



COLORADO CROSS-DISABILITY COALITION

2024 Listening Tour Report

In 2024 we visited the following communities.

- ❖ Boulder
- ❖ Craig
- ❖ Delta
- ❖ Greeley
- ❖ Longmont
- ❖ Meeker
- ❖ Montrose
- ❖ Paonia
- ❖ Pueblo
- ❖ Steamboat Springs

Instead of doing larger turnout events, we asked to speak with smaller groups and had more intimate conversations asking the participants what the issues were in their communities. We also asked how we as a statewide organization could help.

We want to thank our host organizations:

- ❖ Arc of Pueblo
- ❖ Arc of West Central Colorado (Montrose/Delta)
- ❖ Center for People with Disabilities in Boulder/Longmont
- ❖ Connections for Independent Living-Greeley

- ❖ Northwest Colorado Center for Independence -Craig, Meeker, Steamboat
- ❖ The Learning Council-Paonia

We also want to thank Arc of Colorado and Disability Law Colorado for attending some of our sessions.

Please find here themes, bright spots, and pervasive problems as well as CCDC recommendations:

Themes:

- ✓ Communication –people need more, better and more personalized communication. Universally people want in person meetings, emails and some social media is OK as a supplement but should not replace dialogue. There is mass confusion when there are changes at the state level. People want dialogue opportunities before changes are made, and during the change process in their communities.
- ✓ The need for case management and care coordination. People really need a human to help them get through various systems. The need is for more than referrals.
- ✓ Lack of understanding of our state budget process and impacts of our state constitutional budget restrictions. Particularly in areas with no local taxes supporting programs, there was a lot of support for rate increases for providers, but lack of understanding of how that can happen, concern about why Denver had a higher minimum wage, and confusion about why some communities have more resources than others.
- ✓ Provider shortages are universal for Medicaid clients but the reasons for the shortages differ between communities. Some communities have genuine provider shortages. Others have shortages only for those providers that will serve Medicaid. This used to be a problem only with medical care but is now a problem for Long Term Services and Supports as well.

Bright Spots:

[The Center for People with Disabilities in Boulder](#) has certified well trained advocates to do benefits counseling and assist people with Social Security in some cases. They also have a peer-led disaster preparedness program and operate a fully inclusive, fully accessible, polling place for those who want to vote in person.

[Rio Blanco Human Services](#): We were blown away by the knowledge, competence, and compassion of the staff and partners of the Rio Blanco County Department of Human Services. We asked them how they were able to know all programs and keep up with the rules and maintain compassion for clients and they all credited the way they were trained. We immediately notified HCPF and suggested that their training department visit this county to see what they are doing.

Speaking for Ourselves Group in Delta: We were honored to be invited guests of the Speak for Ourselves group in Delta. It was a highlight to speak directly to people with Intellectual and Developmental Disabilities and their resilience and advocacy were impressive. Like others, they are having issues with adequate providers, particularly host homes.

[The Learning Council in Paonia](#): We enjoyed wonderful hospitality with great tea and homemade sourdough bread at this beautiful location. This is a place where people can belong and be included in their beloved community in an area where some people are not welcomed or included.

[Weld County Case Management Agency](#): It appears that in Weld County the transition to a Case Management Agency has gone relatively smoothly.

Pervasive Problems:

- ✓ **HCBS**: People are very confused and frustrated with our community based long term care programs. People did not know that case management changes were coming ahead of time. Once the problems started, there was no communication to the broader community about the problems and solutions. Specific concerns included but are not limited to:
 - Inability to move between waivers.
 - Provider shortages, and barriers when providers want to provide additional services or serve clients in additional waivers. No respite or behavioral providers, very little in home are other than family members.

- Case managers far behind, takes a long time to get response in some area, cannot find information about people in the system
- Day programs lost during pandemic have not come back
- Nursing facility transition and diversion programs are not working well due to systemic problems, such as lack of ability to start services before someone leaves the facility and wait to start services once someone leaves.

