



COLORADO

Department of Health Care
Policy & Financing

Final Report

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

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

May 1, 2025

Submitted to: The Joint Budget Committee

Quarterly Report
January 2025 - March 2025

Colorado Spending Plan Final Report to the Joint Budget Committee

Table of Contents

Key Takeaways	7
Introduction	7
Table 1. Initiative Timelines	9
Budget Overview	11
Table 2. HCBS Funding Overview- Amount Encumbered, Allocated, & Spent Through March 31, 2025	11
Table 3. Spending by Year	12
Table 4. Project Budget Adjustments (January-March 2025)	13
Project Overview and Highlights	14
Stakeholder Engagement Highlights	15
Training Programs Highlights	18
Administrative and Oversight Accomplishments	23
Administrative Support	23
Project Team Hiring & Transitions	25
Procurement Successes	26
Analytics & Project Tracking	26
Project Metric Highlights	29
Oversight & Compliance Highlights	30
Sustainability & Lessons Learned	32
Project Sustainability	32
Implementation Challenges and Lessons Learned	32
Legend: Project Category Color	35
Table 5. All Projects with Project Category	36
Key 1. Drivers of Health Symbols	39

Appendix 1: Project Descriptions & Updates	40
1. Strengthen the Workforce & Enhance Rural Sustainability	40
Initiative 1.01. Increase Payments to Providers and Workers ✓	40
Initiative 1.02. Direct Care Workforce Data Infrastructure ✓	43
Initiative 1.03. Standardized Core Curriculum & Specialization ✓	45
Initiative 1.04. Resource & Job Hub ✓	47
Initiative 1.05. HCBS Workforce Training Fund ✓	48
Initiative 1.06. Career Pathways ✓	50
Initiative 1.07. Public Awareness Campaign ✓	52
Initiative 1.08. Home Health Delegation ✓	53
Initiative 1.09. Workforce Compensation Research ✓	54
Initiative 1.10. Rural Sustainability and Investment ✓	55
2. Improve Crisis & Acute Services	57
Initiative 2.01. Behavioral Health Transition Support Grants to Prevent Institutionalization ✓	57
Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams ✓	59
Initiative 2.03. Institute for Mental Disease (IMD) Exclusion, Risk Mitigation Policy ✓	61
3. Improve Access to HCBS	63
Initiative 3.01. Understanding Community Access to HCBS ✓	63
Initiative 3.02. Buy-In Analysis ✓	64
Initiative 3.03. Community Transitions Support ✓	66
Initiative 3.04. HCBS Training for Members & Families ✓	68
Initiative 3.05. Translation of Case Management Material ✓	69
Initiative 3.06. Expand the Behavioral Health Safety Net ✓	70

Initiative 3.07. Wrap-Around Services, including Peer Supports, for Members with Complex Needs ✓	75
Initiative 3.08. AI/AN Capacity Grants ✓	77
4. Support Post-COVID Recovery & HCBS Innovation	79
Initiative 4.01. Residential Innovation ✓	79
Initiative 4.02. Promote Single Occupancy ✓	81
Initiative 4.03. Child/Youth Step-down Options Program and Provider Recruitment ✓	82
Initiative 4.04. Tiered Residential Rates & Benefits ✓	83
Initiative 4.05. Pilot CAPABLE ✓	85
Initiative 4.06. Supported Employment Pilot Extension ✓	87
Initiative 4.07. New Systems of Care ✓	88
Initiative 4.08. Respite Grant Program ✓	90
Initiative 4.09. Respite Rate Enhancement ✓	92
Initiative 4.10. Home Modification Budget Enhancements ✓	93
Initiative 4.11. Hospital Community Investment Requirements ✓	95
Initiative 4.12. Community First Choice ✓	96
5. Strengthen Case Management Redesign	98
Initiative 5.01. Case Management Capacity Building ✓	98
Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes ✓	103
Initiative 5.03. Case Management Rates ✓	107
Initiative 5.04. Case Management Best Practices ✓	108
Initiative 5.05. Case Management Agency Training Program ✓	109
6. Invest in Tools & Technology	112

Initiative 6.01. Home Health/PDN Acuity Tool ✓	112
Initiative 6.02. Specialty Search in Provider Specialty Tool ✓	114
Initiative 6.03. Member Facing Provider Finder Tool Improvement ✓	115
Initiative 6.05. Member Tech Literacy ✓	116
Initiative 6.06. Provider Digital Transformation & EHR Upgrades ✓	117
Initiative 6.08. Care & Case Management System Investments ✓	121
Initiative 6.09. Updates to Salesforce Database ✓	124
Initiative 6.11. Centers of Excellence in Pain Management ✓	125
Initiative 6.12. Systems Infrastructure for Social Health Information Exchange ✓	127
Initiative 6.13. Connect Case Management Agencies to ADT Data ✓	128
Initiative 6.14. Data Sharing with the SUA ✓	130
Initiative 6.15. Interface with Trails ✓	131
7. Expand Emergency Preparedness	132
Initiative 7.01. Emergency Response Plans ✓	132
Initiative 7.02. Member Emergency Preparedness ✓	133
8. Enhance Quality Outcomes	135
Initiative 8.02. Provider Oversight ✓	135
Initiative 8.04. Pay-for-Performance for PACE ✓	138
Initiative 8.05. Pay-for-Performance for Home Health and Residential HCBS ✓	139
Initiative 8.06. PACE Licensure ✓	140
Initiative 8.07. eConsult to Improve Quality ✓	141
Initiative 8.08. HCBS Provider Quality Dashboard ✓	143

Initiative 8.09. Waiver Quality Expansion ✓	144
Initiative 8.10. Criminal Justice Partnership ✓	146
Initiative 8.11. EPSDT Benefits Training ✓	148
9. Administration & Oversight	150
Appendix 2: Resources	151

Key Takeaways

The Department of Health Care Policy & Financing (HCPF) has completed the implementation of our 61 initiatives outlined in our ARPA HCBS spending plan. This quarterly report serves as the final report on HCPF's implementation outcomes. All new content added is colored in blue font for easy identification. The following are high-level outcomes that HCPF was able to accomplish during the entirety of the funding period:

- Successfully completed all 61 projects; 16 projects completed all project work in the most recent quarter; 45 projects completed work in previous quarters;
- Engaged over 12,000 stakeholders by hosting 20+ webinars and 300+ project-specific meetings, and published 34 [newsletters](#) to inform about, and gain input on, the HCPF's ARPA HCBS projects;
- Created 54 training programs that reached more than 3,900 individuals in total;
- Completed 35 internal trainings with over 500 staff on improving coordination and communication across teams and increasing outreach and access to reach universal benefit for all members with a focus on community empowerment;
- Implemented and completed 27 large-scale grant, pilot, and community funding initiatives. Over the course of these grant programs, HCPF executed a total of 2,232 grantee agreements with individuals, providers, and non-profit organizations;
- Completed grantee monitoring for 15 grant programs with an external vendor to ensure compliance with federal and state regulations;
- Completed project monitoring for all 61 projects to ensure compliance with federal and state regulations and to focus on best practices.

Introduction

HCPF has completed implementation of the state's American Rescue Plan Act (ARPA) Medicaid Home and Community-Based Services (HCBS) spending plan including completion of all activities. HCPF has spent all ARPA HCBS funds as of March 31, 2025.

HCPF remained focused throughout on the goals laid out in our initial plan:

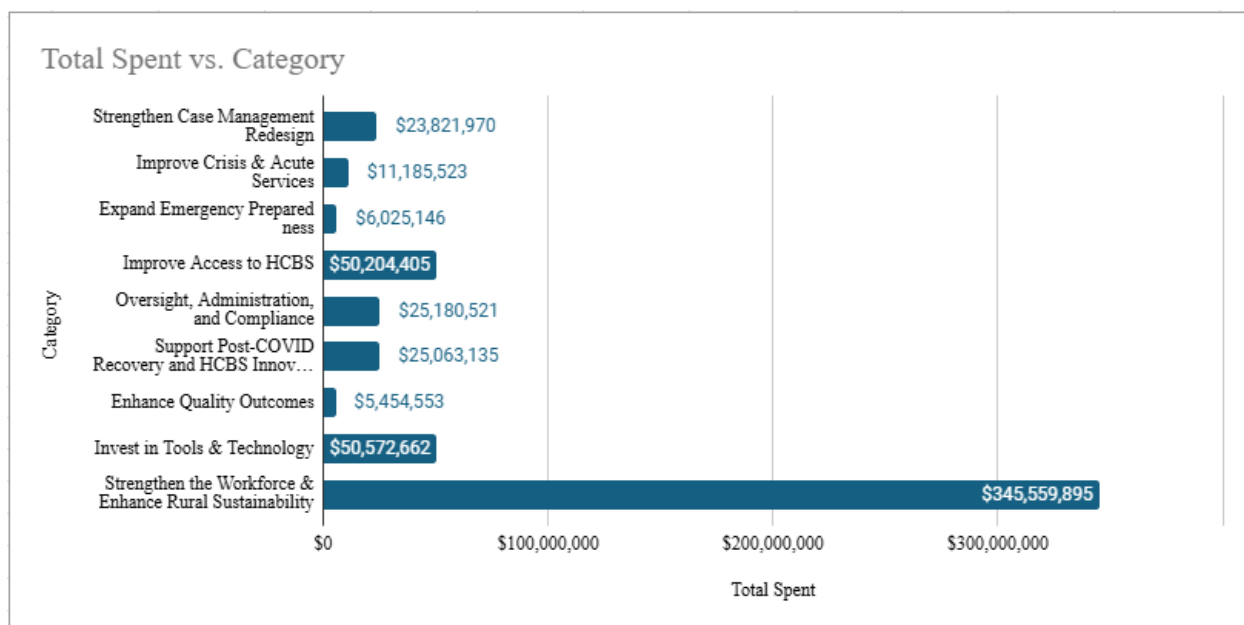
- To supercharge existing initiatives
- Support the COVID-19 response and recovery
- Foster innovation and long-term transformative change
- Increase quality and fiscal stewardship

The 61 projects HCPF supported through these funds 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 also improved access by expanding the availability of services, streamlining processes, and enhancing quality for members and their families. These initiatives fell into the following eight categories:

1. Strengthen the Workforce & Enhance Rural Sustainability
2. Improve Crisis & Acute Services
3. Improve Access to HCBS
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

The funding and number of projects within these eight categories is included in **Figure 1**.

Figure 1. Final Expenditures by Project Category



Per the June 3, 2022 [State Medicaid Director's Letter](#), the Centers for Medicare and Medicaid Services allowed for a one-year extension for states to spend the 10% enhanced FMAP funds allowed under ARPA Section 9817. Spending was required to 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 leveraged this additional time and has concluded all spending as of March 31, 2025.

Since our last quarterly report, all projects have completed closeout. **Table 1** includes all project end dates.

Table 1. Initiative Timelines

Project #	Project Name	End Date
1.01	Increase Payments to Providers and Workers	March 2025
1.02	Direct Care Workforce Data Infrastructure	December 2024
1.03	Standardized Core Curriculum & Specialization	December 2024
1.04	Resource & Job Hub	December 2024
1.05	HCBS Workforce Training Fund	February 2025
1.06	Career Pathways	December 2024
1.07	Public Awareness Campaign	June 2024
1.08	Home Health Delegation	November 2023
1.09	Workforce Compensation Research	May 2024
1.10	Rural Sustainability & Investment	September 2024
2.01	Behavioral Health Transition Support Grants	December 2024
2.02	Expand Behavioral Health Crisis Teams	February 2025
2.03	IMD Exclusion, Risk Mitigation Policy	May 2024
3.01	Community Access to HCBS	December 2024
3.02	Buy-In Analysis	September 2024
3.03	Community Transitions Support	September 2024
3.04	HCBS Training for Members & Families	November 2024
3.05	Translation of Case Management Material	December 2024
3.06	Expand the Behavioral Health Safety Net	January 2025*
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	March 2025
3.08	AI/AN Capacity Grants	January 2025*
4.01	Residential Innovation	September 2024
4.02	Promote Single Occupancy	February 2025
4.03	Child/Youth Step-down Options Program and Provider Recruitment	December 2024
4.04	Tiered Residential Rates & Benefits	September 2024

4.05	Pilot CAPABLE	December 2024
4.06	Supported Employment Pilot Extension	December 2024
4.07	New Systems of Care	December 2024
4.08	Respite Grant Program	May 2024
4.09	Respite Rate Enhancement	November 2024
4.10	Home Mod Budget Enhancements	February 2025
4.11	Hospital Community Investment Requirements	September 2024
4.12	Community First Choice	March 2025
5.01	Case Management Capacity Building	February 2025
5.02	Improve & Expedite Long-Term Care Eligibility Processes	March 2025
5.03	Case Management Rates	February 2023
5.04	Case/Care Management Best Practices	December 2024
5.05	Case Management Agency Training Program	March 2025*
6.01	Home Health/PDN Acuity Tool	March 2025
6.02	Specialty Search in Provider Specialty Tool	March 2024
6.03	Member-Facing Provider Finder Tool Improvement	December 2024
6.05	Member Tech Literacy	May 2024
6.06	HCBS Provider Digital Transformation	January 2025
6.08	Care & Case Management System Investments	January 2025
6.09	Updates to Salesforce Database	November 2024
6.11	Centers for Excellence in Pain Management	November 2024
6.12	Systems Infrastructure for the Social Health Information Exchange	February 2025
6.13	Connect CMAs to ADT Data	May 2024
6.14	Data Sharing with the SUA	September 2024
6.15	Improvements - System Communication [Interface with Trails]	November 2024
7.01	Emergency Response Plans	December 2024
7.02	Member Emergency Preparedness	December 2024
8.02	Provider Oversight	December 2024
8.04	P4P for PACE	December 2024
8.05	P4P for HH & Residential HCBS	March 2024
8.06	PACE Licensure	December 2024

8.07	eConsult to Improve Quality	September 2024
8.08	HCBS Provider Quality Dashboard	September 2024
8.09	Waiver Quality Expansion	March 2024
8.10	Criminal Justice Partnership	December 2024
8.11	EPSDT Benefits Training	December 2024

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

HCPF has followed guidance outlined in the June 3, 2022 State Medicaid Directors letter to provide both spending and narrative reports on a quarterly basis to CMS throughout the ARPA period. Additionally, HCPF has also provided quarterly reports to the Colorado Joint Budget Committee as required in Senate Bill 21-286. This report serves as both the quarterly report and final report to satisfy the requirements of both CMS and the JBC. All 61 project descriptions are listed in **Appendix 1**, as well as detailed information about their outcomes and sustainability plans. 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 March 2025**’ attached provides the final spending amounts for each of Colorado’s planned activities as well as the supplemental information required for closing out American Rescue Plan Act of 2021 Section 9817.

Expenditure Overview

As shown in **Table 2**, HCPF spent \$199.73 million on projects that do not include rate increases. Expenditures in this category include contracts, grants, administrative costs, etc. Additionally, HCPF spent a total of \$343.28 million on rate increases. Across all expenditure uses and through March 31, 2025, HCPF spent a total of \$543.01 million.

