Equity Study, the Department will consider the options to operationalize inclusion efforts.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 11% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is working to identify vendors.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.

- **General Project Update:** Project is on track. The project team has begun work on analyzing Department HCBS data to identify disparities, translating existing research into a report, and developing a scope of work for a vendor to assist in stakeholder engagement.

Initiative 3.02. Buy-In Analysis - Phase 4

Many people with disabilities are interested in working. Health insurance coverage can have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they will lose their Medicaid coverage if they enter or return to the workforce. Commercial or employer-based health insurance might not provide coverage for services and supports that enable people with disabilities to work and live independently such as personal assistance services. The purpose of the Medicaid buy-in program is to allow persons with disabilities to purchase Medicaid coverage that helps enable them to work. Through this initiative, the Department will research strategies to improve equity outcomes by analyzing the financial, population size, and demographic impacts of using less restrictive eligibility income and resource methodologies for individuals with disabilities. This project will also include targeted outreach to ensure individuals know about the buy-in program for members with disabilities who are working and how they are able to qualify and retain their assets.

State Plan Amendment and Waiver Information

Per Colorado Senate Bill 20-033, the Department is updating our Elderly, Blind and Disabled, Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), Supported Living Services (SLS), and Brain Injury (BI) waivers for an effective date of July 1, 2022 to include Buy-In for individuals over the age of 65. Though not specific to this ARPA project, this effort was part of the catalyst to moving forward with additional efforts, to enhance opportunities for access to services for those who are actively working. The ARPA project described above does not include any state plan amendments or waivers. Once the analysis is complete, the Department will pursue any programmatic or administrative changes necessary to implement a new approach.

Sustainability Plan

Upon completion of the Buy-In Analysis, the Department will explore the feasibility of implementing proposed solutions for encouraging employment among individuals with a disability on a long-term basis.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 3.04. HCBS Training for Members & Families - Phase 3

In addition to providing training for providers, the Department will develop and make available culturally competent trainings and resources for members and their families to assist with navigating the HCBS system. This will include providing education and support to family caregivers. The training project will provide information to members to help educate them on all waivers, navigate through the different waivers, and explain members' right to choose between service providers. The training would be member-focused, person-centered and in plain language for ease of use.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The suite of developed training materials will be incorporated into the Department's currently available training resources for ongoing management and oversight.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 10% complete.
- **Resource Status:** *On track*- This project is fully staffed and adequately resourced.
- **Contract Status:** *On track*- The project team is working on selecting a vendor and developing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The project lead will be leading both this project and project 3.05 Translation of Case Management Material to ensure tasks and activities align and are completed as efficiently as possible. Discussions to compare and work project plan timelines in parallel are underway.

Initiative 3.05. Translation of Case Management Material - Phase 3

The Department does not currently have member-facing case management material translated into all necessary languages. The Department will translate public facing case management materials, such as waiver charts, waiver flow charts, specialized behavioral health programs and benefits, and other basic information about waivers and other long-term services and support programs, into multiple languages for members and caretakers to understand in their own language. This work would also take into consideration other accessibility needs such as hearing and vision impairments.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

Recognizing the importance of inclusion for all programs, the Department is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period.

Status Update

- **Overall Project Status:** *On Track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 4% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *Watch*- The project team is currently working to fill a vacant position within the Department that will assist with this project. Interviews are being conducted. However, because of the delay, the resource status has been put in 'watch' status.
- **Contract Status:** *On track*- The project team is discussing a potential vendor and contractual needs for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is progressing as planned except for a delay in hiring the term-limited FTE to support the project. As the position is currently in interviews, the team anticipates that this concern will be resolved soon. This project will be running in parallel with project 3.04 HCBS Training for Members and Families and the plan is being revisited to ensure both project activities will be completed on the most efficient and effective timeline.

Initiative 3.06. Expand the Behavioral Health Safety Net - Phase 1

The Department has an opportunity with these funds to strengthen and expand the behavioral health safety net through provider training, workforce development, enhanced standards, high-intensity outpatient services, and value-based pay for performance models supporting whole-person care.

Over the past two years, the Department, in partnership with the RAEs, have aligned on a definition for high intensity outpatient services through a collaborative stakeholder engagement process. The safety net expansion effort will build upon and implement this definition through the following four projects:

- Conduct a gap analysis for high intensity outpatient services: The Department needs to assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.
- Develop training and technical assistance to build capacity with providers and health plans: Providers will need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.
- Develop value-based payment framework for high intensity services and whole person care: Providers will also need alternative financing models that better support whole person care and reward improved outcomes. The Department will create a new value-based reimbursement model to support the implementation of high intensity outpatient services and to improve capacity of the service networks.
- Assess and review regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, the Department, working with the Office of Behavioral Health, needs to review and align their credentialing and contracting policies with the safety net framework. The Department will assess and revise critical regulations concerning high intensity outpatient services.

Following approval in March 2022 by the JBC, the project scope was expanded to include helping Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.

State Plan Amendment and Waiver Information

It is likely that the Department will require a State Plan Amendment to address modifications to existing program administration based on the outcome of this work.

Sustainability Plan

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. The Department is committed to implementing advanced strategies for transformation in delivery of high intensity outpatient services. Shifting from a pay for service to a performance compensation model is intended to change the focus of care to a person-centric model. As such, the Department will continue the initiative through programmatic changes and continue to monitor the progress of change implemented under the ARPA funding.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 19% complete. Project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *On track*- The final project resource is anticipated to be onboarded in early July 2022. The project team will then have all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The first contractor to support this project has been selected by the Department and is beginning work. Procurement efforts continue to secure the additional contractors needed for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The final project resource has been selected and is expected to be onboard in early July 2022. A contractor has been identified for the value-based payment methodology implementation phase and is beginning work on the project. The additional procurements for the incentive payments with the Regional Accountable Entities (RAEs) and technical assistance needed for this project are also underway and moving through the process. The project team continues research and information gathering for the new high-intensity outpatient provider type.

Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs - Phase 1

The Department will fund and develop a sustainability strategy for wrap-around services, including housing support services and community-based peer support, for recipients of complex social service benefits such as housing vouchers and supportive housing services. This will be focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and will not include any funding for room and board.

Specifically, the Department will implement a pilot program to provide supportive services, including peer supports, behavioral health services, and supportive housing services, for 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA), which has committed 500 vouchers to the pilot program. This initiative is modeled on the evidence-based social impact bond project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care. The Department has also been awarded a technical assistance program by the National Academy for State Health Policy about how to best integrate services across state agencies to expand housing options to their shared clients who are unhoused.

With the support of the NASHP technical assistance grant, the Department would conduct an analysis of funding mechanisms and payment models and develop recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this would create options for them to expand their business models, increasing their solvency and the populations they are able to serve. It would build provider capacity, including housing service providers, and sustainability in rural areas where traditional care models are becoming more difficult to provide due to changing economic and population needs. It also aligns with Colorado's broader behavioral health safety net initiative in that it expands the network and financing of behavioral health specialty providers.

State Plan Amendment and Waiver Information
The Department may submit a waiver or state plan amendment to build out the benefit package identified through the pilot program and subsequent evaluation.

Sustainability Plan
Over the pilot period, the Department will collaborate with DOLA and the Colorado Department of Human Services (CDHS) to build a sustainability model for these housing supports by identifying which services are billable as wraparound Medicaid benefits and which are fundable through CDHS or DOLA. It is expected that this program model will be self-sustaining and, once ARPA funded efforts are completed, the Department may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

Status Update

- **Overall Project Status:** *On track*

- **Project Plan & Schedule Status:** *On track*- The project is 13% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The Interagency Agreement with the Department of Local Affairs (DOLA) has been completed and the team is working in conjunction with DOLA and a contractor for project management and technical assistance support. The service provider statement of work (SOW) is in final clearance with HCPF management and will be submitted to procurement in early July 2022. Contract negotiations are taking place with the evaluation contractor in preparation for the SOW to be submitted in early July 2022.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The final project resource was brought on board and the project now has all needed resources to complete the tasks on time. The project team solicited and chose service providers and is in the process of contracting for those services. An evaluation partner was also selected and is in the procurement process. In addition, a contractor to provide project management and technical assistance support to the project. The team continues defining the risk criteria and eligibility criteria for member participation and is working toward data sharing agreements with the needed partners. The workgroup continues regular meetings to inform the design of the project and the team is working toward engaging stakeholders in the next quarter.

Initiative 3.08. AI/AN Culturally Responsive Services Capacity Grants - Phase 3

Note: *As of June 2022, this project has been renamed AI/AN Culturally Responsive Services Capacity Grants (previously titled Behavioral Health Capacity Grants), to better reflect the scope and goals of the project.*

To finalize the suite of projects to expand the behavioral health safety net in Colorado, the Department will complete a final project focused on community identified service gaps that members experience when seeking behavioral health services. The Department will award small grants that focus on the following needs: rural behavioral health, tribal behavioral health, integrating care and treatment options in communities, substance use services, and filling other locally identified gaps in the care continuum. There will be a technical assistance component for grantees provided through a learning collaborative.

