Quarterly Report #8

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, 2023

Submitted to: The Joint Budget Committee

Quarterly Report
April 2023- June 2023

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

August 1, 2023

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

Dear Senator Zenzinger:

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. HCPF received both Joint Budget Committee and CMS approval of our ARPA HCBS spending plan on September 21, 2021. CMS granted conditional approval which means that the state is approved but must remain in compliance with the applicable requirements set forth under section 9817 of the Act and fulfill all 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

CC: Representative Shannon Bird, Vice Chair, Joint Budget Committee
        Representative Rod Bockenfeld, Joint Budget Committee
        Senator Jeff Bridges, Joint Budget Committee
        Senator Barbara Kirkmeyer, Joint Budget Committee
        Representative Emily Sirota, Joint Budget Committee
        Carolyn Kampman, Staff Director, JBC
        Eric Kurtz, JBC Analyst
        Lauren Larson, Director, Office of State Planning and Budgeting
        Noah Strayer, Budget Analyst, Office of State Planning and Budgeting
        Lillian Patil, Chief of Federal Funds, Office of State Planning and Budgeting
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        Ralph Choate, Medicaid Operations Office Director, HCPF
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        Adela Flores-Brennan, Medicaid Director, HCPF
        Thomas Leahey, Pharmacy Office Director, HCPF
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        Bettina Schneider, Finance Office Director, HCPF
        Bonnie Silva, Office of Community Living Director, HCPF
        Parrish Steinbrecher, Health Information Office Director, HCPF
        Jo Donlin, Legislative Liaison, HCPF

Colorado Spending Plan Quarterly Report to the Joint Budget Committee

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Key Takeaways

The Department of Health Care Policy & Financing (HCPF) continues to complete the milestones for implementation of our 63 initiatives outlined in our ARPA HCBS spending plan. This quarterly report includes information about any change to project scopes or budgets. Additionally, the report also provides an update on each project's progress since the last full report submission. All new content added to the appendix is colored in blue font for easy identification. Since our last quarterly report, the Department has:

- Completed a budget forecasting activity with each of the active 62 ARPA HCBS projects to ensure each project has a formal plan for completing spending by the end date;
- Engaged stakeholders by hosting a general webinar and 20 project-specific meetings, and published 3 newsletters to inform about, and gain input on, the Department's ARPA HCBS projects;
- Launched monitoring of 25 projects with an external vendor to ensure oversight, monitoring, and compliance with federal and state regulations;
- Executed 283 grantee agreements with individuals, providers, and non-profit organizations across 15 large-scale grant initiatives.

Introduction

The Colorado Department of Health Care Policy & Financing (HCPF) 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 HCPF is supporting 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, 2023, all of the 63 projects continue to make progress towards meeting their key milestones. Many teams have ongoing engagement with stakeholders to support the implementation of their projects. The ARPA project support team has been very focused on ensuring projects remain on track and meet critical deadlines, as well as monitoring project spending. The team also continues to develop resources and tools to support the project teams leading the work. The ARPA project support team is fully leveraging the project management software and uses dashboards to ensure consistent tracking of progress and monitoring for risks or issues. A new dashboard was developed this quarter to closely monitor project spending, comparing it to budget forecasts. This will be critical as we begin to wind down over the coming year.

Between April and June 2023, HCPF hosted one stakeholder meeting attended by providers, advocates, members, and families to continue to keep them informed on the overall progress across our ARPA HCBS initiatives and to garner feedback and recommendations. In addition to this large stakeholder webinar, project-specific engagement continues. HCPF also leverages the ARPA HCBS webpage as a method of communication and transparency and has released three new ARPA Project Pulse Newsletters, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

Per the State Medicaid Director's Letter sent on June 3, 2022, the Centers for Medicare and Medicaid Services 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. HCPF is leveraging a portion of this additional time and will conclude all spending by December 31, 2024.

HCPF has continued to utilize our internal established extension request process to review and approve individual projects that felt that they needed additional time to complete their initiative. All project teams were encouraged to maintain their initial timeline and project schedule unless there were substantial risks to underspending or not successfully completing the project by the original deadline of March 31, 2024.

Since our last quarterly report (**table 1**), ten additional projects have requested and received approval to change their project completion date. For the majority of the projects, the scope and budget are not changing, but instead they are extending their end date to ensure successful completion of project goals. Three projects though did have a scope or budget change associated with their extension. Project 4.07 was approved for an additional $70,000 to support the additional time to align with the extension for the evaluation component of the project. Project 5.04 had a scope change associated with their extension. With the additional time allowed through the extension, the project will now include work with the Regional Accountable Entities (RAEs) to address cross-agency data sharing challenges and make system integration recommendations. This new project component will also include exploring the potential use of the new Care and Case Management System with the RAEs. Project 3.01 had a budget increase of $200,000 and a scope change to expand stakeholder outreach with the tribal communities.

We anticipate that a small number of additional projects may still come forward to request an extension of their timeline. These additional extension requests would be made based on unexpected barriers that emerge that threaten the ability of the team to complete on the original timeline, or as shown above, to accommodate small scope changes to expand the project's capacity. In addition to the project timeline extension, teams were also able to request an extension of their term-limited staff from the original end date of March 2024. A decision was made by the ARPA Leadership Team to extend all 58.5 ARPA HCBS term-limited FTEs to the new spending end date of December 31, 2024. Given the increase in project extension requests, and the level of work required to close-out projects, the team felt it was important to ensure adequate capacity to support the Department in the final months of ARPA HCBS. Additionally, it is anticipated that turnover will occur among these staff as their term end date nears. Because of this, HCPF is concerned about capacity issues in the final months of 2024 to successfully execute and close-out all projects. Having additional staff available to support the work offers a contingency plan for us to decrease risk of having projects not complete on time.

Table 1. Initiatives with Approved Extended Timelines (Since Last Report)

Project #	Project Name	New End Date
1.02	Direct Care Workforce Data Infrastructure	December 31, 2024
1.04	Resource & Job Hub	December 31, 2024
1.05	Establish a Training Fund	December 31, 2024

2.03	IMD Exclusion, Risk Mitigation Policy	December 31, 2024
3.01	Equity Study	December 31, 2024
4.06	Supported Employment Pilot Extension	December 31, 2024
4.07	New Systems of Care	December 31, 2024
5.04	Care & Case Management Best Practices	December 31, 2024
6.11	Centers for Excellence in Pain Management	December 31, 2024
8.10	Criminal Justice Partnership	December 31, 2024

As a reminder, also included in the June 3, 2022 State Medicaid Directors letter, was a change to the ARPA HCBS reporting requirements. Both a budget and narrative report were required to be submitted 75 days before the start of the October 1, 2022 federal fiscal quarter (submitted to CMS on July 18, 2022). Following that summer submission, states were only required to submit a budget update to CMS on a quarterly basis and a narrative every other quarter. If 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, HCPF is submitting a budget report and full narrative report to the Joint Budget Committee this quarter. The next abbreviated narrative report provided bi-annually, will be submitted on November 1, 2023.

Included within this report is an update to Colorado's initially submitted ARPA HCBS Spending Plan included in **Appendix 1**. All new content added to the Appendix since our previous report, is in blue text for ease of identification.

Budget Overview

The **'ARPA Spending Plan Colorado August 2023'** attached provides projected and actual spending amounts for each of Colorado's planned activities and significant updates including an updated forecast for expenditures.

Expenditure Overview
As shown in **table 2**, the Department estimates it has spent $45.0 million on projects that do not include rate increases, with a total of approximately $100.0 million encumbered or allocated. Expenditures identified in this category include contracts, grants, administrative costs, etc. We have seen a significant ramp-up during this fiscal

year with contracts being executed and grants awarded. Additionally, the Department estimates that it has spent $217.5 million on rate increases through June 30, 2023.

Table 2. HCBS Funding Overview

Project Area	Total Current Budget	Encumbered/ Allocated*	Estimated Amount Spent
Spending Plan Projects Excluding Rate Increases	$282.21M	$100.0M*	$45.02M
Spending Plan Rate Increases	$270.72M	$53.21M	$217.50M
Total	**$552.93M**	**$153.21**	**$262.52M**

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. Encumbered amount for spending plan projects is currently an estimate; will be finalized soon with new FY23/24 contracts.

Revised Estimates

The Department's current forecast estimates $552.9 million in expenditure to support enhancing, expanding, and strengthening our HCBS system, including $317.96 million from state funds and $234.96 million from matching federal funds. The funding will be spread out over four fiscal years as shown in **table 3** below. With the recent extension allowed by CMS, the spending will now continue into FY2024-25, with all spending concluding in December 2024.

Table 3. Revised Planned Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
$552.9 million	$86.8 million	$175.7 million	$281.1 million	$9.3 million

Budget Changes and New Funds Requested
The budget changes reflected in **table 4** below are those that have been proposed since our last quarterly report. Through our recent efforts to better forecast the planned spending for each project through the end of the ARPA HCBS spending timeframe, a number of projects identified excess funds in their project budgets that were no longer needed to support the project's goals. A push was made to identify these and reallocate them to a 'reallocation fund' for use on other initiatives. Over

the next several months the ARPA Leadership team will be reviewing proposals and making recommendations about where these funds should be reallocated. All outlined budget changes are subject to approval by the Colorado Joint Budget Committee (JBC) and Centers for Medicare and Medicaid Services (CMS). More detailed information about these changes can be found in **Appendix 1** under the associated project.

Table 4. Project Budget Adjustments (April-June 2023)

Project Number	Project Name	Budget Change	Description
1.03	Standardized Core Curriculum & Specialization	-$1,225,000	The training development costs came in much lower than anticipated.
1.07	Public Awareness Campaign	-$9,073	The vendor contract came in below original projections.
1.08	Home Health Delegation	-$1,200,775	Grant component of the project scope was removed due to a lack of time to execute by the spending deadline.
3.01	Equity Study	+$200,000	Additional funding to support expanded efforts to reach tribal communities.
3.06	Expand the Behavioral Health Safety Net	-$2,945,465	Originally overestimated costs and training needs. Contract came in under budget and all other project needs have been met.
4.02	Promote Single Occupancy	-$150,000	Research component removed due to challenges securing a vendor.
4.07	New Systems of Care	+$70,130	Additional funds required to support vendor time due to a project extension.
4.08	Respite Grant Program	-$5,000	Contract error correction.
4.09	Respite Rate	-$20,000	Budget error correction.

	Enhancement		
4.12	Community First Choice	+$54,285	Additional funds required to support the administration of the Wellness Education Benefit due to an increase in projected members.
5.01	Case Management Capacity Building	+$150,000	Additional state-funds added to support retention payments for case managers working on state funded programs.
6.01	Home Health PDN Acuity Tool	-$1,000,000	Vendor selected came in significantly lower then was estimated.
6.08	Care & Case Management System Investments	+$500,000	Correction for a previous error.
6.13	Connect CMAs to ADT Data	-$918,065	Onboarded Data Analyst provided more realistic estimates through the quarterly budget forecast process.

Project Overview

HCPF continues to make significant progress towards executing the 63 initiatives to enhance, expand, and strengthen Colorado's HCBS system. To date, one of the 63 projects has closed (project 5.03 Case Management Rates) and another is in the close-out process (project 1.09 Workforce Compensation Research). A complete listing of projects by category may be found in **Table 5**.

Project Scope Changes
There have been scope changes made to eight projects since our last report. These projects, as well as those that have had a change in their budget, have more information about their changes in the project description section in **Appendix 1**. All scope and budget changes are subject to approval by the Colorado JBC and CMS.

- **Project 1.08 Home Health Delegation** has removed the grant component of this project due to a lack of time to fully execute it.

- **Project 1.10 Rural Sustainability and Investment** has removed the pilot competent for this project due to a lack of time to fully execute it.

- **Project 3.01 Equity Study** will expand stakeholder engagement efforts and outreach to the tribal communities.

- **Project 3.02 Buy-In Analysis** will pivot from completing a public awareness campaign to developing a communication plan and materials about the Buy-In program. This will include information about the implementation of premiums, FAQs, etc.

- **Project 4.09 Respite Rate Enhancement** has removed the respite study competent from this project because it is duplicative of an effort already included in project 4.08 Respite Grant Program.

- **Project 5.04 Case/Care Management Best Practices** will extend the project timeline and expand the scope of work to allow the vendor to work with RAEs to address cross-agency data sharing and make system integration recommendations, including potentially requiring the use of the Care and Case Management System. The vendor would also integrate sustainability plan work around development of KPIs to measure efficacy.

- **Project 6.01 Home Health/PDN Acuity Tool** will utilize extra funds to leverage an existing contract to have the vendor explore pursuing a single nursing benefit to streamline access to care and remove barriers.

- **Project 8.08 HCBS Provider Quality Dashboard** has added to its scope and will now integrate a public dashboard that combines NCI-AD, NCI-IDD, the State of the Workforce Survey, and a newly developed HCBS Children Satisfaction Survey data into one area for creating a comprehensive picture of quality across Colorado's HCBS programs.

Project Close-Out
HCPF follows a comprehensive process to ensure a controlled closeout of ARPA projects that have completed all work associated with the approved scope. Key outputs for this process include: assembling project documents in a central location, team participation in completing necessary close-out reports and following these through the eclearance process, presentation of results to the ARPA Leadership Team, and archiving the project in the project management software. Additionally, information about the outcomes of the project is added to HCPF's ARPA HCBS webpage for easy review by stakeholders. Additional detail about closed project

outcomes can be found in **Appendix 1**. There were no new project closures over the previous quarter to report.

