



**COLORADO**

Department of Health Care  
Policy & Financing

## Quarterly Report #14

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

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

February 1, 2025

Submitted to: The Joint Budget Committee

Quarterly Report  
October 2024 - December 2024

# 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 make significant strides towards meeting the milestones for implementation of our 61 initiatives outlined in our ARPA HCBS spending plan. This quarterly report includes an update on HCPF's implementation efforts. [Those projects that had a change in scope or budget over the past quarter are described in Appendix 1.](#) All new content added to the appendix is colored in blue font for easy identification. Since our last quarterly report, HCPF has:

- Engaged stakeholders by hosting a general webinar and nine project-specific meetings, and published two [newsletters](#) to inform about, and gain input on, the HCPF's ARPA HCBS projects;
- Completed grantee monitoring for 15 grant programs with an external vendor to ensure compliance with federal and state regulations;
- Completed three trainings with HCPF leadership as part of our focus on EDIA for internal staff working on ARPA HCBS;
- All 27 large-scale grant, pilot, and community funding initiative closed and invoicing activities have been completed. Over the course of these grant programs, HCPF executed a total of 2,781 grantee agreements with individuals, providers, and non-profit organizations;
- Successfully completed 26 projects, bringing the total completed projects to 45. An additional 16 projects will close in the first quarter of 2025.

## 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 and is moving closer towards completion of all activities. HCPF anticipates spending all ARPA HCBS funds by March 31, 2025.

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 61 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 November 1, 2024, the active projects continue to make progress towards their goals. The ARPA project teams have been focused on project closeout this quarter, as all but seven projects had planned to close by December 31, 2024. Activities included completion of vendor work and reconciliation of project budgets, in addition to the drafting of closeout reports. All grant agreements and contracts were completed during the quarter, so the teams were particularly focused on working with vendors and grantees to wrap up deliverables and complete invoicing. The ARPA Project Support Team continues to develop resources and tools to support the project teams leading the work, such as creating a new tool to help reconcile deliverables and invoice tracking which supported project close-out. Over this last quarter, the team has also completed the monitoring program for our ARPA HCBS grantees. Fifteen grant programs completed monitoring, including three that were monitored during the quarter. As we have closed out projects this quarter, teams have reported to the ARPA leadership team when final project spending does not match forecasted spending. The ARPA project support team continues to use project management software and dashboards to ensure consistent tracking of progress and monitoring for risks or issues, specifically related to project closeout in this quarter.

Between October and December 2024, HCPF hosted one stakeholder meeting for 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. With the success of recording this webinar in the spring and fall, the team once again recorded the webinar and posted it to the Department's webpage. The link was then shared widely so individuals could access the recording and watch on their own time. In addition to this stakeholder webinar recording, project-specific engagement has continued, though has dramatically slowed as

projects have closed. HCPF also leverages the ARPA HCBS webpage as a method of communication and transparency and released two new ARPA Project Pulse Newsletters, a monthly update for stakeholders on the status of ARPA initiatives and upcoming engagement opportunities.

Per the June 3, 2022 [State Medicaid Director's Letter](#), 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. To ensure enough time for a thorough closeout, HCPF is leveraging this additional time and will conclude all spending by March 31, 2025. [HCPF is on track to meet this end date.](#)

The ARPA Leadership Team has continued to review individual project requests to [extend beyond their currently scheduled end date.](#) Project teams that request additional time to complete their initiative successfully must present justification for the extension and a new timeline for completion to the Leadership Team. Project teams continue to be encouraged to maintain their initial timeline and project schedule, unless there are substantial risks of underspending or not successfully completing the project by its original deadline. [Since our last quarterly report, six additional projects have requested and received approval to change their project completion date. For the majority of these projects, the scope and budgets are not changing, but they are extending their end date to ensure successful completion of project goals and/or close-out.](#) **Table 1** includes all project end dates. The projects with adjusted end dates over the last quarter are shown in blue.

We do not anticipate that any additional projects will come forward to request an extension of their timeline, as we are at the end of the approved timeline for the majority of the projects (only seven projects have approved timelines that extend past December 31, 2024). Projects that did not complete closeout by December 31, 2024, (with that project end date) will show a status of “Off Track” for the purposes of this report, though all of these projects anticipate being completed in early January 2025. These projects have experienced some delay in the closeout process but did not need a formal extension to a new date to close out.

**Table 1. Initiative Timelines**

Project #	Project Name	End Date
1.01	Increase Payments to Providers and Workers	March 31, 2025
1.02	Direct Care Workforce Data Infrastructure	<a href="#">Complete</a>

1.03	Standardized Core Curriculum & Specialization	Complete
1.04	Resource & Job Hub	Complete
1.05	HCBS Workforce Training Fund	December 31, 2024
1.06	Career Pathways	Complete
1.07	Public Awareness Campaign	Complete
1.08	Home Health Delegation	Complete
1.09	Workforce Compensation Research	Complete
1.10	Rural Sustainability & Investment	Complete
2.01	Behavioral Health Transition Support Grants	Complete
2.02	Expand Behavioral Health Crisis Teams	December 31, 2024
2.03	IMD Exclusion, Risk Mitigation Policy	Complete
3.01	Equity Study	Complete
3.02	Buy-In Analysis	Complete
3.03	Community Transitions Support	Complete
3.04	HCBS Training for Members & Families	Complete
3.05	Translation of Case Management Material	Complete
3.06	Expand the Behavioral Health Safety Net	December 31, 2024*
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	December 31, 2024
3.08	AI/AN Culturally Responsive Services Capacity Grants	December 31, 2024*
4.01	Residential Innovation	Complete
4.02	Promote Single Occupancy	December 31, 2024
4.03	Child/Youth Step-down Options Program and Provider Recruitment	Complete
4.04	Tiered Residential Rates & Benefits	Complete
4.05	Pilot CAPABLE	Complete
4.06	Supported Employment Pilot Extension	Complete
4.07	New Systems of Care	Complete
4.08	Respite Grant Program	Complete
4.09	Respite Rate Enhancement	Complete
4.10	Home Mod Budget Enhancements	January 31, 2025
4.11	Hospital Community Investment Requirements	Complete
4.12	Community First Choice	January 31, 2025



5.01	Case Management Capacity Building	December 31, 2024
5.02	Improve & Expedite Long-Term Care Eligibility Processes	March 31, 2025
5.03	Case Management Rates	Complete
5.04	Case/Care Management Best Practices	Complete
5.05	Case Management Agency Training Program	March 31, 2025*
6.01	Home Health/PDN Acuity Tool	January 31, 2025
6.02	Specialty Search in Provider Specialty Tool	Complete
6.03	Member-Facing Provider Finder Tool Improvement	Complete
6.05	Member Tech Literacy	Complete
6.06	HCBS Provider Digital Transformation	December 31, 2024
6.08	Care & Case Management System Investments	January 31, 2025
6.09	Updates to Salesforce Database	Complete
6.11	Centers for Excellence in Pain Management	Complete
6.12	Systems Infrastructure for Social Determinants of Health	December 31, 2024
6.13	Connect CMAs to ADT Data	Complete
6.14	Data Sharing with the SUA	Complete
6.15	Improvements - System Communication [Interface with Trails]	Complete
7.01	Emergency Response Plans	Complete
7.02	Member Emergency Preparedness	Complete
8.02	Provider Oversight	Complete
8.04	P4P for PACE	Complete
8.05	P4P for HH & Residential HCBS	Complete
8.06	PACE Licensure	Complete
8.07	eConsult to Improve Quality	Complete
8.08	HCBS Provider Quality Dashboard	Complete
8.09	Waiver Quality Expansion	Complete
8.10	Criminal Justice Partnership	Complete
8.11	EPSDT Benefits Training	Complete

*\*Exception: Project activities will continue post-March 31, 2025, though all funds will have been spent by the Department. The project team will close the project for ARPA HCBS close-out purposes, but will continue oversight of the activities until full completion. See project description for more details.*

The June 3, 2022 State Medicaid Directors letter also included 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 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 full report this quarter, including a budget report and a narrative report. All 61 project descriptions are listed in Appendix 1, as well as detailed updates on the project statuses. 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 January 2025’ 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 \$193.5 million on projects that do not include rate increases, with a total of approximately \$459.2 million obligated. Expenditures identified in this category include contracts, grants, administrative costs, etc. Additionally, the Department estimates that it has spent \$265.7 million on rate increases through December 31, 2024.

**Table 2. HCBS Funding Overview- Amount Encumbered, Allocated, & Spent Through December 31, 2024**

Project Area	Total Current Budget	Encumbered/ Allocated*	Estimated Amount Spent
Spending Plan Projects Excluding Rate Increases	\$230.7M	\$35.9M	\$193.5M
Spending Plan Rate Increases	\$346.2M	\$0.0M	\$265.7M
<b>Total</b>	<b>\$576.9M</b>	<b>\$35.9M</b>	<b>\$459.2M</b>

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

### *Revised Estimates*

As shown in **Table 3**, the Department’s current forecast estimates \$576.9 million in expenditure to support enhancing, expanding, and strengthening our HCBS system, including \$310.1 million from state funds and \$272.6 million from matching federal funds.

**Table 3. Revised Planned Spending by Year**

Total	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
\$576.9 million	\$86.8 million	\$175.2 million	\$135.7 million	\$179.2 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 continued efforts to better forecast the planned spending for each project through the end of the ARPA HCBS spending timeframe and as projects close, a number of projects identified excess funds in their project budgets that were no longer needed to support the project’s goals. Nearly all of the budget requests, most of which were budget reductions, were reconciliations related to project closeout. The projects that have a change in their budget because of a scope change are denoted with an asterisk (\*) in the table below.

As a reminder, a ‘reallocation fund’ was established, to hold funds that were not yet obligated to a particular project but could be reallocated when requests came in. HCPF has included a request in the ARPA HCBS supplemental budget request, released on January 2, 2025, to utilize all remaining funds within the reallocation fund (and any excess funds across all other lines) to support a direct provider payment to HCBS providers and to case management agencies. The direct provider payment will be in the form of a retroactive rate increase for select HCBS services, with provider payment amounts determined based on paid claims through the fall of 2024. Similarly, a state-only rate increase on targeted case management services will be paid out based on paid claims for a particular time period during the fall of 2024. The specifics of these rate increases will be determined in early 2025 as all ARPA projects are completed and the final remaining funding is determined.

All outlined budget changes are subject to approval by the Colorado Joint Budget Committee (JBC) and Centers for Medicare and Medicaid Services (CMS). As a reminder, all ARPA HCBS funds must be used to expand, enhance, and strengthen HCBS services within the state and cannot be reallocated for other uses. More detailed information about these changes can be found in **Appendix 1** under the associated project.

**Table 4. Project Budget Adjustments (October-December 2024)**

Project Number	Project Name	Budget Change	Description
1.01	Increase Payments to Provider and Workers	-\$5,308,321	Budget decrease due to project closeout and final budget reconciliation.
1.02	Direct Care Workforce Infrastructure	+\$33,542	Budget increase due to project closeout and final budget reconciliation.
1.03	Standardized Core Curriculum & Specialization	-\$42,850	Budget decrease due to project closeout and final budget reconciliation.
1.06	Career pathways	-\$33,161	Budget decrease due to project closeout and final budget reconciliation.
2.01	Behavioral Health Transition Support Grants to Prevent Institutionalization	-\$2,978,407	Budget decrease due to project closeout and final budget reconciliation.
3.04	HCBS Training for Members & Families	-\$8,323	Budget decrease due to project closeout and final budget reconciliation.
3.05	Translation of Case Management Materials	-\$27,757	Budget decrease due to project closeout and final budget reconciliation.
3.06	Wrap-Around Services, incl Peer Supports for Members with Complex Needs	-\$302,365	Budget decrease due to project closeout and final budget reconciliation.
4.02	Promote Single Occupancy	-\$1,213,004	Budget decrease due to contract underspend.

4.03	Child/Youth Step-down Options Program and Provider Recruitment	-\$811,503	Budget decrease due to project closeout and final budget reconciliation.
4.05	Pilot CAPABLE	-\$5	Budget decrease due to project closeout and final budget reconciliation.
4.06	Supported Employment Pilot	-\$167,858	Budget decrease due to project closeout and final budget reconciliation.
4.07	New System of Care	-\$4,231,400	Budget decrease due to project closeout and final budget reconciliation.
4.09	Respite Rate Enhancement	+\$1,949,874	Adjusted budget to reflect claims that were processed in FY2022 but were coded to incorrect appropriation.
4.10	Home Modification Enhancements	-\$6,234,365	Adjusted to reflect claims that were processed in FY2022 but were coded to the incorrect appropriation.
5.02b	Improve & Expedite LTC Eligibility Processes-Unwind	-\$28,600	Budget decrease due to end of vendor contract with funds remaining.
5.04	Case Management Best Practices	-\$79,562	Budget decrease due to end of vendor contract with funds remaining.
5.05*	Case Management Agency Training Program	+\$115,000	Budget increase to support the development of the Interim Support Level Assessment (replacing the SIS/Support Level Resource Allocation methodology), the development

			and administration of the Interim SL Assessment training of CMA case managers, and launch of a pilot of the new tool with members in the spring.
6.03	Member-Facing Prover Finder Tool Improvement	-\$246,737	Budget decrease due to project closeout and final budget reconciliation.
6.09	Update to Salesforce Database	-\$31,368	Budget decrease due to project closeout and final budget reconciliation.
6.11	Centers for Excellence in Pain Management	-\$204,384	Budget decrease due to project closeout and final budget reconciliation.
6.15	Trails Interface	-\$77,048	Budget decrease due to project closeout and final budget reconciliation.
7.02	Member Emergency Preparedness	-\$291,057	Budget decrease due to contract ending.
8.02	Provider Oversight	-\$970	Budget decrease due to project closeout and final budget reconciliation.
8.06	PACE Licensure	+\$270	Budget increase due to project closeout and final budget reconciliation.
8.11	EPSDT Benefits Training	-\$74,756	Budget decrease due to project closeout and final budget reconciliation.

*\* Indicate those projects that have a budget increase as a result of a change in their scope.*

## Project Overview

HCPF continues to make significant progress towards executing the 63 initiatives to enhance, expand, and strengthen Colorado's HCBS system. To date, 45 projects have closed:

- Project 1.02 Direct Care Workforce Data Infrastructure,
- Project 1.03 Standardized Core Curriculum & Specialization,
- Project 1.04 Resource & Job Hub,
- Project 1.06 Career Pathways,
- Project 1.07 Public Awareness Campaign,
- Project 1.08 Home Health Delegation,
- Project 1.09 Workforce Compensation Research,
- Project 1.10 Rural Sustainability Plan,
- Project 2.01 Behavioral Health Transition Support Grants
- Project 2.03 IMD Exclusion, Risk Mitigation Policy,
- Project 3.01 Equity Study,
- Project 3.02 Buy-In Analysis,
- Project 3.03 Community Transitions Support,
- Project 3.04 HCBS Training for Members & Families,
- Project 3.05 Translation of Case Management Material,
- Project 4.01 Residential Innovation,
- Project 4.03 Child/Youth Step-down Options Program & Provider Recruitment
- Project 4.04 Tiered Residential Rates & Benefits,
- Project 4.05 Pilot CAPABLE
- Project 4.06 Supported Employment Pilot Extension,
- Project 4.07 New Systems of Care
- Project 4.08 Respite Grant Program,
- Project 4.09 Respite Rate Enhancement,
- Project 4.11 Hospital Community Investment Requirements,
- Project 5.03 Case Management Rates,
- Project 5.04 Case Care Management Best Practices
- Project 6.02 Specialty Search in Provider Search Tool,
- Project 6.03 Member-Facing Provider Finder Tool
- Project 6.05 Member Tech Literacy,
- Project 6.09 Updates to Salesforce Database,
- Project 6.11 Centers for Excellence in Pain Management,
- Project 6.13 Connect CMAs to ADT Data,
- Project 6.14 Data Sharing with the State Unit on Aging,
- Project 6.15 Systems Communication Improvements Trails,
- Project 7.01 Emergency Response Plans

- Project 7.02 Member Emergency Preparedness
- Project 8.02 Provider Oversight,
- Project 8.04 Pay for Performance for PACE
- Project 8.05 Pay-for-Performance Home Health & HCBS,
- Project 8.06 PACE Licensure
- Project 8.07 eConsult to Improve Quality,
- Project 8.08 HCBS Provider Quality Dashboard,
- Project 8.09 Waiver Quality Expansion
- Project 8.10 Criminal Justice Partnership,
- Project 8.11 EPSDT Benefits Training

Ten projects are in active close-out: Project 1.05 HCBS Workforce Training Fund, Project 2.02 Expand Behavioral Health Crisis Teams, Project 3.06 Expand the Behavioral Health Safety Net, Project 3.07 Wrap-Around Services, including Peer Supports for Members with Complex Needs, Project 3.08 AI/AN Culturally Responsive Services Capacity Grants, Project 4.02 Promote Single Occupancy, Project 5.01 Case Management Capacity Building, Project 6.06 HCBS Provider Digital Transformation, and Project 6.12 Systems Infrastructure for Social Determinants of Health. All other projects have started closeout activities. A complete listing of projects by category can be found in **Table 5**.

### ***Project Scope Changes***

There was one scope change made in this quarter. This project, 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 5.05 Case Management Agency Training Program received a scope change approval to pursue an exception, allowing the project activities to continue post-March 31, 2025 (pending approval from CMS). A payment is to be made immediately upon execution of the agreement (expected Jan. 30, 2025) as a prospective payment. Deliverables will be due through the spring of 2025 with an agreement end date of June 30, 2025. HCPF will monitor the vendor closely to ensure all project activities are completed timely and successfully.

### ***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, completing necessary close-out reports, 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 details about closed project outcomes can be found in **Appendix 1**.

## 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 June 8, 2024 - September 22, 2024:
    - 5,050 Total Pageviews (Cumulative to date: 14,442)
    - Top 5 Subpages (in order of most views):
      - [ARPA Grant Opportunities](#)
      - [Workforce & Rural Sustainability Projects](#)
      - [Project Directory](#)
      - [Improve Access to HCBS for Underserved Populations](#)
      - [ARPA Stakeholder Engagement](#)
- Released two editions of our Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities
  - [November 2024 Newsletter](#)
  - [December 2024 Newsletter](#)
  - Through December 2024, 1,490 individuals are signed up to receive the Project Pulse ARPA HCBS newsletter (+3%)
- Recorded a quarterly ARPA HCBS webinar and continued project-specific stakeholder engagement for select projects
  - 37 stakeholders have watched the ARPA HCBS webinar
- Project-specific engagement: 9 meetings with 864 total participants
- For stakeholder engagement related to ARPA HCBS to date, the Department has conducted 300 meetings with a total of 12,451 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 monitoring project activities and milestones, tracking

expenditures and budget activity, and completing project and/or grantee monitoring. All projects have an approved and baselined schedule, though some required a re-baselining effort because of extensions to their project end date. Over the past quarter, the focus for teams was on completing project closeout in a timely manner. To this end, a more detailed closeout schedule was added to each project to ensure that project closeout tasks were completed by the expected deadline.

### ***ARPA Project Support Team***

The Project Support Administrators (PSAs) continue supporting 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 bi-week status updates on progress. This team also continues to develop processes, systems, and tools to support all of the ARPA HCBS Project Teams. With the vast majority of projects closing on or before, December 31, 2024, the PSAs have largely been supporting teams with close-out activities, such as gathering approvals for final deliverables and invoices, assisting with drafting and reviewing close-out reports, and ensuring all required project documents are stored for long-term retention.

The project support team has been working with project teams to track ongoing project performance metrics using a metric repository in the project management tool, PWA (Project Web Access). This information fulfills the need to report on the teams' progress toward the defined goals of each project. The established metrics are collected and entered into the PWA tool to fulfill reporting requirements. The team has also been working with project teams on project monitoring. Thirty projects were selected for monitoring, which required teams to produce back-up documentation, including documents to support a sample of project transactions. The ARPA support team helped facilitate the gathering of these items and submission to KPMG for review.

Specific highlights of the ARPA support team's work since the last report include the following:

- Worked with project teams to complete or refine quarterly projections for spending through the remainder of the ARPA HCBS time period for those projects that were off from their initial forecast or who had a significant change to their project budget projections due to contract or programmatic changes affecting deliverable or payment dates. A snapshot of the dashboard with the overall forecast versus spend is included in the report in **Figure 3**.

- Completed the grantee monitoring program to provide another level of oversight for grantees as well as to incorporate the feedback received from KPMG related to the grant programs. As grantee monitoring was completed for all projects over the last quarter, grantees were provided with a report on the findings for their organization and were provided specific recommendations based on the findings, for example training on documentation needs, or a site visit. Depending on the size of the grant program, either all grantees or a statistically significant sample were selected for monitoring. Over the past quarter, fifteen grant programs completed monitoring.
- Completed the third round of project monitoring in collaboration with our partner, KPMG. Project teams were provided a report on the outcomes of monitoring and any recommendations for improvements to their management or oversight of project activities. 25 projects were selected for participation in a third and final round of monitoring.
- Created a new public-facing [dashboard](#) to highlight metrics of the ARPA HCBS projects. The dashboard includes “global” overall metric related to stakeholder engagement, training, grant programs, as well as project-specific metrics collected by project teams through the project timeframe.
- Continued the use of a new invoice and deliverables tracker, utilized by teams to have a source document to link to all approved invoices. This also serves as a tool to help projects balance their budgets prior to project closeout.
- As a part of project closeout preparation, began a folder re-structuring effort that consists of three steps: first, creating a common naming convention and numbering system across the projects; second, moving the files that are currently within the folders to the new sub folders created; and third, moving files from other source folders into one folder for accessibility post project closeout.
- 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.
- Initiated the creation of project outcome materials, which will help to highlight and celebrate the incredible work completed through these 61 initiatives.

