



HCPF FY 2015-16 BUDGET AGENDA

Eliminate the Waitlist for the Children with Autism Waiver

[\\$367K General Fund](#) | [\\$4.8M Cash Funds](#) | [\\$10.6M Total Funds](#)

The Department requests funding to eliminate the enrollment cap for the Children with Autism Waiver which is currently set at 75 children, increase the age limit of the waiver to age 8, and guarantee children three years of services as long as they enroll in the waiver before age 8. The request also includes funding to increase the annual service cap limit to \$30K per child and allows that limit to fluctuate. There are currently 320 children on the waitlist for this waiver.

Provider Rate Increase

[\\$11.3M General Fund](#) | [\\$32.9M Total Funds](#)

The Department requests funding for a 0.5% across-the-board rate increase to all eligible Medicaid providers and a targeted 0.5% provider rate increase. This targeted increase would be utilized to address large disparities in reimbursement rates and to demonstrate the Department's commitment to pay for services that provide high value for clients. The Department will solicit proposals from providers interested in a targeted rate increase and present a prioritized list of recommendations to the Joint Budget Committee prior to Figure Setting in March.

Participant Directed Programs Expansion

[\\$816K General Fund](#) | [\\$1.7M Total Funds](#)

The Department requests funding to include Consumer Directed Attendant Support Services (CDASS) in the Supported Living Services Home and Community-based (HCBS-SLS) waiver program. CDASS allows clients who have personal care, homemaker and/or health maintenance attendant service needs to have greater control over the services they receive, how and when they are delivered, and by whom. This request also includes funding to hire a contractor and 1 FTE to analyze the feasibility of a new state plan option, Community First Choice (CFC), which would require personal care services to be available in the State Plan to all Medicaid clients who meet an institutional level of care. Moving to CFC would represent a redesign of \$500M of home and community-based services and would increase the state's Medicaid match rate by 6% for these services. More detailed analysis and dedicated staff support is needed to further analyze the costs and operational challenges of pursuing CFC.

Medicaid and CHP+ Enrollment Simplification

[\\$147K General Fund](#) | [\\$1M Total Funds](#)

The Department requests funding to simplify the way client income is counted when determining Medicaid and CHP+ eligibility, in order to reduce gaps in coverage. Specifically, the Department would determine a client's eligibility based on their annual income instead of their monthly income. Looking at monthly income causes gaps in coverage for seasonal workers or persons employed by small businesses that tend to make the majority of their income in particular months. The current policy can also result in persons with very high, but seasonal, income receiving public assistance when it is not genuinely appropriate. Moving to annual income would also align with how Connect for Health Colorado determines eligibility for federal tax subsidies for private health insurance. This request also includes funding to offer a one-month grace period for Child Health Plan *Plus* enrollment fees in order to reduce gaps in coverage.



Customer Contact Center Request

[\\$674K General Fund](#) | [\\$364K Cash Fund](#) | [\\$2M Total Funds](#)

The Department requests funds to hire 25 FTE for the Department's Customer Contact Center which is the main point of contact for over one million Medicaid clients. Medicaid caseload has increased by 157,801 clients between January and June 2014, a 17% increase, and call volumes have increased 328%, when comparing May 2013 to May 2014. The Department's current 17 call center representatives, 7 of whom are temporary employees, cannot adequately answer Colorado Medicaid's 1.1 million clients without excessive call wait times and drop rates.

Personal Health Records and Health Education

[\\$122K General Fund](#) | [\\$772K Total Funds](#)

The Department requests funds to allow clients to access their personal health record (PHR) through an online portal that would include free online health education resources. As more medical providers switch to electronic health records connected to Colorado's Health Information Exchange, clients would be able to access their personal health records, allow their providers to share information which can improve health outcomes for the client, and reduce duplicative services which results in lower health care costs. With access to this information, clients would be better able to manage their own health, improving overall outcomes and helping to reduce long term cost trends.

Public Health and Medicaid Alignment

[\\$495K General Fund](#) | [\\$1.4M Total Funds](#)

The Department requests funds to align the work of Colorado's Local Public Health Agencies (LPHAs) with the Accountable Care Collaborative (ACC). Colorado currently has 54 LPHAs serving 64 Colorado counties that focus on population health, public health initiatives, community health outreach, health education, and many provide direct services such as immunizations and cancer screenings. By formalizing the relationship between LPHAs and the ACC, the Department can bridge the gap between direct health care and population based health interventions that have the potential to lower health care costs in the long term.

Accountable Care Collaborative Reprourement Preparation

[\\$125K GF](#) | [\\$250K Total Funds](#)

The Department requests funding to hire contractors to help prepare for and manage the Accountable Care Collaborative (ACC) reprourement process that will begin in July 2016. The ACC Program serves as Colorado's platform for reforming Medicaid care delivery, and has demonstrated a significant return on investment while simultaneously improving client outcomes. The ACC reprourement presents an important opportunity to make significant improvements in the ACC Program. This request will help implement a robust strategic planning and stakeholder process with a goal of moving towards integration, including behavioral health integration, at both the system level and at the point of care.

School Based Early Intervention for Substance Abuse

[\\$1.9M GF](#) | [\\$4.2M Total Funds](#)

The Department requests funding to continue school-based prevention and early intervention services related to the legalization of recreational marijuana through Colorado's Behavioral Health Organizations (BHO). Recognizing the need to increase the availability of targeted outreach programs in schools, this continued funding will be used to maintain and expand upon the essential resources needed for early intervention and prevention of youth marijuana use.

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