

Colorado Legislative Council Staff Fiscal Note

STATE

CONDITIONAL FISCAL IMPACT

Drafting Number: LLS 12-0763
Prime Sponsor(s): Sen. Newell
 Rep. Summers

Date: February 9, 2012
Bill Status: Senate Health and Human Services
Fiscal Analyst: Kerry White (303-866-3469)

TITLE: CONCERNING THE PARTICIPATION OF PROVIDERS OF LONG-TERM CARE IN MEDICAID CARE COORDINATION PROGRAMS.

Fiscal Impact Summary	FY 2012-2013	FY 2013-2014
State Revenue		
State Expenditures	Potential increase - see State Expenditures section.	
FTE Position Change		
Effective Date: Upon signature of the Governor, or upon becoming law without his signature.		
Appropriation Summary for FY 2012-2013: None required.		
Local Government Impact: None.		

Summary of Legislation

This bill requires that the Department of Health Care Policy and Financing (DHCPF) allow long-term care providers to participate if it establishes a program of health homes for chronic conditions. It also requires the DHCPF to permit long-term care providers to contract with regional care collaborative organizations (RCCOs) either as health homes or to provide primary, specialty, or long-term care supports.

Background

Under the federal Patient Protection and Affordable Care Act (ACA), a health home is defined as a model of integrated service delivery for persons with chronic conditions. ACA authorizes states to implement a health home model and provides an enhanced federal match of 90 percent for certain costs, including: comprehensive case management, care coordination, health promotion, comprehensive transitional care, patient and family support, referrals to community and social support services, and use of health information technology to link services. The DHCPF is currently investigating the feasibility of implementing a health home program.

Under current practice, RCCOs may contract with all providers, including long-term care providers.

State Expenditures

If the DHCPF decides to move forward with implementing a health home program, this bill may increase state expenditures to include reimbursements to providers of long-term care services and supports. As the department has not yet completed its analysis of whether to develop a home health program and it is unknown what mix of providers would be included in the program, such expenditures are conditional and cannot be estimated at this time.

Departments Contacted

Health Care Policy and Financing