

## Colorado Department of Health Care Policy and Financing Monthly Status Report

**Project Name:** CCT Launch  
**Project Manager:** Tim Cortez  
**Project Owner:** CCT Team  
**Project Sponsor:** Suzanne Brennan, Medicaid Director

**Reporting Period:** October, 2012

### Executive Summary

**Overall Status:** **RED**

	Green (Controlled)	Yellow (Caution)	Red (Critical)	Reason for Deviation
<b>Budget</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We are currently under budget.
<b>Schedule</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IT System changes are behind. Internal Program Processes being finalized.
<b>Scope</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	We are working within scope.

#### Comments:

- Overall the project is within budget and scope. We continue to experience delays with completing system changes and finalizing internal policy and procedures for program monitoring and compliance.

### Controls

#### Issue Status:

- MMIS (Medicaid Management Information System) changes for CCT have run against changes that are required for CHP+. Because of the CHP+ changes, our fiscal agent, Xerox State Health Care, will not complete the MMIS changes until Jan 1, 2013. This delay is due to resource issues and contention with code changes required by CCT and CHP+ in the same area of the MMIS.
- Continuing to monitor the progress of system changes to the Department's Benefits Utilization System (BUS), an information management system (IMS) used by HCBS case managers to conduct assessments, determine functional eligibility and create a service plan for HCBS clients. The scope of changes to this system include a new module to manage the transition process, to capture and aggregate client data for the semi-annual progress report and to add the CCT program area and associated services as an option for service planning. The IMS is maintained by the Governor's Office of Information Technology. BUS changes are behind schedule because of delays with programming. BUS changes at this time are anticipated to be complete by Dec 1, 2012.
- Draft of a proposed 24 back-up plan was presented to the CCT Core Team on 10/18 for internal vetting. The plan is being reviewed by CMS Project Officer and New Editions Technical Assistance Lead. We are looking at integrating the emergency back-up plan into our critical incident reporting system.
- The contract for the Quality of Life surveys is still not established. We are currently looking at amending case management contracts to complete the surveys since our case management agencies cover the entire state.
- While we are diligently working on completing training materials for our case managers and transition coordinators, we are running against time constraints. We are planning for a one-day training to be offered twice in December and twice in January. The training will target case managers and transition coordinators.

**Change Status:**

- Launch of the program is being delayed until Jan 1, 2013 based on the expected date for changes to our MMIS system and the BUS
- A change in scope was generated by legislation (SB –128) passed last session that requested that the Department consider how we could transition older adults to Assisted Living Facilities (ALFs) from nursing homes. CCT was positioned as a way to test an increased rate of reimbursement to allow ALFs to provide additional support to older adults with dementia who are currently not served in assisted living. In Colorado, the Department refers to ALFs as Alternative Care Facilities (ACFs). We believe most of the ACFs will not meet the MFP qualified housing requirements. SB-128 will need to be examined and may require an alternative solution.

**Risk Status:**

- **Risk:**
  1. There is a risk that BUS changes may not be complete by Dec 1 if there are more issues generated after the completion of each set of scheduled changes.
- **Mitigation:** The following activities are being initiated:
  1. A BUS prioritization team will be convened to discuss the minimum amount of changes we need to enroll and track CCT clients within the BUS system and to prioritize non-CCT critical issues. At the launch of the program, we may not be able to collect all of the MFP client information in the BUS necessary to fully respond to the semi-annual progress report. If so, we would need to establish a workaround until all requested changes are complete.

## Scheduled Milestones / Deliverables

*These are the remaining deliverables as of 8/27/2012 needed to launch program. Major Milestones since May 2012 are also included.*

Milestone	Current Forecast	Actual	Status
Procedure Codes finalized		8/23/2012	Complete
CCT Prior Authorization Request (PAR) Forms		9/15/12	Complete
CCT Provider Billing Manual/Reference Guide		9/30/12	Complete
CCT Benefits and Services Desk Reference		9/30/12	Complete
Quality of Life Surveys Case Management Contract Amendment Initiated		11/30/12	In process
CCT Rules approved by Med. Svc. Brd.		8/10/2012	Complete
OBH/HCPF Retreat to establish priorities		8/16/12	Complete
Section 811 Housing Application submitted		7/30/2012	Complete
CBMS changes completed	9/1/12		In Process
Consumer Transition Guides finalized	9/14/12		In Process
Provider Application Materials finalized	9/15/12		In Process
SAMHSA Olmstead Policy Academy attended	9/18/12		Completed
Section Q Analyst Hired	10/30/12		In Process
ADRC contract awarded	9/30/12		In Process
Marketing materials printed	9/30/12		In Process
Risk Mitigation Tool finalized	10/30/12		In Process
Provider Enrollment begins	11/01/12		Started
CCT Training Modules Created	11/16/12		In Process
Community Living Options Process Approved	11/16/12		In Review
PPL Web Portal changes completed	10/31/12		Completed
Emergency Backup System Established	11/1/12		In Process
CCT Training Event (4 Events scheduled)	12/4/12		Scheduled

