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Long-Term Services and Supports in Colorado

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Acknowledgments

Colorado Health Institute staff contributors to this report:

Brian Clark
Amy Downs
Deborah Goeken
Emily King
Michele Lueck
Westley Mori
Tasia Sinn
Sherry Freeland Walker

Special thanks to Pamela Hanes, PhD, former president and CEO of CHI

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Table of Contents

Introduction

Budgets are tightening. The population is aging. And despite sustained efforts to curb health care costs, they continue to head higher. Policymakers around the country are increasingly focused on ways to more effectively coordinate and deliver quality long-term services and supports (LTSS) to their Medicaid clients, where the intersection of changing demographics and financial strains often are most acute.

Many individuals who require LTSS have multiple chronic conditions and receive long-term and acute care services in a variety of settings and from multiple providers. Treating these multiple chronic conditions is a leading driver of health care expenditures among older individuals. To that end, policymakers in Colorado and across the nation are exploring ways to restrain LTSS spending while providing the best possible care for these vulnerable clients, who are generally elderly or have disabilities.

This white paper is intended to provide a baseline overview of LTSS in Colorado as these discussions move forward. In addition, it introduces innovative ways state and federal governments are working to streamline the LTSS system, including efforts to move some nursing home residents back to their communities. Finally, it outlines new programs provided for in the Patient Protection and Affordable Care Act (ACA).

LTSS: At-a-Glance

- **Range of supportive services needed by people with limitations in their ability to care for themselves because of a physical, cognitive or mental disability or condition.**

- **Skilled nursing care and unskilled personal assistance, homemaker chore services and other support.**

DEFINITIONS

Activities of Daily Living (ADLs):
Personal assistance, such as help with bathing, dressing, toileting and eating. These cover the majority of needs.

Instrumental Activities of Daily Living (IADLs):
Shopping, housekeeping, paying bills and other help.

Additional Assistance:
Monitoring of physical health, mental health, social well-being, safety and personal security of environmental surroundings; nutrition counseling; therapies to maximize function.

The Challenge: Caring for an Aging Population

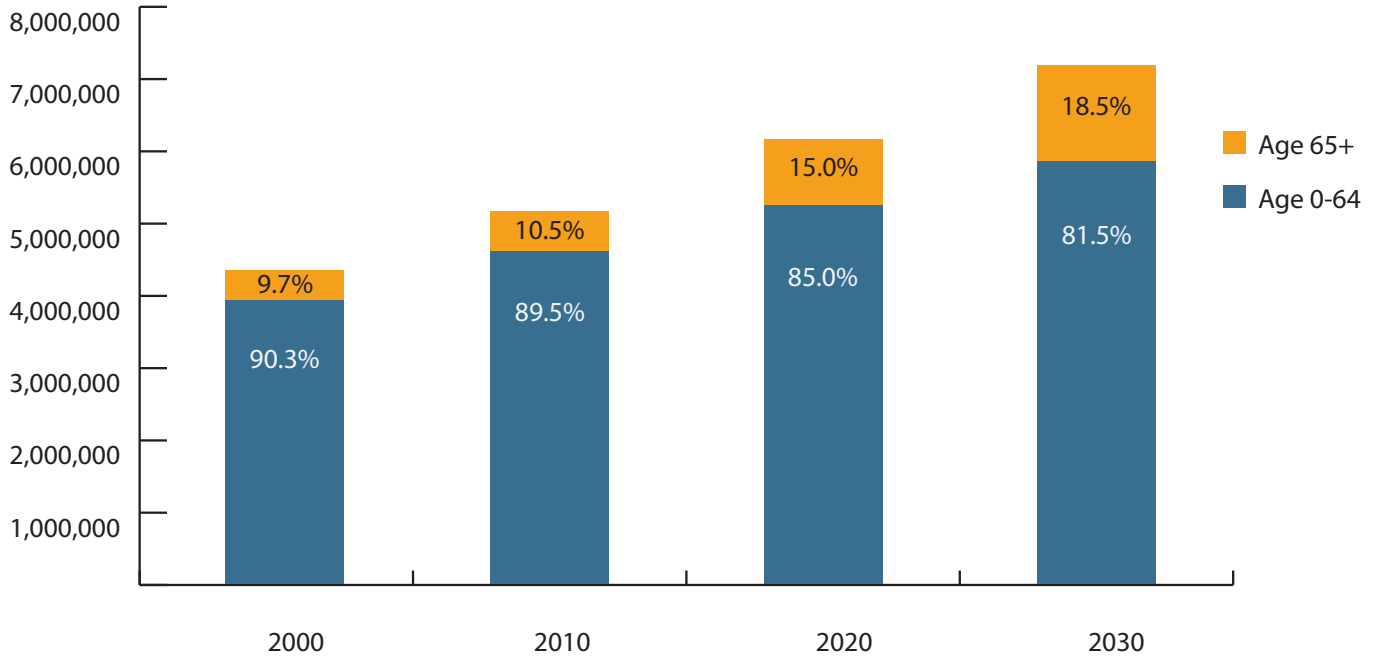
The fastest-growing age group in Colorado is the 65 and older group, based on estimates provided by the Colorado Demography Office. By 2030, Colorado's 65+ population is anticipated to be three times the size it was in 2000, growing from nearly 420,000 in 2000 to more than 1.3 million by 2030. This older population will expand from 10 percent of the state's population in 2000 to more than 18 percent in 2030 (see Graphs 1 and 2).

