The Role of the Assessment Process in Supporting Reform of the Home and Community-Based Supports Service Delivery System in Colorado

Developed for:
The Colorado Department of Health Care Policy and Financing

HCBS STRATEGIES INCORPORATED

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October 7, 2014

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Executive Summary

HCBS Strategies is assisting the Colorado Department of Health Care Policy and Financing (the Department) to transform its assessment process for publicly-funded long term services and supports (LTSS). This initiative is one of approximately 14 major LTSS systems change efforts. This paper helps establish the context for the redesign by discussing 1) the possible interrelationship between assessment redesign and other LTSS systems change initiatives; 2) the implications of the systems change initiatives for other LTSS delivery operations; and 3) possible interdependencies among these initiatives.

The review suggested a number of major considerations for the assessment redesign to promote coordination with other systems change efforts, including:

- The role of each entity (e.g., Single Entry Point (SEP), Community Centered Board (CCB), Aging and Disability Resources for Colorado (ADRC), Regional Care Collaborative Organization (RCCO) and the Department) in the assessment process will need to be defined.
- Operationalizing person-centered planning in the assessment process will be a critical component.
- The assessment process effort should support improved resource allocation approaches, however, the bulk of work to improve resource allocation will need to be included as part of a separate development process requiring extensive stakeholder input.
- The assessment process will need to eliminate the necessity for as many of the 30+ assessment and planning tools that are currently being used in the field as possible.
- The processes will need to reflect Centers for Medicare & Medicaid Services (CMS) rules, including those for conflict-free systems.
- The assessment must be automated in a MIS that supports workflows and other outcomes, such as Personal Health Records (PHRs).
- Training will be a critical component for successful implementation of the new process and to ensure that it continues to function effectively.
- The Department should anticipate that the assessment process will evolve on an ongoing basis and should build mechanisms to facilitate this evolution.

We make three primary recommendations for the Department to consider as it moves forward on all the LTSS systems change efforts:

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- Establish overarching mechanisms that encompass ongoing project planning, cross-agency governance, and stakeholder input.
- Prioritize systems change design decisions.
- Consider reorganizing the initiatives to reflect the operational changes that need to be made rather than the initiatives that spawned the desire for change. We suggest the following groupings:
  - **Access processes** including outreach, intake, assessment and support planning
  - **Service enhancement** including enhancing participant-direction and complying with CMS settings requirements
  - **Support coordination** including restructuring case management, building models consistent with self-direction, and coordination with RCCOs
  - **Sustainability** including resource allocation and finding more cost effective ways to provide supports
  - **Continuous quality improvement** including how to ensure that participant input is a major driver of systems change.
  - **Information Technology** including how to develop new automation and integrate and adapt existing infrastructure to support the systems change initiatives.

Background and Purpose

Under a grant from the Colorado Health Foundation (TCHF), the Department contracted with HCBS Strategies to assist the Department in transforming its process for assessing individuals to determine if they are eligible for publicly-funded LTSS. As a component of this effort, HCBS Strategies reviewed Colorado's current LTSS delivery systems operations and various efforts to reform these systems. This review made the following clear:

- In addition to the basic tool used for eligibility determinations, Department and local staff apply a variety of additional tools and processes to support a wide range of decisions, such as eligibility for specific programs, quality management, and support planning. The assessment redesign should consider whether to incorporate these tools into the unified assessment process.
- The Department is engaged in a wide range of systems reform efforts, most of which will impact or be impacted by (or both) the new assessment process, especially when the assessment process is viewed as being broader than simply whether someone meets an institutional level of care criteria.

The original scope of work for this project included the development of a paper that discussed how the assessment process could be used to support systems change that was originally scheduled to be developed near the end of the project. Because the operations review identified a wide variety of systems change initiatives that were already in process and there was a strong stakeholder desire to understand how assessment redesign would impact these efforts, the Department agreed that it made sense to restructure this paper as follows:

- As opposed to a general discussion about the role of assessment in supporting systems change, the paper should explicitly describe the role that the new assessment process could play in supporting existing efforts in Colorado.
- The timing of the paper should be moved up to occur before key decisions about the assessment redesign were made. Because this paper helps clarify how the assessment process can foster other systems change efforts, the paper will provide guidance regarding the benefits of core design decisions, such as what types of information should be collected.

While the primary purpose of this paper is to discuss the possible interrelationship between assessment redesign and other systems change initiatives, we also provide high-level discussion of the implications of the systems change initiatives for other LTSS delivery operations and possible interdependencies among these initiatives. We have done this for two reasons. One,

we recognize the interdependencies among core delivery systems' business operations. Therefore, we did not believe that we could fully understand the potential relationship between the assessment process and the systems change initiatives without examining all of the key operations. Two, our discussions with State staff revealed that the Department was working to more strongly integrate these various initiatives. Thus, we hope that the Department may be able to use this information to support this effort.

Structure of the Paper

From the beginning of this project, Department staff were clear that we needed to work aggressively towards obtaining and incorporating stakeholder input into the assessment design process. To achieve this, we first worked with the stakeholders and Department staff to try to achieve consensus around a common set of principles that should be guiding assessment redesign (as well as other systems change efforts). The first section of this paper describes these principles.

We next translated these principles into concrete goals that the systems change efforts were trying to achieve. In this paper, we briefly describe these goals. As a next step in a strategic planning process, the Department could translate these goals into measurable outcomes or performance indicators.

The bulk of the paper discusses the implications for LTSS business operations for each of the initiatives, with a special emphasis on the implications for the assessment processes. In the second section we discuss whether and how these changes align with the guiding principles and goals. We conclude by summarizing the major implications for assessment redesign.

The third section includes a series of tables that provide a high-level overview of the interrelationship among the various systems change initiatives. In this section, we provide guidance regarding the degree to which these initiatives potentially overlap.

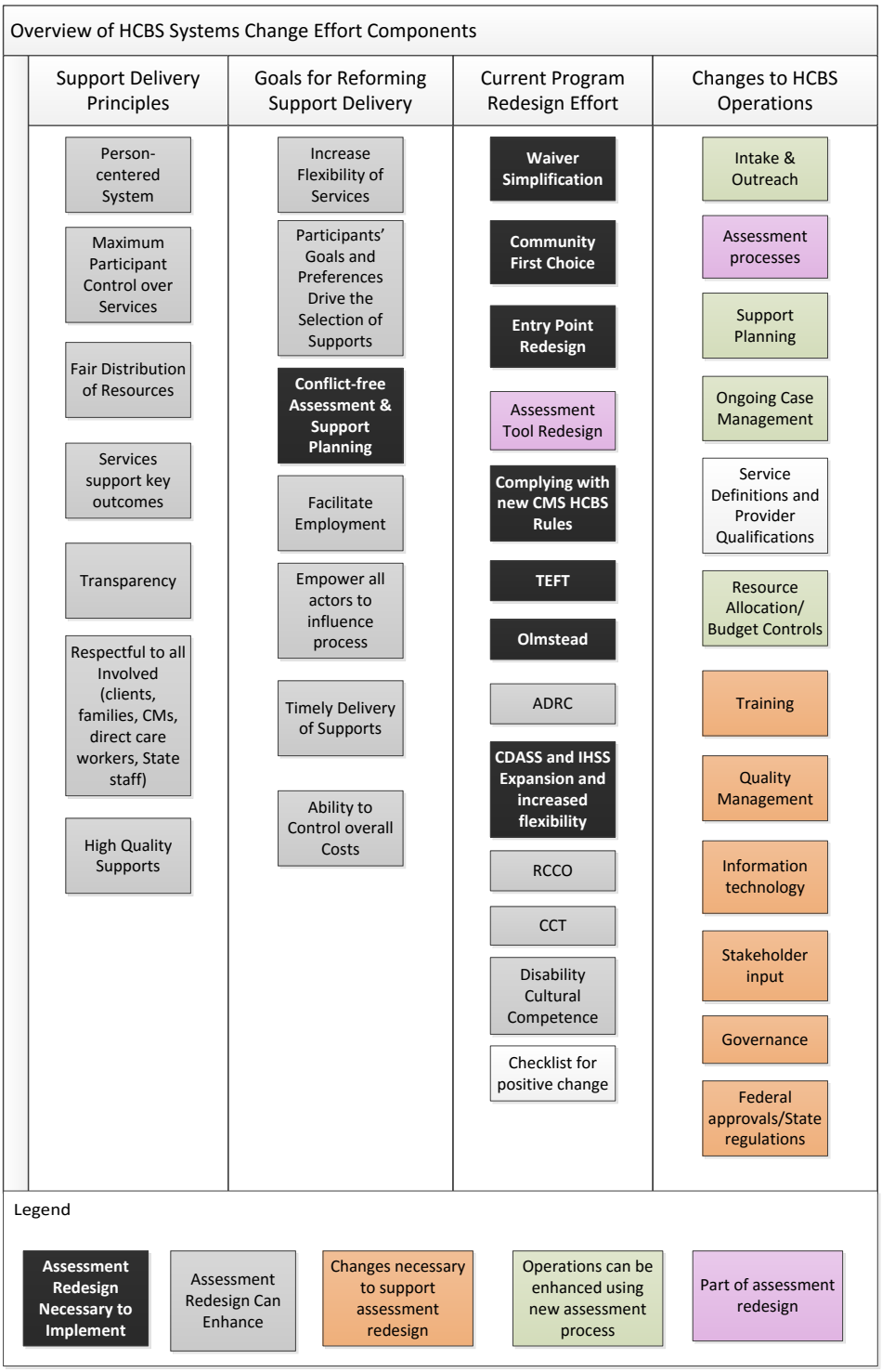
We also provide guidance for State efforts to build an integrated planning and development process that will bridge the various initiatives.

Exhibit 1 provides a summary of each of these major components of the paper. The first column identifies the major principles. The second presents the goals. The third column presents all of the major LTSS systems change initiatives that we identified. The final column presents the major areas of business operations that may be impacted.

In this exhibit, we have color coded each of the areas to highlight the central role of the assessment process to the major components. This shows that the assessment process can be redesigned to enhance the ability of the Department to build a system that complies with the governing principles and helps achieve the major goals. The success of most of the other systems change efforts depend upon the success of the assessment redesign effort and nearly all of the efforts will be directly impacted by this project. The assessment processes can enhance many other delivery systems' business processes. In addition, the ultimate success of the assessment redesign effort will be affected by whether other business processes are reshaped in a way to support it.

STRUCTURE OF THE PAPER

Exhibit 1: Overview of HCBS Systems Change Components



STRUCTURE OF THE PAPER

Throughout this document we refer to older adults and individuals with disabilities to whom the assessment process may apply as "participants." We have chosen this word for the following reasons:

- Participant implies that the individual is actively participating in the process.
- Using the word "participant" creates few problems in identifying this actor as an individual to whom the assessment process may apply than other words:
    - The word "individual" is often used in other contexts, such as individual workers.
    - The word "member" may be appropriate once someone is enrolled in a program, such as Medicaid, however, the assessment process begins before enrollment.
    - The labels "consumer" or "customers" have a similar issue as "member" in that participants are not truly "consumers" or "customers" of Medicaid services until after they have been deemed eligible and services are being provided. In addition, some advocates in other states have argued that "consumer" or "customer" implies a one-way relationship in which the participant uses services without offering anything back.

Review of the Principles and Goals

This section provides a discussion of the LTSS delivery principles and goals outlined in the first and second columns of ***Exhibit 1***. The principles and goals are a result of the feedback from State and local staff and stakeholders during the system review and discussion of optimal tool features. They act in cooperation with the Department guiding principles, and provide an outline for the design and improvement of LTSS assessment process and other related systems change efforts. The principles include:

- Person Centered
- Maximum Personal Control
- Fair Distribution of Available Resources
- Service Support Key Outcomes
- System Transparency
- Respectful to All Involved
- High Quality

PERSON CENTERED

While the term person-centered is used in a variety of ways, we believe that it is important to denote the specific components of a person-centered process that will allow Colorado to effectively meet the needs of its participants and align with federal standards. We want to emphasize that being person-centered is a way of thinking about interaction with the participant at all points of contact. A person-centered system integrates various approaches throughout and is not simply a one-time event. The following outcomes function as a measure of how well the system performs with respect to person-centeredness.

The first goal of a person centered process is to have the participant and other people that are important to him or her feel heard and that needed assistance is provided in a timely manner. This requires stepping away from the traditional, somewhat paternalistic manner in which assessments and service planning can occur. Developing a collaborative, holistic picture of the participant, including strengths and preferences in addition to areas of need, is core to ensuring that the participant feels heard and that the plan developed meets the outcomes desired by the participant. As part of developing this picture, the concepts of “important to” and “important for” will need to be considered. “Important to” includes areas that the person identifies as related to his/her quality of life, and may include personal interests or goals. “Important for” includes

areas that are critical to maintaining health and welfare of the person. Providing assistance and access to services in a timely manner is an important consideration for developing an effective rapport with the participant for developing this comprehensive picture.

The second goal is that people direct the planning and receive support as needed in active decision making. The participant is at the center of the support planning process and must ultimately sign off on the plan. The role of agency staff is not to make decisions for the participant, but to help him/her understand the options and facilitate decision making. If the participant is unable to make all of the necessary decisions, it is important to engage him/her in the process as much as possible and to have someone else who knows the person and is free of any conflict of interest to assist.

