

Schedule 13

Funding Request for the FY 2017-18 Budget Cycle

Department of Human Services

Request Title

R-21 Aging and Disabilities Resources for Colorado Medicaid Claiming

Dept. Approval By: Melissa Wavelet

Supplemental FY 2016-17

Change Request FY 2017-18

OSPB Approval By: Erin N. Smith 10/26/16

Budget Amendment FY 2017-18

Summary Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$22,831,104	\$0	\$22,831,104	\$500,000	\$500,000
	FTE	0.0	0.0	0.0	0.0	0.0
Total of All Line Items Impacted by Change Request	GF	\$11,303,870	\$0	\$11,303,870	(\$500,000)	(\$500,000)
	CF	\$11,527,234	\$0	\$11,527,234	\$0	\$0
	RF	\$0	\$0	\$0	\$1,000,000	\$1,000,000
	FF	\$0	\$0	\$0	\$0	\$0

Line Item Information	Fund	FY 2016-17		FY 2017-18		FY 2018-19
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	Total	\$22,831,104	\$0	\$22,831,104	\$500,000	\$500,000
	FTE	0.0	0.0	0.0	0.0	0.0
10. Adult Assistance Programs, (D) Community Services for the Elderly - State Funding for Senior Services	GF	\$11,303,870	\$0	\$11,303,870	(\$500,000)	(\$500,000)
	CF	\$11,527,234	\$0	\$11,527,234	\$0	\$0
	RF	\$0	\$0	\$0	\$1,000,000	\$1,000,000
	FF	\$0	\$0	\$0	\$0	\$0

CF Lettermote Text Revision Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	This amount shall be from Medicaid funds transferred from the Department of Health Care Policy and Financing, Department of Humans Services Medicaid-funded Programs
RF Lettermote Text Revision Required?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FF Lettermote Text Revision Required?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Requires Legislation?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Type of Request?	Department of Human Services Prioritized Request	
Interagency Approval or Related Schedule 13s:	Department of Health Care Policy and Financing	

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Cost and FTE

- The Colorado Department of Human Services (Department) requests spending authority for reappropriated federal Medicaid funds of \$500,000 in FY 2017-18 and ongoing from the Department of Health Care Policy and Financing to match local funds used by the Aging and Disabilities Resources for Colorado (ADRC) program for Medicaid-related counseling services.

Current Program

- The ADRC provides counseling on available options, and assistance to older adults and people with disabilities in need of publicly funded and private pay, long-term services and supports.
- In FY 2015-16, over 35,000 Coloradans received support from the ADRCs to identify services and supports that allow them to remain in their homes instead of settings such as nursing homes.
- The ADRCs began in 2006 with funding from federal grants and have continued with support from foundation grants and local funding sources. Currently, the program is funded through local cash, grants, the federal Older Americans Act and State Funding for Senior Services.

Problem or Opportunity

- The federal and foundation grants that have funded the ADRC ended September 30, 2015. Sustainable funding is needed to continue the work of the ADRCs. If Colorado's ADRC network could utilize existing local cash and state dollars as a Medicaid match, a sustainable funding stream for this program could be provided.
- Other states have successfully set up the ADRC programs to draw down Medicaid match for a portion of the work provided. Wisconsin conducted time tracking of their ADRC work and identified 75% of services were eligible for Medicaid claiming.

Consequences of Problem

- Without the ability for the ADRCs to use Medicaid claiming, the funds that support the ADRCs would not be adequate to support the network.
- The capacity of ADRCs in Colorado would significantly diminish if sustainable funding was not secured resulting in less long-term care services and supports for older adults and people with disabilities. Services that would likely be reduced or eliminated include options counseling, which is designed to help older adults identify what services are needed to help them continue to live in community settings and assistance in obtaining those services such as application assistance.

Proposed Solution

- The Colorado Department of Human Services (Department) requests spending authority for the increased reappropriated federal Medicaid funds of \$500,000 in FY 2017-18 and ongoing from HCPF to continue to fund the ADRC program.

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COLORADO

Department of Human Services

John W. Hickenlooper
Governor

Reggie Bicha
Executive Director

FY 2017-18 Funding Request | November 1, 2016

Department Priority: R-21

Request Detail: Aging and Disabilities Resources for Colorado Medicaid Claiming

Summary of Incremental Funding Change for FY 2017-18	Total Funds	General Fund	Reappropriated Funds
Aging and Disabilities Resources for Colorado Medicaid Claiming	\$500,000	(\$500,000)	\$1,000,000

Problem or Opportunity:

The Department of Human Services requests \$500,000 total funds; including a decrease of \$500,000 General Fund and an increase of \$1,000,000 reappropriated funds, for the purpose continuing the Aging and Disability Resources for Colorado (ADRC) program. Currently, State Funding for Senior Services provides funding for the Aging and Disability Resources for Colorado (ADRC), but federal grants ended on September 30, 2015 and sustainable funding is necessary to continue the work of the ADRCs. There is also an opportunity to leverage additional Medicaid funds.