Almost 70 percent of individuals 65 and older will require some form of LTSS.[i] This translates to the likelihood that upwards of 930,000 older Coloradans will require LTSS in 2030 and beyond.[ii]

This care will likely include informal family care-giving as well as paid assistance, including short-term stays and long-term stays in a skilled nursing facility (i.e., nursing home) and home and community-based care.

The portion of this aging population that will qualify for Medicaid-paid LTSS will have significant financial implications for the state's Medicaid budget. Graph 3 shows the impact the elderly and disabled population has and is projected to have on the Medicaid budget.

Graph 1. Population Projections by Age Group, Colorado, 2000-30



SOURCE: U.S. Census Bureau and Colorado State Demography Office, interim population estimates by age, 2000-2030

Studies show that adults with LTSS needs are more likely than those without to:

- Have incomes below the federal poverty level (24% of adults with LTSS needs vs. 12% of all others)
- Be age 75 or older (32% vs. 6%)
- Live alone (24% vs. 14%)[iii]
- Be female (largely because women live longer than men)[iv]

Approximately one-third (34%) of Coloradans ages 75 and older live alone, a rate essentially the same as the national average. Research has shown that older adults who live with others are significantly less likely to enter the formal LTSS system than those living alone. Thus, this group of older adults living alone in Colorado portends a significant portion of state residents at risk for needing formal services.[v]

As shown in Table 1, Colorado has a highly educated 65 and older population when compared to other states. Older Coloradans also enjoy higher incomes than many other states, ranking in the top tier of states for median household income. In contrast, slightly more than one-fourth of older Coloradans lived at or below 200 percent of the federal poverty level in 2007 ($29,420 for a family of two in 2011). These particular statistics paint a better-than-average picture for aging Coloradans and their potential use of LTSS, since levels of education and income have been found to be highly correlated with health status and disability. Still, these categories represent significant numbers of vulnerable Coloradans who may need to access LTSS in the future.

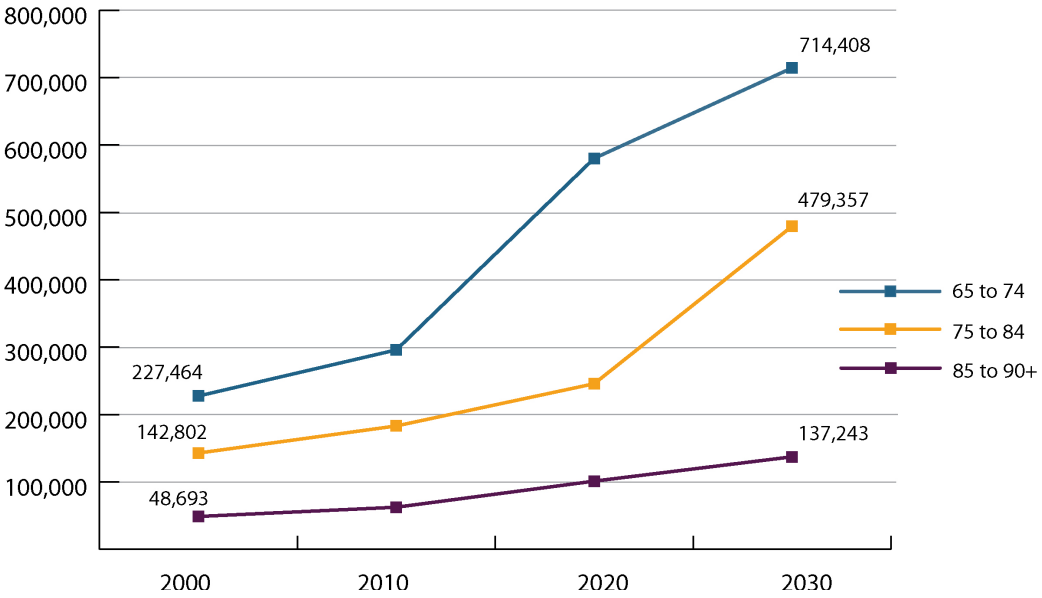
Rates of disability among Coloradans are comparable to national rates, with the highest prevalence among those older adults with physical disabilities (26 percent). In addition, 37 percent of older Coloradans have multiple disabilities, compared with a national average of 41 percent. This introduces challenges when coordinating their care among multiple providers.

Table 1. Select Demographic, Income and Disability Characteristics of Older Adults, Colorado and the United States, 2007

	Colorado % of Population	U.S. % of Population
Population Characteristics		
Individuals ages 75+ living alone	34%	33%
Bachelor-level education or higher, ages 65+	27%	19%
Median household income, ages 65+	$36,759	$32,158
At or below federal poverty level (FPL), ages 65+	8.5%	9.5%
At or below 200% of FPL, ages 65+	28%	32%
Women ages 75+ at or below FPL	13%	13%
Disability Rates, Ages 65 and Older		
Sensory disability	16%	16%
Physical disability	26%	31%
Mobility disability	15%	18%
Self-care disability	9%	10%
Cognitive/mental disability	10%	12%
One or more disabilities	37%	41%