Funds will be distributed to smaller sub-awardees using evidenced-based practices. Awards would be prioritized to agencies mitigating care deserts or better serving the Colorado American Indian/Alaskan Native (AI/AN) population. This grant program will prioritize providers and programs that are improving their ability to serve individuals with disabilities on an HCBS waiver, who also have co-occurring behavioral health (SUD and MH) needs with a focus on lower acuity services and smaller community-based providers compared to the previously mentioned initiatives. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
ARPA funding provides a one-time capacity building opportunity to local communities, allowing the Department to maintain a high level of service delivery across all member populations.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 11% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. The project title was updated to accurately reflect the scope and purpose of the work.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The team continues internal conversations on grant program structure and the best way to distribute the funds.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The final project resource was onboarded in June 2022. The project team continues work to build out the AI/AN grant program in conjunction with the Department's tribal liaisons.

4. Support Post-COVID Recovery & HCBS Innovation

Initiative 4.01. Residential Innovation - Phase 2

Under this project, the Department will develop and pilot continuum models of care that incent the creation of financially viable small residential programs that are person-centered, with a focus on rural communities. This would be accomplished by completing an analysis and pilot program:

- Models of Care Analysis: The Department will conduct an analysis of funding mechanisms and feasibility on how to improve transitions of care for people transitioning from nursing facilities and other institutional settings and potential new models of care for investment and innovation.
- Pilot Program: The Department will develop a pilot to develop, design and/or implement a re-envisioned holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment. Learnings from the pilot program will be used to scale the model to other communities and to provide best practice recommendations for further development of new, innovative models. The Department will hold at the forefront the HCBS Settings Final Rule, including CMS guidance and requirements for integration of persons residing in community placements, when researching, planning, and implementing this pilot program. It is the intent of this project to determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities. This project may include an investment into the development of new models of care, including the Department obtaining intellectual property rights to these models and/or the funding the purchase of land or construction of the new residential homes.

State Plan Amendment and Waiver Information

The Department recognizes the potential need for waiver amendments to support programmatic changes and will submit such requests once the scope of desired change is identified.

Sustainability Plan

The Department will closely examine the success and viability of supported communities and based on the outcomes, formally develop any necessary administrative documentation and other avenues for the ongoing support of such efforts.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is on schedule and tasks are being completed in a timely manner. The project tasks are currently 42% completed.
- **Resource Status:** *On track*- This project is currently adequately staffed and resourced.
- **Contract Status:** *On track*- The project team is working with a potential contractor to clarify the role of the contractor for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is fully staffed and continues to complete all tasks associated with this project timely. The project team is working with a potential contractor to clarify the role of the vendor to provide support for this project.

Initiative 4.02. Promote Single Occupancy - Phase 4

This project will focus on supporting assisted living facilities and group homes in creating more single occupancy rooms, which would help prevent the spread of diseases and promote greater independence among residents. The Department will research current practice and what it would take for these providers to offer more single occupancy rooms. The Department will offer incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

State Plan Amendment and Waiver Information

Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan

The pandemic has brought to light shortcomings in the current occupancy rates and impacts on disease transmission. The Department is exploring options for both improving quality of life and managing transmissibility in assisted living and other settings of concentrated care. Sustainability funding for these efforts is being reviewed for long-term viability.

Status Update

Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment - Phase 1

The Department will focus on those areas in which there are currently gaps in services and treatment programs for children and youth. These include members with Autism Spectrum Disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnoses.

The Department will work with several providers to develop a viable step-down treatment program, to create models of care that are financially viable and person-centered, with a focus on those children and youth who are currently being sent out of state for services. This project will also look at the creation or expansion of a step-down service between hospitals and a short-term residential placement. Funding in the form of grants will be available to support the infrastructure and equipment costs associated with this expanded level of care.

State Plan Amendment and Waiver Information

The Department anticipates needing to submit a State Plan Amendment for program and service changes that are identified during the implementation of this project.

Sustainability Plan

The Department is committed to improving programs for child/youth, the capacity of the State to provide services to this population and managing program cost. The Department is committed to exploring outcomes from this effort to better provide services in this area.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 19% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- There are no current updates to the contract status as the project team is completing other tasks prior to this work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.

- **General Project Update:** The internal workgroup continues to meet to identify alignment and gaps in order to build out a child/youth step-down model. The project team completed a national landscape report to identify best practices across the nation as they begin to build out Colorado's model. They have assembled a provider stakeholder group to gather additional feedback with meetings set to begin in the next quarter.

Initiative 4.04. Tiered Residential Rates & Benefits - Phase 2

Note: *As of March 2022, this project has been renamed Tiered Residential Rates & Benefits (previously titled Alternative Care Facility Tiered Rates & Benefit), to reflect the expansion in scope.*

The Department currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. The Department will develop a tiered rate methodology for setting levels, with an emphasis on secured settings, for the ACF benefit. This initiative will provide insight on how the Department could create multiple level settings for the ACF program that would limit placement into a skilled nursing facility. As of March 2022, the project scope was expanded to include an additional setting type, Qualified Residential Treatment Programs (QRTPs). Additional funds were added to the project and approved by the JBC for this purpose.

The Department will also analyze other states that utilize a tiered rate for HCBS residential services, and their member assessment processes for assignment to the appropriate tier. The Department will provide recommendations related to services incorporated at each level to limit nursing facility placement and analyze whether Colorado's assessment tools would be sufficient to determine an appropriate tier. A new assessment tool will be developed, if appropriate.

In a previous report, the Department inadvertently used historical state licensing language, stating that Residential Child Care Facilities (RCCF) would be included in this project. The RCCF provider type has sunsetted as an allowable provider to bill Medicaid and therefore will not be included in this project. The intent of this initiative is to explore tiered rates that vary based on the individual in need of services, to ensure non-institutional and least restrictive settings are fully equipped to meet the needs of children and youth with complex needs. The expanded scope of this project will focus on residential settings that serve youth and children with complex needs, which must have 16 beds or less and submit an attestation that they meet criteria, which requires that these providers do their due diligence to ensure that they are not IMDs. This currently only includes QRTPs in compliance with the

Family First Prevention Services Act (FFPSA). These settings provide services covered in Appendix B of the State Medicaid Director's Letter dated May 13, 2021, specifically Colorado's 1915 (b)(3) waiver and state plan behavioral health clinical and rehabilitative services.

State Plan Amendment and Waiver Information
Any changes in rate methodology would be supported by the appropriate rate setting structure and the submission of a waiver amendment.

Sustainability Plan
The Department is committed to developing programmatic incentives to manage costs and improve quality of care. Stakeholders will be engaged both during the rate structure development process and for feedback on programmatic changes. Once program recommendations are created, the Department will pursue all appropriate administrative efforts to implement program and rate changes.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 13% complete. The project schedule, milestones, deliverables. and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor to support this project has been selected by the Department and is beginning work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is working with the vendor to complete the nationwide research on tiered residential rates for adults, youth, and children. The Department is in close contact with the vendor to guide the project.

Initiative 4.05. Pilot CAPABLE - Phase 2

The Department will pilot and evaluate the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The Department will pilot the CAPABLE program in three to four locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, the Department will implement a pilot with an evaluation to ensure it results in the same outcomes, including cost

savings, when implemented with a diverse group of members, including individuals of younger ages and those living in rural communities.

State Plan Amendment and Waiver Information

The Department will utilize the ARPA HCBS funding and time period to pilot test the CAPABLE model in Colorado. The project team will review the evaluation outcomes and determine whether the Department should consider adding CAPABLE as an additional benefit available to our waiver participants based on program success. At that time, post ARHA HCBS, a waiver amendment will be pursued if considered feasible.

Sustainability Plan

The Department embraces opportunities for improving member experience and managing program costs. The CAPABLE program is one such alternative care model that has demonstrated inroads to achieving these goals. The Department is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 5% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- Once grant applications are reviewed and awarded, the team will work to finalize the Statement of Work (SOW) for the recipients.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The team has been working diligently to develop a thoughtful request for applications (RFA) for organizations interested in participating in the pilot. The RFA was released on June 17, 2022 and will close on July 22, 2022. Information about the opportunity has been posted to the ARPA HCBS 'Grant Opportunities' webpage. The team has also been meeting regularly with the Johns Hopkins School of Nursing CAPABLE staff who will be a key partner in the execution of these pilots. Finally, the team has been having conversations with possible vendors to support the evaluation of the pilot sites.

Initiative 4.06. Supported Employment Pilot Extension - Phase 1

In recent years, the Department has received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project is expiring on June 30, 2022. The Department will extend and expand the current pilot program to allow for increased participation, additional data collection, and to determine if expanding incentive-based payments for Supported Employment services within the waivers is cost effective and produces positive outcomes.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers presently planned for this project. However, if the program achieves successful outcomes, the Department will explore permanently implementing value-based payments for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers, which would require amendments to both waivers.

Sustainability Plan

The Department is committed to creating environments of inclusion and employment opportunities for people with disabilities. It is believed that this program will prove to be self-supporting, and the Department plans to explore partnerships with sister agencies and other options to support long-term implementation of this program.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project remains on schedule and all current tasks are being completed in a timely manner. The project is 8% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team has finalized contracts with providers and all contract extensions should begin on July 1, 2022.
- **Budget Status:** *On track*- The budget for this project remains adequate to complete the project.
- **General Project Update:** This project continues to proceed according to plan. The project team has finalized contract extensions for FY 22-23.

