

Department of Health Care Policy and Financing

Funding Request for the FY 2024-25 Budget Cycle

Request Title

R-09 Access to Benefits

Dept. Approval By: Erin Daly  Supplemental FY 2023-24

OSPB Approval By: Adrian Leiter  Budget Amendment FY 2024-25

X  Change Request FY 2024-25

Summary Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$331,427,606</b>	<b>\$0</b>	<b>\$305,910,964</b>	<b>\$14,297,164</b>	<b>\$14,196,710</b>
	FTE	741.0	0.0	732.1	0.9	1.0
<b>Total of All Line Items Impacted by Change Request</b>	GF	\$68,283,978	\$0	\$70,237,497	\$3,122,077	\$3,071,935
	CF	\$66,454,724	\$0	\$51,283,107	\$1,946,204	\$1,946,116
	RF	\$3,184,377	\$0	\$3,372,784	\$0	\$0
	FF	\$193,504,527	\$0	\$181,017,576	\$9,228,883	\$9,178,659

Line Item Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$68,472,030</b>	<b>\$0</b>	<b>\$68,122,067</b>	<b>\$51,799</b>	<b>\$56,304</b>
	FTE	741.0	0.0	732.1	0.9	1.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$25,204,598	\$0	\$26,276,162	\$16,058	\$17,454
General Administration - Personal Services	CF	\$7,546,836	\$0	\$6,115,966	\$9,842	\$10,698
	RF	\$2,674,462	\$0	\$2,881,078	\$0	\$0
	FF	\$33,046,134	\$0	\$32,848,861	\$25,899	\$28,152
	<b>Total</b>	<b>\$10,436,584</b>	<b>\$0</b>	<b>\$12,628,886</b>	<b>\$10,150</b>	<b>\$11,033</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$4,144,398	\$0	\$5,369,355	\$3,147	\$3,420
General Administration - Health, Life, and Dental	CF	\$753,615	\$0	\$822,903	\$1,929	\$2,096
	RF	\$221,797	\$0	\$221,797	\$0	\$0
	FF	\$5,316,774	\$0	\$6,214,831	\$5,074	\$5,517
	<b>Total</b>	<b>\$98,551</b>	<b>\$0</b>	<b>\$118,120</b>	<b>\$73</b>	<b>\$80</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$38,706	\$0	\$50,471	\$23	\$25
General Administration - Short-term Disability	CF	\$7,097	\$0	\$6,635	\$14	\$15
	RF	\$1,911	\$0	\$1,911	\$0	\$0
	FF	\$50,837	\$0	\$59,103	\$36	\$40
	<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$362,760</b>	<b>\$206</b>	<b>\$224</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$0	\$0	\$154,853	\$64	\$69
General Administration - Paid Family and Medical Leave Insurance	CF	\$0	\$0	\$26,394	\$39	\$43
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$0	\$0	\$181,513	\$103	\$112
	<b>Total</b>	<b>\$3,290,125</b>	<b>\$0</b>	<b>\$3,943,068</b>	<b>\$2,293</b>	<b>\$2,492</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,292,773	\$0	\$1,682,899	\$711	\$773
General Administration - Amortization Equalization Disbursement	CF	\$237,090	\$0	\$224,338	\$436	\$473
	RF	\$62,817	\$0	\$62,817	\$0	\$0
	FF	\$1,697,445	\$0	\$1,973,014	\$1,146	\$1,246

