



## American Rescue Plan Act of 2021



**COLORADO**

Department of Health Care  
Policy & Financing

***Stronger Communities,  
Lasting Change:***

**Colorado's ARPA HCBS Journey  
2021 - 2025**



# Introduction

The American Rescue Plan Act was signed into law on May 11, 2021, and included funding to support a wide range of infrastructure activities, programs, and services. Provision 9817 of the Act increased the federal medical assistance percentage (FMAP) for Medicaid Home and Community-Based Services (HCBS) spending by 10 percentage points from April 1, 2021, through March 31, 2022. The bill specified that states must use the enhanced funds to “implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen” Medicaid HCBS.

The Colorado Department of Health Care Policy & Financing (HCPF), the state’s Medicaid agency, in partnership with the Colorado Joint Budget Committee, passed [Senate Bill 21-286](#), giving HCPF the authority to implement activities as outlined in Provision 9817 of The American Rescue Plan Act. As a result, HCPF was able to reinvest \$566 million between 2021-2025 to improve critical supports that help older adults, people with disabilities, and people with behavioral health needs to live and thrive in their communities.

HCPF’s approach to identifying, prioritizing, and planning for the use of these funds intentionally included a cross disability lens. The spending categories were developed as a result of many hours of brainstorming, engaging, and vetting to develop a plan that was both responsive to the immediate needs of members, families, and providers in the wake of the pandemic, while also moving HCPF into the future by reimagining and transforming HCBS. The community was at the heart of this effort, first in honing the priorities - constantly re-aligning to ensure the plan addressed the most pressing needs of members and their families - and second, in strategic outreach - listening, learning, and weighing stakeholders’ ideas, recommendations, and feedback. To develop the final plan, HCPF hosted seven open public meetings attended by nearly 800 people, launched a webpage, and collected survey responses from 428 people. Across these various opportunities, HCPF collected over 375 questions and recommendations. The eight categories chosen below, and the 61 initiatives developed within these categories, were the direct result of this intensive outreach:

- |   |  |
|---|--|
| ❖ Strengthen the Workforce and Promote Rural Sustainability | ❖ Strengthen Case Management Redesign  |
| ❖ Improved Access to HCBS                                   | ❖ Invest in Tools and Technology       |
| ❖ Improve Crisis and Acute Services                         | ❖ Expand Member Emergency Preparedness |
| ❖ Support Post COVID Recovery and HCBS Innovation           | ❖ Enhance Quality Outcomes             |

# Table of Contents

## Workforce & Rural Sustainability

- [Increase Payments to Providers and Workers](#)
- [Direct Care Workforce Data Infrastructure](#)
- [Standardized Core Curriculum & Specialization](#)
- [Resource and Job Hub](#)
- [HCBS Workforce Training Fund](#)
- [Career Pathways](#)
- [Public Awareness Campaign](#)
- [Home Health Delegation](#)
- [Workforce Compensation](#)
- [Rural Sustainability and Investment](#)

## Improved Access to HCBS

- [Community Access to HCBS](#)
- [Buy-In Analysis](#)
- [Community Transitions Support](#)
- [HCBS Training for Members and Families](#)
- [Translation of Case Management Material](#)
- [Expand the Behavioral Health Safety Net](#)
- [Wrap Around Services for Peer Supports for Members with Complex Needs](#)
- [AI/AN Capacity Grants](#)

## Improve Crisis and Acute Services

- [Behavioral Health Transition Support Grants](#)
- [Expand Behavioral Health Crisis Teams](#)
- [Institute for Mental Disease Exclusion, Risk Mitigation Policy](#)

## Support Post-COVID Recovery and HCBS Innovation

- [Residential Innovation](#)
- [Promote Single Occupancy](#)
- [Child/Youth Step Down Options Program and Provider Recruitment](#)
- [Tiered Residential Rates and Benefits](#)
- [Pilot Community Aging in Place Advancing Better Living for Elders \(CAPABLE\)](#)
- [Supported Employment Pilot Extension](#)
- [New Systems of Care](#)
- [Respite Grant Program](#)
- [Respite Rate Enhancement](#)
- [Home Modifications Budget Enhancement](#)
- [Hospital Community Investment Requirements](#)
- [Community First Choice \(CFC\)](#)

# Table of Contents

## Strengthen Case Management Redesign

- [Case Management Capacity Building](#)
- [Improve and Expedite Long-Term Care Eligibility Process](#)
- [Case Management Rates](#)
- [Care & Case Management Best Practices](#)
- [Case Management Agency Training Program](#)

## Enhance Quality Outcomes

- [Provider Oversight](#)
- [Pay for Performance for PACE](#)
- [Pay for Performance for Home Health and HCBS](#)
- [PACE Licensure](#)
- [eConsult to Improve Quality](#)
- [HCBS Provider Quality Dashboard](#)
- [Waiver Quality Expansion](#)
- [Criminal Justice Partnership](#)
- [Early and Periodic Screening, Diagnostic And Treatment \(EPSDT\) Benefits Training](#)

## Invest in Tools and Technology

- [Home Health / Private Duty Nursing Acuity Tool](#)
- [Specialty Search in Provider Specialty Tool](#)
- [Member Facing Provider Finder Tool Improvement](#)
- [Member Tech Literacy](#)
- [HCBS Provider Digital Transformation](#)
- [Care and Case Management System Investments](#)
- [Updates to Salesforce Database](#)
- [Centers for Excellence in Pain Management](#)
- [Systems Infrastructure for Social Health Information Exchange](#)
- [Connect Case Management Agencies to Admission, Discharge and Transfer \(ADT\) Data](#)
- [Data Sharing with the State Unit on Aging \(SUA\)](#)
- [Improvements: Interface with Trails](#)

## Expand Emergency Preparedness

- [Emergency Response Plans](#)
- [Member Emergency Preparedness](#)





# Increase Payments to Providers and Workers



## Community Need

Stabilizing the direct care workforce was one of the most immediate priorities identified for ARPA HCBS investments. Increasing the base wage for HCBS direct care workforce helps to ensure older adults and people with disabilities, and their families, will have the support needed in the future.



## Impact

HCPF implemented the following through this project:

- ➔ Increased direct care worker base wage to \$15.75 per hour in 2023.
- ➔ Established a publicly available dashboard that shows average wage of direct care workers.
- ➔ Developed a mechanism for providers to report hourly wages of direct care workers each year.
- ➔ Implemented ongoing compliance reviews to ensure providers are paying direct care workers the required base wage.
- ➔ Secured ongoing funding from Colorado State Legislature to support a direct care worker base wage (\$17.00 per hour as of March 2025).
- ➔ Provided a direct payment to providers using ARPA funds.



## Going Forward

HCPF will continue to conduct compliance reviews to continue to ensure providers comply with base wage requirements.

### Project Investment Category

#### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects



Universal Benefit



Economic Stability



# Direct Care Workforce Data Infrastructure



## Community Need

HCPF needed to better understand the supply and demand for Direct Care Workers (DCWs) and track the impact of various investment strategies on recruitment, retention and turnover.



## Impact

Developed the following two surveys to gain insights into the direct care workforce and to make recommendations based on outcomes:

1. **State of the Workforce Survey:** Expanded this to the Aging and Disability workforce population. This survey focuses on turnover rates, vacancy rates and wages.
2. **Direct Care Worker Survey:** Focused on worker satisfaction regarding compensation, benefits, career advancement, training and workforce challenges.

The project conducted initial surveys and 2,000 people responded:

- 89% enjoy their jobs
- 67% are unsatisfied with their pay (three year average)
- 45% concerned about lack of benefits



## Going Forward

HCPF will continue to administer these surveys to focus on retention and recruitment and recommendations for future program, policy and rule changes.

## Project Investment Category

### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects





## Community Need

Direct Care Workers (DCWs) needed standardized, free training on personal care topics, as well as specialized topics such as dementia and behavioral health, that are available both in-person and online.



## Impact

- Utilized stakeholder input on training development
  - Created 19 core and 12 specialized training modules created
  - Offered incentives to complete training and provide feedback
- Improved worker knowledge and qualifications
  - Improved quality of care for members
  - Provided pathways to potential worker wage increases



## Going Forward

HCPF will continue to promote, maintain and update these training modules to try and get as many Colorado DCWs trained as possible.

## Project Investment Category

### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects



Economic Stability



Education Access & Quality



## Community Need

Providers serving HCBS Medicaid members needed a centralized platform for job search, employer matching, and access to resources. Providing this resource helps to ensure members have the support they need to stay and thrive in their home and communities.



## Impact

Developed and launched a [Direct Care Careers \(DCC\) Hub](#) that streamlines recruitment and improves the quality of care delivered to members, through training. Some highlights of the DCC hub in the first year established:

## Project Investment Category

### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects

- ➔ 245 direct care workers registered
- ➔ 60 employers registered
- ➔ 43 job postings



## Going Forward

The direct careers job hub will continue to be maintained by HCPF and expanded to other programs, to simplify job search and recruitment activities and support continuous learning for DCWs.



Universal Benefit



Social & Community Context



## Community Need

In order to attract and retain Direct Care Workers (DCWs), there needed to be opportunities for them to receive free specialized training, obtain certifications and as a result, advance their careers.