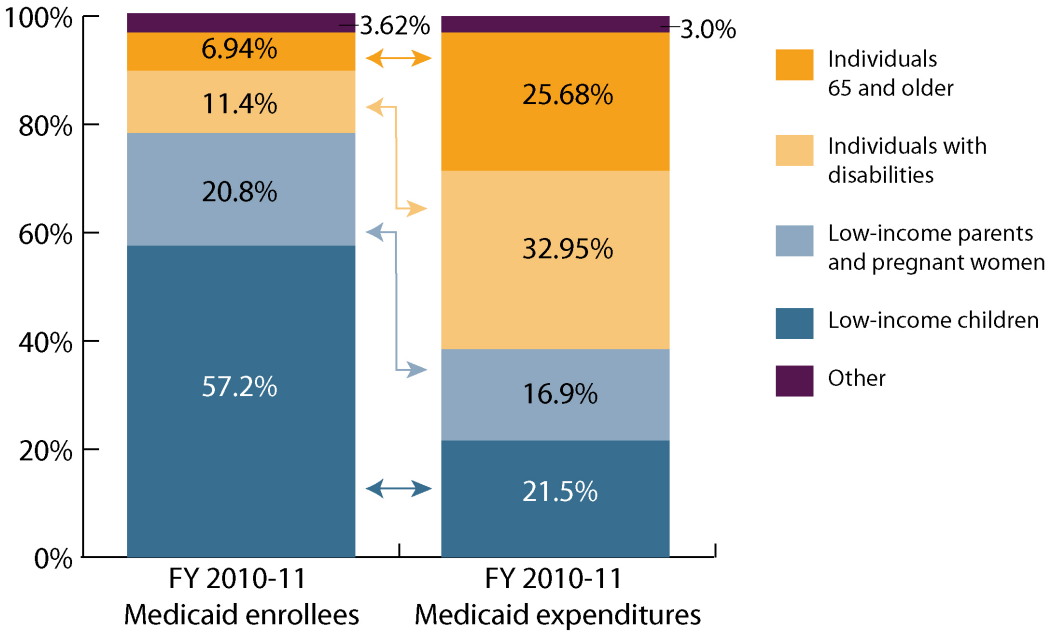
SOURCE: AARP Public Policy Institute, Long-Term Care Profile of Colorado[vi]

Graph 2. Colorado's Population Distribution for Persons Ages 65 Years and Older, 2000-30



SOURCE: Colorado State Demography Office, population estimates, 2000-30

Graph 3. Medicaid Enrollees and Expenditures, Colorado, FY 2010-11



SOURCE: Colorado Department of Health Care Policy and Financing, Executive Budget Request, Nov. 1, 2011
Rounding results in a total of more than 100 percent.

Medicaid, a health insurance program for low-income individuals, is the largest funder of LTSS for elders and people with disabilities in both the nation and in Colorado.

Because Medicaid is administered by the states, this white paper focuses on LTSS as it relates to the Colorado Medicaid program.

Colorado's Long-Term Services and Supports System: A Snapshot

LTSS services can be grouped into two general categories—purchased formal services provided by agencies or institutions and unpaid informal care provided by families and friends. Formal care can be further divided into institutional care (nursing homes) and home and community-based services, including assisted-living facilities and adult day centers.

Approximately three-quarters of adults who need LTSS receive it from informal caregivers, while an additional 14 percent receive a combination of informal and formal care-giving. About eight percent of adults who need LTSS receive it exclusively through the formal service system.[vii]

Institutional Care

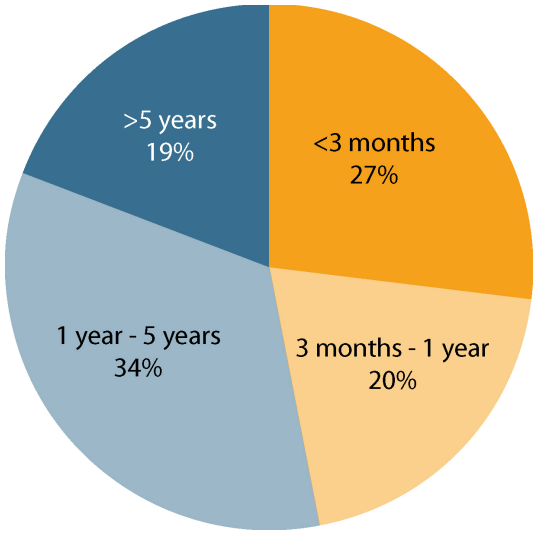
Skilled nursing facilities (nursing homes) provide 24-hour nursing care and personal assistance in an institutional setting. As of Sept. 30, 2011, Colorado had 214 licensed skilled nursing facilities.[viii] All Colorado nursing homes must be licensed by the state to receive Medicaid reimbursement. For Medicare, they must also be certified by the federal Centers for Medicare and Medicaid Services (CMS).

Of the 20,210 beds in those skilled nursing facilities, approximately 81 percent were occupied in September 2011.[ix] Medicaid paid nearly 60 percent, followed by private pay (personal or insurance) at 26 percent and Medicare at 15 percent.[x]

Home and Community-based LTSS Services

Assisted living residences, also known as **alternative care facilities** in Colorado, provide personal care assistance, protective oversight, social support services and 24-hour supervision to help individuals with functional limitations live as independently as possible in a community residential setting.[xi] In Colorado, more than 500 licensed assisted-living residences range in size from three beds to more than 200 beds. They are available for private pay and Medicaid-paid residents. A separate class of residential treatment facilities is available for individuals with chronic and persistent mental illness.[xii] Medicaid does not pay any portion of the residential fee (room and board), but does pay for approved services (personal care and supervision) provided within an assisted-living residence which is certified by Medicaid. Medicaid and Medicare both include room and board in their payments for nursing homes.

