

Schedule 13

Funding Request for the FY 2022-23 Budget Cycle

Health Care Policy and Financing

Request Title

S-16 HB 21-1166 Rollforward
BA-16 HB 21-1166 Rollforward

Dept. Approval By: 

X Supplemental FY FY 2021-22

OSPB Approval By: Meredith Moon

X Budget Amendment FY FY 2022-23

| Summary Information | Fund | FY 2021-22 | | FY 2022-23 | | FY 2023-24 | |
|---|--------------|-----------------------|----------------------|---------------------|------------------|----------------------|------------|
| | | Initial Appropriation | Supplemental Request | Base Request | Budget Amendment | Continuation Request | |
| | Total | \$20,770,683 | \$0 | \$20,374,867 | \$0 | \$0 | \$0 |
| | FTE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Total of All Line Items Impacted by Change Request | GF | \$6,740,590 | \$0 | \$6,677,630 | \$0 | \$0 | \$0 |
| | CF | \$3,257,637 | \$0 | \$3,155,524 | \$0 | \$0 | \$0 |
| | RF | \$150,000 | \$0 | \$150,000 | \$0 | \$0 | \$0 |
| | FF | \$10,622,456 | \$0 | \$10,391,713 | \$0 | \$0 | \$0 |

| Line Item Information | Fund | FY 2021-22 | | FY 2022-23 | FY 2023-24 | |
|--------------------------|------|--------------------------|-------------------------|--------------|---------------------|-------------------------|
| | | Initial Appropriation | Supplemental Request | Base Request | Budget Amendment | Continuation Request |

01. Executive Director's Office - General Professional Services and Special Projects

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|--------------|---------------------|------------|---------------------|------------|------------|
| Total | \$20,770,683 | \$0 | \$20,374,867 | \$0 | \$0 |
| FTE | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| GF | \$6,740,590 | \$0 | \$6,677,630 | \$0 | \$0 |
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| FF | \$10,622,456 | \$0 | \$10,391,713 | \$0 | \$0 |

| Auxiliary Data | |
|--|---|
| Requires Legislation? | NO |
| Type of Request? | Health Care Policy and Financing Prioritized Request |
| Interagency Approval or Related Schedule 13s: | None |



**Department Priority: S-16/BA-16
Request Detail: H.B. 21-1166 Rollforward**

| Summary of Funding Change for FY 2021-22 and FY 2022-23 | | | |
|---|-----------------------------|-----------------------|-----------------------|
| | | Incremental Change | |
| | FY 2021-22 Appropriation | FY 2021-22 Request | FY 2022-23 Request |
| Total Funds | \$20,770,683 | \$0 | \$0 |
| FTE | 0.0 | 0.0 | 0.0 |
| General Fund | \$6,740,590 | \$0 | \$0 |
| Cash Funds | \$3,257,637 | \$0 | \$0 |
| Reappropriated Funds | \$150,000 | \$0 | \$0 |
| Federal Funds | \$10,622,456 | \$0 | \$0 |

Summary of Request

The Department of Health Care Policy & Financing (the department) is requesting rollforward authority for funding appropriated through H.B. 21-1166 “Comprehensive Care Coordination and Treatment Training Model.” House Bill 21-1166 required the department to obtain a vendor by January 1, 2022 in order for the vendor to successfully complete trainings by March 30, 2023. The department released a Request for Proposals (RFP) to procure a vendor by January 1, 2022. However, the procurement failed as there were no bids from vendors, causing a delay in the expected completion of trainings. To ensure that funding remains available and the statutory objectives can be completed, the department is requesting rollforward authority on funds appropriated in FY 2021-22 as well as on funds appropriated in FY 2022-23. There is no fiscal impact to this request.

Current Program

The General Assembly passed H.B. 15-1368 in response to identified gaps in services for individuals with intellectual and developmental disabilities (IDD) who experience co-occurring behavioral health issues. The bill required the department to implement a pilot program to address gaps in services. The pilot ended in 2019 and found that coordination, rather than services, were missing in the crisis system. The department currently covers care coordination through the Regional Accountable Entities (RAEs), targeted case management through Case Management Agencies, and comprehensive care coordination through wraparound services for individuals enrolled in the Home and Community Based Services Children's Habilitation Residential Program (HCBS-CHRP) waiver. The department also received approval to implement wraparound services for children and youth with high behavioral health needs through S.B. 19-195 "Child and Youth Behavioral Health System Enhancements."

People with IDD and co-occurring behavioral health diagnoses continue to experience significant gaps in care paired with a lack of appropriate treatment. Thus, H.B. 21-1166 was signed into law on June 15, 2021 with the intention to train case managers, developmental disabilities service providers, and mental health center providers across the state in cross-system behavioral health crisis response for individuals with IDD. The goal of the training is to act as a preliminary measure to close these gaps in care. In addition, H.B. 21-1166 requires that the training must be available for up to 30 individuals across the state in order to adequately address the limited access to treatment in rural areas.