## Impact

- 4,427 DCWs Trained
- 1,062 DCW Certifications Obtained

Partnered with various providers, organizations, and other state agencies to create and/or deliver training for Colorado's Direct Care Workers. The goal was to provide valuable tools and knowledge to help DCWs better serve the people they care for. Provided grants to:

- 87 provider organizations
- 41 individual DCWs

Partnered with Colorado University School of Medicine to develop a [Disability Cultural Competency Training for Behavioral Health](#) (DCCBH), enhancing the behavioral health workforce skill sets and understanding.

*"We are currently serving 400% more individuals in 2024 than we could serve in 2023 thanks to the ARPA training funding."*  
HCBS Provider



## Going Forward

Medicaid members will have access to more skilled DCWs and will have the opportunity to experience improved, culturally competent service delivery.







## Community Need

Colorado was in need of more experienced and trained Direct Care Workers (DCWs) and these workers needed simple and affordable options to learn new skills and advance their careers, through one centralized location.



## Impact

HCPF joined forces with the Department of Higher of Education (CDHE) and the Department of Labor and Employment (CDLE) to leverage past work and centralize resources on the [Direct Care Careers hub](#) to create and offer the following:

- 20 foundational skill training modules
- [5 healthcare career pathway modules](#)
- 20+ DCW career pathways that highlight the path for advancement



## Going Forward

Resources will be kept up to date by HCPF staff and made available to DCWs, into the future.

### Project Investment Category

#### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects

#### Home Health Aide/Caregiver

No location entered. Displaying data for:

📍 The State of Colorado

Median Annual Salary

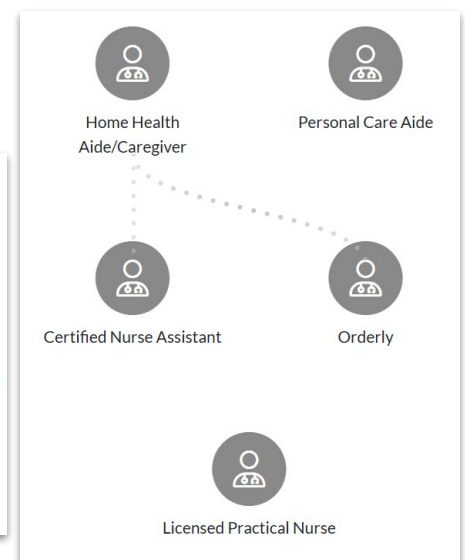
**\$35,692.80**

Estimated Average Annual Job Openings

**1,977**

Estimated Annual Growth Rate

**2.60%**



Economic Stability



Education Access & Quality



## Community Need

There was a need to increase public awareness of the value and importance of the direct care workforce, as a way to recruit new and motivate existing Direct Care Workers (DCWs).



882,805 adults reached



927,566 views



723,000 adults reached



## Impact

HCPF created materials and a [Direct Care Worker Spotlight website](#) that includes a series of Direct Care Worker (DCW) videos and materials that can be used by anyone. Additionally, they conducted a public awareness campaign through digital and traditional media and grassroots sessions that resulted in greater respect and appreciation for these positions and supported employers with DCW recruiting.



## Going Forward

These materials will continue to be available for stakeholders to use for recruitment and awareness.

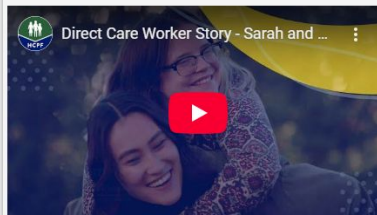
### Project Investment Category

#### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects

#### Direct Care Worker Spotlight Videos



Direct Care Worker Story - Sarah and Megan



Direct Care Worker Story - Ere and Ashley



Universal Benefit



Education Access & Quality





## Community Need

Many Health First Colorado members have coexisting behavioral health (BH) needs and other health conditions. The Certified Nurse Assistants (CNAs) who support these members don't have access to the training and skills needed to support members with behavioral health needs.



## Impact

This project developed a three tiered Behavioral Health (BH) Certified Nursing Assistant (CNA) certification program that will benefit members, as well as the CNAs.

**Tier One**  
Build foundational  
BH literacy

**Tier Two**  
Develop targeted BH  
skills

**Tier Three**  
Enhance BH  
knowledge & skills



## Going Forward

HCPF now has a plan developed and ready to implement when funding is available. This will improve member's health and lives and create new opportunities for CNAs to improve their skills and expand their roles.



## Project Investment Category

### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects





## Community Need

Direct Care Workers (DCWs) are crucial in helping care for older adults and individuals with disabilities. Despite their important work, many DCWs face financial struggles, and the project sought solutions beyond just wages to better support them.

**28% of DCWs rely on Medicaid for health coverage**



## Impact

While the research conducted through this project did not provide immediate solutions to the DCW and Case Management (CM) workforce challenges, HCPF received valuable insights through two different reports created:

- The DCW Report included recommendations such as tiered compensation that was linked to competency programs and mentoring, along with best practices for recruitment, retention, and workforce housing solutions.
- The CM Report focused on case managers' role in ensuring high-quality care for Health First Colorado members amidst increasing caseloads and provided information on pay for performance programs.



## Going Forward

The insights from the two reports above identify future potential changes and improvements for consideration.



## Economic Stability



## Community Need

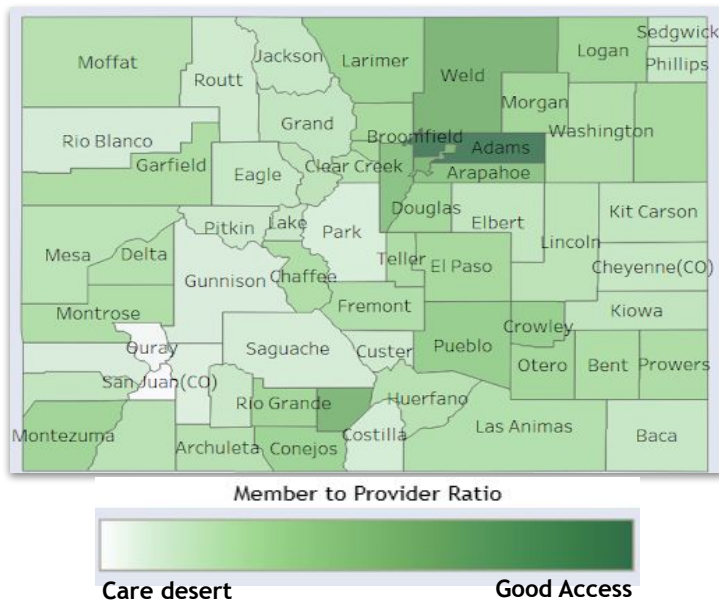
The direct care workforce shortage in rural areas has created challenges for many years, often resulting in “care deserts” where members experience gaps in care.



## Impact

Created a mapping tool to identify potential care deserts and developed the following recommendations for these areas:

- ➔ Increase hourly rates
- ➔ Create shared resources, such as supplies, knowledge and workers.



## Project Investment Category

### Workforce & Rural Sustainability

Direct Care Workers enable members to live safely in their homes and communities and recruitment, turnover and availability of these workers in rural communities were known challenges that needed to be addressed:

- 62% of stakeholders said this was the highest priority area
- \$370M invested in workforce & rural sustainability projects



## Going Forward

HCPF will use the newly developed tool to continue to evaluate rural areas throughout Colorado to identify “care deserts” and take necessary actions.



Social and Community Context



Healthcare Access & Quality



Universal Benefit



## Community Need

Individuals with severe and complex behavioral health needs, who had a history of institutionalization, needed additional supports to be successful when transitioning from an institution back into their communities.



## Impact

\$14 million in grants were awarded to 9 approved local and county organizations who provided the following services to over 4,000 Medicaid members to support these individuals in order to remain in their homes and communities.

- Crisis intervention support programs
- Transportation support services
- Clinical and health worker trainings
- Mobile counseling centers
- Housing assistance



## Going Forward

HCPF will continue to fund the above services and will add additional covered services and will also continue to focus on supporting network capacity expansion through the behavioral health safety net system reform work.

## Project Investment Category

### Improve Crisis and Acute Services

Behavioral health crisis situations can lead people to seek care in a hospital or institutional setting and these people sometimes encounter barriers to getting this care. Additionally, many of these people are also at risk for long-term placement in these institutional settings. HCPF invested \$11.6M for projects focused on removing barriers to accessing inpatient acute care and giving people supported transitions back into their homes and communities.



**“We have successfully transitioned 22 clients into permanent and stable housing”**  
- Grantee





# Expand Behavioral Health Crisis Teams



## Community Need

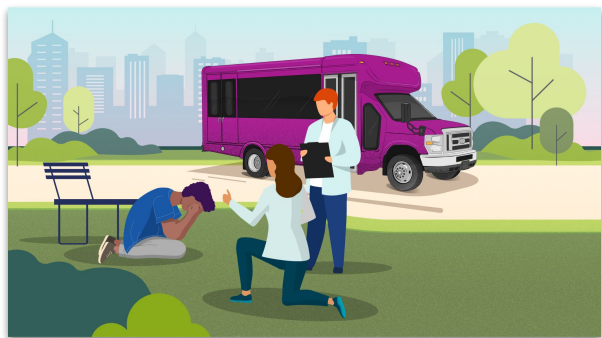
Colorado needed to expand its alternative approaches to emergency behavioral health needs (including substance abuse disorder) through mobile behavioral health crisis response teams, that are shown to provide a more effective alternative than police or Emergency Medical Services.



