COLORADO
Department of Health Care Policy & Financing

MINUTES

State Medical Assistance & Services Advisory Council

Virtual Meeting
November 18, 2020: 6:00 P.M. – 7:30 P.M.
Virtual Meeting via Google: https://meet.google.com/bxb-dntm-wsg
Call-In Number: 1-530-500-4073 Pin: 740412416#

1. 6:00 Call to Order

Jill Atkinson

2. Roll Call: MEDICAL ASSISTANCE & SERVICES ADVISORY COUNCIL MEMBERS

Members Excused: Sarah Elliot, Margaret Tomcho

Members Present:

Jill Atkinson	Jasmine White	Leah Schulz
Heather Gitchell	Kimberley Jackson	Katya Maurtison
Peter McNally	Janet Puglisi	Christopher Newman
J. Ron DeVries	Erika Alexander	Theresa Buxton
Josina Romero O'Connell		

3. Introductions & Welcome to New Council Members

Marceil Case

4. Department Budget Updates

Josh Block

- Thanks to an improved economic forecast, the Governor's FY 2021-22 Budget is able to restore many of the major reductions taken in FY 2020-21. The overall operating increase is more than 7% above FY 2019-20.
- The State also has one-time funding available to pursue targeted economic stimulus - making immediate investments in Colorado businesses and families to help them make it through the winter and rebound our economy faster than other states.
- However, the long-term budget outlook is still out-of-balance and uncertain. The State needs to minimize ongoing operating costs that could require more painful cuts in FY 2022-23.

Base adjustments

Total impact: $150 million total funds; $215 million General Fund increase

- Base adjustments are technical changes to the budget based on items previously approved by the General Assembly.
- Key items include:

- Expiration of one-time financing mechanisms used to balance the FY 2020-21 budget, including $161 million HAS Fee and $25 million in additional federal relief
- Full year implementation of the Substance Use Disorder benefit - $130 million TF, $25.6 million GF.

Caseload Requests

Total impact: $297 million total funds, $248 million General Fund increase

Caseload is driven by two main factors:
- The "Continuous Coverage" requirement
- The pandemic-induced recession

Enhanced Federal Funding

The Families First Coronavirus Response Act increased the federal match rate for most Medicaid services for all states while the Public Health Emergency is in effect.
- Colorado's federal medical assistance percentage (FMAP) went from 50% to 56.2%
- So far, the enhanced federal funds have created $565 million of General Fund relief.

Decision Items

Discretionary requests for funding.
Total impact: $20 million total funds, $9.5 million General Fund increase

These items protect and enhance high priority programs, provide strategic investments with one-time funding, and some technical items.

Key requests include:
- HCBS Remote Supports benefit
- Nurse Advice Line
- Supported Living Services Flexibility
- Convert contractor resources to FTE
- Restoring reductions to Family Medicine Residency Training Programs

In addition to standard requests, the Governor's Office made available one-time money for strategic investments:
- Behavioral Health Task Force – Shared Eligibility and Claims Processing
- Addressing Health Care Disparities – investments in data collection, which will help us hold providers accountable for community outcomes.

Budget Reductions

Total Impact: Reductions of $165 million total funds, $146 million General Fund

- Temporary budget reductions:
  $100 million total funds, $120.3 million General Fund
- Permanent budget reductions:
  $69.5 million total funds, $29.9 million General Fund

Temporary Budget Reductions

"Temporary" means that the reductions create savings in the current year, but not in future years.

- $80 million General Fund transfer from the Healthcare Affordability and Sustainability Fee
- $10 million General Fund transfer from the Primary Care Fund
- Reduction to Inpatient SUD Budget based on lower-than-expected projected costs
- Savings from delaying MMIS projects
- Savings from federal funds associated with enhanced FMAP

Permanent Budget Reductions

"Permanent" means that the reductions will not be restored until the General Assembly takes new action.