### ***Project Team Hiring & Transitions***

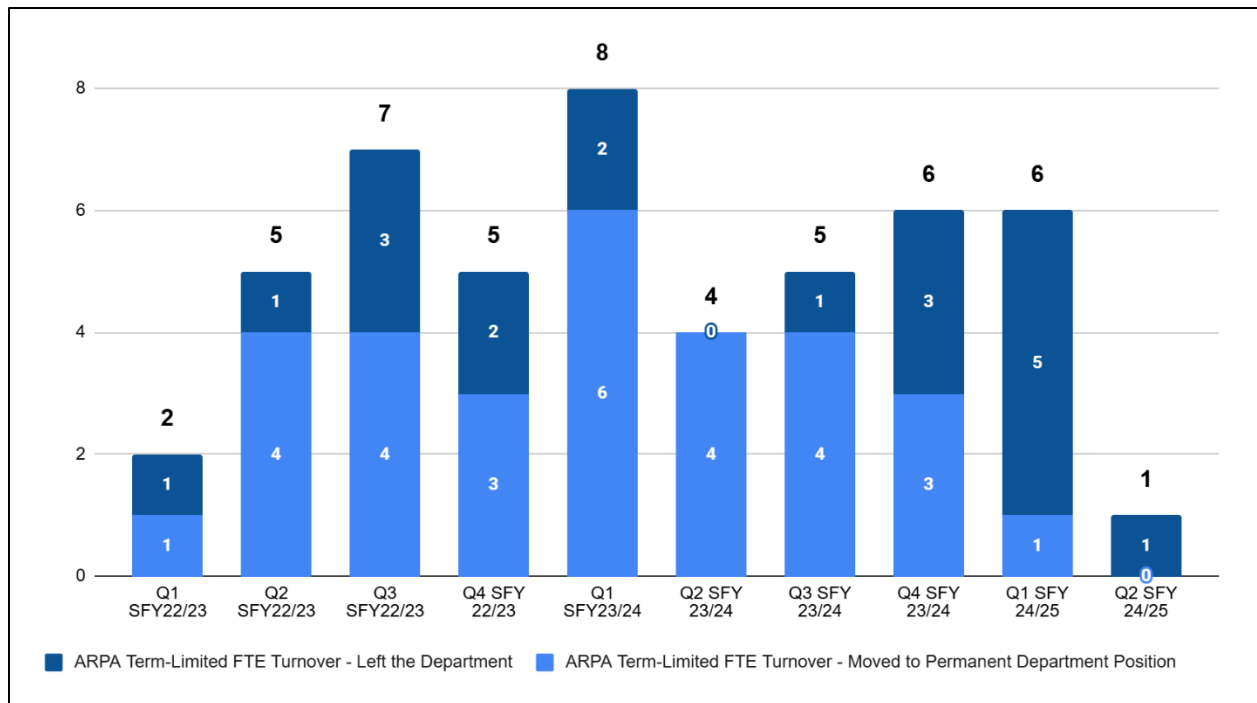
Since July 2022, forty-nine term-limited ARPA HCBS staff members have moved out of their hired position. Of these forty-nine, thirty accepted full-time permanent positions within HCPF, while nineteen left HCPF entirely (**figure 1**). In most cases, it did not make sense over the past approximately six months, to rehire for the term-limited positions once the individual had left their role. HCPF had ten vacant ARPA HCBS term-limited positions that were not be rehired.

HCPF sees these term-limited positions as an opportunity for individuals to get a “foot in the door” and encourages these term-limited 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. In addition to turnover, the majority of the ARPA HCBS term-limited staff finished their term end date on December 31, 2024. Not including those who had already left their role, 33 FTE finished their term as of December 31, 2024. Of these 33, 19 were able to secure either another term-limited role or a full-time permanent role at HCPF beginning on January 1, 2025. Including those who had previously secured ongoing positions at HCPF prior to the end of their term, a total of 49 individuals were able to transition from an ARPA HCBS role to another position with HCPF.

In collaboration with human resources, the ARPA support team put retention strategies in place for these term-limited positions, understanding that, as the projects move towards closure, there will be natural attrition. HCPF has implemented a retention payment policy for ARPA HCBS term-limited staff who stay in their role until the last day of their term. This payment equates to a three-month salary payment. The goal of this payment is to retain term-limited employees in their role until the end of their project work by providing a financial payment that recognizes the time between exiting their role with HCPF and securing new employment. HCPF credits the use of retention payments as a major driver in being able to keep most of the term-limited staff in their positions until the end of their term.

Finally, with the decision to leverage the extended time provided by CMS, 15.5 term limit ARPA HCBS staff employed in administrative roles will remain on the job until March 31, 2025, to help with budget and accounting, procurement, and human resources close-out activities. All other positions have ended as of December 31, 2024. These positions are primarily project-specific and will support the close-out of all project activities through December, at which time all project activities will cease.

#### **Figure 1. ARPA HCBS Term-Limited FTE Turnover by Post-Turnover Location**



### Procurement Status

The ARPA Project Teams worked hard at the end of the state fiscal year to finalize Statements of Work for new contracts and usher them through the clearance process to ensure timely execution. In total, ARPA HCBS projects require 69 FY 2024-2025 contracts with external vendors. Of the 69 contracts needed for FY24/25, 63 extend or amend FY23/24 contracts. With projects closing-out, most contracts and grant agreements were required to have an expiration date of September 30, 2024. In this quarter, all final payments were processed and paid to vendors, contractors and grantees for their work and the project team will move their project through the formal closeout process, with the exception of the seven projects working into early 2025.

### 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 ‘off track’ in five areas every two weeks. The five areas include: Overall Project, Budget, Schedule, Resources, and Contract. The PSA, in collaboration with the project team, assesses the project’s status in these five core areas. For each area, the project is designated as being ‘on track’, ‘watch’, or ‘off track’. The PSA for the team also identifies any risks or issues 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 projects. All projects in the 'off-track' status must report to ARPA Leadership on the challenges they are experiencing and how they plan to get back on track. During that report out, they are encouraged to request support from leadership, if it is needed. 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:

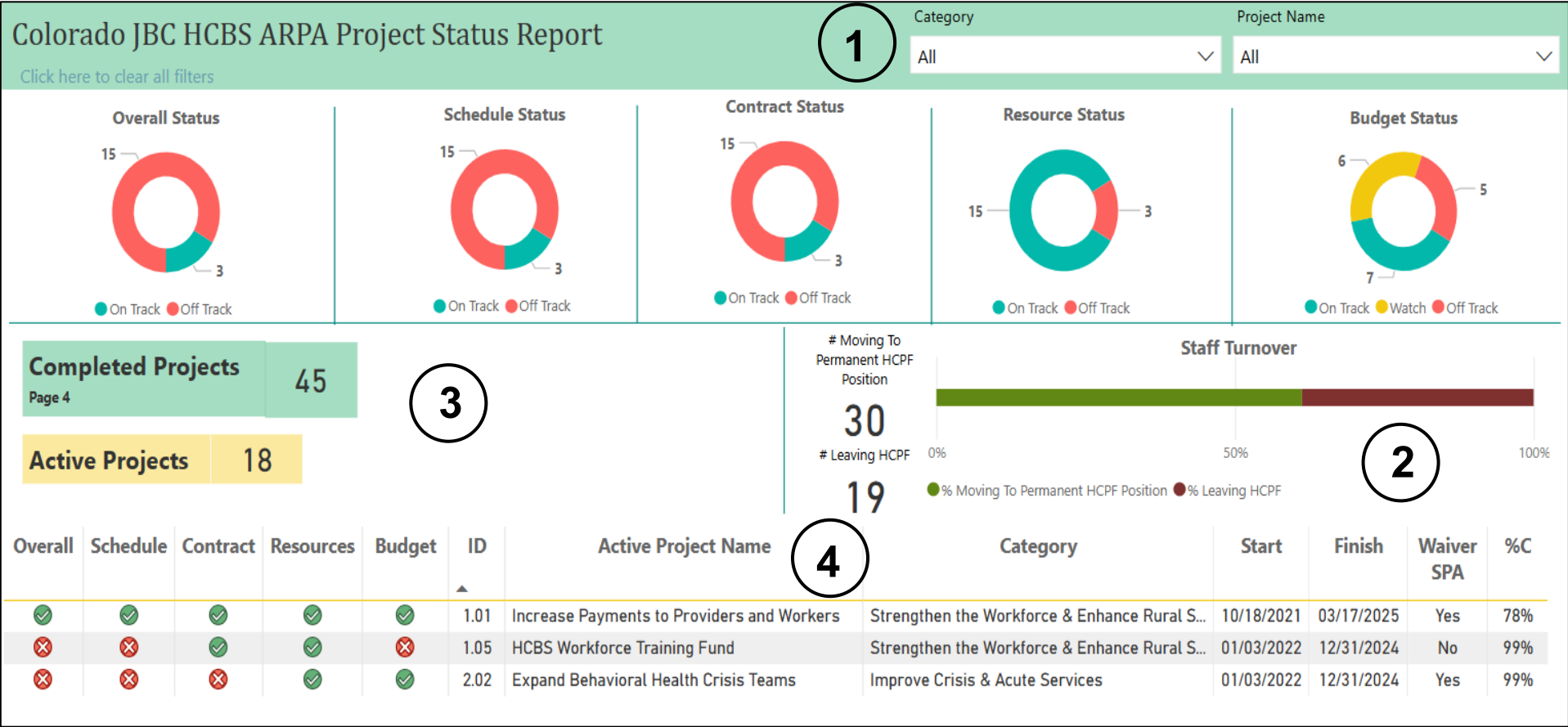
**Section 1** displays a summary of the selected projects, providing a status of those projects as reported by the project manager. These statuses reflect the project's health from 'on track' to 'watch' to 'off track'. Aggregate statuses of the selected projects are reported including, Overall, Schedule, 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. Note: projects that have closed are also listed out individually on the last page of the dashboard (page 4).

**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



**Please Note:** The number of active projects on this dashboard can vary slightly from the actual count due to some projects having multiple workstreams, such as 6.06A and 6.06B and 5.02A and 5.02B.



Figure 2. Dashboard: Project Reporting, page 2

Colorado JBC HCBS ARPA Project Status Report (Page 2)											
Overall	Schedule	Contract	Resources	Budget	ID	Active Project Name	Category	Start	Finish	Waiver SPA	%C
✗	✗	✓	✓	✓	3.06	Expand The Behavioral Health Safety Net	Improve Access to HCBS for Underserved Po...	10/18/2021	12/31/2024	Yes	99%
✗	✗	✗	✓	!	3.07	Wrap-Around Services, including Peer Suppor...	Improve Access to HCBS for Underserved Po...	10/18/2021	12/23/2024	No	99%
✗	✗	✓	✓	✓	3.08	AI_AN Culturally Responsive Services Capacit...	Improve Access to HCBS for Underserved Po...	04/01/2022	12/31/2024	No	96%
✗	✗	✗	✓	!	4.02	Promote Single Occupancy	Support Post-COVID Recovery and HCBS Inn...	07/01/2022	12/26/2024	No	98%
✓	✓	✓	✓	✓	4.10	Home Modification Budget Enhancements	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	12/31/2024	Yes	99%
✗	✗	✗	✗	!	4.12	Community First Choice	Support Post-COVID Recovery and HCBS Inn...	10/18/2021	01/31/2025	Yes	98%
✗	✗	✓	✓	✓	5.01	Case Management Capacity Building	Strengthen Case Management Redesign	10/18/2021	12/31/2024	Yes	99%
✗	✗	!	✓	!	5.02	Improve & Expedite Long-Term Care Eligibilit...	Strengthen Case Management Redesign	01/10/2022	01/15/2025	No	99%
✗	✗	!	✓	!	5.02b	ARPA Funded PHE Unwind	Strengthen Case Management Redesign	09/01/2023	03/14/2025	No	62%
✓	✓	✓	✓	✓	5.05	Case Management Agency Training Program	Strengthen Case Management Redesign	10/18/2021	03/31/2025	No	92%

Figure 2. Dashboard: Project Reporting, page 3

Colorado JBC HCBS ARPA Project Status Report (Page 3)											
Overall	Schedule	Contract	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	06/09/2025	No	99%
✗	✗	✓	✓	✗	6.06	HCBS Provider Digital Transformation & EHR ...	Invest in Tools & Technology	10/18/2021	12/31/2024	No	99%
✗	✗	✓	✓	✗	6.06b	County Cybersecurity	Invest in Tools & Technology	05/31/2022	12/31/2024	No	99%
✗	✗	✗	✗	✗	6.08	Care And Case Management System Investme...	Invest in Tools & Technology	10/18/2021	01/31/2025	No	97%
✗	✗	✓	✓	✗	6.12	Systems Infrastructure for Social Determinant...	Invest in Tools & Technology	10/18/2021	12/31/2024	No	99%

Figure 2. Dashboard: Project Reporting, page 4

Colorado JBC HCBS ARPA Project Status Report (Page 4)		
Completed Projects		45
ID	Project Name	Project Finish Date
1.02	Direct Care Workforce Data Infrastructure	12/31/2024
1.03	Standardized Core Curriculum & Specialization	12/30/2024
1.04	Resource & Job Hub	12/31/2024
1.06	Career Pathways	12/31/2024
1.07	Public Awareness Campaign	06/24/2024
1.08	Home Health Delegation	11/08/2023
1.09	Workforce Compensation Research	05/31/2024
1.10	Rural Sustainability Plan	09/30/2024
2.01	Behavioral Health Transition Support Grants	12/27/2024
2.03	IMD Exclusion, Risk Mitigation Policy	05/31/2024
3.01	Equity Study	12/31/2024
3.02	Buy-In Analysis	09/19/2024
3.03	Community Transitions Support	09/25/2024
3.04	HCBS Training for Members & Families	11/22/2024
3.05	Translation of Case Management Material	12/24/2024
4.01	Residential Innovation	09/30/2024
4.03	Child Youth Step-Down Options Program and Provider Recruitment	12/31/2024
4.04	Tiered Residential Rates & Benefits	09/12/2024
4.05	Pilot CAPABLE	12/30/2024
4.06	Supported Employment Pilot Extension	12/31/2024
4.07	New Systems of Care	12/24/2024
4.08	Respite Grant Program	05/31/2024
4.09	Respite Rate Enhancement	11/25/2024
4.11	Hospital Community Investment Requirements	09/18/2024
5.03	Case Management Rates	02/22/2023
5.04	Case Care Management Best Practices	12/31/2024
6.02	Specialty Search in Provider Specialty Tool	03/29/2024
6.03	Member-Facing Provider Finder Tool	12/31/2024
6.05	Member Tech Literacy	05/30/2024
6.09	Updates to Salesforce Database	11/22/2024
6.11	Centers for Excellence in Pain Management	12/31/2024

6.13	Connect CMAs to ADT Data	05/31/2024
6.14	Data Sharing with the SUA	09/30/2024
6.15	Systems Communication Improvements Trails	11/22/2024
7.01	Emergency Response Plans	12/31/2024
7.02	Member Emergency Preparedness	12/31/2024
8.02	Provider Oversight	12/19/2024
8.04	Pay for Performance for PACE	12/31/2024
8.05	Pay for Performance for Home Health & Residential HCBS	03/29/2024
8.06	PACE Licensure	12/31/2024
8.07	eConsult to Improve Quality	09/26/2024
8.08	HCBS Provider Quality Dashboard	09/11/2024
8.09	Waiver Quality Expansion	03/28/2024
8.10	Criminal Justice Partnership	12/31/2024
8.11	EPSDT Benefits Training	12/31/2024

In addition to a status dashboard, HCPF leverages a budget dashboard, which 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 this last quarter (October-December 2024) HCPF fell short of the forecasted spend of \$38.6M by \$10.7M, with a current total spend total of \$27.9M. However, once the funding spent on rate increases during the quarter is accounted for, the quarter's spending will exceed the forecast goal by over \$4M.

### **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 'off track'. Aggregate statuses of the selected projects are reported including: Overall, Schedule, Resource, and Budget.

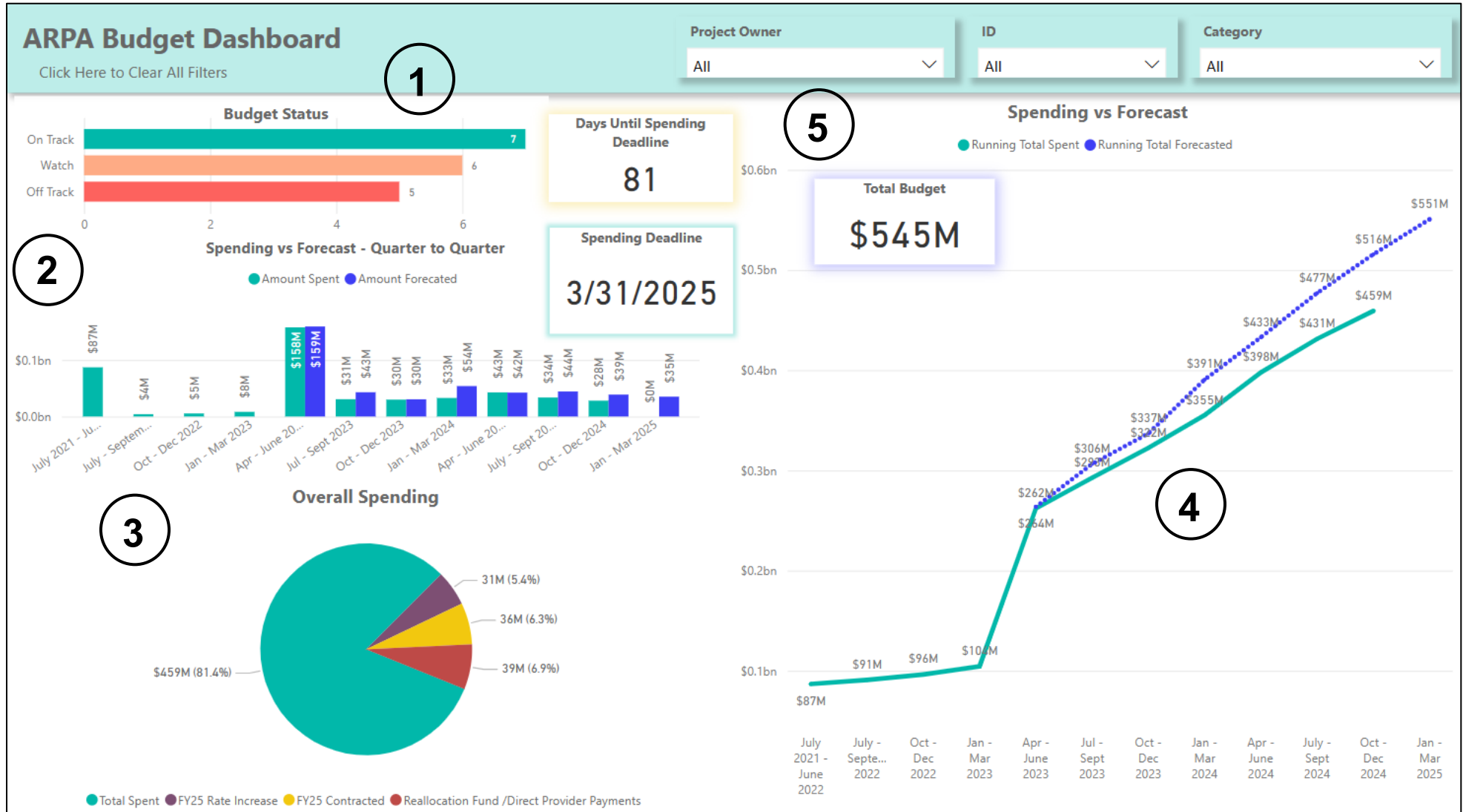
**Section 2** displays the ARPA HCBS spending forecast by quarter for the remainder of the ARPA spending period, in comparison to spent.

**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 61 projects. The project descriptions remain as initially reported with all updates indicated with blue font. 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 goal is to provide sufficient guidance while maintaining oversight of the 61 projects to mitigate potential risks.

HCPF, with support from a contractor, developed guidance material and training for project teams to ensure that project plans, contracts, and policies are developed within regulatory guidelines. The project support team developed a toolkit to assist project leads, team members, and project support administrators and includes guidance on ARPA HCBS general requirements, procurement, budget and accounting, project management guidance, stakeholder engagement, and developing and administering grants. The toolkit also provides guidance to help maintain consistency across the support team members, particularly as we expand capacity and/or experience turnover among the staff. Standardization across PSAs in their project management responsibilities is critical to ensure that the projects limit risk and execute their efforts according to state and federal rules. This toolkit has been updated regularly as new questions emerge from project teams or new guidance is developed.

Additionally, the ARPA Support Team facilitated a monthly grant project community of practice and bi-monthly project lead meetings and distributed a weekly project team newsletter to ensure regular and consistent communication with project teams. [As of December 2024, these activities have concluded as most projects are complete.](#) The team also developed a FAQ document for grantees to assist in understanding the many state and federal requirements related to implementing a grant program.

HCPF implemented several strategies to mitigate risk and adopt standardization of practices. One strategy was the use of a grant financial vendor that assisted with streamlining our grant management across projects. In collaboration with HCPF, the vendor was responsible for developing and executing all grant agreements with grantees, processing invoices, and monitoring deliverables. This consistency in review and oversight helped mitigate potential risk. The contractor was also monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk. The grant financial vendor, Public Consulting Group (PCG), in place since October 2022, has worked with project teams to support the development of

grant agreements and to execute grant programs. PCG is currently contracted to manage 17 grant programs with 10 project teams; six of the project teams have more than one grant program as a part of their project scope. As of the writing of this report, all 17 grant programs are now closed with 560 executed grant agreements. Final invoicing and other closeout activities will continue through the next quarter. PCG has been a huge support in these efforts, providing invoicing webinars, office hours, and technical assistance support for all grantees.

HCPF also contracted 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. In the first quarter of calendar year 2023, KPMG finalized the first phase of 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 in the last quarter of the state fiscal year 2022-2023. KPMG met with each project team to better understand their particular initiative and talk through any potential known risks and mitigation strategies. KPMG then 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 reviewed these to ensure that work completed was within ARPA Section 9817 and other guidelines, including subrecipient guidance at 42 CFR Part 200.332. Following this review, KPMG produced 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. Each project team then met with KPMG again to review the findings report. Teams that participated in this first round of monitoring continue working to implement recommendations from their individual reports. There were several recommendations that applied to or cut across several projects. In these cases, the project support team has developed a standardized approach to resolving the identified risk.