## Impact

In partnership with the Behavioral Health Administration (BHA), HCPF provided over \$1.7 Million to 19 mental health centers, health clinics and other community providers throughout Colorado to implement a Mobile Crisis Response (MCR) service; including vital provider readiness activities. These funds were used to:

- ➔ Expand MCR staff across Colorado and provide training
- ➔ Purchase equipment (e.g. tablets) to support MCR teams
- ➔ Provide 24/7 clinician support



## Going Forward

HCPF built the infrastructure necessary for establishing and expanding the benefit program to authorize universal mobile crisis benefits for Medicaid members.







# Institute for Mental Disease Exclusion, Risk Mitigation Policy



## Community Need

Health First Colorado members with Serious Mental Illness (SMI) and Severe Emotional Disturbance (SED) who were admitted to an Institute for Mental Disease (IMD) were only eligible for fifteen (15) days of this vital inpatient psychiatric care, which is not always sufficient to ensure they receive the appropriate level of care and their discharge is successful.

## Project Investment Category

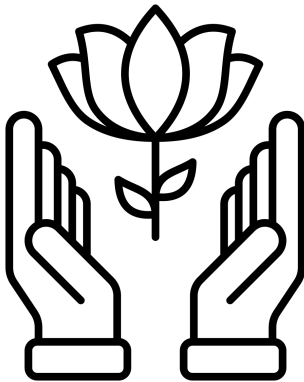
### Improve Crisis and Acute Services

Behavioral health crisis situations can lead people to seek care in a hospital or institutional setting and these people sometimes encounter barriers to getting this care. Additionally, many of these people are also at risk for long-term placement in these institutional settings. HCPF invested \$11.6M for projects focused on removing barriers to accessing inpatient acute care and giving people supported transitions back into their homes and communities.



## Impact

HCPF completed research on the national landscape, engaged stakeholders and developed policies to ensure that members experiencing a mental health crisis can receive the level of care that's safest for them and their transition back into the community includes the support needed to be successful.



## Going Forward

Approvals have been received to continue this work into the future and starting July 1, 2025 medical practitioners can determine a stay length of up to 60 days for members.



## Community Need

HCPF identified that some populations may have more difficulty accessing HCBS services than the overall Colorado population and general Medicaid population. The reason for this was unclear and HCPF needed to understand these gaps in order to develop plans to address them.



## Impact

This project was divided into [three phases](#):

1. Data Analysis 2. Stakeholder Engagement and 3. Implementation Plan.

The first two phases helped HCPF learn more about why certain populations underutilize HCBS services, as compared to their white counterparts. The third phase put these findings into action by making improvements to materials and websites. Additionally, 66 providers who serve these underserved communities were engaged to help them remove barriers these individuals might face.

“Through this project, we are actively supporting HCPF in building on new partnerships to reduce disparities in health care access within the disability community and other historically marginalized populations.”

- Provider



## Going Forward

HCPF will continue to build relationships and trust with underserved communities to further promote HCBS programs to these communities in the future.







## Community Need

Many individuals with disabilities, or families of children with disabilities, would like to work but don't because they fear that the additional income could jeopardize their Medicaid eligibility. Consequently, it was critical to improve awareness of the Medicaid Buy-In Program that allows individuals with disabilities to work without losing their critical Medicaid coverage.



## Impact

This project promoted the [Medicaid Buy-In Program](#) throughout Colorado through [videos](#), promotional materials, social media posts and much more in various different languages, including sign language to make sure people with disabilities (and family members) know that they can work and buy into the Medicaid program.



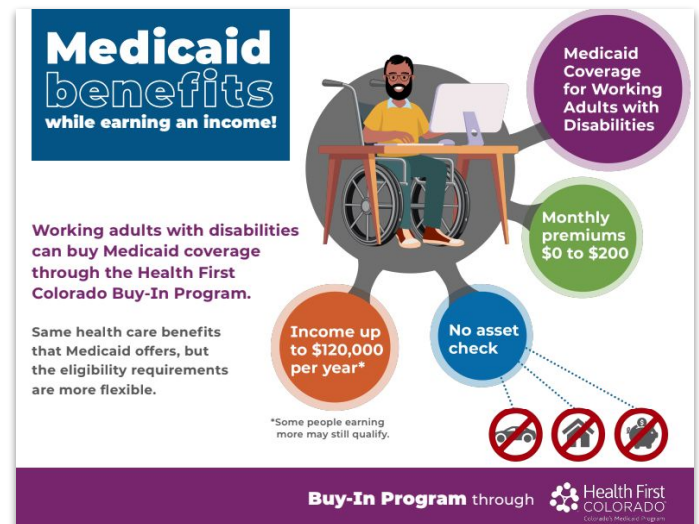
## Going Forward

The Medicaid Buy-In Program will continue into the future and promotion of the program will continue using the materials created with this project to help inform Colorado Medicaid Members about the Buy-In Program.

## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.





## Community Need

There were many members who were at risk of living in an institution, or members already in an institution (for example, a skilled nursing facility) when they have other options to live and remain in the community.



## Impact

The project team visited 100% of the 181 skilled nursing facilities in Colorado and met with 1,090 individuals, including members and their families, resulting in 344 referrals for options counseling or transitions coordination.

Overall, this project added various transition supports to help individuals successfully leave an institution, so they can live and thrive in their communities.



## Going Forward

Through official rule changes, [transition services website](#), system changes and expanded transition services, people will be able to return to and remain in their homes and communities for many years to come.





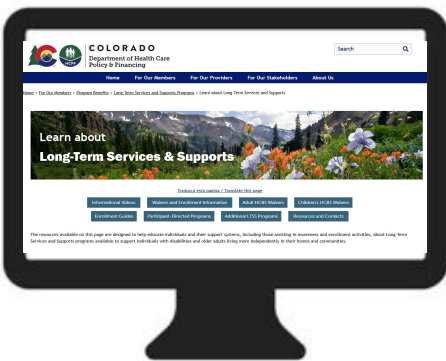
## Community Need

Members needed improved information in plain language, in both English and Spanish, to educate them on services available and information on their rights to choose their own provider.



## Impact

- ❖ [Long-Term Services and Supports \(LTSS\) website launched](#)
- ❖ English and Spanish materials and [videos](#) created and promoted
- ❖ Social Media Campaigns were created and are ready to launch
- ❖ The following outcomes from March - August 2024 from the LTSS website:



3,954 Video Views



5,899 Website Visitors

## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.



## Going Forward

The web page, videos and materials will be maintained by HCPF staff without the need for additional funding as the number of views and visitors continues to grow!



Universal Benefit



# Translation of Case Management Material



## Community Need

Coloradans who speak different languages were not able to locate or understand certain forms and materials related to long-term services and supports, which limited access to Medicaid services for these individuals.



## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.



## Impact

HCPF determined that a document management system was needed to improve the overall management of crucial forms and documents to ensure they are current, accurate and available in various languages. Through this project:

- HCPF translated 116 documents in up to 6 languages, totalling 142,000 words translated.
- Included plain language and other accessibility needs such as hearing and vision impairments.
- Built and piloted a document management system.



## Going Forward

The HCPF document management system will continue to keep public facing materials up to date and available to all and a contract has been executed for a translator to focus on continued translation efforts.



Universal Benefit



Healthcare Access & Quality



# Expand the Behavioral Health Safety Net



## Community Need

Coloradans with some of the greatest behavioral health needs had insufficient access to high intensity, outpatient behavioral health services, including provider care coordination that may involve the criminal justice system and post-release services.

## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.



## Impact

A comprehensive analysis was done on historic behavioral health service access to identify gaps in services by types of service and location. As a result, \$26M was provided to 45 providers to improve access to intensive outpatient behavioral health services to help individuals achieve treatment success in an outpatient setting versus an institution, by:

- Improved funding rates for safety net behavioral health providers
- Provided support, training and technical assistance for behavioral health providers, including launching [50 training modules](#).
- Expanded the availability of high intensity outpatient and youth services



## Going Forward

The positive impact of expanded access will be felt for years to come. Additional work to improve provider rates through value based payments and improved access to outpatient substance use disorder treatment will continue into the future.







# Wrap Around Services for Peer Supports for Members with Complex Needs



## Community Need

Coloradans with serious mental illnesses and a history of homelessness and repeat hospitalizations needed solutions to provide housing support and wrap around services and community based peer support.



## Impact

\$17M in grant funding was provided to 56 organizations for two pilot programs providing housing and wrap around supports for individuals experiencing homelessness:

- **Statewide Supportive Housing Expansion (SWSHE) Pilot**  
Participants received a variety of services to help them obtain and maintain housing, including things that are often difficult to fund such as cleaning costs, moving costs and pantry stocking.
- **Peer Support Grants for Housing Stability**  
Organizations received funding to expand access to Peer Support Services for Medicaid members with a history of homelessness who qualified for permanent supportive housing.