Line Item Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
		Initial Appropriation	Supplemental Request	Base Request	Change Request	Continuation
	<b>Total</b>	<b>\$3,290,125</b>	<b>\$0</b>	<b>\$3,943,067</b>	<b>\$2,293</b>	<b>\$2,492</b>
01. Executive Director's Office, (A) General Administration, (1)	FTE	0.0	0.0	0.0	0.0	0.0
General Administration - Supplemental	GF	\$1,292,773	\$0	\$1,682,899	\$711	\$773
Amortization	CF	\$237,090	\$0	\$224,338	\$436	\$473
Equalization	RF	\$62,817	\$0	\$62,817	\$0	\$0
Disbursement	FF	\$1,697,445	\$0	\$1,973,013	\$1,146	\$1,246
	<b>Total</b>	<b>\$3,703,098</b>	<b>\$0</b>	<b>\$2,922,539</b>	<b>\$7,000</b>	<b>\$735</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,424,388	\$0	\$1,231,171	\$2,170	\$228
General Administration - Operating Expenses	CF	\$461,677	\$0	\$239,086	\$1,330	\$140
	RF	\$40,724	\$0	\$22,515	\$0	\$0
	FF	\$1,776,309	\$0	\$1,429,767	\$3,500	\$367
	<b>Total</b>	<b>\$3,925,908</b>	<b>\$0</b>	<b>\$3,711,808</b>	<b>\$4,650</b>	<b>\$4,650</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$1,477,587	\$0	\$1,470,812	\$1,442	\$1,442
General Administration - Leased Space	CF	\$448,474	\$0	\$348,876	\$884	\$884
	RF	\$38,849	\$0	\$38,849	\$0	\$0
	FF	\$1,960,998	\$0	\$1,853,271	\$2,324	\$2,324
	<b>Total</b>	<b>\$62,877,160</b>	<b>\$0</b>	<b>\$34,123,691</b>	<b>\$350,000</b>	<b>\$250,000</b>
	FTE	0.0	0.0	0.0	0.0	0.0
01. Executive Director's Office, (A) General Administration, (1)	GF	\$13,811,567	\$0	\$12,477,539	\$175,000	\$125,000
General Administration - General Professional Services and Special Projects	CF	\$16,155,462	\$0	\$2,665,692	\$0	\$0
	RF	\$81,000	\$0	\$81,000	\$0	\$0
	FF	\$32,829,131	\$0	\$18,899,460	\$175,000	\$125,000
	<b>Total</b>	<b>\$175,334,025</b>	<b>\$0</b>	<b>\$176,034,958</b>	<b>\$13,868,700</b>	<b>\$13,868,700</b>
	FTE	0.0	0.0	0.0	0.0	0.0
05. Indigent Care Program, (A) Indigent Care Program, (1)	GF	\$19,597,188	\$0	\$19,841,336	\$2,922,751	\$2,922,751
Indigent Care Program - Children's Basic Health Plan Medical and Dental Costs	CF	\$40,607,383	\$0	\$40,608,879	\$1,931,294	\$1,931,294
	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$115,129,454	\$0	\$115,584,743	\$9,014,655	\$9,014,655

**Auxiliary Data**

**Requires Legislation?** YES

**Type of Request?** Health Care Policy and Financing  
Prioritized Request

**Interagency Approval or  
Related Schedule 13s:**

No Other Agency Impact

Line Item Information	Fund	FY 2023-24		FY 2024-25		FY 2025-26
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	<b>Total</b>	<b>\$62,877,160</b>	<b>\$0</b>	<b>\$34,123,691</b>	<b>\$350,000</b>	<b>\$250,000</b>
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	<b>Total</b>	<b>\$175,334,025</b>	<b>\$0</b>	<b>\$176,034,958</b>	<b>\$13,868,700</b>	<b>\$13,868,700</b>
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	RF	\$0	\$0	\$0	\$0	\$0
	FF	\$115,129,454	\$0	\$115,584,743	\$9,014,655	\$9,014,655

**Auxiliary Data**

**Requires Legislation?** YES

**Type of Request?** Health Care Policy and Financing  
Prioritized Request

**Interagency Approval or  
Related Schedule 13s:**

No Other Agency Impact



**Department Priority: R-9**  
**Access to Benefits**

Summary of Funding Change for FY 2024-25			
		Incremental Change	
	FY 2023-24 Appropriation	FY 2024-25 Request	FY 2025-26 Request
Total Funds	\$331,427,606	\$14,297,164	\$14,196,710
FTE	741.0	0.9	1.0
General Fund	\$68,283,978	\$3,122,077	\$3,071,935
Cash Funds	\$66,454,724	\$1,946,204	\$1,946,166
Reappropriated Funds	\$3,184,377	\$0	\$0
Federal Funds	\$193,504,527	\$9,228,883	\$9,178,659