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 maintenance of the ARPA HCBS webpages, including the very popular "Grant Opportunities" page, which provides easy access to information about grant opportunities and direct links to open Requests for Applications.
  - Analytics from March 20, 2023 – June 26, 2023:
    - 11,253 Total Pageviews (Cumulative to date: 66,856)
    - Top 5 Subpages (in order of most views):
      - ARPA Grant Opportunities
      - ARPA Stakeholder Engagement
      - Project Directory
      - Support Post-COVID Recovery and Innovation
      - Workforce & Rural Sustainability Projects
- Released three editions of our Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
  - April 2023 Newsletter
  - May 2023 Newsletter
  - June 2023 Newsletter
- Through June 2023, 1,277 individuals are signed up to receive the Project Pulse ARPA HCBS newsletter (+5% since last quarter)
- Hosted a quarterly ARPA HCBS webinar and continued project-specific stakeholder engagement for select projects
  - 72 stakeholders participated in the ARPA HCBS webinar
- Project-specific engagement: 20 meetings with 711 total participants
  - For stakeholder engagement related to ARPA HCBS to date, the Department has conducted 176 meetings with a total of 8,357 attendees

Administrative Status & Hiring

The project teams leading the ARPA HCBS initiatives continue to meet at a regular cadence to ensure projects move forward as planned. Key priorities for these teams over the last quarter were closing out contracts for this fiscal year and executing contracts for the new fiscal year, monitoring project activities and milestones, and

tracking expenditures and budget activity. All projects have an initially approved and baselined schedule, though some are going through a re-baselining effort because of extensions to their project end date. Projects 2.03 IMD Exclusion, Risk Mitigation Policy, 5.04 Care & Case Management Best Practices, and 6.11 Centers for Excellence have all been approved for an extension but have not yet completed their rebaselining. All three teams anticipate that these updates will be made and approved by the end of July.

The project support team continues to work with project teams to track ongoing project performance metrics. The team is utilizing a metric repository in the project management tool, PWA (Project Web Access). This information fulfills the need to report on how the teams are progressing toward the defined goals of each project. The established metrics are being actively collected and entered into the PWA tool to fulfill reporting requirements.

The ARPA support team has also made progress on a new effort to further build out the sustainability plans for each of the initiatives. Colorado was one of five states selected by ADvancing States to receive technical assistance (TA) to support the development of detailed sustainability plans. Over the past quarter, the project support team has been working with the ADvancing States TA team to develop a template for the new sustainability plans. It is anticipated that these will be finalized in the coming quarter and teams will be tasked with completing them. These will be living documents that will be updated as project progress and understand further their plans post-ARPA.

ARPA Project Support Team
The Project Support Administrators (PSAs) continue 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 ARPA HCBS 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 by completing work on a new dashboard designed to highlight potential risks associated with overdue tasks, and expired risks, issues, and decisions.

- Placed the newly created Team Review Dashboard in full production, which enables teams to quickly identify project schedule, risk, issue, and decision concerns for team discussion.
- Worked closely with project teams to develop quarterly projections for spending through the remainder of the ARPA HCBS time period. These projections were built into a dashboard for easy tracking of expenditures as compared to anticipated spending. A snapshot of this new dashboard is included in the report in **Figure 3.**
- Supported project leads and teams in tracking project schedules, milestones, deliverables, and metrics.
- Tracked information requests and reporting requirements for each of HCPF's primary sponsors: the Joint Budget Committee, the Governor's Office, CMS, and HCPF Leadership.

Project Team Hiring

Project leads, in collaboration with the ARPA Project Support Team and the Human Resources (HR) staff, have completed the hiring of all 59 positions. Though all hiring is complete, we have seen, and anticipate more, turnover as we continue to move forward with implementation of our ARPA HCBS project. The team has begun tracking each position as it requires rehiring to ensure it is moving through the hiring process quickly. Since July 2022, nineteen term-limited ARPA HCBS staff members have moved out of their hired position. Of these nineteen staff, twelve accepted full-time permanent positions within HCPF, while seven left HCPF entirely (**figure 1**). HCPF sees these term-limited positions as an opportunity for individuals to get a foot in the door and encourages these staff to watch for openings that allow them to move into permanent roles. We are happy to see that thus far, this has been successful. As these individuals move into their new roles, they continue to support their ARPA HCBS project until their previous position can be filled.

Additionally, in collaboration with human resources, the ARPA support team has been putting in place retention strategies for these term-limited positions, understanding that as the projects move towards closure, there will be natural attrition. During the last quarter, a new policy was announced, offering retention payments to term-limited staff who remain in their role until their final day of employment, as well as recognition payments to permanent project lead staff who have taken on additional responsibilities related to ARPA HCBS above and beyond their normal responsibilities. The team is also working with HR to develop guidance for project leads to consider their options at the time of a position separation. In some cases, it may not make sense to rehire for a position with a limited tenure, thus leveraging a temporary employee or a staffing agency may be an alternative solution.

Figure 1. ARPA HCBS Term-Limited FTE Turnover by Post-Turnover Location
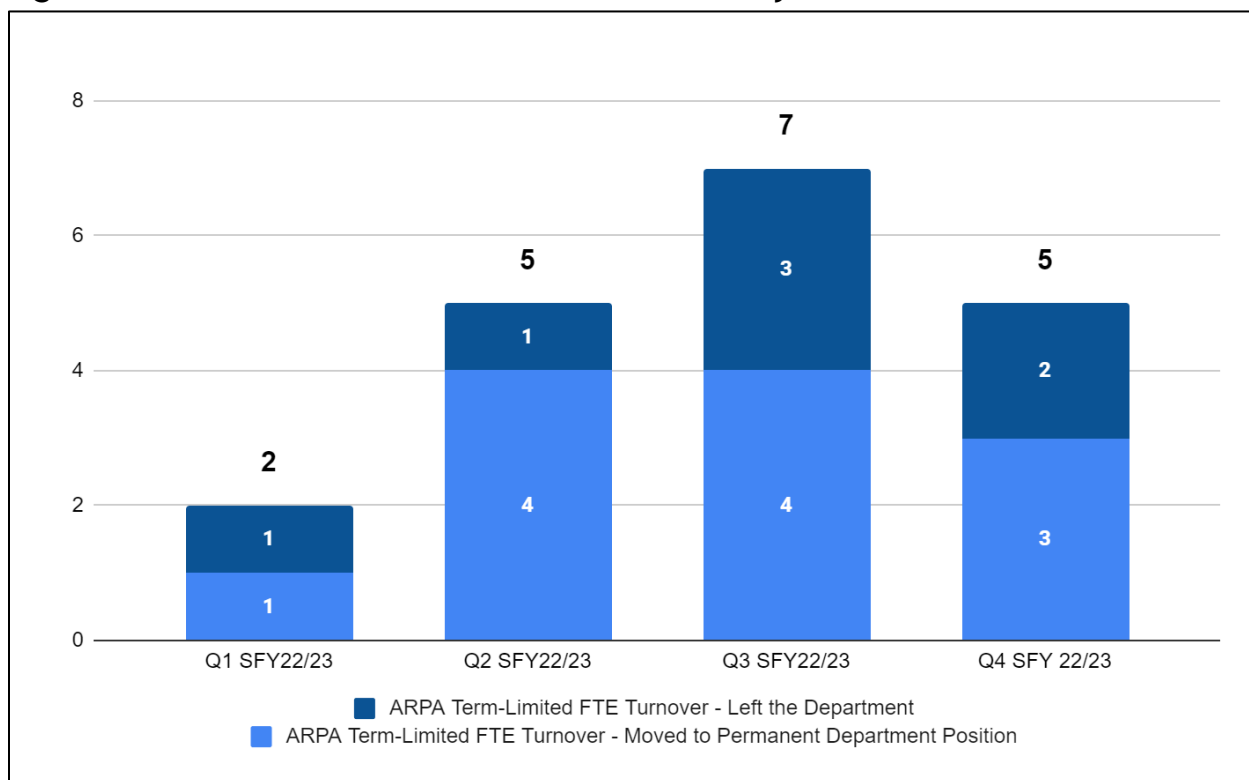
Procurement Status

The ARPA Project Teams have been working diligently to draft Statements of Work for new contracts and/or to draft amendments to current contracts to ensure timely execution for the new state fiscal year. Since FY23/24 contracts have just recently been executed, an accurate count of those related to ARPA HCBS work is not yet available but will be shared in our next quarterly report. This status is on track with our anticipated projections for progress related to procurement for projects.

Analytics & Project Tracking

The ARPA Project Support Team continues to utilize Microsoft Project, Project Web App (PWA) for all project planning and Power BI for the creation and visual display of the data in the form of dashboards. The team provides 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. The PSA, in collaboration with the project team, assesses the project's status in these eight core areas. For each area, the project is designated as being 'on track', 'watch', or 'needs help'. The PSA for the team also identifies any risks or issues that are currently impacting the project. The PSAs utilize a matrix to

assess the status to ensure standardization of this process. This provides assurance that the assessment of each project's progress is consistent across project managers, as well as gives leadership insight into various aspects of each of the 63 projects. Over the past quarter, and continuing in the coming months, the ARPA support team, will be re-reviewing and updating the matrix to ensure it aligns with the project implementation phase, of which all projects are now in. 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. The latest iteration of the Department's reporting dashboard is included below (**figure 2**).

Project Reporting Dashboard Guide, Figure 2:

The dashboard HCPF utilizes to closely track each of the ARPA HCBS initiatives 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 the ARPA HCBS term-limited staff turnover data. The data is broken down by those who left their role but moved to permanent HCPF positions vs those who left the Department entirely. This data is cumulative and reports the total number of individuals who have left their role during the ARPA HCBS spending period.

Section 3 identifies the projects that have completed as of the time of the report.

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.

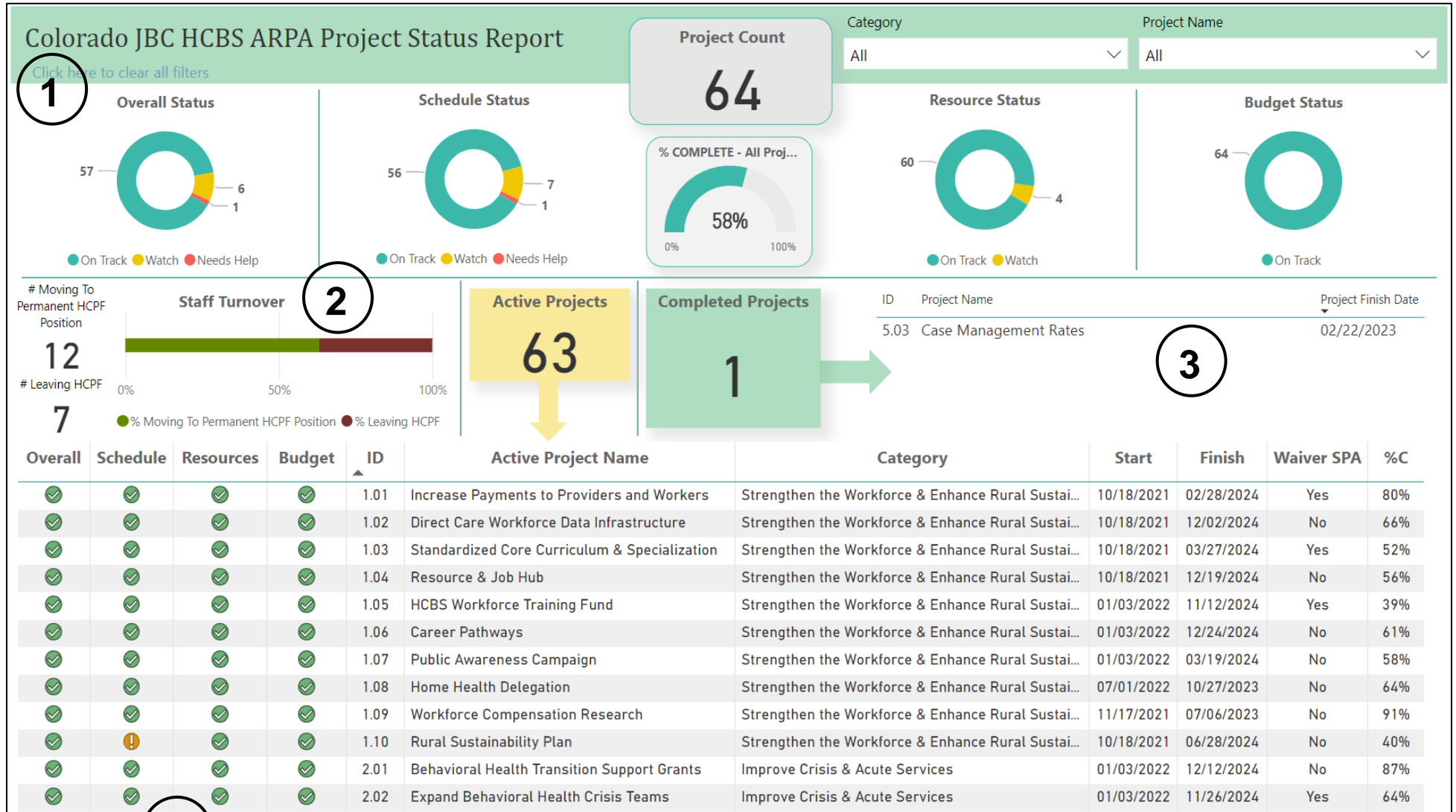**Figure 2. Dashboard: Project Reporting, page 1**