Table 2. HCBS Funding Overview- Amount Encumbered, Allocated, & Spent Through March 31, 2025

Project Area	Amount Spent
Projects Excluding Rate Increases	\$199.73M
Rate Increases	\$343.28M

Total	\$543.01M
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As shown in **Table 3**, HCPF spent a total of \$543.01 million in expenditure to support enhancing, expanding, and strengthening our HCBS system, including \$290.51 million from state funds and \$252.57 million from matching federal funds.

Table 3. Spending by Year

Total	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
\$543.0 million	\$86.8 million	\$175.2 million	\$135.7 million	\$145.3 million

Budget Changes and New Funds Requested

The budget changes reflected in **Table 4** below are those that were proposed since our last quarterly report. As the last projects closed, teams identified excess funds in their project budgets that were not needed to support the project’s goals. All of the budget requests, most of which were budget reductions, were reconciliations related to project closeout.

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 received approval of the FY24/25 ARPA HCBS supplemental budget request, which included a plan 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 payments were distributed in March 2025. The direct provider payment was structured as a retroactive 4.5% rate increase for select HCBS services, with provider payment amounts determined based on paid claims from July 1, 2024 through December 31, 2024. Similarly, a state-only 17.07% rate increase on targeted case management services was paid to Case Management Agencies based on paid claims from July 1, 2024 through September 30, 2024.

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 (January-March 2025)

Project Number	Project Name	Budget Change	Description
1.01	Increase Payments to Providers and Workers	+\$61,781,572	Budget increase to add direct provider payments and CMA rate increase payments made in March 2025.
1.05	HCBS Workforce Training Fund	-\$391,194.37	Budget decrease due to project closeout and final budget reconciliation.
2.01	Behavioral Health Transitions Grant	-\$3,260.07	Budget decrease due to project closeout and final budget reconciliation.
2.02	Expand Behavioral Health Crisis Teams	-\$585,621	Budget decrease due to project closeout and final budget reconciliation.
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs	-\$3,035,270	Budget decrease due to project closeout and final budget reconciliation.
4.02	Promote Single Occupancy	-\$5,361,200	Budget decrease due to project closeout and final budget reconciliation.
4.10	Home Mod Budget Enhancements	+\$35,341	Budget increase due to project closeout and final budget reconciliation.
4.11	Hospital Community Investment Requirements	-\$27,000	Budget decrease due to final budget reconciliation.
4.12	Community First Choice	-\$2,142,784	Budget decrease due to project closeout and final budget reconciliation.

5.01	Case Management Capacity Building	-\$1,962,456	Budget decrease due to project closeout and final budget reconciliation.
5.02	Improve & Expedite Long-Term Case Eligibility Processes	-\$2,268,152	Budget decrease due to project closeout and final budget reconciliation.
5.05	Case Management Agency Training Programs	+\$13,990	Budget increase due to project closeout and final budget reconciliation.
6.01	Home Health/PDN Acuity Tool	-\$952,867	Budget decrease due to project closeout and final budget reconciliation.
6.06	HCBS Provider Digital Transformation	-\$5,931,746	Budget decrease due to project closeout and final budget reconciliation.
6.08	Care And Case Management System Investments	-\$4,988,289	Budget decrease due to project closeout and final budget reconciliation.
6.12	Systems Infrastructure for Social Health Information Exchange	-\$27,500	Budget decrease due to project closeout and final budget reconciliation.

Project Overview and Highlights

HCPF has executed 61 initiatives to enhance, expand, and strengthen Colorado's HCBS system and all projects have closed. 16 projects closed in the final quarter:

- Project 1.01 Increase Payments to Providers and Workers
- 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 Capacity Grants
- Project 4.02 Promote Single Occupancy

- Project 4.10 Home Modification Budget Enhancements
- Project 4.12 Community First Choice
- Project 5.01 Case Management Capacity Building
- Project 5.02 & 5.02b Improve & Expedite Long-Term Care Eligibility Processes
- Project 5.05 Case Management Agency Training Program
- Project 6.01 Home Health and PDN Acuity Tool
- Project 6.06 & 6.06b HCBS Provider Digital Transformation & EHR Enhancements
- Project 6.08 Care and Case Management System Investments
- Project 6.12 Systems Infrastructure for Social Health Information Exchange

A complete listing of projects by category can be found in **Table 5**.

Project Scope Changes

There were no project scope changes made in this quarter.

Project Close-Out

HCPF followed a comprehensive process to ensure a controlled closeout of ARPA projects. Key outputs for this process included assembling project documents in a central location, completion of 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 each project has been added to HCPF's ARPA HCBS webpage for easy review by stakeholders. Additional details about all project outcomes can be found in **Appendix 1**.

Stakeholder Engagement Highlights

HCPF accomplished its goal to keep stakeholders at the center of the ARPA HCBS project work. To provide timely information and updates to stakeholders, HCPF developed a series of opportunities for ongoing interaction. The following is a summary of the stakeholder engagement efforts undertaken throughout the course of these projects:

Created and maintained the [ARPA HCBS webpages](#)

- The ARPA HCBS webpage included a "[Project Directory](#)" page which allowed stakeholders to easily navigate across projects, as well as a search tool to search for key words within projects that may be most relevant or of interest to them.

- The webpages also included a very popular “[Grant Opportunities](#)” page, which provided easy access to information about grant opportunities and direct links to open Requests for Applications.
- An [ARPA Metrics Dashboard](#) webpage was recently added, which includes information related to global/ cross project metrics and metrics for specific investment areas and projects.
- Most recently, project closeout information and one page Project Outcome Summary documents have been added to the site so that stakeholders can learn about the project work completed with ARPA HCBS funds.
- Analytics from December 21, 2024 to March 23, 2025:
 - 3,869 Total Pageviews (Cumulative to date: 118,311)
 - Top 5 Subpages (in order of most views):
 - [ARPA Grant Opportunities](#)
 - [Workforce & Rural Sustainability Projects](#)
 - [Invest in Tools & Technology Projects](#)
 - [Support Post-COVID Recovery & HCBS Innovation Projects](#)
 - [Improve Access to HCBS](#)

Project Pulse Newsletter

HCPF created a Project Pulse monthly ARPA HCBS newsletter to share updates, highlight successes, and provide information about upcoming engagement opportunities.

- All of the newsletters created throughout the ARPA project timeframe can be found [here](#), including the three most recent editions that are focused on highlighting projects that recently closed:
 - [January 2025 Newsletter](#)
 - [February 2025 Newsletter](#)
 - [March 2025 Newsletter](#)
- HCPF intends to distribute on final newsletter after March 31, 2025 to provide stakeholders with final outcome information about the ARPA HCBS effort.
- Through March 2025, 1,490 individuals were signed up to receive the Project Pulse ARPA HCBS newsletter (+3%). Since its inception, HCPF distributed 34 Project Pulse ARPA newsletters.

Webinars and Stakeholder Meetings

To keep stakeholders informed about the overall efforts HCPF was taking to implement the ARPA HCBS 61 initiatives, HCPF hosted or recorded a quarterly ARPA HCBS webinar. Additionally, each project team conducted extensive project-specific stakeholder engagement related to the efforts and goals of their particular initiative.

- Over the course of the ARPA HCBS time period, HCPF hosted 20 webinars to keep stakeholders informed about our larger efforts
- Each project team also made every effort to keep stakeholders at the center for their efforts.
 - Over the last quarter, there were 9 meetings with 864 total participants
- Across all 61 projects and the entirety of the ARPA time period, HCPF conducted 300 meetings with over 12,500 attendees (**figure 2**).
- To ensure that HCPF was meeting the needs of stakeholders through these engagements, we distributed an online survey after the meetings and webinars to gather feedback. As shown in **Figure 3**, on average we fell just under our goal of 75% of respondents stating that they were very satisfied or satisfied with the stakeholder engagement opportunity.

Figure 2. Stakeholder Engagement: Meetings and Participants

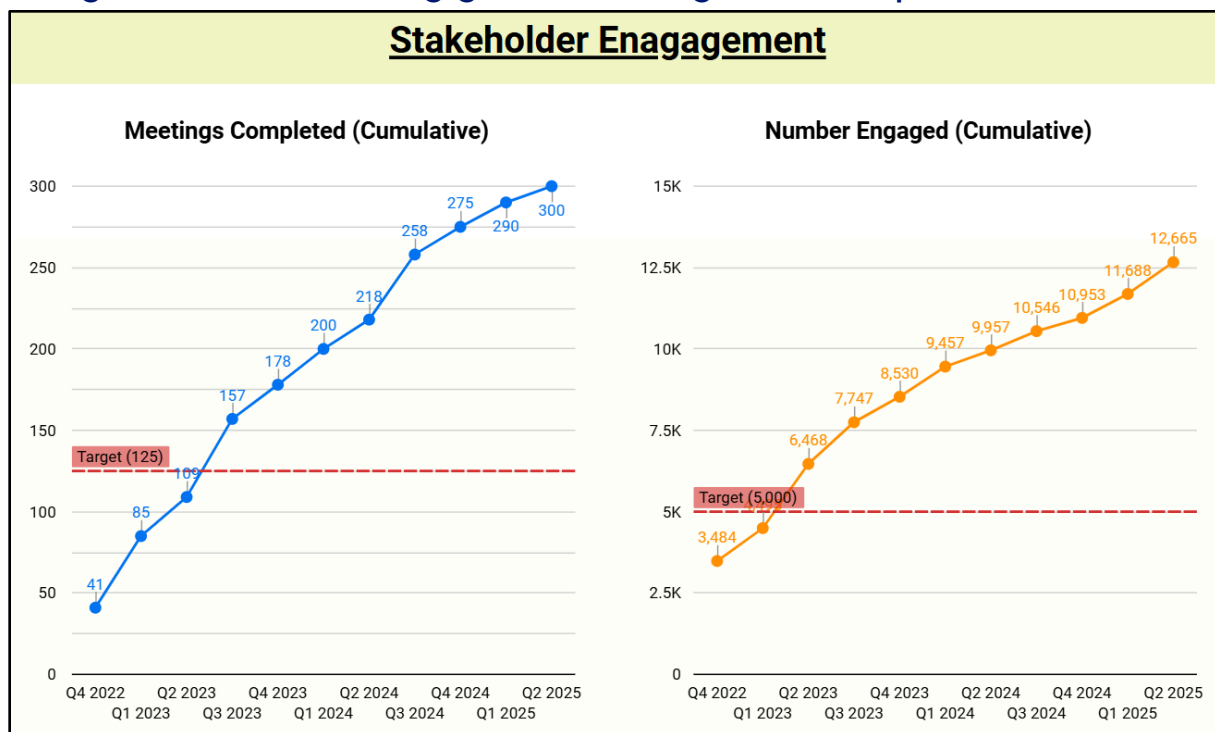
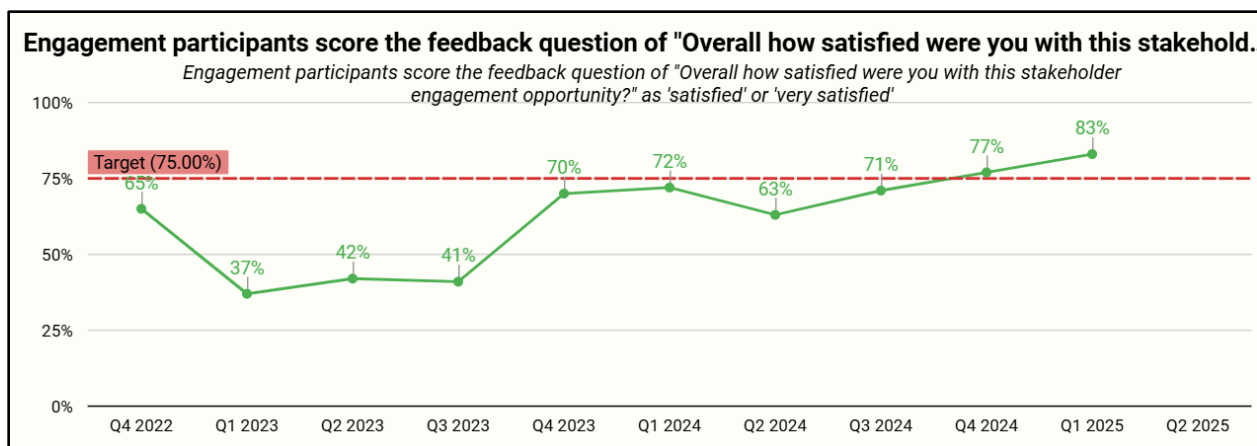


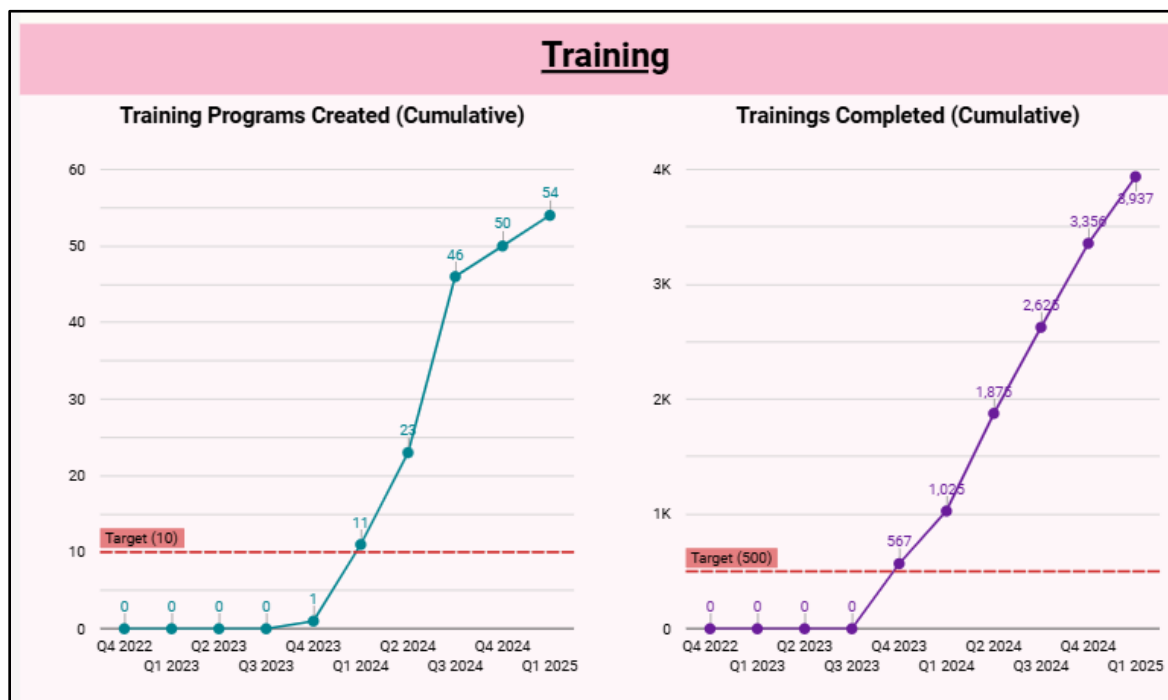
Figure 3. Stakeholder Engagement: Participant Feedback



Training Programs Highlights

Training was an important component of many of HCPF's initiatives. Six projects had a direct focus on training either providers or members, and many other projects included a training component targeted at a variety of audiences. **Figure 4** below shows the total number of training programs that were created by ARPA HCBS project teams as well as the total number of trainings that were completed. HCPF far exceeded its goal for both the number of training programs created and the number of trainings completed.