In the first quarter of calendar year 2024, KPMG executed the second phase of the project-based risk assessment and monitoring. Utilizing information provided from PWA and the Power BI dashboards, KPMG assigned risk scores once again to each initiative. With the goal of conducting monitoring with all 61 projects before the end of the ARPA timeframe, KPMG selected 30 initiatives for the second phase of monitoring. These projects were not part of the initial 25 that participated in phase 1 monitoring. These 30 teams participated in a survey to provide additional information to the KPMG team and provided programmatic and financial documentation and communication from their project activities. KPMG completed their analysis of this material and distributed project reports for each team with recommendations for improving their activities to ensure compliance with all state and federal rules. [In this past quarter, KPMG completed the third round of monitoring of 25 projects. Project teams received and incorporated the recommendations from KPMG.](#)

As mentioned above, KPMG also supported HCPF in the monitoring of ARPA HCBS grantees. Gathering information from the project teams and PCG first and then requesting additional background information from grantees, HCPF and KPMG evaluated the grantees in several categories, including risk for supplanting, duplication of benefit, record retention, and alignment with project scope. Grantees were provided with a report of the outcomes of the monitoring and, when required, an outline of required changes. [Additionally, KPMG conducted 12 trainings to support grantees.](#)

### ***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
6.08	Care & Case Management System Investments	Invest in Tools & Technology

6.09	Updates to Salesforce Database ✓	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
7.01	Emergency Response Plans ✓	Expand Emergency Preparedness
7.02	Member Emergency Preparedness ✓	Expand Emergency Preparedness
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

With less than three months remaining for spending completion, HCPF is excited about the progress being made by all the project teams to implement and close-out the ARPA HCBS initiatives. Our human resources team is focused on retention strategies and assisting with off-boarding. Over the past quarter, project teams closed out the majority of contracts, and completed all remaining work for their projects. Teams worked through the grantee monitoring program to ensure that grantees are abiding by state and federal requirements in the use of the ARPA HCBS funds, including offering new trainings for grantees to ensure their understanding of key requirements. Additionally, teams continue to monitor internal activities, wrapping up the third and final round of risk assessment and monitoring of projects.



The grant projects have all closed as of October 31<sup>st</sup>. Of the grant programs managed by PCG, 17 programs have closed with a final total of 560 executed grant agreements. For the grant programs managed by HCPF, 10 programs have closed with a final total of 1,576 grant agreements. A total of 2,781 grantee agreements with individuals, providers, and non-profit organizations were executed through 27 large-scale grant, pilot, and community funding initiatives.

There are 16 projects that have not closed as of December 31, 2024. Of those projects, 7 have a closeout date extending into the first quarter of 2025, and 9 are “Off Track”, as completing the closeout activities has been delayed. All of the 9 projects that are currently Off Track due to a delay in completing closeout activities anticipate completing the closeout process in early January 2025.

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
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## 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 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 used ARPA HCBS funds for the initial implementation of new rate increases for HCBS providers starting on July 1, 2023. Without this funding, the rate increases would not have been able to begin with state funding until October 1, 2023. Specifically, these rate increases included: 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. Included in the Fiscal Year 2024-25 budget requests was funding to support a new \$16.55 per hour base wage for workers statewide and \$18.29 per hour in Denver. This was approved and was supported by ARPA HCBS funds through December 31, 2024. After that point, these increases will be funded using general funds ongoing.

#### *Direct Provider Relief Payments*

Included within the FY24-25 ARPA HCBS Supplemental Budget Request recently submitted to the Colorado Joint Budget Committee, is a request for an additional provider rate increase using ARPA HCBS funds. This would be structured as a retroactive rate increase for allowable HCBS services. These payments will be made after all ARPA HCBS initiatives have closed and will use all remaining unspent funds. The purpose of these payments is to support providers and case management agencies as they continue to rebound from the impact of the COVID-19 pandemic. The HCBS provider payments will be issued based on member/service utilization and be based on the total funds available to be paid out and will leverage an approved federal match. The case management agency payments will be based on paid claims for targeted case management services and will be a state-only payment. HCPF

anticipates the payments will be made in March 2025. The exact amount available for these payments will be determined in January/February 2025.

#### *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 was approved for 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, submitted to CMS on May 25, 2023. As Colorado's Appendix K amendment is effective until November 11, 2023, the Department submitted a 1915(c) amendment for all ten (10) waiver programs to increase these rates. These amendments had an effective date of November 1, 2023, to ensure there was not a decrease in rates. [A retroactive amendment was submitted in October 2024 for the rate increases that were effective on July 1, 2024.](#)

#### *Sustainability Plan*

Multiple budget requests were approved to fund this project work in the future: Understanding that the ARPA funds have an end date, we have been committed to identifying funds to ensure long-term sustainability of this effort. Approved in the Fiscal Year 2023-24 budget was 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. Approved within the Fiscal Year 2024-25 budget requests is funding to continue the new \$16.55 per hour base wage increase for direct care workers.

#### *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 78% 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 no current concerns related to the project budget.
- General Project Update: This project is progressing as planned. The project team continues to track both the base wage of direct care workers and provider's certification of the base wage for direct care workers. The project team is also working on final budget for the proposed provider payments.



#### Initiative 1.02. Direct Care Workforce Data Infrastructure ✓

*Project completed December 2024*

Under this project, HCPF expanded the data infrastructure to better understand the supply and demand for direct care workers and to track the impact of each investment strategy on recruitment, retention, and turnover. HCPF developed two surveys for the direct care workforce. The first survey was a staff stability survey for providers of long-term services and supports (LTSS) waiver services and included data collection on the number of direct care workers (DCWs) providing care, turnover rates of DCWs, the percentage of DCWs that were full-time or part-time, DCW vacancy rates, and hourly wages for all DCWs. The second survey targeted direct care workers rather than employers, assessing, at a minimum, their satisfaction with compensation, benefits, career advancement, training, and their overall satisfaction with their employment. This survey evaluated why there was a workforce crisis among direct care workers and what HCPF could do to address it. The surveys were administered multiple times to supply comparative data. This project funded the development of surveys, data collection, and analysis. These surveys assisted 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, HCPF also hired a contractor to review other state models for consumer-directed services and to provide HCPF with recommendations for potential expansion opportunities within Home and Community-Based Services and the potential impact the expansion of consumer direction could have on the direct care workforce.

#### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

This project work will continue with existing HCPF resources:

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. Additionally, HCPF will continue to look for ways to gather the information in a way that increases participation and reduces survey fatigue.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes*

Over three years, the project successfully administered two key surveys targeting direct care workers (DCWs) and providers of aging and disability services. The initiative enhanced the state's data infrastructure to assess the supply and demand for DCWs and evaluate the effectiveness of strategies addressing recruitment, retention, and turnover. The *State of the Workforce Survey* focused on HCBS waiver providers, collecting data on DCW numbers, turnover rates (just under 50%, with over 75% voluntary), employment status, vacancy rates, wages, and workforce demographics. It revealed that 73% of Colorado's workforce identified as female, 49% worked part-time, and 83% were employed by private for-profit agencies.

The *Direct Care Worker Survey* assessed worker satisfaction with compensation, benefits, career advancement, and training. Results showed 89% of DCWs enjoyed their job, with over half unlikely to leave within a year. However, many reported limited access to health benefits or retirement preparation.

By administering these surveys multiple times, the project generated comparative data, provided insights into workforce challenges, and informed short- and long-term strategies. Additionally, a Self-Directed Evaluation reviewed options for expanding self-direction in Colorado and offered recommendations for effective implementation.



### Initiative 1.03. Standardized Core Curriculum & Specialization ✓

*Project Completed December 2024*

HCPF developed 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 curriculum included modules on specialized topics, such as Alzheimer’s disease and related dementias and mental and behavioral health care. The training is available for free in-person through a train-the-trainer model and online. Initial work was already completed via the Training Advisory Committee per SB 19-238, “Improve Wages and Accountability Home Care Workers.”

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

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources:

HCPF 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. Now that the training modules and structure have been developed, HCPF is committed to maintaining the currency of the materials through intermittent curriculum updates and workforce validation.

#### *Capital Expenditure Plan*

The goal of this project was to create standardized curriculum for direct care workers who are supporting individuals receiving home and community-based services and long-term home health. The funding for this project supported an academic institution in developing new core curricula and specialization modules that are housed in a learning management system (LMS), which was funded through project 1.04 Resource and Job Hub.

#### *Project Outcomes*

This project successfully developed a standardized curriculum and training program for homemakers and personal care workers, aimed at establishing quality standards and enhancing specialized qualifications linked to wage increases. The curriculum comprises 19 core modules and 12 specialized modules. These modules are designed

to support agency orientation under the Colorado Code of Regulations Chapter 26 and meet the required training needs of personal care workers within their first 45 days of employment. They are adaptable to various settings and populations, ensuring relevance across different employer, client, and worker needs.

The project leveraged a 'universal worker' structure to create adaptable training materials, which are available for free both in-person through a train-the-trainer model and online. Certificates of completion from training can be transferable across employers, promoting continuity and flexibility within the workforce. Initial efforts were guided by the Training Advisory Committee as per Colorado Senate Bill 19-238, "Improve Wages and Accountability Home Care Workers."

Extensive stakeholder engagement was a hallmark of the project. An advisory group, comprising a diverse range of stakeholders including members and their families, advocates, former direct care workers, and providers from across Colorado, was instrumental in the creation and vetting of the modules. Over the three-year project duration, 21 listening sessions were held to gather valuable input, and 10 pilot tests were conducted to evaluate the curriculum. This engagement ensured that the training materials were effective, relevant, and responsive to the needs of the community. The training materials are hosted on the Direct Care Careers website for sustainability and ongoing management.

To further enhance engagement, HCPF launched a pilot incentive program in August 2024, aimed at generating interest in the curriculum and gathering feedback from providers. This program targeted HCBS, long-term home health (LTHH), and Programs of All-Inclusive Care for the Elderly (PACE) providers, offering 20 modules for review on the Direct Care Careers site. Participants were encouraged to review at least four modules, with up to 40 unique reviews allowed per agency. Each participating agency received a \$25 incentive for each unique review submitted. A total of 80 provider agencies expressed interest, 41 signed up, and 14 successfully reviewed the modules. Overall, 256 modules were reviewed, with feedback indicating that the content effectively met the learning objectives. The majority of reviews also noted that the content length was appropriate and easy to understand, ultimately enhancing the orientation and training of direct care workers and improving the quality of care provided to members statewide.



#### Initiative 1.04. Resource & Job Hub ✓

*Project Completed December 2024*





This funding supported 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/universal worker training is accessible through this site, and individuals who completed the training are entered into a database for easy tracking of certification.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Fund has been requested to continue this project work in the future. Additionally, this project work will continue with existing HCPF resource, and the project outcomes will inform future HCPF work and decision-making:

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.

HCPF has requested funding to continue the work to expand the HCBS direct care workforce. These funds will be used to support an internal unit that will focus on recruitment and retention strategies to further strengthen Colorado's Direct Care Workforce. Additional funding was requested to support contractors to develop, distribute and analyze workforce surveys, fund the ongoing use of the new resource and job hub, update or develop new training material for workers, among other activities.

#### *Capital Expenditure Plan*

To support both the recruitment of new individuals into the field and allow for low barriers to entry by making training easy and accessible, this funding supported the development of a Direct Care Workforce website where interested individuals could go to receive information and resources about these positions, access free training, and view job boards to quickly be placed in positions. The capital expenditures included the development of the website and a learning management system. Access to the website, which contained the LMS with the curriculum modules, job matching, and CO state resources, is available for HCBS providers, long-term home health providers, and Direct Care Workers. The newly developed personal care/homemaker

worker training is accessible through this site, and individuals who complete the training are entered into a database for easy tracking of certification.

### *Project Outcomes*

The Direct Care Careers (DCC) project supported the Home and Community-Based Services (HCBS) workforce by providing a centralized platform for direct care workers and provider agencies, enhancing job matching, resource access, and training opportunities, ultimately improving service quality and workforce sustainability. In addition to the creation of the website, the following objectives were completed as a result of this project:

- Implementation of bi-directional messaging on the DCC website to enable Agency and CDASS employers to communicate through the website with Direct Care Workers/ Job Seekers in January 2024.
- Initiated monthly social media post snapshots in English and Spanish to maintain engagement and awareness.
- Continued site improvement and content expansion, loading additional training modules onto the Direct Care Careers User Acceptance Testing site for ongoing development and refinement.



#### 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. HCPF 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.

The scope of this project was further expanded to support training programs on health equity for members with disabilities. Over 2,000 participants of stakeholder meetings made it clear that education and training is a gap they would like HCPF to explore for providers to become more culturally responsive toward affirming care. The project team will develop and deliver health disparity training that will be specifically tailored for Colorado demographics and for an HCBS member and provider audience.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

HCPF recognizes that addressing HCBS workforce shortages requires a multifaceted approach. Depending on the outcomes of this project effort, HCPF 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: Off track
- Project Plan & Schedule Status: Off track- The project is currently 99% complete. The project schedule and milestones are delayed within the closeout process. The project team is working with ARPA resources and leadership teams to develop a plan 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 - All contract deliverables for this project have been completed.
- Budget Status: Off track - The project is under spent compared to the budget forecast. The final vendor invoice payments are pending. The project team will submit budget reduction prior to project close out.



- **General Project Update:** The project is in the process of closing out and plans to complete the closeout process no later than early January 2025. The project's final vendor report and internal closeout report are in the process of obtaining formal approvals.



#### Initiative 1.06. Career Pathways ✓ *Project completed December 2024*



HCPF established income-based, affordable pathways to support career advancement opportunities for the healthcare workforce. In collaboration with the Department of Higher Education and the Department of Labor and Employment, HCPF worked to create career development pathways for direct care workers. Interactive career pathway modules, including soft skills training and job shadowing videos, were developed through a partnership with Arapahoe Community College to aid in career development. These modules were housed in the newly created Resource & Job Hub (project 1.04). The project leveraged existing work within sister agencies and incorporated the deliverables into ongoing initiatives.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

The project outcomes will inform future HCPF work and decision-making: ARPA funding was utilized to enhance and enrich the existing overall structure for Colorado's direct care workforce. In such, this effort was 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. HCPF will maintain partner engagement to ensure workforce advancement efforts continue.

#### *Capital Expenditure Plan*

The Department established income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. The Department leveraged state agency partners' expertise to expand on existing state websites to include information and resources about career paths, interactive modules, and job shadow videos for use by those interested in direct care work. Funding also supported the development of curricula for the learning management system developed in project 1.04. All developed resources were made available for use by providers, workforce centers, and schools.

#### *Project Outcomes*



This project focused on collaborating with three sister agencies to create income-based, affordable career pathways for advancement in the healthcare workforce and to develop interactive career pathway modules. Research was conducted to identify healthcare and Home and Community-Based Services skills that could transfer into other career pathways for direct care workers. Specific "areas of interest" were defined to highlight distinct skills and pathways that would appeal to workers. A one-page document, the 'Focus Area Info Sheet,' was created for each focus area, summarizing key skills, transferable skills, and resources for direct care workers, along with details on job titles, pay, job duties, required education, and certifications.

The focus areas identified were Medical and Healthcare, Specialized Therapies, Trade and Technical, Behavioral and Mental Health, and Social and Community Support. Each focus area included an infographic and career-specific information such as average pay, projected job growth, and higher education options. The resources provided workers with insight into overlapping roles from other areas of interest, specialty certifications, training opportunities, and connections to Home and Community-Based Services. These focus area sheets were designed to help workers navigate career advancement and provide clear pathways for growth.

Additionally, the project developed interactive career pathway modules, which included 20 soft skills training modules and five job shadowing modules for high-demand healthcare roles. The soft skills were selected from key traits necessary for direct care workers and individuals entering the workforce. The job shadowing modules were based on publicly surveyed data and focused on healthcare roles with the highest demand. The roles were categorized into those requiring certification and those requiring an associate's degree, with stakeholders voting on which roles to feature.

The 20 soft skills training modules were a minimum of 30 minutes long, accessible, and available in five languages. Each module included review questions and a certificate of completion. The five job shadowing modules were a minimum of 60 minutes long and included videos filmed with workers currently in those roles. These modules aimed to help recruit and retain workers in healthcare and direct care roles, providing them with the skills and knowledge to succeed in the workforce.



#### Initiative 1.07. Public Awareness Campaign ✓

*Project completed June 2024*

HCPF launched 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 garnered workforce pride as well as greater respect and appreciation for these positions, which will ultimately help with recruiting and retaining individuals in the field.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision making:

Changing perceptions of the roles and importance of the direct care workforce has been integral to overcoming workforce shortages in this industry. HCPF recognized that awareness and outreach are critical components of achieving this transition. HCPF will assess the outcomes of campaign efforts and determine the feasibility of continuing awareness and other campaigns. Additionally, the campaign directed individuals to the newly established Resource & Job Hub (initiative 1.04) which served 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 required for this project.

#### *Project Outcome*

HCPF launched a public awareness campaign beginning November 2023 running through February 2024. The campaign included ads on streaming services, traditional television channels, radio stations, various printed avenues, and on bus wraps (Denver RTD). The campaign materials highlighted the value and importance of the direct care workforce captured through video, pictures, and in print. The campaign included promotional materials that identified the importance of direct care workers and potential career pathways that remain available for stakeholders to use in their recruitment efforts.



#### Initiative 1.08. Home Health Delegation ✓

*Project completed November 2023*



This project identified 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 identified models related to the scope of work, outlining current state requirements including training, certifications, and compensation.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision making:

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.

#### *Project Outcomes*

While initially proposed to identify additional delegations to be performed and executed by CNAs, ARPA 1.08 was reimagined to focus primarily on the behavioral health needs of our members, both adults and children. Through research of other states' CNA regulations, a literature review, stakeholder engagement, and data analysis focusing on all populations, the study contractors' final recommendation is a three-tiered certification model that would affect all incumbent and new CNAs. These tiers, CNA-BH-1, CNA-BH-2, and CNA-BH-3 would replace current CNA credentialing and allow for improved professional growth, a strengthened workforce, and advancement in member satisfaction/outcomes.



#### Initiative 1.09. Workforce Compensation Research ✓

*Project completed June 2024*

Wages are not the only consideration in someone's decision to work in a certain field. HCPF researched innovative opportunities for increasing compensation for the HCBS workforce in other ways, including identifying other practices that could better support low-income workers.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision making:

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

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

A result of this project was the creation of a Direct Care Workforce (DCW) Report and a Case Management (CM) [Research Report](#). The DCW report explores national demographics and key facts of Direct Care Workers focusing on turnover and the lack of paid time off. The report describes what Colorado is already participating in and incorporates the stakeholder feedback they received from multiple sessions with more than 100 individuals indicating a strong desire for increased pay rates, improved health insurance, financial support for housing, utilities, transportation, child-care, and safe working conditions. From these suggestions, the contractor focused on recommendations for tiered compensation tied to a competencies program and a peer mentoring program that HCPF could potentially support. The report lists other workforce innovations of best practices for total compensation packages including competitive wages, benefit packages, employee development programs, flexible work arrangements, bonuses and incentive programs, and non-financial benefits such as individual recognition, team-building activities, and employee appreciation events. The report closed by describing how the benefits cliff is a constant barrier throughout the nation needing a cross-agency and cross-program collaboration to align rules and eligibility to tackle the financial instability and job insecurity that results from the cliff benefit.

The CM Research Report recognized the case managers' role is ensuring high-quality care and support throughout the State's Health First Colorado members while caseloads have increased in the last year. The mention of the case management redesign project is acknowledged among the recommendations the report produces. Exploration of national trends and other state best practices leads to a recommendation of a performance pay program as a type of compensation system that links a portion of an employee's pay to their performance and achievements.



#### Initiative 1.10. Rural Sustainability and Investment ✓

*Project completed September 2024*



Investing in rural communities to strengthen care access is critical in Colorado. This initiative included 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 were targeted at bolstering Colorado's rural Medicaid and HCBS infrastructure, providers, and members. These strategies included: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

The first of these strategies was 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.

HCPF first needed more data and analysis on where there are care deserts and potential solutions in those areas. Through this project, HCPF completed an environmental scan of Colorado's current HCBS provider network via a GIS heatmap; created a tool for HCPF to update and began tracking ongoing progress on a statewide level; identified gaps by waiver, service, and provider type; discovered which populations are the most impacted; and established 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. HCPF designed 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. HCPF 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 researched 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 identified 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 was not needed during the ARPA period. Once the rate proposal is developed, HCPF will assess the need for programmatic changes and submit any appropriate administrative process documentation after the ARPA period.

#### *Sustainability Plan*

Project work will continue with existing HCPF resources:

Once it was completed, ownership of the tool and dashboard transitioned to HCPF.

The plan is to collaborate with the DAS team to make the tool publicly available and establish a regular cadence for updating the dataset to keep the information relevant.

Moving forward, the tool will be shared with the rates team along with the report and recommendations for geographic modifiers. This team will provide support to the rates team in utilizing the tool and engaging stakeholders as necessary. Additionally, the findings regarding shared resources in rural areas will be shared with the Direct Care Workforce Collaborative to identify successful models and develop a framework for other rural agencies to follow.

The long-term goal is to establish a sustainable process for updating the tool to inform geographic rate modifiers and facilitate resource pooling in rural communities.

Success will be measured by the sustainability of rural providers and positive stakeholder feedback indicating the project's impact.

In terms of resources needed for sustainability, there will be an initial effort to make the tool public-facing and establish update procedures. However, ongoing maintenance and support will require minimal to moderate resources, primarily involving collaboration with other offices within HCPF and stakeholder engagement.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

This project focused on three strategies: Identifying Care Gaps, Developing Geographic Modifiers, and Creating Shared Systems in Rural Communities.

A heat map was created via a Tableau dashboard to identify care deserts, both in rural areas and inner cities. This map will be made public on the HCPF site anticipated Summer 2025 and will be linked on many additional HCPF pages. Through extensive analysis of the Heat Map tool, actuarial science, research, and stakeholder (both internal and external) engagement, the vendor developed a Rate Recommendation Report that outlines potential approaches to rate modification dependent on geographic location. This information will be able to aid in future discussions surrounding geographic rate modifiers and work that is already being done in the Department.