<b>Milestone</b>	<b>Current Forecast</b>	<b>Actual</b>	<b>Status</b>
IMD transition strategy developed	11/30/12		In process
BUS changes completed	12/1/12		In Process
Risk Mit. & Emer Back Up integrated in QIS	12/1/12		In process
Develop provider recruitment strategy	12/01/12		In process
BUS Training	12/14/12		Not started
Operational Protocol Changes completed	12/14/12		Not started
Internal policies and procedures established	12/14/12		Not started
Methodology for data collection established	12/31/12		In process
Methodology for building reports established	12/31/12		In process
MMIS changes completed	1/1/13		In Process
CCT Launch	1/1/13		

### **Accomplishments during this Reporting Period:**

- Benefits and Services Worksheets (Desk Reference) completed.
- Draft Training modules for case managers and transition coordinators are near completion.
- PAR forms finalized.
- Provider Billing Manual and Billing Training finalized.
- Training modules for case managers and transition coordinators are near completion.
- Demonstration Services and Benefits Desk Reference posted on our website. This will be Appendix J in our Operational Protocol.
- ADRC contract being reviewed by three selected ADRCs in Colorado
- Changes to the Consumer-Directed Web Portal are complete..
- Consumer guides are completed.
- Marketing materials will be available week of Nov 12.
- CCT staff attended the Home and Community Based Services conference in September 2012.
- Informational presentations about CCT have been presented to various audiences in the Denver metro area and on the Western Slope of the state.
- 4 CCT-related presentations are scheduled at the Inaugural Aging and Disability Summit.

### **Plans for the next Reporting Period:**

- Develop, review and accept the training modules.
- Training dates and logistics finalized.
- Review, update and accept the CCT consumer guides.
- Review, update and accept the Risk Mitigation Tool.
- Finalize a plan for an emergency back-up system.
- Start to develop a data collection methodology and process to build reports so that quarterly and semi-annual reports are completed.
- Review, update and accept ADRC contracts.
- Fully staffed CCT Team.

**Project Description**

This purpose of this project is to launch the Colorado Choice Transitions (CCT) Program, a Money Follows the Person Demonstration Grant program. CMS awarded Colorado a five year, approximately \$22 million grant to implement CCT. The primary purpose of the grant is to transition individuals from long-term care facilities who have an interest in returning to the community and meet the CCT eligibility requirements. The grant funds 100 percent of all administrative costs associated with the program and 75 percent of all HCBS services received by clients who transition. The extra 25 percent match above the traditional FMAP supports the creation of a “rebalancing fund,” which is to be used to support the achievement of benchmarks for transitions and improve the infrastructure of Colorado’s HCBS system.

Clients will be enrolled in an adult HCBS waiver and CCT for 365 days. Upon transition the client will receive services that are unique to the CCT program called demonstration services. These services are designed to ensure a successful return to the community. On the 366<sup>th</sup> day, the client will be enrolled in a traditional waiver if the client continues to meet the eligibility requirements for the waiver in which he or she enrolls.

**Project Definition**

<b>Business Objectives</b>	<ul style="list-style-type: none"> <li>▪ To establish a strong transition process for clients.</li> <li>▪ To enroll and track clients in the CCT program.</li> <li>▪ To accurately capture and report program data necessary to complete the semi-annual progress report, quarterly reports and financial reports necessary to draw down the enhanced Federal match.</li> <li>▪ To establish the service and benefit package for CCT.</li> <li>▪ To integrate the CCT program into the current HCBS QIS Program.</li> <li>▪ To ensure the continuity of care in a HCBS waiver after the last day of enrollment in CCT.</li> </ul>
<b>Scope</b>	<ul style="list-style-type: none"> <li>▪ Design the CCT benefit package (Service, Definition, Rate, etc.)</li> <li>▪ Identify claims for the CCT program</li> <li>▪ Identify information requirements for each report required by CMS</li> <li>▪ Identify information management systems (IMS) used by the program</li> <li>▪ Identify and implement changes to these IMS to track and report on program performance and MFP quality assurances</li> <li>▪ Create program rules, forms, policy and procedures to effectively implement, manage and monitor the CCT Program</li> <li>▪ Create the training necessary for case managers and transitions coordinators to properly enroll and monitor CCT clients.</li> <li>▪ Establish provider qualifications and a provider enrollment process for CCT demonstration services.</li> <li>▪ Initiate the required contracts to complete specific grant activities, such as the quality of life surveys and ADRC options counseling.</li> </ul>

<b>Assumptions</b>	<ul style="list-style-type: none"> <li>▪ The FTEs associated with the project meets the requirements (skills, experience and time commitment) needed for the project.</li> <li>▪ System changes will be completed according to schedule and without error as requested and within budget.</li> <li>▪ Contracts and hiring of staff will proceed with no delays.</li> </ul>
<b>Dependencies</b>	<ul style="list-style-type: none"> <li>▪ The State Budget Process to assure the state match and CCT enrollment.</li> <li>▪ MFP Budget</li> <li>▪ Constraints governed by the State and Federal HCBS/MFP regulations.</li> <li>▪ Constraints inherent in an aggressive project schedule.</li> <li>▪ Competing priorities for IT systems' changes.</li> </ul>