## Going Forward

HCPF requested funds to continue supportive services for members who qualify for Permanent Supportive Housing (PSH) and have a behavioral health diagnosis. These funds ensure that Medicaid can reimburse many of the supportive services described above for members in supportive housing, in addition to clinical services.

## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.

84% of SWSHE pilot participants  
remained housed 1 year later



Universal Benefit



Neighborhood and Built Environment



# American Indian/Alaska Native Capacity Grants



## Community Need

Investments were needed so that members of the American Indian and Alaska Native (AI/AN) communities could consistently access behavioral health services. These investments needed to be built with the direction from tribal partners to ensure culturally appropriate and sustainable service availability.

## Project Investment Category

### Improved Access to HCBS

Individuals with disabilities and individuals with behavioral health needs are often underserved by Home and Community-Based Services (HCBS) programs. HCPF invested \$51M to help meet the needs of all Coloradans, ensuring access across populations through disability and culturally competent, whole-person care.



## Impact

\$3M in grant funding was provided to improve service availability and access for tribal members regardless of their proximity to tribal land.

- Provided funding for Denver Indian Health and Family Services (DIHFS), to expand their treatment service availability, support mobile services and outreach and much more.
- Provided funding for the Southern Ute Indian Tribe (SUIT) expanded access to addiction treatment and recovery services and housing, Medically Assisted Treatment (MAT) services, mobile treatment options, and much more.



## Going Forward

HCPF will continue to meet regularly with tribal partners and provide ongoing support for behavioral health service funding through Medicaid revenue.



## Universal Benefit





## Community Need

People who are aging or those with disabilities needed more residential support that focused on the individual and their independence, mental health and overall positive health outcomes while living in a holistic and communal living setting.



## Impact

- Conducted an analysis of funding mechanisms and feasibility to improve transitions of care
- Provided \$1M for a pilot program to re-envision a holistic community that combines natural/community supports, residential homes, and existing services across systems to support older adults and people with disabilities to live as they would like to in a safe, supportive community environment.

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community Based-Services (HCBS) Medicaid members.

**"I think transition services (coordination, life skills training, etc.) are very beneficial for individuals. Additionally, I liked the home sharing model as it would assist individuals with both financial concerns and social connections."**  
- Stakeholder



## Going Forward

HCPF will consider this framework for the development of future programs and services.



Neighborhood and Built Environment



Social and Community Context



## Community Need

In order to help prevent the spread of diseases and promote greater independence, the HCBS community needed to create more single occupancy rooms in residential facilities.



## Impact

\$4.5M in grant finds were provided to six organizations who converted 37 rooms to single occupancy rooms and submitted disease mitigation plans to prevent the transmission of illnesses. This has also increased resident cohesion since they have their own space to go to if they are overwhelmed, need privacy, or want a different atmosphere.

**“This single occupancy will allow for more autonomy, privacy, and dignity for more residents” - Provider**

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado’s residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Going Forward

All converted rooms will remain in place without requiring additional funding.





# Child/Youth Step Down Options Program and Provider Recruitment



## Community Need

Gaps in residential and treatment services were identified for children with complex needs and often dual diagnoses (physical and behavioral or developmental). In some cases, these children had extended hospital or emergency room stays or had to go out of state to access services due to a lack of available services.



## Impact

\$1M in grant funding was provided to eight organizations expanding access to residential and treatment services for children with complex diagnoses in three different project areas:

1. Children's Residential Habilitation Program (CHRP) service expansion including one provider opening a second home.
2. Expansion of Qualified Residential Treatment Programs (Q RTP) service capacity including repairs and updates to facilities.
3. A Children's Health Plan (CHP+) transition study that provided recommendations to further expand CHP+ benefits to Colorado's youth.



## Going Forward

Some additional services and increased provider capacity are now available as a direct result of this project. This work also offers a potential path forward that could increase additional options.





## Community Need

There has been only one rate methodology for Alternative Care Facilities (ACF) historically, and the methodology did not consider the level of service based on the needs of the individual being served. In addition, due to a lack of needs assessment / classifications more members have moved to a skilled nursing facility prematurely or unnecessarily.

### What are Alternative Care Facilities (ACF)?

Certified assisted living residences that offer elders and persons with disabilities health services in a community setting, which include:

- ➔ 24-hour protective oversight
- ➔ Daily living skills assistance
- ➔ Personal care services
- ➔ Homemaker services



## Going Forward

HCPF has moved forward with a budget request targeting high acuity members living in an ACF in order to ensure members with high acuity needs can access the facilities they need.

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Impact

Through the research, stakeholder engagement and survey completed during this project, HCPF was able to gather enough information to develop tiered rates for ACFs and understand the budget impact for the implementation of these rates.



## Neighborhood and Built Environment





# Pilot Community Aging in Place Advancing Better Living for Elders (CAPABLE)



## Community Need

Colorado's aging population was growing much faster than the national average and 80% of aging Coloradans surveyed said that they want to age in place (at home) and live independently.



## Impact

Over \$3M in grants were provided to two provider organizations to continue and expand the Community Aging in Place - Advancing Better Living for Elders (CAPABLE) pilot that lasted 20 months. The CAPABLE model is designed to keep people in their homes, increase independence and quality of life, reduce falls, decrease emergency room visits and hospitalizations, improve depression symptoms and decrease Medicaid costs.

- ➔ 368 Medicaid members, ages 18-98, in 10 Colorado counties
- ➔ Difficulty with Activities of Daily Living (ADL) decreased by 24%



## Going Forward

Both pilot grantees secured alternate funding to continue CAPABLE on a smaller scale. Also recommended a two-tiered home modification benefit be added to certain Medicaid HCBS Waivers.



## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Social and Community Context



## Community Need

In June of 2022, only 14% of waiver members with developmental and/or intellectual disabilities were employed through the Supported Employment Program and more of these qualifying individuals needed to be made aware of this program and how to access this benefit.



## Impact

Provided almost \$1M through five grants that empowered people with disabilities to get and keep a job over a 3 year period:

- ➔ Increased independence and a way out of poverty
- ➔ Increased efficiency leads to decreased Medicaid costs
- ➔ Improved integration into the community, benefiting all Coloradans
- ➔ Over 12 months, individual job independence rose by 8% and their hours on the job rose an average of 11%.



## Going Forward

This work will continue through the Office of Community Living and efforts to expand this program are already underway.



## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.





## Community Need

HCPF identified a need for innovative solutions to attract and incentivize direct care workers (DCWs), beyond standard pay. This would support a steady supply of DCWs to help members receive their needed services and thrive in their homes and communities.



## Impact

This project supported two unique grant programs to support DCWs and members with complex needs:

### New Systems of Care Grant Program

- Provided \$1.1 M to support 15 organizations
- Tuition support: 21 direct care workers
- Child care costs: 18 direct care workers
- Interventions included costs for member home sharing, provider building modifications, provider supplies or licensure costs or direct care work training.

### Complex Needs Grant Program

- Provided \$300,000 to 12 providers who serve over 700 members
- Purchased sensory and health and safety equipment for their residents as well as completed home modifications to make homes more accessible and home like for the residents and staff.



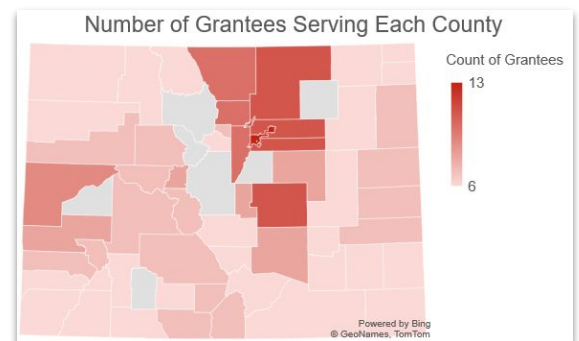
## Going Forward

The benefits of the direct care worker education and residential home modifications and other supplies will continue to add value well into the future.

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



Social and Community Context



Economic Stability



Universal Benefit





## Community Need

Primary caregivers, who are often family members, needed increased access to and/or an improved process to locate paid respite services. These respite services allow them to take much needed breaks from caregiving duties that are often twenty four hours a day / seven days a week.

Many people who would be eligible to receive respite care services lack awareness that these services exist, or knowledge about the breadth of services available or how to access them.  
-Stakeholder Engagement Theme

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Impact

12 grants were awarded, that resulted in over \$1.1M in respite services being provided to over 1,200 participants across Colorado. This helped to minimize caregiver burnout, by providing increased access and availability of paid respite care services. Some innovative ways the grant funds were used include:

- An online Respite CareMatch program
- A program to match siblings with other siblings was created
- Member activities, such as boat rides and destination trips were offered.



## Going Forward

This work will continue through the Office of Community Living and efforts to expand this program are already underway.



## Social and Community Context



## Community Need

During COVID, family caregivers were often providing care to their loved one 24x7, with no ability to take short-term breaks (respite), due to a lack of respite providers available.