The third goal is to have an assessment that is fair, accurate, and includes discovery about personally defined quality of life measures. To ensure fairness and accuracy, it is essential that the assessment use valid and reliable measures. Validity refers to whether a question captures what it is intended to capture, and reliability establishes whether the question will produce stable and consistent responses. We have been working with the Department staff and stakeholders to review researched tools (interRAI and CMS CARE) that are valid and reliable. Selecting these tools or items from these tools can assist in having objective and consistently applied assessment items. In addition to the information collected within these tools, stakeholders have emphasized the collection of information about measures including preferences, strengths, and the potential benefits of additional training to improve assessment skills and person-centeredness. As a result, we have also looked at Minnesota's statewide tool, MnCHOICES, and several other state specific tools that collect this information. A final point to meeting this goal is that discovering personally defined quality of life measures is key to understanding whether services are achieving meaningful results as defined by the participant. While the "important for" needs of the participant may be evident, there may be underlying "important to" outcomes that need to be addressed.

The next goal is for support planning to be responsive to changing priorities, connected to outcomes, and supported by individual budgets that are adequate to pay for services. Although it is often tempting for agency staff to quickly funnel the participant to specific services/programs, they should instead work with the participant to identify options and put in place supports based on the desired outcome and preferences for delivery. As the participant's goals change, there should be reasonable measures taken to meet the new objectives. It is important to note resource allocation approaches and other cost control mechanism may limit how much of a person-centered support plan will be publicly-funded. If publicly funded services have been exhausted or cannot be used and there are unmet needs, there should be efforts to

explore exceptions to service budgets and to coordinate with family members or other supports (people or other non-Medicaid resources) to address the unmet needs.

The final goal includes having quality measures in place that allow participants to evaluate supports and influence delivery models. As part of system flexibility, the participant should have options to evaluate, hire, and fire supports as they deem necessary. All participants may not be willing or able to direct their services in this manner, but should be involved in the planning and service evaluation process as much as possible. Whether a participant independently directs his/her services or he/she has a limited amount of involvement, there should be efforts made to incorporate feedback from participants into the improvement of individual services and broader systems level service delivery models.

MAXIMUM PERSONAL CONTROL

Personal control over the delivery of services is a critical feature for maintaining personal independence and feelings of worth, and to the achievement of high quality outcomes. There are a number of considerations for ensuring the principle of supporting participants to have maximum personal control in LTSS delivery. These include:

- Authority to plan and pursue their own vision
- Ability to manage supports and providers
- Receive needed information, training, and assistance to help manage the delivery of services and supports
- Choose to manage their own individual budgets and employ their own direct support staff
- Have portable budget, money, and service/supports
- Share responsibility with the Department for fiscal accountability

The assessment process provides an important opportunity for participants to “tell their story” and ensure that the assessor and others have information to help facilitate self-determination. This begins with ensuring that people have an understanding of the assessment process and how information will be used to guide the decisions about eligibility for services and service planning. Information should be shared prior to the assessment so that any barriers to or concerns about full engagement can be addressed. Participants should be encouraged to see the assessment process as a way to direct discussion about their needs or concerns and to also clarify preferences for maintaining maximum independence.

The role of the participant should include making decisions about the services he/she receives and to receive support when necessary. Staff should help the participant in determining, evaluating, and choosing services and service providers, but, as the stakeholder group identified, participants will need this support to varying degrees. As part of this collaborative process, the Department will need to establish consistent health and welfare criteria. The assessment may function to identify and assess risk, and in turn support planning should contain options to mitigate risks and offer back-up supports if needed. While participants should have the ability to manage services to their own specifications, including the ability to hire and fire staff, and to accept some reasonable level of risk, there should be a balance in situations where there is significant risk to personal safety, health, and welfare.

The second goal under the maximization of personal control is to have proper support and access to training to manage staff and other services. This includes information about services each staff should be providing, education about the development and utilization of an individual budget, and any other measures that could be taken to assist the participant in effectively meeting his/her needs.

The third goal under this principle considers the concept of portability of the budget and services/supports as a participant moves throughout the State. The stakeholder group focused on this point, stating that the current system is set up so that when a participant moves from one county to another he or she may not receive the same budget or services/supports. They emphasized that participants should not feel "penalized" as they move throughout the State, and that increasing budget and services/support portability would provide an additional benefit to participant autonomy.

That final goal is that as a participant manages his/her own budget, there will need to be measures in place to share responsibility with the Department oversight agency to ensure that there is accountably for the services that are being purchased and that the services are meeting a participant's needs. These measures include:

- Ensuring the health and welfare of participants are adequately addressed
- Financial management and reporting on public expenditures
- The quality and quantity of services meets the outcomes specified for the programs and for participants

FAIR DISTRIBUTION OF AVAILABLE RESOURCES

There are a number of goals that go along with ensuring the fair distribution of available resources, the first being a fair and impartial way to assign individual budgets. The assessment

process is critical to achieving this goal, in that, it is the primary way in which information is collected about the needs and circumstances of participants. The extent to which the collection of information is done in a reliable and unbiased manner will determine the ability of the system to offer comparable budgets for people in similar circumstances around the State. Although some people may have extreme circumstances requiring consideration of an exception to the budget setting methodology, the assessment process should adequately capture information in most all cases to ensure an adequate budget amount.

One way to achieve this involves developing objective algorithms for resource allocation tied to key items within the assessment. Fair distribution of available resources is also closely tied to the earlier discussion about having sufficient budgets to support a person-centered plan that will maintain quality of life, health, welfare, and independence. One of the concerns expressed by stakeholders is that algorithms tied to functional performance alone may result in the loss of funding or services if the assessment does not account for the role of ongoing supports in achieving or maintaining gains in functional outcomes. The stakeholders made it clear that reductions in individual budgets or services should not occur simply as a result of new ways to assign budgets. The algorithms for resource allocation will need to be able to balance the current availability of LTSS funds with the needs of the participant. Staff will need to be able to use this algorithms to take into consideration the level of the current funding and whether it is appropriate for the needs of the participant. This will include establishing process for considering additional factors for those participants who may need additional supports beyond their budget cap to ensure health and welfare.

A third goal is that natural supports, such as family or friends who are not paid to provide assistance, should be considered in the development of the person-centered plan for supports, but not required to supply the supports needed. Identifying and considering the role that natural supports will play is important for ensuring coordination between paid and unpaid services. It will also help to ensure service delivery according to the person-centered plan and the desired outcomes; some participants may prefer to have natural supports involved to a greater extent than others. This goal was one that the stakeholder group repeated; wanting to ensure that the system does not lean too heavily on natural support and that a participant does not have a reduced budget because he/she has these supports available. If the participant desires, planning should assist in coordinating natural supports to assist in meeting any service gaps.

The fourth goal is for assessment and support planning to be conducted by someone free of personal or financial conflicts. Avoiding a conflict of interest under these processes will allow participants to make informed decisions with assistance from workers who can provide information not biased by personal or financial gains. CMS has developed the definition for

conflict-free case management as having clinical or non-financial eligibility determination separated from direct service provision. If this is not possible due to issues including a lack of diverse agencies to perform these tasks independently, there need to be established firewalls to ensure that the processes are conflict-free.

Finally, there needs to be a method of distribution and reporting that ensures public accountability for resources and also ensures that the Department can meet its federal and State obligations. Having mechanisms in place to track resource allocation and budget utilization across participants and agencies will be important for ensuring fair distribution of resources. In addition, developing the Department level budget must accommodate other obligations, including entitlements under State Plan Medicaid, comparability under all Medicaid services, and State budget management.

SERVICES SUPPORT KEY OUTCOMES

A core principle in achieving an efficient and effective person-centered system is ensuring that services support key outcomes. As we discussed previously, the shift from the conventional method of service planning involves selecting services as part of a collaborative effort between agency staff and the participant and includes the "important to" and "important for" outcomes. These can include health and welfare, improving quality of life, increasing independence, supporting employment, and community integration. An important component of this shift is that rather than having staff attempt to place participants in services based on perceived deficits, the services should support the participant's desired outcomes. For example, a conventional assessment might identify that a participant has little contact socially and is demonstrating signs of depression. This approach might lead to a placement in an adult day program and referral to mental health supports. However, a person centered assessment and approach to planning might discover that the perceived "deficits" relate to the participant really wanting to have something personally meaningful to do, such as a job or volunteer work, but needs help to become connected to opportunities and needs transportation assistance. For the participant, this may improve his/her self-image and change his/her quality of life in a much more substantial way. To support key individual outcomes, person-centered support planning requires skills in listening, investigation, and creativity. Despite any additional perceived burden, enabling a participant to meet his/her outcomes rather than simply providing a "program" will improve the lives of the participants and provide staff the opportunity to think outside of the traditional service delivery model.

Critical to the above goal is an assessment process that is comprehensive enough to capture information across life domains. These domains not only include functional and health needs

that might affect someone's independence, but also areas important to the person's quality of life. For example, assessment should include discovery about areas such as personal interests the participant may need support to engage in or in areas such as employment interests. A comprehensive assessment will assist in ensuring that major areas important for continued independence as well areas important to individually defined quality of life are included in designing participant support plans.

In addition to the participant level outcomes, we also want to consider outcomes at the system level. The first goal at the system level is having an efficient and effective service delivery system. An important part of this is service coordination that allows participants to obtain services across providers and ensures that there is not duplication. This will increase the effectiveness in delivering services that meet the participant's outcomes, and also improves efficiency by allowing a participant to maximize his/her budget. The reassessment process can help support this system evaluation through the collection of participant data that can be aggregated to help identify overall service performance.

Goal two is that there needs to be methods in place to ensure responsible use of public funds. Allowing participants to manage their staff and budget encourages him/her to make his/her money go further while meeting participant outcomes. Rather than assigning services and managing budgets at the Department level, participants will be able to price out the cost of services and select those that maximize their budget with varying levels of support. An additional portion of this goal is having measures at the local and State levels that hold the participant, agencies, and State responsible for the use of public funds. We will discuss this further under the High Quality principle.

SYSTEM TRANSPARENCY

Based on discussions and feedback from stakeholders, we added System Transparency to the principles included in ***Exhibit 1***. The principle of system transparency helps to achieve the goal of public accountability. There are several considerations to ensure system transparency, which include:

- Publishing standards that define a person-centered system and give the participant an idea of their potential role in the process
- Explaining the steps involved in obtaining services, such as the assessment process, its purpose and what to expect during the assessment appointment

- Publishing resource allocation guidelines that explain how a participant's budget is established

- Making performance reporting on the continuous quality improvement measures publicly available so that participants can use them to make choices about services
- Updating training materials, operational manuals, and performance reports that allow both agency staff and participants to understand the role staff will play in the person-centered system
- Conducting ongoing meetings with stakeholders to allow for feedback and continuous quality improvement

A few stakeholders stated that there is currently some mistrust because of a perceived lack of clarity about how budgets for participants with IDD are developed using the SIS. Improving the quality and comprehensiveness of the assessment process and using assessment items that have a high degree of inter-rater reliability will help ensure that information used to establish a budget is fair and impartial. Additionally, increasing overall transparency in the system will facilitate a better understanding of these processes and in doing so build trust and momentum for future systems change efforts.

RESPECTFUL TO ALL INVOLVED

Respecting rights, goals, and autonomy throughout the planning and delivery processes is not only important to establishing a person-centered planning process, but will also improve the experience for all involved. There are several considerations to ensure that processes are being respectful to all involved. These include:

- The processes for obtaining and providing services, including language and terminology, are respectful of cultural differences, personal and family history, and other circumstances
- Clearly explaining processes, such as assessment, so that participants know what to expect and can maximize engagement throughout the process.
- The opportunity for participants to "tell their story" and to identify areas of strengths and accomplishments as well as needs.
- Participant preferences for service delivery are identified and incorporated into the planning and delivery process
- Opinions about the systems/services are valued
- Processes to deal with disagreements or differences are clearly identified and accommodate for full engagement of parties in resolving problems and addressing interests

- Direct-care and other agency staff are treated as professionals who perform an important job, including opportunities for professional development, career ladders, constructive feedback to improve performance, reasonable workloads, adequate compensation for duties

HIGH QUALITY

The ability of the Department, local agencies, and staff to offer and deliver services that meet person-centered outcomes and ensure health and welfare are integral components of establishing quality. The provision of services does not innately ensure quality, and quality can impact a participant's health, well-being, and general quality of life. The final principle of high quality consists of measures to assist in ensuring quality. The first goal is to establish systems for continuous quality improvement (CQI) that allow the Department to take action and remediate participant complaints or reports about performance of services in a timely manner. This would include establishing measures to survey, collect, and assess information from participants and providers. The second goal is to establish clear, definable measures of quality for all parts and levels of the system. This can range from aggregate measures of quality for management and legislative reports to individual surveys about the assessment, planning, and delivery process. Staff can then utilize these measures at the Department and local levels to remediate and improve agency and staff performance.