Initiative 4.07. New Systems of Care - Phase 2

The Department has an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, the Department will study successful initiatives implemented by other states and nations while also developing pilot programs that:

- Leverage creative solutions to provide low/no cost childcare to home and personal care workers, which helps address low wage concerns by expanding "total compensation"
- Pair older adults with college students who need affordable housing
- Create college credits and increase the workforce by employing college students to provide respite, homemaker, and personal care services to our growing older adult population, as well as the general HCBS population.

The Department will create a grant program with state-only funding to support innovative models of care. The Department will conduct an environmental scan of evidence-based practices that could be used and to create an innovative model to address "total compensation" for direct support professionals.

As of March 2022, following approval from the JBC, the project scope was expanded to include an additional component. This new activity will include mapping core competencies for Regional Accountable Entities (RAEs) to improve care for the LTSS population and better coordinate activities between RAEs and Case Management Agencies (CMAs).

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The lessons learned from the identification and piloting of innovative systems of care and what has been successful in other states will inform future budget requests, programs, and policies.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is on schedule and current tasks are being timely completed. The project is 18% completed.

- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is negotiating with a contractor to conduct an environmental scan. The team also plans to work with the grant financial vendor to support the management of grants for innovative ideas related to this project.
- **Budget Status:** *On track*- The budget to complete this project is sufficient. There are no current concerns around spending or adequacy of funding for this project.
- **General Project Update:** This project continues to proceed according to schedule. There are no concerns with the resources, budget or ability to complete this project. The project team anticipates organizations will be able to apply for grants for innovative methods to provide community services under this project in the Spring of 2023.

Initiative 4.08. Respite Grant Program - Phase 4

Expanding respite services was one of the most frequently cited items by Colorado stakeholders for consideration in the ARPA spending plan. Respite services provide temporary relief for the members' primary caregiver, which is necessary to support caregivers and helps prevent members moving to institutional settings.

The Department will create a grant program for increased access to respite for caregivers/families of adult and child members. The Department will identify the landscape of respite availability across Colorado and create a report identifying the gaps in respite care availability. Based on this report, the Department will develop a framework for a state-only grant program. Grant recipients may include parents, grandparents, or child caregivers of aging parents or family, and could be expanded to include other members of a household that are not usually afforded respite but could also benefit from respite.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan

The deliverables for this project - the report identifying gaps in respite care and the subsequent grant program - will be the foundation for future programs, policies, and budget requests. As the grant program is being established and provided in direct response to the impacts of COVID-19, it will not be continued post March 2024. But

the respite benefit will continue as this is a critical service for our members and their families.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 4.09. Respite Rate Enhancement - Phase 1

The Department has provided a temporary targeted rate increase to incentivize additional respite providers to serve HCBS adult and child members, with a focus on home-based services. The rate increase also applies to respite services provided under the DHS' crisis services program. In addition, the Department will identify innovative ways that can be taken to incentivize respite provision by meeting with providers and other Colorado respite programs to gather information about barriers for enrollment and service provision.

State Plan Amendment and Waiver Information
The Department received approval through an Appendix K Amendment on November 5, 2021 to implement a temporary 25% rate increase for HCBS Respite providers.

Sustainability Plan

The aspects of this program that will extend in the future relate to that which the Department learns through its meetings with providers and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is on schedule and all tasks are current. The project is 49% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- This project will not utilize a contractor.
- **Budget Status:** *Watch*- The project is currently underspending due to low retroactive billing by respite providers. To address the underspending of the budget for this project, the project team continues outreach efforts to individual providers to provide technical assistance on retroactive billing for the enhanced rate.

- **General Project Update:** The project remains on schedule. The project team continues outreach efforts to providers in an effort to address the lack of retroactive billing. The team is beginning to plan for how the unspent funds would be reallocated if low billing continues.

Initiative 4.10. Home Modification Budget Enhancements - Phase 1

The Department identified enhancements to the Home Modification benefit as a need for our members, based on stakeholder feedback over the growing need to ensure members could continue to live and receive care in their homes, as opposed to congregate care settings, in response to the COVID-19 PHE. One way to help members continue to live in their homes is by funding specific modifications, adaptations, and improvements to their existing home setting. The Department will provide additional funding above the current service limitations for home modifications in response to members needing multiple adaptations to their homes for accessibility and the increasing costs related to construction and materials. The home modification budget enhancements will be available for all waivers in which this benefit already exists.

State Plan Amendment and Waiver Information

The Department will identify funding and pursue a waiver amendment once the complete scope of program changes is identified. The Department received approval through an Appendix K Amendment on January 4, 2022 to temporarily increase the Home Modification and Home Accessibility Adaptation benefit by $10,000 to help members continue to live in their home and community. On March 10, 2022 the Department submitted HCBS waiver amendments for the affected waivers, to include language that specifies during the Public Health Emergency (PHE), some individuals on the waiver may exceed the $10,000 or $14,000 cap to help them continue to live in their homes and the community. The Department is awaiting approval from CMS for this change. In addition, the Department will submit a waiver amendment in the fall of 2022 to allow the continuation of this temporary benefit through March 31, 2024.

Sustainability Plan

The Department recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA is providing will provide meaningful insights into cost challenges and will put the Department on better footing to ensure future budgets for this program consider increasing labor and materials costs.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 29% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor to support this project has been selected by the Department and is beginning work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has an executed Interagency Agreement with the Department of Local Affairs (DOLA) to support the expansion of home modifications. The Department has a long-established relationship in partnering with DOLA for home modifications.

Initiative 4.11. Hospital Community Investment Requirements - Phase 4

Under this project, the Department will research and develop recommendations for how to leverage hospital community investment requirements to support transformative efforts within their communities. The Department will develop minimum guidelines for community benefit spending and reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines should allow for more consistent reporting and determination of what is a community health need as well as better evaluate the impact of community benefit programs.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The Department recognizes that providing guidance to hospitals regarding community investment requirements and best practices is important to ensuring that those contributions result in relevant and sustainable community change and improvement in community health needs and health care outcomes. Once the guidelines have been developed, the Department is committed to both maintaining the hospital community investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 4.12. Community First Choice - Phase 1

Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows the Department to offer attendant care services, including consumer directed options, on a state-wide basis to eligible members of all ages, instead of only those who meet criteria for a 1915(c) waiver. The Department will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, and a new Wellness Education Benefit. The goal is to implement CFC by January 1, 2025. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, the Department will need the following:

- System changes: System changes will be required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider subsystem, financial subsystem, prior authorization subsystem, the prior authorization system, provider subsystem, and care and case management product. This work will include ongoing testing and maintenance to ensure the changes made were accurate and operating correctly.
- Wellness Education Benefit: The Department will utilize a contractor to develop and manage the Wellness and Education Benefit. The cost of this benefit will be absorbed by the Department once CFC cost savings are realized.

State Plan Amendment and Waiver Information
The Department will submit an amendment to the State Plan allowing for the implementation of the Community First Choice 1915(k) federal authority.
Waiver amendments will be required for the Department's 1915(c) waivers to remove services provided under the 1915(k). Amendments will also be required to gain approval for the new Wellness Education Benefit.

Sustainability Plan
The ability to leverage the ARPA funds to allow the State to pursue CFC is a high priority of the Department. The funding accelerates investments in key information systems and with relevant stakeholders to ensure that the State's design, development, and implementation of CFC is informed by stakeholder feedback and aligns with best practices.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 26% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *Watch*- The contract for the vendor to support this project is currently moving through the procurement process and is behind schedule for clearance.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The Community First Choice (CFC) team has achieved a number of key milestones since the team formed in January. The team successfully held two CFC Council Stakeholder Engagement meetings in May and June. This meeting series will be continued and elicit feedback from individuals and their representatives, disability organizations, providers, individuals with disabilities or older adults, and members of the community to improve the quality of the community-based attendant services and support benefits. The team has also started the procurement process for the Wellness Benefit program including article development and distribution.

5. Strengthen Case Management Redesign

Initiative 5.01. Case Management Capacity Building - Phase 1

Case management redesign is an overhaul of the current and traditional processes utilized by case management agencies to ensure conflict free case management services are provided to members. While the long-term effects are necessary and invaluable, there will be substantial changes in those processes. This project provides resources to help limit disruptions to members during that process. The Department will support case management redesign efforts in the community by developing a framework to support the change management requirements to ensure successful transition from the current system to implementation of a redesign that mitigates the negative impact on members. The Department will work with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It will provide support to CMAs to implement CMRD policy changes, transition, legal and corporate structures, change

management, strategic and organizational planning, capacity and ensuring member access to a CMA, including developing an infrastructure for a learning collaborative so that CMAs have access to individual resources relevant to their change management needs. As of June 2022, additional funding was added to this project to allow for a scope expansion. These funds will support the disbursement of retention payments to case managers to show appreciation as well as provide incentives for working through these agency, policy, and system changes in order to ensure adequate case management is provided during the transition. These payments will be distributed through a vendor upon the completion of particular deliverables expected from the Case Management Agencies. The Department will be seeking FFP for these payments and thus plans to submit an amendment to our disaster SPA and Appendix K.