In addition to the Rate Recommendation Report, the vendor also conducted additional stakeholder engagement and research around shared resources in rural communities. These suggestions will likely be shared via avenues that the information was collected, i.e. stakeholder engagement opportunities, Direct Care Workforce Collaborative and its associated action groups.

## 2. Improve Crisis & Acute Services



### Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization



*Project completed December 2024*



Under this project, HCPF offered short-term grant funding for behavioral health crisis 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. HCPF 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 were allowed to 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 were also allowable under this project. The focus was 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 prioritized transition services that serve those that are disabled due to a mental health diagnosis.

Lessons learned from prior HCPF work of transitioning members from long-term care institutions with the Colorado Choice Transitions Program informed the design of the

grant program, as did extensive stakeholder engagement. Providers were allowed to 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*

This project work will continue with existing HCPF resource, and the project outcomes will inform future HCPF work and decision-making: HCPF intends to review the grant program outcomes to determine the efficacy of specific efforts and determine feasibility of inclusion into program operations. Grantees were required to submit a sustainability plan to outline activities and actions that will promote continued success of their programs once grant funding is exhausted.

To sustain this work, HCPF will continue to fund all of the services for which greater capacity was developed by providers during the grant. HCPF will not only be retaining all of the services provided and expanded under existing benefits HCPF will also continue to focus on supporting network capacity expansion through the behavioral health safety net system reform work. The behavioral health benefits will continue to be managed in partnership between HCPF and the community-based and community-focused Regional Accountable Entities (RAEs).

#### *Capital Expenditure Plan*

The capital expenditures for this project utilized state only funds.

#### *Project Outcomes*

The grantees selected for this project included those providing critical safety net services to special populations, especially those who have historically been underserved and under-resourced. Individuals served by our grantee providers included people with criminal justice experience and involvement, members of the LGBTQIA+ community, BIPOC community members, and people living in rural and frontier areas of Colorado.

The grant agreements for organizations receiving grant funds under this project were active from February 13, 2023 through September 30, 2024. This grant awarded a total of \$12,604,815 of which \$9,262,408 was expended by the grantees.



Grantees used these funds to expand their behavioral health transition and community based care capacity through activities such as Crisis Intervention Support Programs, Transportation Support Services, various clinical, patient navigation and community health worker trainings, start up of a mobile counseling center, housing assistance, increasing community outreach and engagement, and staff training in EDI (Equity, Diversity, and Inclusion) topics such as racial trauma, cultural humility, and gender-affirming care. Providers using grant funds also worked to build capacity for treatment and care coordination services for their clientele as well as to build up their workforce to support a greater service availability. The grantees for this project were specifically chosen for their work with special populations, especially those historically underserved and under-resourced.



#### 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) response 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.

HCPF will provide funding in the form of grants to support this effort. To facilitate the awarding of these grants, HCPF 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 a CMS-approved State Plan Amendment authorizing a universal mobile crisis benefit for Medicaid members via an external workstream for CMS Grant 2I2CMS331818-01-00.

### *Sustainability Plan*

This project initiative afforded the opportunity to develop and refine alternative approaches to addressing emergency behavioral health needs. HCPF developed 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: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete. The project schedule and milestones are significantly delayed. Due to the delay in the final deliverable from the vendor this has put closeout tasks off track. The project team is working with ARPA resources and leadership teams to develop a plan 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: Off track - The final contractor deliverable was not completed within the approved time and the quality of work did not meet expectations. The ARPA Leadership team is working with the project lead and HCPF leadership to get the project back on track.
- Budget Status: On track - The project team has no current concerns related to the project budget. The project team is working with HCPF accounting on the return of unused grant funds.
- General Project Update: The following areas are in Off Track status: Schedule, and Contract. All other areas are progressing as planned. The project schedule, milestones, and deliverables are behind. The ARPA Leadership team is working with the project lead to get the project back on track. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.

Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy ✓  
*Project completed May 2024*

As a complement to the crisis service grant programs, the Department explored the detailed policy and licensing requirements of different provider 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, there needs to be compliance work completed with ATUs and CSUs to align with the State's Behavioral Health Administration (BHA) new rules. Additionally, ATUs and CSUs must operate in compliance with federal Institutes for Mental Disease (IMD) regulations to receive Medicaid funding.

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, HCPF worked 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 explored 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. HCPF generated 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*

HCPF submitted Waiver Demonstration Project No. 11-W-00336/8 (effective through December 31, 2025,) in April 2024.

#### *Sustainability Plan*

A waiver or SPA was approved to continue this project work in the future. The project outcomes will inform future HCPF work and decision making:

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

#### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcome*

The team completed the following objectives to better support members using crisis services and facilities:

- National landscape report researching facility types and definitions used when working with Institutes of Mental Disease (IMD),
- Colorado specific stakeholder surveys and interviews on IMD options,
- Creation of a Colorado Behavioral Health Campus Policy,
- Research on waiver options that led to the submission of Waiver Demonstration No. 11-W-0336/8 to change Colorado's IMD policies.

## **3. Improve Access to HCBS For Underserved Populations**



### Initiative 3.01. Equity Study ✓ *Project completed December 2024*

Individuals receiving Home and Community Based Services (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 aided 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 addressed the following:

- Internal data analysis: Identified disparities in HCBS by analyzing enrollment and utilization data by race, ethnicity, language, and geography; developed a snapshot report that identified disparities across the system to be presented to stakeholders in the community.
- External stakeholder feedback and recommendations: Based on disparities identified, contracted with a vendor to gather feedback from stakeholders and wrote recommendations.
- Implementation planning: Recommendations were gathered and an internal team put together an implementation plan to begin creating more equity in HCBS.

### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

Project work will continue with existing HCPF resources and will inform future decision making:

An implementation plan based on the recommendations and other findings will be finalized in early 2025 by the project lead and team. The implementation plan will include ways to further reduce enrollment disparities in HCBS programs by focusing on building relationships and trust within underrepresented communities. However, maintaining these relationships and building new partnerships is a long-term responsibility and HCPF is working to determine how to absorb this work. Additionally, the team is working to incorporate HCBS materials on HCPF CAAS webpage to provide further education and information to the community.

Some of the recommendations from this project have already been implemented:

- Create and distribute improved materials to inform communities about HCBS (developed through ARPA 3.04 project)
- Implement requirements within the Case Management Agency contract to increase equity in HCBS
- Infuse the existing infrastructure with HCBS enrollment information (Certified Application Assistance Sites)

Increasing equity in HCBS programs is the next phase of this work and that will be absorbed by teams within HCPF.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes*

As the key achievements outlined above indicate, this project was successful at better understanding disparities within HCBS and what is driving those disparities. Based on that understanding, the project was then able to reach underserved communities by conducting HCBS 101 learning sessions with organizations that work with underserved populations. Further, the project resulted in recommendations and ways to increase knowledge and capacity within underserved communities to help assisters/navigators become resources for members going through the HCBS enrollment process.

Outcomes include:

- Four reports posted on the ARPA project 3.01 website, including a literature review, internal data analysis report, summary of the survey conducted, and a final recommendations report outlining findings from the stakeholder engagement
- Creation and refinement of the new “Learn about LTSS” section on HCPF’s website
- Conversations with over 65 organizations, increasing knowledge and capacity to navigate and enroll in HCBS in underserved communities
- Development and refinement of an HCBS 101 style presentation and recording that can continue to be used and distributed



### Initiative 3.02. Buy-In Analysis

*Project completed September 2024*



Many people with disabilities are interested in working and health insurance coverage could have an important relationship to employment for people with disabilities. For example, persons with disabilities on Medicaid may be concerned that they could lose their Medicaid coverage if they entered or returned 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 developed member-facing premiums information and educational materials for the Buy-In program. This will prove members with the critical information they need about the program and reinstatement of premiums.

### *State Plan Amendment and Waiver Information*

Per Colorado Senate Bill 20-033, HCPF has updated 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.

### *Sustainability Plan*

Project work will continue with existing HCPF resources:

HCPF teams will develop a communication plan to strategically deploy these assets on various platforms. All assets are owned by HCPF and used at the discretion of the Eligibility Division and the communications team. HCPF will disseminate the educational materials and keep the materials up to date with accurate information.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes*

Through this project, HCPF successfully developed 69 multimedia assets for both the adult and children's buy-in programs to educate members on these programs and dispel any myths members may have. Moreover, a member facing letter was drafted with members in mind pertaining to the reinstatement of premiums. The distribution date of this letter and the assets are still being determined. The project budget was reduced by \$90 this past quarter balance the budget at closeout.



### Initiative 3.03. Community Transitions Support

*Project completed September 2024*



Colorado currently offers a transition services program that supports members transitioning from institutional settings to living in the community. However, HCPF utilized ARPA HCBS funds beginning July 1, 2023, to start a number of initiatives aimed at improving the transition process and supporting members living in the community to stay in the community if they so choose. This project built upon the state's existing transition services, which were established in the Department's Money Follows the Person (MFP) program and implemented permanently in HCBS waivers in 2019 but were not duplicative.

With state funding approval for ongoing costs, HCPF planned to start with ARPA and continue with General Fund after the ARPA project period which included the following initiatives:

- Implemented In-Reach counseling to 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, HCPF also created standardized materials and training. This work was similar to HCPF's current Options Counseling program but rather than being based on referral, In-Reach counseling was provided proactively to members living in nursing facilities in a more standardized way.

- Ongoing implementation of 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.
- Provided case management and care coordination for members that are identified to be at risk of institutionalization. This included 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.
- Increased the number of units of Transition Coordination services a member can use to transition to the community.
- Increased the maximum Transition Setup cost to adjust for inflation and higher costs of goods needed to furnish a member's home.
- Continue to create a new eligibility escalation process for cases needing immediate financial eligibility determination. As part of the escalation process, HCPF utilized Salesforce to manage escalation tracking and oversight.
- Expanded housing navigation services to members who are at risk of institutionalization to provide support in identifying units and negotiating leases [Note this project did not pay for room and board].
- This project had budgeted for system changes associated with the above actions. Beginning in fiscal year 2024/2025, the system changes budget shifted to project 6.08 and all system changes related to the above were monitored through that project.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

A budget request was approved to fund this project work in the future:

Aspects of this project will continue past the ARPA period with funding from a previously approved budget request. The In-Reach team will continue their work on diversion and rapid reintegration planning, eligibility escalation, as well as continued Group and Individual In-Reach. The Strategic Implementation team will continue their work to extend housing navigation throughout the state. Systems changes related to this project are being managed by the 6.08 team.

#### *Capital Expenditure Plan*

No capital expenditure for this project.

#### *Project Outcomes*



The project team achieved project outcomes and milestones in the following areas:

- Obtained a Home Modification Process Evaluation that outlined Home Modification best practices.
- Provided Group In-Reach at 100% of skilled nursing facilities (SNFs) throughout the state, surpassing the goal of 75% visited.
- Obtained an At-Risk population analysis which identified members at-risk of institutionalization.
- Managed the workstream associated with a Presumptive Eligibility Study that outlined where eligibility improvements can be made.
- Submitted two Rule changes that resulted in rate increases for Transition Coordination Units and Transition Setup Cost Maximum.



#### Initiative 3.04. HCBS Training for Members & Families ✓

*Project completed November 2024*



HCPF developed and made available culturally competent training and resources for members and their families to assist with navigating the HCBS system. This included providing education and support to family caregivers. The training project provided 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 is member-focused, person-centered and in plain language for ease of use.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project work will continue with existing HCPF resources:

The materials developed will be incorporated into an office-wide inventory managed by internal teams. The inventory will prompt subject matter experts for regularly cycling reviews for accuracy, plain language, and translation needs. Additionally, all materials can be edited by HCPF staff.

#### *Capital Expenditure Plan*

No capital expenditure for this project.

#### *Project Outcomes*

HCPF collected member experience information through various stakeholder and research initiatives. Members have consistently reported barriers to service delivery, including their ability to access and understand information about services. Members

requested additional support as they attempted to navigate through an extensive amount of information. To increase member education on community options, the project team created culturally competent training materials, including animated and in-person short videos, pamphlets, flyers, posters, a social media campaign, and a website on HCBS benefits and services. The materials were created to be member-focused, person-centered, and in plain language for ease of use, and available in English and Spanish.

This project provided information on the “Learn About LTSS” website to members to help them navigate through the different waivers, services within each waiver, LTSS programs, additional highly utilized state plan benefits, contacts, the enrollment process with supplemental information about citizenship and ABLE accounts, and the member’s right to choose between service providers.



#### Initiative 3.05. Translation of Case Management Material ✓ *Project completed December 2024*



Through this project, HCPF translated public-facing case management and other member-facing materials, such as forms, waiver charts, waiver flow charts, 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 also considered plain language and other accessibility needs, such as hearing and vision impairments.

This project increased its initial scope and utilized remaining project funds to contract with a vendor to build and pilot a document management system. This system is supporting efforts to identify, consolidate, update, and maintain case management and member-facing materials within a single system. This system includes triggers that identify when documents need to be reviewed and to track the status of the document through the revision and review process.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project work will continue with existing HCPF resources:

Recognizing the importance of inclusion for all programs, HCPF is committed to ensuring developed materials are maintained and accessible beyond the ARPA funding period. With this in mind, HCPF issued a Request for Proposal (RFP) and secured a

Department-wide translator that will be available for continuing to translate and update translated documents.

The document repository is being piloted, helping staff become familiar with the administrative features. The ownership of this software will live long-term within the department's Communications Team. HCPF has identified ongoing funding for licensing and future system enhancement or expansions.

### *Capital Expenditure Plan*

With the expansion of the project scope the funding for this project supported the development and pilot of a Document Inventory and Management system. This system is being used to house, update, and maintain documents within a single system. This capital expenditure includes the purchase of user licenses for the first year. The ownership of the system and user licenses will be maintained by the Communications Department following the ARPA period.

### *Project Outcome*

The translation efforts of this project successfully translated 116 documents (63 unique source documents) in up to six languages totaling over 142,000 words translated. These documents include Member Letters, Forms, Applications, Guides, Chars, Fact Sheets, Brochures, and Social Media Messaging, and more. The audience of these documents includes case managers, members, direct care workers, stakeholders, and providers.

In partnership with HCPF Communications Team staff, a new document management system software leveraging the Google Workspace interface was installed, customized, tested, and deployed for use within HCPF to inventory, track, and manage a consistent review cycle for member-facing communications. It will allow for key communications staff to know who the Subject Matter Experts (SMEs) are for every document, whether it is subject to enhanced review scrutiny tied to Senate Bill 17-121, as well as when it was last reviewed for plain language, accessibility, member feedback, and translation, if needed. The database will then automate a review cycle that is custom defined by communications staff and SMEs based on the context and sensitivity of the document. Finally, a tracking dashboard will provide HCPF leadership with insight into document statuses and process efficiency.



### Initiative 3.06. Expand the Behavioral Health Safety Net



HCPF had 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, HCPF and the Regional Accountable Entities (RAEs), aligned on a definition for high intensity outpatient services through a collaborative stakeholder engagement process. The safety net expansion effort built upon and implemented this definition through the following four projects:

- Conducted a gap analysis for high intensity outpatient services: HCPF assessed the extent to which its current delivery system provides adequate high intensity outpatient services and identified any needed improvements.
  - Performed a Behavioral Health Network Gap analysis for existing behavioral health services under the ACC behavioral health managed care program. This project analyzed three years of historical utilization patterns, discerned member population needs and identified existing network gaps by service type and geographic locations. It also included an in-depth analysis of telehealth services to discern whether these services replaced, enhanced and expanded access to care. This project also included analysis of active behavioral health practitioners and facilities that have provided services to members within SFY 2021-2022; identified non-active practitioners and facilities; performed 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 [three](#)-phase analysis provided insight into the network performance as well as developed an initial pilot methodology recommendations for HCPF's consideration to expand network monitoring and management.
- Developed training and technical assistance to build capacity with providers and health plans: Providers need technical assistance and other support to improve their capacity to deliver high intensity outpatient services.
- Developed value-based payment framework for high intensity services and whole person care: Providers also need alternative financing models that better support whole person care and reward improved outcomes. HCPF created a new value-based reimbursement model to support the implementation of high intensity outpatient services and improved the capacity of the service networks.

Assessed and reviewed regulatory foundations for high intensity outpatient services: To build adequate networks for high intensity outpatient services and to financially support these networks, HCPF, working with the Office of Behavioral Health, reviewed and aligned their credentialing and contracting policies with the safety net

framework. This included the development of a prospective payment rate model for essential and safety net behavioral health providers. HCPF assessed and revised critical regulations concerning high intensity outpatient services.

- Expanded services through grants to each RAE to strengthen and expand behavioral health safety net resources.
  - The RAEs received the grant funding upfront and distributed prospective payments to grantees following a regional needs assessment and Request for Applications (RFA) process. The funds supported statewide expansion and enhancement of high-intensity outpatient behavioral health services critical to addressing gaps for individuals with complex needs who are at risk of institutionalization.
  - Though all funds have been paid to the RAEs and grantees involved in this project, grant activities will continue past March 31, 2025. The timeline will allow the RAEs to complete funding distribution to all grantees and gives time for all grantees to spend down the entirety of their awards by June 30, 2025, after which the HCPF ARPA team will facilitate closeout of this project.
  - HCPF will maintain strong oversight over the RAEs' activities until the full close out of the projects. HCPF will develop a contract amendment outlining the requirements of each RAE for supplying reporting updates each quarter to HCPF that tracks spending and activities. Additionally, the grantees for this project will undergo a monitoring exercise to identify any opportunities for improvement in the activities and items on which they spent the grant funding and will allow for correction of any deficiencies. The grantees will be required to provide comprehensive reporting on expenses and proof of purchase for the full life of the project during closeout. The grantees will also be expected to submit a final report that details every activity completed using grant funding through June 30, 2025.
- Developed a strategic plan to better serve youth with behavioral health needs that require high intensity outpatient services.
- Developed a new Prospective Payment System (PPS) for comprehensive safety net providers and the essential provider cost-informed rates which were implemented on July 1, 2024. Comprehensive providers are a new provider type, while essential safety net providers are existing providers with additional care coordination responsibilities that make them eligible to receive enhanced reimbursement. The new prospective payment rate model did not reduce HCBS provider rates, but instead increasing paid rates over the previous methodology. The historical payment methodology for these providers had been cost-based and paid under the capitated managed care program. HCPF

previously built the cost-based rates into the base data of the capitations and then trended the utilization forward. This held the Managed Care Entities (MCEs) liable only to pay the cost-based rates and not the trended rates. Under the new PPS structure, the cost-based rates are first trended, then put into the capitated model. The PPS rates are part of a directed payment and the MCEs can pay no less than the trended PPS rates. The new cost-based PPS rates are higher than the cost-based rates that were in place prior to that date. Under the PPS model, providers will not receive a lower rate from HCPF than they received under the previous payment model.

- Helped Community Mental Health Centers (CMHCs) to improve their financial reporting to include more information to support analysis of cost and efficiency.
- Supported a new contract to author the update and stakeholder engagement portions of submitting a new 1115 waiver.
- Developed training modules for safety net providers covering more topics than originally planned and conducted a provider satisfaction survey to measure the impact of the Independent Provider Network and recommended solutions to support small group outpatient Behavioral Health providers.
- Developed cost report templates for State-Run Mental Health Homes (MHTLHs) within the existing budget. MHTLHs are home-like settings with less than 16 beds and are not IMDs; Medicaid will reimburse for treatment while members are residing in these homes, the room and board is covered by our sister agency, the Colorado Department of Human Services. MHTLHs provide intensive community-based step-down support to members with acute mental health needs. These homes offer an alternative to hospitalization or other institutionalized settings and are a new service setting under Colorado Medicaid. Members who reside in a MHTLH will continue to be eligible for HCBS waivers and their associated services without limitation. HCPF has set a rate for these services that can be negotiated under managed care until the cost-based rates can be established using the cost report. The cost report template was developed by a vendor to ensure appropriate reimbursement rates are established for the successful continued operation of state-run MHTLHs. These MHTLHs will start using the newly developed cost report on July 1, 2025.

#### *State Plan Amendment and Waiver Information*

Submitted and received approval for Waiver Demonstration Project No. 11-W-00336/8 (effective through December 31, 2025,).

#### *Sustainability Plan*

A waiver was approved to continue this project work in the future. In addition, this project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

The final stage of this project, regulatory and legislative review, speaks to the interest in longevity of the initiative. HCPF 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, HCPF will continue the initiative through programmatic changes and continue to monitor the progress of change implemented under the ARPA funding.

The workstreams involving provider training and technical assistance, value based payment framework, and youth behavioral health needs strategic plan are complete. The Behavioral Health Network Analysis work will continue past the ARPA period. The rate building and setting, and cost reporting work is ongoing and will continue to be informed by the work on this project. The 1115 Waiver Demonstration work will continue as well.

The high intensity outpatient expansion work will continue through June 30, 2025.

#### *Capital Expenditure Plan*

The capital expenditures for this project utilized state only funds. Capital expenditures included grant funding provided through Regional Accountable Entities (RAEs) to expand high intensity outpatient services in communities across the state. Funds were used for capital expenditures including infrastructure and equipment.

#### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete. The schedule and deliverables are delayed. The project team is working with ARPA resources and leadership to develop a plan 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 - All work is complete.
- Budget Status: On track - The project team has no concerns with spending.



- **General Project Update:** The following areas are in Off Track status: Schedule. All other areas are progressing as planned. The final vendor report and project closeout and spending reports have been submitted for approval. The project team is waiting on final vendor invoice to be processed to formally close the project. These delays have put the project schedule off track. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.



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



HCPF developed 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 was focused on individuals with serious mental illness and a history of homelessness and repeat hospitalizations and did not include any funding for room and board.

Specifically, HCPF implemented 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 received housing vouchers from the Colorado Department of Local Affairs (DOLA). This initiative was modeled on the evidence-based social impact bond (SIB) project in Denver and targets individuals who have serious mental illness and have a history of homelessness and emergency care.

With the support of the National Academy for State Health Policy (NASHP) technical assistance program, HCPF conducted an analysis of funding mechanisms and payment models and developed recommendations on how to improve support models of care for individuals with extensive history of complex social and behavioral health needs.

For providers, this created options for them to expand their business models and increase their solvency for the populations they were able to serve. It built 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 aligned with Colorado's broader behavioral health safety net initiative in that it expanded the network and financing of behavioral health specialty providers.