Figure 2. Dashboard: Project Reporting, page 2

Colorado JBC HCBS ARPA Project Status Report (Page 2) ④

Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C
✓	✓	✓	✓	2.03	IMD Exclusion, Risk Mitigation Policy	Improve Crisis & Acute Services	01/03/2022	08/04/2023	Yes	96%
✓	✓	✓	✓	3.01	Equity Study	Improve Access to HCBS for Underserved Populati...	04/01/2022	01/10/2024	No	80%
✓	⚠	✓	✓	3.02	Buy-In Analysis	Improve Access to HCBS for Underserved Populati...	07/01/2022	08/29/2024	No	12%
✓	✓	✓	✓	3.03	Community Transitions Support	Improve Access to HCBS for Underserved Populati...	01/13/2023	08/26/2024	Yes	28%
✓	✓	✓	✓	3.04	HCBS Training for Members & Families	Improve Access to HCBS for Underserved Populati...	11/17/2021	06/28/2024	No	72%
⚠	✓	⚠	✓	3.05	Translation of Case Management Material	Improve Access to HCBS for Underserved Populati...	11/17/2021	12/19/2024	No	56%
✓	✓	✓	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserved Populati...	10/18/2021	11/29/2024	Yes	56%
✓	✓	✓	✓	3.07	Wrap-Around Services, including Peer Supports f...	Improve Access to HCBS for Underserved Populati...	10/18/2021	12/27/2024	Yes	44%
⚠	⚠	✓	✓	3.08	AI_AN Culturally Responsive Services Capacity G...	Improve Access to HCBS for Underserved Populati...	04/01/2022	11/26/2024	No	37%
✓	✓	✓	✓	4.01	Residential Innovation	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	03/29/2024	No	65%
✓	✓	✓	✓	4.02	Promote Single Occupancy	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	12/13/2024	No	22%
✓	✓	✓	✓	4.03	Child Youth Step-Down Options Program and Pro...	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	11/28/2024	Yes	57%
✓	✓	✓	✓	4.04	Tiered Residential Rates & Benefits	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	11/21/2023	No	83%
✓	✓	✓	✓	4.05	Pilot CAPABLE	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	12/30/2024	No	30%
✓	✓	✓	✓	4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	11/15/2024	No	41%
✓	✓	✓	✓	4.07	New Systems of Care	Support Post-COVID Recovery and HCBS Innovation	01/03/2022	09/27/2024	No	49%
✓	✓	✓	✓	4.08	Respite Grant Program	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	03/29/2024	No	54%
✓	✓	✓	✓	4.09	Respite Rate Enhancement	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	07/18/2023	Yes	95%
✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/18/2024	Yes	44%
✓	✓	✓	✓	4.11	Hospital Community Investment Requirements	Support Post-COVID Recovery and HCBS Innovation	07/01/2022	08/13/2024	No	66%
✓	✓	✓	✓	4.12	Community First Choice	Support Post-COVID Recovery and HCBS Innovation	10/18/2021	12/23/2024	Yes	46%
✓	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	11/27/2024	Yes	37%
✓	✓	⚠	✓	5.02	Improve & Expedite Long-Term Care Eligibility P...	Strengthen Case Management Redesign	01/10/2022	12/23/2024	No	54%
✓	✓	✓	✓	5.04	Case Care Management Best Practices	Strengthen Case Management Redesign	10/18/2021	03/26/2024	No	60%
✓	✓	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	10/14/2024	No	50%

Figure 2. Dashboard: Project Reporting, page 3

Colorado JBC HCBS ARPA Project Status Report (Page 3)

Overall	Schedule	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C
✓	✓	✓	✓	6.01	Home Health and PDN Acuity Tool	Invest in Tools & Technology	10/18/2021	10/22/2024	No	38%
✓	✓	✓	✓	6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology	04/01/2022	11/10/2023	No	86%
✓	✓	✓	✓	6.03	Member-Facing Provider Finder Tool	Invest in Tools & Technology	01/03/2022	12/31/2024	No	53%
✓	✓	✓	✓	6.05	Member Tech Literacy	Invest in Tools & Technology	01/03/2022	03/27/2024	No	68%
✓	✓	✓	✓	6.06	HCBS Provider Digital Transformation & EHR Enh...	Invest in Tools & Technology	10/18/2021	12/12/2024	No	59%
✓	✓	✓	✓	6.06b	County Cybersecurity	Invest in Tools & Technology	05/31/2022	08/08/2024	No	67%
✗	✗	✓	✓	6.07	Innovative Tech Integration	Invest in Tools & Technology	04/01/2022	05/30/2024	No	43%
!	!	✓	✓	6.08	Care And Case Management System Investments	Invest in Tools & Technology	10/18/2021	12/31/2024	No	64%
✓	✓	✓	✓	6.09	Updates to SalesForce Database	Invest in Tools & Technology	10/18/2021	01/30/2024	No	77%
✓	✓	✓	✓	6.10	Member Data Sharing	Invest in Tools & Technology	04/01/2022	12/25/2024	No	47%
!	!	!	✓	6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology	01/03/2022	11/26/2024	No	57%
✓	✓	✓	✓	6.12	Systems Infrastructure for Social Determinants ...	Invest in Tools & Technology	10/18/2021	12/17/2024	No	57%
✓	✓	✓	✓	6.13	Connect CMAs to ADT Data	Invest in Tools & Technology	01/03/2022	03/29/2024	No	79%
✓	✓	✓	✓	6.14	Data Sharing with the SUA	Invest in Tools & Technology	07/01/2022	03/15/2024	No	48%
!	!	!	✓	6.15	Systems Communication Improvements Trails	Invest in Tools & Technology	01/03/2022	03/11/2024	No	66%
✓	✓	✓	✓	7.01	Emergency Response Plans	Expand Emergency Preparedness	07/01/2022	03/29/2024	No	44%
✓	✓	✓	✓	7.02	Member Emergency Preparedness	Expand Emergency Preparedness	07/01/2022	12/26/2024	No	41%
✓	✓	✓	✓	8.02	Provider Oversight	Enhance Quality Outcomes	04/01/2022	03/26/2024	Yes	52%
✓	✓	✓	✓	8.04	Pay for Performance for PACE	Enhance Quality Outcomes	01/03/2022	12/26/2024	Yes	67%
✓	✓	✓	✓	8.05	Pay for Performance for Home Health & Resident...	Enhance Quality Outcomes	04/01/2022	02/29/2024	No	88%
✓	✓	✓	✓	8.06	PACE Licensure	Enhance Quality Outcomes	10/18/2021	12/19/2024	Yes	54%
!	!	✓	✓	8.07	eConsult to Improve Quality	Enhance Quality Outcomes	07/01/2022	03/15/2024	No	40%
✓	✓	✓	✓	8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes	01/03/2022	02/28/2024	No	77%
✓	✓	✓	✓	8.09	Waiver Quality Expansion	Enhance Quality Outcomes	07/01/2022	02/29/2024	No	72%
✓	✓	✓	✓	8.10	Criminal Justice Partnership	Enhance Quality Outcomes	04/01/2022	11/26/2024	No	48%
✓	✓	✓	✓	8.11	EPSDT Benefits Training	Enhance Quality Outcomes	01/03/2022	03/26/2024	No	55%

④

As stated above, following an intensive review of each project's budget with project teams, as well as the development of project-based forecasts for the remainder of the ARPA HCBS spending period, a new Power BI dashboard was created. This dashboard includes a high-level overview of all spending, encumbered funds, and funding that is forecasted but not yet spent or encumbered. Project teams and leadership are also able to drill down to project-specific budget information to ensure transparency and continued monitoring of spending at the project-level. A snapshot of the dashboard is included below in **Figure 3**. As shown in the dashboard, for the first forecasted quarter (April-June 2023), across all project teams, HCPF exceeded our forecast for spending.

Budget Reporting Dashboard Guide, Figure 3:

The dashboard the Department has developed for tracking spending for the ARPA HCBS initiative includes the following functionality:

Section 1 displays a summary of the selected projects, providing a status of those projects as reported by the PSA on the budget. These statuses reflect the project's spending health from 'on track' to 'watch' to 'needs help'. Aggregate statuses of the selected projects are reported including Overall, Schedule, Resource, and Budget.

Section 2 displays the ARPA HCBS spending forecast by quarter for the remainder of the ARPA spending period, in comparison to spent.

Section 3 displays a pie chart that shows the breakdown of the total amount spent, total obligated and the remaining funds yet to be spent.

Section 4 displays the funds spent by quarter and the forecasted spend over the remainder of the ARPA spending period.

Section 5 represents the total ARPA HCBS budget as well as the estimated funds that will be reallocated across projects.

Figure 3. Dashboard: Budget
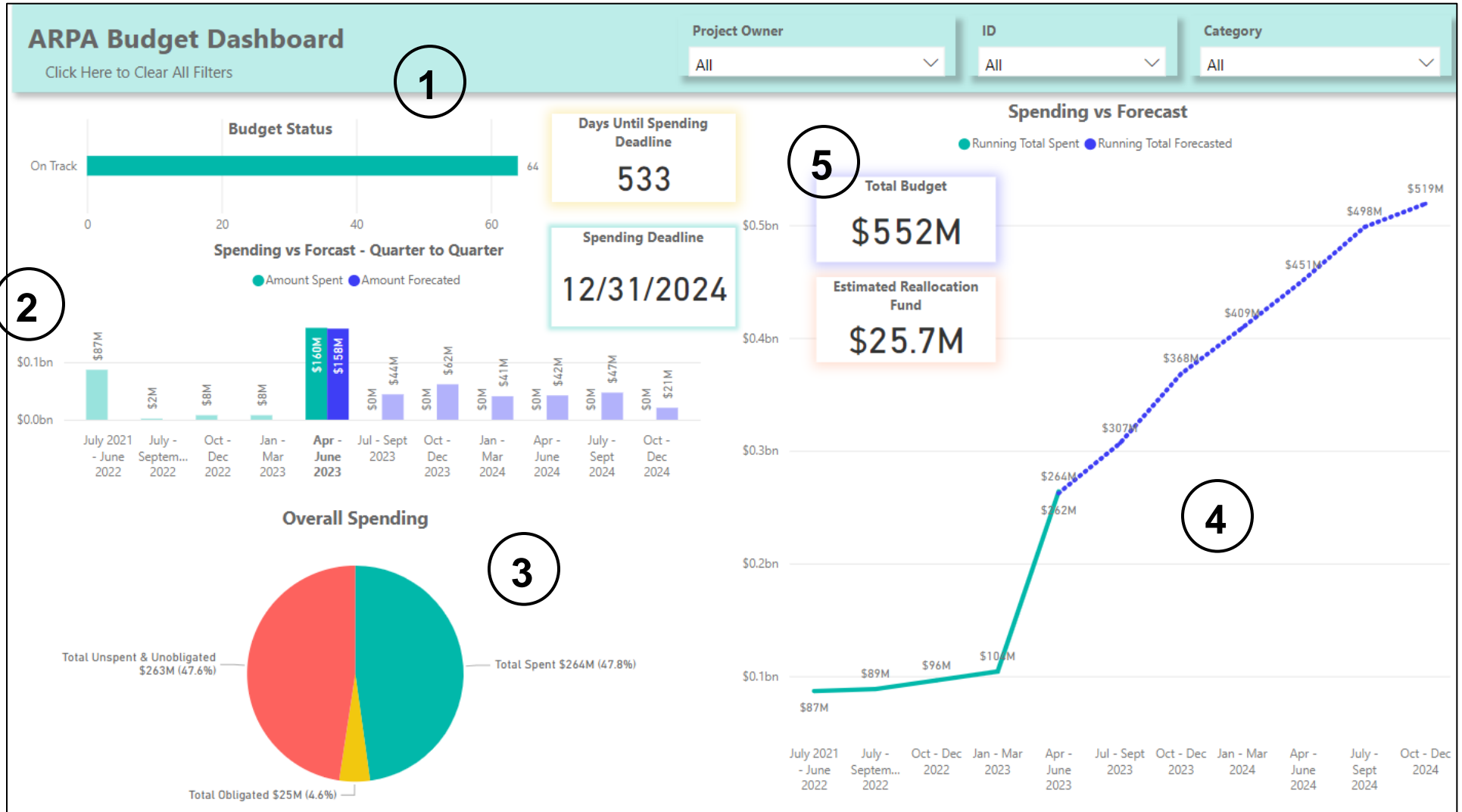
Appendix 1 provides more detailed information on all 63 projects. The project descriptions remain as initially reported with all updates indicated with blue font. It should be noted that the PSAs and project teams completed a full re-review of the project descriptions included in the report over this past quarter thus more changes may be found in this quarter's report. Most are small updates to ensure accurate description of project scope. Additionally, a new section under each project titled 'Capital Expenditure Plan' has been added to more explicitly call out projects with this type of spending. A full list of projects can be found in **table 5** below.

Oversight & Compliance

HCPF continues to take steps to ensure ongoing 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.

HCPF, 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 project lead toolkit includes guidance for leads on ARPA HCBS general requirements, procurement, budget and accounting, project management guidance, stakeholder engagement, and developing and administering grants. This toolkit is updated regularly as new questions emerge from project teams or new guidance is developed. Additionally, the ARPA Support Team facilitates a monthly grant project community of practice and bi-monthly project lead meetings, to ensure regular and consistent communication with project teams.

HCPF has implemented several strategies to mitigate risk and adopt standardization of practices. One strategy is the use of a grant financial vendor that is assisting with streamlining our grant management across projects. In collaboration with HCPF, the vendor is responsible for developing and executing all grant agreements with grantees, processing invoices, and monitoring deliverables. This consistency in review and oversight is helping mitigate potential risk. The contractor is also monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk. The grant financial vendor, Public Consulting Group (PCG), has been in place since October 2022 and since that time has been working with project teams to support the development of grant agreements and to begin the execution of grant programs. PCG is currently contracted to manage 15 grant programs with 11 project teams; four of the project teams have more than one grant program as a part of their project scope. As of the writing of this report, seven out of the eleven project teams working with PCG have developed their grant agreement template(s). All seven of these teams have executed grant agreements with awardees, with 244 total grant

awards for 9 active grant programs. One grant program that launched in June had over 100 grant agreements alone. PCG has been a huge support in these efforts, providing invoicing webinars, office hours, and technical assistance support for all grantees.

HCPF has also been working with KPMG to assist with oversight, compliance, and monitoring of the Department's projects. KPMG completed their initial guidance review in the Fall of 2022 and provided the Department with recommendations for improvements. The Department has an action plan in place that we are executing to make adjustments where changes are needed. In the first quarter of calendar year 2023, KPMG finalized the project-specific risk assessment and determined project risk scores. These scores were used to inform the monitoring plan. Risk was assessed quantitatively, through a survey of project teams to collect information on aspects of the project that may put them at greater risk of non-compliance, as well as qualitatively to gather contextual information about the project. Examples of factors that would put a project at increased risk include: a budget over $10M, whether they are working with an external vendor/contractor, grant projects, and those that are generally more complex.