In addressing this area, the Department may want to consider how it can use normal operational routines to collect information about performance. For example, the reassessment process provides an opportunity to collect information about individually perceived quality of life or satisfaction with support plans. This information allows for problems to be addressed at an individual level by the case manager. Additionally, this information can be aggregated across agencies, regions or specific services to determine gaps in capacity and trends in performance.

GOALS OF THE SYSTEMS CHANGE EFFORTS

The support delivery principles identified in the first column in ***Exhibit 1*** provide a framework for actionable goals measuring system performance that are included in the second column. These goals are consistent with the Department's Fiscal Year 2014 Performance Plan that emphasized 1) areas affecting participant outcomes and experiences; and 2) areas affecting the Department's ability to reduce or control per capita costs.

REVIEW OF THE PRINCIPLES AND GOALS

The goals for support delivery reform identified in the second column of ***Exhibit 1*** feature actionable areas that will result in significant progress toward demonstrating the qualities described in the support delivery principles. These reforms include:

- Increase the flexibility of services, including the scope of benefits and how services can be delivered at the individual level
- Use participant's goals and preferences to drive the selection of services, better meeting the goals for a person-centered system that will achieve meaningful service outcomes
- Ensure conflict free assessment and support planning to better safeguard that decisions about service selection and delivery are directed by the participant
- Facilitate employment opportunities that are personally meaningful and support the goals of independence and self-sufficiency of participants
- Empower all actors to influence the process, including increased engagement in participant and system level decisions through an informed and transparent process
- Ensure the timely delivery of supports, including streamlining access processes and addressing service gaps through more flexible service options
- Develop strategies for the control of overall costs, thereby increasing individual flexibility to establish budgets to meet support needs while still retaining overall controls on expenditures

In the following sections of this report, we provide an overview and discussion of the major initiatives (see Column 3, ***Exhibit 1***) that will be used to carry forward the reform efforts. Many of these initiatives address multiple reform goals and service principles, and overlap in the operational areas they affect. For example, the assessment project intersects with most of the other initiatives by supporting access to needed services, and determining eligibility and individual budgets across current and new benefits/programs adopted under the systems change efforts. The assessment project will also provide the information needed to develop participant led support plans that direct the services to be provided. Given the broad array of LTSS options to be made available, the assessment will be an integral tool in assisting with the selection of services and supports for individual participants.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Incorporating LTSS Systems Change Initiatives into Program Operations

In this section we describe how the various systems change efforts may impact program operations. We have broken down program operations into the following components:

- Intake and Outreach: These business processes include how participants find out about the program and start the process of applying for services. Outreach processes can be further broken down into two major types of initiatives: 1) efforts to provide participants with information about services (e.g., public service announcements, health fairs, brochures, etc.) and 2) educating key pathways to LTSS about services (e.g., hospital discharge planners) so that they will refer participants in need of LTSS. Intake begins at the initial point of contact with the delivery system (typically through a phone call) and includes determining whether the participant is potentially eligible for services and should be referred on for an assessment or other action.
- Assessment Processes: Assessments include gathering the information to make a determination of whether a participant meets eligibility criteria, how much service a participant should receive, and other information necessary to complete a support plan.
- Support Planning: Support planning is the process that results in a plan for meeting a participant's LTSS needs. Plans often have different names, such as service plans, care plans, or individualized service plan (ISP). The plan provides information about what services a participant will be receiving and how those services will be provided. Under CMS' HCBS rules, this process must be person-centered.
- Ongoing Case Management: For this discussion, we are defining ongoing case management as service coordination and monitoring activities that occur on an ongoing basis. We exclude assessment, reassessment, and support planning.
- Service Definitions/Provider Qualifications: Service definitions describe what can and cannot be provided as a particular type of service and how those services must be provided. Provider qualifications identify any credentialing, certification, licensing, training or other requirements a provider must meet to provide a particular service.
- Resource Allocation/Budget Controls: Resource allocation refers to approaches for setting parameters for budgets for participants. There are two major characteristics of resource allocation approaches:
    - Mechanisms for setting or limiting participant budgets including:

        - Establishing a cap that the budget cannot exceed, such as the average spending for someone in a comparable institution, such as a nursing facility.
        - Setting a limit in terms of dollars, hours, or some other unit on how much of a particular service someone can receive
        - Establishing budget tiers that act as benchmarks or caps (e.g., a case mix system)
    - Mechanisms for distributing the funding: Resource allocation approaches can be applied to each participant's budget or can be used to establish an overall pool of dollars for an entity that is setting budgets (e.g., an agency receives an overall cap or target amount that is based on the number and characteristics of the participants it is serving). Often times resource allocation approaches also have mechanisms that allow flexibility to address the needs of participants for whom the resource allocation approach does not assign adequate supports (e.g., consideration of additional factors for or allowances for additional dollars or hours for people with certain characteristics).
- Training: This includes the training and the infrastructure for providing that training (e.g., training curricula, trained trainers, web-based trainings, manuals, etc.). Training may be necessary for several different actors in an LTSS system (e.g., training case managers, direct care workers, etc.) and across most business processes.
- Quality Management: CMS has dramatically increased its expectations regarding the quality management system for Medicaid funded home and community-based services (HCBS). States are expected to have quality management systems that discover and remediate potential quality problems at both the participant and systemic levels. Quality management infrastructure may include critical incident systems, provider surveys, and targeted data collected as part of the assessment/reassessment process.
- Information Technology (IT)/Management Information Systems (MIS): IT includes a broad range of technology that assists in operating and overseeing the delivery system. This can include electronic verification systems and automated assessment tools. MIS can be seen as a subset of IT that involves a system (or more typically systems) for collecting and utilizing information necessary to manage a program. As these systems become more sophisticated, they are evolving from simple data collection systems to automated systems that support key business processes.
- Stakeholder Input: Receiving and incorporating input from stakeholders is a key component of systems development. Stakeholders may have knowledge that Department officials may lack about how the delivery system is operating. In addition,

federal oversight agencies, notably CMS, has clarified and increased its expectations regarding stakeholder input.

- Governance: Governance encompasses how a state oversees the development, implementation and ongoing operations of a delivery system. A clear governance structure becomes substantially more important as the number of entities affected by the delivery system increases. Clear governance helps ensure that all internal Department stakeholders have a common understanding of the effort, that agencies understand and follow-through on their responsibilities, duplicative or contradictory efforts are eliminated, and conflict among agencies is mitigated.
- Federal Approvals: Because in most cases LTSS delivery systems involve federal funding, systems change efforts often have to make sure that the change is consistent with federal requirements and request changes for federal approval. These changes and requests can come in a variety of formats, including submitting amendments to 1915(c) waivers or the Medicaid State Plan. Failure to understand federal requirements or pursue federal approvals in a timely manner can derail or delay a project.
- Statutory/State Regulatory Changes: Many systems change efforts also require changes to Department regulations. It is important to understand which Department regulatory changes are necessary (e.g., a change in rules, new legislation, promulgating new policy, etc.) and whether the systems change can proceed before these regulatory efforts are completed. These changes must be incorporated into the overall work plan and timeline for a project.

We identified 13 major systems change efforts that impact or are impacted by the LTSS delivery system. ***Exhibit 2*** lists those initiatives and identifies which of the program operational areas the initiative will impact. We provide a brief description of each systems change initiative and the potential impact on program operations in the pages that follow.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Exhibit 2: Operational Areas Impacted by Colorado's LTSS Systems Change Initiatives

		Community Living Plan	Waiver Simplification	Community First Choice	CDASS/IHSS Changes	Entry Point Redesign	ADRC	Assessment Tool Redesign	CMS HCBS Rules - PC Planning	CMS HCBS Rules -Settings	TEFT	RCCO	CCT	Disability Cultural Competence	Checklist for Positive Change	Workforce Development
Areas Requiring Changes to Implement	Intake & Outreach	●	●	●	●	●	●	●	●			●	●	●		
	Assessment Processes	●	●	●	●	●	●	●	●	●	●	●	●	●		
	Support Planning	●	●	●	●	●	●	●	●	●	●	●	●	●		
	Ongoing Case Management	●	●	●	●	●		●	●	●	●	●	●	●		
	Service Definitions/Provider Qualifications	●	●	●	●	●		●	●	●			●			●
	Resource Allocation/Budget Controls	●	●	●	●			●		●		●	●			
	Training	●	●	●	●	●	●	●	●	●	●	●	●	●		●
	Quality Management	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Information Technology/MIS	●	●	●	●	●	●	●	●	●	●	●	●	●		●
	Stakeholder Input	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Governance	●	●	●	●	●	●	●	●	●	●	●	●		●	●
	Federal Approvals	●	●	●	●	●	●	●	●	●		●	●			●
	State Regulation Changes	●	●	●	●	●	●	●	●	●		●	●			●

COLORADO'S COMMUNITY LIVING PLAN

The Supreme Court's Olmstead Decision recommended that states develop a plan to prevent unnecessary segregation of individuals with disabilities in institutions. In response to this, Colorado has recently put forth the Community Living Plan, which includes a recommendations that affects a wide swath of the Department's LTSS delivery system. The document also references recommendations that are included under other systems change efforts, notability the waiver simplification work being done under the guidance of the Community Living Advisory

Group (CLAG). ***Exhibit 3*** summarizes the relationship between the Community Living Plan and systems operations.

Exhibit 3: The Impact of Colorado's Community Living Plan on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Community Living Plan calls for building infrastructure to ensure individuals applying for institutional supports are informed about other options. The plan also discusses increasing efforts to divert people from institutions. Both of these efforts will likely require increasing outreach efforts and restructuring intake processes, notably, enhancing efforts to ensure that participants whose first interaction with the LTSS delivery system is at the nursing facility are provided with counseling about their full range of LTSS options, including HCBS. In addition, the Department may wish to continue and expand efforts under Colorado Choice Transitions (CCT) to identify individuals in nursing facilities who wish transition back to the community.
Assessment Processes	The plan impacts assessment in two primary ways. One, the Department will need to continue and enhance assessment efforts being done under CCT to comprehensively assess the needs of individuals in nursing facilities interested in transitioning to the community to identify the full range of supports that they will need. As the Department does this, it will likely want to make this process similar to the new assessment process for HCBS being conducted under the assessment redesign initiative. Two, the plan calls for stepped up efforts to ensure that participants are able to remain in the community. Because a primary driver of institutional placement is an inability to meet the needs of participants who are medically complex, the Department will likely want to develop an assessment process that identifies these issues.
Support Planning	The Community Living Plan may have two primary effects on support planning. One, plans may need to be more comprehensive, notably addressing medical complexity, if they are meant to help relocate or maintain medically complex participants in the community. Two, the Community Living Plan discusses creating a searchable database that contains information about housing and other related resources. This

Operations Area	Description of Necessary Changes
	database could also be designed to support efforts to develop a comprehensive support plan. Participants assisting in support plan development could search the database to identify resources. This will be essential to support the shift from developing a plan that narrowly focuses on funded services to a comprehensive plan that identifies all supports that may assist the participant.
Ongoing CM	The Community Living Plan calls for support for transition to and better maintenance of participants in the community. Transforming ongoing case management (CM) will be an important change necessary to fulfil this goal. Ongoing CM could be improved by clarifying that the role of the CM goes beyond arranging and coordinating waiver services and includes comprehensive efforts to identify and mediate potential barriers to remaining in the community, such as providing assistance with locating housing. To achieve this, the Department will want to examine expectations for CM and the structure of how CM is reimbursed.
Service Definitions/ Provider Qualifications	The Community Living Plan includes provisions that may require changes to existing service definitions and/or provider qualifications. This includes changes to CM described above. The Department may also wish to examine the service definitions and provider qualifications for services that pay for direct care workers to determine if changes are needed to improve the skills of direct care workers and adding incentives to increase worker retention. The plan also calls for increasing the array of services; this will require creating new service definitions and provider qualifications.
Resource Allocation/ Budget Controls	Changing resource allocation or budget controls are not explicitly mentioned in the Community Living Plan. However, the plan has a number of provisions, notably adding new services, which potentially may increase costs. It will likely be necessary to strengthen budget controls to keep these increases manageable and ensure the long-term sustainability of the programs.
Training	The Community Living Plan has a number of provisions that either directly or indirectly identify the need for increased training. The plan suggests that infrastructure should be developed or strengthened to provide training to direct care workers, CMs, and individual participants.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Operations Area	Description of Necessary Changes
Quality Management	The plan requires the development of an objective and transparent evaluation plan that addresses client satisfaction and perceived effectiveness. This plan could be broadened to be part of a larger CQI effort.
MIS	While the Community Living Plan do not explicitly mention IT or MIS, many of the changes will need to be incorporated into the requirements for existing or new IT, such as developing searchable databases.
Stakeholder Input	The plan requires implementing a governance structure and related work groups and the creation of annual reports that will provide information to stakeholders.
Governance	The coordination of all LTSS systems change efforts could be integrated into the governance structure. The changes proposed under the Community Living Plan are extensive; successfully carrying them out will require enhancing the Department's project planning and management capabilities.
Federal Approvals	Implementing many of the changes, such as adding new services, will likely require amending existing waiver applications and the Medicaid State Plan.
State Regulation Changes	Implementing many of the Community Living Plan changes will likely require changes to statute and/or rules and policies.