### *State Plan Amendment and Waiver Information*



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

### *Sustainability Plan*

Funding has been requested to fund this project work in the future. Additionally, project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

With the SWSHE pilot concluding in September 2024, HCPF has requested funds through the Governor's Budget (see R-7 Behavioral Health Continuum) to continue supportive services for members who qualify for Permanent Supportive Housing (PSH). These funds ensure that Medicaid will reimburse for the same supportive services described above for members in PSH in addition to clinical services. This combination of supportive services and clinical services wrap around members with behavioral health needs to increase housing stability.

The Peer Support grant was a capacity building grant for Peer Support organizations to enroll as Medicaid providers and bill for peer support services post-ARPA. This work will continue through ongoing HCPF support to create pathways for agencies to enroll as Medicaid providers. Becoming Medicaid providers allows these community housing service providers to receive reimbursement for both the supportive and clinical services they deliver to Medicaid members.

Additionally, curriculum (PowerPoints/outlines) was created through this grant for ongoing presentations and support across the state of Colorado to encourage organizations to be reimbursed through Medicaid for providing Peer Support services.

### *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: Off track
- Project Plan & Schedule Status: Off track - The project is currently 98% complete. The project schedule and milestones are delayed. The project team is working with ARPA resources and leadership teams to develop a plan 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:** Off track - The majority of contractor deliverables have not been completed within approved timelines.
- **Budget Status:** Watch - This project team is underspending compared to the total budget. The project team will submit for a final budget reduction once all vendor invoices have been processed.
- **General Project Update:** The following areas are in Off Track status: Schedule and Contract. The project budget status is in Watch. All other areas are progressing as planned. See details in corresponding status sections. The project contract status is in watch due to delays in receiving the final invoices from the vendor. This delay has caused the project to miss key milestones and put the schedule off track. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.



#### 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, HCPF executed a project focused on community identified service gaps that members of the American Indian and Alaska Native populations experience when seeking behavioral health services. HCPF worked alongside one tribe, the Southern Ute, in Colorado to co-design a menu of services and supports to meet the needs of the populations and expanded access to behavioral health and HCBS services. This work included an extensive stakeholder engagement process and formal tribal consultation engagement and happened in conjunction with the tribal liaisons at HCPF and is focused on ensuring the needs as identified by the tribal partners remain at the forefront of the work. Funding was provided in the form of prospective grant payments to give the tribe flexibility in implementing programs that would best meet the needs of their members and included capital expenditures. A fiscal rule waiver to allow for a prospective payment was approved by the Office of the State Controller in Q1 of SFY 2023-24 and again in Q1 of SFY 2024-25.

In addition to the direct support provided to the tribal nations, HCPF recognized that a large portion of tribal Members are a part of the Urban Indian population. To ensure expansion of services to meet the needs of this population, HCPF partnered with a local Urban Indian Health Program to fund the expansion of behavioral health and HCBS services. Funds were used for evidence-based practices and capital expenditures

mitigating care deserts to better serve the Colorado American Indian/Alaskan Native (AI/AN) population. This funding prioritized 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.

In May 2024, the budget was decreased to reflect the funding needed for one tribe, when originally budgeted for two tribes to participate in the grant funding opportunity.

Though all funds have been paid to the two grantees involved with this project, the Southern Ute Indian Tribe (SUIT) and the Denver Indian Health and Family Services (DIHFS), grant activities will continue past March 31, 2025. This timeline will allow the grantees to spend grant funds and report on their spending progress through June 30, 2025.

HCPF will maintain strong oversight over these two entities' activities until the funds are exhausted [no later than June 30, 2025](#). SUIT and DIHFS will continue to provide monthly reports outlining their use of funding. HCPF's Tribal Liaison and Behavioral Health Special Projects Section Manager will oversee the remainder of the contract and hold bi-weekly meetings to ensure successful completion. The grantees are expected to submit a final report that details every activity completed using grant funding and a full reconciliation of spending through June 30, 2025.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project work will continue with existing HCPF resources:

ARPA funding provided a one-time capacity building opportunity to local communities, allowing HCPF 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 utilized state only funds. Grant funding provided to Southern Ute and Denver Indian Health and Family Services to expand

behavioral health capacity. Funds may be used for capital expenditures including infrastructure and equipment.

#### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete. The project schedule and deliverables are delayed. The project team is working with ARPA resources and leadership teams 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 - All contracts have been executed, and work is underway.
- Budget Status: On track - The project team has no current concerns related to the project budget.
- General Project Update: The following areas are in Off Track status: Schedule. The project remains off track due to delays in the project closeout reports and deliverables due to HCPF from grantees. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.

## **4. Support Post-COVID Recovery & HCBS Innovation**



### Initiative 4.01. Residential Innovation ✓

*Project completed September 2024*



Under this project, HCPF developed and piloted continuum models of care that incentivized the creation of financially viable small residential programs that

are:

- Person-centered,
- oriented to positive health outcomes,
- and that focus on maintaining autonomy and independence for those aging in place and for those with intellectual and developmental disabilities (IDD).

This was accomplished by completing an analysis and pilot program.

- Models of Care Analysis: HCPF, with support from a vendor, conducted an analysis of funding mechanisms and feasibility on how to improve transitions

- of care for people transitioning from nursing facilities and other institutional settings to potential new models of care for investment and innovation.
- **Pilot Program:** HCPF awarded two grants to develop pilots where grantees designed and/or implemented 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 and approaches to aiding Colorado's aging adults and individuals with IDD. HCPF held at the forefront the Home and Community Based Services (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 was the intent of this project to determine whether a fully integrated, planned community can be one method for providing services to individuals with disabilities and aging adults.

#### *State Plan Amendment and Waiver Information*

There were no State Plan Amendment or Waiver submissions during ARPA timeline for this project.

#### *Sustainability Plan*

The project outcomes will inform future HCPF work and decision-making: Using information from the vendor engagement reports and the work the grantees performed, HCPF will be able to determine if models are sustainable and/or repeatable. If continued, work could be folded into existing HCPF work within the Office of Community Living (OCL) particularly within the Benefits & Services Management Division (Supportive Housing or Residential Benefits) or in the Compliance & Innovation Division. There are multiple opportunities for implementation in waivers or waiver expansion work. The data from the Models of Care analysis report can be used to develop a potential budget request to add new residential service models to several waivers for adults with complex needs.

#### *Capital Expenditure Plan*

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

### *Project Outcomes*

This project had several key outcomes including the development of a model of care analysis discussing six types of models for providing residential care that would help individuals remain in the community. One of the grantee participants was able to increase resident engagement with targeted activities that promoted overall stability, increased overall participant satisfaction, and better connected and served participants that have limited engagement in programming. Another grantee detailed an innovative care model and provided evidence, including environmental scan, structural report, community layout, and business plan, that support the model's ability to serve and support people of modest and limited means while improving health and wellbeing.



#### Initiative 4.02. Promote Single Occupancy



This project focused on supporting home and community-based services waiver approved residential facilities in creating more single occupancy rooms, which may help prevent the spread of diseases and promote greater independence among residents. HCPF researched current practices and what it would take for these providers to offer more single occupancy rooms. HCPF offered incentive payments with state-only funding for providers to convert more space to single occupancy rooms.

### *State Plan Amendment and Waiver Information*

There are no State Plan Amendment or Waiver submissions planned during the ARPA timeline for this project.

### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision making:

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

### *Capital Expenditure Plan*

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

### *Status Update*

- Overall Project Status: Off track

- **Project Plan & Schedule Status:** Off track - The project is currently 99% complete. The project schedule and milestones are delayed. The project team is working with ARPA resources and leadership teams 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:** Off track - The contractor deliverables have not been completed within the approved timeline.
- **Budget Status:** Watch - The project underspent compared to the total budget. The project team will submit for a final budget reduction once all vendor invoices have been processed.
- **General Project Update:** The following areas are in Off track status: Schedule and Contract. The project budget status is in Watch. All other areas are progressing as planned. The final grantee invoice is pending submission, and a budget reduction needs to be requested before the project can complete. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.



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



*Project completed December 2024*

This project focused on those areas in which there are currently gaps in services and treatment programs for children and youth. These included members with autism spectrum disorder, intellectual and developmental disabilities, severe emotional disturbance, as well as those with dual behavioral health and physical or developmental diagnoses.

HCPF worked 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. Though this portion of the project was started, the team determined the timing was not right to complete the work. This workstream will be completed outside the ARPA timeline. This project looked at the creation or expansion of a step-down service between hospitals and a short-term residential placement. Funding in the form of grants was made available to support the infrastructure and equipment costs associated with this expanded level of care. The grant programs focused on providers delivering Qualified Residential Treatment Programs (Q RTP) and Children's

Habilitation Residential Program (CHRP) services. Grantees delivering QRTP and CHRP services are not providing those services in an Institute for Mental Disease (IMD).

The scope of this project was expanded in September 2023 to enable the team to secure a vendor to perform analysis on what it would mean to move our CHP+ program from a standalone program to a program folded into the larger Medicaid benefit. This is particularly relevant during PHE unwind as children on CHP are not eligible for critical services like Applied Behavioral Analysis therapy and Early and Periodic Screening, Diagnostic, and Treatment benefits. In May 2024, the budget was decreased to adjust to the contracted grant awards in place.

#### *State Plan Amendment and Waiver Information*

No State Plan Amendment for program and service changes were identified during the implementation of this project.

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision making: Information reported by QRTP track phase 1 grantees will be used to better understand barriers to service access and provider expansion, gaps in resources and funding, and challenges in discharge and step-down transitions. This will also inform considerations for QRTPs as a system of care for children and youth behavioral health is implemented and Accountable Care Collaborative (ACC) Phase III begins.

#### *Capital Expenditure Plan*

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

#### *Project Outcomes*

A total of \$1,082,012 was expended through grant awards to eight organizations throughout Colorado to expand CHRP residential habilitation service capacity, conduct research and analysis in partnership with QRTP providers, and expand QRTP service capacity by addressing operational needs identified by QRTP providers.

A Colorado CHP+ Transition Study was also completed by a third-party contractor. The study included an administrative analysis of known and potential necessary administrative and organizational operations changes, policy changes, implications, and stakeholder impacts; a financial analysis of Health First Colorado and CHP+,



including benefit costs, administrative costs, and enrollment by category of service and member cohort; and recommendations and next steps for HCPF.



#### Initiative 4.04. Tiered Residential Rates & Benefits ✓

*Project completed September 2024*



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

HCPF currently pays one per diem rate for all members served in an Alternative Care Facility (ACF), regardless of the level of setting. This project developed tiers for the ACF benefit, as well as a rate methodology to set rates for future implementation.

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. This initiative explored the potential for 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 focused 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 an Institute for Mental Disease (IMD). This only included 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.

The scope of this project was expanded following the approval of additional funds in August 2023. The team extended the project and scope of the vendor's work to develop tiered rates from the already completed rate methodology and to develop a budget impact for the implementation of said rates.

#### *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 after the ARPA period.

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

HCPF 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, HCPF will pursue all appropriate administrative efforts to implement program and rate changes.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

The vendor completed a nationwide survey of best practices, assessment tools, and tiered rates to determine if a tiered rate structure would be appropriate for Colorado's residential settings. The contractor provided recommendations for changes to assessment tools and rates based on the information gathered from their research and stakeholder engagement. HCPF is reviewing recommendations and will determine which, if any, will be pursued.

HCPF worked with the vendor to evaluate the findings and survey results to develop acuity based tiers, a new rate methodology, and rates associated with the acuity based tiers. Although the budget impact was much higher than is currently feasible, the team intends to submit a future budget request for an additional tier and rate, targeting high-acuity members that reside in an ACF.



#### Initiative 4.05. Pilot CAPABLE ✓

*Project completed December 2024*

HCPF piloted and evaluated the innovative Community Aging in Place - Advancing Better Living for Elders (CAPABLE) program to support HCBS members to remain at home. The CAPABLE program was pilot tested in multiple locations across the State with the goal of enrolling 400 people. Though the program has been rigorously evaluated, HCPF implemented a pilot with an evaluation to ensure it resulted 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*

HCPF utilized 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 HCPF 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*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making: HCPF 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. HCPF is committed to the continued support of that vision and is reviewing options for continuing efforts in the longer term.

As a component of the evaluation process with CAPABLE grantees, the project team recommended that they develop a sustainability plan for their programs. Both grantees have successfully secured limited funding from other entities to continue their respective CAPABLE projects, albeit on a smaller scale. The HCPF team responsible for oversight of the Home Modification benefit are continuing their work with the CAPABLE National team and other stakeholders to collaborate with other states and national organizations.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes*

The CAPABLE program has been shown to effectively address improving the health and quality of life for members while decreasing costs. To make an informed and data-driven decision on whether CAPABLE should become a long-term Medicaid benefit, HCPF evaluated the CAPABLE program for an expanded population of Health First Colorado members across multiple age groups and Colorado pilot sites.

CAPABLE is a participant-directed, team-based intervention to increase mobility and functionality in the home. Two provider organizations piloted the expanded CAPABLE model between January 2023 and August 2024, serving 368 members in 10 counties spanning the ages of 18 to 98. The providers captured outcome measures pre and post intervention, including difficulties with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).

The evaluation included a one-group pretest-posttest comparison design to measure outcomes in Colorado's CAPABLE pilot and compare them to outcomes seen in CAPABLE pilots in other states. In addition, the Colorado Lab conducted a process

evaluation to better understand the specific components and benefits of the CAPABLE model; capture implementation successes and challenges to inform future expansion; and further explore how the CAPABLE model could serve as an enhancement or alternative to current Medicaid services in Colorado. Overall, CAPABLE was shown to produce positive and strongly statistically significant outcomes for a wide range of Health First members.



#### Initiative 4.06. Supported Employment Pilot Extension ✓

*Project completed December 2024*



In recent years, HCPF received State funding to conduct a Supported Employment pilot program to incentivize outcomes where people achieve and maintain employment. Funding for this project expired on June 30, 2022. HCPF extended and expanded that pilot program to allow for increased participation, additional data collection, and determined that 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 were no state plan amendments or waiver amendments for this project. However, HCPF is exploring how it can permanently implement a value-based payments model for Supported Employment Services into the Home and Community Based Services (HCBS) Developmental Disabilities (DD) and HCBS Supported Living Services (SLS) waivers that may require amendments to both waivers, which will not occur until after the end of ARPA.

#### *Sustainability Plan*

Fund has been requested to continue this project work in the future. HCPF is committed to creating environments of inclusion and employment opportunities for people with disabilities. The pilot of this program proved to be successful and self-supporting. HCPF requested ongoing funds within a FY25/26 budget request to amend the payment model for the Supported Employment Program, so that rates and payment structures incentivize Employment First outcomes and Competitive Integrated Employment. A fundamental expectation of supported employment is that job support and coaching will be reduced to the minimum level necessary for the participant to sustain employment. HCPF believes amending the payment model for the Supported Employment Program will lead to improved outcomes at lower costs.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project outcomes*

During the life of this project, HCPF tracked and evaluated two data points which illustrate that an incentive-based supported employment model would be successful if expanded into the HCBS Supported Living Services (HCBS-SLS) and the HCBS Developmental Disability (HCBS-DD) waivers. First, participants in the Pilot who utilized its services for 12 months averaged an 8% increase in their independence on the job compared to the general waiver population, which in 2022 only saw a 2.5% increase in independence. The second data point showed participants averaged an 11% increase in hours worked from month 1 to month 12. Illustrating members' continued success on the job even as their autonomy increased. Through this project, HCPF learned that an Outcome-Based Supported Employment model can be successfully implemented in Colorado's HCBS waiver systems and promises to improve employment outcomes for waiver members.



#### Initiative 4.07. New Systems of Care ✓

*Project completed December 2024*



HCPF had an opportunity to identify and pilot innovative systems of care that recognize and leverage the needs and capabilities of various populations. Under this project, HCPF studied successful initiatives implemented by other states and nations while also developing and administering pilot programs that would:

- Provide tuition and/or childcare reimbursement for Colorado Medicaid HCBS Direct Care Workers (DCWs).
- Fund the facilitation of home sharing arrangements where at least one individual in the home sharing match is at least aged 55 or older.
- Provide college credit for prior learning (CPL) and work experience for Colorado Medicaid HCBS DCWs.

To administer the pilot, HCPF created a grant program with state-only funding to support innovative models of care. HCPF conducted 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.

This initiative used existing project funds to launch an additional grant that focused on expanding, enhancing, and strengthening the capacity of existing service providers to serve individuals receiving Home and Community Based (HCBS) waiver services in a

residential setting with disabilities and complex behavior support needs. Through this grant program, HCBS providers applied for funds for projects that enabled agencies to better serve individuals with complex behavioral and/or medical support needs that require intensive supports and interventions to include materials, home modifications, use of a consultant, and/or equipment that are not already billable to Medicaid.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

The project outcomes will inform future HCPF work and decision making:

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.

Both of the grants were one-time sources of funding for time-limited activities or physical purchases. Therefore, grantees maintaining the activities after the closure of the grant is not feasible, in most cases. A portion of the Complex Needs Grant funded training opportunities for grantees. Grantees were required to provide descriptions for how they will care for and maintain their purchases, which will help grantees sustain their new environment even after the grant period.

Since this ARPA project had various components with varying outcomes that all support the HCBS workforce, HCPF will utilize the learnings to advise which projects should be considered for the future. In the meantime, HCPF will direct providers and potential employers to the free training and job matching through the HCBS Direct Care Careers site.

#### *Capital Expenditure Plan*

The capital expenditures for this project utilized state only funds.

#### *Project Outcomes*

A vendor completed an environmental scan, a stakeholder engagement plan, and a grant development report. The Environmental scan focused on evidence-based practices and stakeholder engagement activities for use in developing the parameters for the Systems of Care grant. The stakeholder engagement plan, survey, and summary outlined the approach to communicating and interacting with stakeholders. The Grant Development report presents key findings and qualitative data from the grant period and looks at the effectiveness and impact of the grant's performance.

### New Systems of Care Grant:

The New Systems of Care grant program was to either build or supplement existing programs in one or more of the following areas of focus:

- Home sharing facilitation where at least one individual in the home sharing match is at least age 55 or older.
- Tuition reimbursement distribution for Colorado Medicaid HCBS DCWs.
- Childcare reimbursement distribution for Colorado Medicaid HCBS DCWs.

This grant covered the cost for tuition and childcare for DCWs. The grant covered costs for staffing, background checks, training, and home modifications for the home sharing initiatives. For the creation of new daycare facilities, the grant covered staffing, building modifications, furniture, supplies, equipment, and licensure costs.

### Complex Needs Grant:

The Complex Needs Grant funded projects that enabled service provider agencies to serve individuals with disabilities in residential settings and prevent the need for higher levels of care like institutional care and emergency department utilization.

Organizations used funding to purchase sensory equipment and health and safety equipment for their residents as well as complete home modifications/adaptations to their home to make the homes safer for both the residents and the staff. Additionally, funds were used to provide consultations to the organization's staff members to enhance the level of care provided to residents.



### Initiative 4.08. Respite Grant Program ✓

*Project completed June 2024*

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 created a state-only grant program with two components: 1) expand providers' ability to provide respite services, such as by 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 2) 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 allowed 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 were made to individuals. Within the program, the majority (75% or more) of the funding went to providers who served Health First Colorado members who were either a caregiver or care recipient benefitting from respite services. Thus, no more than 25% of service recipients were non-Medicaid individuals, though, the department did allow for 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 was to provide respite services for the caregiver, even when they have multiple children. For example, a respite provider was permitted to 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 were eligible through this grant program to receive respite.

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

A second aspect of this project was to identify the landscape of respite availability across Colorado through a study that was used to create a report identifying the gaps in respite care availability. With lessons learned through the grant program and the study, the Department plans to use the information internally to make future improvements in how respite services are delivered statewide in Colorado.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision-making:

The evaluation component of this project helped to 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*

The respite grant program provided applicants the opportunity to request capital funding to support purchases including office furniture to expand capacity and enhance member services.



### *Project Outcome*

A total of \$1,138,547.50 was provided through grant awards to twelve organizations across Colorado, including urban and rural communities. They supported the unique respite needs of more than 1,200 Members, including children, older adults, Members with complex care needs, and Members with intellectual and developmental disabilities.

Highlighted below is a few of the innovative ways the grant funds were used:

- An online/app Respite CareMatch program was developed
- A program designed for siblings to connect with other siblings was created
- Voucher Programs and other existing programs were expanded to allow for respite in the evenings and on weekends
- Activities for Members such as boat rides and destination trips were offered
- A new respite program was started in Alamosa, Colorado
- Respite was offered for families seeking CNA Certification
- Additional respite was offered for Members who have exhausted their waiver benefit

The primary evaluation element of this project was used to identify gaps in respite 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 Members and their families but may be modified or expanded based on information gleaned from this ARPA project.

Future plans include evaluating group respite availability across all children's waivers and continuing to partner with our stakeholders and community partners to inform future decisions.



#### Initiative 4.09. Respite Rate Enhancement ✓ *Project completed December 2024*



HCPF provided a temporary targeted rate increase to incentivize additional respite providers to serve Home and Community Based Services (HCBS) adult and child members, with a focus on home-based services. **The enhanced rate was operationalized for respite services April 1, 2021 - March 31, 2022.** 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 was completed through the Respite Grant program (project 4.08).

### *State Plan Amendment and Waiver Information*

HCPF 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 project outcomes will inform future HCPF work and decision making:

This project is complete and involved a time limited enhancement of the respite rate during the COVID-19 pandemic. The aspects of this program that will extend in the future include what HCPF learned 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.

### *Project Outcomes:*

HCPF spent \$2,796,447 on enhanced reimbursement for HCBS waiver respite services through this project. There were 44 provider agencies who had not billed respite prior to the enhanced rate that began providing respite services during the timeframe of 4/1/21 - 3/31/22. 61% of these providers continued to provide respite services after the end of the enhanced rate. While one of the primary goals of the project was to increase provider enrollment, the decision to provide the rate retroactively also intended to ensure providers who had been providing respite during the COVID-19 pandemic were incentivized to continue to provide respite during that tumultuous time. The total number of members served during the enhanced rate timeframe remained stable as compared to utilization pre and post the enhanced rate timeframe.