Graph 4. Average Length of Stay in a Skilled Nursing Facility, United States



SOURCE: U.S. Department of Health and Human Services, National Clearinghouse for Long-Term Care Information

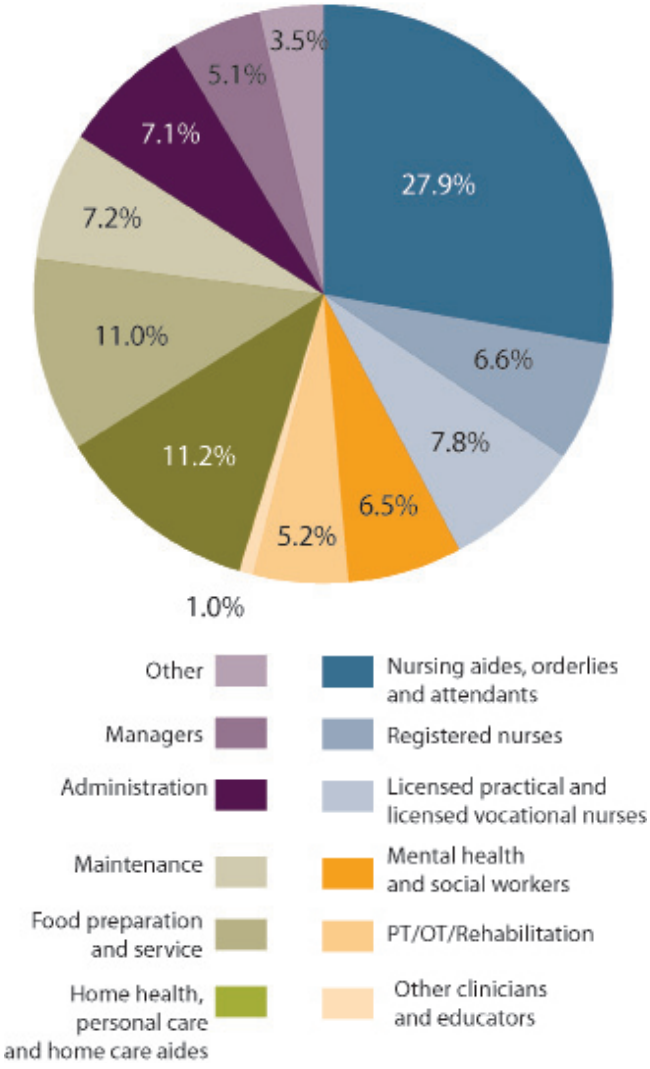
Home health care is provided by licensed home health care agencies which may provide skilled nursing care, rehabilitation therapies, personal care and homemaker chore services. Medicare reimburses for the full range of home health care services provided by home care agencies that are certified by the federal Centers for Medicare and Medicaid Services (CMS). Medicare-reimbursed home health care must be authorized by a licensed physician, can only be provided on an intermittent basis and is available only to homebound individuals.

In Colorado, Medicaid reimburses for the broad range of home health care services noted above. The Medicaid home health benefit is available both to some categorically eligible[a] individuals as well as to those who receive services under one of Colorado's 11 Medicaid waiver programs.

Personal assistance services are typically provided by paraprofessional, non-skilled workers, often certified nurse aides (CNAs), but also minimally trained, non-certified personal care workers. Personal care workers provide ADL and IADL assistance (*see Box on Page 4*), including help transferring an individual from bed to wheelchair, feeding and grooming, meal preparation and household chores. In 2005, Colorado had an estimated workforce of approximately 10,000 personal care workers.[xiii] Personal care is reimbursed by Medicaid for individuals enrolled in one of several home and community-based waiver programs.

Adult day programs include health and social services, personal care, therapies such as physical and occupational therapy, and mental health services provided on a daily or regularly scheduled basis in an adult day health center. Adult day care is available through Colorado's Medicaid HCBS waiver programs. Centers provide supportive services

Graph 5. Staffing Patterns for Nursing Homes and Residential Care Facilities, Colorado, 2009



Source: LMI Gateway, Colorado Department of Labor and Employment

Rounding results in a total of more than 100 percent.

[a] Categorical eligibility refers to persons who are eligible for Medicaid because they fall into a specific group based on age and low-income status. In this case, it would include low-income elders (age 65 and older) and other low-income individuals with permanent and significant disabilities.

for individuals with Alzheimer's disease and other dementias, multiple sclerosis, brain injuries, chronic mental illnesses, developmental disabilities or post-stroke individuals who require extensive rehabilitative therapies. This service enables families to care for an individual at home at night while still being able to work during the day.

Program of All-inclusive Care for the Elderly (PACE) is a fully capitated (all-inclusive rate that blends Medicare and private pay or Medicaid payments), community-based long-term services and supports program. PACE provides an array of primary, acute and long-term services and supports services for frail elders who are eligible for a skilled nursing facility level of care. PACE was authorized as a Medicaid state plan option by the Balanced Budget Act of 1997 and previously existed as a waiver program before 1997.

