**HCBS ARPA Funding Plan Overview & Update**

Department of Health Care Policy and Financing

August 23, 2021 1:30 p.m.

*Presenters:*

*Bonnie Silva, Director, Office of Community Living*

*Tracy Johnson, Medicaid Director*

*Agenda:  
Recap: ARPA*

*Updates to Proposed Plan*

*Current Work*

*Implementation Timelines*

*Funding Mechanisms*

*Next Steps*

**Recap: ARPA**

* ARPA passed by Congress on March 11, 2021
* Through ARPA, Colorado will receive $3.8 billion
* Section 9817 of ARPA includes additional funding to support HCBS access for Medicaid

Eligible Services for ARPA funds:

* 1915 HCBS Waivers
* Personal care
* Targeted case management
* Home health care
* Private duty nursing
* PACE
* Behavioral Health

Potential Fiscal Impact

* 10% enhanced match is only available for eligible services
* Approximately $500 million

North Star:

* Supercharge existing initiatives, foster innovation and advance long-term transformative systems
* Support COVID-19 response and recovery
* Demand quality and good fiscal stewardship
* Recommendation do not create a funding cliff, does not commit to future funding after 2024.

Recap: Stakeholder Engagement May 2021

* Discussed potential for these funds with advocacy, trade organizations & in going stakeholder meetings
* Hosted 7 targeted stakeholder meetings attended by nearly 800 people
* Collected feedback and recommendations through email and webinar comments
* Collected 428 survey responses

**Correspondence with CMS (Partial approval)**

CMS had particular questions surrounding behavioral health and acute services

* HCPF responded on August 2, 2021
* All projects meet the requirement of including services that are covered or could be covered as rehabilitative services
* None of Colorado’s proposed activities include room and board

**Proposed Plan**

Priorities:

Application, table

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\*Wage pass-throughs and reimbursement was combined into strengthen workforce and enhance rural sustainability.

72 difference projects

Waiting on full approval from CMS

JBC Submission & presentation in September

**Strengthen Workforce & Rural Sustainability:**

Current challenge: significant direct care workforce shortages threatening provider sustainability and access to care. Prevalent among rural providers

Anticipated outcome: Increased recruitment & retention of DCWs, an expanded rural provider network & ultimately improved access to care for members

* Implement recovery payments, wage pass-troughs & incentive payments to support the DCW. Rate increase for personal care, home maker, etc. are being proposed and will have a required pass-through. Considering making this retroactive as well
* Expand data infrastructure to better understand the current supply and demand for DCWs
* Invest in skills, advancement and awareness for DCWs. Looking at standardized training curriculum and establishing quality standards. Also considering a job search and resource hub (would have info on positions, training, job boards etc.)
* Establish training fund to support the expansion of training opportunities.
* Public awareness campaign on the value of the DCW and increase pride in these positions
* Explore opportunities for increasing compensation for the HCBS workforce (conduct research including examining benefits cliff, and increasing benefit package, practicing at the top of their license)
* Explore & reward additional opportunities to expand delegation in home health
* Identify gaps & invest in opportunities to expand provider network in rural CO

Q: Will the rate increases

A: Using the enhanced match for one-time bonus payments (sign-on, retention bonuses, etc). Making it intentional that it is not an ongoing reimbursement increase, so there is not a cliff where wages would decrease after 2024.

Incentive payments can start as soon as approval is given by CMS and JBC. Early as Fall/Winter 2021.

**Improve Crisis & Acute Services:**

* Make available short-term grants to mitigate placements in behavioral health institutions & support transitions from those settings back to the community
* Expand BH mobile crisis teams
* Pursuing strategies that support ATU and CSU become IMD

**Improve Access to HCBS for Underserved Populations**

Challenge: Many currently underserved including tribal lands, BIPOC, those with BH needs

* Conduct research and implement strategies to improve access to HCBS
* Develop disability training for providers (would be required for BH providers)
* Client facing materials that are culturally competent
* Translate member facing case management material
* Expand BH safety net, wrap around services, network building capacity

**Support Post-COVID Recovery & HCBS Innovation**

Challenge: Disproportionate impact on individuals residing in congregate care settings.

* Research, develop & pilot innovative residential models of care and including promoting single-occupancy
* Develop tiered rate methodology for Alternative Care Facilities
* Pilot the Community Aging in Place (CAPABLE) Program
* Expand the Supported Employment pilot
* Identifying systems of care that leverage needs of various populations (child care, college credits, etc.)
* Expand respite services and provide temp. targeted rate increase
* Develop Community First Choice (ongoing enhanced 6% match, implemented by 2025)

**Strengthen Case Management Redesign**

Challenge: Decades old system and CO older adult and disability populations are growing fast

* Case management capacity building to support change management with a contractor
* Identify solutions to barriers to physical and financial long term care eligibility
* Identify and implement case management best practices including rate structures and models of care management
* Develop and implement a comprehensive training for case management agencies

**Invest in Tools & Technology**

* Create a Long-term Home Health & PDN acuity tool (aka utilization management)
* Develop a provider specialty search tool
* Improve the member-facing provider finder tool
* Invest in upgrading and enhancing electronic health record systems for HCBS providers
* Offer member digital literacy training
* Provide funding to HCBS providers to digitally transform their care delivery
* Create pain management consultation service for those with chronic pain, mental health or SUD treatment
* Build social determinants of health information into the prescriber tool
* Expand data sharing across entities
* Improve eligibility systems to hasten application processing, provides real-time provider eligibility status insights

**Enhance Quality Outcomes**

* Establish metrics and develop public-facing provider scorecards
* In collaboration with CDPHE, improve and streamline provider oversight, application process, standardizing surveys across provider types, recertification every 3 years.
* Develop pay-for-performance rate methodologies for HCBS, PACE and Home Health
* Establish a PACE licensure type to ensure appropriate oversight and compliance
* Expand eConsult system to connect primary care providers with specialists
* Expand waiver quality surveys and metrics
* Expand post-release supports to members who were recently released from incarceration, on parole or probation
* Develop training on quality performance measures.

**Expand Emergency Preparedness**

* Support providers to develop emergency preparedness and response plans
* Assist members with disabilities and those with mental health needs to be prepared for potential emergencies by providing resources, supplies or education

**Implementation Timelines:**

**Diagram

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**Funding and Rollout:**

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**Approvals**   
Awaiting final CMS approval – expected any day

Seeking JBC approval

* Submit budget and narrative on September 7, 2021
* Present to the JBC on September 21, 2021

Respond to questions and requests for more information as necessary

HCPF is beginning to hire staff and put out RFPs for contractors