### Initiative 4.10. Home Modification Budget Enhancements



HCPF 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. HCPF 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*

HCPF 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, HCPF 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. HCPF received approval from CMS for this change with an effective date of January 1, 2024. In addition, HCPF submitted a waiver amendment in the fall of 2022 to allow the continuation of this temporary benefit through December 31, 2024. Non-IDD Waivers received an update to the language for increased home modification funding. Beginning January 1, 2025, the waiver life cycle cap will begin at \$14,000 per individual.

#### *Sustainability Plan*

[Ongoing fund has been approved to continue the increased cap into the future:](#) HCPF recognizes that addressing the increasing costs associated with home modifications requires a long-term plan and funding strategy. The enhancement funding that ARPA provided offered meaningful insights into cost challenges and will put HCPF on better footing to ensure future budgets for this program consider increasing labor and materials costs. [Understanding the positive impact of this change, a budget request was approved to permanently increase the cap to \\$14,000 per individual sustaining this program for the long 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 99% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through 1/31/25 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 currently on track with all tasks. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension until January 31, 2025 to finalize all ARPA home modification projects submitted before December 20, 2024 that are not yet billed by the contractors. The additional funding time allowed HCPF to fully complete approved home modification projects for members and finalize billing.



#### Initiative 4.11. Hospital Community Investment Requirements ✓

*Project completed September 2024*

Under this project, HCPF researched and proposed 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. HCPF investigated minimum guidelines for community benefit spending and developed reporting values to hold hospitals accountable to meet community needs as determined by the community itself and align with statewide health priorities. These guidelines 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 were no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

The project outcomes will inform future HCPF work and decision making: HCPF 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. HCPF is committed to both maintaining the hospital community investment guidelines and working with hospital systems to evaluate the impact of their community benefit efforts through current staffing.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

## *Project Outcomes*

The team finalized guidelines recommendations, reporting process recommendations and have implemented changes approved via Colorado's legislative process.



### Initiative 4.12. Community First Choice



Community First Choice (CFC) was established by the Affordable Care Act in 2010 and allows states 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. HCPF will use funding to cover the administrative costs associated with the development and implementation of CFC, including system costs, stakeholder engagement, staff, CFC Educational Video, IRS Private Letter Ruling, and a new Wellness Education Benefit. The goal is to implement CFC in July 2025. Once implemented, the state would qualify for a 6% ongoing federal enhanced match on certain HCBS services.

To develop and implement CFC, HCPF 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. This benefit is slated to roll out with the Children's Home and Community-Based Services (CHCBS) waiver in the summer of 2024, to support the changes to case management, and the rest of the waivers with implementation of CFC.

To mitigate potential access to care issues, we will utilize ARPA funding to support the initial licensing fee for Program Approved Service Agency (PASA) as an incentive for early licensing compliance to mitigate the impact of the new licensing requirement under CFC.

## *State Plan Amendment and Waiver Information*

HCPF submitted 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 HCPF's 1915(c) waivers to remove services provided under the

1915(k). An amendment to add the Wellness Education Benefit to the CHCBS waiver was approved by CMS. Additional amendments will also be required to gain approval for the Wellness Education Benefit to be added to the other 1915(c) waivers as part of CFC implementation. The team submitted the SPA to CMS in October 2024. A waiver amendment was submitted to CMS September 2024.

### *Sustainability Plan*

A budget request was approved to fund this project work in the future:

The ability to leverage the ARPA funds to allow the State to pursue CFC was a high priority for HCPF and stakeholders. The funding accelerated investments in key information systems and work 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 was approved in Senate Bill 23-289.

### *Capital Expenditure Plan*

To implement Community First Choice in Colorado there were a number of Care and Case Management System (CCM) and Medicaid Management Information Systems (MMIS) adjustments required. The Department is implementing 1915(k) - Community First Choice (CFC), a new federal authority, within the State Plan. The new CFC services will be offered state-wide to support individuals to remain in their communities. CFC transitions some of the current services available under 1915(c) Home and Community Based (HCBS) waivers to the State Plan. All CFC services will be subject to prior authorization in alignment with waiver services. CDASS will transition from the HCBS waivers to the State Plan as part of the CFC project. Consolidation of the Children with Life Limiting Illness (CLLI) and Children's Home and Community Based Services (CHCBS) waivers will occur. The CLLI eligibility will expand to include the targeting criteria for CHCBS members and the CHCBS waiver will be discontinued.

### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track- The project is 98% complete. The project schedule, milestones, deliverables, and resources are significantly delayed for system changes, which place the completion date past the ARPA deadline. The project team is working with ARPA resources and leadership teams to develop a plan. Other than system changes, the project is progressing as planned and remains on schedule. The project received a schedule extension through 1/31/2025.

- **Resource Status: Off track** - The project team resources have been significantly constrained regarding system changes. The ARPA Leadership is taking action to resolve resource issues with system vendors. Project resources other than system changes, currently have all needed resources to complete this project on schedule.
- **Contract Status: Off track**- The majority of system contractor deliverables have not been completed within approved timelines and/or the quality of work has not met expectations. All other vendor contracts are completed.
- **Budget Status: Watch** - The project is spending lower than expected due to underspending forecasts for system changes. Leadership is involved in the systems discussions and these issues have been escalated. Final invoicing is complete for all non-system contracts. Payment for Private Letter Ruling has not been made yet.
- **General Project Update:** The following areas are in Off Track status: schedule, resources, and contract. All other areas are progressing as planned. See details in the schedule, resources, and contract status. Community First Choice State Plan Benefit (IHSS), CFC CDASS and CHCBS/CLLI system changes are all in design and pending development by the vendor. The private Letter Ruling is still in progress and with legal for review. Payment has not been made yet. Final invoicing for all other contracts has been completed. The project received a schedule extension through 1/31/2025 to allow for project to finalize vendor payment and completed the closeout process.

## 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 were substantial changes in those processes. This project provided resources to help limit disruptions to members during that process. HCPF supported 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 worked with Case Management Agencies (CMAs), local area organizations, and stakeholders to plan and prepare for Case Management Redesign (CMRD). It provided 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 the



development of 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 created a grant program to support the start-up of new contracts as a result of Case Management Redesign (CMRD). Start-up and transition costs were needed to get the new CMAs online and able to serve members faster.

#### *CMA Longevity and Retention Bonuses*

Effective December 1, 2022, HCPF 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 used funds for direct bonus payments to case management staff and/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. For the final grant distribution to the CMAs in Fall 2023, the project team was approved by the Colorado Office of the State Controller for a fiscal rule waiver to provide prospective payments that [were](#) distributed to case management staff as retention and hiring bonuses during the next year of transition.

#### *CMA Care and Case Management Stabilization Support*

This funding provided [support](#) to CMAs for unexpected costs outside of previous funding opportunities or existing reimbursement structure during transitions to implement CMRD, to support with staff retention, assist with data clean-up in the CCM, digitization and/or storage of documents, and unexpected demands related to the Public Health Emergency Unwind.

In early Summer 2024, HCPF contracted with a vendor to administer additional intensive coaching to a small number of CMAs with new contracts to support their backlog reduction efforts. Additionally, HCPF made payments to phase three outgoing CMAs to identify, document, and provide all case management backlog to the Department to support a smooth transition to the new agencies.

As HCPF prepares to transition to a new assessment tool, the project supported quality assurance and improvement efforts related to the [decommissioning of the Supports Intensity Scale \(SIS\)](#). In Summer 2024, HCPF contracted with a SIS subject matter expert to collect, analyze, and evaluate data regarding SIS practices. Data



collection included risk assessments, SIS documentation reviews, fact finding interviews, and observations. Additionally, the vendor developed and implemented a comprehensive audit plan in consultation with HCPF representatives. Auditing duties included identifying gaps related to nonalignment of SIS standards and practices, stakeholder assurance, and SIS assessment spot checks.

#### *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. With the Public Health Emergency's end on May 11, 2023, the Department's authority through the Appendix K amendment ended on November 11, 2023. These retention payments tied to Public Health Emergency response ended at that time. After that, the Department made available retention payments for Case Management Agencies tied to the State's Case Management Redesign effort. These payments have been distributed through a competitive grant program through fiscal year 2024.

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

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.

#### *Technical Assistance and Coaching:*

While this project and its deliverables are complete, the work to support and sustain CMAs into the future is not. CMAs continue to need support with workflows, creating stability and workforce retention, in addition to training on the cultural components of new initiatives taken on during the transitions. This work is currently being incorporated into current staff responsibilities. However, this project shows the benefits of individualized coaching and support for each agency that could be considered for the future. To that end, many of the CMAs are continuing to use the coaches and/or the coaching model used in this project to support themselves in the areas of need they identify.

#### *Grants:*

All three grant programs have completed activities, and no additional funding is currently available to continue efforts. HCPF collected feedback from grantees to help inform and prioritize funding opportunities in the future.

#### Assessment Quality Assurance and Improvement:

AAIDD has been a valuable partner and HCPF would like to continue to garner relevant information and perspectives from advocates. Therefore, AAIDD will continue to evaluate the SIS Assessments and provide technical assistance through June 2025, which will be funded outside of ARPA.

#### *Capital Expenditure Plan*

This project funded a contractor to develop a framework to support the change management requirements to ensure successful transition from the current care management system to implementation of Case Management Redesign and mitigate negative impact of members. An additional component of the project included providing start-up and transition funds for new case management agencies (CMAs) after the new awards were announced to enable CMAs to get up online faster. Grantees used funds to support brick and mortar costs, office supplies and inventory, marketing and communication costs, and/or company vehicle purchase or modifications.

This project also provided support to case management agencies for unexpected costs outside of previous funding opportunities or existing reimbursement structures during transitions to implement Case Management Redesign, to support staff retention, assist with data clean-up in the Care and Care Management (CCM) System, digitization and/or storage of documents, and unexpected demands related to the Public Health Emergency Unwind. The capital expenditures included the purchasing of software licenses to support the digitization process and/or software upgrades or enhancements needed as a result of CCM implementation that were unexpected.

#### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete. The project schedule is significantly delayed as it relates to processing final vendor invoices. The project team is working with ARPA resources and leadership teams to develop a plan 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 - All contract deliverables for this project have been completed.
- **Budget Status:** On track - The project team has no current concerns related to the project budget. The team expects the grants' spending to be finalized by the end of December. The team anticipates decreasing the budget approximately \$2M to reconcile the budget for closeout.
- **General Project Update:** The project is on track in all areas except schedule as it relates to processing the final vendor invoices. The project team is working with Leadership and the accounting team to resolve the delays. The team anticipates requesting a budget decrease for budget reconciliation before closeout. The team will submit the Closeout Report for approval once invoicing is complete. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.



#### 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, HCPF 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.

HCPF 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.

The scope of this project was expanded, and additional funds added to the budget in September 2023 (titled 5.02b). This new component of the project will help support the revalidation of HCBS members as part of the Public Health Emergency (PHE) Unwind. Key activities include: hiring additional resources including term limited staff, contracted temps, and vendors to support outreach, eligibility processing of renewals, and communications. Additionally, toolkits will be developed, and an escalations process launched for all HCBS procedural denials. The system changes associated with this project (5.02a), will also assist with the Public Health Emergency Unwind efforts by implementing changes specific to improving Long-Term Services and Supports (LTSS) that directly impact those efforts.

Additionally, the scope was expanded to update, bring into compliance, and improve clarity and accessibility in eligibility letters sent to HCBS members. [Implementation of this new functionality was completed in July, September and October 2024.](#)

A scope expansion was approved in March 2024 to include a critical fix that will prevent adoptive names from being overwritten by biological names in CBMS and SIDMOD. This will ensure legal name changes do not disrupt Medicaid and HCBS services for adoptive children and youth. [Implementation of this new functionality was completed in June and August 2024.](#)

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

[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. The Department is also pursuing Long Term Services and Supports \(LTSS\) Presumptive Eligibility \(PE\) for high-risk individuals with disabilities that need more urgent access to services. HCPF is working on an update to the 1115 demonstration waiver to receive federal authority for this new program. Funding to implement and sustain LTSS PE was approved by the legislature through a budget request.](#)

#### *Capital Expenditure Plan*

This project is supporting updates to the Colorado Benefits Management System (CBMS) to improve eligibility processes for HCBS members. HCPF completed work with stakeholders and other external parties to identify solutions to barriers to Long-Term Care eligibility and further streamline the process. HCPF developed policy requirements, modifications, and corresponding eligibility system enhancements to the CBMS system and is working with the vendor on implementation.

#### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete.

- **Resource Status:** On track - The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** Watch - The contractor deliverables have not been completed within the approved timeline.
- **Budget Status:** Watch - The project is under spent compared with the budget forecast due to a delay in vendor invoicing. The IT systems vendor submitted the final invoice, which is now being processed. The project team has obtained approval to reduce the project budget by \$28,600. It was determined these funds would not be needed since the contract work associated with these funds is complete.
- **General Project Update:** The project is currently on track with all tasks, except for a delay related to the final vendor payment. This delay is preventing the project from finalizing spend and obtaining and final approval of the closeout report.

### Initiative 5.03. Case Management Rates ✓

*Project completed February 2023*

HCPF transitioned to a new rate structure for Case Management Agencies (CMAs) in FY 2020-21. HCPF 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. HCPF 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.

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision-making:

HCPF 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 rate methodology, OCL is committed to ongoing collaboration with the Fee for Service Rates Division within HCPF as well as the Medicaid Provider Rate Review Advisory Committee (MPRRAC) to continue to evaluate rates and the rate methodology as part of the overall goal of achieving a strong case management infrastructure statewide.

### *Capital Expenditure Plan*

No capital expenditures 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 HCPF budget request for FY 2023-24.



#### Initiative 5.04. Case Management Best Practices ✓

*Project completed December 2024*



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. HCPF researched national best practices for Colorado's Regional Accountable Entity (RAE)/ Case Management Agency (CMA) system to better meet the needs of a variety of member profiles such as complex care coordination for those with dual or poly diagnoses. HCPF developed a training plan, which included appropriate materials for CMA and 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 were no state plan amendments or waivers required for this project.

### *Sustainability Plan*

This project work will continue with existing HCPF resources:

HCPF 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. With the training materials for best practices developed, HCPF is committed to maintaining the currency of the information and to spread the information via case managers and RAE personnel.

Although certain best practices have been implemented and overall collaboration, coordination, and communication has improved between the RAEs and CMAs, the work will continue. HCPF will continue to provide support to the CMAs around execution of

the best practices and ensuring the tasks for the kick-off activities continue. HCPF built ongoing RAE coordination into the ongoing Targeted Case Management rate required for continuation of the tasks and duties. HCPF Case Management staff will continue to support CMAs in coordination with the RAEs via the Cross Agency Forum and individualized technical support as needed.

Staff from across HCPF will continue to meet to ensure the continuation of the collaboration and to identify specific roles and responsibilities as this work is absorbed into HCPF's work. Additionally, HCPF has contracted with a vendor to provide ongoing support of the collaborative efforts, including the Cross Agency Forum.

HCPF will use funds appropriated through the legislature for implementation of the HCBS Settings Final Rule, specifically relating to Person-Centered Planning and training of HCBS providers on person-centered thinking, to maintain the eLearning modules and payment of the license fee for unlimited license/use.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

CMAs and RAEs were supported in implementing select best practices, the results of which have increased CMA/RAE collaboration and communication in serving shared Medicaid Members. By better defining roles and responsibilities, adopting accepted business practices, creating training materials, establishing clear communication channels and standards, sharing information, and leveraging technology for data exchange, the RAEs and CMAs have enhanced their ability to work together more efficiently and have improved the overall member experience.

CMAs and RAEs have established data sharing agreements, standardized standing meetings and policies and procedures around serving their shared Members. CMAs and RAEs now meet together monthly at a Cross Agency Forum co-chaired by a CMA and RAE representative designed to further their collaboration and communication going forward.



#### Initiative 5.05. Case Management Agency Training Program



HCPF will develop and implement comprehensive training for case management agencies to improve quality and consistency statewide. HCPF will develop a robust training program for CMAs for all waiver programs and



services, as well as State Plan benefits. The training will be incorporated into a Learning Management System allowing HCPF to assign and monitor training completion. HCPF 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 Case Management Agencies are planning for the training and oversight of their case management staff by outlining processes through a deliverable. Additionally, as new enhancements are added to the system, updates to training materials and continuing education training for case managers will be required.

Though the majority of the training development and dissemination for this project is complete, one component is still ongoing due to delays in stabilization of the Care and Case Management (CCM) System. HCPF had intended to complete the training for the new Colorado Single Assessment (CSA), which will replace the Support Intensity Scale (SIS) assessment, and the Person Centered Support Plan during the ARPA period. The SIS assessment is being decommissioned by July 1, 2025 and the CSA was planned to be implemented at the same time, however due to the delays of the CCM system, the team has had to delay the implementation of the CSA and pivot to an interim solution to replace the SIS called the Interim Support Level Assessment. Case managers and other assessors will be required to be trained on the new interim tool in the spring of 2025 and on the CSA in the fall of 2025. This pivot to the Interim Support Level Assessment is directly tied to the launch of Community First Choice and will allow HCPF to build a transition process to eventually align with the implementation of the new Person Centered Budget Algorithm (PCBA), once the CCM System is stabilized.

HCPF has contracted with a vendor, and a prospective payment will be made to them in January to provide the training and oversee a pilot of the new Interim Support Level Assessment tool. The vendor will produce a final report of the training activities and pilot outcomes. All funds will be paid in January to the vendor responsible for completing the training and pilot activities, though the activities will continue past March 31, 2025. This timeline extension will allow the assessors to be trained on using the interim tool and for a pilot to be conducted to ensure that the tool produces the expected Support Level results. The contract with the vendor will complete on June 30, 2025 and HCPF expects all activities to be successfully completed at that time.



For the training on the CSA, a prospective payment will be made in February 2025 to Case Management Agencies for the training of their staff. HCPF will monitor the execution of training and completion by all case managers. HCPF will pull reports from the Learning Management System and work with each CMA to identify staff who have fully completed the training curriculum as required at the conclusion of the CSA training to close out the project.

HCPF will maintain strong oversight over the Interim Support Level Assessment vendor's activities, as well as the Case Management Agencies training, until the full close out of the project. HCPF is developing contract amendments outlining the requirements of the vendor and Case Management Agencies. The Interim Support Level Assessment vendor will be required to supply regular reports to HCPF that track activities and to provide comprehensive reporting on costs for the activities during closeout. The vendor is also expected to submit a final report that details every activity completed using ARPA HCBS funding through June 30, 2025.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

HCPF 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, HCPF 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 - The project is currently 92% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project has been approved for an extension through March 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 the necessary 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 - \$115,000 in additional funds were approved to support this project. These funds will be utilized to support the development of and training on the Interim Support Assessment. A fiscal rule waiver has been submitted and approved to pay the funds prospectively to the vendor.
- **General Project Update:** The project is on-track in all areas. The project team received approval to extend the project timeline, increase the budget, and expand scope to support the development and training of the Interim Support Level Assessment, which is replacing the SIS-A Assessment in July 2025. The project team was also approved to provide advanced training payments to CMAs in Spring 2025. There will be continued monitoring and reporting requirements for the work since it continues past the ARPA timeline.

## 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.” HCPF 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 HCPF 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.

Due to delays in the stabilization of the Care and Case Management (CCM) IT system, HCPF will integrate the acuity tools into future modules within system. We anticipate the tools being operational in the CCM outside of the ARPA timeline. 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*

A budget request was approved to fund this project work in the future:

HCPF sought and received budgetary approval to utilize a Nurse Assessor to complete the assessment tool. By utilizing a nurse assessor, members will receive a holistic assessment of their needs for skilled care and expert education on all services available to members to meet their needs. The new tools will be integrated into the existing systems/platforms (HCBS assessment tool and the CCM), both of which will be available to users beyond the terms of the ARPA timeline.

#### *Capital Expenditure Plan*

The new acuity tool will require software/system build and integration into the CCM System. The Department has designed and developed 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. HCPF plans to integrate the developed tools as a module within the CCM. The assessor 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.

#### *Status Update*

- Overall Project Status: Off track

- **Project Plan & Schedule Status:** Off track - The project is 99% complete. The project schedule, deliverables, and invoicing are delayed. The project team is actively working to get the project back on track. The project has been approved for an extension through Jan. 31, 2025. 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:** Off track - The project team resources have been significantly constrained for the systems build.
- **Contract Status:** Off track- The contractor deliverables related to the systems build have not been completed within the approved timeline.
- **Budget Status:** Watch - Spending is at a critical level below budget which signals the return of unused funds for the systems development portion of the project.
- **General Project Update:** The following areas are in Off Track status: budget, schedule, resource, and contract. The work to design and develop new assessment tools for LTHH and PDN hours is in the final steps of approval. This must be completed prior to the final invoice authorization. Regarding the systems build, the team has determined ARPA funds will cover through the Design of the system build. Final payments have not been issued. The project received a schedule extension through 1/31/2025 to allow for the project to finalize vendor payment and complete the closeout process.



#### Initiative 6.02. Specialty Search in Provider Specialty Tool ✓ *Project completed March 2024*

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 HCPF's website or select specialties in the MMIS for which they are not qualified or do not wish to enroll.

HCPF has developed an optional "specialty finder" tool that, through a series of questions, helps 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 also provides guidance on other enrollment requirements that may be necessary to enroll and point to non-HCBS provider types they may be eligible for. This "specialty finder" tool has been integrated into HCPF'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 HCPF 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.

### *Project Outcomes*

The project team developed a guide to help prospective providers interested in serving HCBS members select the right specialty, or group of specialties, in advance of enrolling with Gainwell or starting the licensure process with the Colorado Department for Public Health & Environment. This guide is designed to save prospective providers time, reduce the number of applications returned, and increase the number of available HCBS providers. The goal is to have providers expand the type of services they provide to additional specialties and increase the HCBS provider pool. After a lengthy process of cross walking scenarios with subject matter experts, a web page was developed to serve as this guide. It is active on the Department website. The web page has been tested and will be updated as needed by internal staff, allowing for more flexibility when changes are needed.