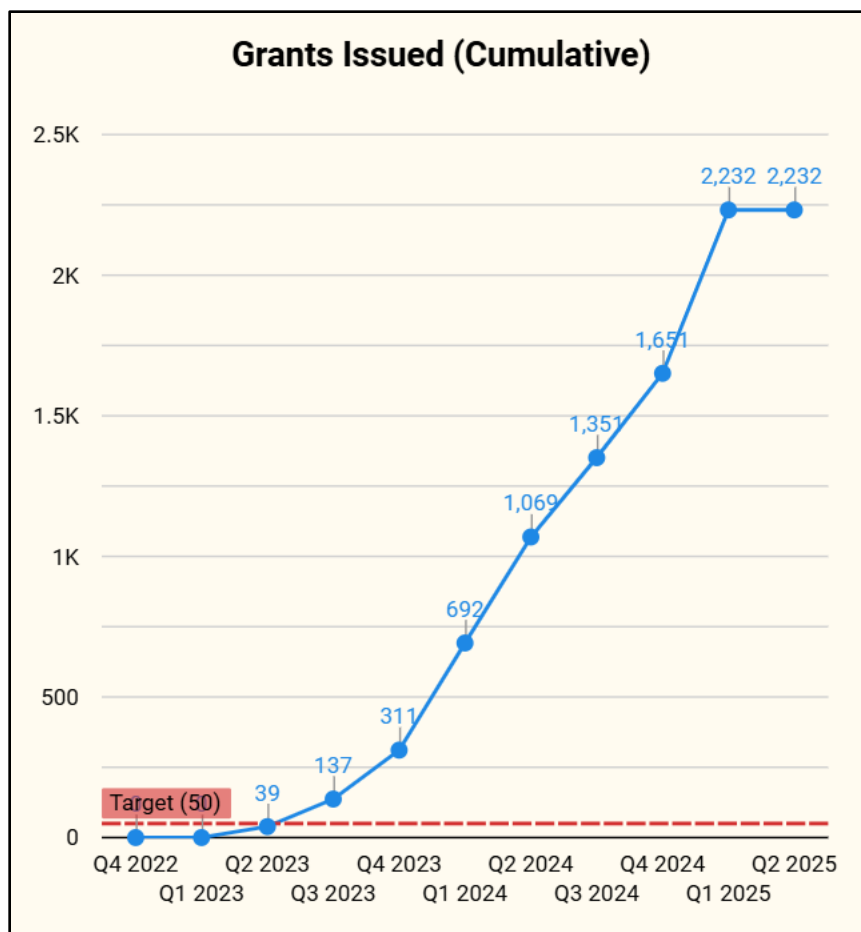
Figure 4. Training Programs: Programs Created & Number of Completers



Grant, Pilot, Incentive, and Community Funding Program Highlights

HCPF achieved a great deal of success in the development, administration, monitoring, and closeout of 27 programs across 20 ARPA HCBS projects. The programs distributed a total of \$108.8 Million to 2,232 partners and individuals through grants, pilots, and community funding programs. **Figure 5** shows the total number of grants issued, by quarter.

Figure 5. Grant Programs: Number of Grants Issued



Grant Programs Managed by Public Consulting Group (PCG)

HCPF engaged PCG as the grant financial vendor for 17 grant programs across 10 projects:

- 1.05 Establish a Training Fund (individuals)
- 1.05 Establish a Training Fund (providers)
- 2.01 Behavioral Health Transition Support Grants
- 3.07 Wraparound Services Grant
- 3.07 Peer Support Grant
- 4.03 Child/Youth Step-Down Options Program and Provider Recruitment CHRP
- 4.03 Child/Youth Step-Down Options Program and Provider Recruitment QRTP
- 4.07 New Systems of Care
- 4.07 Complex Needs Grant
- 4.08 Respite Grant Program
- 5.01 Case Management Capacity - Retention
- 5.01 Case Management Capacity- Start Up Grant
- 5.01 Case Management Stabilization Support Grant

6.06 Digital Transformation Projects/Electronic Health Record Upgrades
6.06 Case Management Grant
6.08 Care and Case Management System Investments - Devices Grants
6.13 Connect Case Management Agencies to Admission, Discharge, and Transfer Data Pilot

Grant Programs Managed by HCPF

HCPF directly managed and executed 10 grant, incentive, pilot, and community funding programs:

2.02 Expand Behavioral Health Crisis Teams
3.06 Expand Behavioral Safety Net
3.08 AI/AN Capacity Grants
4.01 Residential Innovation
4.02 Promote Single Occupancy
4.05 Pilot CAPABLE
4.06 Supported Employment Pilot Extension
6.05 Member Tech
6.11 Centers for Excellence in Pain Management
7.02 Member Emergency Preparedness

The grant recipients participating in the PCG managed grant programs received a total of \$62.4 Million in funding to support 571 organizations participating in the pilots and initiatives listed above. The recipients of the HCPF managed grant programs received \$51.8 Million in funding to support 1,661 providers and individuals.

Highlights from these programs include:

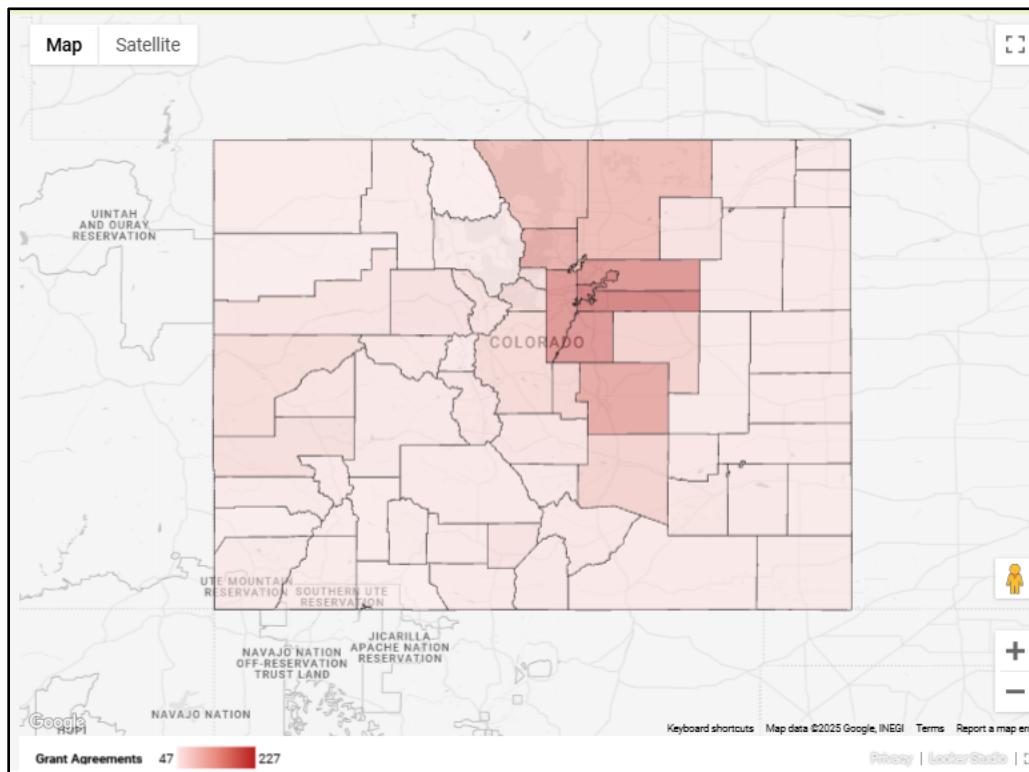
- 3,668 trainings were provided to the direct care workforce as a part of the 1.05 Establish a Training fund grant programs.
- More than 700 Medicaid members were served in the transition from an institutional setting through the 2.01 Behavioral Health Transitions grant. One individual reported, *“Through the work done with [2.01 Grant Program Recipient] I didn’t get my life back, I got a better life.”*
- In partnership with the Behavioral Health Administration (BHA) provided \$1.75M to 19 organizations to implement Mobile Crisis Response (MCR) services through the 2.02 Expand Behavioral Health Crisis Teams grant program.
- Through the 3.06 grant program, HCPF Partnered with Colorado’s Regional Accountable Entities to expand behavioral health services across Colorado, providing nearly \$26 Million to support new efforts.

- In project 3.08 AI/AN Capacity Grants, HCPF partnered with the Denver Indian Family Health Services and Southern Ute Indian Tribe to build infrastructure to provide culturally responsive behavioral health services to community members in need.
- The 3.07 Wrap Around Services program found that 84% of those participants who were experiencing homelessness remained housed after one year of participation in the program.
- The 4.01 Residential Innovation project conducted research and supported a pilot to create a framework for new and innovative residential options, such as home sharing.
- In Project 4.02, Promote Single Occupancy, organizations converted 37 rooms to single occupancy and submitted disease mitigation plans to prevent the transmission of illnesses.
- A participant of the 4.03 Child/Youth Step-Down Options Program and Provider Recruitment (BH) QRTP reported, *“[Through this grant program,] QRTP providers increased staff retention/reduced staff turnover, increased service capacity, increased feeling of safety among youth and staff, increased implementation of trauma-informed programming, and increased staff training.”*
- A participant of the 4.07 New Systems of Care grant program reported, *“Our agency hired new roles for our home-sharing staff and achieved a 100% staff retention rate during the grant period, allowing us to focus on growth and quality goals.”*
- Colorado’s Case Management Agencies (CMAs) were supported with over \$8.5 Million in funding for retention payments to employees during Case Management Redesign (CMRD), start-up costs for the new Case Management Agencies, as well as for stabilization efforts as they transitioned to the new Care and Case Management (CCM) tool.
- The 6.06 Dollars to Digitize program supported adoption of a digital electronic health record system for 224 HCBS and behavioral health providers, allowing them to provide more efficient care to more Medicaid members.
- Through the work completed on the 6.13 Connect Case Management Agencies (CMAs) to Admission, Discharge, and Transfer Data Pilot, HCPF was able to take recommendations from the CMAs and make a direct policy and system change that allows case managers access to critical information regarding the HCBS members they serve.
- Through the work of project 6.05 Member Tech, HCPF with partners created training programs to support HCBS members in the use of technology.
- Project 6.11 Centers for Excellence in Pain Management piloted a pain management program to support HCBS members with chronic pain.

- The 7.02 Member Emergency Preparedness pilot provided emergency backup power equipment to 1,576 HCBS members.

In addition, HCPF was able to support organizations serving every Colorado county shown on the heatmap below, linked [here](#) on the ARPA Metrics Dashboard (**figure 6**).

Figure 6. Heat Map of Counties Served by ARPA HCBS Grantees



Administrative and Oversight Accomplishments

Administrative Support

HCPF would like to highlight the enormous efforts of the project teams and HCPF staff that led the 61 ARPA HCBS initiatives:

- 222 permanent HCPF staff were involved in the ARPA HCBS project work
- 28 project leads and 8 project support administrators led and supported the project work
- 59 term limited staff were hired to work on projects
 - Over the course of the ARPA period, 56 term limited staff were transitioned into HCPF temporary, term-limited or permanent roles
- All 10 HCPF offices were involved in the ARPA HCBS initiatives

- Over the course of the projects, team members completed all project activities and milestones, tracking expenditures and budget activity, and completing project and/or grantee monitoring.

ARPA Project Support Team

The Project Support Administrators (PSAs) supported the project teams to ensure project progression and success. The PSAs scheduled meetings, set agendas and took notes, tracked milestones and deliverables, documented risks, issues and decisions, and provided bi-week status updates on progress. This team also continually developed processes, systems, and tools to support all of the ARPA HCBS Project Teams.

The project support team worked with project teams to track ongoing project performance metrics using a metric repository in the project management tool, PWA (Project Web Access). This information fulfilled the need to report on the teams' progress toward the defined goals of each project. The established metrics were collected and entered into the PWA tool to fulfill reporting requirements. This led to the creation of a 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. The PSAs also worked diligently with project team members to track and refine quarterly projections and actuals for spending. A snapshot of the dashboard with the overall forecast versus spend is included in the report in **Figure 3**.

The team also worked with project teams on project monitoring. All projects went through 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. In addition to project monitoring, the PSAs supported the completion of a [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. Finally, the PSA team supported the project closeout activities such as ensuring all project documents were archived and accessible for the future, ensuring the outcomes of all risks, issues, and decisions for the project were documented, that all budgetary and accounting documentation is available and accurate, and that information that was stored in Project Web App (PWA) was downloaded and archived in the project folders for future reference. The team also led the creation of project outcome materials, which will help to highlight and celebrate the incredible work completed through these 61 initiatives.

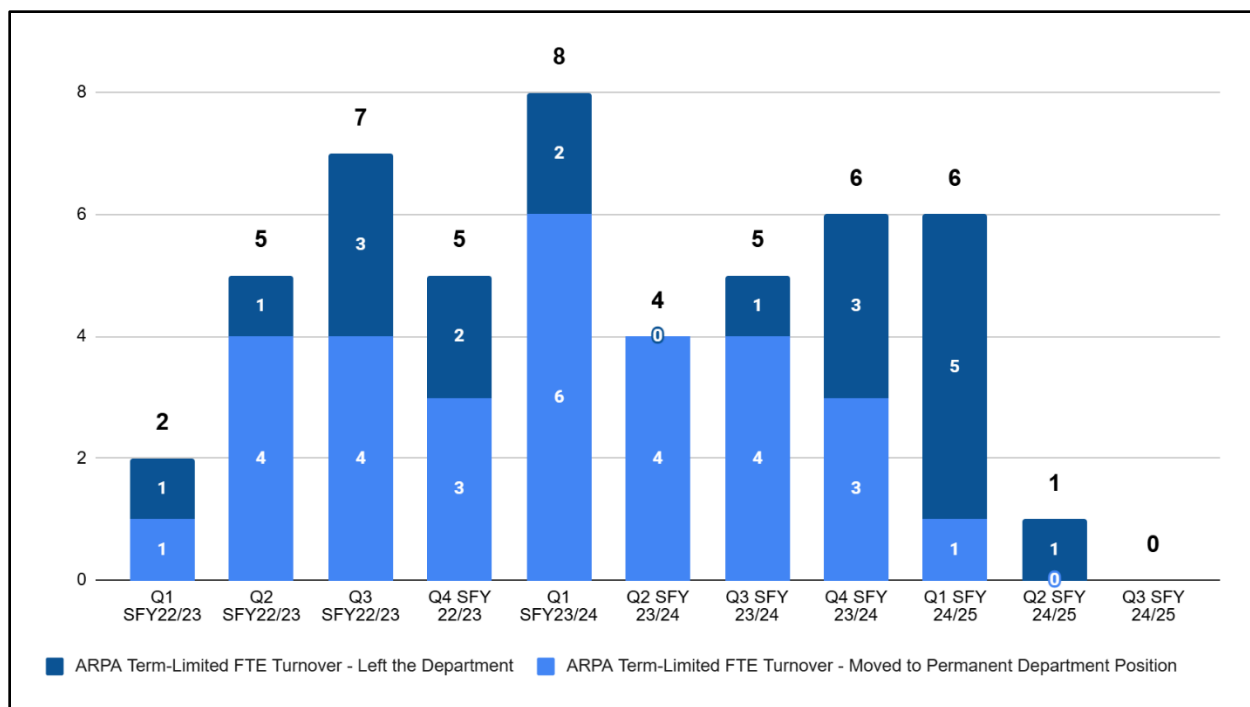
Project Team Hiring & Transitions

To manage the enormous work required to successfully complete 61 projects in three and a half years, 59 positions were created to be filled by term-limited staff. As of July 2022, all of these positions were filled. Since that time, HCPF has been monitoring turnover and rehiring closely to ensure that these roles remain filled. Since July 2022, forty-nine term-limited ARPA HCBS staff members moved out of their hired position. Of these forty-nine, thirty accepted full-time permanent positions within HCPF, while nineteen separated from HCPF (**figure 7**).