WAIVER SIMPLIFICATION

Colorado is engaged in an effort to simplify its structure for providing services under 1915(c) waivers by combining waivers. The HIV/AIDS wavier was recently combined with the HCBS-EBD (Elderly/Blind/Disabled) waiver and the Department is planning on further combinations, such collapsing the Spinal Cord Injury and Brain Injury waivers into the HCBS-EBD waiver.

Additionally, the Department convened a Waiver Redesign Work Group to focus on redesigning the two adult waivers for people with an Intellectual and/or Developmental Disabilities (I/DD). This group was tasked with redefining the services offered under both waivers to combine them into one waiver. This will offer people a continuum of services, ensuring they get the right service, at the right time.

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The major challenges related to combining the waivers will involve integrating and merging many of the existing operations. ***Exhibit 4*** summarizes these operational challenges.

Exhibit 4: The Impact of Waiver Simplification on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	Integrating the waivers will require integrating intake and outreach process across waivers. This will not be a major challenge if the intent under waiver simplification mirrors the division of responsibilities among the current intake systems (e.g., keeping the IDD waivers with the CCBs, etc.).
Assessment Processes	Even if the Department maintains the IDD and other waivers supporting adults with disabilities as two separate waivers, the Department will need to make some changes to assessment processes for the latter group. Currently, the Department requires additional forms and documentation for several of these waivers, such as the brain injury or spinal cord injury waivers. The Department will need to determine if it still needs to capture this information under the combined waiver, and if so, integrate that data collection into a new assessment tool. The new assessment process that is in development will achieve this goal.
Support Planning	The Department will need to have a standardized support planning process for the waivers that are combined. Because the Department currently has a standardized care plan tool in its electronic system (the BUS), this alone will not require major changes. However, the Department will need to change this tool to comply with the new CMS rules.
Ongoing CM	The Department will need to review current CM requirements for the waivers that are being integrated. The Department could establish CM requirements that differ to reflect the needs of subgroups within the combined waiver, however, these requirements would need to be based on actual need rather than diagnosis.
Service Definitions/ Provider Qualifications	The Department will need to integrate services, service definitions, rates and provider qualifications for all of the waivers that are combined.
Resource Allocation/	The Department will need to integrate resource allocation approaches and budget controls. This will likely not be a major operational challenge if waiver simplification maintains the IDD/other waivers serving adults separation

Operations Area	Description of Necessary Changes
Budget Controls	because the IDD waivers use the SIS-based methodology along with additional factors for the adult waivers and the other waivers use the same simple budget control mechanisms. It should be noted because combining the waivers may result in participants having access to new services, this change may result in increased cost pressures on the non-IDD side. This cost pressure will likely create pressure for stronger fiscal controls for individual budgets.
Training	Staff at the agencies conducting assessments, developing support plans, and providing case management will need to be trained about the new structure and changes in services. It will also be necessary to provide training to participants about their changed options. If the IDD/Other adult waiver split remains, staff and participants should also be trained about how to select the best option.
Quality Management	Quality Improvement (QI) processes will need to be integrated for the waivers being integrated.
MIS	Relevant MIS (e.g., the BUS) will need to be updated to reflect the new program structure.
Stakeholder Input	The Department will likely want to involve stakeholders in the development and ongoing operations of the new waivers.
Governance	The Department may need to increase cross-agency governance to implement and oversee the changes. This need would be increased substantially if the Department decides to integrate the IDD with the other waivers.
Federal Approvals	The Department will need to revise relevant waiver applications including adding transition plans for waivers being phased out.
State Regulation Changes	The Department will need to update relevant State regulations.

COMMUNITY FIRST CHOICE

Colorado is considering implementing Community First Choice (CFC). CFC is a Medicaid State Plan option introduced in Section 2401 of the Affordable Care Act (ACA) and signed into law as section 1915(k) of the Social Security Act. The legislation allows a state option to provide "person-centered" home and community-based attendant services and supports. Because CFC provides an ongoing six percentage point increase in the federal Medicaid matching percentage

for HCBS provided under this option, Colorado could potentially use CFC as a mechanism for refinancing many of the services it currently provides under its 1915(c) waivers. However, there are two main challenges that the Department must overcome in doing so. One, CFC is an entitlement and the Department cannot establish waiting lists. The Department must determine if the costs associated with serving participants who are currently on a waiting list would outweigh potential savings. Two, if the Department were to move forward, it would need to determine how to integrate this new entitlement program that would be open to all populations with disabilities within the existing waiver structure. ***Exhibit 5*** discusses the operational challenges that Colorado would need to address to address the latter issue.

Exhibit 5: The Impact of Community First Choice on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department would need to alter outreach and intake infrastructure so to reflect the CFC option. The Department could maintain multiple intake points, however, it would need to develop and include protocols to ensure that CFC is explored as a potential option in addition to any relevant waivers.
Assessment Processes	Theoretically, the Department could establish a separate assessment process for CFC, but given that many participants are likely to be eligible for CFC and a waiver and the Department's goals for assessment redesign, the Department would likely want to integrate the CFC assessment within the processes being developed for the waivers. This new process will need to comply with the person-centered and conflict-free requirements that are also now included as part of the 1915(c) waiver rules.
Support Planning	The Department will need to develop a support planning process that complies with the CFC rules and can be used across populations. These rules are very similar to the ones required for 1915(c) waivers.
Ongoing CM	The Department will need to determine if and when CM will be used for participants who are only receiving CFC, the structure of that CM and how it will be integrated with other CM (e.g., waiver).
Service Definitions/ Provider Qualifications	The Department will need to develop CFC service definitions and provider qualifications that prevent duplication with waiver and other State plan services.

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Operations Area	Description of Necessary Changes
Resource Allocation/ Budget Controls	CFC requires a data-driven methodology for developing individualized budgets. The Department will likely also need to develop an exception process if this methodology imposes budget caps or tiers.
Training	CFC includes language that encourages states to strengthen training requirements for direct care workers and the Department will need to determine if it wants to include this type of initiative. CFC requires voluntary training be made available for participants, so that the Department will be required to develop infrastructure to do so. The Department will likely want to consider developing training infrastructure for CMs and other actors.
Quality Management	The Department will need to develop a QI process complying with the CFC rules. This could be similar to the approach it is using for its waivers, however, the QI approach must include mechanisms for obtaining input from participants
MIS	Relevant MIS (e.g., the BUS) will need to be updated to reflect the new program structure.
Stakeholder Input	The rules require an active Development and Implementation Council that has a strong participant presence.
Governance	Because CFC will be available to all populations with disabilities, strong cross-agency governance is necessary to implement and oversee the program.
Federal Approvals	The Department will need to send a State Plan Amendment for CFC and will likely need to update existing 1915(c) waivers.
State Regulation Changes	The Department will need to develop CFC rules and update waiver rules if necessary.

PARTICIPANT DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) AND IN-HOME SUPPORT SERVICES (IHSS)

The Department is considering substantial changes to self-directed supports offered under CDASS and IHSS. Changes under consideration include:

- Broadening the populations that are eligible for self-direction
- Expanding the range of services that can be self-directed
- Altering the methodology for determining individualized budgets that are available to self-direct

These changes potentially have substantial impacts to HCBS operations. Effective July 1, 2015, the CDASS will be available to adults with intellectual disabilities in the SLS Waiver. We summarize these impacts in ***Exhibit 6***.

Exhibit 6: The Impact of Changes to CDASS/IHSS on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department may wish to consider reviewing and refining protocols for outreach and intake to ensure that self-directed services are presented as an option early in the access processes and that participants are not directed to a pathway that excludes self-direction without the participant making a conscious choice to do so. While the CDASS/IHSS changes can be implemented without these steps, they will help ensure that all participants can make an informed choice about whether to select self-direction.
Assessment Processes	The assessment process will need to capture information necessary to determine if participants have the desire and capacity to self-direct their services. In addition, the assessment process should be the vehicle for collecting information necessary to calculate the individualized budget (currently this is done as part of a separate process).
Support Planning	The Department will need to enhance support planning process to reflect changes in program and new populations to be included.
Ongoing CM	Under self-directed models, many states have altered the traditional CM role to a model that reflects the assumption that the participant controls his or her services. For example, many states have adopted the terminology "coach" to describe a role that provides guidance and assistance and may intervene if a situation appears to be deteriorating, but does not include

Operations Area	Description of Necessary Changes
	assuming primary responsibility for overseeing service delivery as a traditional CM may. The Department should consider altering the current CM model to reflect this new role.
Service Definitions/ Provider Qualifications	The Department will need to develop new definitions and qualifications for CDASS/IHSS and prevent duplication with other waiver and/or State plan services.
Resource Allocation/ Budget Controls	The Department will need to update or adopt new budget setting approaches that are consistent with the expanded program.
Training	The Department will need to review training requirements for self-directed workers and develop or enhance training available to staff, participants, and direct care workers.
Quality Management	The Department will likely want to review and enhance the self-directed QI process to reflect the larger role of the program.
MIS	Relevant MIS (e.g., the BUS) will need to be updated to reflect the new program structure. This may require MIS to support the development and management of budgets.
Stakeholder Input	The Department will want to involve stakeholders in the development and ongoing operations of the programs.
Governance	Because these changes will likely involve programs overseen by multiple agencies, cross-agency governance is necessary to implement and oversee the changes.
Federal Approvals	The Department will need to write these changes into relevant waiver applications or State Plan Amendments.
State Regulation Changes	The Department will need to update relevant State regulations.

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ENTRY POINT REDESIGN

Colorado is in the process of redesigning how participants access LTSS. This process is addressing several key issues:

- Addressing conflict-of-interest prohibitions included in CMS' new rules: Currently, many CCBs also serve as direct care providers, which is a conflict-of-interest under the new rules.
- Determining whether to separate the assessment, support planning, and ongoing case management roles: Both SEPs and CCBs currently serve all of these roles and the Department is exploring whether to require them to be separate.
- Clarifying the roles of multiple intake processes: Colorado has a burgeoning ADRC effort and the role of these ADRCs in the processes for accessing LTSS needs to be clarified.
- Determining whether and how to better integrate intake for multiple different programs: The Department is exploring how the entry point structure might be changed to create a more seamless experience for participants that allows them to consider all of the available options.
- Streamlining the financial eligibility determination process.

While the implications of these changes will depend upon how the Department answers these questions, it is clear that substantial changes to access operations will occur. We summarize these changes in ***Exhibit 7***.

Exhibit 7: The Impact of Entry Point Redesign on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department will want to integrate intake and outreach functions across waivers to reflect the new entry point design. This will include developing operational protocols to reflect the new design and the roles and capabilities of the entities performing each function. The Department will likely also want to reexamine how it reimburses these entities and whether it is drawing down available Medicaid administrative matching federal financial participation (FFP).
Assessment Processes	The Department will need to structure the assessment process to reflect entry point structure.

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Operations Area	Description of Necessary Changes
Support Planning	The Department will need to alter the support planning process to reflect entry point structure.
Ongoing CM	CM requirements and structure will need to be changed to reflect new split in responsibilities.
Service Definitions/ Provider Qualifications	The Department may need to update existing service definitions and provider qualifications for CCBs and SEPs and create new definitions and qualifications for any new entities.
Resource Allocation/ Budget Controls	N/A
Training	The Department will need to update and enhance training to staff playing a role in accessing supports.
Quality Management	The Department will need to update QI processes to reflect new division of responsibilities.
MIS	Relevant MIS (e.g., the BUS) will need to be updated to reflect the new program structure. This may include determining how State-sponsored MIS integrates with MIS being used by local agencies.
Stakeholder Input	The Department will want to involve stakeholders in the design and implementation of new division of responsibilities
Governance	Because these changes will likely involve programs overseen by multiple agencies, cross-agency governance is necessary to implement and oversee the changes.
Federal Approvals	The Department will likely need to update waiver applications.
State Regulation Changes	The Department will need to update State regulations and statutes.

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AGING AND DISABILITY RESOURCES FOR COLORADO (ADRC)

Colorado has built a network of ADRCs. Modeled on the national ADRC effort, the Department of Human Services' (DHS) website states that the ADRC "provides a coordinated and streamlined access point to long term care services and supports for adults age 60 and over, or age 18 and over living with a disability, and their caregivers. ADRC empowers older adults, adults with disabilities, and care givers to navigate health and long term care options." The ADRC effort in Colorado faces a challenge because the responsibility for assessment, functional eligibility determination, and support planning lie with the SEPs and CCBs. Only one ADRC serves both the ADRC and SEP role.

Colorado recently received a No Wrong Door (NWD) planning grant from Administration on Community Living. This grant will help support the entry point redesign planning process including determining the future role of the ADRCs.

As noted in the last section, the Entry Point Redesign effort is also working on clarifying the role of the ADRCs in supporting access in Colorado. ***Exhibit 8*** identifies the operational areas that need to be addressed in this effort.

