



COLORADO
Department of Human Services



COLORADO
Department of Health Care
Policy & Financing



COLORADO
Department of Public Health
& Environment

The Honorable Kent Lambert, Chair
Joint Budget Committee
Legislative Services Building, 3rd Floor
200 East 14th Avenue Denver, Colorado 80203

December 30, 2016

Dear Representative Hamner:

The Colorado Department of Human Services (CDHS) respectfully submits the attached information concerning the Regional Centers Task Force (RCTF). This report, completed by the Department as well as the Department of Public Health & Environment (CDPHE) and Department of Health Care Policy & Financing (HCPF), provides an update on work of the Departments to implement the Task Force Recommendations as completed in December 2015.

If you have any questions, please contact Mark Wester, Director of the Office of Community Access & Independence at 303-866-4408.

Sincerely,

Mark Wester
Director, Office of Community Access & Independence
Colorado Department of Human Services

D. Randy Kuykendall, MLS
Division Director, Health Facilities & Emergency Medical Services Division
Colorado Department of Public Health & Environment

Jed Ziegenhagen
Director, Office of Community Living
Colorado Department of Health Care Policy & Financing

cc: Representative Millie Hamner, Vice-Chair, Joint Budget Committee
Senator Kevin Lundberg, Joint Budget Committee
Representative Bob Rankin, Joint Budget Committee
Senator-Elect Dominick Moreno, Joint Budget Committee
Representative Dave Young, Joint Budget Committee
John Ziegler, Staff Director, Joint Budget Committee
Megan Davisson, Joint Budget Committee Staff
Henry Sobanet, Director, Office of State Planning and Budgeting
Ann Renaud, Office of State Planning and Budgeting
Nikki Hatch, Deputy Executive Director of Operations, Department of Human Services
Melissa Wavelet, Director, Office of Performance and Strategic Outcomes, Department of Human Services
Sarah Sills, Director of Budget and Policy, Department of Human Services
Eric Johnson, Deputy Director, Office of Community Access and Independence
Alicia Caldwell, Deputy Executive Director of Legislative Affairs and Communication, Department of Human Services
Riley Kitts, Legislative Liaison, Department of Human Services
Molly Otto, State Librarian

Regional Centers Task Force Implementation Update September 2016

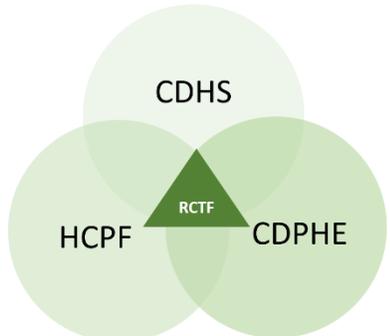
To: Joint Budget Committee

From: CDHS, HCPF and CDPHE

Subject: Regional Centers Task Force Implementation Update

1. Executive Summary

HCPF has hired a temporary employee to manage the project through March 2017. HCPF has also executed a contract with Government Performance Solutions (GPS) to assist with the facilitation and communication of Regional Center Task Force (RCTF) Recommendations. The contract is active through the end of the current fiscal year.

 <p>A Venn diagram with three overlapping circles labeled CDHS (top), HCPF (bottom left), and CDPHE (bottom right). The central intersection of all three circles is labeled RCTF.</p>	<p>Further review and prioritization of the RCTF tasks was completed over the course of the last quarter. The most significant tasks at this time have been characterized by proposed timelines, interrelated topics with the Centers for Medicare & Medicaid Services (CMS) and tasks previously identified “in process” in reports to the JBC.</p> <p>The RCTF dashboard is updated on a regular basis to track implementation progress on the high priority tasks.</p> <p>The Operations Team, as suggested in recommendation 10, has been established. The function of the team is to coordinate consistent implementation across agencies, to share progress and to address implementation issues.</p>
--	---