State Plan Amendment and Waiver Information

A state plan amendments and Appendix K amendment will be submitted for the case manager retention payment component of this project. [The dashboard does not currently reflect this requirement.]

Sustainability Plan

The Department recognizes that expanding the capacity of the case managers who serve the HCBS population by designing an end-to-end case management paradigm is essential to ensuring that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, the Department is committed to continuing that vision both in the near- and long-term.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 34% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor is consistently meeting deliverables and the quality of work meets expectations with direct oversight from the Department.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is on track. The project team continues to work actively with the vendor and Case Management Agencies (CMAs) to understand their needs related to case management redesign. The Department has completed one-on-one meetings with CMAs to ensure that support and planning is given during this transition period.

Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes - Phase 3

Under this project, the Department will work with stakeholders to identify solutions to barriers to long term care eligibility, both from a physical eligibility and financial eligibility perspective. Any changes will result in the need for system enhancements as well as training to counties, Medical Assistance sites, and case managers on eligibility requirements for waiver programs and other long-term care programs.

The Department will research and determine appropriate solutions for expedited eligibility processes and manage projects. These changes will require extensive stakeholder feedback and engagement.

State Plan Amendment and Waiver Information
It is not anticipated that a State Plan Amendment or a Waiver Amendment will be needed for this project.

Sustainability Plan
Depending on the outcomes of this project effort and feedback from stakeholders, the Department will prioritize resulting system enhancements and training needs in this area.

Status Update

- **Overall Project Status:** *Needs Help*. The following areas are in Needs Help status: Schedule, resources, risks, issues, decisions.
- **Project Plan & Schedule Status:** *Needs Help*- The project is 0% complete. The project schedule, milestones, deliverables, and resources are behind. The ARPA Leadership team and office leadership are working with the project lead to get the project launched and on track.
- **Resource Status:** *Watch*- The project team is currently working to fill the Long-Term Care Eligibility Advisor position still not secured for this project. The position is currently moving through the hiring process.
- **Contract Status:** *On track*- No current progress on the contract to report at this time.
- **Budget Status:** *On track*- The project team has no concerns related to the project budget.
- **General Project Update:** The project schedule, milestones, deliverables, and resources are behind. The ARPA Leadership team is working with the project lead to get the project launched and on track. The project team has noted that

there is no capacity to complete the tasks and activities related to this project. Because of these capacity concerns, the project team has struggled to connect and discuss options to launch the project.

Initiative 5.03. Case Management Rates - Phase 1

The Department transitioned to a new rate structure for case management agencies (CMAs) in FY 2020-21. The Department will evaluate and identify best practice approaches for rate methodology in case management to ensure they are appropriate for the activities expected of CMAs and then develop a proposed rate structure for these activities and services, including identifying options for tiered rates for supporting members with complex care needs. The Department will also work in coordination with the CMAs to facilitate stakeholder engagement on methodology.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The Department recognizes that providing guidance and promoting best practices for rate methodology in case management is critical to developing the case management infrastructure that it is trying to create and support. Sharing promising practices and information is one of the keys to this transformation. Once the case management methodology has been developed, the Department is committed to maintaining the currency of the methodology as part of its overall goal of achieving a strong case management infrastructure statewide.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is 77% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*-The contractor is consistently meeting deliverables and the quality of work meets expectations.
- **Budget Status:** *On track*- The project team has no concerns related to the project budget.
- **General Project Update:** The project is on track. The vendor continues to meet expectations and deliverables as agreed upon. The vendor is currently drafting a workbook for the Department to review at which point changes will be incorporated and a finalized workbook will be available.

Initiative 5.04. Case Management Best Practices- Phase 1

Person-centered case management and care coordination requires adapting outreach strategies and support services to the needs of the population and of individuals, which may be different depending on the disability. The Department will research national best practices and develop and pilot these practices through models of care coordination that meet the unique needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. The Department will develop a training plan, including developing appropriate materials for Case Management Agency (CMA) and Regional Accountable Entity (RAE) staff on their various roles and responsibilities, collaborative roles between the systems, and effective care collaboration across the continuum of care, especially for members with complex needs.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The Department recognizes that creating models of care and identifying best practices for individuals with disabilities is critical to developing the case management infrastructure that the State is establishing and supporting. Sharing promising practices and information is one of the keys to this transformation. Once the training materials for best practices have been developed, the Department is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch*- This project is 34% complete.
- **Resource Status:** *Watch*- The project team is currently working to fill the Care Coordination Best Practices Administrator position. First round interviews have been completed and top candidates have been identified.
- **Contract Status:** *On track*- The project team has selected a vendor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The project team has prioritized hiring the Care Coordination Best Practices Administrator position

and finalizing the draft statement of work for the preferred vendor. This project continues to move forward according to the established plan.

Initiative 5.05. Case Management Agency Training Program - Phase 1

The Department will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. The Department will develop a robust training program for CMAs, RAEs and MCOs for all waiver programs and services, as well as behavioral health services, State Plan benefits, benefits counseling, and CFC. All the training will be incorporated into a Learning Management System allowing the Department to assign and monitor training completion. The Department will also update all existing training materials for content updates and upload them to LMS software to establish competency-based performance requirements of case managers. Any changes to program participation requirements will be supported by the submission of a waiver amendment once training documentation is completed.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The Department recognizes that maintaining worker relevance, building skill sets, and advancing opportunities for case management professionals is critical to addressing the shortfalls in this employment segment. Education is one of the keys to this transformation. Once the training modules and structure have been developed, the Department is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 17% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor to support this project has been selected by the Department and will begin work in July 2022.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The Department has completed stakeholder engagement with Case Management agencies regarding

training needs as well as executed a gap analysis. A comprehensive curriculum plan has been finalized and the building of web-based training deliverables are underway. A contractor will be available to assist on this project at the beginning of the next fiscal year.

6. Invest in Tools & Technology

Initiative 6.01. Home Health/PDN Acuity Tool - Phase 1

The Department will design and develop an adult Long Term Home Health (LTHH) acuity tool and two Private Duty Nursing (PDN) tools for adult and pediatric members to better determine the appropriate medically necessary level of care and associated nursing hours for members. These tools will streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for members.

The Department received funding to implement a LTHH acuity tool in FY 2019-20 through R-9, "Long Term Home Health/Private Duty Nursing Acuity Tool." The Department used this funding to conduct an environmental scan in FY 2020-21 of other state approaches but was unable to identify an appropriate tool, concluding that the Department must build one from the ground up. There was not adequate funding to build and implement a tool with the funding from that request.

The Department will create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. The Department will conduct both a policy and systems crosswalk of the proposed variables required for the LTHH acuity tool with the long-term services and supports (LTSS) assessment tool that determines nursing facility and/or hospital level of care for members seeking LTSS services. This will help determine opportunities for alignment of the tools to ensure that as members' needs change, they do not have barriers to accessing other State Plan or waiver benefits, nor is there duplication of services. A crosswalk has already been completed for PDN tools.

Once the acuity tools are developed, the Department will integrate the developed tools as a module within the Care and Case Management System. The utilization management vendor will either access the CCM tool directly or through a workflow that will allow them to perform the necessary medical necessity prior authorization determinations for PDN and LTHH benefits. The goal of this project is to develop the

new assessment tools, but the tools will not be implemented until after the ARPA HCBS spending period.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The improvements to the tools will be integrated into the existing systems/platforms (HCBS assessment tool and CCM), both of which will be available to users beyond the terms of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch*- The project is currently 6% complete. The project schedule is delayed. The project team is actively working to get the project back on track and is set to achieve this by Fall 2022.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team anticipates the release of a Request for Proposal in Fall 2022.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is currently on track, though the schedule is a bit behind due to a delay in procurement. The schedule for this project will remain behind until the request for proposal process finishes in Fall 2022.

Initiative 6.02. Specialty Search in Provider Specialty Tool - Phase 3

HCBS providers struggle to identify which specialty they qualify for and which one to select when using the MMIS online enrollment module. As a result, providers either spend a lot of time researching provider specialties on the Department's website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

The Department will develop an optional "specialty finder" tool that will, through a series of questions, help providers identify which specialty or specialties they would like to enroll in, as well as the HCBS population they would like to serve. The tool will also provide guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. Once an

algorithm is developed, it will be integrated into the Department's website. This tool will allow providers to quickly understand which specialties they are eligible for, understand the steps necessary to enroll, and cut down on questions to MMIS staff and staff across the Department and the Department of Public Health and Environment.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
ARPA funding provides an important one-time investment in the provider infrastructure by allowing providers to easily enroll in their area of expertise online.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 8% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team has selected a vendor and is working to finalize tool details for development.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is currently on track. Members of the team have had to be pulled for an urgent need in recent weeks, causing some delays, though the team is not concerned about remaining on track.

Initiative 6.03. Member Facing Provider Finder Tool Improvement - Phase 2

The Department administers a "Find A Doctor" provider search tool on the Department's website that identifies health care providers based on certain search criteria selected by the user. The Department is currently working to add additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Under this project, the Department will add the critical criteria of "Cultural Competency" to the search tool. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to

every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Through this project, the Department will add cultural competence search criteria to the tool. This could include criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The State of Colorado and the Department hold equity and cultural competency among the provider community and health care systems at the forefront of importance for service delivery. Upon completion of the member-facing provider tool enhancements, the Department will monitor the use of the cultural competence queries and results to inform future investments, programs, and policies to promote equity and culturally competent care.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 31% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is discussing vendor options and contractual requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The project team has identified the mechanisms and appropriate categories for provider searches.