Sixteen projects were determined to fall in the high priority, or potentially high-risk category, with another nine falling in the medium priority or mid-risk category. These mid and high-risk projects began monitoring over this last quarter. KPMG requested a sample of project payments, as well as supporting documentation, policy or programmatic project guidance, and/or communication material from the project teams. KPMG will review these to ensure work completed is within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. Following review, KPMG will produce project specific monitoring reports, to provide feedback and suggestions on transactions and/or supporting documentation, and on the materials developed by the project teams, such as policy or guidance documents, 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 5. All Projects with Project Category

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
1.05	HCBS Workforce Training Fund	Strengthen the Workforce & Enhance Rural Sustainability
1.06	Career Pathways	Strengthen the Workforce & Enhance Rural Sustainability
1.07	Public Awareness Campaign	Strengthen the Workforce & Enhance Rural Sustainability
1.08	Home Health Delegation	Strengthen the Workforce & Enhance Rural Sustainability
1.09	Workforce Compensation Research	Strengthen the Workforce & Enhance Rural Sustainability
1.10	Rural Sustainability & Investment	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
3.01	Equity Study	Improve Access to HCBS For Underserved Populations
3.02	Buy-In Analysis	Improve Access to HCBS For Underserved Populations
3.03	Community Transitions Support	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
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
3.08	AI/AN Culturally Responsive Services Capacity Grants	Improve Access to HCBS For Underserved Populations

4.01	Residential Innovation	Support Post-COVID Recovery & HCBS Innovation
4.02	Promote Single Occupancy	Support Post-COVID Recovery & HCBS Innovation
4.03	Child/Youth Step-down Options Program and Provider Recruitment	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
4.06	Supported Employment Pilot Extension	Support Post-COVID Recovery & HCBS Innovation
4.07	New Systems of Care	Support Post-COVID Recovery & HCBS Innovation
4.08	Respite Grant Program	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
4.11	Hospital Community Investment Requirements	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
5.02	Improve & Expedite Long-Term Care Eligibility Processes	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
6.02	Specialty Search in Provider Specialty Tool	Invest in Tools & Technology
6.03	Member-Facing Provider Finder Tool Improvement	Invest in Tools & Technology
6.05	Member Tech Literacy	Invest in Tools & Technology
6.06	Provider Digital Transformation & EHR Upgrades	Invest in Tools & Technology
6.07	Innovative Tech Integration	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

6.10	Member Data Sharing	Invest in Tools & Technology
6.11	Centers for Excellence in Pain Management	Invest in Tools & Technology
6.12	Systems Infrastructure for Social Determinants of Health	Invest in Tools & Technology
6.13	Connect CMAs to ADT Data	Invest in Tools & Technology
6.14	Data Sharing with the SUA	Invest in Tools & Technology
6.15	Improvements - System Communication [Interface with Trails]	Invest in Tools & Technology
8.02	Provider Oversight	Enhance Quality Outcomes
8.04	Pay for Performance for PACE	Enhance Quality Outcomes
8.05	Pay for Performance for HH & Residential HCBS	Enhance Quality Outcomes
8.06	PACE Licensure	Enhance Quality Outcomes
8.07	eConsult to Improve Quality	Enhance Quality Outcomes
8.08	HCBS Provider Quality Dashboard	Enhance Quality Outcomes
8.09	Waiver Quality Expansion	Enhance Quality Outcomes
8.10	Criminal Justice Partnership	Enhance Quality Outcomes
8.11	EPSDT Benefits Training	Enhance Quality Outcomes

Timeline and Next Steps

HCPF is excited about the progress being made by all the project teams to implement the ARPA HCBS initiatives. All hiring is complete, though our human resources team continues to be closely engaged in supporting rehires, as needed. Over the past quarter, many of our project teams have been working on executing contracts for the next fiscal year, as well as closing out existing contracts.

Additionally, the grant projects have really accelerated this calendar year. Of the grant programs managed by PCG, there are nine active grant programs with 244 active grant agreements. For the grant programs managed by HCPF, there are six active grant programs with 37 active grant agreements. The total number of active grant programs is 15 with 283 grant agreements. Project teams are also well underway with stakeholder engagement activities to actively gather feedback and suggestions on project execution. HCPF is developing a grantee guidance document to assist organizations with various aspects of grant compliance and best practices.

All project teams have final schedules, though some are working to get them re-baselined following an extension approval. Finally, over the last quarter the project support team in partnership with the project teams, has been focused on forecasting future spending by quarter for each project through the end of the ARPA HCBS spending period. This work has resulted in a new dashboard to assist teams and leadership in management and oversight of project spending.

The Department has included 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

Appendix 1: Project Descriptions & Updates

1.   Strengthen the Workforce & Enhance Rural Sustainability

Initiative 1.01. Increase Payments to Providers and Workers

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 was implemented on January 1, 2022, through April 15, 2023. 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 was that all direct care workers currently employed at that time receive at least $15 an hour. All new Home and Community-Based Services direct care workers hired after January 1, 2022, must also have a wage of at least $15 per hour.

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

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 through July 31, 2022.

To ensure stability across the long-term services and support continuum, case management was increased by 2.11% from April 1, 2022 through June 30, 2023. Additional adjustments have been 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 included in the rate setting methodology.

Rate Enhancements for HCBS Providers
With the extended timeline to implement ARPA HCBS, the Department plans to pay for the initial implementation of new rate increases for HCBS providers starting on July 1, 2023. Without this funding, the rate increases would not be able to begin with state funding until October 1, 2023. Specifically, these rate increases include: increased rates for Case Management Agencies based on a rate analysis previously conducted, an increase in transportation rates for Intellectual and Developmental Disability waiver providers to align with the other waivers, an increase to Group Residential Support Services to reduce the budget neutrality factor applied to the rate, a base wage rate increase to $15.75 per hour for HCBS providers, and alignment of respite rates for the Children's Habilitation Residential Program and Children's Extensive Services waivers.

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 increase. 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 remained effective until July 1, 2022. The Department received approval to adopt the $15 per hour base wage permanently for all waiver programs on January 1, 2023. The Department has submitted an Appendix K Amendment for the Targeted Rate Increases for Non-Medical Transportation and Group Residential Support Services, along with the 3% Across the Board rate increases, to CMS on May 25, 2023. As Colorado's Appendix K amendment is effective until November 11, 2023, the Department will be submitting a 1915(c) amendment to all ten (10) waiver programs in July 2023 to increase these rates. These amendments will have an effective date of November 1, 2023, to ensure there isn't a decrease in rates.

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 2023-24 budget requests, with approval, is funding to sustain the $15.75 per hour base wage increase for all direct care workers employed by HCBS providers, as well as the other ARPA HCBS funded rate increases.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 80% 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 is no contractor currently utilized in this project.
- **Budget Status:** *On track*-The project team has developed spending projections. Based on those projections, this project will have excess funds. The project team is considering how to best use any excess funds.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The project team continues to encourage providers to certify the base wage for direct care workers. The project team is using project funds to extend funding for the base wage into FY23-24 with an increased minimum base wage of $15.75 per hour for Direct Care Workers. Additionally, the team is initiating new rate increases for Case Management Agencies, an increase in transportation rates for Intellectual and Developmental Disability waiver providers, an increase to Group Residential Support, and alignment of respite rates for the Children's Habilitation Residential Program and Children's Extensive Services waivers.

 Initiative 1.02. Direct Care Workforce Data Infrastructure

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.

Through this project, the Department will also hire a contractor to review other state models for consumer directed services and to provide the Department with recommendations for potential expansion opportunities within our Home and Community Based Services and the potential impact the expansion of consumer direction can have on the direct care workforce.

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently at 66%. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through

12/31/2024 and the schedule has been updated and rebaselined reflecting the new end date.

- **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:** Project is on track. The first of the two surveys have been completed. Prior, there was a draft survey administered to refine the actual survey. The second survey is planned to be administered in August 2023.

Initiative 1.03. Standardized Core Curriculum & Specialization

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: learning Management System software to support at least 20 Core curriculum and 8 specialized modules for Direct Care Workers working in Colorado's HCBS waivers and long-term home health.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project is currently 52% complete. The project timeline was extended to 12/31/2024.
- **Resource Status:** *On track-* Resources allocated for this project are adequate to meet goals and deadlines of this initiative.
- **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. The project team has obtained approval to reduce the project budget by $1,225,000. It was determined these funds would not be needed because the team was able to secure the training development for $750K. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** The project remains on track. 16 Modules have been completed through June 2023 and will be piloted for feedback June through September 2023. The project team is working with the vendor to ensure a quality curriculum is developed.

Initiative 1.04. Resource & Job Hub

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
HCPF 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 HCPF 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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: website development; Learning Management System; Access to website that will contain the LMS with the curriculum modules, job matching, and CO state resources for HCBS providers, long term home health providers, and Direct Care Workers.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 56% complete. The project schedule, milestones, deliverables, and resources are in progress, timeline is on track. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and rebaselined reflecting the new end date.
- **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 is on track. The website is being tested and demoed. We completed five User Acceptance Testing phases and requested 40+ revisions to the site including language usage and Department authorized images. We have identified two reports to use for provider verifications (one through CDASS for self-directed individuals and one through BIDM for HCBS

providers). We are working with the Health Information Office to create an API (Application Programming Interface that will allow the reports we are using to verify providers automatically with our vendor.

Initiative 1.05. HCBS Workforce Training Fund

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.

Note: As of March 2023, this project has been renamed "HCBS Workforce Training Fund" instead of its previous name, "Establish a Training Fund".

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 support. 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 39% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and rebaselined reflecting the new end date.
- **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 is on track. The project was extended to 12/31/24 to allow more time for additional grant cycles. Grant cycle four has just concluded. To date we have received 93 Provider Grant applications and awarded 34. Several applications are from other state entities and IAs/IGAs are being considered to support those training proposals. Applications for the individual grant have been low with a total of 75; of those 28 have been awarded. The project team is working to develop an incentive to increase interest in the grant program.

Initiative 1.06. Career Pathways

HCPF will establish income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. HCPF 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. Finally, through this project interactive career pathway modules will be developed, including training and job shadowing videos, to support career development. These modules will be housed in the newly created Resource & Job Hub (project 1.04). 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.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: website development to include one-page documents outlining potential career paths for direct care workers (approx. 20). Potentially, interactive modules and job shadow videos will be created for 5 career paths for use by those interested in direct care work, or by providers, workforce centers, and schools.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 61% 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 is on track. Contractors are working to develop at least 15 and up to 40 career pathways. Stakeholder engagement to help further refine the project is in the planning stage and will occur over the next 6 months. A majority of the partners are engaged in the project work and we continue to look for opportunities to engage with Colorado Community College Systems to identify how they can collaborate on the project.

Initiative 1.07. Public Awareness Campaign

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 58% complete. The project schedule, milestones, deliverables, and resources are under review.
- **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 contractor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. The project team has obtained approval to reduce the project budget by $9,073. It was determined these funds would not be needed because the total for the contract came in under what the team had projected. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** The project is on track. The contractor is conducting message testing that will include HCPF identified stakeholders and will be shared with other interested stakeholders. The Planning, Research, and Findings Review and Campaign Phases Research Report will help further define the campaign.

Initiative 1.08. Home Health Delegation

This project will identify models to expand the behavioral health certification opportunities for certified nursing assistants (CNAs) to support home health for individuals with co-occurring behavioral health and physical health conditions. Despite serving medically complex members, CNAs do not receive any formal behavioral health training with the current certification process. Allowing CNAs to practice to the top of their license and potentially increase their wages could lead to longer-term retention and a more diverse home health workforce. Through research and data analysis focusing on all populations, including children with parents serving as CNAs, a contractor will identify models related to the scope of work, outlining current state requirements including training, certifications, and compensation.

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.

Capital Expenditure Plan

No capital expenditures for this project.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 64% 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*- Contract complete, deliverables and work schedule updates in progress.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. A recent budget decrease was approved, adjusting the project budget to $150K.
- **General Project Update:** The project is currently on track with all tasks. In addition to the budget change, there were two changes to the scope of the project. First, the grant component was removed as it was determined there was not enough time to execute that portion of the initial plan. Second, the

project's focus was changed to identifying models to expand the behavior health certification opportunities for CNAs to support home health for individuals with co-occurring behavioral health and physical health conditions. This project is now proceeding on schedule and possesses adequate resources.

Initiative 1.09. Workforce Compensation Research

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 91% complete. Project close out is underway.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractor has completed all their 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 workplan is complete, and the project close-out is underway.

Initiative 1.10. Rural Sustainability and Investment

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. HCPF 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. HCPF will identify areas that would benefit from this approach and recommendations on how to pursue and implement it.

State Plan Amendment and Waiver Information
A state plan or waiver amendment is not needed at this time. Once the rate proposal is developed, HCPF will assess the need for programmatic changes and submit any appropriate administrative process documentation.

Sustainability Plan
Upon reviewing the outcomes of the project, HCPF will identify and address any necessary administrative and operational measures to support program longevity.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *Watch*- The project is 40% complete. The project schedule, and deliverables are delayed. 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 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 is on track and the schedule and deliverables are rebounding after a delay related to the transfer of data to create GIS maps. The pilot component was removed from the project scope due to the limited time to complete the work.

2.   Improve Crisis & Acute Services

Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization

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 has created 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. Grantees are required to submit a sustainability plan to outline activities and actions that will promote continued success of their programs once grant funding is exhausted.

Capital Expenditure Plan
The capital expenditures for this project are utilizing state only funds.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 87% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track*- The project team currently has all the needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The project team launched the grants for this project in March 2023 and will use the grant financial vendor to facilitate grant agreements, invoicing, and oversight this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. Nine grantees were awarded funding to expand community-based behavioral health services across the state. Grantees have completed and submitted work plans, community engagement plans and sustainability plans in addition to quarterly progress reports. Grantees also participate in monthly learning collaborative calls with HCPF to share updates and learnings.

 Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams

HCPF will supercharge activities related to the mobile behavioral health crisis response 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. To facilitate the awarding of these grants, the Department will work with the newly formed Behavioral Health Administration (BHA). Through an interagency agreement, and in collaboration with the Department, the BHA will amend the Administrative Services Organizations (ASOs) contracts with local mobile crisis providers to bring their services to a new federally defined standard. The ASOs will complete a readiness assessment to determine each Grantee's funding need and award funding based on the identified needs. The BHA will be responsible for distributing funds and monitoring progress including providing grant management and oversight and grant closeout. Additionally, the BHA will conduct ongoing needs assessments with providers

to ensure funding is being used in a supplementary manner with a robust emphasis on sustainability. 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
HCPF has submitted a State Plan Amendment to CMS to authorize a universal mobile crisis benefit for Medicaid members by July 1, 2023, 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, HCPF is developing a benefit program to authorize universal mobile crisis benefits for Medicaid members.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: grantees may 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.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 64% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **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:** This project is proceeding on schedule and possesses adequate resources. The team received the results of the needs assessment

and has distributed a first round of funding to mobile crisis providers. The team has continued conducting extensive stakeholder engagement with current and prospective mobile crisis providers in preparation for the benefit go-live on 7/1/2023. The team has also launched a readiness assessment to determine additional funding uses to help providers come into compliance with the new regulations and anticipates a second round of funding decisions late summer 2023.

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

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 HCPF'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 only allowed for a stay of 15 days or less. 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

After consultation with CMS, HCPF has affirmed an approach that will not require an 1115 waiver to allow for campuses that have step down programming or multiple levels of care within certain parameters. Rather than focusing on building out options for acute/crisis and step-down facilities, stakeholder and data collection requests of current IMDs homed in on other concerns. Specifically, discussions and analysis on the experience and issues related to the length of stay limits under HCPF's current "in lieu of services" policy. This work explored the range of enrollees' needs and providers' responses to those within the limits of the Medicaid policy and their respective capacity. This work also delved into the potential quality of care, operational, and fiscal impacts in alternative scenarios afforded by the potential SMI/SED Section 1115 waiver.

Sustainability Plan

This one-time policy analysis has helped HCPF identify a potential scope for a MH 1115 waiver along with a state policy for campuses.

Capital Expenditure Plan

No capital expenditures for this project.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 96% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 12/31/2024. The project team is working to revise the schedule to align with the new end date and will re-baseline the full schedule once complete.
- **Resource Status:** *On track*- The project team has identified a need for a temporary FTE to help support the next phase of the project and is working with HCPF Leadership to identify resources to address this concern.
- **Contract Status:** *On track*- The contractor is consistently meeting deliverables and the quality of work meets expectations. The project team has selected a contractor to complete phase 2 of the work and is finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The contractor has completed all deliverables for the research phase of the project. The team is beginning work to bring on a second

contractor to draft an 1115 waiver and provide stakeholder engagement support in response to the length of stay findings during the research phase.

3. Improve Access to HCBS For Underserved Populations

Initiative 3.01. Equity Study
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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 80% 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 contractor to support this project has been selected by the Department and is finishing work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. Received approval for $200,000 increase to the budget to expand the scope.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The contractor has completed stakeholder engagement with robust participation and the recommendation report will have several opportunities to consider. A recent scope and budget change were approved to expand stakeholder engagement with the tribal communities. To accommodate this additional component, the project was also approved for an extension through December 31, 2024.

Initiative 3.02. Buy-In Analysis

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, HCPF is developing member-facing premiums information and educational materials for the Buy-In program. This will provide members with the critical information they need about the program and the upcoming reinstatement of premiums.

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 12% complete. The project schedule, milestones, deliverables, and resources are in progress, and the timeline is 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 contractor 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. There was a change of scope approved due to budget constraints for the Buy-In Program under the HAS fee, the Department cannot increase enrollment into the program. The project plan has been revised to focus on the development of a communication plan and materials about the program. This would include information about the implementation of premiums, FAQs, etc.

Initiative 3.03. Community Transitions Support

Colorado currently offers a transition services program that supports members transitioning from institutional settings to living in the community. However, the Department would like to utilize ARPA funds beginning July 1, 2023 to start a number of initiatives aimed to improve the transition process and support members living in the community to stay in the community if they so choose. This project builds upon the state's existing transition services that were established in the Department's Money Follows the Person (MFP) program and implemented permanently in HCBS waivers in 2019 but is not duplicative. The Department is also working on a new MFP demonstration application and will work closely with the ARPA HCBS team to ensure ARPA funds are not being duplicated or used inappropriately. The ARPA portion of the work on these initiatives will end June 30, 2024.

These initiatives would also support the Department's efforts to address federal Department of Justice findings related to community transitions and the nursing facility diversion process. With state funding approval for ongoing costs, the initiatives the Department plans to start with ARPA and continue with General Fund afterwards include:

- Implement In-Reach counseling which will provide information to members living in nursing facilities about their options to live in the community in both a group and individual setting. To support this effort the Department will also create standardized materials and training. This work is similar to the Department's current Options Counseling program but rather than being based on referral, In-Reach counseling will be provided proactively to members living in nursing facilities in a more standardized way;
- Implement diversion and rapid reintegration activities during the nursing facility Level of Care screening to provide information on community living and help individuals plan to move back to the community when appropriate;
- Provide case management and care coordination for members that are identified to be at risk of institutionalization. This would include providing information on HCBS, mental health and other State Plan services that could support a member to remain in the community and coordinating services beyond current case management or care coordination requirements;
- Increase the number of units of Transition Coordination services a member can use to transition to the community;
- Increase the maximum Transition Setup cost to adjust for inflation and higher costs of goods needed to furnish a member's home;
- Create a new eligibility escalation process through one of the Department's eligibility contractors for cases needing immediate financial eligibility determination;
- Expand housing navigation services to members who are at risk of institutionalization to provide support in identifying units and negotiating leases [Note this project does not pay for room and board].

State Plan Amendment and Waiver Information
The Department will need waiver amendments to implement this project and may require a State Plan Amendment as well.

Sustainability Plan
HCPF received approval for funding to sustain these initiatives after the ARPA period through its FY23-24 BA-07 budget request.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track* - The project is currently 28% 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 has identified contracts that will need to be amended to implement this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** Detailed project plans for this project are now developed and baselined. Funds for the project are secured allowing the project to move forward as planned and ongoing after the ARPA period. This project is on track for completion in August 2024.

Initiative 3.04. HCBS Training for Members & Families

In addition to providing training for providers, the Department will develop and make available culturally competent training 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 72% 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:** This project is on track. The purchase order for the first round of materials has been approved and development is underway. Dissemination strategies are being discussed and finalized.

Initiative 3.05. Translation of Case Management Material

HCPF does not currently have member-focused case management material translated into all necessary languages. HCPF will translate member focused 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 caregivers 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *Watch*

- **Project Plan & Schedule Status:** *On track*- This project is currently 55% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *Watch*- The project lead has expressed a constrained schedule and a need for additional resources for this project to carry out the day-to-day work.
- **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:** This project is on track for all sections except resources, which is in watch. The lead delegated for this project has been asked to prioritize the other duties and does not have the ability to carry out the day-to-day responsibilities of working with delegates for letters on the recreation/reformation of documentation that will then go through the plain language process and subsequently, member testing for the OCL CCM letters which are the bulk of this project. The team is working with HCPF leadership to determine alternative resources to support in the interim.

Initiative 3.06. Expand the Behavioral Health Safety Net

HCPF 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 Regional Accountable Entities (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: HCPF will assess the extent to which its current delivery system provides adequate high intensity outpatient services and to identify any needed improvements.
  - Perform a Behavioral Health Network Gap analysis for existing behavioral health services under the ACC behavioral health managed care program. This project will analyze three years of historical utilization patterns, discern member population needs and identify existing network gaps by service type and geographic locations. It also includes an in-depth analysis of telehealth services to discern whether these services

replaced, enhanced and expanded access to care. This project will also include analysis of active behavioral health practitioners and facilities that have provided services to members within SFY 2021-2022; identify non-active practitioners and facilities; perform network analysis based on service type and geographic locations to discern member experience of accessing care and the actualized network capacity. The findings from this four-phase analysis will provide improved insight into the network performance as well as provide future methodology recommendations for expanded network monitoring and management.

- 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.
  - Develop a strategic plan to better serve youth with behavioral health needs that require high intensity outpatient services.

Following approval in March 2022 by the Joint Budget Committee (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. Each service included in the definition of high intensity outpatient services is already covered individually, though the services may be combined into a larger level of care definition in the future. 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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: grant funding provided through Regional Accountable Entities (RAEs) to expand high intensity outpatient services in communities across the state. Funds may be used for capital expenditures including infrastructure and equipment.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 56% complete. Project tasks, deliverables and milestones are on track and progressing according to schedule. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track*- The project team has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The value-based payment methodology implementation contractor is consistently meeting deliverables and the quality of work meets expectations. The procurement for the incentive payments with the Regional Accountable Entities (RAEs) phase 1 contract amendment was fully executed and the contractors are consistently meeting deliverables. The phase 2 contract amendments will be executed 7/1/2023. Additional procurements for a gap analysis, technical assistance for providers, and a child/youth strategic plan are moving through the process.
- **Budget Status:** *On track*- The project team has obtained approval to reduce the project budget by $2,945,465 to $29,844,535. It was determined these funds would not be needed because the technical assistance contract came in under budget. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. Several procurements to secure contract resources for this project continue moving through the process. The team continues stakeholder engagement for the value-based payment model. The RAEs have begun

expansion of high-intensity outpatient services throughout the state and the project team has identified a technical assistance contractor to build capacity with providers. An additional child/youth strategic planning component was added to this project and the team is in the process of securing a contractor to complete that work. A vendor was also selected to complete the gaps analysis scope of work and the team is working to onboard them.

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

HCPF is developing 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 is focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and does not include any funding for room and board.

Specifically, the Department is implementing a pilot program to provide supportive services, including peer support, behavioral health services, and pre-tenancy / tenancy sustaining services, for at least 500 Medicaid members. Participating members will receive housing vouchers from the Colorado Department of Local Affairs (DOLA). 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. HCPF 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 program, HCPF is conducting 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 is creating options for them to expand their business models, increasing their solvency and the populations they are able to serve. It is building 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
HCPF may modify an existing waiver or establish a new waiver program to build out the benefit package identified through the pilot program and subsequent evaluation.

Sustainability Plan
Over the pilot period, HCPF 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, HCPF may modify an existing waiver or establish a new waiver program to continue efforts into the foreseeable future.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: as part of the Peer Support grants, applicants could request capital funding to support project implementation and project coordination expenses including infrastructure, supplies, and software. They could also request funds to build administrative capacity for Medicaid billing including supplies and equipment.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 44% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractors to support this project have been selected by HCPF and are beginning work. The project management/technical assistance contractor is consistently meeting deliverables and the quality of work meets expectations. The grant agreements have been signed by 13 cohort one service providers and 14 cohort two service providers. The team is adding three additional providers to cohort three and grant agreements will be executed by 7/1/2023. The statement of work for the evaluator is in final negotiations and is expected to be re-executed in the next quarter. The project team plans to launch the peer support grants for this project in July 2023 and will use the grant financial vendor to facilitate the grants for this

project. The project management/TA contractor to provide assistance and oversight to the peer support grantees 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:** This project is proceeding on schedule and possesses adequate resources. The project team has completed the contracting process for 13 cohort one service providers and 14 cohort two service providers. There are currently 504 participants enrolled in the State-Wide Supportive Housing Expansion Pilot (SWSHE). The evaluation partner contract is being re-executed and the new contractor is anticipated to be onboarded in the next quarter. The team finalized the needed data sharing agreement to share program data across partners for this project. There were 13 peer support grantees awarded and work will begin during the next quarter. Work has also begun to identify a new benefit mechanism for the sustainability of the pre-tenancy/tenancy sustaining services to continue post ARPA.

Initiative 3.08. AI/AN Culturally Responsive Services Capacity Grants
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 of the American Indian and Alaska Native populations experience when seeking behavioral health services. The Department will work alongside two tribes, the Ute Mountain Ute and Southern Ute, in Colorado to co-design a menu of services and supports to meet the needs of the populations and expand access to behavioral health and HCBS services. The Department has begun an extensive stakeholder engagement process and completed formal tribal consultation with one of the tribal councils. This work is happening in conjunction with the tribal liaisons at The Department and is focused on ensuring the needs as identified by the tribal partners remain at the forefront of the work.

In addition to the direct support provided to the tribal nations, The Department recognizes the large portion of Members who are a part of the Urban Indian population. To ensure expansion of services to meet the needs of this population, The Department will be partnering with a local Urban Indian Health Program to fund the expansion of behavioral health and HCBS services. Funds will be used for evidence-based practices mitigating care deserts to better serve the Colorado American

Indian/Alaskan Native (AI/AN) population. This funding will prioritize programs that are improving their ability to serve individuals with disabilities on a 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. HCPF will also continue to build upon relationships with both tribes and their leadership, helping to foster continually improving outcomes for American Indian and Alaska Native Coloradans into the future.

Capital Expenditure Plan
The capital expenditures for this project are utilizing state only funds.

Status Update
- **Overall Project Status:** *Watch*
- **Project Plan & Schedule Status:** *Watch*- The project is 37% complete. The project schedule, milestones, deliverables, or resources are delayed. The project team is actively working to get the project back on track. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *Watch*- The timeliness of working with tribal entities continues to be a risk for this project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The following areas are in Watch status: Schedule and Contract. All other areas are progressing as planned. See details in Schedule and Contract Statuses. The team participated in formal tribal council with both tribal partners and is working to identify needs to expand access to behavioral health and HCBS services. The team has also been in consultation with the urban population provider and anticipates having needs identified to execute funding over the next quarter.

4. Support Post-COVID Recovery & HCBS Innovation

Initiative 4.01. Residential Innovation

Under this project, HCPF 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 award 2 grants to develop pilots 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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: One of the program grantees intends to use funds to purchase large monitors for use during training and to provide information to clients.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 65% 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 two grantees continue work on their respective grants for this project. The project contractor examining innovative residential models 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. The contract to examine innovative residential models came in slightly under budget.
- **General Project Update:** The project team is fully staffed and continues to timely complete tasks associated with this project. Grantees continue work on their respective grants for this project to develop innovative residential models. In addition, the contractor is examining prospective residential models and will present innovative residential models to HCPF.