Colorado's LTSS system ranks seventh in the nation, according to a scorecard released in September 2011. The scorecard report, sponsored by AARP, the Commonwealth Fund and the SCAN Foundation, measures state performances across 25 indicators, grouped in four dimensions: affordability and access; choice of setting and provider; quality of life and quality of care; and support for family caregivers. The state ranked 10th for the percentage of Medicaid and other state funding going to HCBS for older people and adults with physical disabilities, at 44.8 percent, and 13th for the percentage of caregivers usually or always getting needed support, at 80 percent.[xiv]

Entry into Colorado's Long-Term Services and Supports System

Community Centered Boards:

- Used by people with developmental disabilities.
- Provide information and referral, initial eligibility screening, pre-admission screening for nursing-home level of care, assessment of functional capacity and service needs, care planning, service authorization, monitoring and periodic reassessments for Medicaid eligibility, 24-hour supervision, residential habilitation, day habilitation, medical services, behavioral intervention.

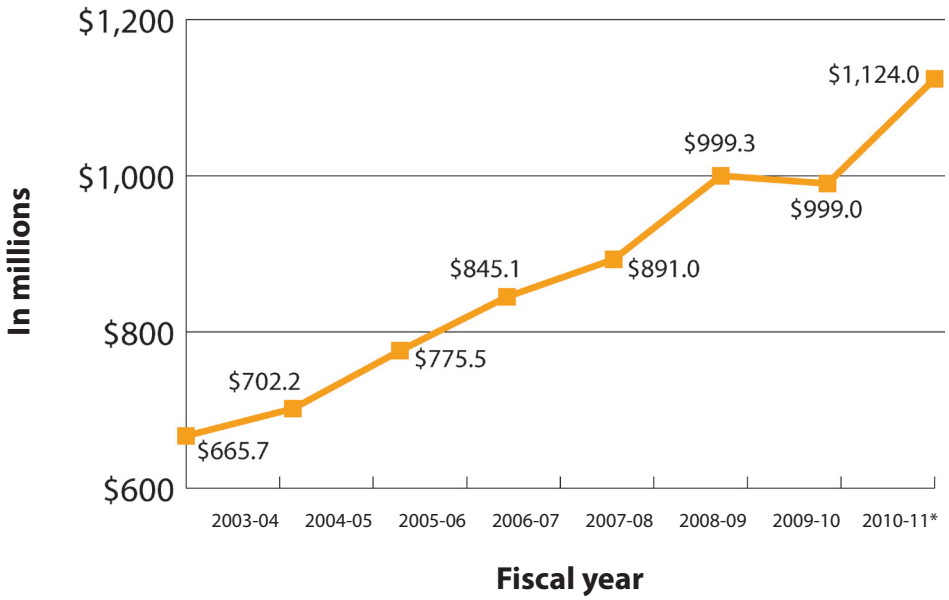
Single Entry Point agencies (SEPs):

- Most common route for older individuals and individuals with mental health needs.
- Provide information and referral, initial eligibility screening, pre-admission screening for nursing-home level of care, assessment of functional capacity and service needs, care planning, service authorization, monitoring and periodic reassessments for Medicaid eligibility.

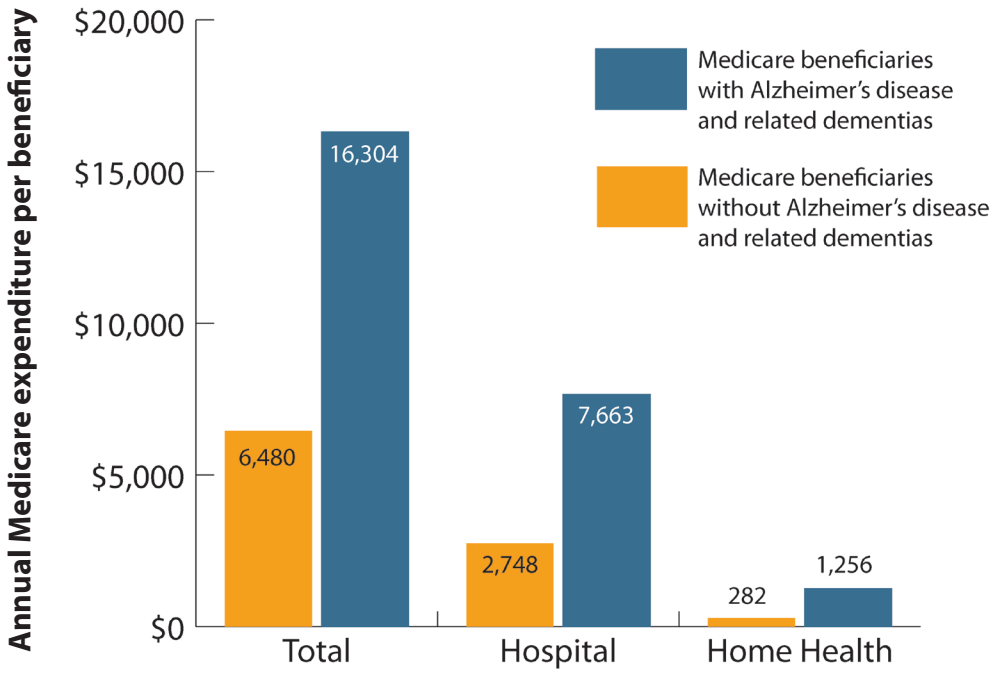
Adult Resources for Care and Help (ARCH)

Area Agencies on Aging (AAA)

Graph 6. Medicaid Long-Term Services and Supports, annual total funds expenditures, FY 2003-04 - FY 2010-11



Graph 7. Annual Medicare Costs for Clients Age 65 and Older With and Without Alzheimer's Disease and Related Dementia



SOURCE: Alzheimer's Association. Characteristics, Costs and health Service Use for Medicare Beneficiaries with a Dementia Diagnosis: Report 1: Medicare Current Beneficiary Survey, 2009 [78].