- Targeted rate and benefit reductions
- Capping enrollment in PACE
- Reducing Behavioral Health incentive payments (25%)
- Reduction to Health, Life, and Dental (2.5%)

But! No across-the-board provider reductions, staff reductions, or other broad-stroke type of savings items.

What's Next?

Joint Budget Committee Briefing and Hearing:

- Briefing: December 10, 2020
- Hearing: January 7, 2021
- Figure Setting: March 2021

Next revenue forecast: December 18, 2020

Start of the Legislative Session: January 13, 2021

5. Legislative Updates

Jill Mullen

Telemedicine Policy and Rates: Bill will amend the statute requiring HCPF to reimburse for telehealth visits at the same rate as in person visits. It may also refine the Department's authority to determine what services will and will not be eligible for telemedicine coverage

Case Management Redesign: proposal will help the department build a high performing conflict free case management system that serves all populations

Skilled Nursing Facility Demonstration of Need: the creation of a demonstration of need creates the framework for the department to develop criteria for authorizing the expansion of new skilled nursing Medicaid facilities.
Remote Supports for Adults in HCBS Waivers: Implement a remote support option into existing electronic monitoring services in several Home and Community Based waivers

Prescription Drug Importation Program: bill will expand importation to other countries pending a federal change.

6. Eligibility & Public Health Emergency Updates

Lisa Pera

There was a dramatic increase beginning April 2020 with the impact of COVID and Continuous Coverage.
The 2 populations which have seen the greatest increase in enrollment are Medicaid Children and Expansion Adults.
The Federal government dictate timing and length of the PHE, so no way for us to know with the PHE will end.
ON 102, HHS Secretary extended PHE effective 10/23. Extension can be 90 days at a time

7. Home and Community Based Services (HCBS) Waiver Amendments

Julie Masters

The Department intends to submit amendments for the following Home and Community-Based Services (HCBS) waivers:
• Persons with Brain Injury (BI)
• Community Mental Health Supports (CMHS)
• Developmental Disabilities (DD)
• Elderly, Blind, and Disabled (EBD)
• Persons with Spinal Cord Injury (SCI)
• Supported Living Services (SLS)

The Department will accept public comments from November 12 through December 11, 2020. The Department intends to submit the amendments to the Centers for Medicare and Medicaid Services (CMS) on December 14, 2020. The Department will request an effective date of March 10, 2021 for these waivers.

Explanations of changes within the waiver applications can be found below.

Public Comments will be accepted from November 12 through December 11, 2020.

Summary of Changes:

Update waiver to reflect new service definition for Adult Day Services
The Department is updating language in the waiver to reflect a new tiered structure for furnishing Adult Day services and the corresponding adjustments to the budget projections. BI will follow a new two-tiered billing structure while CMHS, EBD, and SCI will follow a three tiered structure.

Update waiver to reflect new service definition for Day Habilitation Service, Specialized Habilitation and Supported Community Connector
The Department is updating the language in the waiver to reflect the new tiered structure for furnishing Day Habilitation Service, Specialized Habilitation and Supported Community Connector and the corresponding adjustments to the budget projections. DD and SLS will follow a three-tiered structure.

Update Day Habilitation service, Specialized Habilitation and Supported Community Connector with an annual cap on spending
The Department is updating the Day Habilitation service with an annual cap on spending, according to service level. The cap is inclusive of Specialized Habilitation and Supported Community Connector and will allow members to choose the modality, type, and frequency in which they receive their services within the annual spending limit

To request a paper or electronic copy of the waiver amendments including the full draft waiver and/or

provide public comment please do so by:

- Phone: 303-866-3684
- Email: HCPF_LTSS.PublicComment@state.co.us
- Postal Mail: Department of Health Care Policy & Financing 1570 Grant Street, Denver, CO 80203 ATTN: HCBS Waiver Amendments
- Fax: 303-866-2786 ATTN: HCBS Waiver Amendments

8. Round Robin

9. Adjournment

Next Meeting will be held on January 27th from 6pm-7:30pm

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-5965 or mary.hoatam-belnay@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting to make arrangements.