**Summary of Request**

The Department requests funding for three separate initiatives that will promote greater access to care for Medicaid and CHP+ members. This includes funding for research and analysis into the planning, design and development of a Transplant Nurse Navigator program, funding to continue the Centers of Excellence in Pain Management pilot program, and funding to expand the Child Health Plan Plus (CHP+) to provide coverage for Autism Spectrum Disorder (ASD) treatments. The Department requests 0.9 FTE and \$14,297,164 total funds, including \$3,122,077 General Fund in FY 2024-25 and \$14,196,710 total funds, including \$3,071,935 General Fund in FY 2025-26 and ongoing. This request represents less than a 0.05% change to the Department’s budget for FY 2024-25 and subsequent years. This request aligns with the Department’s Performance Plan long-range goals of improving member health outcomes and improving member access to affordable and high-quality care which are strategic pillars 1 and 2 respectively.



Requires Legislation	Equity Impacts	Impacts Another Department?	Statutory Authority
Yes	Positive	No	25.5-1-201 (1) (a), C.R.S.

## ***Current Program***

### Pain Management Centers of Excellence

Initially funded through ARPA, the Centers of Excellence in Pain Management is a pilot program that offers pain management training to primary care medical providers (PCMP) as well as providing peer-to-peer consultations with pain specialists for primary care physicians. The program currently also has a benefit specialist that acts as a care coordinator for members receiving Home and Community Based Services (HCBS) and helps to coordinate appropriate referrals to mental health, substance use disorder (SUD), or chronic pain providers primarily via telemedicine using the best practices suitable for pain management. Currently, this program is designed to specifically help HCBS members with chronic pain navigate the Medicaid system to find providers that are best equipped to help them manage their pain and thrive. Over time this pilot program will collect a baseline of evidence and information pertaining to the HCBS population on how well members with chronic pain are able to get their needs met through the program.

### Organ Transplants

The Department currently covers organ procurement and transplantation as a benefit with a prior authorization requirement. Donor expenses for living organ donations are covered for kidney and liver transplants. Living organ donations for liver transplants require the transplant recipient to have received prior authorization for a living organ transplant procedure. Corneal and kidney transplants are benefits that do not require prior authorization.

### Autism Spectrum Disorder (ASD) Treatment Services on Medicaid and CHP+

The Department provides a wide range of behavioral and physical health benefits for children to ensure appropriate treatment and long-term health outcomes. In 2009, SB 09-244 Concerning Health Insurance Benefits for the Treatment of Autism Spectrum Disorders was passed which required all health insurance policies subject to state regulation to provide coverage to assess, diagnose, and treat Autism Spectrum Disorder (ASD). However, because of budgetary issues and financial constraints at the time, CHP+ was exempted from these mandatory coverage requirements under C.R.S. § 25.5-8-107. A legislative declaration in SB 09-244 stated that it was “the hope that such program may be able to include comparable services for autism spectrum disorders in the future.”

## ***Problem or Opportunity***

### Pain Management Centers of Excellence

The ARPA funding for the pain management pilot project will sunset on December 31, 2024. This pilot program was created to help address the shortage of available Medicaid providers that can treat HCBS members who have chronic pain. This program is just beginning to collect evidence and would benefit from two additional years of funding to help gather more information and inform whether to expand the program to serve all Health First Colorado members and not just those receiving HCBS services.

### Organ Transplants

At this point in time, there is not a program in Colorado available through Medicaid that focuses exclusively on improving the health outcomes and patient experiences for members that need solid-organ transplants. Because of this, these Medicaid members are often unaware of any available recourse and health care options accessible to them, both pre- and post-transplant. For example, there have been cases where Medicaid members have not attended their follow-up visits after receiving an organ transplant because of the distance of the facility and due to members not being aware that they can get assistance with transportation to transplant centers. This can lead to higher costs related to follow-up care and testing, along with potential hospital stays due to increased complications from the transplanted organ. There is an opportunity to improve the patient experience and health outcomes of members receiving an organ transplant with a better system of clinical management in place to not only inform and educate organ transplant recipients and donors, but to also help members navigate available Medicaid benefits and support offered from dialysis centers, transplant centers, transportation providers and the Regional Accountable Entities (RAEs).