## Impact

The Enhanced Respite Rates team implemented a temporary 25% rate increase for all HCBS respite services. By providing increased hourly rates, this project ensured vital respite services could continue during the pandemic by incentivizing providers, so family caregivers could take the breaks they need to take care of themselves and their families.



## Going Forward

HCPF will use what was learned through this project and respite program providers to better understand the barriers for enrollment and service provision. The expectation is that these learnings will inform future budget requests, programs, and policies.



## Economic Stability



# Home Modifications Budget Enhancement



## Community Need

Some members using Home and Community-Based Services (HCBS) expressed a need for home modifications and accessibility adaptations in order to continue to live and receive care in their homes, as opposed to congregate care settings.



## Impact

784 Medicaid members received \$10,000 toward addressing a home accessibility or modification need. Additionally, HCPF developed improvements to the home modification request process, which will help connect member's to services and resolve member's accessibility challenges more quickly.



## Going Forward

In addition to the home modifications completed, there were also improvements made to the home modification request process that will benefit members for many years to come.





# Hospital Community Investment Requirements



## Community Need

Nonprofit hospitals are required to meet and report on community benefit requirements designed to improve health in the communities they serve. More reporting structure was needed to ensure all hospitals are properly engaging their communities and communicating to regulators and Coloradans how they are meeting community benefit requirements.

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Impact

This project refined the reporting processes to improve accountability, reduce the provider reporting burden and to inform future legislation. Some specific reporting accomplishments include:

1. [A Process and Guidelines Recommendation Report](#)
2. [An Existing Hospital Program and Requirements Report](#)
3. [A Best Practices in Community Engagement Guide](#)



## Going Forward

All of the outcomes of this project will remain in place, so that communities can benefit from hospitals who are fully engaged and held accountable to providing the required benefits to the communities they serve.





## Community Need

Historically, attendant care services, including consumer directed options were only available to individuals who qualified for certain Home and Community-Based waiver services. HCPF identified a need to expand the availability of attendant care services to Members of all ages across Colorado, so they could remain and thrive in their homes and communities.

## Project Investment Category

### Support Post-COVID Recovery and HCBS Innovation

Reimagining Colorado's residential settings was required to support member health, safety and overall well-being. \$27M was invested to improve the long-term care system for the future for Home and Community-Based Services (HCBS) Medicaid members.



## Impact

HCPF used this funding to cover the administrative costs associated with the development and implementation of CFC in Colorado, including system costs, stakeholder engagement, staffing, a CFC Educational Video, IRS Private Letter Ruling, and a new Wellness Education Benefit.

### Introducing the HCBS Wellness Education Benefit!

Welcome to the wellness education benefit! It's created just for you, our Health First Colorado (Colorado's Medicaid program) members who receive Home and Community-Based Service (HCBS) benefits.

In these articles, you'll find tips on how to take care of you, no matter your age, ability, life situation or resources. Healthy eating? Yes. Ideas for exercise? Sure. Staying well during cold and flu (and COVID) season? Of course!

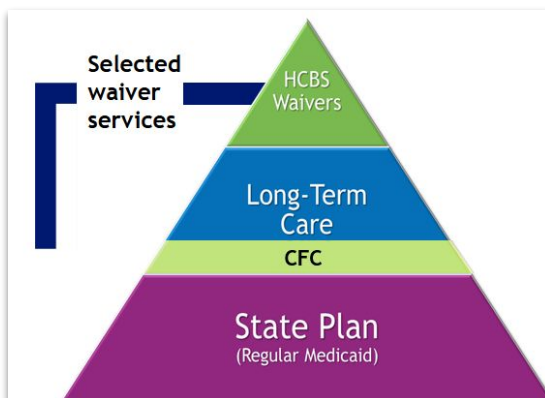
But there's more to life than whole grains and doctor visits. That's why we'll also talk about friendship and family, creativity and learning, school and work. We'll talk about gardening, cooking and making things. We'll talk about having fun and making a difference. We'll talk about good days and hard days. We'll offer



Ideas to help you feel your best—and share support for the days you don't.

We hope you'll look forward to reading it every time it arrives. If you have ideas or suggestions for articles, please share them with us!

Health First Colorado  
WELC001



## Going Forward

HCPF plans implement CFC benefits by July 2025 and once implemented, the state would qualify for a 6% ongoing federal enhanced match on CFC services.



## Universal Benefit





## Community Need

Case Management Agencies (CMAs) are crucial to ensure new and existing members can effectively access their services, according to their needs and preferences. CMAs were in the midst of considerable change due to the Case Management Redesign (CMRD) project and needed additional support to ensure their members were served while navigating a complex transition.



## Impact

HCPF provided \$13M in support CMAs throughout Colorado through multiple efforts, including:

- Technical assistance and coaching that provided resources and funding for change management activities
- Staff retention grants provided sign on and retention bonuses to 4,000 case managers at 38 agencies
- Support grants for CMAs provided funding to 12 CMAs to support the CMRD Transition
- A learning collaborative was developed to further support the CMAs

“We now have institutional knowledge that we can pass forward that we didn’t have before.” - CMA



## Going Forward

The knowledge, processes and support provided through this project will continue to support the CMAs long into the future.

## Project Investment Category

### Strengthen Case Management Redesign

The Case Management system in Colorado was outdated and facing increased demand. \$24.8M was invested to support Case Management Agencies by providing capacity-building funds, change management expertise, and evolving systems of support for agencies, members, and their families.



## Social and Community Context



# Improve and Expedite Long-Term Care Eligibility Process



## Community Need

Improvements were needed to the physical and financial eligibility processes to reduce or eliminate barriers to accessing long-term care and long-term services and supports (LTSS).

1,169 applications processed to support PHE Unwind efforts, taking burden off Colorado counties

## Project Investment Category

### Strengthen Case Management Redesign

The Case Management system in Colorado was outdated and facing increased demand. \$24.8M was invested to support Case Management Agencies by providing capacity-building funds, change management expertise, and evolving systems of support for agencies, members, and their families.



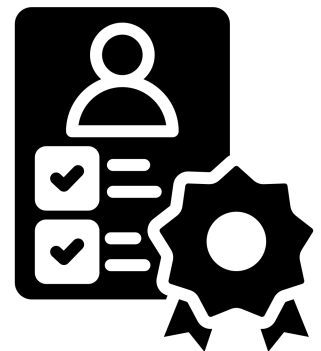
## Impact

- Multiple systems enhancements were completed to improve eligibility processes for HCBS members needing to qualify for services and waivers.
- Research efforts laid the foundation for the LTSS Presumptive Eligibility process.
- A process assessment and roadmap were completed to guide the implementation of solutions that will address barriers in the long-term care eligibility process.
- Additional resources were provided to support members through county agencies to ensure members receive continuity of services during the Public Health Emergency (PHE) unwind process.



## Going Forward

HCPF continues to work on rolling out LTSS Presumptive Eligibility as well as other system enhancements to continue to improve processes for members to qualify for long-term care programs.





## Community Need

Case Management reimbursements and processes were outdated and needed to be improved in order to improve the timeliness and quality of case management services provided to members.



## Impact

An increased payment was budgeted to support targeted case management activities that will improve the support provided to members who are transitioning from a nursing or intermediate care facility into a community-based setting.



## Project Investment Category

### Strengthen Case Management Redesign

The Case Management system in Colorado was outdated and facing increased demand. \$24.8M was invested to support Case Management Agencies by providing capacity-building funds, change management expertise, and evolving systems of support for agencies, members, and their families.



## Going Forward

Process improvements from this project will continue forward using the rate setting tools developed.



# Care and Case Management Best Practices



## Community Need

Members with complex conditions and disabilities were sometimes experiencing gaps in medical care, coordination of services and poor communication when they were working with a Case Manager from a Case Management Agency (CMA) and Care Coordinator from a Regional Accountability Entity (RAE). This project was established to address these issues and improve the overall member experience.

## Project Investment Category

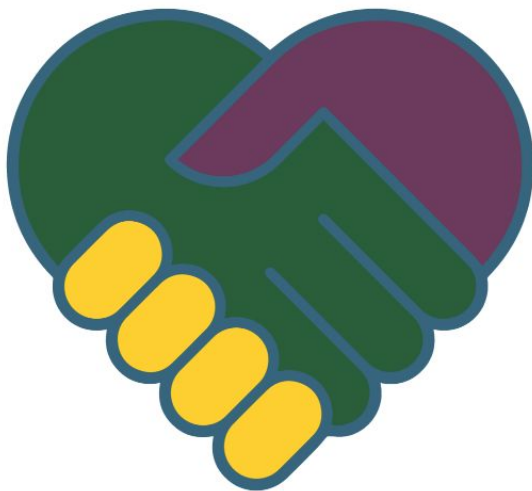
### Strengthen Case Management Redesign

The Case Management system in Colorado was outdated and facing increased demand. \$24.8M was invested to support Case Management Agencies by providing capacity-building funds, change management expertise, and evolving systems of support for agencies, members, and their families.



## Impact

Collaboration and communications across Case and Care Managers has greatly improved by better defining roles and responsibilities, creating training materials, establishing clear communication channels and standards, as well as sharing information and data.