Terminology:

How we talk about this issue is changing. "Long-term Services and Supports" is replacing "Long-term Care," partly as a better description of the services needed by people with disabilities.

LTSS is used in the Patient Protection and Affordable Care Act and has gained wide use in health reform discussions in recent years.

Financing Long-Term Services and Supports

The payment structure is a combination of public and private funds. Public dollars are largely provided by the Medicaid program and private dollars are primarily paid out of pocket. A much smaller proportion is covered by private long-term care insurance. Graph 8 breaks down national spending. In Colorado, General Fund expenditures for Medicaid Long-Term Services and Supports composed around 7.5 percent of General Fund operating appropriations in FY 2009-10.[c]

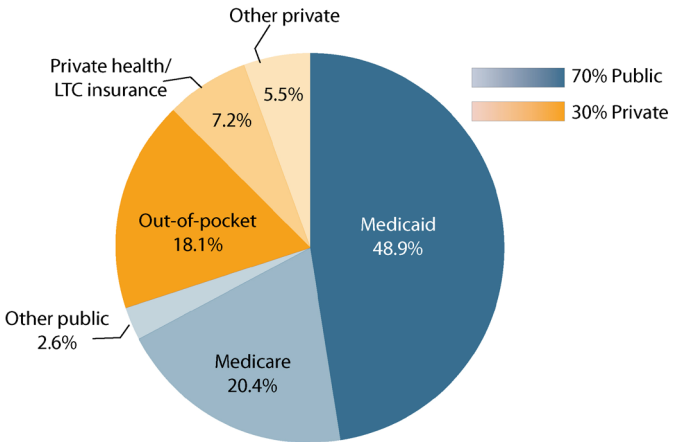
Unpaid Informal Care Provided by Family and Friends

In 2007, about 540,000 unpaid caregivers provided personal care and assistance to functionally impaired individuals in Colorado. According to analysis conducted by AARP, the economic value of each hour of family care-giving is estimated at $11 an hour with an economic value of about $6.5 billion annually. The ratio of economic value of family care-giving to Colorado Medicaid LTSS spending in 2007 was almost six to one–the fifth-highest in the country. In other words, for every dollar spent by Medicaid on LTSS services, friends and families provided $6 of uncompensated care.[xv] Many Medicaid programs and services are designed to encourage and support informal caregiving before formal Medicaid services are employed.

Medicare

Although Medicare does not pay for long-term services and supports, it does pay for care provided in a nursing home immediately following a hospital stay of three days or more. It fully covers the first 20 days of nursing home care and pays a portion of the next 80 days following a hospitalization. Medicare beneficiaries also are eligible for intermittent home health care benefits. Beneficiaries must be homebound, have

Graph 8. National Spending for Sub-acute and Long-term Care by Payer Source, 2005



SOURCE: Komisar, H, and L Thompson. (2006). National Spending for Long-term Care. Washington, DC: Georgetown University Long-term Care Financing Project (Rounding results in a total of more than 100 percent).

What Medicaid Pays For

Institutional and community-based LTSS for individuals with limited incomes up to 300 percent of the Supplemental Security Income (SSI) ($2,022 per month for an individual in 2011) and who have limited assets ($2,000 for an individual or $4,000 for a married couple). Case managers must also determine whether a person meets the requirements for medical and functional needs (ADLs and IADLs).

What Medicare Pays For

The first 20 days of nursing home care and a portion of the next 80 days following a hospitalization. Plus intermittent home health care benefits if clients are homebound, have skilled care needs and are under a physician's care.

[c] Calculation is prior to enhanced federal match from American Recovery and Reinvestment Act and upper payment limit and provider fee offsets.

skilled care needs and be under the care of a physician.

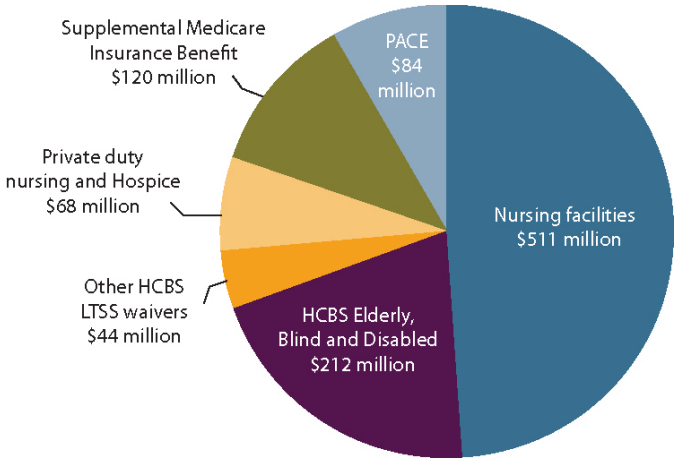
Medicaid

In Colorado, Medicaid pays for institutional and community-based LTSS for individuals with limited incomes up to 300 percent of the SSI ($2,022 per month for an individual) and who have limited assets ($2,000 for an individual or $4,000 for a married couple). To qualify for Medicaid LTSS services, a person must also require assistance with the Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). (See Box on Page 4 for definitions). In Colorado, Medicaid LTSS enrollees can choose to receive services in a nursing home or through a HCBS waiver program. HCBS waivers provide a broad array of health and supportive services in a community setting with the goal of meeting the health, functional and behavioral health needs of low-income elders and individuals with disabilities who otherwise would be eligible for nursing home placement. The number of individuals enrolled in Medicaid waivers increased from 26,746 in FY 2005-06 to 30,738 in FY 2008-09. Over that same period, the number of individuals residing in a nursing home dropped slightly from 14,299 to 13,636.[xvi]