### Access to Care for Children with Autism Spectrum Disorders

The statutory prohibition of ASD treatments on CHP+ continues to drive a service gap related to the care continuum for people with ASD. Pediatric behavioral therapies, such as Applied Behavioral Analysis (ABA) and related treatment models, are the clinical standard for treating the negative behaviors found in individuals with an ASD. Further, in 2014, the cost of raising a child with an ASD was estimated to be \$34,900 annually, with the greatest portion of that cost coming from parental or caregiver loss of work to care for their child with an untreated ASD.

## ***Proposed Solution and Anticipated Outcomes***

The Department requests \$14,297,164 total funds, including \$3,122,077 General Fund and 0.9 FTE in FY 2024-25 and \$14,196,710 total funds, including \$3,071,935 General Fund and 1.0 FTE in FY 2025-26 and ongoing to expand and enhance access to care to several key benefits in the Medicaid and CHP+ programs. This includes funding to continue the operations of the Centers of Excellence in Pain Management project, to conduct research and analysis into development

planning and design of a Transplant Nurse Navigator Program, and to grant access to care for children with Autism Spectrum Disorders.

#### Continuation of Pain Management Centers for Excellence

The Department requests 1.0 FTE and \$250,000 total funds of contractor funding in FY 2024-25 to continue to provide training in chronic pain management to PCMPs as well as peer-to-peer consultations with pain specialists for primary care physicians. Peer-to-peer consultations allow a physician who is treating a member who has chronic pain to reach out to a pain specialist for advice and guidance on best practices for treating and managing that member's pain symptoms. The request also includes funding for 1.0 FTE that will serve as a benefit specialist and to help coordinate referrals for members to providers that treat and manage chronic pain. The continuance of this program will help to address the shortage of available Medicaid providers that can treat members suffering from chronic pain by educating more providers in effective pain management methods.

#### Research and Analysis into the Design and Development of Transplant Nurse Navigator Program

The Department request \$100,000 in one-time contractor funding for FY 2024-25 for research and analysis on the development and design of a Transplant Nurse Navigator program. This research and analysis will include a focus on how a Transplant Nurse Navigator program would improve the member health outcomes and patient experience and save medical costs for members in need of solid organ transplants. The Department will also research the efficacy of hiring staff versus using the Regional Accountable Entities (RAEs) to provide benefit navigation for Medicaid members in need of solid organ transplants. The Department will use the feedback and recommendations gathered from the consultants as the foundation and support for creating a Transplant Nurse Navigator program, which could inform a future budget request to implement the program.

The Transplant Nurse Navigator program will improve member quality of care by enhancing and improving the clinical management and decision-making regarding the diagnosing, treating, and monitoring of conditions of members in need of solid organ transplants. The Transplant Nurse Navigator aims to improve member outcomes by promoting preemptive kidney transplants which has been established as the superior method of transplantation for donor recipients. Preemptive kidney transplantation can also help to reduce the costs and complications associated with Chronic Kidney Disease (CKD) and dialysis.<sup>1</sup>

#### Access to Care for Children with Autism Spectrum Disorders

The Department requests to bring the Child Health Plan *Plus* (CHP+) program into parity with other health insurance policies by providing coverage for Autism Spectrum Disorder (ASD) treatments, which include diagnosis; behavior training; behavior management training, such as Applied Behavior Analysis; habilitative or rehabilitative care, including speech therapy,

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<sup>1</sup> Alsharani, M, Basonbul, F, and Yohanna, S. Low Rates of Preemptive Kidney Transplantation: A Root Cause Analysis to Identify Opportunities for Improvement. *Journal of Clinical Medicine Research*. January 12, 2021. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7869566/>

occupational therapy, and physical therapy; pharmacy care; psychiatric care; and psychological care, including family counseling. Allowing the coverage of ASD treatments under CHP+ would require the amendment to statute that current prohibits this treatment. ASD treatments are universally acknowledged as beneficial to individuals with ASD. ASD treatments can improve health, daily functioning, and social engagement.<sup>2</sup> Individuals with ASD often experience high rates of unemployment, low participation in education beyond high school, and limited opportunity for engagement with their communities.<sup>3</sup>

**Supporting Evidence and Evidence Continuum**

The Department believes the “Continuation of the Centers of Excellence in Pain Management” initiative falls under Step 2 of the Evidence Continuum. Under the S.B. 21-284 definitions, this program would be characterized as “Theory-informed.”