Exhibit 8: The Impact of ADRC on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department will need to define the ADRC role in conducting initial intake and triage.
Assessment Processes	The Department needs to determine whether ADRC will have a role in assessments.
Support Planning	The Department needs to determine whether ADRC will have a role in support planning. If the Department builds an Information and Referral (I&R) database for the ADRC, it should consider also using this to facilitate support planning. Both the ADRCs and the entities conducting support planning will need to identify whether this is performed as part of providing information and assistance or as part of a formal support planning process.
Ongoing CM	N/A
Service Definitions/	N/A

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Operations Area	Description of Necessary Changes
Provider Qualifications	
Resource Allocation/ Budget Controls	N/A
Training	The Department will want to have training infrastructure for ADRC staff. The Department may also want to develop materials for participant for how to use ADRC resources.
Quality Management	The Department will want to establish a QI process for ADRCs. This QI process should integrate with the QI processes applied to the other entities playing a role in accessing services. For example, if the ADRC is charged with initial intake, the Department will likely want to build a system that will allow it to track timelines as participants are transferred across entities.
MIS	The Department will need to identify which MIS to use and whether to share data with other systems.
Stakeholder Input	The Department will want to allow stakeholders to provide input into the development and operation of the ADRCs.
Governance	Because the ADRC is seen as providing support across different disability populations, it will be necessary to establish the roles of the relevant State agencies in providing input to and overseeing the ADRC effort.
Federal Approvals	The ADRCs will need to meet Administration for Community Living (ACL) reporting requirements. If the Department plans to draw down Medicaid administrative FFP for ADRC functions, it will need federal approval of changes to its Medicaid cost allocation plan.
State Regulation Changes	N/A

ASSESSMENT TOOL REDESIGN

The Department is engaged in an effort to redesign its processes for assessing the need for LTSS. This effort hopes to integrate assessment processes across disability populations to the extent

practicable and minimize the need for other tools. ***Exhibit 9*** summarizes the impact of this effort on LTSS operations.

Exhibit 9: The Impact of Assessment Tool Redesign on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The assessment effort will need to determine where and how to integrate intake processes and how to maintain consistency while allowing protocols to reflect local operations. A key determination will be to clarify when a full assessment should occur.
Assessment Processes	The bulk of this effort will be focused on developing integrated assessment processes. This will include data collection to support eligibility determinations, support planning, and other key outcomes.
Support Planning	The assessment processes will collect necessary information to support planning. Given the Department's decision to continue to use the Supports Intensity Scale (SIS) for populations with I/DD, it will likely make sense to split items necessary for eligibility determinations (which will be applied to everyone) from items necessary to facilitate support planning (these items may be tailored to minimize duplication with the SIS when that tool is being used).
Ongoing CM	The assessment process may support identification of type and amount of ongoing CM. This will provide the Department with greater flexibility as it transforms CM to meet new realities, such as offering more self-direction.
Service Definitions/ Provider Qualifications	The assessment process should help determine which services are appropriate. The Department may wish to make changes to the service definitions, provider qualifications, and reimbursement for workers conducting assessments.
Resource Allocation/ Budget Controls	The new assessment process could supply information necessary to set budgets. For example, it could collect sufficient information to calculate RUGS III-HC scores.
Training	Staff conducting assessments will need to be trained on an ongoing basis to ensure inter-rater reliability. Other actors, such as CMs, should be educated about the new assessment process including how to use the

Operations Area	Description of Necessary Changes
	assessment findings. It will also be necessary to provide information about the assessment process to participants.
Quality Management	The Department will want to develop QI processes that ensure consistency in the assessment process and that it occurs in a timely manner. The assessment/reassessment process may provide data on the quality of other services and supports.
MIS	The assessment process should be automated and data entered into an electronic record that can be analyzed. Data will need to be made available for other purposes, such as QI and policy. The Department will also likely want to include assessment information as part of the PHR.
Stakeholder Input	The Department is involving stakeholders in the development of the assessment process and should have a role for them in the implementation and ongoing use of the new assessment process. The Department could provide summary data collected via the assessment process to stakeholders both to understand how the assessment process is working and how other programs are operating.
Governance	Cross-agency governance is necessary to implement and oversee the process.
Federal Approvals	The Department will need to describe the new assessment process in relevant waiver applications.
State Regulation Changes	The Department may need to update relevant State regulations.

CMS HCBS RULES- PERSON CENTERED PLANNING

CMS published new rules governing Medicaid funded HCBS that were effective in March 2014. These rules include mandates to make the assessment and support planning processes more person-centered and are clear that the person developing the Service Plan cannot have any relationship with the agency providing direct services. While the requirements mostly impact the assessment, support planning, and CM processes, there are impacts on other operational areas (see ***Exhibit 10***).

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The Department assembled a Conflict Free Case Management Task Group in February 2014 to address choice of case management agency. When the final rule was published, the group broadened its charge to include making recommendations on conflict free case management models. The group last met on October 22, 2014 and the final report with their recommendations is forthcoming.

Exhibit 10: The Impact of Complying with CMS Person-centered Planning Rules on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department will want to ensure that intake and outreach processes are person-centered. The intake screen will need to be designed to set up the assessment process to comply with certain requirements in the rule, such as identifying when and where the participant prefers to have the assessment and who else the participant would like to include in the process.
Assessment Processes	The assessment process will need to be constructed to collect data to demonstrate compliance with rule requirements including being free of conflict of interest.
Support Planning	The support planning process will need to collect data demonstrating that the process is complying with requirements including being conflict-free. This will likely require greater structure for the assessment template than currently exists in the BUS. Major challenges include constructing a process in which person-centered goals are driving the identification of supports and ensuring that the plan identifies all sources of supports, not just those paid for under a waiver. The new support planning process will likely be substantially longer process resulting in the need to restructure payment for assessment and support planning.
Ongoing CM	The Department will need to restructure ongoing case management to remove any conflicts of interest, which is a major challenge with the CCBs. If it allows direct care providers to continue to provide CM in rural areas where no independent provider is available, it will need to establish mitigation strategies and collect data to demonstrate that these strategies are effective.
Service Definitions/	The Department will need to update service definitions, provider qualifications, and reimbursement structures for staff conducting

Operations Area	Description of Necessary Changes
Provider Qualifications	assessment, support planning, and, possibly, CM to reflect the new requirements.
Resource Allocation/ Budget Controls	N/A
Training	Training will be necessary for assessors on person-centered planning and for participants so that they can lead the process.
Quality Management	The Department will need to develop QI processes that demonstrate that assessments and support planning are being conducted according to CMS rule as defined in State policy.
MIS	The Department will want to incorporate these requirements into relevant MIS. This may include automating workflows to ensure rule-related protocols (e.g., ensuring the participant is playing a leading role) are consistently applied.
Stakeholder Input	The Department will want to allow stakeholders the opportunity to provide input on the development of the new processes that comply with the rules.
Governance	Because these rules apply to all of the waivers, cross-agency governance is necessary to ensure consistency.
Federal Approvals	The Department will need to describe the revised process in relevant waiver applications.
State Regulation Changes	The Department may need to incorporate these changes into relevant State regulations.

CMS HCBS RULES- SETTINGS

The new CMS rules also establish standards for what is considered an HCBS setting. States are required to develop a transition plan and are given five years to implement the changes. States have the flexibility to allow exceptions to the settings requirements, but the rationale for these exceptions must be justified by the assessment and included in the support plan. ***Exhibit 11*** summarizes how complying with these rules may impact operations.

Exhibit 11: The Impact of Complying with CMS HCBS Settings Rules on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	N/A
Assessment Processes	The assessment process must provide information that supports the need for any infringements, restrictions or threats to privacy.
Support Planning	The support plan must document the rationale for any infringements, restrictions or threats to privacy. These exceptions to the HCBS setting requirements must be revisited on a regular basis.
Ongoing CM	CMs must ensure continued compliance with settings requirements including lifting restrictions if needs changes. CMs will likely need to play a role in monitoring to ensure the settings requirements are met.
Service Definitions/ Provider Qualifications	The Department will need to examine and change services definitions (and possibly rates) to comply with rules.
Resource Allocation/ Budget Controls	If the rules require substantial changes to rates, the Department may need to reexamine existing resource allocation approaches (e.g., rebasing the SIS-related budgets) and factor into new approaches.
Training	The Department will need to provide ongoing training to providers, case managers, assessors, and participants about the settings requirements.
Quality Management	The Department will need to establish QI mechanisms to ensure settings comply with regulations and exceptions are justified and documented.
MIS	The Department will want to incorporate these requirements into MIS. This may include creating systems to support new QI efforts.
Stakeholder Input	The rules require stakeholder input into the transition plan. The Department will also need to involve stakeholders in the development of rules and policies and their ongoing application.
Governance	Because these rules apply to all of the waivers, cross-agency governance is necessary to ensure consistency.
Federal Approvals	The Department will need to describe the revised process in relevant waiver applications.

Operations Area	Description of Necessary Changes
State Regulation Changes	The Department may need to incorporate these changes into relevant State regulations.

TEFT (Demonstration Grant for Testing Experience and Functional Assessment Tools)

Colorado has received a TEFT grant from CMS that is aimed at testing quality measurement tools and demonstrate e-health in Medicaid-funded HCBS. Colorado's TEFT grant currently includes two initiatives:

- Piloting a CMS developed HCBS consumer experience tool
- Developing personal health records (PHRs) for participants using HCBS

Colorado is also exploring piloting HCBS assessment items that have been developed under a CMS contract. These items could be included in the new assessment process. ***Exhibit 12*** summarizes the potential impact of the TEFT grant on program operations.

Exhibit 12: The Impact of TEFT on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	N/A
Assessment Processes	The Department will need to determine whether and which TEFT items to incorporate into the assessment process and which data will go into a PHR.
Support Planning	The Department will need to determine how much of the support plan will go into a PHR. The Department should consider having the version of the support plan included in the PHR mirror the printed version of the support plan that would be provided to the participant.
Ongoing CM	The Department will need to examine what information from ongoing case management will go into a PHR.
Service Definitions/ Provider Qualifications	N/A

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Operations Area	Description of Necessary Changes
Resource Allocation/ Budget Controls	N/A
Training	The Department will want to provide training to participants on how to use PHR. This could be incorporated into the support planning process.
Quality Management	The Department will want to examine how to use TEFT data and PHR as part of QI process.
MIS	The Department will need to be able to automate the TEFT participant experience survey and the PHR. The PHR could become a mechanism for sharing data with other components of the broader delivery system, such as the participant's physician or the RCCOs.
Stakeholder Input	The Department will likely want to have mechanisms for obtaining stakeholder input into the selection of TEFT data and the structure of the PHR.
Governance	Because this infrastructure applies to all of the waivers, cross-agency governance is necessary to ensure consistency.
Federal Approvals	The Department will need approval from the CMS project officer.
State Regulation Changes	N/A

REGIONAL CARE COLLABORATIVE ORGANIZATION (RCCO)

Colorado's State website defines RCCOs as follows:

"A Regional Care Coordination Organization connects Medicaid clients to providers and also helps clients find community and social services in their area. The Regional Care Coordination Organization helps providers communicate with Medicaid clients and with each other, so Medicaid clients receive coordinated care. A Regional Care Coordination Organization will also help Medicaid clients get the right care when they are returning home from the hospital or a nursing facility by providing the support needed for a quick recovery. Regional Care

Coordination Organizations help with other care transitions, too, like moving from children's health services to adult health services, or moving from a hospital to nursing care. Medicaid clients are assigned to Regional Care Coordination Organization based on where they live."

The Department is in the process of clarifying how RCCOs will interact with the existing Medicaid-funded LTSS delivery system. There are two major initiatives that are addressing this. One, the Department is launching an effort targeted at improving coordination for participants who are dually eligible for Medicare and Medicaid. Two, the Department is in the beginning stages of planning an initiative aimed at building health homes for participants with chronic conditions. ***Exhibit 13*** summarizes some of the operational issues to be addressed.

Exhibit 13: The Impact of RCCO on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	Because both the RCCOs and the local agencies that work with waiver recipients (e.g., SEPs, CCBs) work with the same Medicaid populations, the Department should establish clear policies for referral to and from RCCOs.
Assessment Processes	The RCCOs are using an assessment tool as they begin to focus on serving populations dually eligible for Medicare and Medicaid. It would make sense to have consistency between the assessment process being developed for the waivers and RCCO assessment tools. The waiver assessment could be designed to include items from assessment tools used in sub-acute settings to facilitate data sharing.
Support Planning	The waiver assessment and support planning process could include algorithms that will result in a RCCO referral. The support plan could include the role of the RCCO in helping to maintain the participant in the community.
Ongoing CM	The Department will want to clarify the respective responsibilities of waiver versus RCCO CM to minimize duplication and facilitate coordination.
Service Definitions/ Provider Qualifications	N/A unless the Department plans on billing RCCO functions as Medicaid services.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Operations Area	Description of Necessary Changes
Resource Allocation/ Budget Controls	As the Department develops and refines resource allocation approaches for waiver recipients, it may want to explore whether to integrate or coordinate these with the financial incentives being created for the RCCOs.
Training	The Department will likely want to incorporate RCCO information into training for assessment, support planning, and CM staff. It should also consider conducting cross-training with RCCOs.
Quality Management	The Department could establish performance metrics for handoffs with RCCOs. It could also explore whether to include waiver CM into RCCO performance initiatives.
MIS	The Department will want to clarify data sharing requirements between assessment and RCCO and determine the best way of supporting this data sharing. PHRs may be a cost effective way of doing so, at least in the short run.
Stakeholder Input	The Department will want to involve stakeholders in the development of rules and policies and their ongoing application.
Governance	Because the RCCOs may interact with participants in any of the waivers, cross-agency governance is necessary to ensure consistency.
Federal Approvals	Because the Department receives Medicaid funding for this initiative, it would need federal approval to change the roles, responsibilities, or operations of the RCCOs.
State Regulation Changes	The Department may need to update State regulations.