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. An additional 15 ARPA term-limited FTE ended their term on March 31, 2025. Of these 15 individuals, 7 will stay with HCPF, moving into another term-limited or permanent role. Including those who had previously secured ongoing positions at HCPF prior to the end of their term, a total of 56 individuals were able to transition from an ARPA HCBS role to another position with HCPF.

HCPF always viewed these term-limited positions as an opportunity for individuals to get a “foot in the door” and encouraged the term-limited staff to watch for openings that allow them to move into permanent roles. We are happy to see that this was successful, and we have so many permanent staff who began their time at HCPF in an ARPA role. We also were pleased with the retention of these staff during the ARPA timeframe, necessary to complete the project work. In collaboration with human resources, the ARPA support team put retention strategies in place for these term-limited positions, to mitigate resignations before their project work was completed. HCPF implemented a retention payment policy for ARPA HCBS term-limited staff who stayed in their role until the last day of their term. This payment equated to a three-month salary payment. The goal of this payment was to retain term-limited employees in their role until the end of their project work to ensure the completion of all projects in the required time, by providing a financial payment that recognizes the time that it takes to secure a new position. HCPF credits the use of retention payments as a major driver in being able to complete the project work by keeping most of the term-limited staff in their positions until the end of their term.

Figure 7. ARPA HCBS Term-Limited FTE Turnover by Post-Turnover Location



Procurement Successes

The ARPA Project Teams accomplished the following related to procurement of contracts in support of the ARPA HCBS Initiatives:

- 18 total contracts were executed in FY2021-2022
- 96 total contracts were renewed/executed in FY2022-2023
- 153 total contracts were renewed/executed in FY2023-2024
- 118 total contracts were renewed/executed in FY2024-2025

In addition, HCPF procured grant agreements directly and indirectly through a grant financial vendor PCG and accomplished the following in support of the ARPA HCBS initiatives:

- 85 grant agreements were executed directly by HCPF
- 2,147 grant agreements were executed through a contractor or grant financial vendor

Analytics & Project Tracking

The ARPA Project Support Team utilized 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 provided a narrative status update and an indicator of ‘on track’, ‘watch’, or ‘off track’ in five areas every two weeks. The five areas included: Overall Project, Budget, Schedule, Resources, and Contract. The PSA, in

collaboration with the project team, assessed the project's status in these five core areas. For each area, the project was designated as being 'on track', 'watch', or 'off track'. The PSA for the team also identified any risks or issues currently impacting the project. The PSAs utilized a matrix to assess the status to ensure standardization of this process. This provided assurance that the assessment of each project's progress was consistent across project managers, as well as giving leadership insight into various aspects of each of the projects. All projects in the 'off-track' status were required to report to ARPA Leadership on the challenges they were experiencing and how they planned to get back on track. During that report out, they were encouraged to request support from leadership, if it is needed. As all project work is completed, there is no longer an active dashboard.

In addition to a status dashboard, HCPF leveraged a budget dashboard, which included a high-level overview of all spending, encumbered funds, and funding that was forecasted but not yet spent or encumbered. Project teams and leadership were 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 8**. *As shown in the dashboard, all spending is complete.*

Budget Reporting Dashboard Guide, Figure 8:

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

Section 1 has been removed, as it previously displayed a summary of selected projects, providing a status of those projects as reported by the PSA on the budget.

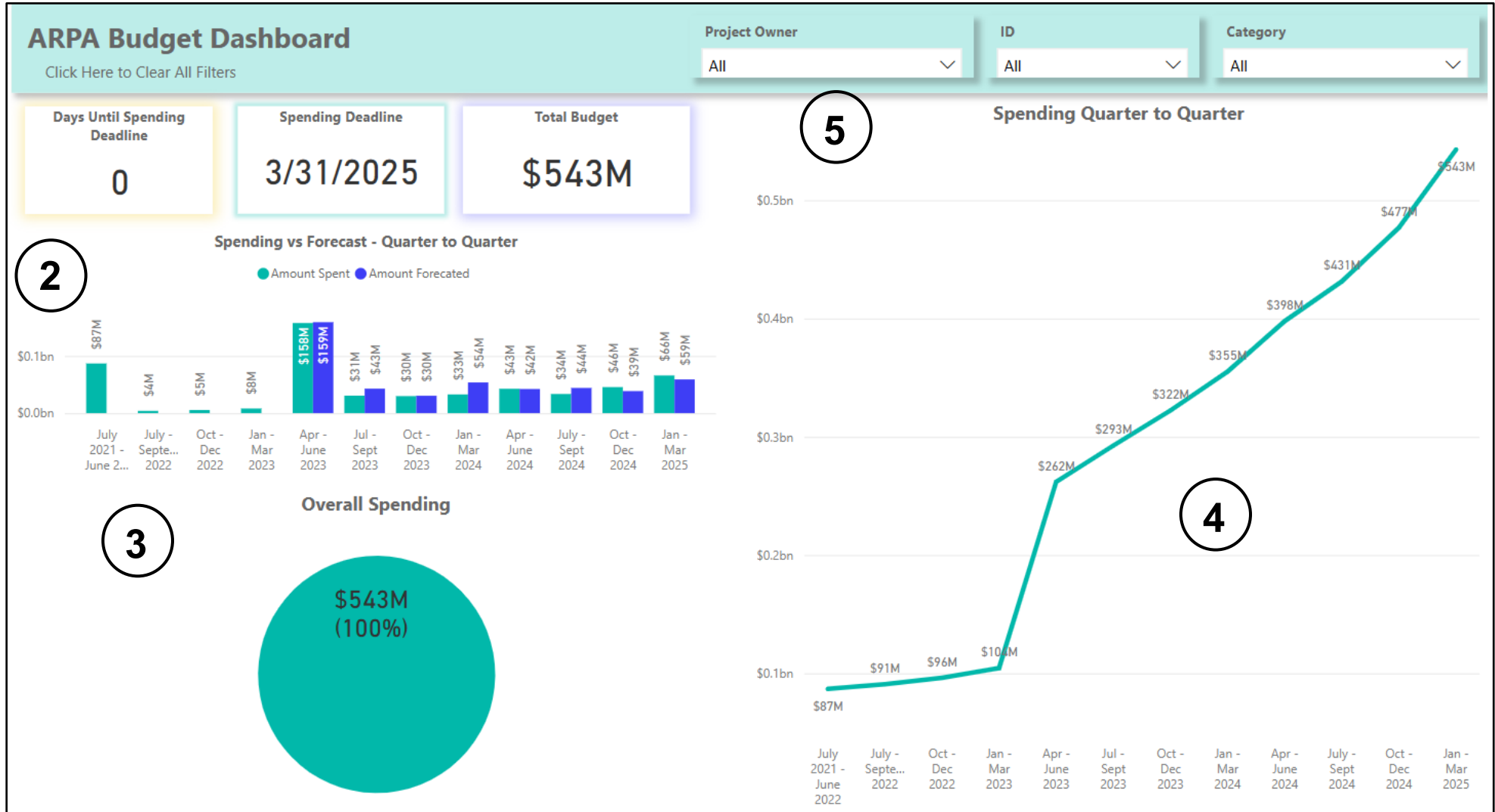
Section 2 displays the ARPA HCBS spending forecast by quarter for the remainder of the ARPA spending period, in comparison to spent.

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 8. Dashboard: Budget



Project Metric Highlights

Project teams developed metrics that were tracked throughout the duration of the project. The metrics varied per project; some were task or outcome focused while others were measures of progress based on the project goals. HCPF created an [ARPA Metrics Dashboard](#) webpage to capture metric highlights for some of the ARPA HCBS Projects. The following are two metric examples from different focus areas:

Figure 9. Number of Individuals that Completed Training, Project 1.05

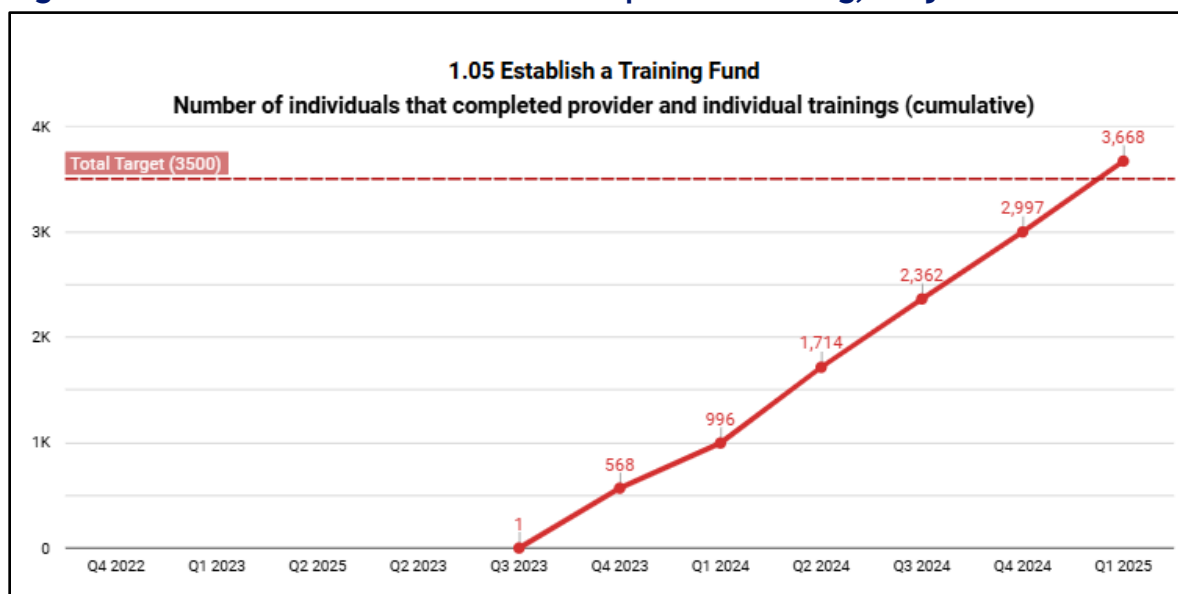
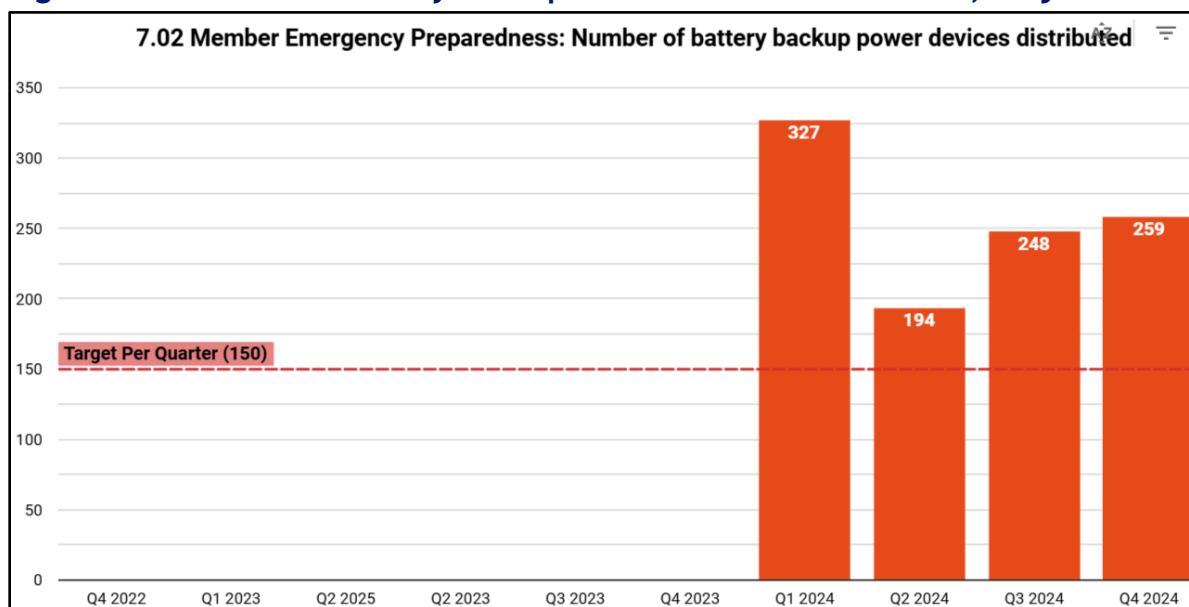


Figure 10. Number of Battery Backup Power Devices Distributed, Project 7.02



Oversight & Compliance Highlights

HCPF took many steps to ensure there was compliance with ARPA Section 9817 and other state and federal regulations. HCPF achieved its goal in providing sufficient guidance while maintaining oversight of the 61 projects to mitigate potential risks.

The following efforts were undertaken to provide oversight and compliance support for the ARPA HCBS project teams:

HCPF, with support from a contractor, developed guidance material and training for project teams to ensure that project plans, contracts, and policies were developed within regulatory guidelines. The project support team developed a toolkit to assist project leads, team members, and project support administrators and included guidance on ARPA HCBS general requirements, procurement, budget and accounting, project management guidance, stakeholder engagement, and developing and administering grants. The toolkit also provided guidance to help maintain consistency across the support team members, particularly as we expanded capacity and/or experienced turnover among the staff. Standardization across PSAs in their project management responsibilities was critical to ensure that the projects limited risk and executed their efforts according to state and federal rules. This toolkit was updated regularly as new questions emerged from project teams or new guidance was developed.

Additionally, the ARPA Support Team facilitated a monthly grant project community of practice and bi-monthly project lead meeting and distributed a weekly project team newsletter to ensure regular and consistent communication with project teams. 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 leveraged a grant financial vendor, PCG, to standardize grantee processes and streamline grant management across projects. In collaboration with HCPF, PCG 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. PCG was also monitored closely by the compliance monitoring contractor mentioned below to further reduce compliance risk.