The Department believes the “Transplant Nurse Navigator Program Research” initiative falls under Step 1 of the Evidence Continuum. Under the S.B. 21-284 definitions, this program would be characterized as “Gather Evidence”.

The Department believes that the “Access to Care for Children with Autism Spectrum Disorders” initiative falls under Step 5 of the Evidence Continuum. Under the S.B. 21-284 definitions, this program would be characterized as “Proven”. Evidence-based practices for ASD therapy include accepted interventions that have used scientific, controlled, experimental methods to determine treatments that are found to be effective for ASD. Expanding ASD therapy to CHP+ members will increase access to these practices proven to produce positive outcomes for children and youth with ASD.

Program Objective	<p>To provide education and training to primary care physicians on pain management methods for Medicaid members and to offer peer-to-peer support services for these primary care physicians.</p> <p>To cover autism spectrum disorder (ASD) pediatric behavioral therapy for CHP+ members. This request will bring the CHP+ program into parity with Medicaid and private health insurance policies and fulfill the intentions behind the mandatory ASD coverages required by SB 09-244.</p>
Outputs being measured	Utilization of emergency department services or emergency department visits among Medicaid members with severe chronic pain. The number of PCMPs participating in monthly training events and feedback from these

<sup>2</sup> <https://www.cdc.gov/ncbddd/autism/treatment.html>

<sup>3</sup> <https://www.cdc.gov/ncbddd/autism/autism-spectrum-disorder-in-teenagers-adults.html>

	participants. The number of CHP+ members obtaining services to treat ASD compared to the number of claims previously denied for ABA therapy.
Outcomes being measured	An increase in the number of providers that are trained in managing chronic pain. An increase in access to care for children eligible for CHP+ by covering behavioral health therapy for ASD.
Type and Result of Evaluation	Data collection on the efficacy of a provider-to-provider opioid teleconsultation service with a pain specialist in reducing inappropriate opioid use and emergency department visits. Pre-Post type of evaluation in children with autism spectrum disorders. Studies have shown having access to ASD treatments and can improve a child’s health, daily functioning, and improved social engagement and also increase their level of educational attainment and lower rates of unemployment.
S.B. 21-284 Evidence Category and Evidence Continuum Level	Centers of Excellence in Pain Management- Step 2, “Theory Informed” Increasing Access to Care for Autism Spectrum Disorders - Step 5, “Proven”

**Promoting Equitable Outcomes**

Continuation of Centers of Excellence in Pain Management

This request is expected to have positive equity impacts. Medicaid members in Colorado with acute and chronic pain face significant challenges in obtaining adequate care, resulting in profound physical, emotional, and societal costs. This population will have greater access to chronic pain services by helping members who encounter difficulties in finding primary care practitioners willing to care for them.

Research and Analysis into the Design and Development of Transplant Nurse Navigator Program

This request is also expected to have positive equity impacts for Medicaid members who suffer chronic kidney disease. Women, Black-Americans and Hispanics are all at a higher risk of developing kidney failure.<sup>4 5 6</sup> Transplant Nurse Navigators would serve as a clinical liaison between members by providing “navigation” of Medicaid benefits and support members, dialysis centers, transplant centers.

Access to Care for Children with Autism Spectrum Disorders

<sup>4</sup> America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2023.

<sup>5</sup> American Kidney Fund. Kidney Failure (ESRD) in Colorado 2021. <https://www.kidneyfund.org/sites/default/files/media/documents/Colorado-April-2021.pdf>

<sup>6</sup> Kidney Disease Surveillance System. Centers for Disease Control and Prevention. US Department of Health & Human Services. <https://nccd.cdc.gov/CKD/default.aspx>

Low-income families with a child with an ASD diagnosis are often affected by their child’s disability in ways, such as missing work to meet the behavioral needs of their child, which if left untreated can adversely affect the child’s educational and child’s care opportunities.

