

Colorado Alliance for Health and Independence

Bringing the Knowledge of Disability to the Opportunity of Accountable Care

Background

In 2004, disability advocates, policy analysts, and providers collaborated to design new approaches to care for people with disabilities who are served by the Colorado Medicaid program.

Authorizing Legislation

Senate Bill 06-128:

A nonprofit organization shall be based in Colorado and governed by a board that contains a majority of people with a disability or their family members and in collaboration with providers who have experience in representing the interests of adults with disabilities.

Strategy

Improve the quality of life and health care for people with disabilities by coordinating a cost effective network of integrated care services.

Provide the right care, at the right time,
in the right place.



Benefits

- Coordination across providers and sites of care.
- Maximize health, functioning and self-sufficiency for all people with disabilities.
- Prevent high cost medical complications by working with primary care teams.
- Optimize efficiency in the expenditure of taxpayer dollars and improve Medicaid value.



Unique Competencies

- Assessment of individual risk factors
- Timely response to urgent health needs
- Consumer-specific advocacy, health education and delivery



Disability Care Coordination Components

- Primary Care
- Care Coordination
- Community Living



Primary Care Component

- Choice of an experienced Medicaid primary care physician.
- Focus on prevention, early intervention and health education within the scope of the consumer's specific needs.
- Close communication between the consumer, their primary care physician, nurse practitioner, community coordinator, and all other supports.



Care Coordination Component

- Coordinate entire spectrum of care from acute to community-based services.
- 24/7 availability for emergent concerns.
- Utilize prevention and risk management strategies.
- Involve clients to facilitate personal responsibility for their health status and community participation.



Community Living Component

- Coordination of access to Home and Community Based Service waivers.
- Transitional, residential, and independent living settings.
- Coordination with social, vocational and professional services.
- Identify opportunities to streamline service delivery.



CAHI Pilot Program

- Start date is July 1, 2009.
- Outreach to disability community and their existing providers is currently underway.
- Denver metro area served during initial program rollout, with rural sites to follow.



Key Program Attributes

- Enrollment is voluntary and open to adults with all types of disabilities.
- Based on successful consumer-centered models in other states.
- Designed to comply and work within Colorado regulations, statues and eligibility processes.



Funding

- Medicaid Managed Care funding through Primary Care Physician Program
- Medicaid Fee for Service funding for specialty and acute care
- CAHI will be funded through Medicaid and grant funding



Grant Funding Sources

- Colorado Health Foundation
- Caring for Colorado Foundation
- Rose Foundation
- Temple Hoyne Buell Foundation



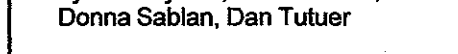
CAHI Board of Directors

Officers

- Mark Simon, President
- Christy Blakely, Vice President
- Ford Allison, Treasurer
- Belinda Toth, Secretary

Members

- Bob Semro, Ryan Christ, Mike Oliva, Lynn Parry MD, Julie Reiskin, Donna Sablan, Dan Tutuer

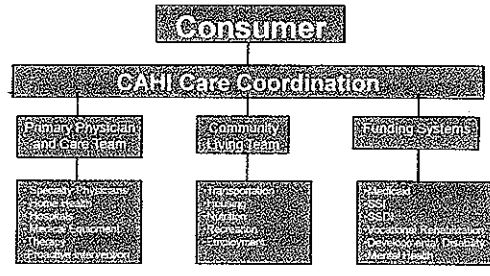


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How CAHI Can Improve the Health Care System for Individuals with Disabilities



www.coahi.org