2. Summary of Progress (as of 12/2/16)

Recommendation	Sponsor	Schedule Status	Scope	Resources	Comments
1. Waiver Redesign	HCPF	In Progress / On Target	Good	Good	The waiver redesign is scheduled to be submitted July 2017 and effective July 2018.
2. Include persons with IDD in the MH System	HCPF	In Progress / On Target	Good	Potential Issues	Preliminary targets identified.
3. Workforce Development	CDHS	In Progress / On Target	Good	Potential Issues	CDHS budget to fund FTE and develop training. Waiting for OBH to hire additional FTEs prior to addressing.
4. Enhancing Transition Planning Process	CDHS	In Progress / On Target	Good	Potential Issues	CDHS has enhanced the transition process. Process has yet to be approved by CMS. CDHS still reviewing TRAT
5. Care Coordination	HCPF	In Progress / On Target	Good	Good	75% complete

6. No Reject/no Eject Clause	HCPF, CDHS & CDPHE	Not Started			All tasks are foundational, and long-term.
7. Statewide Crisis Stabilization	HCPF & CDHS	In Progress / On Target	Good	Potential Issues	ILD, crisis stabilization new rules. Contractor obtained to identify BHO costs for IDD/ acute treatment units.
8. HCBS Compliance Cost and Transition	HCPF & CDHS	In Progress / On Target	Good	Good	Work in progress
9. ICF Bed Consolidation	HCPF & CDHS	Not Started		Potential Issues	Decision needed: Can this (RC and Community cost comparison of ICFs) be completed prior to or simultaneously with HCBS cost comparison?
10. RCTF Implementation and Progress Reporting	HCPF	In Progress / On Target	Good	Good	65% complete. Cross-Agency Operational Team meetings are underway. Team is gathering information regarding tasks in process from each of the three Departments.

Figure 4

A. Recommendation #1: *Leverage Medicaid waiver redesign efforts already underway pursuant to the requirements of H.B. 15-1318 and explore additional alternatives, ensuring that these efforts take into account the desire to provide more individuals with the opportunity to be served in a community setting.* (pages 19 - 21 of RCTF Report)

- a) The Waiver Implementation Council is currently addressing the following tasks: program development, stakeholder outreach and engagement, delivery system design and financial impact analysis.
- b) Support Level 7 process to fund an individual's transition into a community-based placement is available.
- c) The budget is pending Governor's approval.
- d) CDHS is continuing to determine the best method(s) for developing success measures and identifying enhancements to the Transition Readiness Assessment Tool (TRAT).

B. Recommendation #2: *Fully include services for individuals with I/DD in the capitated mental health system by basing access and reimbursement of services on the presentation of behavioral symptoms, not diagnoses, and require Behavioral Health Organizations to actively recruit and develop provider networks.* (pages 22 - 24 of RCTF Report)

- a) The supplemental budget request for the analysis of best practices in order to incentivize continued capacity development and integrated care was absorbed into the responsibilities of a requested FTE for FY 17-18. The budget is pending Governor's approval.
- b) The Cross-System Crisis Response Pilot program:
 - i. Continues to identify system loopholes that results in the denial of mental health services to individuals with I/DD.

- ii. Continues to identify therapeutic interventions to support the I/DD community in order to better understand the cost associated, thereby eliminating service gaps.
 - iii. Is working to complete the actuarial study in order to include findings in the July 2017 Legislative report.

- C. Recommendation #3: *Develop guidelines, training, and clinical tools for medical, behavioral and mental health providers to deliver effective services for the I/DD population.* (pages 25 - 26 of RCTF Report)
 - a) The supplemental budget request to develop a model of training, consultation and workforce development to enhance the capacity of working with the I/DD population was absorbed into the responsibilities of a requested FTE for FY 17-18. The budget is pending Governor's approval.