**Assumptions and Calculations**

Continuation of Centers of Excellence in Pain Management

The American Rescue Plan Act (ARPA) was signed into law on March 11, 2021 and includes funding to support a wide range of infrastructure activities, programs, and services. ARPA HCBS funding must be spent by December 31, 2024. Because of this the Department assumes that the Department would need new funding starting on January 1, 2025 in order to continue the position. A detailed list of the FTE position, along with the position classification and duties are provided below in Table 1.

**Table 1: FTE Description**

FTE	Position Classification	Position Name	Description
1.0	Administrator II	Chronic Pain Referral Coordinator	The position is responsible for coordination of care for Home and Community Based Services (HCBS) members that deal with chronic pain. The position will demonstrate sound knowledge of HCBS member benefit eligibility policies and will serve as the subject matter expert for HCBS chronic pain coordination of care. The position will coordinate appropriate HCBS member referrals to mental health, behavioral health, substance use disorder (SUD), or Centers of Excellence Chronic Pain providers primarily via telemedicine. This position will also coordinate with Regional Accountable Entities (RAE) to offer training and support to further expand the program and meet the needs of all members seeking treatment for chronic pain. Position will be responsible for policy research regarding benefit eligibility available under different waivers, geographic accessibility for members residing all over the state of Colorado, and best practices for chronic pain management.

The Department's estimate of \$250,000 in contractor costs to continue the operations of the Pain Management Centers of Excellence project is based on a current American Rescue Plan Act (ARPA) contract that the Department has with the University of Colorado, School of Pharmacy.

Research and Analysis into Design and Development of Transplant Nurse Navigator Program

The Department's estimate of \$100,000 in contractor funding for this initiative is the anticipated cost for a vendor to conduct research, reporting, and planning of the Transplant Nurse Navigator program. It is based on current specialized contractor rates, which are estimated to be \$150 per hour for one FTE for approximately 25 weeks.

Access to Care for Children with Autism Spectrum Disorders

To estimate the total cost of adding the coverage of ASD treatments to the CHP+ program, the Department analyzed historic expenditure of ASD treatments for children enrolled in Medicaid. The Department assumes that the average ASD treatment cost per child enrolled in CHP+ would be similar to the average cost per child enrolled Medicaid. The Department has multiplied the average ASD treatment cost per child enrolled in Medicaid by the CHP+ child population to estimate the total cost. A detailed calculation can be found in Table 3.1 of the Appendix.

Table 1.1 Summary by Line Item FY 2024-25									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	\$51,799	\$1	\$16,058	\$9,842	\$0	\$25,899	50.00%	Table 4, Personal Services
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	\$10,150	\$0	\$3,147	\$1,929	\$0	\$5,074	50.00%	Table 4, HLD
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	\$73	\$0	\$23	\$14	\$0	\$36	49.00%	Table 4, STD
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	\$2,293	\$0	\$711	\$436	\$0	\$1,146	50.00%	Table 4, AED
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$2,293	\$0	\$711	\$436	\$0	\$1,146	50.00%	Table 4, SAED
F	(1) Executive Director's Office; (A) General Administration; Paid Family and Medical Leave Insurance	\$206	\$0	\$64	\$39	\$0	\$103	50.00%	Table 4, FAMI
G	(1) Executive Director's Office; (A) General Administration; Operating Expenses	\$7,000	\$0	\$2,170	\$1,330	\$0	\$3,500	50.00%	Table 4, Operating Expenses
H	(1) Executive Director's Office; (A) General Administration; Leased Space	\$4,650	\$0	\$1,442	\$884	\$0	\$2,324	50.00%	Table 4, Leased Space
I	(1) Executive Director's Office; (A) General Administration; General Professional Services and Special Projects	\$350,000	\$0	\$175,000	\$0	\$0	\$175,000	50.00%	Table 5, Sum of Rows A through B
J	(5) Indigent Care Program, CBHP Medical and Dental Cost	\$13,868,700	\$0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 2.1, Row D
K	<b>Total Request</b>	<b>\$14,297,164</b>	<b>\$1</b>	<b>\$3,122,077</b>	<b>\$1,946,204</b>	<b>\$0</b>	<b>\$9,228,883</b>	<b>65.00%</b>	<b>Sum of Rows A through J</b>