ADRC is a collaborative effort initiated by the U.S. Administration for Community Living and the Centers for Medicare & Medicaid Services (CMS). ADRCs serve as access points for long-term care services and supports for older adults and people with disabilities. ADRCs help direct consumers and their families to much needed information, services, and supports. Through integration and coordination of existing aging and disability service systems, ADRC programs raise visibility about the full range of long term services and supports options including private pay and public services that are available. The ADRC programs provide objective information, advice, counseling and assistance, empower people to make informed decisions about their long-term supports, and help people more easily access public and private long term supports and services programs.

ADRCs serve both older adults (60+) and adults with disabilities (18+). In federal fiscal year 2014-15, 33,592 consumer and caregivers received services from the ADRC, either through Options counseling or by providing information and assistance. Of those individuals, 64% were over 60, 18% were under 60, and 18% were unknown. They provide long-term services and supports to enable individuals to remain independent and in their community. The ADRCs help individuals manage their health challenges through information, assistance, and person centered Options counseling, providing the knowledge people need to make informed choices for their health and well-being.

Person centered Options counseling starts with a face-to-face interview of the consumer and a strengths and needs assessment. After identifying the participant's needs, and what services are available to meet those needs, the options counselors establish an action plan, provide decision-making support and follow up with the consumer. In federal fiscal year 2014-15, ADRCs provided person centered Options counseling to 3,299 individuals. Specialists provide information and assistance over the phone or through the mail to consumers to guide and educate them about the services available in their community. In federal fiscal year

2014-15, ADRCs provided information and assistance to 30,293 individuals. In addition to person centered Options counseling and information and assistance, the ADRCs have an existing partnership with the Department of Health Care Policy and Financing (HCPF) to provide person centered Options counseling through the Colorado Choice Transitions program. In this program, the ADRC Options Counselor provides person centered counseling to individuals in nursing facilities to explore options to transition back to the community.

The federal grants that have historically funded the ADRCs ended on September 30, 2015 and sustainable funding is necessary to continue the work of the ADRCs. Other states have successfully set up the ADRC programs to utilize a federal Medicaid match for a portion of the work provided. Wisconsin conducted time tracking of their ADRC work and identified 75% of services were eligible for Medicaid claiming. If Colorado's ADRC network could utilize Medicaid claiming, existing local cash and state dollars will be used to draw down the Medicaid funding and provide a sustainable funding stream for this important program.

If sustainable funding is not achieved for the ADRCs, it is likely that many of them will reduce or completely stop providing services to the aging and disability communities. The federal funding has enabled these services to be provided in areas of need that may not have been able to offer such support in the absence of funding. Many of the areas served by the ADRC do not have other similar services that the aging and disability community can turn to for support. These consumers will have to navigate the sea of services on their own, or possibly go without services that could help them remain independent and in their communities.

Proposed Solution:

The Department proposes to coordinate with the federal Centers for Medicare and Medicaid Services (CMS) via HCPF to allow for Medicaid Claiming of ADRC activities. The ADRCs will conduct time reporting on the work provided to identify the amount of time the ADRCs provide services eligible for Medicaid claiming. If CMS approves the request for Medicaid claiming, the ADRCs will have access to a steady funding stream that will not require additional state funding and the services they provide will continue.

There is no need for additional state funds to implement this request. The Department is leveraging existing General Fund and cash funds from State Funding for Senior Services and local Area Agencies on Aging to provide the match for federal Medicaid dollars and to expand the ADRC funding available. HCPF will request Medicaid claiming for ADRCs from CMS. A budget action is needed because the federal funding would be provided to HCPF, then be transferred to the Department as reappropriated funds to provide to ADRCs through a contract. A budget appropriation and spending authority are needed for the Department to distribute to ADRCs. It is unknown at this time the amount of funds that will be received as matching funds from Medicaid.

The funding for this request will come from local, non-federal sources such as State Funding for Senior Services, county funds, and tax levy funds already available through the Area Agencies on Aging to draw down the Medicaid match.

Anticipated Outcomes:

It is anticipated that the Department will work closely with HCPF to submit a request to CMS for approval of Medicaid Claiming of ADRC activities after the final time reporting is complete. Final time reporting is projected to be available in June 2017. Based upon the experience of other states in achieving such

approval, it is anticipated that this request would be met favorably at the federal level. The ADRCs will then have access to sustainable funding to keep providing services. This outcome supports the Department's Strategic Policy Initiative of helping people to thrive in the community of their choice.

Assumptions and Calculations:

No new funding or FTE are being requested. The additional funding from CMS will show up in HCPF's line item with the corresponding match identified as local funds in this same line item. Then HCPF will transfer the Medicaid funding to the Department to be incorporated into ADRC contracts administered by the Department.

Long Bill Appropriation and Requested Funding for FY 2017-18 through FY 2019-20								
Line Item: (10) Adult Assistance Programs; (D) Community Services for the Elderly, State Funding for Senior Services	Total Funds	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	Medicaid Total Funds	Medicaid General Fund	Medicaid Federal Funds
FY 2016-17 Appropriation (HB 16-1405)	\$22,831,104	\$11,303,870	\$11,527,234	\$0	\$0	\$0	\$0	\$0
Requested Funding (or Spending Authority)	\$500,000	(\$500,000)	\$0	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2017-18 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2018-19 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000
FY 2019-20 Total Requested Appropriation	\$23,331,104	\$11,303,870	\$11,027,234	\$1,000,000	\$0	\$1,000,000	\$500,000	\$500,000