Long-term services and supports programs contribute an estimated $2 billion directly to Colorado's economic activity, or .7 percent of the total, according to estimates by the American Health Care Association and the National Center for Assisted Living.[xvii] There are more than 20,000 employees in this industry in Colorado, according to the industry groups, based on data from The Lewin Group.

The HCBS waiver program with the greatest enrollment is the elderly, blind and disabled (EBD) waiver. Medicaid patients enrolled in a nursing home incur much higher costs than those on an HCBS-EBD waiver. In FY 2008-09, the Medicaid costs for a full-time equivalent enrollee[d] in a nursing home was $54,151,

Graph 9. Colorado Medicaid LTSS Expenditures by Type and Place of Service, FY 2010-11



SOURCE: Colorado Department of Health Care Policy and Financing, FY 2011-12 Budget Request, Exhibit N[xix]

while the cost per full-time equivalent enrollee on an HCBS-EBD waiver was $11,664.[xviii] Due to this large difference, policymakers at the federal and state level are encouraging the states to invest more in community-based services and less in nursing facilities.[xx] Graph 9 displays the amount Colorado Medicaid spends on LTSS by type of program/service.

Individuals who qualify for Medicaid have out-of-pocket costs as well. Medicaid-reimbursed nursing home residents are required to contribute all of their income, with the exception of a small personal needs allowance, toward the cost of their nursing home. On average, nationally this translates to Medicaid nursing home residents contributing 20 percent of the cost of their care.[xxi] In Colorado, Medicaid nursing home residents contribute slightly less than the national average, or about 17 percent of the cost of their care.[xxii]

[d] Nursing facility costs include those to the state and do not include patient contributions. Full-time equivalent enrollee refers to the equivalent of an enrollee in the program for 365 days. For example, two enrollees, one of whom was in the program for 300 days and the other of whom was in the program for 65 days would be counted as one full-time enrollee equivalent.

New ideas: Working to Provide More Cost-Effective Long-Term Services and Supports

Rebalancing Efforts

Shifting LTSS services from an institutional basis to more community-based care could not only create potential cost savings in the Medicaid budget but could also increase quality of life by allowing some individuals to remain in their homes as long as possible. Relocation efforts need to take into consideration maintaining quality of services and supports and the health of individuals transitioning back into the community.

The Supreme Court, in its landmark 1999 *Olmstead* decision, affirmed the right of people with disabilities to live in the least restrictive environment appropriate to their needs.[xxiii] In June 2009, Colorado Governor Bill Ritter signed an executive order entitled, "Directing the Development of a Strategic Plan to Promote Community Based Alternatives for the Disabled Citizens of Colorado," commonly referred to as Colorado's Olmstead Plan. Colorado's Olmstead Plan identifies six key issues and strategies to focus efforts on promoting community-based services: sustainable financing; policy integration; increasing housing options available for people with all types of disabilities; expanding the current array of services; stabilizing and growing the direct service workforce; and better informing the community about the services available.[xxiv]

To help carry out these strategies, the state has sought grant monies made available by the ACA, which authorizes a range of federal incentives to shift the site of Medicaid-financed LTSS from nursing homes to the community. These grant programs include the amended Money Follows the Person (MFP) Rebalancing Demonstration (which extends the original MFP demonstration past 2011 to 2016) and the State Balancing Incentive Payments Program. Both of these programs offer enhanced Medicaid matching payments for community-based care for states that adopt rebalancing initiatives.[xxv]

Colorado was awarded $22 million in February 2011 to participate in the MFP demonstration, which in Colorado is called Colorado Choice Transitions. Colorado Choice Transitions will provide supports and services to Medicaid-eligible individuals to transition from nursing homes back into the community. Further, Colorado Choice Transitions will support nursing homes in assisting clients who wish to explore other LTSS options; improving access to HCBS; and streamlining the LTSS system to make it more consumer-friendly.

The State Balancing Incentive Payments Program, included in the ACA, is designed to enhance matching payments from home and community-based services waivers, PACE programs and home health and personal assistance under the state Medicaid plan. The program, which began accepting applications in October 2011, requires that states adopt a set of administrative changes. These changes include a "no-wrong door single entry point system" that streamlines the statewide system of access points for HCBS, provides for conflict-free case management, and develops a standardized assessment instrument to be used statewide to determine eligibility for non-institutional services.