## Going Forward

An extensive sustainability plan was developed with recommendations on how to continue to improve the member experience and analysis is underway to determine next steps and ownership. A monthly RAE-CMA Cross Agency Forum that is hosted by HCPF and co-led by RAE/CMA leadership and ensures ongoing collaboration and communication.



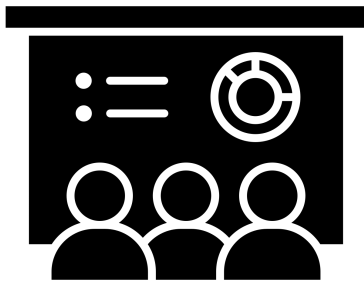


# Case Management Agency Training Program



## Community Need

Case Management Agencies (CMAs) needed standardized Training and Support as the services provided for HCBS members are complex.



## Impact

- ➔ The project team developed and published a comprehensive training series for Colorado case managers (CMs) that includes 53 web-based trainings, 6 virtual instructor-led training (VILT) presentations, and 9 certification exams.
- ➔ Training for the Colorado Single Assessment (CSA) was also created and all case managers and other assessors will be required to be trained when the CSA is launched. HCPF will maintain strong oversight over these activities, and the contracted vendor is required to submit a final report detailing the activities completed and outcomes.



## Going Forward

The trainings developed by this project will continue to be available in the Learning Management System (LMS) into the future. HCPF will continue to monitor the training related to the new assessment tool.

## Project Investment Category

### Strengthen Case Management Redesign

The Case Management system in Colorado was outdated and facing increased demand. \$24.8M was invested to support Case Management Agencies by providing capacity-building funds, change management expertise, and evolving systems of support for agencies, members, and their families.



## Universal Benefit





## Community Need

HCPF needed to better determine the necessary level of care and associated skilled care hours for members. This would streamline the benefit delivery and ultimately provide long-term savings to the State by providing an additional basis with which to determine appropriate service needs for member.



## Impact

- Created an assessment tool to better assess adult and pediatric members for skilled care needs.
- The tool will help to streamline the benefit delivery to Medicaid members.
- Research was conducted to learn how other states operate their skilled nursing programs, which informed Colorado in how to best operate these benefits.



## Going Forward

The tool and plans for roll out were created during this project and HCPF will continue to move forward with the implementation of the new Skilled Care Acuity Assessment starting in July 2025.

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.





## Community Need

Prospective Medicaid providers often didn't understand the requirements involved in order to provide Home and Community-Based Services when enrolling as a Medicaid provider. Information was needed to help these prospective providers navigate the HCBS enrollment process and explain the services they may be interested in providing.



## Impact

- An [HCBS Provider Enrollment Information website](#) was created to help prospective HCBS providers understand the requirements and opportunities to enroll and start the licensure process, which will increase the number of available HCBS providers.
- Provider Guide: A useful provider guide was published to help improve the provider enrollment experience by making it easier for providers to correctly enroll as an HCBS provider. The project team was able to do this without spending any ARPA funds.

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Going Forward

The website and provider guide will continue to be made available and will be maintained by internal HCPF staff and require no additional funding to do so.





## Community Need

Members did not have a way to effectively search for providers in their area, or find providers with specific cultural competencies such as spoken languages, accessibility, extended hours and much more.



## Impact

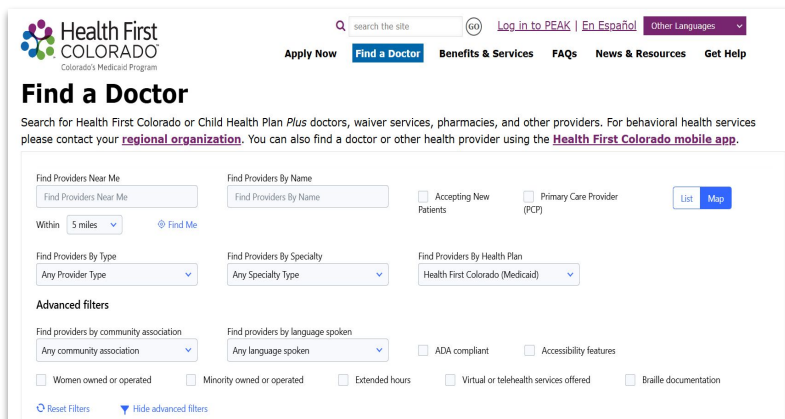
The “Find a Provider” tool now provides the ability for members to search by area and other search criteria including:

- 60 different languages
- 26 community associations
- 3 alternate provider addresses
- 12 cultural competencies

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers’ ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



The screenshot shows the 'Find a Doctor' tool interface for Health First Colorado. It includes a search bar, navigation links (Apply Now, Find a Doctor, Benefits & Services, FAQs, News & Resources, Get Help), and various search filters. The filters are organized into sections: 'Find Providers Near Me' (Find Providers Near Me, Within 5 miles, Find Me), 'Find Providers By Name' (Find Providers By Name, Accepting New Patients, Primary Care Provider (PCP), List, Map), 'Find Providers By Type' (Any Provider Type), 'Find Providers By Specialty' (Any Specialty Type), 'Find Providers By Health Plan' (Health First Colorado (Medicaid)), 'Advanced filters' (Find providers by community association, Any community association, Find providers by language spoken, Any language spoken, ADA compliant, Accessibility features, Women owned or operated, Minority owned or operated, Extended hours, Virtual or telehealth services offered, Braille documentation, Reset Filters, Hide advanced filters).



## Going Forward

The “Find a Provider” tool will continue to be maintained and improved by HCPF.



Healthcare Access & Quality



Universal Benefit



## Community Need

HCBS members have unique challenges and barriers to accessing new technologies that we are all expected to adopt including accessing doctor's portals, utilizing email and text messaging reminder systems for appointments, or receiving services through telehealth and telemedicine options.

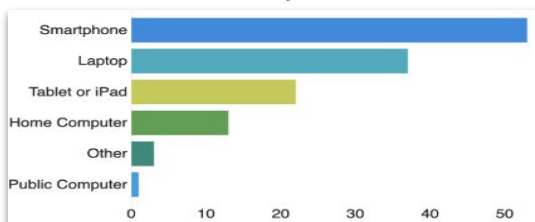


## Impact

\$12,000 in grant funding was provided to:

- Offer digital literacy training based on member learning preferences
- Conduct digital literacy train the trainer events
- Provide Apple iPads to training participants to pilot the training technology.

*What devices do you use most?*



*How do you like to learn?*



## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Going Forward

Members will continue to learn about technology through the train the trainer program - individuals who support members in the community can access and provide one-on-one training to members using the newly developed curriculum.



Healthcare Access & Quality



Universal Benefit



Education Access & Quality



## Community Need

HCBS and Behavioral Health Medicaid providers needed to digitally transform their care or service delivery to better coordinate care, access information and deliver virtual services which will improve access to care and communications for members.

**[ARPA] funding has truly made a positive impact on our agency and those we support in rural Colorado.” - Provider**

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Impact

Provided \$26M to help providers to upgrade their technology to improve access to care and communication for members, improved county security measures to protect member information, and conducted analysis of how technology is utilized by certain types of Medicaid providers.

Dollars to Digitize Grant Program:

- Awarded funding to 223 HCBS and behavioral health providers.
- The vast majority implemented electronic health record (EHR) systems or telehealth options to provide virtual care to members.

County Security Grant Program:

- 26 Colorado counties received funding to add tools to support physical security such keypad/key card entry systems, door closers, and security camera systems.



## Going Forward

Providers will continue to use the technology implemented and devices purchased to improve member experiences and protect their information for many years to come.







# Care and Case Management System Investments



## Community Need

The Care and Case Management (CCM) system adopted by HCPF needed enhancements to support Colorado's unique Case Management needs. In addition, the new Case Management Agencies needed equipment that was compatible with the new CCM system in order to support members through use of the new system and to support data sharing.



## Impact

HCPF funded investments in system changes to support the new CCM system. These initiatives supported person-centered, timely provisions of care and improved the member experience. For example, Case Managers are now notified of Admission, Discharge, and Transfer (ADT) events in the CCM when members have experienced an emergency level event or have been hospitalized.

In addition, this project funded device costs for the new Case Management Agencies (CMAs) through a the CMA Start Up Grant Program. These devices are being used by agencies to perform case management functions during their regular business operations, including leveraging the capabilities to support members being assessed quickly in their homes.



## Going Forward

HCPF obtained funding to continue the system improvement efforts started with this project. These system improvements will continue to enhance timely provisions of care and improve the member experience.

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Community Need

Medicaid members needed an improved experience when reporting complaints and escalations related to critical case management services. Complaints often occur when needs are not being met, including:

- Members not receiving services and supports outlined in their Support Plan
- Providers being unable to bill for approved services

## Project Investment Category

### Invest in Tools and Technology

The Home and Community Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Impact

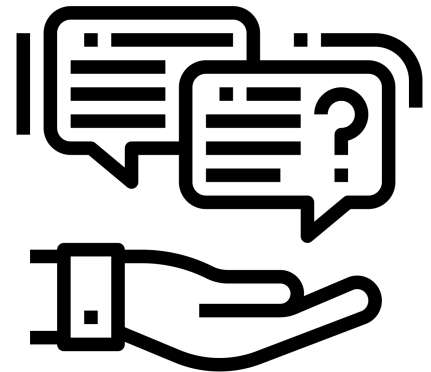
HCPF made enhancements to its Salesforce system to better manage and track case escalations and complex solutions, resulting in:

- ➔ Faster escalation response and resolution times
- ➔ More accurate staff and resource allocations
- ➔ Improvements to data quality and reporting



## Going Forward

HCPF will monitor case escalation metrics in real-time to address issues and identify future enhancements that would improve services for members.