Initiative 4.02. Promote Single Occupancy

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.

Capital Expenditure Plan
No capital expenditures for this project.

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 are in progress, timeline is 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 contractor and is working on finalizing contract requirements.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. The project team has obtained approval to reduce the project budget by $150,000. It was determined these funds would not be needed because funding was for the procurement of a vendor to conduct research/environmental scan on best practices for creating single occupancy rooms in assisted living facilities and group homes. The team contacted multiple vendors and were unable to secure a vendor due to vendors not having the capacity. The team believes they will learn more about best practices through the actual awarding of grants and tracking grant outcomes. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** The project is on track. The project team awarded 8 grantees from the first application period. Due to the low number of applicants and awards the project team opened a second application period that will close 7/5/2023.

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

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 diagnosis.

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: as part of the grants, applicants may request capital funding to support project implementation and project coordination expenses including infrastructure, supplies, and software to expand capacity.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 57% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an

extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.

- **Resource Status:** *On track-* The project team has experienced turnover among its ARPA term-limited FTE and is currently working to fill one position. The term-limited position to support this project is currently moving through the hiring process.
- **Contract Status:** *On track-* The project team plans to launch the grants for this project in October 2023 and will use the grant financial vendor to draft the grant agreements, facilitate billing and provider oversight for the grants 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 proceeding on schedule and possesses adequate resources. The team has released two Request for Applications, one for Qualified Residential Treatment Providers (QRTP) and one for Children's Habilitation Residential Providers (CHRP). The team anticipates grant awards to be made during the next quarter. The team will be onboarding a new term-limited FTE in July 2023.

Initiative 4.04. Tiered Residential Rates & Benefits
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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently at 83% 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 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 is on track with all tasks. The contractor's work is complete and now the team is working to take rate recommendations forward for consideration.

Initiative 4.05. Pilot CAPABLE

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 30% complete. The project schedule, milestones, deliverables, and resources are in progress, timeline is 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 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 is on track. Both contractors are actively enrolling and graduating program participants ages 18 and older. The CAPABLE study contractor has been meeting with grantees to establish baselines for data collection and comparisons.

Initiative 4.06. Supported Employment Pilot Extension

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.

Capital Expenditure Plan

No capital expenditures for this project.

Status Update

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

- **Project Plan & Schedule Status:** *On track*- The project is currently 41% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The contractors are 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:** This project has been approved for an extension through 12/31/2024 to allow for additional participation and data collection. The providers continue to provide supported employment services and data regarding pilot participants, including hours worked and needed supports to be successful in their respective employment.

Initiative 4.07. New Systems of Care

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 49% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Contract Status:** *On track*- The contractor conducting an environmental scan is beginning work. The grants for this project will launch in July 2023 and will leverage the grant financial vendor.
- **Budget Status:** *On track*- $70,1300 in additional funds were approved to support this project. These funds will be utilized to allow the contractor additional time for the evaluation of the grant programs.
- **General Project Update:** This project received an extension until December 2024 to allow grantees additional time to complete their grant proposals. The project team is in the process of reviewing grant applications and is on schedule to award grants for this project in July 2023.

Initiative 4.08. Respite Grant Program

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.

HCPF will create a state-only grant program with two components: to expand providers' ability to provide respite services (such as increasing access to respite services through a "matching" platform where individuals seeking respite will be able to create profiles and match with caregivers who have already been background checked, vetted and trained), and to extend funding for specialty respite care supports that are designed to meet the unique needs of specific populations, such as youth with high magnitude and aggressive behaviors or adults with memory impairment. These opportunities allow providers to develop unique and creative ways to deliver respite services, thinking outside of the box of the current delivery method. No funds or direct payments will be made to individuals. Within the program, the majority (75% or more) of the funding will go to Health First Colorado members who are either a caregiver or care recipient and would benefit from respite services. Thus, no more than 25% of service recipients will be non-Medicaid individuals, though, the department will allow applicants to extend/expand programs to target those who may or soon will be eligible for Medicaid, or siblings of Health first Colorado members. The goal is to provide respite services for the caregiver, even when they have multiple children. For example, a respite provider may host a parent's night out, allowing not only the member/child to attend, but the members' siblings as well. Additionally, adult siblings providing care would be eligible through this grant program to receive respite.

Eligible applicants include existing enrolled Medicaid providers who deliver respite services as outlined in Appendix B of the [State Medicaid Director's Letter](), May 13, 2021. Applicants may also be current Medicaid providers that are not currently providing respite services but are hoping to expand their services.

Additionally, HCPF will identify the landscape of respite availability across Colorado through a study and create a report identifying the gaps in respite care availability. Through lessons learned through the grant program and the study, the Department hopes to make future improvements in how respite services are delivered in Colorado.

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

Sustainability Plan

The evaluation component of this project will identify gaps in respite care and the final evaluations/lessons learned from the grant program will be the foundation for future programs, policies, and budget requests. The respite benefit will continue as this is a critical service for our members and their families but may be modified or expanded based on information gleaned from this ARPA project.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 54% 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 contractor is consistently meeting deliverables and the quality of work meets expectations.
- **Budget Status:** *On track*- The project team has obtained approval to reduce the project budget by $5,000. It was determined these funds would not be needed due to a contract error discovered during renewal.
- **General Project Update:** *On track*- This project is progressing as planned. The grantees are completing deliverables on their work plans and attending lesson learned events with the project team to make certain all is going well. The contractor completing the respite study continues to deliver as expected with good quality.

Initiative 4.09. Respite Rate Enhancement

HCPF 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. HCPF changed the scope of this project to remove the component of the project that would bring on a contractor to identify innovation in respite care. This work is already underway with the Respite Grant program.

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 95% 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*- This project will not utilize a contractor.
- **Budget Status:** *On track*- The project team has obtained approval to reduce the contractor portion project budget to $20,000 to correct a previous accounting error. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The project team is preparing to close this project & is working with budget to ensure all funds are properly allocated to this project. Since the last report, HCPF changed the scope of this project to remove the use of a contractor to examine innovations in respite care. Similar work is being completed in the respite grant program.

Initiative 4.10. Home Modification Budget Enhancements

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, HCPF submitted 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 44% 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 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:** Project is on track. Home modifications with the increased funding have been occurring.

Initiative 4.11. Hospital Community Investment Requirements

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 including transitions of care for members receiving home and community based services. 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project is currently 66% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team, 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 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 is on track with initial stakeholder engagement complete which will inform the next steps in the work.

Initiative 4.12. Community First Choice

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 July 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, 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.
- Develop a Wellness Education Benefit: HCPF is utilizing a contractor to develop and manage the Wellness and Education Benefit. The Wellness Benefit will send HCBS members information on a monthly basis to support their overall healthcare.

To mitigate potential access to care issues, we will utilize ARPA funding for a time-limited grant opportunity for Program Approved Service Agency (PASA) providers impacted by the new licensing requirement under CFC. This grant will provide funding for the initial licensing fee as an incentive for early licensing compliance for PASA agencies.

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. The cost of this benefit will be absorbed by HCPF once CFC cost savings are realized. Funding to support this service were approved in Senate Bill 23-289.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: ARPA funding will be utilized to cover the administrative costs associated with the development and implementation of CFC including system costs. System changes are needed in the Care and Case Management System (CCM) and Medicaid Management Information Systems (MMIS).

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project is currently 46% complete and the project schedule, milestones, deliverables, and resources are in progress, timeline is 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 contractor and is working on finalizing contract requirements.
- **Budget Status:** *On track-* $54,285 in additional funds were approved to support this project. These funds will be utilized for the Wellness Benefit Education program article distribution contract.
- **General Project Update:** The project is on track. The project team has completed a series of Stakeholder Engagement and workgroup meetings. For the system change, the project team has been working diligently with internal system staff and Subject Matter Experts to finalize the business requirements. For the Wellness Education Benefit, the project team held several stakeholder engagement activities, and is working closely with contractors to develop an article library and to develop an internal process including enrollment and training.

5. Strengthen Case Management Redesign

Initiative 5.01. Case Management Capacity Building

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. HCPF 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. HCPF 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.

CMA Start Up and Transition Costs
With the extended timeline to implement ARPA, HCPF plans to create a grant program to support the start-up of new contracts as a result of Case Management Redesign (CMRD). Start-up and transition costs are needed to get the new CMAs online and able to serve members faster.

CMA Longevity and Retention Bonuses
Effective December 1, 2022, HCPF has implemented longevity and retention bonuses to qualified case management workers for all ten HCBS waivers to promote, encourage, and support case management for the HCBS waivers during the public health emergency and Case Management Redesign. CMAs may use funds for direct bonus payments to case management staff or for retention incentives to help retain staff through significant CMA systems changes and reward staff for their extraordinary work and dedication during such uncertain times. The funds are distributed to each CMA through a competitive grant award process.

State Plan Amendment and Waiver Information
A state plan amendment and Appendix K amendment were submitted to CMS and approved for the case manager retention payment component of this project with approval effective January 1, 2023.

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.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: Transition and start-up funds for CMAs to support costs associated with getting the new CMAs online and able to serve members faster to include brick and mortar costs, office supplies and inventory, marketing and communication costs, company vehicle purchase or modifications.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is 37% 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 with direct oversight from the Department.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget. An additional $150,000 was added to the project to ensure case managers supporting state-funded programs could receive the same retention payments. These funds are state-only.
- **General Project Update:** This project remains on track in all areas. The first round of retention payments has been completed and subsequent rounds are in process. The Request For Applications for the startup grant is in clearance with leadership.

Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes
Note: As of February 2023, this project has incorporated project 6.16 Eligibility System Improvements under the scope of its efforts.

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. The approved solutions will focus on system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility.

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.

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: HCPF is initially working with stakeholders and other external parties to identify solutions to barriers to Long-Term Care eligibility and further streamline the process. This will include policy requirements modifications and corresponding eligibility system enhancements within the Colorado Benefits Management System (CBMS). Examples would be to implement Presumptive Eligibility for Long-Term Care and to fund a contractor to identify system modification opportunities.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On Track*- The project is currently 54% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule.
- **Resource Status:** *Watch*- The project team has experienced turnover among one of the ARPA term-limited FTEs and is currently working to fill this position.
- **Contract Status:** *On track*- The project team has selected a contractor for the CBMS study and is working on finalizing contract requirements.

- **Budget Status:** *On track*- The project team has no concerns related to the project budget.
- **General Project Update:** The project is proceeding as expected with the current focus on researching current policies and preparing recommendations for any changes. The team is also working through the steps to secure a vendor for the CBMS data entry analysis effort and is in the final stages of preparing the Statement of Work.

Initiative 5.03. Case Management Rates ✔
Project Completed February 2023

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

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

Project Outcomes
Through this project, a new case management workbook for rate development has been created for utilization moving forward. This workbook outlines a new rate for ongoing targeted case management and supported the development of a Department budget request for FY23/24.

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. Though this project developed the initial case management methodology, the Department is committed to maintaining the currency of the methodology as part of the overall goal of achieving a strong case management infrastructure statewide.

Initiative 5.04. Case Management Best Practices

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 55% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. The project team is working with the vendor to create an updated schedule that will incorporate the recently approved extension.
- **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:** This project remains on track. The project team is working with the vendor to update the schedule that will incorporate the extension and budget projections into the project schedule. Discussions at the leadership level as to what additional tasks will be added onto this contract extension are underway.

Initiative 5.05. Case Management Agency Training Program

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. This project also includes funding to support the training of case managers on the new Care and Case Management system and future enhancements. As the system rolls out, case managers will need robust training to ensure competency on utilizing the system prior to official launch. Funding will ensure that the case managers receive this training and are compensated for their time. Additionally, as new enhancements are added to the system, updates to training materials and continuing education training for case managers will be required.

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is currently 50% 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 is re-hiring the term-limited staff member to assist with this project after the previously hired staff member took a permanent position within the Department.
- **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:** This project is on track. This project has received approval for an increase in budget to train case managers on the new CCM tool. The project team is engaging in stakeholder engagement with CMAs and has sent four modules for agency review. Thirty-five case managers have signed up to review the modules in-depth with the team. These reviews will be ongoing as modules complete development.

6. Invest in Tools & Technology

Initiative 6.01. Home Health/PDN Acuity Tool

HCPF 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.

HCPF 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.

HCPF will work with a contractor to create, pilot, and validate an LTHH as well as pediatric and adult PDN acuity tools tailored to Colorado home health policies. HCPF 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.

Furthermore, HCPF will examine the value of redesigning Colorado's PDN and LTHH programs through additional claims and policy analysis to determine if a single nursing benefit would be beneficial from a financial and member satisfaction perspective.

Once the acuity tools are developed, HCPF may integrate the developed tools as a module within the Care and Case Management System if there is sufficient time within the ARPA project timeline. 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 potentially the CCM), both of which will be available to users beyond the terms of the ARPA grant.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On Track*
- **Project Plan & Schedule Status:** *On Track*- The project is currently 38% complete and 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 has selected a contractor and is working on finalizing contract requirements.
- **Budget Status:** *On track-* The project team has no current concerns related to the project budget. The project team has obtained approval to reduce the project budget by $1M. It was determined these funds would not be needed because the bids from the request for proposal came in lower than anticipated. These funds will be reallocated to another project in need of additional funding.
- **General Project Update:** The team hired a contractor to aid HCPF in designing the new Home Health and Private Duty Nursing assessment tools in February 2023. Due to the contractor bid coming in low, the team reduced their overall budget by $1M that has been reallocated to other projects. Since coming on board, the contractor has conducted a scan of other state's tools and gained stakeholder feedback on Colorado's tool from agencies completing the tool and vendors processing the results. At this time, the project's next goals will be to test draft versions of the tools using client data and assess the feasibility of creating a systems-based portal for completing the tools rather than via "paper tools" that are then processed by the vendor.