Initiative 6.05. Member Tech Literacy - Phase 2

Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop a program for members that would provide a one-year digital literacy training, with the hope of improving access to benefits virtually and more broadly. HCBS-enrolled members who participate in this project will receive an iPad to support training and improve access beyond project time period.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
This is an upfront investment in the training modules and structure. The Department will absorb maintenance and updating of materials through existing workflows.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch*- The project is currently 5% complete. The project schedule, milestones, deliverables, and resources are delayed related to completing the interagency agreement. The project team is actively working to get the project back on track.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team has selected a vendor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has conducted several meetings with potential partners for developing and implementing the training. A partner has been selected and the procurement process is underway.

Initiative 6.06. HCBS Provider Digital Transformation - Phase 1
Note: *As of November 2021, this project has incorporated project 6.04 HCBS Provider Electronic Health Record System Upgrades under the scope of its efforts.*

The purpose of this project is to provide funding to home and community-based providers to digitally transform their care delivery. Funding will include investments in upgrading or implementing electronic health record systems to be able to better coordinate care, access real-time information through health information exchanges, and the purchase of tools necessary for the delivery of virtual services. These tools may include, but is not limited to, laptops, tablets, and modems. This project will leverage lessons and processes from the Department's Electronic Health Record incentive program and the Office of eHealth Innovation's telemedicine projects, with a focus on inclusive and equitable approaches and solutions. These funds will be provided through a competitive grant program that is aligned with other developing efforts, such as HB 21-1289, "Funding for Broadband Deployment." The two features of this project, Electronic Health Record enhancement and expanding provider's capacity to offer telehealth services, both have the potential to positively impact members either by improving access to care or improving communication. The scope of this project was expanded following the approval of the additional funds in March 2022. The project will support technology security enhancements for the County

Departments of Human Services and Single-Entry Points, who make eligibility determinations. These new funds will focus on ensuring cybersecurity measures are in place to protect member information. This component of the project will be led by the Department's Health Information Office.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
ARPA funding provides one-time seed funding for providers across the state. Lessons learned will be shared with future tech upgrade workflows.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 11% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor is consistently meeting deliverables and the quality of work meets expectations.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has executed an initial contract with a vendor to help design the application process and define the eligibility requirements for the grants. The team has scheduled its first advisory board meeting to gather stakeholder feedback for the project.

Initiative 6.07. Innovative Tech Integration - Phase 3

Technology changes rapidly, including in the healthcare field. The Department will explore innovative technology that will improve diagnoses, services access, health outcomes, and program delivery for medical, behavioral, and HCBS services provided to HCBS members. The Department will research potential innovative models for diagnoses, access, outcomes, and delivery, as well as evaluate whether those technologies would work in Colorado practices. Recommendations, including implementation steps, for pursuing these forms of technology will be developed.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
This one-time policy analysis will allow the Department to be positioned to identify innovative projects to its healthcare technology roadmap and implement these new solutions well into the future.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch*- The project is currently 5% complete. The project schedule, milestones, deliverables, and resources are under review. Once changes are approved and implemented by the project team, the project will be back on track.
- **Resource Status:** *On Track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On Track*- The statement of work is drafted and with procurement. No contractor has been selected at this writing.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is pursuing a change in scope for this project given an opportunity to align with other work happening within the Department. This change is currently under review with the ARPA leadership team.

Initiative 6.08. Care & Case Management System Investments - Phase 1

The Department will fund investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience. The Department is reviewing investments in system changes, software, and hardware to support the new care and case management system. These initiatives will support data sharing in ways that support person-centered, timely provision of care, improving the member experience.

Device Costs
The Department will provide one-time funding for CMAs to purchase laptops or other mobile devices compatible with the new case management IT solution, the Care and Case Management (CCM) system. These devices will be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. Case managers will have the IT technology necessary to leverage the capabilities of the new CCM tool, including accessing the log notes offline, perform assessments in the home, or upload assessments with the latest

technology. Members will be able to be assessed quickly in their homes and provide signatures in real time.

System Costs
Funding will also be used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, the CCM system does not include remote signature capability of support plans by all stakeholders; this has been identified as an opportunity for future enhancements. Another potential enhancement is to allow providers to upload incident reports directly to the member record for the case manager to review and identify whether a critical incident occurred. This is highly encouraged by CMS to ensure incidents are tracked, mitigated, and trended prior to becoming a critical incident. Further, the Department will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs.

Additional funds, approved by the JBC in March 2022, expanded the scope of this project to include enhancements to the care and case management system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions. Funds will also be used to build an interface between the interchange system and the Financial Management Services (FMS) vendor portals to allow real-time updates for the vendors.

The Department intends to create a regional advisory board to support improvements to provider IT sophistication and interoperability, to include the development of data dictionaries of key elements needed by providers.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The State has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project will go to advance the deployment and optimization of the system by users statewide. Once the system changes have been deployed and mobile devices provisioned, the Department is committed to working with CCM users to ensure these capabilities continue into the future.

Status Update

- **Overall Project Status:** *Needs Help*- The following areas are in Needs Help status: Schedule, risk, and decisions.
- **Project Plan & Schedule Status:** *Needs Help*- The project is currently 50% complete. However, the project plan has not been baselined by the project team due to the uncertainty around the stability of the Care and Case Management (CCM) system, to which this project is dependent.
- **Resource Status:** *On Track*- The project team currently has all needed resources to complete this project.
- **Contract Status:** *On Track*- The project team secured a pool hour contract for the CCM system to allow for system changes.
- **Budget Status:** *On Track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is dependent on the stability of CCM GoLive which has been delayed. A decision from the ARPA Leadership has been requested by the project team as to whether this project can be extended past the March 2024 deadline. Without the extension, the tasks and activities of this project will struggle to be completed on time. The schedule has not been baselined as there is uncertainty around the feasibility of task completion dates.

Initiative 6.09. Updates to SalesForce Database - Phase 1

As part of this technology project, the Department will implement a system where complaints, issues, grievances, clinical documentation, and quality care complaints are compiled and centralized. This will include updates to the Salesforce system to allow for clinical review and time tracking for staff as well as tracking for creative solutions and complex solution calls to allow for tracking of diagnosis, services, and length of time it takes to locate a solution for the case.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The ability to centralize complaints, issues, and grievances will allow the Department to better diagnose issues and, as noted above, provides the opportunity to identify and spread best practices statewide.

Status Update

- **Overall Project Status:** *On track*

- **Project Plan & Schedule Status:** *On track*- The project is currently 40% complete. The project schedule milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is working to finalize contract requirements for phase II.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is On Track. The project team has completed phase one, a system modification that incorporates a single way to track member grievances across the Department.

Initiative 6.10. Member Data Sharing - Phase 3

Through the CMS Interoperability Rule, which is a part of the 21st Century Cures Act, the Department received funding from its FY 2021-22 R-9 "Patient Access and Interoperability Rule Compliance" decision item to develop an agreed upon, consensus-based approach regarding compliance with the Interoperability Rule. Compliance is based on the creation of an open framework that will allow data to be stored, shared, and pulled into consumer-chosen, consumer-facing applications, vetted through a federally mandated review process.

The Department will use funding to integrate key data points from the CCM tool into a data set that meets federal technical requirements. This data could include member assessments, case management log notes, and critical incidents. The data will be available for members to access through consumer-facing applications or other Electronic Health Record (EHR) applications, leveraging recommendations from the Testing and Experience and Functional Tools (TEFT) Grant, in consultation with the Governor's Office of eHealth Innovation. The implemented solution would be a way for members to access data collected by and maintained in the CCM tool, as well as information about qualified providers as maintained in the BIDM, and could include functionality like secure, in-app texting/reminders that could occur between Health First Colorado members and their care team or teams. The Department will design a Long-Term Services and Supports-focused application or other point of access. Any solution will include functionality that is compliant with the Americans with Disabilities (ADA) Act.

Members will be able to access their CCM-related data through the application of their choice, using a device of their choosing. Members will have a seamless

experience with their CCM-related health data, irrespective of payer or provider or originating IT source, and be able to access that information using technology of their choosing. This solution builds on existing work done statewide to provide access to health care data.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Compliance with federal regulations regarding information sharing and interoperability by creating patient-facing applications that allow access to their medical record information is among the highest priorities of the Department and the Office of eHealth Innovation. The ARPA funding provides an important investment in moving the State further along in implementing its interoperability strategies and creating a statewide patient engagement strategy.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 12% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is discussing contractual requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. The project team is scheduling a demo with a potential vendor as well as working on developing a stakeholder engagement plan. Optional requirements are in final review to be added to the Social Health Information Exchange (SHIE) Request for Proposals (RFP).

Initiative 6.11. Centers of Excellence in Pain Management - Phase 2

Many HCBS members deal with chronic pain and are unsure how to navigate the system to providers that are best equipped to help them manage their pain and thrive. The Department will pilot a program in which a contractor team consisting of a physician, pharmacist and a licensed clinical social worker will assess the needs of chronic pain patients for mental health or substance use disorder treatment. The team will coordinate appropriate referrals to mental health, SUD, or

Centers of Excellence for Chronic Pain providers primarily via telemedicine using best practices for appropriate pain management. This team will also coordinate with RAEs to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The ARPA funds will support a first-time demonstration project and the subsequent learnings will inform future budget requests, policies, and programs.