# Centers for Excellence in Pain Management



## Community Need

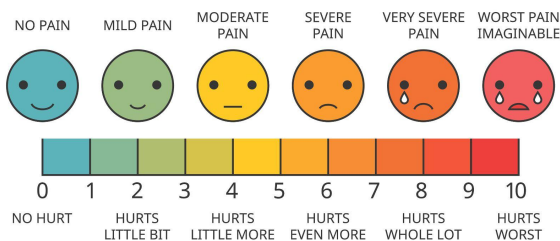
Many Home and Community-Based Services (HCBS) members living with chronic pain and / or mental health or substance abuse disorders needed providers educated in pain management best practices to help them manage their pain and thrive in their daily lives.



## Impact

\$475,000 in grant funding was provided to train 95 providers on effective pain management practices and these classes will be available through an on-demand webinar at no cost to the providers.

### PAIN MEASUREMENT SCALE



## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Going Forward

More dollars have been made available, so this work can continue through at least June 2026.





## Community Need

Members needed to be connected to resources like food, energy assistance, wellness programs and more in order to thrive in their homes and communities. These are commonly referred to as Social Determinants of Health, which are non-medical factors that are known to have profound impacts on individual health outcomes.



## Impact

HCPF, in partnership with the Office of eHealth Innovation, developed the infrastructure for a Colorado Social Health Information Exchange (CoSHIE) which provides case management agencies, Regional Accountable Entities (RAE), care coordinators, and health care providers with real-time connections to resources like food, energy assistance, wellness programs, and more.

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



## Going Forward

CoSHIE will advance Colorado as a leader in connecting social care to healthcare and will continue to connect people, providers, and communities to the resources they need to maximize health outcomes. Individuals will understand and have meaningful access to the solutions best suited for their needs without navigating multiple sources independently.



Neighborhood and Built Environment



Education Access & Quality



Healthcare Access & Quality



Universal Benefit



Social and Community Context



## Community Need

When Health First Colorado members have a hospital Admission, Discharge or Transfer (ADT), their case manager is often unaware, which sometimes leads to a gap in member services. Having access to this ADT data can help case managers to better coordinate care and participate in discharge planning as well alerting them to possible changes in functional needs, as well as possible critical incidents.



## Impact

This project supported a pilot in which Case Management Agencies (CMAs) were connected directly to hospital ADT data to support faster care coordination for members. Seven CMAs participated to test this data and develop policies, procedures and best practices.

The information and recommendations gathered from the CMAs through this pilot were used to develop a policy and system change request so that all CMAs will have this information in the future.



## Going Forward

Automated ADT event notifications have been implemented with the Case Management systems and will have positive impacts for Case Management Agencies across Colorado.

## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.







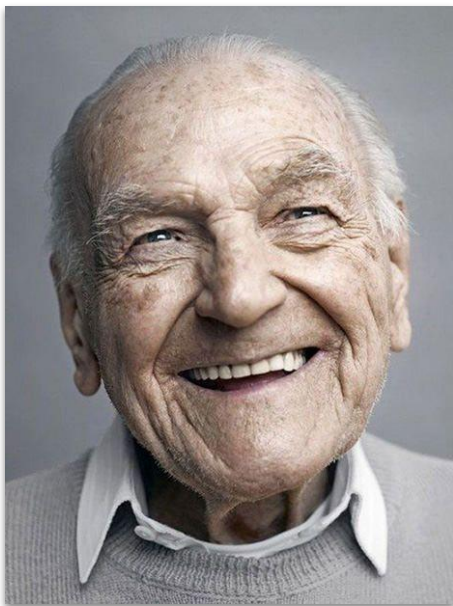
## Community Need

As the number of aging Coloradans continued to grow, we needed to make sure that these aging adults were able to access the right programs, services and care that they needed and that duplication of services was avoided wherever possible.



## Impact

This project provided recommendations to provide a complete picture of services and care available for an individual and what is already being used.



## Project Investment Category

### Invest in Tools and Technology

The Home and Community-Based Service (HCBS) system includes many complex technology tools. To adequately prepare for the future, these systems and tools need continual maintenance and updates. Maintaining these tools is integral to our providers' ability to provide care to our members. \$53M was invested in technological advancement that will support our members and their families who rely on systems to access services, seek resources, and evaluate provider quality.



**COLORADO**  
Department of Health Care  
Policy & Financing



**COLORADO**  
Office of Adult, Aging &  
Disability Services  
Division of Aging & Adult Services



## Going Forward

These recommendations could lead to system changes to improve the ability for Case Management Agencies, Area Agencies on Aging and Aging and Disability Resource Centers to share data and maximize care and services available to older Coloradans.



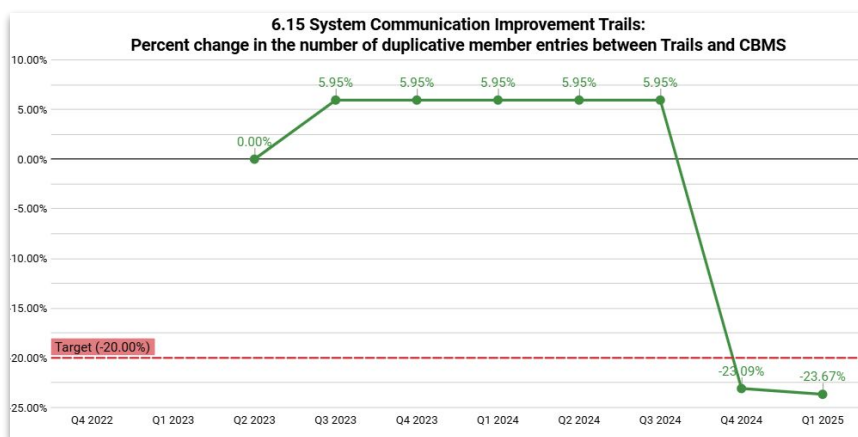
## Community Need

There was a need to improve the eligibility determination process for children who use long-term services and supports (LTSS), who may also be utilizing human services programs, such as child welfare.



## Impact

This project enabled human services workers to look up member's Medicaid eligibility information to see if there is a case already open for a member. Being able to see if a member already has a case open reduced duplicative cases and payments by 23%, resulting in Medicaid savings.



## Going Forward

This work will continue with existing resources and if approved in the future, the proposed technical redesign would reduce duplicate efforts for county workers and resolve current, known systems issues.



## Community Need

Colorado needed to ensure that providers, providing support to members in the community have received training on emergency preparedness and have plans in place that describe how they will assist and provide support to members in the event of an emergency.

### Project Investment Category

#### Expand Emergency Preparedness

People with disabilities living in the community did not have the support or resources needed to be prepared for an emergency or crisis. \$6 Million was invested to help prepare members for emergency situations.



## Impact

- Created a robust emergency preparedness training curriculum and provided live and virtual trainings throughout the State, in English and Spanish to 100+ attendees.
- 94% of the providers who attended the training and completed the survey said that the skill and knowledge gained will positively impact the lives of the individuals they work with.

## EMERGENCY Preparedness



## Going Forward

The training materials used to complete virtual training will remain available to providers and the Department of HCPF will maintain and update these materials going forward.



## Neighborhood and Built Environment

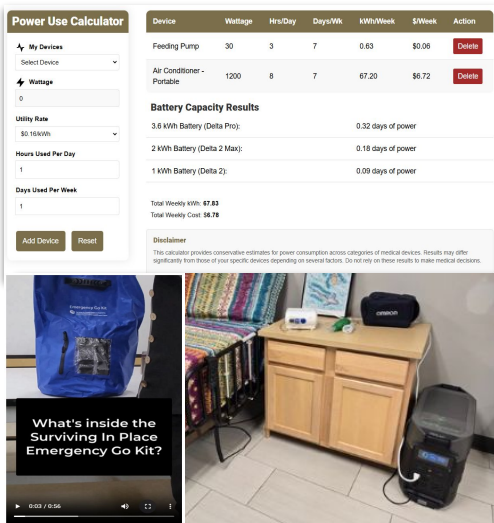


## Community Need

Coloradans with disabilities needed to have education, a plan, and equipment such as backup power devices, to prepare them for emergency events. This was especially vital for individuals using life-sustaining medical equipment that require power.



## Impact



**"[My] level of independence is 'through the roof' these days...a big fear has been lifted off my shoulders."**

**-Back Up Power Device Recipient**



## Going Forward

Due to the incredible success of this project, HCPF added backup power devices to the Home Modification benefit so that eligible HCBS Members can continue to access these life saving devices through that benefit.

## Project Investment Category

### Expand Emergency Preparedness

People with disabilities living in the community did not have the support or resources needed to be prepared for an emergency or crisis. \$6 Million was invested to help prepare members for emergency situations.