Initiative 6.02. Specialty Search in Provider Specialty Tool

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.

HCPF 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
No ARPA funding was utilized to develop the tool and maintenance will be absorbed into existing workload.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project at 86% complete. The project schedule, milestones, and deliverables 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 has chosen to keep the work internal and not engage a contractor at this time.
- **Budget Status:** *On track-* The project team determined they will no longer need funding for the project.
- **General Project Update:** The project is on track. The team is working internally to review the proposed webpage to provide clarity to enrolling providers.

Initiative 6.03. Member Facing Provider Finder Tool Improvement

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. This project is proceeding on schedule and possesses adequate resources. The project team is implementing strategies to address cross-departmental efforts to execute the activities and tasks related to this project. The Department and the contractor have scheduled a kickoff meeting for early January.t 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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: HCPF is currently working to add additional functionality to the "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. Enhanced functionality will include the ability to search by practitioner location, practitioner associations, and provider specialties. Under this project, HCPF will add the critical criteria of "Cultural Competency" to the search tool.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is currently 53% 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 budget.
- **General Project Update:** This project is on track. The project team has met with the contractor and has decided to move forward with a hybrid, Agile model. The contractor has been asked to provide a complete project management plan and once received, the Health Information Office team will schedule necessary meetings with stakeholders and Subject Matter Experts.

Initiative 6.05. Member Tech Literacy

Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, the Department will develop two curricula; a program for members providing digital literacy training and a train-the-trainer program for community supports (case managers, providers, and family) that will be delivered to members. 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
The Department will absorb maintenance and updating of materials through existing workflows.

Capital Expenditure Plan
This project includes state only funding to provide iPads for members participating in the training pilot.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 68% 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 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 is on track. Curricula is nearly complete, and the pilot will begin in the next quarter.

Initiative 6.06. Provider Digital Transformation & EHR Upgrades
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.
Note: As of September 2022, this project has been renamed Provider Digital Transformation & EHR Upgrades (previously titled HCBS Provider Digital Transformation), to better reflect the project's intent.

The purpose of this project is to provide funding to home and community-based services (HCBS) providers, behavioral health providers, and Case Management Agencies to digitally transform their care or service delivery. Funding will include investments in upgrading, enhancing, or implementing electronic health record (EHR) systems to be able to better coordinate care, access real-time information through health information exchanges (HIEs), and the purchase of tools necessary for the delivery of virtual services. These tools may include, but are not limited to, desktops, monitors, laptops, tablets, smartphones, modem/routers, and scanners. Ongoing internet connectivity costs are not included within the project scope. 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 primary 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 has added 6.06b Cybersecurity Workstream, which will support technology security enhancements for the County Departments of Human Services and Single-Entry Points, who make eligibility determinations. These funds will focus on ensuring cybersecurity measures are in place to protect member information, including case file scanning and the purchase of tools to support physical security such keypad/key card entry systems, door closers, and security camera systems. The case files, which may include income, citizenship and other required verifications and disability determination documentation, are for any individual who has applied for and is receiving Medicaid, Medicaid LTSS including HCBS and state funded HCBS, or other public assistance benefits. Contents of case files contain PHI and PII. Enhanced physical security is an important investment as the badge reader security feature can protect beyond the borders of the county throughout the state as it allows better line of sight into who is accessing the work areas where PHI is stored. All physical security enhancements will protect paper case files as well as electronic PHI for individuals receiving Medicaid. However, at this time it is unknown what

proportion of the total case files are only those individuals who have applied for and/or received Medicaid HCBS, though those files are a large component of the files maintained by the state's county partners. There is no additional cost associated with the physical security enhancements for non-HCBS records as they are co-located with all Medicaid eligibility records and data which may apply to more than one program area. Separating equipment and workstations where data is processed by program aid code would increase administrative burden which is not a standard practice. Additionally, this physical security enhancement mitigates the risk of cybersecurity incidents and may speed response as recommended by NIST SP800-53. 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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: grants to fund systems (installed or cloud-based), and hardware (software, laptops, desktops, monitors, scanners, modems/routers, smartphones, and tablets); keypad/key card entry systems, door closers, and security camera systems to address the cybersecurity component of the project.

Status Update - 6.06a Grants for Digital Transformation & EHR Upgrades
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 59% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. This project has been approved for extension through 12/31/2024 and the schedule has been updated and rebaselined reflecting the new end date.
- **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. The work on grant design has wrapped at this time and the contract has ended as of 6/30/2023.
- **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 first wave of grants has been awarded, 113 contracts executed, and digital transformation projects are underway.

Status Update - 6.06b Cybersecurity Workstream
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently at 67% completion. The project schedule, milestones, deliverables, and resources are in progress, timeline is 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 will work with CDHS who will contract with a casefile scanning vendor. The project team will launch the grants for this project in July 2023 and will use the county grant program to facilitate the physical security grants aspect of the project.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is on track. This project is proceeding on schedule and possesses adequate resources. Both components of the project, casefile scanning and physical security, are underway.

Initiative 6.07. Innovative Tech Integration

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *Needs Help*
- **Project Plan & Schedule Status:** *Needs Help*- The project is 43% complete. Though the schedule only incorporates tasks to date and no milestones or deliverables have been completed. Several tasks are behind schedule related to the scope decision. The project schedule, milestones, deliverables, and resources are under review. Once scope/activity changes are approved and implemented by the project team, the project team will work to bring tasks to date.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *Needs Help*- The statement of Work has been drafted but it will need review as the scope is expected to change.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project needs help. The following areas are in Needs Help status: scope, schedule, and contract. The team is working to define project activities and is considering a pilot to connect the justice-involved population living with TBI with support post-discharge. The project has been elevated to the ARPA leadership team and action is underway to support the team.

Initiative 6.08. Care & Case Management System Investments

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.

With the extended timeline to implement ARPA, the Department plans to add three new areas for enhancements in implementing the CCM. These areas include an adjustment to the system to account for a new rate structure for CMAs, adjustments to accommodate data from the CCM into the Department's data management system and enhancements to the Person-Centered Budget Algorithm.

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, HCPF is committed to working with CCM users to ensure these capabilities continue into the future.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: this HCBS initiative will include implementation of CCM system enhancements that were not captured in the deployment and certification of the CCM system. These CCM system changes include enhancements for Case Notes, Hospital Back Up (HBU), Pre-Admission Screening and Resident Review (PASRR), and more. Vendors will be responsible for configuring or developing the Care and Case Management (CCM) system to fully meet the business requirements provided by HCPF.

HCPF will also purchase or provide CMAs with funding for approved/recommended laptops or other mobile devices for case management agencies compatible with the new case management IT solution, the Care and Case Management (CCM) system with the goal of ensuring that CMAs can implement the new CCM system (laptops, devices for new case management IT solution).

Status Update
- **Overall Project Status:** *Watch*
- **Project Plan & Schedule Status:** *Watch*- This project needs to be rebaselined once the Go Live occurs.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project.
- **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. An additional $500,000 was added to the project to correct a previous error when funds were added to the incorrect project.
- **General Project Update:** This project is in watch in schedule and risk. The CCM go live date is set for July, after which this project will be able to ramp up efforts and task completion.

Initiative 6.09. Updates to SalesForce Database

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: updates and expansion of Salesforce system to centralize complaints, issues, grievance, clinical documentation and quality care complaint tracking.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 77% complete. The project schedule is on a brief hold as the team works to define the next scope of work with the contractor. The late tasks are associated with contracting.
- **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 two of the project.
- **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 schedule is on a brief hold as the team works to define the next scope of work with the contractor.

Initiative 6.10. Member Data Sharing

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: Members will be able to access their member record information originating from the Care and Case Management (CCM) system through a Mobile Application accessed on smartphones,

tablets, and other mobile technologies. Members and/or the authorized user will access the Mobile Application via a portal in the Health First Colorado (HFC) mobile application. The authorized user will access the Mobile Application through the existing HFC mobile application through Single Sign-On. This work will be implemented in a tiered framework.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- This project is currently 47% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team. The project has been approved for an extension through 12/31/2024. The project team is working to revise the schedule to align with the new end date and will re-baseline the full schedule once 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 selected a contractor 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:** This project is proceeding on schedule and possesses adequate resources. The project team is continuing work with the vendor to understand projected timelines for completion of deliverables.

Initiative 6.11. Centers of Excellence in Pain Management

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 trained primary care 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *Watch*
- **Project Plan & Schedule Status:** *Watch*- The project is 57% complete. The project schedule is making a modest improvement but recently lost a resource and the contractor has just recently hired a PharmD. The project has been approved for an extension through 12/31/2024. The project team is working to revise the schedule to align with the new end date and will re-baseline the full schedule once complete.
- **Resource Status:** *Watch*- The project team has experienced turnover among its ARPA term-limited FTE and is currently working to fill the referral coordinator position. The term-limited position to support this project is currently moving through the hiring process.
- **Contract Status:** *On track*- The contract has been executed and the contractor is beginning work.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is in watch. The following areas are in watch status: schedule, and resources. All other areas are progressing as planned. See details in the schedule and resources statuses.

Initiative 6.12. Systems Infrastructure for Social Determinants of Health

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. Initially, the Department intended to 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. This work will continue outside the HCBS ARPA funding period

to allow more time for the statewide data architecture build and outreach to the community.

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: the goal of this project is to design and build a Social Health Information Exchange (SHIE) System. The SHIE framework will facilitate the exchange of physical health, behavioral health and social health related data, and support targeted care coordination through the Accountable Care Collaborative (ACC) model, resulting in improved Medicaid member outcomes. The unifying SHIE architecture will establish the interoperability of social health data with existing Health Information Exchange (HIE) data and provide an architecture that allows all provider types in all care settings to access the expansive range of information needed to serve members holistically, prioritizing state and federal privacy regulations.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is 57% complete. The project schedule, milestones, and deliverables have been established and approved by the project team. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and rebaselined reflecting the new end date.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- The Social Health Information Exchange invitation to negotiate is in the contract negotiation stage.
- **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 team is working on negotiations with a contractor to build a statewide data architecture to support social health information exchange system.

Initiative 6.13. Connect Case Management Agencies to ADT Data
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 offers optional grant funding for CMAs to pilot test access to this data in a human-readable form. Grant funding will support the added operational demands associated with incorporating this process into the CMA's workstream. The Department expects that grantees will collaborate with the Department to develop policy and procedures for utilizing this new data as a part of current practices, as well as support the development of best practices and lessons learned from the pilot.

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.

Capital Expenditure Plan
No capital expenditures for this project.

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

- **Project Plan & Schedule Status:** *On track-* The project is currently 79% 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. The project budget was decreased due to lower-than-anticipated costs associated with the project.
- **General Project Update:** This project remains on track with HCPF providing support to pilot participants. HCPF anticipates having ample feedback to advise for future policy recommendations at the commencement of this project.

Initiative 6.14. Data Sharing with the State Unit on Aging

HCPF 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 HCPF to better target services. Additionally, if HCPF can improve access to Medicaid services for these individuals, it would free up resources for older adults who are not eligible for Medicaid LTSS.

HCPF will work with a vendor to determine future data sharing capabilities with the Office of Aging and Adult Services within the Department of Human Services. The vendor will design a system map 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 post-ARPA. 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.

Capital Expenditure Plan

No capital expenditures for this project.

Status Update

- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* This project is currently 48% complete. The project schedule, milestones, deliverables, and resources have all been established and approved by the project team.
- **Resource Status:** *On track-* This project is staffed with adequate resources to complete activities and tasks by the projected end date.
- **Contract Status:** *On track-* The project team has selected a contractor and is working on finalizing contract requirements.
- **Budget Status:** *On track-* The project team has no concerns related to the budget.
- **General Project Update:** This project is currently on track with all tasks. The project team is working with the vendor to understand future data sharing capabilities.

Initiative 6.15. Interface with Trails

HCPF 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 will be accomplished in three phases including: training for county Department of Human Services workers, the ability for cross-referencing across the two systems and allowing Trails and the MMIS to communicate in real time. The larger project, in conjunction with the Colorado Department of Human Services (CDHS), will be to explore the removal of SIDMOD from the main frame. The project team will leverage an interagency agreement with the CDHS, who will identify and contract with the vendor who will make changes within the Trails System.

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.

Capital Expenditure Plan
A capital expenditure request was submitted for the following: this project will not require systems change on the Interchange (iC) but requires changes on the Colorado Department of Human Services (CDHS) system to communicate with MMIS/CBMS to pull into the information that is already available and prevent duplicate Medicaid entries.

Status Update
- **Overall Project Status:** *Watch*
- **Project Plan & Schedule Status:** *Watch*- The project is currently 66% complete. The project tasks related to the mid-term and long-term solution are slightly behind schedule. The project team is actively working to get the project back on track.
- **Resource Status:** *Watch*- The project team has identified a need for additional resources to support this project. They are working with Leadership to obtain approval to move forward with adding support.
- **Contract Status:** *Watch*- The team is working to identify contractor needs for this project and is behind schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The following areas are in Watch status: Schedule, Resource, and Contract. All other areas are progressing as planned. See details in Schedule, Resource and Contract Statuses. The training desk manuals were completed and have been released to county Department of Human Services offices. The mid-term solution to add the ability for real-time verification of records is moving through the change orders process and technical specification review but has seen delays in obtaining the needed licenses. The long-term solution to remove SIDMOD from the Mainframe is behind schedule and the team is working to get back on track.

7.   Expand Emergency Preparedness

Initiative 7.01. Emergency Response Plans

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. A Contractor will research national standards for emergency preparedness for various provider types. Based on that research, the Contractor 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project is currently 44% 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 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:** This project is proceeding on schedule and possesses adequate resources. The contractor has completed development of the training materials and will begin training providers during the next quarter.

Initiative 7.02. Member Emergency Preparedness

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.