Table 1.2 Summary by Line Item FY 2025-26									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	\$56,304	\$1	\$17,454	\$10,698	\$0	\$28,152	50.00%	Table 4, Personal Services
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	\$11,033	\$0	\$3,420	\$2,096	\$0	\$5,517	50.00%	Table 4, HLD
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	\$80	\$0	\$25	\$15	\$0	\$40	50.00%	Table 4, STD
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	\$2,492	\$0	\$773	\$473	\$0	\$1,246	50.00%	Table 4, AED
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$2,492	\$0	\$773	\$473	\$0	\$1,246	50.00%	Table 4, SAED
F	(1) Executive Director's Office; (A) General Administration; Paid Family and Medical Leave Insurance	\$224	\$0	\$69	\$43	\$0	\$112	50.00%	Table 4, FAML
G	(1) Executive Director's Office; (A) General Administration; Operating Expenses	\$735	\$0	\$228	\$140	\$0	\$367	50.00%	Table 4, Operating Expenses
H	(1) Executive Director's Office; (A) General Administration; Leased Space	\$4,650	\$0	\$1,442	\$884	\$0	\$2,324	50.00%	Table 4, Leased Space
I	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Medicaid Management Information Systems Maintenance and Projects	\$250,000	\$0	\$125,000	\$0	\$0	\$125,000	50.00%	Table 5, Sum of Rows A through B
J	(5) Indigent Care Program, CBHP Medical and Dental Cost	\$13,868,700	\$0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 2.1, Row D
K	<b>Total Request</b>	<b>\$14,196,710</b>	<b>\$1</b>	<b>\$3,071,935</b>	<b>\$1,946,116</b>	<b>\$0</b>	<b>\$9,178,659</b>	<b>65.00%</b>	<b>Sum of Rows A through J</b>

Table 1.3 Summary by Line Item FY 2026-27 and Ongoing									
Row	Line Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	(1) Executive Director's Office; (A) General Administration; Personal Services	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, Personal Services
B	(1) Executive Director's Office; (A) General Administration; Health, Life, and Dental	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, HLD
C	(1) Executive Director's Office; (A) General Administration; Short-term Disability	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, STD
D	(1) Executive Director's Office; (A) General Administration; S.B. 04-257 Amortization Equalization Disbursement	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, AED
E	(1) Executive Director's Office; (A) General Administration; S.B. 06-235 Supplemental Amortization Equalization Disbursement	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, SAED
F	(1) Executive Director's Office; (A) General Administration; Paid Family and Medical Leave Insurance	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, FAML
G	(1) Executive Director's Office; (A) General Administration; Operating Expenses	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, Operating Expenses
H	(1) Executive Director's Office; (A) General Administration; Leased Space	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 4, Leased Space
I	(1) Executive Director's Office; (C) Information Technology Contracts and Projects; Medicaid Management Information Systems Maintenance and Projects	\$0	\$0	\$0	\$0	\$0	\$0	N/A	Table 5, Sum of Rows A through B
J	(5) Indigent Care Program, CBHP Medical and Dental Cost	\$13,868,700	\$0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 2.1, Row D
K	<b>Total Request</b>	<b>\$13,868,700</b>	<b>\$0</b>	<b>\$2,922,751</b>	<b>\$1,931,294</b>	<b>\$0</b>	<b>\$9,014,655</b>	<b>65.00%</b>	<b>Sum of Rows A through J</b>

Table 2.1 Summary by Initiative FY 2024-25									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE Costs for a Referral Coordinator Position	\$78,464	\$1	\$24,326	\$14,910	\$0	\$39,228	50.00%	Table 3, FTE Calculations
B	Continue Pain Mgmt CoE Project	\$250,000	\$0	\$125,000	\$0	\$0	\$125,000	50.00%	Table 4.1, Row A
C	Transplant Nurse Navigator program planning and Development	\$100,000	\$0	\$50,000	\$0	\$0	\$50,000	50.00%	Table 4.1, Row B
D	Adding ASD Treatment to CHP+	\$13,868,700	\$0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 3.1, Row E
E	<b>Total Request</b>	<b>\$14,297,164</b>	<b>\$1</b>	<b>\$3,122,077</b>	<b>\$1,946,204</b>	<b>\$0</b>	<b>\$9,228,883</b>	<b>65.00%</b>	Sum of Rows A through C