COLORADO CHOICE TRANSISTIONS (CCT)

CCT is part of the CMS funded Money Follows the Person (MFP) initiative that offers additional Medicaid funding for participants transferred from a qualifying institution to the community. The program offers assistance with making the transition and HCBS that can exceed what is offered under the waivers. The Department is looking at further integrating CCT lessons learned, operations and activities with its programs and making this a permanent part of the Department's LTSS delivery infrastructure after the MFP initiative ends. ***Exhibit 14*** identifies the operational considerations in doing so.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Exhibit 14: The Impact of CCT on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	As the Department refines the outreach and intake procedures for the waivers, it should examine policies and procedures for identifying participants to be transitioned and/or referred to the HCBS assessment process. It will also want to consider whether and how to integrate the role of CCT with the role of the SEPs who are assessing people in nursing facilities (NFs) to determine if they meet level of care. One other consideration is the role of the MDS Section Q requirements in generating referrals to entry point(s).
Assessment Processes	The Department may wish to conduct the CCT assessments with the goal of making it similar to HCBS assessment processes. CCT assessments could become a version of the core HCBS assessment possibly adding a module that addresses transition issues and any issues with HCBS eligibility.
Support Planning	The Department should consider refining CCT support planning with the goal of making it similar to HCBS support planning processes. Because CCT participants will be going into the waiver, the new CMS rules will apply.
Ongoing CM	The Department will want to refine policies and procedures for ongoing CM after the transition.
Service Definitions/ Provider Qualifications	If the Department plans on seeking ongoing funding for services that are currently paid for under CCT, it will need to develop service definitions and provider qualifications that could be included in a Medicaid waiver or other Medicaid funding authority.
Resource Allocation/ Budget Controls	As the Department develops resource allocation approaches, if these cover participants who are transitioning, it will want to take special care to make sure that the amounts are sufficient to support these participants.
Training	The Department will want to continue to provide training to CCT staff and other relevant individuals, such as NF staff and hospital discharge planners, about the initiative.
Quality Management	If these services are converted to waiver services, the Department will want to review the QI processes to ensure consistency with standards for HCBS waivers.

Operations Area	Description of Necessary Changes
MIS	Relevant MIS (e.g., the BUS) will need to be updated to reflect the services and program structure.
Stakeholder Input	The Department will want to obtain stakeholders' input about how CCT will need to change to become waiver funded.
Governance	Because CCT covers multiple disability populations, this transition will require cross-agency coordination.
Federal Approvals	The Department may need to update waiver applications if seeking ongoing funding for transition support.
State Regulation Changes	The Department may need to update State regulations.

DISABILITY CULTURAL COMPETENCE

Disability Cultural Competence is a training effort to help workers better understand the cultural issues related to disabilities. The original training was a two day course facilitated by Colorado Access that focused on raising awareness about respecting perspectives, beliefs, and differences in participants and staff. This has been translated into an online learning curriculum that is available to State staff.

As part of the initiative targeting dual eligible, the project team has been working with stakeholders to develop a Disability Competency organizational assessment for the RCCOs. This initiative could be broaden to include case management and entry point organizations.

Exhibit 15 discusses how this effort might be expanded to other LTSS delivery operations.

Exhibit 15: The Impact of Efforts to Improve Disability Cultural Competency on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	The Department should consider including disability cultural competency training for workers conducting intake and outreach and ensure that intake tools use appropriate language.
Assessment Processes	The Department should include training for workers conducting assessment and ensure tools use appropriate language.

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Operations Area	Description of Necessary Changes
Support Planning	The Department should include training for workers conducting support planning and ensure approaches can be tailored to personal preferences.
Ongoing CM	The Department should provide disability cultural competency training for case managers.
Service Definitions/ Provider Qualifications	N/A
Resource Allocation/ Budget Controls	N/A
Training	The Department should explore incorporating disability cultural competency training into trainings developed for other initiatives.
Quality Management	The Department should explore developing and using measures of competency as part of the QI approach used for waivers and other relevant programs.
MIS	The Department currently uses an online training system offered by Colorado Access that is available to State employees. The Department should explore expanding this system and/or developing other online learning systems.
Stakeholder Input	The Department should allow stakeholders to provide input into the training content and plans as the trainings are rolled out.
Governance	N/A
Federal Approvals	N/A
State Regulation Changes	N/A

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

CHECKLIST FOR POSITIVE CHANGE

The Checklist for Positive Change is a tool to promote transparent and accountable changes through a standardized quality and client focused checklist. It is intended to be used to evaluate the benefits of changes to existing or the creation of programs, benefits and services. A major thrust of the Checklist is to minimize any potential negative impacts on participants. However, the Department could broaden the Checklist to assess a variety of outcomes, such as burden on State or local staff. ***Exhibit 16*** discusses how the Checklist may impact program operations.

Exhibit 16: The Impact of the Checklist for Positive Change on LTSS Delivery Systems Operations

Operations Area	Description of Necessary Changes
Intake & Outreach	N/A
Assessment Processes	N/A
Support Planning	N/A
Ongoing CM	N/A
Service Definitions/ Provider Qualifications	N/A
Resource Allocation/ Budget Controls	N/A
Training	N/A
Quality Management	The Checklist could serve as a QI check for program development.
MIS	N/A
Stakeholder Input	The Checklist will help ensure that stakeholder input is obtained. As the Checklist is revised, stakeholder input should be sought.
Governance	The checklist will help ensure that cross-agency coordination occurs.
Federal Approvals	N/A

INCORPORATING LTSS SYSTEMS CHANGE INITIATIVES INTO PROGRAM OPERATIONS

Operations Area	Description of Necessary Changes
State Regulation Changes	N/A

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Potential Overlap among LTSS System Change Efforts

As ***Exhibit 2*** demonstrated, most of the systems change initiatives impact multiple operations. In ***Exhibit 17*** we summarize the number of systems change initiatives that may impact each area.

Exhibit 17: Number of Systems Change Initiatives Impacting Each Operational Area

	# of Systems Change Initiatives that May Impact Area
Intake & Outreach	11
Assessment Processes	13
Support Planning	13
Ongoing Case Management	12
Service Definitions/Provider Qualifications	9
Resource Allocation/Budget Controls	8
Training	13
Quality Management	14
Information Technology/MIS	13
Stakeholder Input	11
Governance	13
Federal Approvals	10
State Regulation Changes	10

This overlap suggests that the Department will want to carefully examine the total impact of all of the initiatives to prevent moving operations in contradictory directions and to prevent duplicative efforts. The Department has already taken steps in this direction. Notably, the Community Living Plan references many of the other systems change initiatives.

To assist the Department in this effort, we reviewed potential areas of overlap for each initiative. In ***Exhibits 18 through 31***, we discuss this overlap for each initiative. In these exhibits, we use the following color coding scheme:

- No highlighting indicates that there are critical areas of overlap. In these boxes we identified areas where there is potential overlap. In some cases, we included the label, "No major areas of overlap." It is important to note that in almost all cases, there will be overlap among the initiatives. However, the purpose of this effort is to alert the

Department to the most important areas where overlap may exist so it can make decisions about how to integrate planning and implementation.

- Yellow highlighting indicates that the overlap is so substantial that the Department should regularly coordinate planning and implementation.
- Red highlighting suggests that overlap is so great that the Department should consider combining planning and implementation of these initiatives.

COMMUNITY LIVING PLAN

The Community Living Plan has overlap with all of the other systems change initiatives as shown in ***Exhibit 18***. Two of the last three goals in the plan explicitly discuss integrating the various systems changes efforts:

- **Goal 7:** Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies.
- **Goal 9:** Ensure successful plan implementation and refinements over time through the creation of a Community Living Plan governance structure and supportive workgroups.

If the Department sees the Community Living Plan as the vehicle that integrates and oversees the various LTSS systems reform efforts, this document can be used by the Department to help achieve these goals. In the ***Conclusions*** section of this document, we propose a structure that may assist the Department in achieving this goal.

Exhibit 18: Potential Overlap among Systems Change Initiatives: Community Living Plan

Systems Change Initiative	Areas of Overlap
Community Living Plan	
Waiver Simplification	Waiver simplification is major component of The Community Living Plan.
Community First Choice	CFC could provide service flexibility and a financial advantage that creates a HCBS bias.
CDASS/IHSS Changes	Providing greater flexibility in supports may allow more participants to remain in the community longer (goals 2 and 4). It may also support the following overarching goal, "Ensure that individuals living in community settings can do so in a stable, dignified and productive manner."
Entry Point Redesign	The Community Living Plan changes to access processes will likely need to be addressed in conjunction with the entry point redesign.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
ADRC	State should define how The Community Living Plan efforts to facilitate access, including the creation of I&R databases, intersect with ADRC.
Assessment Tool Redesign	Many of the Community Living Plan initiatives relating to facilitating access to HCBS should either be done as part of the process redesign effort or parallel the processes developed.
CMS HCBS Rules - PC Planning	The Community Living Plan recommends using person-centered approaches for implementing many of the recommendations, such as restructuring case management.
CMS HCBS Rules -Settings	Meeting the HCBS settings requirements should help achieve the overarching Community Living Plan goal to "Ensure that individuals living in community settings can do so in a stable, dignified and productive manner."
TEFT	The TEFT PHR could serve as a mechanism for sharing information (goal 6). Both the PHR and experience survey can be seen ways of operationalizing an evaluation strategy (goal 8).
RCCO	RCCO efforts to manage medical care of participants with disabilities may allow them to remain in the community longer. This supports goals 2 and 4.
CCT	CCT is core to operationalizing the Community Living Plan goals related to allowing people to transition to the community (goal 1).
Disability Cultural Competence	Disability cultural competence assists actors supporting all of the goals. This is especially relevant for goal 5, increasing the competency of the Direct Care Workforce.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the Community Living Plan goals.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

WAIVER SIMPLIFICATION

In ***Exhibit 19***, we describe how the waiver simplification discussion has critical overlaps with CFC, CDASS/IHSS changes, entry point redesign, assessment tools redesign, and meeting the CMS settings requirements. The overlap with CFC is especially critical because the decision whether to pursue CFC and what current waiver services will be folded into it could change the logic regarding whether remaining waivers should be standalone or integrated. For example, if Colorado were to follow Oregon's example and fold almost all of its 1915(c) services into CFC, it may make sense to have a single standalone waiver that provides the remaining services and allows the Department to continue to apply the more liberal eligibility threshold available through the waiver.

Exhibit 19: Potential Overlap among Systems Change Initiatives: Waiver Simplification

Systems Change Initiative	Areas of Overlap
Community Living Plan	Waiver simplification is major component of The Community Living Plan.
Waiver Simplification	
Community First Choice	Many of the goals of waiver simplification could be accomplished under CFC. In addition, if CFC is implemented, the Department will need to decide what services will remain in 1915(c) waivers and how they will be coordinated with CFC.
CDASS/IHSS Changes	Waiver simplification will require figuring out the optimal way to combine services across waivers. A key issue in determining whether the package of services is responsive to participant's preferences is likely to be whether there is a participant-directed option. In addition, the increase in the number of services may increase overall budgets if other fiscal controls are not included. This expansion may create additional pressure for greater budget controls; however, these stronger controls may make the Department more comfortable with expanding participant-direction.
Entry Point Redesign	As waivers are combined, entry point processes will need to be redesigned to reflect the new array of supports. This will be especially dramatic if waiver simplification is expanded to combine programs supporting IDD with programs supporting other adults with disabilities.
ADRC	The ADRCs will need to be aware of and be able to provide information about supports offered under the new service array.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Assessment Tool Redesign	The assessment process will need to be to make determinations across multiple waivers. This will likely include being able to assess across multiple disability populations. A major goal of the assessment should be to identify the right services in the right amount to help ensure that programs are sustainable.
CMS HCBS Rules - PC Planning	No major areas of overlap
CMS HCBS Rules - Settings	The services in the combined waivers will need to meet the HCBS setting requirements.
TEFT	No major areas of overlap
RCCO	No major areas of overlap
CCT	No major areas of overlap
Disability Cultural Competence	Disability Cultural Competency could be a training or qualification requirement for waiver services. May need to provide training across multiple disabilities for providers who start serving new populations.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the waiver simplification.
Workforce Development	Workforce development efforts should parallel the training and qualification requirements included in the waiver services.