#### Initiative 6.03. Member Facing Provider Finder Tool Improvement ✓ *Project completed December 2024*



HCPF administers a “Find A Doctor” provider search tool on HCPF’s website that identifies health care providers based on certain search criteria selected by the user. HCPF added functionality to the tool, including the ability to search by practitioner location ([including counties that services are rendered in](#)), practitioner associations, and provider specialties.

Under this project, HCPF also added 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, HCPF added cultural competence search criteria to the tool.

This included criteria such as: woman or minority owned/operated, cultural and ethnic subgroups, etc.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

The State of Colorado and HCPF hold equity and cultural competency among the provider community and health care systems at the forefront. With completion of the member-facing provider tool enhancements, HCPF will implement a cross-departmental approach to 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*

HCPF 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. HCPF added additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties. Under this project, the Department added the critical criteria of “Cultural Competency” to the search tool.

#### *Project Outcomes*

The State of Colorado and HCPF hold equity and cultural competency among the provider community and health care systems at the forefront. With the additional search filters, members will have the most accurate and relevant information to choose the best health care provider to meet their specific needs, resulting in higher quality care and continued engagement with providers.



#### Initiative 6.05. Member Tech Literacy ✓

*Project completed May 2024*



Like HCBS providers, many HCBS-enrolled members could benefit from greater access to electronic systems. Under this project, HCPF developed 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 was delivered to a small pilot group of members. HCBS-enrolled members who participated in this project received an iPad to support training and improve access beyond the project time period.

### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

HCPF 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.

### *Project Outcomes*

HCPF, in partnership with the University of Colorado - Center for Inclusive Design & Engineering (CIDE) and the Colorado Office of Employment First, conducted a thorough scholarly literature review of the technology literacy landscape for people with disabilities. Once the literature review was complete, the team used the information to develop two learning plans; one for members providing digital literacy training and another to train the trainer, designed for community supports like case managers, providers, and family members. The learning plans are hosted in Moodle which is accessible at no cost to the public. CIDE then hosted a pilot program in which coaches and learners (HCBS enrolled members) were recruited to experience the learning plans using iPads provided with one-time project funding. Once the pilot program was complete, a comprehensive evaluation report was completed offering outcomes and recommendations.

### 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 the 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.

Two additional components were added to the scope of this project in September 2023. The first will support an environmental scan of Behavioral Health providers' use of and interoperability of EHR systems.



### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

The project outcomes will inform future HCPF work and decision-making: 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. Other allowable capital expenses related to enhancing the cybersecurity efforts within county offices include control panels, installation, training, cables, mounts, and cable boxes. The installation of new enhancements may also require a software system to function, of which coverage is allowable over the length of the grant period.

### *Status Update*

- Overall Project Status: Off track
- Project Plan & Schedule Status: Off track - The project is currently 99% complete. The project deliverables and milestones are delayed due pending vendor invoice.
- Resource Status: On track - The project team currently has all needed resources to complete this project on schedule.
- Contract Status: On track - All deliverables have been received from the vendor.
- Budget Status: Off track - The project is underspend compared with the budget forecast. The team will need to submit a budget reduction prior to the close of the project. The team continues to meet with grantees on a regular basis to encourage appropriate spending.
- General Project Update: The project is off track in schedule and budget. The project closeout reports are in progress and the team awaits the final contractor invoice. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.

### Initiative 6.08. Care & Case Management System Investments

HCPF 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. HCPF is reviewing investments in system changes, software, and hardware to support the new care and case management system.

#### *Device Costs*

HCPF 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, performing assessments in the home, or uploading 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, HCPF will create bidirectional data feeds between providers and the CCM, building on existing statewide data sharing strategies in development or in place regarding EHRs. Another potential enhancement is to allow case managers to capture notes in one location, rather than multiple locations in CCM. This will increase efficiency, organization, and improved tracking by Case Management Agencies (CMA) for billing, and HCPF for quality improvement reviews.

Additional funds, approved by the JBC in March 2022, expanded the scope of this project to include enhancements to the CCM system to allow for automation of Consumer Directed Attendant Support Services (CDASS) prior authorization request revisions.

Several projects previously considered as additional scope to this project have been incorporated into other projects where the scope was better aligned, including an

adjustment to the system to account for a new rate structure for CMAs and enhancements to the Person-Centered Budget Algorithm. Adjustments to accommodate data from the CCM into the Department's data management system continue to be part of this project. Next quarter, the project will absorb the system changes from project 3.03, Community Transitions Support, including In-Reach Level of Care and Rapid Reintegration, In-Reach and Individual and Group Counseling, and Create Money Follows the Person.

HCPF has an ongoing prioritization review process to determine which enhancements are critical to the success of the CCM implementation, while also considering internal capacity and concerns for project completion.

#### *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*

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, Pre-Admission Screening and Resident Review (PASRR), and more. Vendors will be responsible for configuring or developing the 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 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: Off track

- **Project Plan & Schedule Status:** Off track- The project is currently 97% complete. The project schedule is significantly delayed. The project team is working with ARPA resources and leadership teams to develop a plan to get the project back on track. The project was approved for an extension through January 2025 to allow time to process the final invoicing and reconcile the budget.
- **Resource Status:** Off track - The vendor's resources for system changes have been significantly constrained. The project team is working with ARPA leadership to take action to resolve resource issues.
- **Contract Status:** Off track- The majority of contractor deliverables related to the system changes are not scheduled to be completed within the ARPA timeline. The team is working with ARPA leadership to develop a prioritization and contingency plan.
- **Budget Status:** Off-track - The project team is unable to forecast the final spend due to late invoicing by the systems vendor. The project team anticipates a significant budget reduction for closeout once more is known due to the systems vendor underspending.
- **General Project Update:** The project is off track in most areas, including budget, schedule, resources, and contract. The systems vendors have consistently been delayed in submitting cost estimates, invoices, and the system change request deliverables. Most systems work will not be complete within the ARPA timeline and leadership is working with the team to develop prioritization and contingency plans. The project was extended through January 2024 to allow time to process the final invoices once received.

#### Initiative 6.09. Updates to Salesforce Database ✓ *Project completed November 2024*

As part of this technology project, HCPF enhanced the Salesforce system to compile and centralize issues, grievances, clinical documentation, and quality of care. Through the development process, HCPF identified and implemented other enhancements to the system, including escalation/complex solution forms, input/output tracking, and data deduplication management. These enhancements will allow for clinical reviews, time tracking for staff, and tracking creative/complex solution calls to understand the diagnosis, services, and length of time to locate a solution for a case.

#### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

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

The internal HCPF team that manages Salesforce, oversees all user data, user profiles, maintenance, security, and OIT compliance. The team develops reports for internal HCPF users, who are then responsible for building reports and providing data to their respective teams and leadership. There are internal Salesforce Administrators who will be responsible for the continued enhancements and data integrity. As part of the ongoing scope of work, the HCPF team will continue to work with the Salesforce team to continue to review and remove any duplicate records.

### *Capital Expenditure Plan*

This work updated the Salesforce system to allow for expanded use of the current case management functionality, utilizing Ticket, Citizen and Case Number objects to allow onboarding of the Clinical and Quality Care Management (QCM) team. It centralized complaints, issues, grievance, clinical documentation and quality care complaint tracking in the Salesforce system. Salesforce does not connect to the MMIS and no other changes are necessary to implement this project.

### *Project Outcomes*

Through the successful enhancement of its Salesforce system, HCPF has significantly improved the management of escalated cases, streamlined workflow processes, and enhanced data quality. The implementation of creative and complex solution tracking, time management, and enhanced reporting mechanisms has positioned HCPF to better serve its members and meet its performance goals moving forward.



#### Initiative 6.11. Centers of Excellence in Pain Management ✓

*Project completed November 2024*



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. HCPF piloted a program in which a contractor team consisting of a physician, pharmacist and a licensed clinical social worker will assess the needs of people who live with chronic pain for mental health or substance use disorder treatment. The team coordinated appropriate referrals to mental health, SUD, or trained primary care providers primarily via telemedicine using best practices for appropriate pain management. This team also coordinated with the Regional Accountable Entities to

offer training, resources, 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 were no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

A budget request was approved to fund this project work in the future:

The ARPA funds supported a first-time demonstration project and the subsequent learnings will inform future policies and programs. HCPF has received funds through the Governor's Budget (see R-9 Access to Benefits) to continue our work that was started through this pilot. These funds will be used to support the program for an additional two years to help gather more information and inform whether to expand the program to serve all Health First Colorado members, beyond its initial pilot population, which included only those receiving HCBS.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

This project established a new program, the Chronic Pain Centers of Excellence (CoE), designed to address gaps in care experienced by people with chronic pain enrolled in Health First Colorado (Colorado's Medicaid program.) To support Primary Care providers in managing chronic pain, the program offers accredited provider education, consults for complex pain cases, and connection to multidisciplinary care modalities for people who live with chronic pain through our referral coordinator and locally available resources within each region.

The program has offered live and on-demand educational sessions to over 100 Medicaid enrolled providers, completed complex pain consultations with a double board certified pain specialist and/ or pharmacist, provided support to Regional Accountable Entity Representatives, and connected dozens of people who live with chronic pain to appropriate resources and options for individualized care.



#### Initiative 6.12. Systems Infrastructure for Social Determinants of Health



HCPF, in partnership with the Office of eHealth Innovation, expanded the infrastructure for a Social Health Information Exchange (SHIE) which provides case management agencies, Regional Accountable Entities, 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.



#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

A budget request was approved to fund this project work in the future:

Beyond the initial project efforts, HCPF 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 HCPF.

The SHIE project is a transformative ten-year effort that will expand across many use cases in future years. Post-ARPA, this project will be collaboratively managed between OeHI and the Health Information Office (HIO) as a module of the Colorado Medicaid Enterprise Systems architecture. Funding for the SHIE effort and OeHI's broader care coordination activities has been approved by a Capital Construction request by the Colorado State Legislature, with 90% federal match funds secured through the SHIE Implementation Advanced Planning Document. No additional resources, apart from those already identified and funded, are needed to sustain the SHIE project.

#### *Capital Expenditure Plan*

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: Off track

- **Project Plan & Schedule Status:** Off track - The project is currently 99% complete. The project tasks, deliverables and milestones are progressing as planned and remain on schedule. The project is working with accounting on processing the final vendor invoice in order to submit the closeout report for Leadership approval.
- **Resource Status:** On track - The project team currently has all needed resources to complete this project on schedule.
- **Contract Status:** On track - All contract deliverables for this project have been completed.
- **Budget Status:** Off track - The project is Off Track as the project is underspent compared with the budget forecast for the previous quarter. The team will need to submit a budget reduction prior to closeout.
- **General Project Update:** The project is currently on track with all tasks, except for a delay related to the final vendor invoice. This delay is preventing the project from finalizing spend and obtaining final approval of the closeout report. The ARPA Leadership team is working with the project lead to get the project back on track. The project is in the process of closing out and plans to complete the closeout process no later than early January 2025.



#### Initiative 6.13. Connect Case Management Agencies to ADT Data ✓ Project completed May 2024

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

HCPF connected Case Management Agencies (CMAs) to Admission, Discharge, Transfer (ADT) data to obtain hospital admission data in real-time. While ADT data from hospitals is transmitted from the Business Intelligence Data Management (BIDM) System to the Care and Case Management (CCM) system, there is a significant lag, which prevents it from being actionable. This project offered optional grant funding for CMAs to pilot test access to this data in a human-readable form. Grant funding supported the added operational demands associated with incorporating this process into the CMA's workstream. HCPF collaborated with grantees to develop policy and procedures for utilizing the new data as a part of current practices, as well as developing best practices and lessons learned from the pilot.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*



Project outcomes will inform future HCPF work and decision-making:

The ARPA investment for this project focused on providing CMA users access to ADT data already being acquired by HCPF. CMA users had the ability to receive ADTs in a much timelier manner and were more proactive in facilitating transitions of care. This access and new workflows will be available to CMA users beyond the life of ARPA funding.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

The pilot project began in January 2023 and concluded in December 2023. The pilot consisted of seven participating CMAs who received daily ADT hospital data files via a secure site from HCPF. ADT data was used to identify members associated with their agency who had visited the hospital, alerting them to possible changes in functional needs and services, as well as possible critical incidents. As a result of having access to the ADT data, participants reported improved outreach and increased communication between case managers and their members thus enhancing member experience. Participants also stated feeling empowered to conduct more effective and comprehensive follow up with their members and identified increased opportunities for the coordination of discharge planning, in turn leading to a more seamless continuity of care. In total, 290 days of ADT data was distributed, impacting an average of 704 members per month. Feedback from participants resulted in the submission of a system change request to generate ADT notifications and a work queue in the CCM system.



#### Initiative 6.14. Data Sharing with the SUA ✓

*Project completed September 2024*

HCPF worked with a vendor to determine future data-sharing capabilities with the Office of Aging and Adult Services (SUA) within the Department of Human Services (DHS), as well as address gaps, opportunities, and barriers to data-sharing in Colorado and reporting on best practices used in other states. The vendor designed a system map of program and IT systems to determine a mechanism to share data and other information across offices. The goal was to implement a technology solution to access the Area Agencies on Aging (AAAs) data to identify and better track Medicaid Long Term Services and Supports (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 were no state plan amendments or waivers required for this project.

#### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision-making:

The collaboration fostered between the Office of Aging and Adult Services and the Department's Medicaid Office addressed 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.

#### *Project Outcomes*

Through meeting with representatives from Colorado Case Management Agencies (CMAs), Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), and Health Care Policy and Financing (HCPF), the vendor was able to identify key barriers to cross-agency data sharing that ultimately result in members missing out on certain benefits or supports. The vendor also completed thorough analyses on data sharing allowances related to Medicaid-centric agencies as supported by statutes and regulations, and on opportunities to improve data-sharing through Department initiatives. To point to a feasible path toward data-sharing improvements, the vendor completed a study on data-sharing best practices in other states, and the various systems used by CMAs, AAAs, and ADRCs, and also highlighted allowances in HIPAA regulations.

#### Initiative 6.15. Interface with Trails ✓

*Project closed November 2024*

HCPF implemented 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 improves the eligibility determination process for LTSS utilizers. The interface allows county staff to determine if a child who is going to be entered in Trails already has an open case in another system. This was 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 the State Identification Module (SIDMOD) from the main frame outside of the ARPA timeline.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

The technical redesign proposed with this project will improve the process of administering LTSS services and reducing duplicative efforts at the County level and providing data system enhancements to clear current and ongoing issues. These process improvements will extend beyond the lifecycle of the ARPA initiative.

The Trails system is operated through HCPF's sister agency, CDHS, and any maintenance, enhancements, and training related to the system will be led by their team. HCPF continues to coordinate with CDHS to improve and expand upon quality assurance functions between the agencies to ensure the agencies have a proactive approach to resolving problems so they do not escalate and create additional barriers to care. The Process for Resolving Beneficiaries on the Mismatch Report Policy is one example of how future errors and discrepancies will be monitored and corrected.

Additionally, ARPA project 5.02, Improve and Expedite Long-Term Care Eligibility Processes, includes work on a critical fix in Colorado Benefits Management System (CBMS) to ensure adoptive legal name changes do not disrupt Medicaid and HCBS services for children/youth. The system change will stop adoptive names from being overwritten by biological names in CBMS and SIDMOD by recognizing adoptive identities and locking down birth identities. This work should further reduce double capitation payments.

#### *Capital Expenditure Plan*

This project supported system changes related to the child welfare care system to reduce duplicative cases in Medicaid systems. Systems changes to connect Trails and Interchange (iC) allow counties to improve quality and reduce duplicate cases. This project primarily required changes on the CDHS system to communicate with MMIS/CBMS to pull in the information that is already available and prevent duplicate Medicaid entries. But there were small changes that were required in the MMIS/CBMS.

### *Project Outcomes*

Training: Operational memos were issued to county human services departments in December of 2022. Memos provided guidance on data integrity checks, client searches, and case merging. Case managers were directed to bring questions and/or concerns to the Medicaid Working Sessions.

Systems Change: Prior to the system change, authorized users of the Trails system did not have the ability to look up a member's Medicaid or CHP+ eligibility information in the interChange system. Thus, the Trails user could not determine whether a member had an active State ID before creating a new ID for the member. The interface has been added to allow county child welfare workers to see if there is a case already open for the member. This will allow them to make a decision related to using the same State ID number, merging cases or to make a request to close one case while they are opening another.

## **7. Expand Emergency Preparedness**

### Initiative 7.01. Emergency Response Plans ✓

*Project completed December 2024*

One of the two initiatives to support future emergency preparedness was the development of provider emergency preparedness and response plans. These resources outlined how providers will assist members with preparedness, and in the event of an emergency, and how they will provide direct support. A contractor researched national standards for emergency preparedness for various provider types. Based on that research, the contractor developed tools and resources for providers in developing emergency preparedness and response plans. These resources have been made readily available for current and new providers.

### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

This project work will continue with existing HCPF resources:

This project supported providers with tangible plans, skills, and materials to continue operations in the event of an emergency. HCPF is confident that these assets will benefit these providers long into the future and well beyond the ARPA funding period. The training and educational materials are housed on a Learning Management System platform with Center for Inclusive Design and Engineering (CIDE) at the University of

Colorado, Denver. With the conclusion of this project, CIDE staff will need to maintain these materials and make any necessary updates if changes are needed.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes*

This project focused on delivering emergency preparedness education to various target audiences, including Medicaid HCBS providers and members. The project offered 80 course opportunities in three different formats: 1) in-person at seven rural and urban locations across Colorado (Alamosa, Grand Junction, Frisco, Pueblo, Brighton, Greeley and Fort Morgan), 2) virtually through Zoom two times each, and 3) online through a website on a course management system (CMS). The project offered courses in-person, virtually, and online, in English and Spanish, across different schedules. Despite initial challenges with registration and attendance, the project successfully adapted and improved participant engagement.



### Initiative 7.02. Member Emergency Preparedness ✓

*Project completed December 2024*

In addition to providing resources for providers, HCPF assisted 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. HCPF developed and executed a strategic plan to prepare members with disabilities, including behavioral health needs, for emergencies. The plan addressed educational efforts, individual emergency plan development, and the distribution of resources and supplies, such as generators.

### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

This project work will continue with existing HCPF resources:

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

The training and educational materials are housed on a Learning Management System platform with the University of Colorado, Denver Center for Inclusive Design and

Engineering (CIDE). With the conclusion of this project, CIDE staff will need to maintain these materials and make any necessary updates if changes are needed.

#### *Capital Expenditure Plan*

The capital expenditures for this project utilized state only funds to purchase generators, batteries, and customized to go bags based on a person's needs.

#### *Project Outcomes*

HCPF hired a vendor to develop and execute training for members on how to prepare members with disabilities, including behavioral health, for emergencies. The training addressed educational efforts, individual emergency plan development, and the distribution of resources and supplies.

In addition to providing training and educational materials to members, this project distributed “Go-Kits” and back-up power devices directly to members. These kits and devices allowed members to be prepared and keep their life sustaining devices powered during an emergency.

Over the course of this project, all milestones were met. Three member-focused trainings were developed in both English and Spanish; in-person live training sessions were held; course materials were added to the LMS library; 1,000 disability specific Go-Kits were distributed to Medicaid members; and back-up power devices were distributed to over 1,000 members across the state.

## **8. Enhance Quality Outcomes**



### Initiative 8.02. Provider Oversight ✓

*Project closed November 2024*

HCPF operates ten waivers to provide HCBS to members. To do this, HCPF 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.

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

Through this project, HCPF finalized and implemented work started in 2016 to address these challenges and to streamline the CDPHE oversight and application process.

Specifically, the following was accomplished:

- Confirmed 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
- Implemented a 3-tier system for all waiver services based on risk for fraud and abuse
- Facilitated and supported break-out cross-Department groups in making necessary changes
- Provided support to streamline and align the certification processes across survey types
- Made recommendations to improve data collection and sharing, so data is actionable
  - Analyzed off the shelf product availability that can take data imports from HCPF and CDPHE to better track provider status and survey metrics
- Created 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.
- Created 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.
- HCPF Database Development: The contractor established a unified database, the Caspio platform, to streamline the sharing of provider certification, licensure, and enrollment data between the HCPF and CDPHE.

This initiative ensures data consistency, reduces redundancy, and improves collaboration between the two agencies.

- Developed provider training modules that help set providers up for success with the enrollment process but also the delivery of HCBS services.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

As noted above, provider oversight and certification have been a priority for HCPF and the State for many years, and the ARPA funds provided an important investment and catalyst for needed changes and improvements.

The functional elements of this project have been completed. HCPF has begun work on the following post-ARPA activities:

- Coordinate with CDPHE to upload essential data to the Caspio platform
- Implement a new training module on each agency's provider enrollment webpage
- Notify all affected stakeholders about the new enrollment process and provide guidance on where to access the training materials

#### *Capital Expenditure Plan*

HCPF Database Development: The contractor established a unified database to streamline the sharing of provider certification, licensure, and enrollment data between HCPF and CDPHE. This initiative ensures data consistency, reduces redundancy, and improves collaboration between the two agencies.

#### *Project Outcomes*

In 2017, the Department engaged an external vendor to review interagency provider enrollment processes for areas of alignment, to improve data sharing, and reduce agency survey wait times. The vendor produced a report outlining several high-level recommendations to streamline the provider enrollment process between HCPF and CDPHE. The Provider Oversight project provided an opportunity to reevaluate previous findings by acknowledging changes in regulation, addressing the impacts of COVID-19 on agency health compliance, and updating current systems utilized by each department.



**Regulatory Review:** The vendor thoroughly reviewed state regulations and HCBS Settings Rule as they applied to provider enrollment and recertification. Recognizing that contradictions and inconsistencies between the rules were often confusing and impacted providers' ability to fully comply, draft revisions to existing regulations that address inconsistencies related to person-centeredness were developed, removing compliance barriers and reducing unnecessary delays.

**Data Sharing Capability:** HCPF and CDPHE faced challenges in managing and sharing data due to maintaining separate systems; Gainwell and COHFI, respectively. A new database was developed utilizing Caspio, which allows tracking of provider status and survey metrics, between the agencies. This also allows the agencies the ability to communicate within the system and upload relevant documents, streamlining the process by eliminating need for email communication and its inherent inefficiencies. Additionally, this platform has expansion capabilities for future shared database needs.