- D. Recommendation #4: *Enhance the transition planning process to include additional person-centered elements and improve outcome tracking.* (pages 27 - 30 of RCTF Report)
 - a) The National Association of State Directors of Developmental Disability Services (NASDDDS) has been contacted to assist HCPF in the application of National Core Indicators (NCI) to identify person-centered standards of success. NCI is an interview/survey process used to assess individual outcome measures, which are analyzed and reported, on a state and national level. A budgetary request has been submitted to increase the scale and scope of NCI interviews to incorporate individuals transitioning from Regional Centers. The budget is pending Governor's approval.
 - b) The Operations Team is investigating the gap in communication regarding the tracking of goals and objectives from the Regional Centers, to the transition process, to the individual's placement in the community. Ideally, all three teams would participate in the transition process to ensure continuity of care and development of the transition.
 - c) CDHS is continuing to work in determining a method for re-evaluating the effectiveness of the TRAT.

- E. Recommendation #5: *Identify, authorize and fund an entity (or entities) to coordinate service delivery for those individuals with I/DD receiving services from multiple systems of care to optimize on-going access to services and provide support during emergencies, transitions and crises. Identify opportunities to reduce complexity across care delivery systems.* (pages 31 - 33 of RCTF Report)
 - a) The role and responsibilities of an entity to coordinate service delivery continues to be vetted.

- F. Recommendation #6: *Create contractual agreements with community-based providers across the state that include a no reject/no eject clause and have the Regional Centers serve as a safety net provider as necessary.* (pages 34 - 36 of RCTF Report)
 - a) Recommendation #6 tasks are foundational and long-term.

- G. Recommendation #7: *Formalize the role of Regional Centers and certain community providers as a statewide crisis stabilization system for individuals with I/DD and/or co-occurring serious and persistent conditions.* (pages 37 - 40 of RCTF Report)

- a) In June 2016, Health Management Associates submitted to HCPF a preliminary study of other state's services for individuals with developmental disabilities with behavioral health needs.
 - b) Defining criteria for entry into, and operation of, crisis stabilization units including emergency admissions and crisis stabilization.
- H. *Recommendation #8: Conduct an accurate cost analysis of both community and Regional Center HCBS beds related to compliance with the 2014 CMS Final Rule to guide future decisions on the number and location of state-operated HCBS waiver beds. In addition, provide funding and support needed to successfully transition residents, who desire to transition and are deemed ready to transition, to community placements and consolidate these beds as successes allow. (pages 41 - 47 of RCTF Report)*
- a) RCTF recommendations were cross-referenced against CMS' Final Rule to offer additional insight into the sequence and priorities of both recommendations and tasks.
 - b) Evaluating the gaps between current Regional Center operations and the guidance provided by the CMS Final Rule to develop an estimate of the costs to come into compliance.
 - c) Determining if funding is needed for a transition contractor.
- I. *Recommendation #9: Once no-reject/no-eject contracts with community providers are established, implement a fully-funded transition process to place residents, who desire to transition and are deemed ready to transition, in the community, and over time reduce the number of state-run ICF beds as successes allow. (pages 48 - 52 of RCTF Report)*
- a) Recommendation #9 is dependent upon the completion of recommendation #6; therefore, this is a longer-term item.
- J. *Recommendation #10: Establish an ongoing monitoring, assessment, and reporting structure to ensure that recommendations are implemented and evaluated for impact. (pages 53 - 55 of RCTF Report)*
- a) Cross-Agency Operations Team meetings are underway. Team members are inquiring within their respective Departments to identify which RCTF tasks have been completed, are actively being addressed or have been identified as dependent. The next meeting is scheduled for December 9, 2016. The team plans to meet monthly for 90 minutes.
 - b) A budget adjustment has been requested for FY17-18 for a full-time FTE to project manage the implementation of RCTF recommendations. The budget is pending Governor's approval.
 - c) The budget adjustment to establish a comprehensive measurement system to track both the cost and performance measures at both an individual and system-wide level was absorbed into the responsibilities of a requested FTE for FY 17-18. The budget is pending Governor's approval.
 - d) The contract between HCPF and Government Performance Solutions (GPS) has been executed. GPS will work directly with HCPF to assist in the facilitation and communication of RCTF recommendations and will participate in Sponsor as well as Operations Team meetings.