HCPF also contracted with KPMG to assist with oversight, compliance, and monitoring of HCPF's projects. KPMG completed a guidance review and three rounds of project-specific risk assessments and monitoring. Over the course of the ARPA time period, all 61 projects participated in project monitoring, with many participating more than once. As part of these reviews, KPMG met with project teams and requested a sample of project payments, as well as supporting documentation, policy or programmatic project guidance, and/or communication material. KPMG reviewed these to ensure that the 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.

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 on the outcomes of the monitoring and, when required, an outline of required changes. Additionally, KPMG conducted 12 training courses to support grantees.

Sustainability & Lessons Learned

Project Sustainability

Project teams implemented strategies to sustain the state's activities to enhance, expand, or strengthen HCBS activities supported by the ARPA HCBS 9817 funding. Formal sustainability plans were first created by each project in June 2023. An updated, final sustainability plan was then included in the project close-out report and provided below in **Appendix 1**.

Below are several of the State Plan Amendments, HCBS Waiver Amendments, and Budget Requests that were approved either directly or indirectly due to efforts of the ARPA HCBS project teams:

- A State Plan Amendment (CO 23-0008) was approved to provide community-based mobile crisis intervention.
- A 1915(c) amendment was approved across all waivers to increase wages.
- A 1915(k) amendment was approved for Community First Choice and the Wellness Education Benefits.
- Several budget requests were approved to increase the HCBS direct care workforce base wage.
- A Behavioral Health Continuum budget request was approved to continue supportive services for members who qualify for Permanent Supportive Housing (PSH).
- A budget request was approved to amend the payment model for the Supported Employment Program.
- A budget amendment was approved to allow In Reach efforts to continue.

HCPF obtained permission for three projects to continue work until June 30, 2025, which includes Project 3.06 Expand the Behavioral Health Safety Net, Project 3.08, AI/AN Capacity Grants, and Project 5.05, Case Management Agency Training Program. These projects will continue reporting internally and have individual sustainability plans describing the reporting mechanisms for the ongoing work in **Appendix 1**.

Implementation Challenges and Lessons Learned

Below, HCPF has also included implementation challenges and lessons learned, which fall into three categories: Project Management and Project Oversight; Procurement, Contracts, and Grants; and Accounting and Budgets.

Project Management and Project Oversight

- HCPF had a very successful model in partnering Project Leads, usually permanent staff serving as subject matter experts (SMEs) with Project Support Administrators, who served as Project Managers and had oversight of administrative aspects of the projects. An important factor in the success of this model was to clearly and explicitly delineate the roles and responsibilities for these two central team leaders.
- Project management tools were critical and contributed to HCPF's successful implementation of the 61 ARPA HCBS initiatives. The tools utilized provided tracking capabilities and allowed for transparency to ensure that projects were progressing as expected. Providing access to tools was a challenge with more than 200 internal staff and teams involved in implementation; HCPF overcame this challenge through enhanced internal communication efforts, including the creation of custom reports that could be viewed without access to tools as well as use of an internal newsletter to communicate critical information to a larger audience.
- HCPF also employed a very successful strategy of contracting with expert Project Management Professionals (PMPs) to support the 61 initiatives. These contractors assisted in the development of guidance and the use of important project management tools. They closely supported Project Leads and Project Support Administrators.
- HCPF decided to implement an internal oversight committee, referred to as the ARPA HCBS Leadership Committee, to provide high level decision making and oversight for teams. This helped hold teams accountable in following timelines and budgets as well as for problem solving when projects encountered new risks and issues.

Procurement, Contracts, and Grants

- HCPF executed nearly 400 contracts during the implementation of the 61 ARPA HCBS initiatives. This required a tremendous amount of contract development, modification, and management. Project teams had varying levels of contract management experience and at times this caused contract-related delays. To better support contract management, HCPF developed structured meetings between the procurement team and project team members. Initiating this meeting structure improved contract management efforts.
- A strategy that HCPF would recommend for future efforts would be to include a contract manager on project teams to support the management of multiple complex contracts, as that would allow the Project Lead and Project Support Administrator to focus on their primary responsibilities.
- HCPF directly executed 85 grant agreements and indirectly executed 2,147 grant agreements with the support of a contractor and grant financial vendor.

Utilizing the help of a contractor and grant financial vendor was critical in the success of grant programs as it allowed for speed that does not exist within HCPF's internal procurement processes. Many of the grant programs were implemented and executed on a short timeline and having the support of a grant financial vendor increased HCPF's capacity and ultimately, the reach of the grant programs.

Accounting and Budgets

- HCPF made \$187.42 million worth of payments to vendors in support of the work accomplished with the 61 ARPA HCBS initiatives. Tracking the individual invoices, receiving reports, and accounting lines for each project and contract was a challenge, as teams were doing so in varying ways. To help with this, HCPF developed structured meetings between accounting, budget, and project teams (PSA liaison). Initiating this meeting structure improved accounting and budget tracking efforts. Additionally, HCPF created standardized tools to track budget more consistently across projects.
- Budget tracking on a project was also a challenge until HCPF instituted a centralized budget tracking system. Once this was created, teams forecasted their quarterly spending and had to report on forecast v. spend at the end of each quarter. If the forecast and spending were out of alignment, the teams had to submit a new forecast. HCPF would recommend for any similar future effort to start this process during project implementation and to devote more resources for centralized tracking of accounts and budgets.

Table 5 lists all projects color coded by category. **Appendix 1** provides more detailed information on all 61 projects. The project descriptions remain as initially reported with all updates indicated with blue font. In the appendix, each project identifies its focus or impact on drivers of health including: healthcare access & quality, economic stability, education access & quality, universal benefit, neighborhood & built environment, and social & community context. The SDOH(s) associated with each project are indicated with icons, as outlined in **Key 1**.

Projects by Phase, Category, and Identification

Legend: Project Category Color

Workforce & Rural Sustainability		Access to HCBS	
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	Community Access to HCBS ✓	Improve Access to HCBS
3.02	Buy-In Analysis ✓	Improve Access to HCBS
3.03	Community Transitions Support ✓	Improve Access to HCBS
3.04	HCBS Training for Members & Families ✓	Improve Access to HCBS
3.05	Translation of Case Management Material ✓	Improve Access to HCBS
3.06	Expand the Behavioral Health Safety Net ✓	Improve Access to HCBS
3.07	Wrap-Around Services, including Peer Supports for Members with Complex Needs ✓	Improve Access to HCBS
3.08	AI/AN Capacity Grants ✓	Improve Access to HCBS

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 Health Information Exchange ✓	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

Key 1. Drivers of Health Symbols

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

Appendix 1: Project Descriptions & Updates

1. Strengthen the Workforce & Enhance Rural Sustainability



Initiative 1.01. Increase Payments to Providers and Workers✓

Project completed March 2025



At the heart of the ARPA is the call to support recovery for those most impacted by the COVID-19 pandemic. Older adults and people with disabilities, their families, and those that support them were devastatingly affected by this virus and the full extent of the impact has yet to be felt. As we emerged from the pandemic, stabilizing the direct care workforce was the most immediate priority. For that reason, as of January 1, 2022, the HCPF, 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. HCPF 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 included:

- Adult Day
- Alternative Care Facility (ACF)
- Consumer-Directed Attendant Support Services (CDASS)
- Community Connector
- Specialized Habilitation
- Homemaker
- In-Home Support Services (IHSS)
- Job Coaching
- Job Development
- Mentorship
- Personal Care

- Prevocational Services
- Residential Habilitation
- Respite
- Supported Community Connections (SCC)
- Supportive Living Program

In addition to the rate increase for the new base wage, the HCPF 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 HCPF 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 were funded using general funds ongoing.

Direct Provider Relief Payments

HCPF also implemented an additional provider rate increase using ARPA HCBS funds in FY2024/2025. The rate increase was structured as a retroactive rate increase for allowable HCBS services from July 1, 2024 through December 31, 2024. These payments were made at the end of March 2025 once all ARPA HCBS initiatives had closed, thus allowing HCPF to leverage all remaining unspent funds. The purpose of these payments was to support providers and case management agencies as they

continue to rebound from the impact of the COVID-19 pandemic. The HCBS provider payments were issued based on paid claims for eligible HCBS services. The case management agency payments were based on paid claims for targeted case management services and were a state-only payment.

State Plan Amendment and Waiver Information

HCPF 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. HCPF received approval to adopt the \$15 per hour base wage permanently for all waiver programs on January 1, 2023. HCPF 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, HCPF 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, this project was committed to identifying funds to ensure long-term sustainability of the provider rate increases. 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 was 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.

Project Outcomes

The HCPF compliance staff conducted compliance reviews related to the 2022 base wage attestation forms and the 2023 base wage attestation forms. In 2022, 788 providers (95%) completed base wage attestations, and 721 providers (94%) completed base wage attestations in 2023. These reviews included reviewing the submitted attestation forms and reaching out to providers to confirm attestation information. Supporting documents and, if necessary, a corrective action plan was requested from the provider. For 2022, over 300 compliance reviews were conducted with the assistance of a single ARPA Term Limited staff member. Only 33 providers were required to retro-pay direct care workers. For 2023, compliance reviews are still being conducted as of the time of this report, with 11 providers identified so far for retro-paying direct care workers. Compliance reviews of providers will continue ongoing to ensure direct care workers receive the correct wages.



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 the environment and motivations for employment in the direct care workforce will be critical for alleviating the shortages in this field. Beyond the initial project efforts, HCPF intends to continue using 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 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 supported 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

- ✓ Funding has been requested to continue this project work in the future.
- ✓ This project work will continue with existing HCPF resources.
- ✓ 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 ✓

Project Completed March 2025



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 promotes greater retention within the workforce. Through this project, HCPF established 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 were 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 could be used to expand standard training provider resources or trainer availability where gaps exist.

This project developed a curriculum that includes the different types of disabilities and incorporates people's lived experiences to help providers understand diverse populations' perspectives. The training includes 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 was 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 the fund was 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 awareness and understanding of the needs of 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 educated on providing care to individuals with disabilities. The project team developed and delivered training that was 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

- ✓ This project work will continue with existing HCPF resources.
- ✓ Project outcomes will inform future HCPF work and decision making.

The training programs obtained by organizations through this grant will continue to be used by various parties, ensuring its ongoing impact. The training curriculum created by individual provider agencies through this project will be reviewed and, with the necessary resources, made available statewide as appropriate. The infrastructure, documentation, and language developed for provider grants during ARPA now serve as valuable resources for similar future opportunities, should funding become available.

Capital Expenditure Plan

No capital expenditures for this project.

Project Outcomes

HCPF established a training fund targeted at high-demand jobs to support specialization and advancement opportunities for the HCBS workforce, including the behavioral health workforce. Funds were made available to workers, employers, or training providers to make training available and/or develop new training curricula. This project also developed curriculum that included various types of disabilities and incorporated individuals' lived experiences to help providers understand diverse populations' perspectives.

ARPA 1.05 provided training opportunities and incentives for workers to gain higher-level skills and promoted greater retention within the workforce. This project funded a total of 4,946 training sessions for 4,427 individuals.



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.
- ✓ Project work will continue with existing HCPF resources.

ARPA funding was utilized to enhance and enrich the existing overall structure for Colorado's direct care workforce. This effort was intended as a catalyst to propel efforts forward and for the continuation of these efforts to be borne by sister agencies and workforce partners. HCPF will maintain partner engagement to ensure workforce advancement efforts continue.

Capital Expenditure Plan

HCPF established income-based, affordable pathways to build career advancement opportunities for the healthcare workforce. HCPF 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.
- ✓ Project work will continue with existing HCPF resources.

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 HCPF 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 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, HCPF 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 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 within HCPF.

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 resources
- ✓ 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.

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. 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.



Initiative 2.02. Expand Behavioral Health Mobile Crisis Teams ✓ *Project completed February 2025*

HCPF supercharged activities related to the behavioral health Mobile Crisis Response (MCR) services, which offer an alternative to law enforcement or Emergency Medical Services (EMS) response for a person in a mental health or substance use disorder crisis. Before this grant, Colorado had differing practices, pilots, and approaches to address behavioral health crisis calls. The goal of the program was to improve crisis services, and ensure all public providers met new federal and state requirements for mobile crisis services.

HCPF provided grant funding to support this effort through an Intergovernmental Agreement (IGA) in partnership with the Behavioral Health Administration (BHA). Subsequent to the IGA execution, BHA amended existing contracts with the Administrative Services Organizations (ASOs), which manage and oversee provider activities funded by BHA. The ASOs amended their provider contracts to distribute ARPA grant funds originating with HCPF. The ASOs conducted a readiness assessment to determine each grantee's funding need and award funding based on the identified needs. BHA was responsible for overseeing ASO distribution of funds and monitoring progress, including providing grant management, oversight, and closeout.

Additionally, BHA conducted ongoing needs assessments with providers to ensure funding was being used in a supplementary manner with a robust emphasis on sustainability. Grantees had the ability to 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 were also available to create more culturally responsive mobile crisis services in Colorado.

This scope was changed from provider-specific funding to funding providers through their standing ASO contract, which was intended to reduce the complexity of working with individual providers. This expanded freedom allowed the ASOs to ensure their regions could operate in ways that were most meaningful to addressing MCR services in every area of the state.

The goal of this project was to support improving the standards for mobile crisis service delivery to meet federal requirements and evidence-based practices. Additionally, this project was intended to help ensure Medicaid coverage for all eligible activities related to mobile crisis response to crises and was intended to support providers in billing Medicaid for all previous and newly eligible services.

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

- ✓ A waiver amendment or SPA was approved to fund this project work in the future.

This 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. The MCR benefit is now live and statewide provisioning is occurring.

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.

Project Outcomes

The Mobile Crisis Response (MCR) Expansion grant funding was implemented across the state of Colorado through a partnership between HCPF and the BHA to expand and improve community-based mobile crisis intervention services. Mobile Crisis Services have been standardized across the state to offer de-escalation and stabilization to people in a self-defined behavioral health crisis. This project funded the expansion of existing teams across the state to meet the newly developed state-wide standards.

The standardized Mobile Crisis Response services and definition can be found here: <https://hcpf.colorado.gov/sites/hcpf/files/7.5.23%20MCR%20Final%20Service%20Definition%20%281%29.pdf>). This codifies the practices and standards for community-based responses in Colorado. These services are available:

- Anywhere in Colorado
- Any time (24 hours a day, 7 days a week, 365 days a year)
- In the home and community (not in hospitals, jails, or inpatient facilities)
- By calling 988 or 911 to connect to dispatch
- Outside of Law Enforcement (Law Enforcement involvement is not required to engage when Mobile Crisis Response is dispatched)
- With special populations and providers available to serve people with intellectual and developmental disabilities, traumatic brain injury, severe mental illness, serious emotional disturbance, co-occurring disorders, deaf, hard of hearing and deaf-blind individuals, and individuals with other cognitive needs or who reflect neurodiversity.