**Provider Training Improvements:** The existing online training materials for enrolling and revalidating providers were in need of updating, lacked appropriate guidance and support, and hosted an inefficient quiz/certification process. In collaboration between HCPF and CDPHE, the vendor developed a comprehensive online training program detailing the entire process to include, certification, enrollment, recertification, and revalidation. The dynamic training program now allows providers to access appropriate content depending on where they are in the process. The online training contains system demonstrations, links to additional resources, quizzes to test knowledge, and contact information for additional technical assistance.



#### Initiative 8.04. Pay-for-Performance for PACE ✓ *Project completed December 2024*

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

#### *State Plan Amendment and Waiver Information*

It is likely that a waiver will be needed to support these changes if HCPF decides to implement a pay for performance for PACE services. HCPF did not initiate any changes during the ARPA period. HCPF will continue to examine Value-Based Payment options for PACE services using tools created under this project.

### *Sustainability Plan*

This project work will continue with existing HCPF resources:

This project is rolling into a continuing HCPF workstream. Internal teams will continue to collaborate to make policy decisions for the program and annual updates to the PACE VBP Program Specification Document and PACE VBP Program Design Document. Additionally, HCPF will continue to receive quarterly reports from PACE Organizations, aggregate and analyze the data, and pending future budgetary authorization, award incentive payments for those PACE organizations that meet their goals. HCPF will continue to monitor the administrative burden of the program on PACE Organizations and will continue attending meetings with EHR/EMR vendors, receiving updates and implementing policy decisions to alleviate this burden when possible.

### *Capital Expenditure Plan*

No capital expenditures for this project.

### *Project Outcomes:*

After completing the Program Design Document for the first PACE Value-Based Payment (VBP) Program Test Year (SFY 23-24), a vendor assisted HCPF in developing a VBP Implementation Project Plan. The Implementation Project Plan lays out key tasks, milestones, responsible resources, and timelines to implement the first test year. The first test year was successfully completed in June 2024 with evaluation of the test year being completed in October 2024. The program is now in its second year.

A vendor also assisted HCPF in developing the PACE Value-Based Purchasing (VBP) Evaluation Tool, which is designed to calculate scores for each individual measure by assessing performance and associated payments earned. For the first two years of the program (2023-2024 and 2024-2025), the tool only calculates performance based on data extracted from quarterly reports that are set to be submitted by each PACE organization to HCPF. The tool will inform quarterly performance notification letters that will be sent to each individual PACE Organization and an annual Performance Aggregation Report that will be provided to HCPF.

During the program's first test year (SFY23-24) data trends indicated some improvement in performance in VBP measures even without financial implications. PACE organizations continue to show improvement in VBP measure reporting accuracy. Additionally, PACE organizations reported major strides in decreasing manual data collection burden in collaboration with their EHR vendors.



## Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS ✓

*Project completed March 2024*

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

HCPF developed a pay-for-performance methodology for Long Term Home Health services. The changes embraced 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 assesses the feasibility of the Home Health Value-Based Purchasing (HHVBP) Model for Medicare benefits as it relates and impacts Medicaid members. HCPF looked 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 developed 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 has the analysis and recommendations ready to potentially implement at a future date including a performance quality model and an associated pay-for-performance framework.

### *State Plan Amendment and Waiver Information*

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

### *Sustainability Plan*

Project outcomes will inform future HCPF work and decision-making:

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.

### *Capital Expenditure Plan*

There were no capital expenditures for this project.

### *Project Outcomes*

The team finalized a menu of potential metrics that could be used for future pay for performance models for both long-term home health and residential HCBS services. The menu of metrics can be taken to stakeholders at a future date to finalize the models.



#### Initiative 8.06. PACE Licensure ✓ *Project completed December 2024*

Within the PACE program, HCPF developed quality standards by establishing a PACE licensure type to ensure appropriate oversight and compliance. HCPF established 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. Following the development of the new PACE audit tool, HCPF piloted it with onsite test audits, incorporated changes to procedures, if needed, based on the audits, and produced a final report of the findings to prepare for long-term implementation.

HCPF also developed a system to record and capture incident reviews, complaints, survey results, and reports.

#### *State Plan Amendment and Waiver Information*

This project will require HCPF to submit amendments to the State Plan and Program Agreements with each PACE Organization. *HCPF will continue to examine PACE Licensure options for PACE providers using tools created under this project. State Plan or waiver amendments will not be implemented during the ARPA period.*

#### *Sustainability Plan*

This project work will continue with existing HCPF resources:

*Utilizing the audit tool that was developed as part of this project, HCPF will be able to conduct formal oversight of PACE organizations until a certification/licensure process can be established, hopefully within the next three years.*

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

*Through this project, HCPF investigated best practices for PACE oversight, supported Colorado Senate Bill 22-203, which required the HCPF, in conjunction with the Colorado Department of Public Health and Environment (CDPHE), to develop a regulatory plan to establish formal oversight requirements for PACE, and completed*

two audits to test efficacy of the newly developed oversight standards. The vendor associated with this project researched best practices by federal agencies and other States with PACE, as well as relevant health facilities in Colorado and provided guidance on developing a PACE oversight structure.

Colorado Senate Bill 22-203 provided HCPF, in conjunction with CDPHE, with the opportunity to develop regulations to adequately oversee PACE organizations to ensure quality care and services are being provided to PACE participants. These regulations set forth the requirements that an entity must meet to be approved as a PACE organization that operates a PACE program under Medicaid in the State of Colorado, including, but not limited to, how individuals may qualify to enroll in a PACE program; reimbursement for PACE services; provisions for State monitoring of PACE programs; general PACE organization requirements and PACE services; requirements to collect data, maintain records and report information, including encounter data and requirements for PACE quality improvement monitoring.

Working with the project's vendor, HCPF also developed an audit tool and completed two pilot audits to test the efficacy of the newly developed oversight standards. The two test audits were completed in Spring/Summer of 2024 and found areas for improvement by the PACE organizations in areas such as: participant care; PACE center and physical environment; service determination requests/appeals and grievances; and personnel training/oversight of care; and quality improvement.



#### Initiative 8.07. eConsult to Improve Quality ✓ *Project completed September 2024*

HCPF implemented 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. To expand the eConsult vendor's ability to provide culturally competent recommendations for care, new self-attested cultural competency features are now being collected at provider enrollment and revalidation. This information will be shared with the eConsult vendor at a regular cadence after the ARPA period. The eConsult vendor will then be able to view a provider's cultural competencies such as sign language fluency and utilize that skill to support better member outcomes. HCPF will adjust the overall eConsult design in accordance with federal feedback.

HCPF also researched the disability competency of primary care providers including Federally Qualified Health Centers to understand current and best practices across

the nation. This analysis sought to identify practices or strategies that produce good outcomes that support working with individuals with disabilities.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project work will continue with existing HCPF resources:

New self-attested cultural competency features collected at provider enrollment and revalidation will be shared with the eConsult vendor at a regular cadence after the ARPA period, allowing the eConsult vendor the ability to view a provider's cultural competencies to support better member outcomes.

Partners involved in the Disability Competent Care research expressed interest in supporting these and other efforts. Next steps include sharing the final recommendations memo with partners as well as identifying people within HCPF who can incorporate these recommendations into their work plans and activities. This work will be led by the Health Policy Office (HPO) and incorporated into existing staff workflow until additional funding becomes available.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

The cultural competency portion of this project partnered with the 6.03 Member-Facing Provider Finder Tool Improvement team to add additional features to the provider enrollment/revalidation process to allow providers to self-report competencies. As stated above, these include the addition of organization affiliations, language proficiency, American Sign Language proficiency, and telehealth availability.

The disability competency portion of this project researched how disability competency is managed at primary care provider offices and Federally Qualified Health Centers (FQHC). The main barriers to giving and getting disability competent care fall into three areas – limited training, money, and preparation.

#### Initiative 8.08. HCBS Provider Quality Dashboard ✓

*Project completed September 2024*

**Note:** *As of June 2022, this project 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).*

This project developed a dashboard to gather insight into gaps in care to improve services and support. To have robust data, HCPF invested in data repositories that enable greater insights into customer satisfaction of providers and HCBS services. HCPF used the funding to create clear data linkages necessary for dashboards to be operational.

Additionally, to support quality performance, HCPF developed a 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. HCPF will continue to update the dashboard moving forward.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

The data analysis from this project will inform policy, program, and project implementation in the future:

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. This work will continue to be updated through an option letter associated with an NCI survey contract. The vendor will be responsible for uploading new survey data as it is available, make updates based on question discrepancies, and make any necessary changes to the dashboards as needed. This work is outlined in a new FY25 contract signed in October 2024.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

ARPA 8.08 HCBS Quality Dashboards project created accessible, user-friendly HCBS Quality Dashboards to share the National Core Indicators (NCI) survey member experience responses and State of the Workforce provider responses. These dashboards are interactive, filterable by defined service area, year, and waiver. These dashboards will house the data for the previous 3 years of NCI survey responses and provide a tool to pull reports, recognize gaps in services, and provide valuable information regarding the overall health of CO HCBS services. HCPF hopes to continue adding data for subsequent survey cycles to help evaluate trends over time. See

below for links and screenshots with the National Core Indicator - Intellectual and Developmental Disabilities (NCI - IDD) and NCI - Aging and Disabilities (AD) dashboards.

NCI-IDD Dashboard:

[NCI-IDD HCBS Quality Dashboard](#)

CWS Dashboard:

[CWS HCBS Quality Dashboard](#)

NCI-AD Dashboard:

[NCI-AD HCBS Quality Dashboard](#)

NCI-SoTW Dashboard:

[NCI-SoTW Dashboard](#)



#### Initiative 8.09. Waiver Quality Expansion ✓

*Project completed March 2024*



To better understand where gaps existed in the HCBS waiver programs, HCPF expanded efforts by performing waiver quality surveys and metrics collection. This data provided insights into member experience, member satisfaction, and whether members received care that they reported needing. HCPF will utilize the data collected to recommend changes to waiver programs.

HCPF completed research that enabled the team to recommend the most appropriate member surveys to determine member experience, health outcomes, satisfaction, and quality outcome analysis measures. HCPF also worked with a vendor to design the surveys and implement member outreach, engagement, and survey completion.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

Project work will continue with existing HCPF resources and will inform future HCPF work and decision making:

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 funding.



There are plans to conduct the survey again using HCPF internal resources after case management redesign is completed. The survey tool created through this project is available for future use by HCPF and will be adjusted as needed.

The Children's Waiver Satisfaction Survey will be administered every other year, alongside the National Core Indicators - Aging and Disabilities Survey schedule. The hope is with the new CCM data system, and the addition of the email field, that this survey can move to online administration in the future.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

Given the importance of case managers in delivering services to residents of the state of Colorado, ARPA 8.09 generated the Case Management Satisfaction Survey to obtain a better understanding of case manager's satisfaction with compensation, benefits, career advancement, training, and overall fulfillment in their positions. In addition, HCPF hoped this understanding would aid in recruitment and retention of case managers throughout Case Management Redesign. The final survey included 34 items, where case managers were asked close-ended items about their overall engagement and satisfaction in their roles. In addition, an open-ended item for additional comments was included.

The creation of the Children's Waiver Satisfaction Survey (CWSS) was an effort to expand on the National Core Indicator's Children's Family Survey (NCI-CFS) which primarily focused on Colorado's Children's Extensive Services (CES) waiver. The new children's survey received feedback from families and members enrolled on the four children's waivers, which included the Children's with Life-Limiting Illness (CLLI) waiver, Children's Extensive Services (CES) waiver, Children's Habilitation Residential Program (CHRP) waiver, and Children's Home and Community Based Services (HCBS) waiver. This survey aimed to establish insights into member experience, satisfaction, and report of care needs versus the actual services received. The data will be utilized to recommend changes to the waiver programs and will serve as baseline data to track outcomes of changes in policies and programs in the future.



#### Initiative 8.10. Criminal Justice Partnership ✓

*Project completed December 2024*



**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.

HCPF engaged with the Colorado Department of Corrections to address behavioral health services engagement as individuals are released from prison. This project expanded post-release support to members who are transitioning or may have already transitioned back into the community. To best accomplish this work with a person-centered focus, HCPF contracted with an expert to assist in stakeholdering with persons impacted by the criminal justice system.

HCPF addressed the following action items:

- Identified best practices of engaged justice-involved members,
- Reviewed and improved eligibility processes for waiver services prior to release,
- Identified most prevalent needs from these members and worked with stakeholders to implement best practices,
- Collaborated with justice systems at each level (released from incarceration, parole and probation) to implement best practices,
- Worked 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,
- Partnered with the Regional Accountability Entities (RAEs) to create member-reported information about the need for justice-specific care coordination,
- Provided training materials and education to Regional Accountable Entities (RAEs), and
- Identified data system opportunities to monitor member enrollments in multiple systems and developed strategies to ensure data system connections were in place to improve coordination activities.

#### *State Plan Amendment and Waiver Information*

An 1115 waiver amendment was submitted to CMS for reentry services on April 1, 2024 and is awaiting approval.

#### *Sustainability Plan*

A budget request was approved to fund this project work in the future:

ARPA HCPF provided 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.

The partnerships and stakeholder engagement established by ARPA 8.10 will roll into the criminal justice workstream. This work will be maintained by a new criminal

justice FTE from HB24-1045. An 1115 waiver amendment was submitted to CMS for reentry services on April 1, 2024 and is awaiting approval.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

ARPA Project 8.10 built relationships with key stakeholders across the criminal justice system and brought those stakeholders together through the creation of the [HCPF Criminal and Juvenile Justice Collaborative](#) (CJJC). The CJJC meets monthly and provides ongoing feedback to ensure robust stakeholder participation in the development of criminal justice projects at HCPF. This group also brings in other teams from HCPF, such as the Long-Term Services and Supports (LTSS) team that joined to discuss waiver enrollment and process improvements to benefit the justice-involved population.

Through a series of stakeholder engagement activities with the Department of Corrections (DOC), Jails, Judicial, County Departments of Human Services (DHS), Regional Accountable Entities and individuals with lived experience of criminal justice involvement, a report was written summarizing the gaps in care and coverage for justice-involved members. A criminal justice strategic plan for HCPF has been written, which outlines HCPF's current work and future goals as we move forward in serving justice-involved individuals and addressing the gaps for this population. HCPF can build off of these work products, utilize them for future public engagement and post them internally and externally as appropriate.

ARPA Project 8.10 contracted to plan and conduct stakeholder engagement with communities of lived experience. This included three stages of engagement, which culminated in two in-person sessions with community partners and a final report with suggestions for ongoing engagement with this community.

The ARPA Project 8.10 team partnered with the HCPF eligibility team to release guidance ([OM23-058](#)) describing the policies and best practices for enrollment in Medicaid during incarceration. The team has since attended meetings with partner agencies such as the Behavioral Health Administration (BHA) Jail Based Behavioral Health Services (JBBS) team to educate on Medicaid enrollment during incarceration and troubleshoot challenges that arise. The Health First Colorado and Criminal Justice Involved Populations [webpage](#) was revamped, removing outdated or incorrect information and including new resources and FAQs to support best practices for Medicaid & the justice-involved population.



### Initiative 8.11. EPSDT Benefits Training ✓

*Project completed November 2024*



**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 Home and Community Based Services (HCBS) population, HCPF developed training on quality performance measures with a focus on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits and federal metrics. The team used an analysis of EPSDT to illuminate current gaps in the HCBS program. The analysis was used to create training materials that included specific learning objectives on how and when to use EPSDT and how and when to use HCBS services. An Infomercial was created to use as a push notification for members and providers as an intro to EPSDT. To the extent this analysis exposed policy gaps, this information was used to inform policy and program adjustments. These trainings were 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 provided a standard, adult learning training on EPSDT benefit and performance metrics. The final product was posted on HCPF websites and updated regularly as a sustainability mechanism and included five separate training modules.

#### *State Plan Amendment and Waiver Information*

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

#### *Sustainability Plan*

This project work will continue with existing HCPF resources, and the project outcomes will inform future HCPF work and decision-making:

Future updates to the training will be absorbed into regular HCPF 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 funding.

Project outcomes will also inform future HCPF work and decision making. The developed information will be sent to members via push messaging, used by the RAEs to meet their contractual obligations and will be shown at conferences and training in the state and nationally by the EPSDT program staff.

Stakeholder feedback on the effectiveness of the new toolkits will be collected during the ongoing meetings and interactions with the EPSDT stakeholders (Community Partners, Providers, and CM Community) after this project is closed.

#### *Capital Expenditure Plan*

No capital expenditures for this project.

#### *Project Outcomes*

The project team designed a series of 5 training modules that focus on EPSDT benefits, federal performance metrics, and their intersection with waiver services under HCBS.

The project developed comprehensive training tools designed to enhance the understanding and utilization of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits within the Medicaid population, including children and youth with special health care needs (CYSHCN) and youth in any of the child welfare programs. These tools also serve to bridge the gap between EPSDT services and other programs, ensuring better integration of care for beneficiaries.

## **9. Administration & Oversight**

To support the successful implementation of initiatives, HCPF has leveraged ARPA HCBS funds to bolster administrative and staff resources. Project management assistance from external contractors has been critical to maintain tracking of all project schedules, timelines, and deliverables. Contractor support has also been obtained to provide oversight and monitoring of each initiative. Monitoring includes a review of project activities and documentation to ensure alignment with ARPA HCBS requirements, as well as other state and federal rules. Additionally, contractors have assisted with monitoring grantees to assess their compliance with all requirements. This support has been provided by external contractors in partnership with internal staff.

HCPF hired 58 FTE to stand up the over 60 projects, serving as project leads, project support staff, and administrative support, to ensure project and overall initiative success. To support the staff who are working on the ARPA HCBS efforts, several resources and trainings have been developed and administered. Resources, technical assistance, and training on Equity, Diversity, Inclusion, and Accessibility have been a key focus to ensure internal staff are incorporating these values into their ARPA HCBS work. Staff have also attended and participated in conferences when the focus of the

conference will directly benefit their ARPA HCBS project(s). Funds may also be used to recognize project completion, or for stepping in on a project for another employee who left the position prior to project completion. Staff have also utilized administrative funds to travel within the state to host in-person stakeholder engagement sessions or to conduct site visits to perform monitoring of grantee program implementation outcomes.

Finally, administrative needs, such as licenses for systems to assist with monitoring and tracking the initiatives' progress, have also been covered using administration and operating funds.

## 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](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](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%20Q1%20to%20CMS%20Resubmit%208.23.23.pdf>
- CMS Quarterly Report #8 (submitted July 17, 2023; resubmitted August 23, 2023):  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%20Q4%20to%20CMS%204.17.2023.pdf>
- CMS Quarterly Report #9 (submitted October 18, 2023):  
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Narrative%20Q2%202024%20Report.pdf>
- CMS Quarterly Report #10 (submitted January 16, 2024; resubmitted February 26, 2024):  
<https://hcpf.colorado.gov/sites/hcpf/files/Resubmission-%20ARPA%20HCBS%20Spending%20Plan%20Narrative%20Q3%202024%20Report.pdf>
- CMS Quarterly Report #11 (submitted April 15, 2024; resubmitted June 17, 2024):  
[https://drive.google.com/file/d/1rgr8Ft4\\_af\\_tUTrLi2Q6RjirjIAJHUva/view?usp=drive\\_link](https://drive.google.com/file/d/1rgr8Ft4_af_tUTrLi2Q6RjirjIAJHUva/view?usp=drive_link)
- CMS Quarterly Report #12 (submitted July 17, 2024; resubmitted August 5, 2024):  
<https://drive.google.com/file/d/1Tv5wWHsNcLEnb7JA3n7yYcczKLJSvt7X/view>
- CMS Quarterly Report #13 (submitted October 17, 2024):  
[https://drive.google.com/file/d/1qZ5jm7bgauSGHsJOsf9CY\\_tQlTMc8vb2/view](https://drive.google.com/file/d/1qZ5jm7bgauSGHsJOsf9CY_tQlTMc8vb2/view)



## Joint Budget Committee ARPA HCBS Links

- Senate Bill 21-286:  
[http://leg.colorado.gov/sites/default/files/2021a\\_286\\_signed.pdf](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-%2020October%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>

- JBC Quarterly Report #8 (submitted August 1, 2023):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%208%20to%20the%20JBC%20Aug%201%202023.pdf>

- Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20August%202023.pdf>

- JBC Quarterly Report #9 (submitted November 1, 2023):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%209%20to%20the%20JBC%20Nov%201%202023.pdf>

- Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Colorado%20October%202023.pdf>

- JBC Quarterly Report #10 (submitted February 1, 2024):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%2010%20to%20the%20JBC%20Feb%201%202024.pdf>

- Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20January%202024.pdf>

- JBC Quarterly Report #11 (submitted, May 1, 2024):

[https://drive.google.com/file/d/1SRbylHAdOiMAQBtkZwIDgxHKPapnClBa/view?usp=drive\\_link](https://drive.google.com/file/d/1SRbylHAdOiMAQBtkZwIDgxHKPapnClBa/view?usp=drive_link)

- Appendix:

[https://drive.google.com/file/d/1vSaG4W\\_tgHfnsjmat7L6OdKNxEL7LArp/view?usp=drive\\_link](https://drive.google.com/file/d/1vSaG4W_tgHfnsjmat7L6OdKNxEL7LArp/view?usp=drive_link)

- JBC Quarterly Report #12 (submitted, August 1, 2024):  
<https://drive.google.com/file/d/19h02BsN2RS-z90L44500mHsWUXhS7rNk/view>
  - Appendix:  
<https://drive.google.com/file/d/1N68X0ra0z0LqS91QI0BcJWQ9lAMsmF1o/view>
- JBC Quarterly Report #13 (submitted, November 1, 2024):  
[https://drive.google.com/file/d/12NQ8K0kZ0CWm0oas0Mil\\_xewpif4yjmn/view](https://drive.google.com/file/d/12NQ8K0kZ0CWm0oas0Mil_xewpif4yjmn/view)
  - Appendix:  
<https://drive.google.com/file/d/1hmUsOyFKcxD4qtorQTHfU8R7xfxOJ0Yp/view>

### **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>
  - <https://hcpf.colorado.gov/sites/hcpf/files/CMS%20Letter%20re%20Deadlines.pdf>