✓ **Transportation**

- Medicaid Transportation
 - Universal concern with the 25-mile rule everywhere outside of Metro Denver.
 - Universal opposition to installing a broker in rural communities.
- Transportation in general:
 - Transportation resources are very poor throughout the state. This causes a severe limit on those who are unable to drive due either to their disability or poverty. The lack of transportation limits job options and leads to social isolation.

✓ **Medicaid eligibility**

- People losing services and eligibility, when eligibility is restored often cannot get services restored.
- Eligibility staff in most areas still do not know about Medicaid Buy-In programs and are not referring to them.
- Confusion about how disability determination fits
- Problems during times of transition especially when someone on Medicaid becomes Medicare eligible.
- People submit information and it disappears.

✓ **Housing and poverty:** Every place we visited people talked about the cost of housing, which almost always exceeds what one gets on SSI and SSDI. The limited public housing in each area has long waiting lists. People are also unaware of tenant rights laws such as habitability.

✓ **Lack of accessible and welcoming community inclusion opportunities.**

People are isolated. They want to be involved with community activities, particularly recreation, sports, and cultural activities. Some architectural barriers

and many attitudinal barriers exist. Lack of transportation and poverty also contribute to these problems.

- ✓ **General Knowledge:** People report a lack of accessible comprehensible information on all topics, particularly related to Medicaid. However, there are other areas where there is a lack of knowledge including the state budget process, the ADA requirements and how they are enforced, and community mobilization.

Recommendations:

Below are recommendations and in CAPS ahead of each recommendation is to whom the recommendation is being made. This is with an understanding that this work requires partnership between different branches of government, advocates and others.

ALL: In person training: People really liked the in-person options. This does not mean that we should abandon virtual options, but that we should make a point of holding training and discussion in communities with local partnership and adequate advance notice.

STATE EXECUTIVE BRANCH AND ADVOCACY ORGANIZATIONS: Communication especially from the state. There was and is a lot of confusion about case management redesign. Many people said they did not know it was coming. In RAE region 4 people did not know about the RAE despite it being in place for years. When there are changes there needs to be much more community dialogue.

- ❖ The state should work with community partners to help explain changes with more in-person meetings.
- ❖ Meetings should be planned and well-advertised with ample advanced notice. There should be plain language materials and easy ways to ask questions of a human without having to fill out complicated forms or download anything.

LEGISLATURE: Vouchers can be a solution. In most (but not all) communities the issue is not that there is a provider shortage, but that the providers (including HCBS providers) are making more in the private sector. If all HCBS services and some Medicaid services like behavioral health could be consumer directed with budget authority clients could find the provider and pay market rent, without increasing the budget. They would not get all authorized hours but would get some care, whereas now they get none.

HCPF: Several specific recommendations related to current HCPF issues

- ❖ Provider shortages won't be solved with "professionalizing" the workforce. It will be solved with higher rates and reduced hassle.
- ❖ Lower Case Management caseloads
- ❖ Medicaid should raise HCBS income standards in January when SSA COLA is in effect, not in April.
- ❖ Change the 25-mile rule to something more reasonable or eliminate it for the Western Slope, Eastern Plains and all other rural areas.
- ❖ Require your transportation broker to timely remit mileage reimbursements and pay the same rate as state employees are paid when they travel
- ❖ Do NOT put the Western Slope or Eastern Plains under a broker
- ❖ Expand consumer directed options for other forms of HCBS to address the provider shortage
- ❖ Require county education programs like the one they have in Rio Blanco, particularly making sure all counties know about the Buy-In.

LEGISLATURE AND EXECUTIVE: **Remove or increase Medicaid asset test.** People are not enrolling due to small assets they own, and then end up on Medicaid but in a nursing facility. We understand that this will not solve SSI related issues.

ALL: Increase focus on **employment:**

HCPF, DOI, CHDS: Outreach and education to help people who are on **Medicaid and moving to Medicare.**

CDOT, COMMUNITY ADVOCACY ORGANIZATIONS: **Prioritize and promote transit** throughout the state.

ADVOCACY ORGANIZATIONS: **Education on TABOR** that is specific to LTSS.