During the 2010 legislative session, Colorado passed a bill (HB 10-1053) calling for a study of whether the current flat-rate payment method for Alternative Care Facilities (ACFs) is the most efficient use of the state's Medicaid dollars. The study will analyze the effectiveness of a tiered rate structure for ACFs and how

What Other States Are Doing

- **Shifting Toward Home and Community-based Care – The majority of upgrades by states in FY 2010 involved expanding home and community-based services. The pace of these expansion and improvement efforts slowed in the face of economic constraints.**
- **Examining Managed Care Options – Seven states were involved in some sort of managed care initiatives for long-term care in FY 2010, with another six examining ways to integrate acute and long-term support and services within a managed care delivery system in FY 2011.**
- **Reducing Some Services to Cut Costs – FY 2010 saw 18 states take new measures to control utilization and reduce other long-term care services.**
- **Still Finding Ways to Improve and Expand – Despite the tough economy, 32 states expanded long-term services and supports in FY 2010, and another 32 planned improvements in FY 2011. Twenty-three states adopted new types of home and community-based service waivers or expanded existing waivers in FY 2010, but that was a decline from 27 in FY 2009 and 38 in FY 2008.**

* Source: "Hoping for Economic Recovery, Preparing for Health Reform: A Look at Medicaid Spending, Coverage and Policy Trends Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2010 and 2011"; September 2010; Kaiser Commission on Medicaid and the Uninsured / Kaiser Family Foundation

it could reduce placements in nursing facilities and generate potential savings to Colorado's Medicaid budget.

Options for Colorado

Colorado and the federal government, through the ACA, are exploring other options to enhance the LTSS delivery system, including investing in ways to streamline the payment structure for individuals who qualify for both Medicare and Medicaid and to create a national LTSS insurance program.

The ACA established the Federal Coordinated Health Care Office (Medicare-Medicaid Coordination Office) to serve people who receive benefits from both Medicaid and Medicare (often called "dual eligibles"). Challenges regarding coordination between the programs can impact an individual's care and ultimately increase health care costs. To help states streamline the financing of care for dual eligibles, the Federal Coordinated Health Care Office awarded $1 million grants to 15 states, including Colorado. With this grant, the state is exploring enrolling dual eligibles into Colorado Medicaid's Accountable Care Collaborative (ACC).

The ACC is intended to improve coordination among Medicare and Medicaid providers by integrating the patient-centered medical home model with an emphasis on primary and preventive care, applying best practices in care coordination and medical management, and bringing a new level of information and data analytics to the Medicaid program. The intent of the initiative is to allow Colorado's Medicaid program to evaluate how care is delivered to this population to ensure effective care coordination and outcomes-based rewards.[xxvi]

Meanwhile, a number of states are investigating managed care programs rather than the widespread fee-for-service payment programs.[xxvii] For these programs to be successful in trimming costs as well as improving outcomes, a heightened level of cooperation and coordination among care providers will be essential.

Conclusion

LTSS is a multi-faceted system that affects a significant portion of the population. The needs of people in the system are often complex and require a high level of coordination, which can be lacking now. Care transitions, for example moving from hospital discharge to home, are often planned poorly. This can lead to increased complications as communication within the health care system breaks down. The efforts underway to address the inefficiencies in this system may lead to several benefits, including higher satisfaction among consumers and health professionals, lower rates of unnecessary institutionalization and potential cost savings for both state and federal governments. As Colorado and the nation experience an aging population and tighter fiscal constraints, it is an opportune time to tackle LTSS challenges.

For more information on Medicaid and Long-term Services and Supports, see CHI's paper, *Colorado Medicaid: Options for Cost Containment*.

Endnotes

[i] National Clearinghouse for Long Term Care Information, U.S. Department of Health and Human Services. "Will You Need LTC?" http://www.longtermcare.gov/LTC/Main_Site/Understanding/Definition/Know.aspx

[ii] National Clearinghouse for Long Term Care Information.

[iii] Feder, J, HL Komisar and M Niefield. (2000). "Long-term care in the US: An overview." *Health Affairs,* 19(3).

[iv] U.S. Department of Health and Human Services. (2008).

[v] Feder, J. (2000).

[vi] AARP. (2009). Across the States: Profiles of Long-term Care and Independent Living, Colorado. (Available at: http://assets.aarp.org/rgcenter/il/d19105_2008_ats_co.pdf).

[vii] Georgetown University. Long-Term Care Financial Project. "Long-term care: Support for family c aregivers. March 2004 issue brief. (Available at: http://ltc.georgetown.edu/pdfs/caregivers.pdf)

[viii] Colorado Department of Public Health and Environment (CDPHE). (2010). "Colorado Nursing Home Census Bed Report for: 09/30/2011." (Available at: http://www.cdphe.state.co.us/hf/ncf/census1.htm).

[ix] CDPHE. (2010).

[x] CDPHE. (2010).

[xi] HHS. (2008).

[xii] Colorado Department of Public Health and Environment. (2010). Health Facilities: Assisted Living Residences. (Available at: http://www.cdphe.state.co.us/hf/alr/index.html).

[xiii] University of California San Francisco, Center for Personal Assistance Services. (2005). Estimated number of PAS workers and workers per persons with self-care difficulty: Colorado. (Available at: http://www.pascenter.org/state_based_stats/acs_workforce_state_2005.php?state=colorado).

[xiv] The Commonwealth Fund, AARP and the SCAN Foundation. (2011). "Raising Expectations: A state scorecard on long-term care services and supports for older adults, people with physical disabilities, and family caregivers." (Available at: http://www.longtermscorecard.org/).

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303 E. 17th Avenue, Suite 930
Denver, Colorado 80203
coloradohealthinstitute.org