→ \$4.8M in funds were used to distribute to provide:

- ◆ 1,412 members with state-of-the-art back up power devices
- ◆ 1,000 members with emergency go-kits

→ [A first-of-its-kind interactive medical device power use calculator](#) was created specifically for individuals with a disability who use life-sustaining devices to be able to determine how much power they need and time they have if an emergency that cuts power occurs.





## Community Need

The HCBS provider community expressed concerns that the certification process for new and existing Medicaid providers was too complex and required a heavy workload to complete and HCPF did not have a way to analyze provider certification outcomes.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



## Impact

Created the ability for HCPF and the Colorado Department of Public Health and Environment (CDPHE) to share provider data and documents, which:

- Simplified the Medicaid provider certification process for new and existing providers
- Reduced State staff processing time
- Created shared, centralized data for CDPHE and HCPF
- Ensure members are able to find providers in their area.

Created a new and improved provider certification and revalidation training, so providers can quickly get training and information.



## Going Forward

These tools and training will be maintained and promoted to ensure provider enrollments and revalidations are as efficient and accurate as possible.







## Community Need

There was a need identified to link the quality of services for Programs of All-Inclusive Care for the Elderly (PACE) to performance based payments to encourage continuous improvement and service excellence; often referred to as Value Based Payments (VBP).



## Impact

- Designed the PACE VBP Program based on national best practices and input from Colorado PACE stakeholders. This included a robust implementation plan including tasks, timelines and resources needed to implement.
- Completed a PACE VBP test year using the above implementation plan and a newly developed evaluation tool, which is used to assess performance and calculate the associated payment. The initial findings from the test year indicate some improvements in performance and a reduction in manual data collection for the participating PACE organizations.



## Going Forward

This PACE VBP program will continue to be managed by HCPF into the future.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.

### PACE Programs of All-Inclusive Care for the Elderly

PACE can help you remain in your home  
and community for as long as possible.





# Pay for Performance for Home Health and HCBS



## Community Need

Colorado wanted the highest quality outcomes for Home and Community-Based Services (HCBS) members. Researching a pay-for-performance payment model for Home Health and HCBS residential programs would provide more information on how to improve member experience through incentivizing providers to improve their quality of service.

### Project Investment Category

#### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



## Impact

The project conducted research and created a report with key findings and recommendations on how to create a pay for performance model for Home Health and residential HCBS providers, based on input from various stakeholders, national best practice reviews and an actuarial analysis.



## Going Forward

A phased implementation approach has been documented for the project to be resumed and implemented at a later date.





## Community Need

The Programs of All-Inclusive Care for the Elderly (PACE) program was and is growing very quickly in Colorado and also had new quality oversight State and Federal regulations. HCPF launched this project to ensure the regulations were consistent and clear and to create tools to ensure PACE compliance and quality care and services.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



## Impact

HCPF now has visibility into crucial data that provides assurances that PACE members are receiving an appropriate level of quality care and services. Key achievements include:

- Updated Colorado regulations to ensure consistency and clarity
- Developed an audit tool to verify compliance
- Conducted two pilot audits of PACE organizations to test the audit tool and to make improvements based on the experience.



## Going Forward

Utilizing the audit tool that was developed as part of this project, HCPF will be able to conduct formal oversight of PACE organizations.





## Community Need

Medicaid members need primary care providers that can provide disability competent care as well as to be able to identify providers who meet their cultural requirements, such as languages they speak, including American Sign Language.



## Impact

Research was conducted on national best practices to manage disability competency in primary care and a report with actionable recommendations was created. In addition, this project worked with Project 6.03 (Member-Facing Provider Finder Tool) to ensure Medicaid providers can self-attest to cultural competencies, such as languages they speak, including ASL. In the future, these competencies will be applied to eConsult, which is system for consultations between providers and specialists.



## Going Forward

- Primary care provider cultural competency information will be shared with the eConsult vendor in the future to support better member experience and outcomes.
- The disability competent care recommendations will be shared with partners and stakeholders in the hopes that this can be incorporated into future work.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.





## Community Need

HCPF needed a way to gather insights into gaps in care to improve services and supports. A public facing dashboard was needed to provide a comprehensive view of quality of services and satisfaction across waiver programs and defined service areas.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



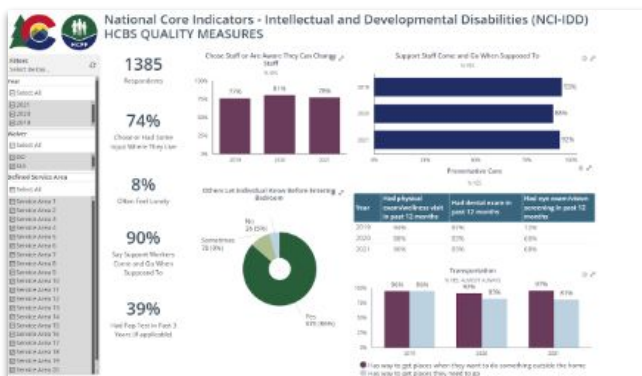
## Impact

Based on national best practices and stakeholder input, four public facing quality dashboards were created along with a fully accessible document (alternate access to data) to provide quality insights on satisfaction of services and programs.



## Going Forward

The dashboard data will inform potential future policy and program changes to improve quality and provides a simple way to share information on thriving programs.







## Community Need

HCPF had a need to better understand two specific areas of satisfaction related to waiver services: experience of care received by children who participate in waiver services, as well as case manager satisfaction and fulfillment with their jobs. This was important given the importance of case managers in the provision of waiver services and to aid in ongoing retention and recruitment.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



## Impact

HCPF developed and administered two new surveys:

1. **Case Management Satisfaction Survey:**
  - The survey was administered in 2022, pre Case Management Redesign (569 reponses) and will be administered in the future to measure effectiveness of Case Management Redesign
2. **Children's Waiver Experience of Care Survey:**
  - 941 member / family survey responses received in the first
  - [Final Report](#)



## Going Forward

Surveys will continue to be published on set schedules in the years to come and the results used to develop policies, procedures and to evaluate new programs and supports.



## Universal Benefit



## Community Need

Individuals being released from the criminal justice system needed access to physical and behavioral health services and supports to improve outcomes such as overdose morbidity, mortality rates and recidivism rates (where individuals end up back in the criminal justice system).

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.



## Impact

Through 21 different partnerships with correctional facilities, advocates, providers and individuals with lived experience in the justice system, HCPF created ongoing opportunities to provide input and feedback for improving reentry. This will serve to help individuals access the care and supports they need, when they need it, so that they can remain and thrive in their community.



## Going Forward

This vital work will continue into the future through the new HCPF Criminal and Juvenile Justice Collaborative and will inform the development of a new criminal justice reentry Medicaid benefit.





## Community Need

Medicaid members and providers needed further training on EPSDT and when and how to use these benefits and how they relate to other Medicaid services. EPSDT is intended to address the the health needs of low-income children and children with special health needs.

## Project Investment Category

### Enhance Quality Outcomes

HCPF needed to develop and implement enhanced quality standards to ensure the health, wellness and safety of our members while reducing costs and improving provider accountability. \$7M was invested to improve these outcome measures.

- **Early:** Assessing and identifying problems early
- **Periodic:** Checking children's health at periodic, age-appropriate intervals
- **Screening:** Providing physical, mental, development, dental hearing, vision and other screening test to detect potential problems
- **Diagnostic:** Performing diagnostic tests to follow up when a risk is identified
- **Treatment:** Control, correct or ameliorate health problems found



## Impact

- Designed a series of 5 training modules that focus on EPSDT benefits and which are accessible and available in English and Spanish
- Created an infomercial which is available on HCPF's YouTube channel to introduce EPSDT services
- Made policy and program adjustments to improve EPSDT services



## Going Forward

HCPF will continue to collect feedback from stakeholders and adjust the materials as needed.



# Conclusion

The accomplishments highlighted in this document were the result of thousands of hours spent planning and executing to ensure the initiatives were quickly and successfully implemented. Across the Department of Health Care Policy and Financing (HCPF), nearly 300 staff contributed to this once-in-a-lifetime opportunity to transform Colorado's HCBS systems.

As we reflect on the closure of these projects, we would like to highlight some of the incredible accomplishments achieved through the ARPA initiatives:

- The 61 initiatives highlighted in this book were completed between October 2021 and March 2025, investing a total of \$566M to enhance HCBS services for Colorado members and providers
- Over 12,000 stakeholders were engaged during the planning and implementation of these initiatives across 300 stakeholder meetings
- Through several initiatives, 54 training programs were created and nearly 4,000 people were trained to improve care delivery for members receiving HCBS and Behavioral Health services
- \$108.8M was distributed to 2,232 partners and individuals in all 64 counties of the state through grants, pilots, incentives, and community funding initiatives
- \$335M was provided to HCBS providers, supporting a base wage increase for the Direct Care Workforce (DCW) from \$12.41 per hour to \$17.00 per hour (\$18.29 in Denver)

This is a shared success for the entire Colorado HCBS community, and we are truly grateful for the commitment by our staff and community partners. We are confident that the outcomes from this work will have a positive impact for many years to come.