COMMUNITY FIRST CHOICE

As ***Exhibit 20*** suggests, CFC has critical overlaps with most of the other systems change initiatives. While CFC has similar requirements for self-direction and person-centered planning for 1915(c) waivers, there are subtle differences that reinforce the argument that the Department should reach a decision about whether to pursue CFC first because that will clarify the parameters that should shape these other initiatives, notably waiver simplification, CDASS/IHSS changes, and CMS rule compliance. This overlap makes it very clear that CFC should not be developed as a separate initiative, but, instead, should be viewed as a critical early program design choice that will have implications for the development of other infrastructure.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Exhibit 20: Potential Overlap among Systems Change Initiatives: Community First Choice

Systems Change Initiative	Areas of Overlap
Community Living Plan	CFC could provide service flexibility and a financial advantage that creates a HCBS bias.
Waiver Simplification	Many of the goals of waiver simplification could be accomplished under CFC. In addition, if CFC is implemented, the Department will need to decide what services will remain in 1915(c) waivers and how they will be coordinated with CFC.
Community First Choice	
CDASS/IHSS Changes	If the Department chooses to pursue CFC, CDASS/IHSS expansion could be funded under this option.
Entry Point Redesign	Because CFC is a single program, the entry point redesign effort would need to be structured so that all participants who would potentially benefit from the program would be referred to it regardless of where they enter the system.
ADRC	The ADRCs will need to be aware of and be able to provide information about supports offered under CFC.
Assessment Tool Redesign	The assessment process will need to make determinations for CFC and multiple waivers. This will likely include being able to assess across multiple disability populations. The assessment process will also need to capture information necessary to determine if participants have the desire and capacity to self-direct and to determine the individual budget.
CMS HCBS Rules - PC Planning	CFC must meet the PC planning requirements included in the HCBS rules.
CMS HCBS Rules -Settings	CFC must meet the settings requirements included in the HCBS rules.
TEFT	The TEFT experience survey could meet the CFC requirement to obtain input about quality directly from participants.
RCCO	No major areas of overlap
CCT	No major areas of overlap
Disability Cultural Competence	Disability Cultural Competency could be a component of the training required under CFC.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support CFC.

Systems Change Initiative	Areas of Overlap
Workforce Development	Workforce development efforts should parallel the training and qualification requirements included in the CFC.

CONSUMER DIRECTED ATTENDANT SUPPORT SERVICES (CDASS) AND IN-HOME SUPPORT SERVICES (IHSS)

Exhibit 21 describes the primary concerns about efforts to expand and enhance participant-direction center around CFC and waiver simplification. The issue for CFC and CDASS/IHSS is the same as the issue for CFC and waiver simplification; determine whether to proceed with CFC, which should be viewed primarily as a financing mechanism, before making design decisions.

Expansion of participant-direction potentially magnifies the major concern about combining the waivers; providing more options, especially more options that are attractive to participants, will likely drive costs higher in the absence of clear and effective cost-controls. CDASS/IHSS expansion magnifies this concern because participant-direction offers a pool of dollars with substantial flexibility about how they can spend those dollars; the Department should anticipate that participants will be able to spend more of these dollars.

Exhibit 21: Potential Overlap among Systems Change Initiatives: IHSS/CDASS

Systems Change Initiative	Areas of Overlap
Community Living Plan	Providing greater flexibility in supports may allow more participants to remain in the community longer (Goals 2 and 4). It may also support the following overarching goal, "Ensure that individuals living in community settings can do so in a stable, dignified and productive manner."
Waiver Simplification	Waiver simplification will require figuring out the optimal way to combine services across waivers. A key issue in determining whether the package of services is responsive to participant's preferences is likely to be whether there is a participant-directed option. In addition, the increase in the number of services may increase overall budgets if other fiscal controls are not included. This expansion may create additional pressure for greater budget controls; however, these stronger controls may make the Department more comfortable with expanding participant-direction.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Community First Choice	If the Department chooses to pursue CFC, CDASS/IHSS expansion could be funded under this option.
CDASS/IHSS Changes	
Entry Point Redesign	No major areas of overlap
ADRC	The ADRCs will need to be aware of and be able to provide information about these options.
Assessment Tool Redesign	Assessment process will need to capture information necessary to determine if participants have the desire and capacity to self-direct and to determine the individual budget.
CMS HCBS Rules - PC Planning	No major areas of overlap
CMS HCBS Rules -Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	No major areas of overlap
CCT	No major areas of overlap
Disability Cultural Competence	No major areas of overlap
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the redesigned CDASS and IHSS.
Workforce Development	Workforce development efforts should also focus on building training and other infrastructure that supports workers paid under participant-directed options.

ENTRY POINT REDESIGN AND ADRC

As we discuss in ***Exhibit 22***, entry point redesign will impact the business processes that support access.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Exhibit 22: Potential Overlap among Systems Change Initiatives: Entry Point Redesign

Systems Change Initiative	Areas of Overlap
Community Living Plan	Community Living Plan changes to access processes will likely need to be addressed in conjunction with the entry point redesign.
Waiver Simplification	As waivers are combined, entry point processes will need to be redesigned to reflect the new array of supports. This will be especially dramatic if waiver simplification is expanded to combine programs supporting IDD with programs supporting other adults with disabilities.
Community First Choice	Because CFC is a single program, the entry point redesign effort would need to be structured so that all individuals who would potentially benefit from the program would be referred to it regardless of where they enter the system.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	
ADRC	It will be important to clarify the role of the ADRC in accessing supports to prevent duplication. Both efforts would benefit from a common I&R database.
Assessment Tool Redesign	The assessment process will need to be structured to reflect the redesigned entry point system.
CMS HCBS Rules - PC Planning	The redesigned entry points will need to be in compliance with the CMS rule requirements, especially those relating to conflict of interest.
CMS HCBS Rules – Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	Both efforts will benefit by establishing clear procedures to and from the entry points and RCCOs.
CCT	The roles of the redesigned entry points in supporting ongoing CCT efforts will need to be established.
Disability Cultural Competence	Staff at the entry points could benefit from Disability Cultural Competency Training.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the redesigned entry point infrastructure.
Workforce Development	No major areas of overlap

A major area of overlap of the entry point redesign effort is with the ADRC effort. We are very concerned that the ADRC does not have a clear and distinct role in the access processes. Without a clear role, it will be difficult to justify continuing to fund this effort.

Most of the items included in ***Exhibit 23*** discuss clarifying how the ADRCs will interact with other components of the LTSS system. It may be difficult to address these questions before first developing a consensus about the role of ADRCs in accessing Medicaid-funded LTSS.

Exhibit 23: Potential Overlap among Systems Change Initiatives: ADRC

Systems Change Initiative	Areas of Overlap
Community Living Plan	State should define how Community Living Plan efforts to facilitate access, including the creation of I&R databases, intersect with ADRC.
Waiver Simplification	The ADRCs will need to be aware of and be able to provide information about supports offered under the new service array.
Community First Choice	The ADRCs will need to be aware of and be able to provide information about supports offered under CFC.
CDASS/IHSS Changes	The ADRCs will need to be aware of and be able to provide information about these options.
Entry Point Redesign	It will be important to clarify the role of the ADRC in accessing supports to prevent duplication. Both efforts would benefit from a common I&R database.
ADRC	
Assessment Tool Redesign	The ADRC may use the intake screen developed as part of the assessment process.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
CMS HCBS Rules - PC Planning	No major areas of overlap
CMS HCBS Rules - Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	Both efforts will benefit by establishing clear procedures to and from the ADRCs and RCCOs.
CCT	ADRCs will be responding to MDS Section Q referrals and general referrals for CCT starting in 2015. The Department should determine if the ADRC will play a more expanded role in transitions as part of a redesigned entry point system.
Disability Cultural Competence	Staff at the ADRCs could benefit from Disability Cultural Competency Training.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the ADRC infrastructure.
Workforce Development	No major areas of overlap

ASSESSMENT TOOL REDESIGN

As ***Exhibit 24*** demonstrates, redesigning the assessment process is key to the success of many of the other systems change initiatives. Of special concern is complying with the CMS person-centered planning requirements, TEFT, and CCT. The Department is already planning on more closely aligning TEFT and assessment reform activities. The assessment process will likely need to result in a version that supports transitions from nursing facilities. The Department will also want to strongly consider following up assessment redesign with an effort to redesign the support plan format to comply with the CMS rules.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Exhibit 24: Potential Overlap among Systems Change Initiatives: Assessment Tool Redesign

Systems Change Initiative	Areas of Overlap
Community Living Plan	Many of the Community Living Plan initiatives relating to facilitating access to HCBS should either be done as part of the process redesign effort or parallel the processes developed.
Waiver Simplification	The assessment process will need to make determinations across multiple waivers. This will likely include being able to assess across multiple disability populations. A major goal of the assessment should be to identify the right services in the right amount to help ensure that programs are sustainable.
Community First Choice	The assessment process will need to make determinations for CFC and multiple waivers. This will likely include being able to assess across multiple disability populations. The assessment process will also need to capture information necessary to determine if participants have the desire and capacity to self-direct and to determine the individual budget.
CDASS/IHSS Changes	Assessment process will need to capture information necessary to determine if participants have the desire and capacity to self-direct and to determine the individual budget.
Entry Point Redesign	The assessment process will need to be structured to reflect the redesigned entry point system.
ADRC	The ADRC may use the intake screen developed as part of the assessment process.
Assessment Tool Redesign	
CMS HCBS Rules - PC Planning	The redesigned assessment process will need to comply with the HCBS PC planning rules.
CMS HCBS Rules - Settings	The redesigned assessment process may help justify when an exception to the HCBS settings requirement is appropriate (however, the main thrust of this effort is likely to be the support plan).
TEFT	Items from the TEFT experience survey could be incorporated into the assessment/reassessment process. The assessment and support plan will likely supply data for the PHRs.
RCCO	The assessment could help flag participants who should be referred to a RCCO.
CCT	The CCT assessment and planning processes should parallel or be incorporated into the redesigned assessment process.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Disability Cultural Competence	The assessment process could include indication of cultural preferences or traditions as part of a person-centered component.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the redesigned assessment process.
Workforce Development	No major areas of overlap

CMS HCBS RULES- PERSON CENTERED PLANNING

As ***Exhibit 25*** demonstrates, because Colorado's systems change initiatives have a strong person-centered focus, the CMS person-centered planning rules generally reinforce the need for these efforts. Thus, it probably does not make sense to treat compliance with these rules as a separate initiative, but to use it as a checklist and determine if the other initiatives are sufficient to achieve compliance, and if not, determine how they should be altered to be able to do so.

Exhibit 25: Potential Overlap among Systems Change Initiatives: CMS HCBS Rules- Person Centered Planning

Systems Change Initiative	Areas of Overlap
Community Living Plan	The Community Living Plan recommends using person-centered approaches for implementing many of the recommendations, such as restructuring case management.
Waiver Simplification	No major areas of overlap
Community First Choice	CFC must meet the PC planning requirements included in the HCBS rules.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	The redesigned entry points will need to be in compliance with the CMS rule requirements, especially those relating to conflict of interest.
ADRC	No major areas of overlap

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Assessment Tool Redesign	The redesigned assessment process will need to comply with the HCBS PC planning rules.
CMS HCBS Rules - PC Planning	
CMS HCBS Rules - Settings	Developing the ability to document when an exception to the settings requirement is justified will overlap with developing the PC planning infrastructure.
TEFT	The TEFT experience survey could be designed to be a quality check on the implementation of PC planning. The PHR could become the mechanism for providing the written plan to the participant. The PHR could also support person-centered planning by allowing participants to identify their own goals and preferences and share this information with their case managers and providers.
RCCO	No major areas of overlap
CCT	The Department will likely want to use the same or similar PC processes for CCT assessment and planning as it does for the broadened HCBS planning processes.
Disability Cultural Competence	The Disability Cultural Competency Training could be integrated with the PC planning training.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to comply with the rules.
Workforce Development	No major areas of overlap

CMS HCBS RULES-SETTINGS

Exhibit 26 describes overlap of the initiatives with compliance with the HCBS settings requirements. Unlike the person-centered section of the CMS rules, the Department may wish to have a separate initiative to address compliance with the settings requirement with one notable exception. While the Department wants to launch a review of regulations, oversight mechanisms, and possible a survey of providers as a separate initiative, it may wish to fold the effort to establish mechanisms for documenting exceptions to the settings requirements into the

assessment redesign effort, especially if this effort is succeeded by an effort to enhance the support planning processes.

Exhibit 26: Potential Overlap among Systems Change Initiatives: CMS HCBS Rules- Settings

Systems Change Initiative	Areas of Overlap
Community Living Plan	Meeting the HCBS settings requirements should help achieve the overarching Community Living Plan goal to "Ensure that individuals living in community settings can do so in a stable, dignified and productive manner."
Waiver Simplification	The services in the combined waivers will need to meet the HCBS setting requirements.
Community First Choice	CFC must meet the settings requirements included in the HCBS rules.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	No major areas of overlap
ADRC	No major areas of overlap
Assessment Tool Redesign	The redesigned assessment process may help justify when an exception to the HCBS settings requirement is appropriate (however, the main thrust of this effort is likely to be the support plan).
CMS HCBS Rules - PC Planning	Developing the ability to document when an exception to the settings requirement is justified will overlap with developing the PC planning infrastructure.
CMS HCBS Rules - Settings	
TEFT	The PHR could be used to show where exceptions to the settings requirement are documented.
RCCO	No major areas of overlap
CCT	No major areas of overlap
Disability Cultural Competence	No major areas of overlap

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to comply with the rules.
Workforce Development	No major areas of overlap

TEFT

As presented in ***Exhibit 27*** and discussed earlier, there is substantial overlap of the TEFT effort and the assessment tool redesign effort. The TEFT goals overlap with many of the goals for assessment redesign.