Section 25.5-10-209.3(2), C.R.S., requires the department to procure a vendor by January 1, 2022 to provide extensive statewide training to providers that work with individuals with IDD and co-occurring behavioral health needs. The vendor must use an evidence-based comprehensive care coordination and treatment model, have at least ten years of experience working with persons with IDD, be able to show demonstrated success in multiple states, have experience with rural issues, maintain a national database for information surrounding the impacts of the training, and be able to provide the training statewide using teleconference technology.

By March 1, 2022, case management agencies, mental health centers, and other program-approved service agencies in the state are required to nominate a provider in their geographic area for training in the model designed and provided by the vendor. Up to 20 providers may be selected and chosen providers must have a clinical background and prior experience working with the IDD population. Furthermore, the department is required to coordinate with case management agencies in underserved areas to select an additional ten providers to be trained in the model.

Providers must complete the training by March 30, 2023, and the department must reimburse participating providers at the provider's current pay rate for the time spent in training. The department has been appropriated \$67,680 in FY 2021-22 to be used for contractor costs and provider reimbursements related to H.B. 21-1166. For FY 2022-23, the department has been appropriated \$135,360. The entirety of this appropriation is from the General Fund.

The department's ability to adhere to the outlined timeline relies on its success in procuring a vendor by January 1, 2022.

Problem or Opportunity

To successfully meet the January 1, 2022 vendor procurement deadline that was listed in H.B. 21-1166, the department issued a solicitation for a vendor from September 27, 2021 through October 6, 2021. The department did not receive any responses to the solicitation. Due to specificity written in the bill for requirements of a vendor, there are limited vendors in the nation who meet the criteria to provide the type of training solicited. The department no longer finds it feasible to procure a vendor with the appropriate background and workload capacity by January 1, 2022. Obtaining a vendor is essential for provider trainings, as H.B. 21-1166 requires the selected vendor to design and provide the training model. The delay in vendor procurement means that the training model will not be available for selected providers by March 1, 2022. Therefore, providers will no longer be able to successfully complete the provided training by March 30, 2023 as H.B. 21-1166 originally required. Without granting rollforward authority to account for the delayed implementation, the department will not be able to successfully complete the requirements of the bill.

Proposed Solution

The department requests that the General Assembly grant rollforward authority on unspent funds appropriated in FY 2021-22 and FY 2022-23 to FY 2023-24. In the next two fiscal years, there is a total of \$203,040 appropriated for the design of the model and completion of provider training.

Granting rollforward authority, instead of a change to the affected appropriations, allows for flexibility since it is still uncertain when, or if, the department will be able to successfully procure a vendor. The entirety of the H.B. 21-1166 design and training completion relies on the department's success in obtaining a vendor. Before any of the 30 selected providers can begin training, the department must select a vendor and that vendor must complete the design of the training model. Moreover, because the funding appropriated through H.B. 21-1166 does not have rollforward authority, the department will be unable to pay a vendor or reimburse providers for the entirety of the training based on the delay caused by the failed procurement.

Anticipated Outcomes

Granting rollforward authority on these funds will enable the department to select a vendor for model design and to fully reimburse selected providers for completing training under the H.B. 21-1166, “Comprehensive Care Coordination and Treatment Training Model”. Before providers can begin their training, the department must successfully obtain a vendor who must develop the training model. Next, the department and case management agencies must select up to 30 total providers to be trained under the model.

Medicaid provision of the H.B. 21-1166 “Comprehensive Care Coordination and Treatment Training Model” will help meet the department’s FY 2021-22 Pillars of Member Health. One noted strategy of meeting the department’s goal is to collaborate with other state agencies and stakeholders to establish the Behavioral Health Agency and execute on the *Behavioral Health Task Force Blueprint Priorities*¹. One of these priorities is to train providers on how to accommodate special needs and disabilities. H.B. 21-1166 seeks to train behavioral health and IDD professionals to appropriately care for and treat individuals with IDD. Without rollforward authority, the department will be unable to reimburse these providers for their behavioral health training.

Assumptions and Calculations

The department is requesting to grant rollforward authority to the funds allocated in H.B. 21-1166. The department is currently allocated a total of \$203,040 between FY 2021-22 and FY 2022-23. Due to the delay caused by the failed procurement, the department expects that selected providers will be unable to finish training in FY 2022-23. A vendor is expected to be chosen between spring and summer 2022; subsequently, the department anticipates that it will not begin paying the vendor until the end of FY 2021-22 or beginning of FY 2022-23. The department anticipates that providers will finish training some time in FY 2023-24. Therefore, the department needs flexibility to roll forward funding for the project through FY 2023-24 to pay the vendor and reimburse providers for training.

Supplemental, 1331 Supplemental or Budget Amendment Criteria

This request meets supplemental criteria due to unforeseen contingencies that resulted due to the failed procurement. The department did not expect to receive no responses from vendors

¹<https://hcpf.colorado.gov/sites/hcpf/files/Behavioral%20Health%20and%20Integration%20Strategies%20PIAC%20S%20ubcommittee%20A%20Blueprint%20for%20Reform%20Packet%20October%202020.pdf>.

regarding the H.B. 21-1166 “Comprehensive Care Coordination and Treatment Training Model.” Therefore, the bill requires the development of a new timeline which has caused an unexpected delay in the completion of provider training around behavioral health.