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, HCPF 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.
- ✓ A budget request was approved to fund this project work in the future.
- ✓ Project work will continue with existing HCPF resources.
- ✓ The project outcomes will inform future HCPF work and decision making.

This one-time policy analysis has helped HCPF identify and submit a MH 1115 waiver along with creating and implementing a new 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



Initiative 3.01. Understanding Community Access to HCBS ✓

Project completed December 2024



Note: As of March 2025, this project has been renamed “Understanding Community Access to HCBS” instead of its previous name, “Equity Study”.

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 project addressed the following:

- Internal data analysis: Analyzed HCBS enrollment and utilization data to identify issues with access across the system.
- External stakeholder feedback and recommendations: Based on issues with access identified, contracted with a vendor to gather feedback from stakeholders and wrote recommendations to increase access.
- Implementation planning: Recommendations were gathered and an internal team put together an implementation plan to begin creating better access across the system.

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.
- ✓ 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 access issues in HCBS programs by focusing on building relationships and trust within communities across all of Colorado. 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 Certified Application Assistance Sites (CAAS) webpage to provide further education and information to communities across the state.

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 access to HCBS
- Infuse the existing infrastructure with HCBS enrollment information (Certified Application Assistance Sites)

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 barriers to accessing HCBS in Colorado. Based on that understanding, the project was then able to reach communities by conducting HCBS 101 learning sessions with community-based organizations. Further, the project resulted in recommendations and ways to increase knowledge and capacity within all 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 all 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, people 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 people 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 provide 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.
- ✓ Project outcomes will inform future HCPF work and decision making.

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.



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 HCPF'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 were 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 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.
- ✓ Project outcomes will inform future HCPF work and decision making.

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 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.

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 HCPF'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 included 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



Project completed January 2025



HCPF had an opportunity with these funds to strengthen and expand the Colorado behavioral health safety net with projects including an assessment of gaps in service access, development of provider training, support for workforce development and capacity building for high-intensity outpatient services, and value-based pay-for-performance models.

Prior to 2019, various reviews of access and availability of Colorado's behavioral health safety net were conducted, and the overall conclusion was that improvements in the behavioral health safety net system are critical to improving access to quality services. As a result, Senate Bill 19-222 (SB19-222) was passed and Colorado's Behavioral Health Task Force was convened. This task force drafted an implementation plan to guide state agencies in improving the behavioral health safety

net, including modernization of safety net funding, addressing services for those at risk of institutionalization, and preparing for future system changes.

This ARPA project was structured to support the safety net reform outlined in the SB19-222 Implementation Plan. The goals were to build capacity for the most intensive levels of outpatient services, implement cost-based reimbursement and incentive structures for providers, and to offer trainings and provide opportunities for engagement to prepare stakeholders for significant reforms to the behavioral health safety net. ARPA projects included:

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 recommendation 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 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.

- Supported a new contract to authorize 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 Community Mental Health Centers (CMHCs) and State-Run Mental Health Homes (MHTLHs) to improve their financial reporting: This included more information to support analysis of cost and efficiency.

- 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 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.
- ✓ Project work will continue with existing HCPF resources.
- ✓ 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 with 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.

Project Outcomes

The project created 50 training modules, live and on demand, to create a comprehensive set of evergreen-style training and technical assistance resources for providers. The project provided funding for behavioral health providers through the Regional Accountable Entity (RAE) network. The RAEs conducted needs assessments for existing providers while also reviewing gaps in their network adequacy for this level of care and designed a grant award funding opportunity for providers to use ARPA funding to build out this level of care. The framework for a value-based payment structure along with cost reports to guide rate setting were also developed.

The project also established a strategic plan for behavioral health services for the child and youth population. A behavioral network gap analysis and provider survey were also completed. Finally, the project also contributed to the 1115 Substance Use Disorder waiver work.



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



Project completed March 2025

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

Sustainability Plan

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

With the Statewide Supportive House Expansion (SWSHE) pilot concluding in September 2024, HCPF requested funds through the Governor's Budget (FY25/26 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.

Project Outcomes

The SWSHE Pilot Grant sought to expand the Supportive Housing discovery work done by the Denver-based Social Impact Bond (SIB) to address the best way to engage with housing the homeless population. The SWSHE Pilot grant engaged with 28 grantees who offered Supportive Housing services, intending to reach 500 participants. The total number of people served by the SWSHE grant was 871. This grant program developed an excellent foundation for engaging in Supportive Housing in the future.

The Peer Support Grants for Housing Stability project set out to expand access to Peer Support Services for Medicaid members with a history of homelessness who qualified for permanent supportive housing. Funding was awarded to 24 organizations to cover the costs associated with outreach, engagement, hiring, training, retention, and supervision of Peer Support Professionals. Additionally, funding supported costs associated with building administrative capacity to become a Medicaid provider able to bill for Peer Support Services. The outcomes of this grant project include a total of 130 new Peer Support Professionals hired by grantee organizations. All of the grantees used grant funding to provide training for Peer Support Professionals and supervisors, totaling 7,798 hours of training. Grantees reported significant impact in the areas of enhancing skills, safety, cultural awareness and leadership development for peers and supervisors as a result of training provided during the grant period.



Initiative 3.08. AI/AN Capacity Grants



Project completed January 2025



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.*

As part of the array of projects to expand the behavioral health safety net in Colorado, the Department of Health Care Policy and Finance (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 (substance use disorder and mental health) services. HCPF worked with Colorado's tribes, the Ute Mountain Ute Indian Tribe (UMUIT) and the Southern Ute Indian Tribe (SUIT), in Colorado to co-design a variety of services and supports to meet the needs of the populations and to expand access to community based behavioral health services. This work started with an extensive stakeholder engagement process and formal tribal consultation to ensure the needs identified by the tribal partners remain at the forefront of the work. Funding for the SUIT 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, including capital expenditures. A fiscal rule waiver to allow for a prospective payment was approved by the Office of the State Controller in Quarter 1 of State Fiscal Year 2023-24 and again in Quarter 1 of State Fiscal Year 2024-25. HCPF and UMUIT connected multiple times during the project duration to develop a partnership for this grant project, though no formal grant agreement was able to be reached with this tribe. HCPF and UMUIT will continue to collaborate on ongoing and future projects.

In addition to the tribal nations, HCPF recognizes the large portion of Members who are a part of the Urban Indian population; HCPF partnered with a local Urban Indian Health Program, Denver Indian Health and Family Services (DIHFS), to fund the expansion of community based behavioral health services. Funds were used for evidence-based practices and capital expenditures. Programs that improve DIHF's ability to serve individuals with disabilities who are enrolled in a Home and Community Based services (HCBS) waiver, and who also have co-occurring behavioral health needs were prioritized. This includes Behavioral Health Services provided through Colorado's 1915(b)3 waiver.

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.

Project Outcomes

This project provided funding to improve service availability and access for tribal members regardless of their geographic proximity to tribal land. The tribal and Indian Health Service (IHS) provider partners funded numerous projects including capital expenses, training and certification for staff, pre-construction planning, outreach and engagement, staffing, and consultation for adding services new to tribal affiliated providers.

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 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 the 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. 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 discussion 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 ✓ *Project completed February 2025*



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-subject 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 were 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 utilized state only funds.

Project Outcomes

This grant program approved applications from six organizations that were deemed feasible for completion by HCPF. Grantees received funding to convert multiple person rooms into single-occupancy rooms at their facilities. These six organizations converted rooms at a total of 10 locations. The organizations utilized funds from the grant for permitting, inspections, engineering and architect fees, internal and external construction costs, electrical and plumbing updates, and health and safety improvements. A total of 37 rooms were converted to single occupancy. Additionally, the organizations that took part in this grant funding submitted a disease mitigation plan to help prevent the transmission of illness in these room conversions.

These room conversions also provided a positive impact to not only the physical well-being of residents by decreasing their risk of exposure to illness but their mental well-

being as well. Some of the grantees have stated that the conversions have already had a positive impact on residents living in their facilities, including an increased sense of independence and privacy, and a more “home-like” atmosphere. Being able to have a more predictable, routine, and controllable environment can reduce resident anxieties, particularly for residents suffering from a brain injury or other cognitive or sensory conditions. The conversion to single occupancy rooms has also increased resident cohesion since they have their own space to go to if they are overwhelmed, need privacy, or want a different atmosphere.



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 (QRTP) 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.

State Plan Amendment and Waiver Information

There were 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.

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).

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.
- ✓ Project outcomes will inform future HCPF work and decision-making.

For ACFs, the rates developed for the high-acuity tier have been established and a budget request was submitted for FY25/26. If approved, the rates will need to be executed within the interChange system, added to the provider rates and fees schedule, and communicated with stakeholders.

For QRTPs, the project team will use those findings paired with targeted stakeholder engagement guided by national experts as they continue to redesign the youth residential benefits. This work is already underway.

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 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.
- ✓ 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-post test 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

- ✓ Funding has been requested to continue this project work in the future.

HCPF is committed to advancing 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 of 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 with 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 benefiting from

respite services. Thus, no more than 25% of service recipients were non-Medicaid individuals, though, the HCPF 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, HCPF 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. A Waiver Amendment was submitted in the Spring of 2025, with an effective date of July 1, 2025, to add additional service delivery options for the respite benefit under the Children's Extensive Services (CES) Waiver & Children's Habilitation Residential Program (CHRP) Waiver. These additions are: Skilled CNA Respite, Skilled RN/LPN Respite, Therapeutic Respite. These additions will enhance respite offerings to Members who require skilled medical care or an increased level of behavioral support.

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 are 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 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 ✓

Project completed February 2025



HCPF identified enhancements to the Home Modification benefit as a need for 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 provided 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 were 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 funding 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 these cost challenges. [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.

Project Outcome

[This project provided \\$4,602,769.90 of increased home modification project funds to 784 Medicaid Waiver participants. Each member was allotted up to an additional \\$10,000 to go towards a home modification project.](#)

[Additionally, this project funded the migration of the Home Modification Salesforce platform, used for tracking all Home Modification project work, from Department of](#)

Local Affairs to HCPF. This migration has improved HCPFs ability to oversee all of the Home Modification projects requests, thus improving our ability to respond quickly to changes requests and work to resolve problems in a timely manner.



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 ensure 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 guideline recommendations, reporting process recommendations and have implemented changes approved via Colorado's legislative process.



Initiative 4.12. Community First Choice ✓

Project completed March 2025



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 used 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, ARPA HCBS funds were leveraged to achieve:

- **System changes:** System changes were required to add the existing HCBS benefits into the State Plan which necessitates changes to the provider enrollment subsystem, claims/provider reimbursement subsystem, prior authorization subsystem, and care and case management product within the Medicaid Enterprise Solution. This work included policy design and development in collaboration with the vendor, but during the ARPA period the system changes were not completed. Implementation, ongoing testing and maintenance to ensure the changes made were accurate and operating correctly will occur post project closure.
- **Developed a Wellness Education Benefit:** HCPF utilized a contractor to develop and manage the Wellness and Education Benefit. Through the Wellness Benefit, HCBS members are sent information on a monthly basis to support their overall health and well-being. This benefit rolled out with the HCBS 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 the implementation of CFC.
- **Licensure Requirements:** Required appropriate licensure for all Personal Care Providers serving CFC members. To mitigate potential access to care issues, ARPA funding was used 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. A waiver amendment was submitted to CMS in September 2024 and a SPA was submitted in October 2024. Both have been approved.

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.

HCPF is implementing 1915(k) - CFC 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.

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.

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.

Project Outcome

Policy

HCPF utilized ARPA HCBS 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 (WEB). The Wellness Education benefit was launched in

May 2024 for Children’s Home and Community Based Services (CHCBS) waiver and is scheduled to be launched for all waivers in the Spring of 2025. This included the development of 120 WEB articles, which are distributed to waiver members. HCPF was able to develop a CFC Educational Video that will be posted on the CFC website and used to provide information to current and future members.

System Changes

The CCM system is an electronic case management system that allows case management staff to use a single system to implement all required activities and services. The system interfaces with the Medicaid Management Information System (MMIS), MMIS-Bridge service authorization system, and the Colorado Benefits Management System (CBMS). The system also includes three years’ worth of relevant information from the legacy systems (migrated October 2023).

Three system changes and enhancements that support the CCM to incorporate the policy changes associated with CFC were initiated during this project timeframe but were not fully completed and are slated for completion in 2025.

5. Strengthen Case Management Redesign



Initiative 5.01. Case Management Capacity Building ✓ *Project completed February 2025*

Case management redesign (CMRD) 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 CMRD, including providing support to implement 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

HCPF created a grant program to support the start-up of new contracts as a result of 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 CMRD. 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 were 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 over 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 staff retention, assist with data clean-up in the CCM, digitization and/or storage of documents, and other 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 HCPF 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). 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, HCPF'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, HCPF made available retention payments for Case Management Agencies tied to the State's CMRD effort. These payments were distributed through a competitive grant program through fiscal year 2024.

Sustainability Plan

- ✓ This project work will continue with existing HCPF resources.
- ✓ Project outcomes will inform future HCPF work and decision-making.

HCPF 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 ensure that all members have access to care and have a positive experience with the healthcare system. Once CMRD has been implemented, HCPF 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 plans 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) 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 purchase of software licenses to support the digitization process and/or software upgrades or enhancements needed as a result of CCM implementation that were unexpected.

Project Outcomes

CMA Start Up and Transition Costs

Technical Assistance & Coaching

HCPF contracted with a vendor to support CMAs, stakeholders, and HCPF to plan, prepare, and implement CMRD transitions. The needs of each agency varied through the phased CMRD transitions, and support included implementation of CMRD policy changes, transition case management services, change management, and capacity building to ensure members have access to a CMA. A total of 2,981 hours of coaching was provided between June 2023 and September 2024.

Additionally, the vendor collaborated with HCPF to develop and facilitate a total of 45 Learning Collaborative training sessions for Case Management staff between April 2022 and August 2024. Topics were focused on change management and navigating through the CMRD transitions.

CMA Start-Up Grant

HCPF developed the CMA Start-Up Grant to support the transition of designated CMAs to provide case management HBCS services. The project team collaborated with the project teams from ARPA 6.06 (Dollars to Digitize) and 6.08 (Care and Case Management System Investments) to provide a streamlined application process and single point of contact. Eligible funds were available for three areas of need: the purchase of Care and Case Management (CCM) System compatible devices (6.08), upgrading or adopting a new Electronic Health Record (EHR) (6.06), and/or costs to support new agency start-up (5.01).

The CMA Start-Up Grant was instrumental in facilitating key activities, including the renovation of workspaces, the purchase of essential office supplies, and comprehensive staff training. These initiatives established a solid foundation for stronger, more capable teams, fostering positive work environments and enhancing service delivery.

CMA Longevity and Retention Bonuses

HCPF developed the CMA Retention Grant in an effort to strengthen CMRD and maintain local case management expertise and knowledge. Three phases of funding were dispersed from February 2023 to August 2024, totaling over \$4.3M to 4392 staff.

