

HCPF 2014 Legislative and Budget Agenda

Legislation

Aligning State Medicaid Eligibility Categories with Federal Law

This legislation would consolidate the numerous eligibility categories (now obsolete under federal law) in statute into four categories with standardized age and income limits. The four categories are: children, pregnant women, parents and caretakers, and adults. This legislation alignment will not affect current eligibility requirements or the services clients receive.

Nursing Facility Provider Fee Clarification

This legislation is needed to clarify that prior year rate adjustments, including settlements and appeals, will be handled through a payment process in the following year through the Nursing Facility Provider Fee. These changes were recommended by the AG and agreed to by impacted stakeholders. Clarifying the statute helps reduce the risk of appeals.

DHS/HCPF Transfer of Authority

Technical in nature, this legislation is a continuation the Department's ability to transfer Medicaid funds to the Department of Human Services for administering programs paid for by Medicaid. This section of statute includes a repeal date of September 1, 2014 and this legislation will eliminate the repeal date.

Budget Requests

Expand Medicaid Health Information Technology

The Department requests funding to assist Medicaid providers with adopting electronic health record (EHR) systems and connect to Colorado's health information technology network. The Department requests funding to build interfaces and an electronic infrastructure that would allow Medicaid client health data to be aggregated and exchanged between provider EHR systems, the Department's claims system, and other Medicaid-related systems in the state.

Provider Rate Increase

The Department requests a 1% across-the-board rate increase to all eligible Medicaid providers. In addition, the Department requests a targeted 0.5% provider rate increase to allow the Department to rebalance certain rates for more appropriate reimbursement and incentivize outcomes rather than over-utilization. The targeted rate allocation will be determined through a stakeholder process.

Specialty Care Payment Reform

This request will allow the Department to explore telemedicine technology to allow primary care physicians to exchange patient information with specialist physicians without the need for an in person patient visit with the specialist. This will allow the Department to pay physicians and specialists to electronically evaluate referrals prior to providing services to avoid inappropriate client visits to a specialist. Telemedicine technology will allow for



increased access to care for clients in rural areas as well as reduces unnecessary utilization of specialty care by allowing specialists to virtually screen clients.

Eliminate Supported Living Services Wait List and Increase Service Cap Limits

Fund 1,526 enrollments to eliminate the HCBS-SLS waiting list and increase the maximum amount for each Service Plan Authorization Limit level by 20%. The request will also increase the maximum service limit per person from \$35,000 to \$45,000 per year.

Increase Slots on Developmentally Disabled Waitlist

Fund 186 additional slots on the HCBS-DD waiver for youth transitioning out of foster care from the Child Welfare System, emergency enrollments, and individuals transitioning out of institutional settings including the mental health institutes and the Regional Centers.

Family Supportive Service Restoration

The Family Support Services Program (FSSP) provides funding for families of individuals with developmental disabilities who do not receive Medicaid to help offset the cost of providing care. Services include home/vehicle modifications; medical and dental expenses; professional services such as counseling; respite care; and transportation for families who provide care for a family member with a developmental disability in the home. This funding will provide families the support they need for services that are above and beyond those typically incurred by a family for child rearing or daily expenses.

Community Living Initiatives

Through this request, the Department will partner with the Division of Housing in the Department of Local Affairs to provide housing vouchers for individuals interested in transitioning out of institutions and into the community. This funding will also be used to provide options counseling for clients in institutional placement to learn about housing options in the community and to oversee home modifications.

Eligibility Determination for Counties

The Department requests to repurpose freed up General Fund dollars from an enhanced federal match to fund incentives for counties for improvement in application processing, fund Medical Assistance sites, and establish coordinated payment methodologies for all Medicaid application processing sites.

Complex Needs Clients

The Department's Hospital Back-Up (HBU) program provides treatment designed for the highest-acuity patients, but the program lacks incentives for providers to do more than maintain clients' health. In order to pursue optimal health goals for its clients, the Department recommends reforming the HBU program to provide a continuum of options for every level of health need that a client might possess, while also constantly striving for the health improvement of clients with a focus on quality of life enhancement.

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