Capital Expenditure Plan
The capital expenditures for this project are utilizing state only funds.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 41% 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 contractor is consistently meeting deliverables and the quality of work meets expectations. The second contractor for the purchase of equipment 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:** This project is proceeding on schedule and possesses adequate resources. The team, in conjunction with the contractor, has developed and released an application for members to apply for emergency preparedness equipment. The application has seen about 300 responses thus far

and the team is working through their eligibility criteria so the contractor can begin outreach. The contractor has also developed several training programs for members and will begin training during the next quarter.

8. Enhance Quality Outcomes

Initiative 8.02. Provider Oversight

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.
- Make updates to the COHFI system, the provider portal used with our sister agency, CDPHE. The project will modify COHFI to allow providers to pull down information necessary to complete key aspects of HCPF's provider enrollment and revalidation process.

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.

Capital Expenditure Plan

A capital expenditure request was submitted for the following: make updates to the COHFI system, the provider portal used with our sister agency, CDPHE. The project will modify COHFI to allow Medicaid providers to pull down information necessary to complete key aspects of HCPF's provider enrollment and revalidation process. This system will help HCPF track and enroll new providers.

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

- **Project Plan & Schedule Status:** *On track*- The project is currently 52% 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 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 is on track. Contractor has been finding gaps in the system and identifying ways to improve the processes.

Initiative 8.04. Pay-for-Performance for PACE

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 if the Department decides to implement a pay for performance for PACE services. Once the Department acquires additional information as this project proceeds, the Department will evaluate whether to implement these changes.

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 67% complete. The project tasks, deliverables and milestones are progressing as planned and remain 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. The project budget for this project has been combined with 8.06 since both projects are working with the same contractor.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The contractor is currently examining pay for performance models for PACE programs in other states and timely providing all deliverables as required.

Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS
Note: *As of June 2022, this project has incorporated project 6.03 Pay-for-Performance for HCBS under the scope of its efforts.*

HCPF 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 Medicaid who receive health care at home. The methodology will assess the feasibility of the Home Health Value-Based Purchasing (HHVBP) Model for Medicare benefits as it relates and impacts Medicaid members. HCPF will look to this new proposed rule and other states' policies 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, HCPF will develop a pay-for-performance methodology for HCBS residential settings. HCPF currently pays for these services under a fee-for-service methodology which lacks a quality framework. HCPF will have the analysis and recommendations ready to potentially implement at a future date including performance benchmarks, bonus pay amounts, and per diem.

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
HCPF 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. HCPF is confident that this model will position the State as a nationwide leader in this area for the future.

Capital Expenditure Plan
There are no capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 88% 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 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 team is set to receive its final policy and stakeholder analysis on potential value-based payment frameworks for Home Health and Residential HCBS services by Fall 2023. This will include other states' models, analysis of Medicare's framework, and a review of how current Colorado rates would be impacted.

Initiative 8.06. PACE Licensure

Within the PACE program, the Department will develop quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. HCPF 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 2023, with the expectation of identifying specific state plan amendment requirements shortly thereafter, in late 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 54% 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 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. The budget for this project has been combined with 8.04 since both projects are using the same contractor.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The contractor continues to examine possible PACE licensure models, seek stakeholder input, and develop recommendations for potential PACE licensure requirements.

Initiative 8.07 eConsult to Improve Quality

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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *Watch*
- **Project Plan & Schedule Status:** *Watch*- The schedule is 40% complete. The schedule is in watch related to the contractor kick-off delay. The project schedule, milestones, deliverables, or resources are delayed. The project team is actively working to get the project back on track.
- **Resource Status:** *On track*- The project team has all needed resources to complete this project on schedule.
- **Contract Status:** *Watch*- The contractor to support this project is currently moving through the planning process and the kick-off date is behind schedule.
- **Budget Status:** *On track*- The project team has no current concerns related to the project budget.
- **General Project Update:** The project is in watch. The following areas are in watch status: schedule, and contract. All other areas are progressing as planned. See details in the schedule and contract status.

Initiative 8.08. HCBS Provider Quality Dashboard
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, HCPF will invest in data repositories that enable greater insights into gaps in care as well as the providers and services with positive outcomes, supports, and programs for individuals receiving HCBS. HCPF will use the funding for systems investments to create clear data linkages necessary for dashboards to be operational.

Additionally, to support quality performance, HCPF will develop public-facing integrative dashboard that combines all survey data into one area for creating a comprehensive picture of quality across Colorado's HCBS programs. The dashboard can be used to help consumers and their families make choices about their care. 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 HCPF develop a better methodology, promote higher quality data collection, and encourage providers to improve performance based on findings. HCPF will continue to update the dashboard 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project at 77% complete. The project tasks, deliverables, and milestones are progressing as planned and additional tasks will be added once contract is in place with new contractor.
- **Resource Status:** *On track*- The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On track*- Work has been completed with first contractor. A new contractor has been selected and contract requirements are in development.
- **Budget Status:** *On track*- The project has no current concerns related to the project budget.
- **General Project Update:** The project is on track. This project is proceeding on schedule and possesses adequate resources. After encountering several barriers, the team presented a scope change to focus on a customer service-oriented dashboard/scorecard. The project team is working now to engage a new contractor to complete the work.

Initiative 8.09. Waiver Quality Expansion

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. HCPF will utilize the data to recommend changes to waiver programs.

HCPF will research and recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. HCPF 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** On track- The project is currently 72% 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 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:** *On track-* This project is proceeding on schedule and possesses adequate resources.
  For the project activities related to case management: The contractor has closed the survey with a total of 580 total responses. Next steps include, downloading the data, beginning analysis, sending comments to HCPF, and defining the type of analysis preferred.
  For the project activities related to Child Waiver Satisfaction: The contractor has conducted four focus groups with 4-6 parents/guardians and members. The

focus group data has been analyzed and the focus group summary report has been drafted and sent to HCPF for feedback.

Initiative 8.10. Criminal Justice Partnership
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 support 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track-* The project is currently 48% complete. Project tasks, deliverables and milestones are progressing as planned. The project has been approved for an extension through 12/31/2024 and the schedule has been updated and re-baselined reflecting the new end date.
- **Resource Status:** *On track-* The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** *On Track-* There is no contract associated with this project.
- **Budget Status:** *On track-* The project team has no current concerns related to the project budget.
- **General Project Update:** This project is proceeding on schedule and possesses adequate resources. The project team is conducting extensive stakeholder engagement with all parts of the criminal justice system to better understand gaps and resource needs. The team completed data collection utilizing surveys for Departments of Human Services and County Jails across the state and saw more than a 90% response rate among both groups. The team is currently planning for member focus groups to develop best practice resources and a comprehensive Criminal Justice Strategic Plan.

Initiative 8.11. EPSDT Benefits Training
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) benefits and federal 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. An Infomercial will also be created to use as a push notification for members and providers as an intro to EPSDT. 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, HCPF 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.

Capital Expenditure Plan
No capital expenditures for this project.

Status Update
- **Overall Project Status:** *On track*
- **Project Plan & Schedule Status:** *On track*- The project is currently 55% 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 contractor to complete the infomercial is consistently meeting deliverables and the quality of work meets expectations. The project team has selected a second contractor to complete the learning modules 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:** This project is proceeding on schedule and possesses adequate resources. The contractor completing the infomercial for this project has completed all deliverables due and is working on final revisions. The team is in the process of bringing a second contractor onboard for the development of the training modules.

Appendix 2: 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
- CMS Quarterly Report #4 (originally submitted July 18, 2022; resubmitted August 24, 2022):

https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q1%202023%20to%20CMS-%20July%2018%2C%202022-%20Revised%208.24.22.pdf

- CMS Quarterly Report #5 (originally submitted October 18, 2022; resubmitted October 28, 2022): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q2%202023%20to%20CMS-%20October%2018%2C%202022-%20Revised%2010.28.22.pdf
- CMS Quarterly Report #6 (originally submitted January 17, 2023; resubmitted February 28, 2023): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q3%202023%20to%20CMS-%20Resubmitted%20February%2028%2C%202023.pdf
- CMS Quarterly Report #7 (submitted April 17, 2023): https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%20Q4%20to%20CMS%204.17.2023.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

Quarterly Reports to the JBC:
- 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

- ○ 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
- JBC Quarterly Report #4 (submitted August 1, 2022):
  https://hcpf.colorado.gov/sites/hcpf/files/Final%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%204%20to%20the%20JBC%20Aug%201%202022.pdf
  - ○ Appendix:
    https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2008-01-2022.pdf
- JBC Quarterly Report #5 (submitted November 1, 2022):
  https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%205%20to%20the%20JBC%20Nov%201%202022.pdf
  - ○ Appendix:
    https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20-%20%20October%202022.pdf
- JBC Quarterly Report #6 (submitted February 1, 2023):
  https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%206%20to%20the%20JBC%20Feb%201%202023.pdf
  - • Appendix:
    https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20-%20February%202023.pdf
- JBC Quarterly Report #7 (submitted May 1, 2023):
  https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%207%20to%20the%20JBC%20May%201%202023.pdf
  - • Appendix:
    https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Colorado%20April%202023.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

Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Table 12.2 FY 2021-22 Overhead Costs						
Department Administrative Overhead Costs							
A	Contractor Costs	$510,952	$0	$510,952	$0	Admin	7/1/2023
B	Reallocation Fund - Contracts	$0	$0	$0	$0	Admin	7/1/2023
C	Reallocation Fund - Services	$0	$0	$0	$0	Services	7/1/2023
D	Reallocation Fund - State-Only	$0	$0	$0	$0	State-Only	7/1/2023
E	Reallocation Fund - Systems	$0	$0	$0	$0	Admin	7/1/2023
F	Operating Costs	$1,925	$0	$1,925	$0	Admin	7/1/2023
G	Total Cost	$512,877	$0	$512,877	$0		
Overhead Cost Full Time Employees							
H	FTE	$508,030	$0	$508,030	$0	FTE	7/1/2023
I	Total FTE Costs	$508,030	$0	$508,030	$0		
J	Total Cost for Overhead Costs	$1,020,907	$0	$1,020,907	$0		
K	Admin Costs	$1,020,907	$0	$1,020,907	$0	Admin	
L	Services Costs	$0	$0	$0	$0	Services	
M	State-Only Costs	$0	$0	$0	$0	State-Only	

Notes
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Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
							Table 12.3 FY 2022-23 Overhead Costs
Department Administrative Overhead Costs							
A	Contractor Costs	$893,044	$0	$893,044	$0	Admin	7/1/2023
B	Reallocation Fund - Contracts	$0	$0	$0	$0	Admin	7/1/2023
C	Reallocation Fund - Services	$0	$0	$0	$0	Services	7/1/2023
D	Reallocation Fund - State-Only	$0	$0	$0	$0	State-Only	7/1/2023
E	Reallocation Fund - Systems	$0	$0	$0	$0	Admin	7/1/2023
F	Operating Costs	$99,247	$0	$99,247	$0	Admin	7/1/2023
G	Total Cost	$992,291	$0	$992,291	$0		
Overhead Cost Full Time Employees							
H	FTE	$1,270,790	$0	$1,270,790	$0	FTE	7/1/2023
I	Total FTE Costs	$1,270,790	$0	$1,270,790	$0		
J	Total Cost for Overhead Costs	$2,263,081	$0	$2,263,081	$0		
K	Admin Costs	$2,263,081	$0	$2,263,081	$0	Admin	
L	Services Costs	$0	$0	$0	$0	Services	
M	State-Only Costs	$0	$0	$0	$0	State-Only	

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		Table 12.4 FY 2023-24 Overhead Costs					
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	$6,840,184	$0	$0	$6,840,184	Admin	7/1/2023
B	Reallocation Fund - Contracts	$8,586,308	$0	$0	$8,586,308	Admin	7/1/2023
C	Reallocation Fund - Services	$523,444	$0	$0	$523,444	Services	7/1/2023
D	Reallocation Fund - State-Only	$1,310,844	$0	$0	$1,310,844	State-Only	7/1/2023
E	Reallocation Fund - Systems	$0	$0	$0	$0	Admin	7/1/2023
F	Operating Costs	$180,084	$0	$0	$180,084	Admin	7/1/2023
G	**Total Cost**	**$17,440,864**	**$0**	**$0**	**$17,440,864**		
Overhead Cost Full Time Employees							
H	FTE	$1,448,448	$0	$0	$1,448,448	FTE	7/1/2023
I	**Total FTE Costs**	**$1,448,448**	**$0**	**$0**	**$1,448,448**		
J	**Total Cost for Overhead Costs**	**$18,889,312**	**$0**	**$0**	**$18,889,312**		
K	Admin Costs	$17,055,024	$0	$0	$17,055,024	Admin	
L	Services Costs	$523,444	$0	$0	$523,444	Services	
M	State-Only Costs	$1,310,844	$0	$0	$1,310,844	State-Only	

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			Table 12.4 FY 2024-25 Overhead Costs			
Row	Item	Current Projection	Obligated	Expended	Available	Admin/Service	Date Last Updated
Department Administrative Overhead Costs							
A	Contractor Costs	$500,000	$0	$0	$500,000	Admin	7/1/2023
B	Reallocation Fund - Contracts	$0	$0	$0	$0	Admin	7/1/2023
C	Reallocation Fund - Services	$0	$0	$0	$0	Services	7/1/2023
D	Reallocation Fund - State-Only	$0	$0	$0	$0	State-Only	7/1/2023
E	Reallocation Fund - Systems	$0	$0	$0	$0	Admin	7/1/2023
F	Operating Costs	$0	$0	$0	$0	Admin	7/1/2023
G	**Total Cost**	**$500,000**	**$0**	**$0**	**$500,000**		
Overhead Cost Full Time Employees							
H	FTE	$994,600	$0	$0	$994,600	FTE	7/1/2023
I	**Total FTE Costs**	**$994,600**	**$0**	**$0**	**$994,600**		
J	**Total Cost for Overhead Costs**	**$1,494,600**	**$0**	**$0**	**$1,494,600**		
K	Admin Costs	$1,494,600	$0	$0	$1,494,600	Admin	
L	Services Costs	$0	$0	$0	$0	Services	
M	State-Only Costs	$0	$0	$0	$0	State-Only	

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