31 CMA grantees retained 90% or more of staff that received the retention bonus in Phase 3. Both seasoned and new Case Management staff reported that the sign-on bonus motivated their decision to stay in Case Management and/or start working with their agency.

CMA Care and Case Management Stabilization Support

Care and Case Management (CCM) Stabilization Grant

The CCM Stabilization Grant provided support to CMAs for unexpected costs outside of previous funding opportunities or existing reimbursement structures to implement CMRD, to support staff retention, assist with data clean-up in the CCM, digitization and/or storage of documents and other unexpected demands. Funding was dispersed between March and September 2024, totaling over \$3.2M. Grantees reported this funding provided consistency and motivation for staff, with one grantee reporting over 96% of staff who received the system user retention payments were still employed by the agency 5 months later.

Assessment Tool Quality Assurance and Quality Improvement

CMAAs are responsible for completing the Supports Intensity Scale (SIS) Assessment, which is utilized by HCPF to determine a Member's Support Level before enrollment in HCBS-Developmentally Disabled (DD) or HCBS-Supported Living Services (SLS) waivers. The Assessment must be conducted by a certified SIS Interviewer, and includes the person being assessed as well as the people who know them well. With the introduction of the new Interim Support Level Assessment tool and the retirement of the SIS-A tool SIS Online platform, the SIS-A assessment tool can no longer be used. HCPF contracted with the developer of the SIS-A to evaluate the quality and effectiveness of the Assessment and its administration in Colorado in preparation for the transition to the Interim Support Level Assessment and eventual Colorado Single Assessment (CSA) in 2025.

The findings and insights of the evaluation informed a set of recommendations to support the successful implementation of the Interim Support Level Assessment tool and eventual implementation of the new CSA tool. Recommendations include focused training and development, strengthened communication strategies, enhanced data and feedback mechanisms, strategic planning for future integration, and continuous stakeholder engagement.



Initiative 5.02. Improve and Expedite Long-Term Care Eligibility Processes ✓ *Project completed March 2025*



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 worked with stakeholders to identify solutions to address barriers to long term care eligibility and access to Long-Term Services and Supports (LTSS), both from a physical eligibility and financial eligibility perspective. HCPF researched to determine appropriate solutions for expedited eligibility processes, engaging with stakeholders to gather feedback. The approved solutions focused on system enhancements, policy requirements, modifications, and training to address barriers to long-term care eligibility.

The system changes associated with this project also assisted with the Public Health Emergency (PHE) Unwind efforts by implementing changes specific to improving Long-Term Services and Supports that directly impacted those efforts.

Following the LTSS Streamline implementation in February 2024, there were a number of system related issues that emerged that were impacting member eligibility and provider payments. These issues also resulted in increased workload and frustration for both eligibility staff and case managers. The impact caused short-term challenges

to member eligibility, provider reimbursement, Case Management Agency (CMA) processing and member service response time. Eligibility system updates in this project also focus on short and long-term fixes to address these issues to ensure ongoing coverage for LTSS members.

This project also helped support the revalidation of HCBS members as part of the Public Health Emergency (PHE) Unwind. Key activities included: hiring additional resources including term limited staff, contracted temps, and vendors to support outreach, eligibility processing of renewals, and communications. Additionally, toolkits were developed, and an escalations process launched for all HCBS procedural denials. These activities were not previously planned or supported by another funding source.

Additionally, this project also provided funding and support 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 to prevent adoptive names from being overwritten by biological names in CBMS and SIDMOD. This ensures 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 were no state plan amendments or waivers required for this project.

Sustainability Plan

- ✓ This project work will continue with existing HCPF resources.
- ✓ 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 time period. In addition, the funding helped identify gaps in the current long-term care eligibility process and workflows, which will be filled and mitigated with new programs or policies.

Additionally, HCPF 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 supported updates to the Colorado Benefits Management System (CBMS) to improve eligibility processes for HCBS members. HCPF developed policy requirements, modifications, and corresponding eligibility system enhancements to the CBMS system and is working with the vendor on implementation.

Project Outcomes

Long-Term Care (LTC) Eligibility Processes Assessment

HCPF collaborated with process improvement consultants to conduct a comprehensive assessment of the current LTC eligibility processes to better understand and improve the eligibility processes for LTC.

HCPF's core team identified internal and external staff to be surveyed and/or interviewed which included staff across HCPF, Case Management Agencies (CMAs), Medical Assistance (MA) Sites, Eligibility Application Partner (EAP) Sites, County Department of Human Services (DHS) sites, and Nursing Facility (NF) Providers. A vendor conducted virtual surveys, interviews, and "over the shoulder" observations to gather insights on process, pain points and solution ideas. In total, 85 Surveys and 53 interviews were completed.

HCPF participated in interactive sessions with the vendor to map out processes for current and future state, document pain points and corresponding solutioning, and prioritize with a roadmap. This work resulted in the following:

- Comprehensive evaluation of the LTC application process with key stakeholders
- Pain point analysis
- Prioritized solutions to address timeliness, accuracy and error rates
- Process and system recommendations for an improved future state
- Roadmap to implement allowable solutions to address identified barriers to allow for continued streamlining of the LTC eligibility process

Eligibility Policy Recommendations - Resource Criteria

HCPF explored options that the state could implement to impose a less restrictive approach to the asset/resource test required for Non-Modified Adjusted Gross Income (MAGI) programs and long term care.

The vendor completed multiple state to state research comparisons with states that do (and do not) have an agreement with the Social Security Administration (SSA) to automatically approve Medicaid for Supplemental Security Income (SSI) recipients.

Long-Term Services and Supports (LTSS) Presumptive Eligibility (PE)

HCPF completed research and a draft plan to implement a presumptive eligibility program to provide immediate access to some LTSS services for those experiencing crises.

To determine the feasibility of implementing presumptive eligibility for LTSS PE in Colorado, this project completed nation-wide research on current presumptive eligibility programs. HCPF also researched the current landscape of programs, authorities, allowances, gaps, and barriers within Colorado as they relate to the potential to implement LTSS PE. Recommendations were developed to support implementation of the LTSS PE services through the expansion of Colorado's 1115 waiver.

Eligibility Systems Enhancements

HCPF made updates to the Colorado Benefits Management System (CBMS), Program Eligibility and Application Kit (PEAK), and PEAKPro. These included projects for updates specifically for Long-Term Services and Supports (LTSS) eligibility, Member Correspondence, and Adoptive Identity Processes.

A total of twelve (12) system enhancements were developed, tested and implemented during the ARPA period. Some examples of the system enhancements included:

- Improved communication with members.
- Development of an automated solution to process Medicaid verifications with minimal case worker intervention to help alleviate the backlog of pending verifications.
- Improved user experience in both CBMS and PEAKPro for LTSS functional and eligibility processes.
- Allowed CBMS to accept and process files from the Care and Case Management (CCM) System for current LTC Level of Care (LOC) certification records.
- CBMS will process a new weekly file from Trails, the State's child welfare system, for adopted children and their adoptive parents, linking the Biological and Adoptive State IDs to ensure necessary updates are made to CBMS cases.

Public Health Emergency (PHE) Unwind Support

HCPF was able to provide expanded support for the PHE unwind by bringing in contract staff who could focus on the backlog of applications and special work initiatives.

In partnership with contracted vendors and staff, the project:

- Processed an additional 1,169 Medicaid applications
- Resolved 6,000 escalations
- Performed 980 outreaches October 2023-February 2024
- Provided over 1,900 hours of project management support to the Health Information Office (HIO) of HCPF

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 for 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 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 ✓

Project completed March 2025



HCPF developed and implemented comprehensive and robust training program for case management agencies for all waiver programs and services, including State Plan benefits, to improve quality and consistency statewide. The training has been incorporated into a Learning Management System (LMS) allowing HCPF to assign

and monitor training completion. HCPF has also completed content updates for all existing training materials and uploaded them to the LMS software to establish competency-based performance requirements of case managers. This project also included funding to support the training of case managers in the new Care and Case Management (CCM) system enhancements. As the system rolled out, case managers needed robust training to ensure competency in utilizing the system. Funding was used to ensure Case Management Agencies were planning and prepared for the training and oversight of their case management staff by outlining processes through a deliverable. Additionally, as new enhancements were added to the system, updates to training materials and continuing education training for case managers were undertaken.

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 CCM System. HCPF intended to launch the new Colorado Single Assessment (CSA) during the ARPA time period, which will replace the Support Intensity Scale (SIS) assessment, and the Person-Centered Support Plan. 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 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 contracted with a vendor, and a prospective payment was made, to provide the training and oversee a pilot of the new Interim Support Level Assessment tool. The vendor will produce a final report on the training activities and pilot outcomes once they are complete. All funds have been paid to the vendor responsible for completing the training and pilot activities, though the activities will continue past March 31, 2025. This timeline extension allows 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 was made 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. The Interim Support Level Assessment vendor is 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 were no state plan amendments or waivers required for this project.

Sustainability Plan

- ✓ Project work will continue with existing HCPF resources.
- ✓ Project outcomes will inform future HCPF work and decision making.

Colorado Case Management Agency Training Curriculum:

Training will be available through the LMS for case managers and on the HCPF website for the community. Ongoing development of training materials will be completed by the case management training team. Monthly feedback sessions will be facilitated to gather input on the curriculum and inform updates and improvements. Additionally, LMS completion reports and certification exam reports for case managers will be maintained to ensure compliance with training requirements, identify gaps for intervention, and ensure quality measures for materials.

Support Level Assessment Training & Technical Assistance:

Due to delays in the CCM System, HCPF has delayed implementation of the CSA and pivoted to an interim solution, the ISLA, to replace the SIS. Though not complete at the time of this report, ARPA funds supported the training and pilot testing of the new interim tool, the ISLA, before its launch on July 1, 2025. Additionally, ARPA funds were leveraged to prospectively pay CMAs for training on the CSA. These funds were critical in ensuring the successful launch of these two new, future assessment tools.

Capital Expenditure Plan

No capital expenditures for this project.

Project Outcomes

HCPF developed a comprehensive training curriculum to equip Colorado’s case managers with the necessary knowledge to provide person-centered case management to help members feel heard and in control of their decisions. The training was informed by HCPF subject matter experts and external stakeholders and designed to be interactive and empowering. In addition to training development, HCPF provided funding to case management agencies to support training implementation for staff.

The comprehensive training curriculum includes 53 web-based training courses, 6 virtual instructor-led training presentations, and 9 certification exams. The training covers new processes developed by HCPF for eligibility determinations, needs assessments, and support planning for individuals seeking or receiving long-term services and supports. These new processes are person-centered, enhance self-direction, and facilitate greater coordination of services. The training has been incorporated into an LMS, allowing HCPF to assign and monitor training completion.

The majority of training development under this project is complete, but one component is still ongoing due to delays with the Care and Case Management (CCM) system rollout. Though work was completed towards planning and development of the training during the ARPA period, case managers and other assessors will be trained on the new interim tool, ISLA, in the spring of 2025 after the ARPA period. Additionally, HCPF anticipates case managers will receive the training on the new CSA in the fall of 2025. HCPF will maintain strong oversight of the ISLA and CSA training until all activities are completed.

6. Invest in Tools & Technology



Initiative 6.01. Home Health/PDN Acuity Tool ✓
Completed in March 2025

HCPF 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. These tools streamlined the benefit delivery and ultimately will 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 the original request.

Using ARPA HCBS funds, HCPF worked 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 conducted 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 helped 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 examined 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 the system. The goal of this project was to develop the new assessment tools, which were accomplished. [The tools will not be implemented until after the ARPA HCBS spending period.](#)

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.

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. HCPF 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.

Project Outcome

Assessment Tool Creation

HCPF developed an implementation plan detailing how the LTHH and PDN Acuity Tools will be adopted in Colorado with the support of existing HCPF employees. The implementation outlines the process through policy development and training, introduction of the tools to stakeholders through stakeholder outreach, engagement, and training and finally putting the tools into practice.

System Changes

The CCM system is an electronic case management system that allows case management staff to use a single system to implement all required activities and services. One system change and enhancement was initiated during this project timeframe but was not fully completed and is slated for completion in mid to late-2025.



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 HCPF 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 criteria for providers to identify unique expertise or training within the search tool. This criterion can be used to identify providers who understand and integrate their unique expertise into the delivery of healthcare services to improve the quality of patient care.

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
- ✓ Project outcomes will inform future HCPF work and decision-making.

The State of Colorado and HCPF believe strongly that all individuals should have access to high quality care delivered by the provider community and health care systems. With the completion of the member-facing provider tool enhancements, HCPF will implement a cross-departmental approach to monitor the use of the new search criteria and results to inform future investments, programs, and policies to promote high quality access to care.

Capital Expenditure Plan

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 additional functionality to the tool, including the ability to search by practitioner location, practitioner associations, and provider specialties.

Project Outcomes

The State of Colorado and HCPF believe strongly that all individuals should have access to high quality care delivered by the provider community and health care systems. 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

- ✓ Project work will continue with existing HCPF resources.

- ✓ Project outcomes will inform future HCPF work and decision making.

HCPF will absorb maintenance and updating of materials through existing workflows. Learning plans are available in [Moodle](#). The team plans to promote their availability on the HCPF website, the OCL newsletter lists, and among all HCPF staff to raise awareness about its availability. The team from the University of Colorado - Center for Inclusive Design & Engineering (CIDE) and the Colorado Office of Employment First, plan to continue to look for future funding opportunities to expand the curriculum.

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 ✓

Project completed February 2025

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 was 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 included

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 could include, but were not limited to, desktops, monitors, laptops, tablets, smartphones, modem/routers, and scanners. Ongoing internet connectivity costs were not included within the project scope. This project leveraged lessons and processes from HCPF'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 were provided through a competitive grant program in alignment 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, were successful in positively impacting members both by improving access to care and improving communication.

The project also supported a Cybersecurity workstream, which provided technology security enhancements for the County Departments of Human Services and Single-Entry Points, who make eligibility determinations. These funds had the goal of ensuring cybersecurity measures are in place to protect member information, including case file scanning and the purchase of tools to support physical security such as 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 protected paper case files as well as electronic PHI for individuals receiving Medicaid. However, HCPF is unable to say 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 was 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, these physical security enhancements mitigate the risk of cybersecurity incidents and may speed response as recommended by [NIST SP800-53](#).

Finally, this project also supported an environmental scan of Behavioral Health providers' use of and interoperability of EHR systems.

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 provided 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 was allowable over the length of the grant period.

Project Outcome

Grant Program

The grant program funded electronic health record (EHR) upgrades and digital transformation projects for maximum impact and sustainability. Many of the grantees applied for more than one project type. For the purposes of data collection and analysis, the projects are categorized into 5 primary digital transformation types: electronic health record (EHR) upgrade, paper conversion to an electronic health record (EHR), paper conversion to client management system, device only, or telehealth, Health Information Exchange (HIE), referral tool, or client management system.

The chart below shows the primary project types implemented by 209 grantees who completed their grant project according to agency type.