Status Update

- **Overall Project Status:** *Watch*. The following areas are in Watch status: schedule, scope, and risk. All other areas are progressing as planned. See detail in schedule, scope, and risk status.
- **Project Plan & Schedule Status:** *Watch*- The project is currently 20% complete. The project schedule is delayed due to issues with hiring, completion of interagency agreement (IA), and a need to redefine participating providers. The project team is actively working to get the project back on track.
- **Resource Status:** *On track*- The project team has selected a candidate who is anticipated to start in July 2022.
- **Contract Status:** *On track*- IA is currently in review with vendor.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. $75,000 in additional funds were approved to support this project. These funds will be utilized to fund a part-time physician and PharmD.
- **General Project Update:** The project team has identified a partner to execute the pilot project and is wrapping-up contract negotiations. The project team is simultaneously working to redefine potential provider participants with a specific training experience. The project coordinator has been selected and will start in July 2022.

Initiative 6.12. Systems Infrastructure for Social Determinants of Health - Phase 1

The Department, in partnership with the Office of eHealth Innovation, will expand the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, RAEs, care coordinators, and health care providers with real-time connections to resources like food, energy

assistance, wellness programs, and more. This will be part of a broader social health information exchange ecosystem being developed by the Office of eHealth Innovation. In addition, the Department will distribute funding in the form of state-only community grants to help connect small non-clinical agencies that specialize in and serve the HCBS population to the health information exchange and access the functionality.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Beyond the initial project efforts, the Department intends to continue use of the tools and data infrastructure developed under this initiative. Lessons learned regarding the technology implementation and related challenges, as well as the needs and opportunities of partnering with organizations that provide non-medical services will inform future social determinants of health-related projects, programs, and policies initiated by the Department.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 17% complete. The project schedule, milestones, and deliverables have been established and approved by the project team.
- **Resource Status:** *Watch*- The project team is currently working to fill one business analyst (BA) position still not secured for this project. The term-limited position to support this project is currently moving through the hiring process. The position failed its second posting and will be re-released in July 2022.
- **Contract Status:** *On track*- The project team has drafted requirements for the Social Health Information Exchange (SHIE) Request for Proposal (RFP) which is expected to go live in the fall.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track with a draft of the RFP for SHIE complete. The team is still working to find a candidate for the BA role. An updated schedule of tasks has been developed to reflect more detail as described by the project team. No issues or decisions identified by the team, though the SHIE dependency is documented as a risk.

Initiative 6.13. Connect Case Management Agencies to ADT Data- Phase 2

Note: *As of June 2022, this project has been renamed Connect Care Management Agencies to ADT Data (previously titled Connect Case Management Agencies to CORHIO), to reflect a change in approach.*

The Department will connect Case Management Agencies (CMAs) to Admission, Discharge and Transfer (ADT) data to obtain hospital admission data in real-time. While ADT data from hospitals is transmitted from the BIDM to the CCM system, there is a significant lag, which prevents it from being actionable. This project will determine how the ADT flat files that are already acquired by the Department will be distributed to the case management agencies.

Case managers will benefit from knowing when members have been hospitalized, alerting them to possible changes in functional needs and services and supports, as well as possible critical incidents. Case managers will be able to better coordinate care and participate in discharge planning with access to this information.

State Plan Amendment and Waiver Information

There are no state plan amendments or waivers required for this project.

Sustainability Plan

The ARPA investment for this project will focus on providing CMA users access to ADT data already being acquired by the Department. CMA users will have the ability to receive ADTs in a much timelier manner and be more proactive in facilitating transitions of care. This access and the new workflows that result will be relevant and available to CMA users beyond the life of the ARPA grant.

Status Update

- **Overall Project Status:** *On Track*. The following area is in watch status: Decisions.
- **Project Plan & Schedule Status:** *On track*- The project is currently 37% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is discussing vendor options and contractual requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The team is currently in discussions with CMAs as there are concerns regarding the bandwidth and availability of CMAs to utilize

this data. These concerns continue to be discussed and the finality of this decision will be a joint effort between the Department and CMAs. The Department anticipates this decision will be made timely to keep the overall project on track.

Initiative 6.14. Data Sharing with the State Unit on Aging - Phase 4

The Department suspects that many LTSS older adult members are receiving services through their local community, including the Area Agencies on Aging. These individuals may not be accessing the care that they need and are eligible for through Medicaid. Understanding who these individuals are and what services they are relying on from community-based organizations will help the Department to better target services. Additionally, if the Department can improve access to Medicaid services for these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

In this project, the Department will work with the Office of Aging and Adult Services within the Department of Human Services to conduct a system mapping of program and IT systems to determine a mechanism to share data and information across offices. The goal will be to implement a technology solution to access the Area Agencies on Aging data to identify and better track Medicaid LTSS members who are receiving services. Current efforts are underway through Colorado's Health IT Roadmap led by the Office of eHealth Innovation to accelerate the sharing of information and establish infrastructure, governance, and policy that enable the broader health IT ecosystem and State agencies to support care delivery and quality measurement.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addresses alignment with people, process, and technology to better track Medicaid LTSS members who are receiving services. The technology implementation funded by the ARPA grant will create new opportunities to more efficiently and effectively serve these members well into the future.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 6.15. Interface with Trails - Phase 2

The Department will implement system changes to connect Trails, the State's child welfare system, with the MMIS to allow counties to improve quality and reduce duplicate cases. This will improve the eligibility determination process for LTSS utilizers. The interface will allow county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This may be accomplished by building a warehouse, an interface, or allowing Trails and the MMIS to communicate in real time.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level. These process improvements will extend beyond the lifecycle of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 22% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team is working on an interagency agreement with the Office of Information Technology (OIT) for the long-term solution to take Trails off the mainframe. The effort is moving through the procurement process.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Training materials have been developed and will be disseminated to the Colorado Department of Human Services (CDHS) staff as part of the short-term solution to reduce duplicative entries. The team submitted a Systems Change Request as part of the mid-term solution that would allow for the automation to submit a request to match entries between Trails and the Colorado Benefits Management System (CBMS). Staff from HCPF, CDHS and OIT continue to work in collaboration on the long-term solution to remove Trails from the mainframe to make needed changes to reduce duplication and ensure data matching of records.

Initiative 6.16. Eligibility Systems Improvements - Phase 4

The Department will improve eligibility systems to hasten application processing, improve determination accuracy, and provide real-time provider eligibility status insights. To do this, the Department will streamline eligibility processing for HCBS members. This will include system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility. Part of the project will be to create a bidirectional interface between CBMS and the CCM.

These changes will further automate the exchange of information between case managers and county technicians and eliminate the need to maintain a third system acting as a go-between for the entities, increasing operational efficiency and improving the member experience.

State Plan Amendment and Waiver Information
Changes to long-term care eligibility addressed with these system improvements may require waiver and/or State Plan Amendment amendments. The specific provisions of the waiver or State Plan Amendments will be determined once the CCM system, which is scheduled to launch in April 2022, is stabilized post-deployment and that these new enhancements/capabilities can be introduced.

Sustainability Plan
The new capabilities and workflows supported by this project will enhance application processing well beyond the life cycle of the ARPA grant. In addition, the funding will help identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies. Finally, the bi-directional interface between CMBS and CCM and the elimination of the third system that acts as an interface today, will introduce efficiencies that will extend beyond the grant period.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

7. Expand Emergency Preparedness

Initiative 7.01. Emergency Response Plans - Phase 4

One initiative to support future emergency preparedness is developing provider emergency preparedness and response plans. These will be resources that outline how providers will assist members with preparedness, and in the event of an emergency, how they will provide direct support. The Department will research national standards for emergency preparedness for various provider types. Based on that research, the Department will develop tools and resources for providers in developing emergency preparedness and response plans. These resources will be made readily available for current and new providers.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
This project will support providers with tangible plans, skills, and materials to continue operations in the event of an emergency. The Department is confident that these assets will benefit these providers long into the future and well beyond the ARPA grant period.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 7.02. Member Emergency Preparedness - Phase 4

In addition to providing resources for providers, the Department will assist members with disabilities and those with mental health needs who live independently in the community to be prepared for potential emergencies by providing resources, supplies, and/or education. The Department will develop and execute a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan will address educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
This project will provide members with disabilities and those with mental health needs tangible plans, skills, and materials to continue living independently in an emergency situation. The Department is confident that these assets will benefit these members long into the future and well beyond the ARPA grant period.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Capital Expenditures
We are currently reviewing this initiative to determine whether it will involve capital expenditures as identified under 2 CFR 200.439 and 2 CFR 200.1.