Exhibit 27: Potential Overlap among Systems Change Initiatives: TEFT

Systems Change Initiative	Areas of Overlap
Community Living Plan	The TEFT PHR could serve as a mechanism for sharing information (Goal 6). Both the PHR and experience survey can be seen as ways of operationalizing an evaluation strategy (Goal 8).
Waiver Simplification	No major areas of overlap
Community First Choice	The TEFT experience survey could meet the CFC requirement to obtain input about quality directly from participants.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	No major areas of overlap
ADRC	No major areas of overlap
Assessment Tool Redesign	Items from the TEFT experience survey could be incorporated into the assessment/reassessment process. The assessment and support plan will likely supply data for the PHRs.
CMS HCBS Rules - PC Planning	The TEFT experience survey could be designed to be a quality check on the implementation of PC planning. The PHR could become the mechanism for providing the written plan to the participant. The PHR could also support person-centered planning by allowing participants to identify their

Systems Change Initiative	Areas of Overlap
	own goals and preferences and share this information with their case managers and providers.
CMS HCBS Rules - Settings	The PHR could be used to show where exceptions to the settings requirement are documented.
TEFT	
RCCO	No major areas of overlap
CCT	No major areas of overlap
Disability Cultural Competence	No major areas of overlap
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the experience survey and the PHR.
Workforce Development	No major areas of overlap

REGIONAL CARE COLLABORATIVE ORGANIZATION (RCCO)

As ***Exhibit 28*** shows, while the RCCO effort intersects with many of the LTSS systems change efforts, this initiative is more tangential. The primary area of overlap will likely be ensuring appropriate referrals to and from RCCOs and LTSS access points. The Department will likely want to establish a clear division of responsibility for RCCO case management and the case management done under a waiver, however, the Department does not yet have a major systems change initiative that is clearly charged with restructuring case management.

Exhibit 28: Potential Overlap among Systems Change Initiatives: RCCO

Systems Change Initiative	Areas of Overlap
Community Living Plan	RCCO efforts to manage medical care of participants with disabilities may allow them to remain in the community longer. This supports goals 2 and 4.
Waiver Simplification	No major areas of overlap

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
Community First Choice	No major areas of overlap
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	Both efforts will benefit by establishing clear procedures to and from the entry points and RCCOs.
ADRC	Both efforts will benefit by establishing clear procedures to and from the ADRCs and RCCOs.
Assessment Tool Redesign	The assessment could help flag participants who should be referred to a RCCO.
CMS HCBS Rules - PC Planning	No major areas of overlap
CMS HCBS Rules - Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	
CCT	Should explore if and when the RCCOs could help support the CCT effort, especially in helping to maintain medically complex participants in the community.
Disability Cultural Competence	RCCO staff may benefit from Disability Cultural Competency training based on the application of the Disability Competency Assessment Tool.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the RCCO effort.
Workforce Development	No major areas of overlap

COLORADO CHOICE TRANSISITIONS (CCT)

As ***Exhibit 29*** demonstratives, CCT could be viewed as a variation of the access processes that are being redesigned for HCBS. Thus, these access processes could have variations that include the following:

- Participants in an institution who want to transition to the community (CCT)
- Participants in the community applying for publicly-funded HCBS

- Participants in the community applying for institutional supports

Each of these variations may have a core set of assessment items and workflows, with additional items and workflows added to reflect the unique needs of each circumstance.

Exhibit 29: Potential Overlap among Systems Change Initiatives: CCT

Systems Change Initiative	Areas of Overlap
Community Living Plan	CCT is core to operationalizing the Olmsted goals related to allowing people to transition to the community (goal 1).
Waiver Simplification	The Department needs to ensure waiver simplification results in a set of services and supports that maximize community integration and independence for participants who transition out of an institution.
Community First Choice	The Department could receive Medicaid funding for community transition services under CFC.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	The roles of the redesigned entry points in supporting ongoing CCT efforts will need to be established.
ADRC	ADRCs will be responding to referrals for CCT in 2015.
Assessment Tool Redesign	The CCT assessment and planning processes should parallel or be incorporated into the redesigned assessment process.
CMS HCBS Rules - PC Planning	The Department will likely want to use the same or similar PC processes for CCT assessment and planning as it does for the broadened HCBS planning processes.
CMS HCBS Rules - Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	Should explore if and when the RCCOs could help support the CCT effort, especially in helping to maintain medically complex participants in the community.
CCT	
Disability Cultural Competence	CCT staff may benefit from Disability Cultural Competency training.
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of the CCT effort.

Workforce Development	No major areas of overlap

DISABILITY CULTURAL COMPETENCE

Exhibit 30 suggests that disability cultural competency should be treated as curricula that should be integrated into all components of the LTSS delivery infrastructure.

Exhibit 30: Potential Overlap among Systems Change Initiatives: Disability Cultural Competence

Systems Change Initiative	Areas of Overlap
Community Living Plan	Disability cultural competence assists actors supporting all of the goals. This is especially relevant for goal 5, increasing the competency of the Direct Care Workforce.
Waiver Simplification	Disability Cultural Competency could be a training or qualification requirement for waiver services. May need to provide training across multiple disabilities for providers who start serving new populations.
Community First Choice	Disability Cultural Competency could be a component of the training required under CFC.
CDASS/IHSS Changes	No major areas of overlap
Entry Point Redesign	Staff at the entry points could benefit from Disability Cultural Competency Training.
ADRC	Staff at the ADRCs could benefit from Disability Cultural Competency Training.
Assessment Tool Redesign	The assessment process could include indication of cultural preferences or traditions as part of a person-centered component.
CMS HCBS Rules - PC Planning	The Disability Cultural Competency Training could be integrated with the PC planning training.
CMS HCBS Rules - Settings	No major areas of overlap
TEFT	No major areas of overlap
RCCO	RCCO staff may benefit from Disability Cultural Competency training.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
CCT	CCT staff may benefit from Disability Cultural Competency training.
Disability Cultural Competence	
Checklist for Positive Change	The Checklist can be a mechanism for monitoring the development and implementation of this effort.

CHECKLIST FOR POSITIVE CHANGE

As we describe in ***Exhibit 31***, the Checklist should be applied to all systems change efforts.

Exhibit 31: Potential Overlap among Systems Change Initiatives: Checklist for Positive Change

Systems Change Initiative	Areas of Overlap
Community Living Plan	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the Community Living Plan goals.
Waiver Simplification	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the waiver simplification.
Community First Choice	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support CFC.
CDASS/IHSS Changes	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to support the redesigned CDASS and IHSS.
Entry Point Redesign	The Checklist can be a mechanism for monitoring the development and implementation of the redesigned entry point infrastructure.
ADRC	The Checklist can be a mechanism for monitoring the development and implementation of the ADRC infrastructure.
Assessment Tool Redesign	The Checklist can be a mechanism for monitoring the development and implementation of the redesigned assessment process.

POTENTIAL OVERLAP AMONG LTSS SYSTEM CHANGE EFFORTS

Systems Change Initiative	Areas of Overlap
CMS HCBS Rules - PC Planning	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to comply with the rules.
CMS HCBS Rules - Settings	The Checklist can be a mechanism for monitoring the development and implementation of the infrastructure necessary to comply with the rules.
TEFT	The Checklist can be a mechanism for monitoring the development and implementation of the experience survey and the PHR.
RCCO	The Checklist can be a mechanism for monitoring the development and implementation of the RCCO effort.
CCT	The Checklist can be a mechanism for monitoring the development and implementation of the CCT effort.
Disability Cultural Competence	The Checklist can be a mechanism for monitoring the development and implementation of this effort.
Checklist for Positive Change	
Workforce Development	The Checklist can be a mechanism for monitoring the development and implementation of this effort.

Conclusions

Because this paper originated to provide guidance to the assessment redesign effort, we first summarize the implications for it in this section. We then provide overarching recommendations for structuring the other systems change efforts.

IMPLICATIONS FOR THE ASSESSMENT REDESIGN EFFORT

From our discussion thus far, it is clear that the assessment redesign effort cannot be treated as a stand-alone initiative. The Department is undertaking major systems change, and in order to develop a comprehensive tool, all of these efforts will need to be considered and coordinated. Using the principles and goals to better understand how the operational areas of each systems change effort are related to the assessment redesign effort will be central to developing a comprehensive approach. While ***Exhibits 3-31*** detail the vast changes that are planned across these efforts, we want to emphasize that many of their implications are interrelated and can and must be addressed together. Integrating these key implications leads to the following design considerations for the assessment:

- The role of each entity (e.g., SEP, CCB, ADRC, RCCO and the Department) in the assessment process will need to be clearly defined. Given that these roles are currently in flux and may be evolving, we will need to create components of the assessment process that could either be implemented by separate agencies or integrated into a single process.
- We will need to operationalize person-centered planning in the assessment process. The stakeholders and the Department are clear that this should be part of the process, but there is not a consensus regarding how this should work.
- The effort should support improved resource allocation approaches, however, the bulk of this work will need to be included as part of a separate development process that will require extensive stakeholder input.
- The assessment process will need to eliminate the need for as many of the 30+ assessment and planning tools that are currently being used in the field as possible. Stakeholders want the new assessment to make the process simpler, more transparent, and more comprehensive. The current core assessment tool used by the Department, the ULTC-100.2, is a relatively simple, transparent tool that is used for eligibility determinations and not for support planning. Because that tool is not collecting important information, other entities have supplemented it with a multitude of other tools

that convolute the process. Thus, while the new assessment process will be substantially longer than the ULTC-100.2, it will be less convoluted (and more transparent) than the mishmash of State and local tools now used. It may ultimately be more efficient than the current process with the many tools and can also reduce the number of times participants are asked about the same life areas.

- The current processes will need to reflect CMS rules, including those for conflict-free systems. Meeting these rules in many cases, will involve documenting that process requirements are met (e.g., demonstrating that an assessment took occurred at a time and place of convenience to the participant).
- The assessment must be automated in a MIS that supports workflows and other outcomes, such as PHRs.
- Training will be a key component necessary to successful implementation of the new process and to ensure that it continues to function effectively.
- The Department should anticipate that the assessment process will evolve on an ongoing basis and should build mechanisms to facilitate this evolution. Many pieces of the Department's LTSS delivery infrastructure are evolving and the assessment and support planning process will need to evolve to reflect this.

Addressing these considerations will help establish the foundation for the how the assessment development process should move forward. As we will discuss in the next section, the overlap of the assessment tool redesign and other systems change initiatives should not be viewed as a barrier, but as an opportunity for collaborative systems change.

CONSIDERATIONS FOR MOVING FORWARD WITH THE OTHER SYSTEMS CHANGE EFFORTS

Colorado has launched a large number of major change initiatives that should transform LTSS delivery. It is appropriate for the Department to do so given that spending in the system has shifted from primarily supporting people in institutions to primarily supporting participants in the community. Now that the Department has "balanced" its system, it has moved on to addressing more complex issues, such as who will control supports, ensuring the quality of those supports, and building infrastructure so that the system is sustainable as the population ages.

We have several overarching recommendations for the Department to consider as it moves forward.

Recommendation 1: Establish overarching mechanisms that encompass ongoing project planning, cross-agency governance, and stakeholder input. The Community Living Plan sets up a framework for this. The Department could enhance this by establishing clear inter-

agency and stakeholder committee structures and adding strong project management tools, such as an integrated work plan that is continually updated, and processes for reporting on the status of work completed.

Recommendation 2: Prioritize systems change design decisions. This report has demonstrated that the systems change initiatives are strongly interrelated. Making the following decisions soon will clarify many of the decisions that follow:

- Which entities will perform the intake, screening, assessment, support planning, and ongoing case management functions? Understanding who will do what and which functions will need to be separate will influence the assessment process design. In turn the assessment process decisions will impact many of the other initiatives.
- Will the Department pursue CFC? This decision will shape a large number of other initiatives, such as waiver simplification and plans for the expansion of participant-direction.

Recommendation 3: Consider reorganizing the initiatives to reflect the operational changes that need to be made rather than the initiatives that spawned the desire for change. Much of the overlap in activities appears to be the result of the Department reacting to external forces, such as pressure for stakeholders or grant opportunities, rather than a proactive look at how operations should be improved. The one major exception to this is the assessment redesign effort in which the Department recognized the need to overhaul these assessment operations and obtained resources to be able to do so.

Examining the change from an operations perspective reveals that in addition to being fragmented, the existing systems change initiatives only tangentially touch on two major operational areas that are ripe for redesign, resource allocation and case management.

Efforts to reform operations could be categorized into the following groupings:

- **Access processes** including outreach, intake, assessment and support planning
- **Service enhancement** including enhancing participant-direction and complying with CMS settings requirements
- **Support coordination** including restructuring case management, building models consistent with self-direction, and coordination with RCCOs
- **Sustainability** including resource allocation and finding more cost effective ways to provide supports
- **Continuous quality improvement** including how to ensure that participant input is a major driver of systems change.

CONCLUSIONS

- **Information Technology** including how to develop new automation and integrate and adapt existing infrastructure to support the systems change initiatives.