Primary Type of Digital Transformation Project	Total Grantees*	HCBS	BH Provider and CMHCs	CMA
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EHR System Upgrade or Enhancement	47	20	26	1
Paper Conversion to EHR System	85	71	11	3
Paper Conversion to Eligible System	24	17	5	2
Device Only	19	9	8	2
Telehealth, HIE, Referral, Upgrade of Client Management System	34	22	11	1

**Data based on 209 grantees, which excludes grantees with a terminated grant agreement or no spending*

Other Eligible Expenses to Support Primary Projects

Services: To support projects, grantees may have requested services for technical assistance for training and implementation support, digitizing paper records, and scanning/shredding services.

Personnel: Some grantees needed to hire personnel to assist with their digital transformation projects. In some cases, fringe benefits were awarded.

10% Indirect Costs: Grantees were awarded 10% of their direct costs for indirect costs (one grantee had a federally negotiated rate of 30%). To allow funds to stretch further, device-only applicants were not awarded indirect costs.

County Cybersecurity

Over 25,979,731 pages of documents used to execute programs and determine program eligibility from 46 counties were scanned and indexed. This process enhanced both the ability to search and find information as well as establish improved security when accessing documents.

Physical security grants were offered to all county partners that determine eligibility and 26 received funding to add tools to support physical security such keypad/key card entry systems, door closers, and security camera systems.

Behavioral Health EHR Environmental Scan

HCPF received a summary report of how EHRs are used across 17 Community Mental Health Centers (CMHCs). This report identified the readiness of CMHCs to take on new certifications involved in the Community Certified Behavioral Health Center model that are focused on data sharing and tracking. It explored barriers to taking on this model as well as the greatest technology needs from CMHCs. Of the 17 CMHCs, 5 are

CCBHC certified and 2 others are in process. The largest barrier cited by sites include the strong data collection needs of the model due to lack of skilled staff in this area and the funding needed to set up the model.

Initiative 6.08. Care & Case Management System Investments ✓ *Project completed February 2025*

HCPF funded investments in system changes, software, and hardware to support the new care and case management system. These initiatives supported data sharing in ways that support person-centered, timely provision of care, and improving the member experience.

Device Costs

HCPF provided 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 can be used to support agencies in utilizing the new CCM system to perform case management functions during their regular business operations. The work of this project has moved forward the system enhancements that will allow Case Managers to have the technology necessary to leverage the capabilities of the new CCM tool, including accessing log notes offline, performing assessments in the home, or uploading assessments with the latest technology. This allows Members to be assessed quickly in their homes.

System Costs

Funding was also used to implement policy change requirements and enhancements that were not captured with the implementation of the CCM system. For example, an enhancement to allow Case Managers to capture notes in one location, rather than multiple locations in the CCM, was executed through the testing phase of the Software Development Life Cycle (SDLC). Once completed, this enhancement will increase efficiency, organization, and improve tracking by Case Management Agencies CMAs for billing, and HCPF for quality improvement reviews.

Additional funds, approved by the ARPA leadership team 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. The work on this enhancement is complete.

Several projects previously considered as additional scope to this project were 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 build the framework to accommodate the Person-Centered Budget Algorithm (PCBA), once developed. Adjustments to accommodate data from the CCM into the HCPF data management system continued to be part of this project. The project absorbed the system changes from project 3.03, Community Transitions Support, including In-Reach Level of Care and Rapid Reintegration, In-Reach Individual and Group Counseling, At-Risk Diversion, and Create Money Follows the Person. These enhancements reached the development and stabilization phases of the SDLC, and work will continue in the post-American Rescue Plan Act (ARPA) timeline.

HCPF has an ongoing prioritization review process to determine which enhancements were and continues to be 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 were no state plan amendments or waivers required for this project.

Sustainability Plan

- ✓ Project work will continue with existing HCPF resources.
- ✓ Project outcomes will inform future HCPF work and decision making.

HCPF has made a multi-year investment in the planning, development, and deployment of the CCM system, and the funds provided via this project have advanced the deployment and optimization of the system by users statewide. HCPF will continue to work to move forward any system changes that were not completed during the ARPA time period and is committed to working with CCM users to ensure capabilities continue into the future.

Capital Expenditure Plan

This HCBS initiative included implementation of CCM system enhancements that were not captured in the deployment and certification of the CCM system. Vendors will be responsible for configuring or developing the CCM system to fully meet the business requirements provided by HCPF.

HCPF also provided 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).

Project Outcome

Systems Changes

The CCM system is an electronic case management system that allows case management staff to use a single system to implement all required activities and services. The system interfaces with the Medicaid Management Information System (MMIS), MMIS-Bridge service authorization system, and the Colorado Benefits Management System (CBMS). The system also includes three years' worth of relevant information from the legacy systems (migrated October 2023).

Several enhancements to the CCM System were identified to improve case manager efficiency, allow for a more Member-centered approach, and be in compliance with state and federal requirements. Completed enhancements include:

- Creating a batch process to end-date old Consumer Directed Attendant Support Services (CDASS) Worksheet and Allocation records and replace them when CDASS rate changes are established. This reduced the amount of needless (Prior Authorization Request) PAR revisions.
- Only allowing Case Managers to add services to the PPA when those services match the assigned Calculated Support Level in the Bridge for Members on the Home and Community Based-Developmental Disabilities (HCBS-DD) waiver. This improves Bridge processing of records for more efficient and accurate claims processing of the services rendered.
- Incorporating formulas into the Bridge derives from PETI calculation worksheets. This ensures information is documented clearly and accurately, alleviates the burden on Case Managers and HCPF to complete PETIs and PARs manually, and ensures Alternative Care Facility (ACF) and Supported Living Program (SLP) services are prior authorized at the correct Medicaid rate.
- Calculating monthly average allocations for CDASS based on the daily rate for each service, as opposed to period allocation dollar amount. This creates a more consistent, efficient, and cost-effective process for CDASS rates, and allows HCPF to establish ownership of the monthly allocations versus depending on a vendor to calculate allocations.
- Providing more capabilities to the Critical Incident Report (CIR) submission and verification process, including filtering parameters, hyperlink navigation key word search, updated incident statuses, and the ability to print and/or download CIRs from the CCM System.
- Adding notifications for Case Managers when an Admission, Discharge, Transfer (ADT) emergency level event has occurred for a Member on their caseload. This improves care and case management services, navigation, and discharge planning.

CMA Start-Up Grant

The CMA Start-Up Grant was instrumental in facilitating key activities, including the renovation of workspaces, the purchase of essential office supplies, and comprehensive staff training. These initiatives established a solid foundation for stronger, more capable teams, fostering positive work environments and enhancing service delivery.

Through this grant, Case Managers were provided with the technology to effectively implement the new CCM System. The new, lighter, compact devices allow Case Managers to move more comfortably in the field and across county office locations. The devices enable the Case Managers to review and sign documents in clients' homes, decreasing the use of paper forms and files.

One grantee provided the following feedback about the impact of the CMA Start-Up Grant:

- “The start-up funds were particularly impactful, as they enabled us to equip our team with high-quality tools such as top-of-the-line laptops and ergonomic office setups. This helped us transition smoothly, with Case Managers stepping into their roles without delays. The versatility of our equipment, such as touchscreen laptops that convert to tablets, ensures that Case Managers can efficiently manage field visits, improving our service delivery.”
- “[These grants were vital to set them up for the transition] and will allow for some degree of sustainability with up front costs covered.”

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
- ✓ 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 this 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 Health Information Exchange



Project completed February 2025



HCPIF, 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.

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 was 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.

Project Outcomes

Colorado SHIE is a ten-year transformational effort to integrate social, behavioral, and physical health data to better connect Medicaid members to the services they need to achieve their full health potential, like healthy food and affordable housing. This effort was initiated by leveraging ARPA funds with the intention of better connecting people in institutional settings, like long-term care facilities, back to their communities with the support of a Home and Community Based Services (HCBS) waiver.

In partnership with the SHIE vendor, OeHI successfully launched the SHIE Architecture in September 2024, beginning with a tailored HCBS use case that went live with Options Counseling Agencies in 2024. This use case ingests data from six different data sources to automatically generate a referral to an Options Counseling Agency based on a client's geography. This process is currently a manual, burdensome process undertaken via email. The SHIE Architecture will not only automate this process but allow HCPF staff to monitor progress and take action on referrals that are not being addressed in a timely manner. This use case allowed OeHI to prove out the full scope of SHIE Architecture which will be expanded to many additional use cases over the next nine years of implementation.

OeHI reviewed and approved 54 deliverables that provide supporting documentation to the SHIE Architecture, produced by Resultant, between November 14, 2023 and September 30, 2024. Additionally, the SHIE Architecture was brought through the full technology gating process led by the Governor's Office of Information Technology's Enterprise Project Management Office. This process entailed detailed architectural and security-based reviews by multiple OIT stakeholders. The culmination of this process is in a Deployment gate review, which results in an Authority to Operate, a requirement of Colorado systems prior to a release to production. The Deployment gate review was conducted successfully on September 20, 2024, and the Authority to Operate was secured on October 8, 2024.



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 timelier manner and were more proactive in facilitating transitions of care. [Through the successful implementation of a system enhancement in December 2024](#), 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 HCPF 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 HCPF 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
- ✓ 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 reduce 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 to 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 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.
- ✓ 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 HCPF 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 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.

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 at 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 recommendations for care that are member-specific, new self-attested features related to a provider's unique skills and expertise for serving members are now 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 competencies and utilize that to support better member outcomes. HCPF will adjust the overall eConsult design in accordance with federal feedback.

HCPF also researched the care delivery models 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 features related to a provider's unique skills and expertise are 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 competencies to support better member outcomes.

Partners involved in the 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

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.

This project researched care delivery models for serving individuals with disabilities at primary care provider offices and Federally Qualified Health Centers (FQHC). The main barriers to giving and getting high quality 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
- ✓ Project outcomes 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 the 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 on 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 the 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 was approved on January 13, 2025.

Sustainability Plan

- ✓ A budget request was approved to fund this project work in the future.

ARPA HCBS 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 was approved on January 13, 2025.](#)

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 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.
- ✓ 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 leveraged ARPA HCBS funds to bolster administrative and staff resources. Project management assistance from external contractors was critical to maintaining ongoing tracking of all project schedules, timelines, and deliverables. Contractor support was also obtained to provide oversight and monitoring of each initiative. Monitoring included a review of project activities and documentation to ensure alignment with ARPA HCBS requirements, as well as other state and federal rules. Additionally, contractors assisted with monitoring grantees to assess their compliance with all requirements. This support was 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 were working on the ARPA HCBS efforts, several resources and trainings were developed and administered. Resources, technical assistance, and [training on improving coordination and communication across teams and increasing outreach and access to reach universal benefit for all members with a focus on community empowerment](#) as part of the ARPA HCBS work. Staff also attended and participated in conferences when the focus of the conference directly benefit their ARPA HCBS project(s). Funds were also used to recognize project completion, or for stepping in to a project for another employee who left the position prior to project completion. Staff 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, were also 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
 - Appendix:
https://hcpf.colorado.gov/sites/hcpf/files/American%20Rescue%20Plan%20Act%20-%20Project%20Cost%20Estimate_Acc.pdf
- Initial CMS Partial Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/Colorado%209817%20Approval.pdf>
- HCPF Response to Partial Approval:
<https://hcpf.colorado.gov/sites/hcpf/files/CMS%20ARP.Response%20Letter8.2.21.pdf>
- CMS Conditional Approval Letter:
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20CMS%20ARPA%20Conditional%20Approval%209-21-2021.pdf>

Quarterly Reports to CMS:

- CMS Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20CMS-Nov.%201%2C%202021.pdf>
- CMS Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/CO%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20CMS-%20February%201%2C%202022.pdf>
- CMS Quarterly Report #3 (submitted April 18, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
- CMS Quarterly Report #4 (originally submitted July 18, 2022; resubmitted August 24, 2022):

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

- CMS Quarterly Report #5 (originally submitted October 18, 2022; resubmitted October 28, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q2%202023%20to%20CMS-%20October%2018%2C%202022-%20Revised%2010.28.22.pdf>
- CMS Quarterly Report #6 (originally submitted January 17, 2023; resubmitted February 28, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Narrative%20Q3%202023%20to%20CMS-%20Resubmitted%20February%2028%2C%202023.pdf>
- CMS Quarterly Report #7 (submitted April 17, 2023):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCB%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%20HCB%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%20HCB%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%20HCB%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
- 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
- CMS Quarterly Report #14 (submitted January 16, 2025):
https://drive.google.com/file/d/1eBfTS567vSriqmXefbHEIFw08epLUj0V/view?usp=drive_link

Joint Budget Committee ARPA HCBS Links

- Senate Bill 21-286:
http://leg.colorado.gov/sites/default/files/2021a_286_signed.pdf
- HCPF Spending Plan Submitted to the JBC:
<https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan.pdf>
 - Appendix: <https://hcpf.colorado.gov/sites/hcpf/files/FY%202022-23%20ARPA%20Spending%20Plan%20Appendix%20A.pdf>
- Presentation to the Joint Budget Committee:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20JBC%20Presentation%209.21.pdf>

Quarterly Reports to the JBC:

- JBC Quarterly Report #1 (submitted November 1, 2021):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Spending%20Plan%20Quarterly%20Report%201%20to%20the%20JBC-%20Nov.%201%2C%202021.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20Quarterly%20Report%201%20-%20Appendix%20A.pdf>
- JBC Quarterly Report #2 (submitted February 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%202%20to%20the%20JBC-%20February%201%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%202-1-22.pdf>
- JBC Quarterly Report #3 (submitted May 2, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%203%20to%20the%20JBC%20May%202%2C%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2005-01-2022.pdf>
- JBC Quarterly Report #4 (submitted August 1, 2022):
<https://hcpf.colorado.gov/sites/hcpf/files/Final%20ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%204%20to%20the%20JBC%20Aug%201%202022.pdf>
 - Appendix:
<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%2008-01-2022.pdf>
- JBC Quarterly Report #5 (submitted November 1, 2022):

<https://hcpf.colorado.gov/sites/hcpf/files/ARPA%20HCBS%20Spending%20Plan%20Quarterly%20Report%205%20to%20the%20JBC%20Nov%201%202022.pdf>

- Appendix:

<https://hcpf.colorado.gov/sites/hcpf/files/Supplemental%20Document%20-%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%200August%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

- Appendix:

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/1N68X0ra0z0LqS91QI0BcJWQ9IAMsmF1o/view>
- JBC Quarterly Report #13 (submitted, November 1, 2024):
https://drive.google.com/file/d/12NQ8K0kZ0CWm0oas0Mil_xewpif4yjmnp/view
 - Appendix:
<https://drive.google.com/file/d/1hmUsOyFKcxD4qtorQTHfU8R7xfxOJOYp/view>
- JBC Quarterly Report #14 (submitted, February 1, 2025):
https://drive.google.com/file/d/17cF6ROrjjoJ8anLq8YgAOgAJ1A701o9/view?usp=drive_link
 - Appendix:
https://drive.google.com/file/d/1Bd1gnHT_pPvQmqQpwoyF47eitI2r7hG2/view?usp=drive_link

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>