8. Enhance Quality Outcomes

Initiative 8.01. Provider Scorecards - Phase 4

Note: *As of June 2022, this project has been incorporated into the scope of project 8.08 CMS Quality Metrics and has been renamed HCBS Provider Quality Dashboard. All future reporting will be conducted under that project.*

Initiative 8.02. Provider Oversight - Phase 3

The Department operates ten waivers to provide HCBS to our members. To do this, the Department contracts with the Colorado Department of Public Health and Environment (CDPHE) to certify providers, demonstrating they meet state and federal requirements regarding the safety and well-being of consumers. The certification process involves an initial survey when the provider enrolls in Medicaid and unannounced re-certification surveys periodically thereafter, in most cases every three years. Through onsite visits, surveyors capture comprehensive information on policies and procedures, consumer experience and satisfaction with services, staff perspectives on care quality, alignment between care plans and service delivery, and, in the case of residential settings, facility safety and cleanliness.

The Department has identified challenges with the certification processes, including lack of standardization across provider types and an increasingly complex process and workload. In addition, The Department does not have the tools necessary to analyze information on certification outcomes and hold providers to higher standards of quality of care.

The Department will finalize and implement work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process. Specifically, the following work will be accomplished:

- Confirm prior decision points made on where the process could be simplified, or unnecessary steps could be eliminated entirely with the goal of reducing the time it takes a provider to become enrolled
- Implement a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitate and support break-out cross-Department groups in making necessary changes
- Provide support to streamline and align the certification processes across survey types
- Make recommendations to improve data collection and sharing, so data is actionable
- Create an action plan and timeline to implement recommendations from 2016 such as:
    - Allow deeming based on accreditation,
    - Streamline and align current survey certification processes,
    - Emphasize Quality Management Programs,
    - Enhance remediation strategies, and
    - Create a comprehensive picture of provider quality.
- Create recommendations to integrate the surveying and provider enrollment processes more fully across CDPHE, HCPF, and its vendors, such as:
    - An electronic workflow that would allow a warm handoff from CDPHE to HCPF for enrollment to bill for services once survey work is completed, and
    - Creation of an identification method for the shared tracking of providers across the two agencies.

State Plan Amendment and Waiver Information

It is likely that the extensive review of our existing provider-focused waivers will require modifications to some if not many existing waivers. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver changes for this project will not be available until Q1 2023.

Sustainability Plan

As noted above, provider oversight and certification has been a priority for the Department and the State for a number of years, and the ARPA funds provide an important investment and catalyst for needed changes and improvements.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 2% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track*- All resources have been allocated for this project.
- **Contract Status:** *On track*- The statement of work for the contract is currently in development.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. Over the last quarter, the project team has been performing ramp-up actions, such as developing a schedule and milestones.

Initiative 8.03. Pay-for-Performance for HCBS Waivers - Phase 3

Note: *As of June 2022, this project has been incorporated into the scope of project 8.05 Pay-for-Performance for Home Health. All future reporting will be conducted under that project effort.*

Initiative 8.04. Pay-for-Performance for PACE - Phase 2

The Department will identify key performance measures to incorporate into a pay-for-performance methodology within the PACE capitation payments. The percentage for each performance measure will be identified and the monitoring processes and reporting requirements will be outlined. The appeals process and contractual language will also be developed.

State Plan Amendment and Waiver Information

It is likely that a waiver will be needed to support these changes. While the Department is just beginning the process of creating project plans for the Phase 2 projects at the time of this writing, it is likely that the specifics of the waiver for this pay-for-performance project will be clarified by Q1 2023.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for PACE and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment.

Status Update

- **Overall Project Status:** *On track*

- **Project Plan & Schedule Status:** *On track*- The project tasks are being completed according to the project schedule. The project is 28% complete.
- **Resource Status:** *On track*- This project has the necessary resources to complete all tasks and is fully staffed.
- **Contract Status:** *On track*- The contractor is currently in place and actively supporting the project. The project team is finalizing negotiations for a contract extension for FY 2022-23.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team is on track and completing all tasks associated with this project. The contractor is currently examining and evaluating pay for performance models for the provision of services provided under the PACE program.

Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS - Phase 3

Note: *As of June 2022, this project has incorporated project 6.03 Pay-for-Performance for HCBS under the scope of its efforts.*

The Department will develop a pay-for-performance methodology for Long Term Home Health services. The changes will embrace the guidance in the proposed federal rule that accelerates the shift from paying for home health services based on volume, to a system that incentivizes value and quality. The proposed changes address challenges facing Americans with Medicare who receive health care at home. The proposed rule also outlines nationwide expansion of the Home Health Value-Based Purchasing (HHVBP) Model to incentivize quality of care improvements without denying or limiting coverage or provision of Medicare benefits for all Medicare consumers, and updates to payment rates and policies. The Department will look to this new proposed rule to design and develop methodologies and models to select the best value-based payment options for the Colorado Medicaid program.

Additionally, as part of this project, the Department will also develop a pay-for-performance methodology for HCBS residential settings. The Department currently pays for these services under a fee-for-service methodology, which rewards for volume of services rather than the quality of the care provided. The Department will shift to pay-for-performance programs within a few program areas. Recommendations will be developed on performance benchmarks, bonus pay amounts, and per diems.

State Plan Amendment and Waiver Information

These new models are not anticipated to be implemented until after the ARPA HCBS timeframe, thus no state plan amendment or waiver amendments will be pursued at this time. But it is likely that a SPA and/or waiver amendment will be needed to support these changes once the methodology is ready for implementation.

Sustainability Plan

The Department anticipates that the creation of pay-for-performance methodologies for the Long Term Home Health services and HCBS residential settings and the process of creating monitoring and reporting requirements around that methodology will sustain the impacts of the initial project investment. The Department is confident that this model will position the State as a nationwide leader in this area for the future.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 9% complete.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- There are minor delays in meeting the timeline goals outlined for drafting the contract due to the combining of the two projects. The team has full confidence that they will make up the lost time.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is currently on track with all tasks, except for the very minor delay related to the contract. Since both projects were looking to research models and best practices for the implementation of pay for performance, are led by the same project lead, and will be conducted by a single vendor, it made sense to combine these projects for management ease. The team received a quote from a possible vendor to conduct the analysis for the project and is working on procurement tasks to move the contract forward.

Initiative 8.06. PACE Licensure - Phase 1

Within the PACE program, the Department will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. The Department will establish a PACE audit structure including fee cost, resource needs, timeline, survey elements, corrective action plan templates, reporting

requirements, valid sample size, appeal process, performance measures, and interview questions. The Department will also develop a system to record and capture incident reviews, complaints, survey results, and reports. This will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization.

State Plan Amendment and Waiver Information
This project will require the Department to submit amendments to the State Plan and Program Agreements with each PACE Organization. The project anticipates developing the proposed audit structure in 2022, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in early 2023.

Sustainability Plan
The PACE audit paradigm that this project will support will launch toward the end of the project period and will be implemented well beyond the early 2024 end date of the ARPA funding.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- All project tasks are on schedule and the project is 21% complete.
- **Resource Status:** *On Track*- This project is fully staffed and has adequate resources to complete the tasks associated with this project.
- **Contract Status:** *On Track*- The contractor continues to perform work under the terms of the contract and the project team is currently in negotiations for the contract extension for FY 22-23.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track and the team is completing all tasks on time.

Initiative 8.07 eConsult to Improve Quality - Phase 4

The Department is implementing an eConsult system in FY 2021-22 to increase the capacity and capability of primary care providers, to reduce unnecessary specialist visits, and to connect appropriate specialist referrals to higher performing specialist providers. The Department will research whether it is feasible to expand the eConsult program to include a broader array of specialists, such as providers that have expertise and good outcomes working with individuals with disabilities. The

Department will adjust the overall eConsult design in accordance with federal feedback.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
This one-time policy analysis will inform future funding options that may expand access to eConsults to patients with disabilities and behavioral health needs.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 8.08. HCBS Provider Quality Dashboard - Phase 2
Note: *As of June 2022, this project has incorporated project 8.01 Provider Scorecards under the scope of its efforts and has been renamed HCBS Provider Quality Dashboard (previously titled CMS Quality Metrics).*

The purpose of this project is to develop metrics to gather insight into gaps in care with the goal of improving services and supports. To have robust data, with particular attention to CMS quality metrics, which can be stratified by disability and SMI status, the Department will invest in data repositories that enable more robust insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. The Department will share this data with the RAEs and CMAs to help them connect members with the highest-performing providers. This information may also be leveraged by the above-described eConsult system. The Department will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

Additionally, to support quality performance, the Department will develop public-facing provider scorecards. Scorecards can be used to identify providers that may need more intense oversight and to help consumers and their families make choices about their care. Providers with continuously low scores could face additional corrective action. The Department will create provider and CMA scorecards and will add the scorecards to the public-facing provider search tool. Applicable performance measures will also be included in the scorecard. The Department will develop metrics and a weighting algorithm incorporating provider input. Providers should understand metrics and underlying data sources and believe that scores accurately and meaningfully represent care quality. Provider input and buy-in can help the Department develop a better methodology, promote higher quality data collection,

and encourage providers to improve performance based on findings. The Department will continue to update these scorecards moving forward.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
The data analysis anticipated with this project will inform policy, program, and project implementation in the future. In addition, establishing dashboards with more robust data will open opportunities to identify and share information about thriving programs, initiatives, and workflows in the administration of HCBS services.