Table 2.2 Summary by Initiative FY 2025-26									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE Costs for a Referral Coordinator	\$78,010	1.0	\$24,184	\$14,822	\$0	\$39,004	50.00%	Table 3, FTE Calculations
B	Continue Pain Mgmt CoE Project	\$250,000	0.0	\$125,000	\$0	\$0	\$125,000	50.00%	Table 4.2, Row B
C	Adding ASD Treatment to CHP+	\$13,868,700	0.0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 3.1, Row E
D	<b>Total Request</b>	<b>\$14,196,710</b>	<b>1.0</b>	<b>\$3,071,935</b>	<b>\$1,946,116</b>	<b>\$0</b>	<b>\$9,178,659</b>	<b>65.00%</b>	Sum of Rows A through B

Table 2.3 Summary by Initiative FY 2026-27 and Ongoing									
Row	Item	Total Funds	FTE	General Fund	Cash Funds	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	FTE Costs for a Referral Coordinator	\$0	0.0	\$0	\$0	\$0	\$0	N/A	Table 3, FTE Calculations
B	Continue Pain Mgmt CoE Project	\$0	0.0	\$0	\$0	\$0	\$0	N/A	Table 4.3, Row B
C	Adding ASD Treatment to CHP+	\$13,868,700	0.0	\$2,922,751	\$1,931,294	\$0	\$9,014,655	65.00%	Table 3.1, Row E
D	<b>Total Request</b>	<b>\$13,868,700</b>	<b>0.0</b>	<b>\$2,922,751</b>	<b>\$1,931,294</b>	<b>\$0</b>	<b>\$9,014,655</b>	<b>65.00%</b>	Sum of Rows A through B

<b>Table 3.1 - Estimated Costs to Include ASD Treatments Under CHP+</b>			
<b>Row</b>	<b>Item</b>	<b>FY 2024-25 &amp; Ongoing</b>	<b>Source/Calculation</b>
A	FY 2020-21 ASD Treatment Expenditure	\$99,879,600	FY 2020-21 expenditure for ASD treatments provided under Medicaid to children and youth
B	Utilizers	528,252	FY 2020-21 Medicaid child and youth utilizers
C	FY 2020-21 ASD Treatment Cost per Child	\$189.08	Row A / Row B
D	FY 2024-25 Projected CHP+ Child Population	73,350	February 2023 Forecast
E	<b>Total Estimated Impact</b>	<b>\$13,868,700</b>	<b>Row C * Row D</b>

Table 4.1 FY 2024-25 Contract Costs								
Row	Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Continue Operations of Pain Management CoE	\$250,000	\$125,000	\$0	\$0	\$125,000	50.00%	Based on previous estimates of pilot program under ARPA
B	Transplant Nurse Navigator program planning and Development	\$100,000	\$50,000	\$0	\$0	\$50,000	50.00%	Based on previous estimates of contract with similar scope of work
C	<b>Total Request</b>	<b>\$350,000</b>	<b>\$175,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$175,000</b>	<b>50.00%</b>	<b>Sum of Rows A through B</b>

Table 4.2 FY 2025-26 Contract Costs								
Row	Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Continue Operations of Pain Management CoE	\$250,000	\$125,000	\$0	\$0	\$125,000	50.00%	Based on previous estimates of pilot program under ARPA
B	<b>Total Request</b>	<b>\$250,000</b>	<b>\$125,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$125,000</b>	<b>50.00%</b>	<b>Row A</b>

Table 4.3 FY 2026-27 Contract Costs								
Row	Item	Total Funds	General Fund	Cash Fund	Reappropriated Funds	Federal Funds	FFP Rate	Notes/Calculations
A	Continue Operations of Pain Management CoE	\$0	\$0	\$0	\$0	\$0	N/A	Based on previous estimates of pilot program under ARPA
B	<b>Total Request</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>N/A</b>	<b>Row A</b>