Sustainability Plan
The metrics and scorecard development anticipated with this project will inform provider oversight and improve performance in the future. In addition, establishing dashboards with more robust metrics will open opportunities to identify and share information about thriving provider programs, initiatives, and workflows in the administration of HCBS services.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 8.09. Waiver Quality Expansion - Phase 4

To better understand where there are quality gaps in the HCBS waiver programs, the Department will expand waiver quality surveys and metrics. This will provide insights into member experience, member satisfaction, and whether members received care that they reported needing. The Department will utilize the data to recommend changes to waiver programs.

The Department will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. The Department will design and/or procure the surveys and implement member outreach, engagement, and survey completion. Waiver amendments may be required if modifications to performance measures are made as part of this initiative.

State Plan Amendment and Waiver Information
Waiver amendments may be required if modifications to performance measures are made as a part of this initiative.

Sustainability Plan
The surveys, outreach, and engagement supported by this project, as well as any waiver amendments that occur as a result, will inform HCBS policy in Colorado beyond the life of the ARPA grant.

Status Update
Phase 4 projects are slated to begin execution in July 2022 and have not yet started.

Initiative 8.10. Criminal Justice Partnership - Phase 3
***Note**: As of November 2021, this project has been renamed Criminal Justice Partnership (previously titled Department of Corrections Partnership), to reflect the engagement of the entire criminal justice system.*

The Department has engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This project will expand post-release supports to members who are transitioning or may have already transitioned back into the community. The Department will address the following action items:

- Identification of best practices of engaging justice-involved members,
- Review and improve eligibility processes for waiver services prior to release,
- Identify most prevalent needs from these members and work with stakeholders to implement best practices,
- Collaborate with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Work with state and local government and community-based organizations to identify solutions, develop meaningful metrics and build lasting support systems for individuals involved with the justice system,
- Partner with the Regional Accountability Entities to create member-reported information about the need for justice-specific care coordination. Provide training materials and education to RAEs, and
- Identify data system opportunities to monitor member enrollments in multiple systems and develop strategies to ensure data system connections are in place to improve coordination activities.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan

ARPA provides seed funding to create cross-agency connections both at an organizational and technical level to support an enterprise-wide paradigm shift in addressing behavioral health needs of individuals leaving the justice system.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 23% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *Watch*- The project team is currently working to fill one position still not secured for this project. The term-limited position to support this project is currently moving through the hiring process.
- **Contract Status:** *On Track*- There is no contract required for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** One project resource continues to move through the hiring process. The team has established the project schedule, milestones and deliverables.

Initiative 8.11. EPSDT Benefits Training - Phase 2

***Note**: As of March 2022, this project has been renamed EPSDT Benefits Training (previously titled Quality Measures & Benefits Training), to better reflect the scope and goals of the project.*

To ensure the best use of services potentially available to the HCBS population, the Department will develop training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit metrics. The team will use an analysis of EPSDT to illuminate current gaps in the HCBS program. The analysis will be used to create training materials that will include specific learning objectives on how and when to use EPSDT and how and when to use HCBS services. To the extent this analysis exposes policy gaps, this information would be used to inform policy and program adjustments. These trainings will also be used to assist the state to meet the federal requirement of an intersection of EPSDT and waiver services as outlined in the CMS Part V Manual.

To complete this project, the Department will provide a standard, adult learning training on EPSDT benefit and performance metrics. The final product will be posted on Department websites and updated regularly as a sustainability mechanism. The training is expected to be 4-6 separate training modules.

State Plan Amendment and Waiver Information
There are no state plan amendments or waivers required for this project.

Sustainability Plan
Future updates to the training will be absorbed into regular Department training workflows. Additionally, the policy and program adjustments that are revealed as a component of the EPSDT gap analysis will help set the stage for future work in this area, beyond the life of the ARPA grant.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 13% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- A draft statement of work is currently in clearance with HCPF management before being sent to procurement.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project team has identified training topics and begun design of the outreach strategy in conjunction with internal and external stakeholders. A contractor has been identified to develop the training modules and is moving through the procurement process.

Appendix 2: Project Initiatives Identified by Phase & Category

Project Title	Category							
PHASE 1 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Case Management Rates					x			
Case Management Agency Training Program					x			
Case/Care Management Best Practices					x			
Case Management Capacity Building					x			
PACE Licensure								x
Supported Employment Pilot Extension				x				
Child/Youth Step-down Options Program and Provider Recruitment				x				
Community First Choice				x				
Respite Rate Enhancement				x				
Home Mod Budget Enhancements				x				
Updates to SalesForce Database						x		
HCBS Provider Digital Transformation						x		
Care & Case Management System Investments						x		
Systems Infrastructure for Social Determinants of Health						x		
Home Health/PDN Acuity Tool						x		

Wrap-Around Services, including Peer Supports for Members with Complex Needs			x					
Expand the Behavioral Health Safety Net			x					
Increase Payments to Providers and Workers	x							
Resource & Job Hub	x							
Direct Care Workforce Data Infrastructure	x							
Standardized Core Curriculum & Specialization	x							
Rural Sustainability & Investment	x							

Project Title	**Category**							
PHASE 2 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Behavioral Health Transition Support Grants		x						
Expand Behavioral Health Crisis Teams		x						
IMD Exclusion, Risk Mitigation Policy		x						
EPSDT Benefits Training								x
P4P for PACE								x
HCBS Provider Quality Dashboard								x
Tiered Residential Rates & Benefit				x				
Residential Innovation				x				
New Systems of Care				x				
Pilot CAPABLE				x				

Connect CMAs to ADT Data						x		
Centers for Excellence in Pain Management						x		
Member Tech Literacy						x		
Member-Facing Provider Finder Tool Improvement						x		
Improvements - System Communication [Interface with Trails]						x		
Public Awareness Campaign	x							
Establish a Training Fund	x							
Career Pathways	x							

Project Title	**Category**							
PHASE 3 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Improve & Expedite Long-Term Care Eligibility Processes					x			
P4P for HH & Residential HCBS Waivers								x
Criminal Justice Partnership								x
Provider Oversight								x
Innovative Tech Integration						x		
Specialty Search in Provider Specialty Tool						x		
Member Data Sharing						x		
Equity Study			x					
HCBS Training for Members & Families			x					

Translation of Case Management Material			x					
AI/AN Culturally Responsive Services Capacity Grants			x					
Workforce Compensation Research	x							

Project Title	**Category**							
PHASE 4 PROJECTS	Workforce & Rural Sustainability	Crisis & Acute Services	Access for Underserved	Recovery & Innovation	Case Management	Tools & Technology	Emergency Preparedness	Quality
Member Emergency Preparedness							x	
Emergency Response Plans							x	
Waiver Quality Expansion								x
eConsult to Improve Quality								x
Respite Grant Program				x				
Hospital Community Investment Requirements				x				
Promote Single Occupancy				x				
Data Sharing with the SUA						x		
Eligibility Systems Improvements						x		
Buy-In Analysis			x					
Home Health Delegation	x							

Appendix 3: Resources

Colorado Department of Health Care Policy & Financing HCBS ARPA Links

- HCPF ARPA Webpage: https://hcpf.colorado.gov/arpa
    - ARPA Project Pulse Newsletters: https://hcpf.colorado.gov/arpa/newsletter
    - ARPA Grant Opportunities: https://hcpf.colorado.gov/arpa/arpa-grant-opportunities

Center for Medicare & Medicaid Services (CMS) HCBS ARPA Links

- HCPF Spending Plan Submitted to CMS: https://hcpf.colorado.gov/sites/hcpf/files/CO%20State%20Spending%20Plan%20for%20Implementing%20Section%209817%20of%20ARPA%2C%20June%202021_Acc.pdf
    - Appendix: https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf
- Initial CMS Partial Approval Letter: https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf
- HCPF Response to Partial Approval: https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf
- CMS Conditional Approval Letter: https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf

Quarterly Reports to CMS:

- CMS Quarterly Report #1 (submitted November 1, 2021): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf
- CMS Quarterly Report #2 (submitted February 1, 2022): https://hcpf.colorado.gov/sites/hcpf/files/CO%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20CMS-%20February%201%2C%202022.pdf
- CMS Quarterly Report #3 (submitted April 18, 2022): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf
    - Appendix:

https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2005-01-2022.pdf

Joint Budget Committee ARPA HCBS Links

- Senate Bill 21-286: http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf
- HCPF Spending Plan Submitted to the JBC: https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf
    - Appendix: https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf
- Presentation to the Joint Budget Committee: https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf
- JBC Quarterly Report #1 (submitted November 1, 2021): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf
    - Appendix: https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf
- JBC Quarterly Report #2 (submitted February 1, 2022): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20the%20JBC-%20February%201%2C%202022.pdf
  JBC
    - Appendix: https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202-1-22.pdf
- JBC Quarterly Report #3 (submitted May 2, 2022): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf
    - Appendix: https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2005-01-2022.pdf

Federal HCBS ARPA Links

- ARPA Legislation: https://www.congress.gov/bill/117th-congress/house-bill/1319/text

- Home & Community Based Services Section of ARPA: https://www.congress.gov/bill/117th-congress/house-bill/1319/text#toc-H04B309FDB3FA4109B306C6622D55C4D8
- CMS ARPA Guidance: https://www.medicaid.gov/federal-policy-guidance/downloads/smd21003.pdf