



COLORADO
Department of Health Care
Policy & Financing

Department of Health Care Policy & Financing
1570 Grant Street
Denver, CO 80203

October 8, 2021

The Honorable Dominick Moreno, Chair
Joint Budget Committee
200 East 14th Avenue, Third Floor
Denver, CO 80203

Dear Senator Moreno:

Enclosed please find the Department of Health Care Policy and Financing's response to the Joint Budget Committee's Multi-Department Request for Information #5 regarding the programs funded with Tobacco Master Settlement moneys.

Each Department is requested to provide the following information to the Joint Budget Committee by October 1, 2021 for each program funded with Tobacco Master Settlement Agreement money: the name of the program; the amount of Tobacco Master Settlement Agreement money received and expended by the program for the preceding fiscal year; a description of the program including the actual number of persons served and the services provided through the program; information evaluating the operation of the program, including the effectiveness of the program in achieving its stated goals.

The Department is allocated Tobacco Settlement funding for the Children's Health Plan *Plus* (CHP+) and Children's Autism Program, and the attached report contains the programmatic information of the two programs. In the report, you will find an overview of the program, prior year financials, strategic priorities and key goals, partner relationships, program measures of success, and program opportunities and challenges.

If you require further information or have additional questions, please contact the Department's Legislative Liaison, Jo Donlin, at Jo.Donlin@state.co.us or 303-866-2573.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Bimestefer', written over a light blue horizontal line.

Kim Bimestefer
Executive Director

KB/maq

Enclosure(s): Health Care Policy and Financing FY 2020-21 Multi-Department RFI #5

CC: Representative Julie McCluskie, Vice-chair, Joint Budget Committee
Senator Chris Hansen, Joint Budget Committee
Representative Leslie Herod, Joint Budget Committee
Senator Bob Rankin, Joint Budget Committee
Representative Kim Ransom, Joint Budget Committee
Carolyn Kampman, Staff Director, JBC
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Parrish Steinbrecher, Health Information Office Director, HCPF
Rachel Reiter, External Relations Division Director, HCPF
Jo Donlin, Legislative Liaison, HCPF

Multi-Department LRFI #5 (Tobacco Master Settlement Agreement)

Joint Budget Committee's Multi-Department Request for Information #5 regarding the programs funded with Tobacco Master Settlement moneys

October 8, 2021

Submitted to: Joint Budget Committee



COLORADO
Department of Health Care
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I. Children’s Basic Health Plan

A. Program Overview:

Program Description:	The Children’s Basic Health Plan, known as the Child Health Plan <i>Plus</i> (CHP+), provides affordable health insurance to children under the age of 19 and pregnant women in low-income families, up to 260% of the Federal Poverty Level (FPL), who do not qualify for Medicaid and do not have private insurance. The program is primarily funded by tobacco settlement monies deposited in the Children’s Basic Health Plan Trust, Healthcare Affordability and Sustainability Fee cash fund, and federal funds.	
Eligible Population:	Uninsured children from 143% FPL to 260% FPL and uninsured pregnant women from 196% FPL to 260% FPL.	
Tobacco Settlement Monies Received:	FY 2020-21: \$14,464,690	
Services:	Number of Eligible Persons Served:	
Affordable health insurance and oral health care for CHP+ children and Prenatal Clients.	In FY 2020-21, average monthly caseload for CHP+ was 66,187 (65,421 children and 766 pregnant adults).	

B. Strategic Priorities and Key Goals

- Reduce the number of uninsured children and pregnant adults under 260% FPL that are not eligible for Medicaid.



C. Measures of Success:

Program Outputs	Program Outcomes
<ul style="list-style-type: none"> In FY 2020-21, CHP+ provided health care to an average monthly caseload of 66,187 children and pregnant adults who would have otherwise been uninsured. This represents a 14.56 percent decrease in the average monthly enrollment over FY 2019-20. 	<ul style="list-style-type: none"> Providing affordable health insurance to children under the age of 19 and pregnant women in low-income families who do not qualify for Medicaid and do not have private health insurance. Offering a defined benefit package that uses privatized administration.

D. Program Opportunities and Challenges:

The COVID-19 pandemic has continued to introduced challenges for the CHP+ program throughout FY 2020-21 as the state of Colorado responds to the ongoing Public Health Emergency (PHE). The PHE has presented opportunities for the state to implement programmatic and regulatory changes in support of public health. However, the need to modify policies and procedures to facilitate access to coverage and care has continued to shift limited resources to focus on responding to the public health crisis. Additionally, the Maintenance of Eligibility (MOE) provision introduced in the Families First Coronavirus Response Act (FFCRA), which requires states to maintain eligibility for Medicaid beneficiaries until the end of the PHE, has caused a decrease in CHP+ program enrollment, bringing the average monthly caseload to 66,187 children and pregnant adults during FY 2020-21.

The COVID-19 PHE also introduced a unique challenge to ensure CHP+ members are completing vital primary and preventative care visits. Throughout the pandemic, rates of vaccinations, primary, and preventative services among children has declined, which may impact long-term health outcomes for children. In response, the Department has taken steps to introduce flexibilities in accessing care via telehealth and will continue to collaborate closely with CHP+ Managed Care Organizations (MCOs) to ensure children catch up on missed vaccines, preventative services, and maintain access to care.

Despite the challenges presented during FY 2020-21, significant strides were made in CHP+ program improvement. In 2018, through the HEALTHY KIDS and ACCESS Acts, federal funding for the CHP+ program has been extended through



FFY 2026-27. This long-term funding extension has allowed the Department to focus on strategic improvements to modernize the CHP+ program. Throughout FY 2020-21, a priority for the Department has been to identify key areas of alignment between the CHP+ program and the Accountable Care Collaborative (ACC) program, and therefore bring the CHP+ program into increased alignment with the overall goals of improving member health, furthering performance outcomes, and reducing the cost of care for Coloradans. In alignment with those objectives, key areas of focus within the CHP+ program have included:

- Establishing increased alignment between the requirements for CHP+ and Medicaid MCOs
- Improving the exchange of necessary data and information to more effectively monitor program performance and member health
- Identifying key outcome and performance metrics to strengthen reporting requirements and consistency across CHP+ MCOs so the Department can better measure and manage the quality and cost of care across the CHP+ program
- Building the foundation of quality metrics, performance goals, and strategies to hold CHP+ MCOs accountable for achieving benchmarks
- Providing a framework for identifying targeted populations and conditions to ensure consistent application of evidence-based programs across CHP+ MCOs
- Identifying areas to improve operational processes and performance
- Fostering increased engagement with key stakeholders and improving mechanisms for collaborating in the sharing of ideas and best practices

As part of the effort to modernize the CHP+ program, at the end of FY 2020-21, the Department ended the State Managed Care Network (SMCN), the administrative service organization (ASO) for the CHP+ program. Moving forward, all CHP+ eligible members will be enrolled into a managed care organization. This expansion of a managed care delivery model within the CHP+ program represents improved continuity of care for members and a reduction in duplicative administrative tasks through leveraging the Department's capabilities and infrastructure. Additionally, during FY 2020-21, the Department was granted approval from CMS for a five-year extension of the state's 1115 Prenatal Demonstration. This Demonstration will continue to allow the state to receive Title XXI funds to support increased access to high-quality prenatal, delivery, and postpartum care, and improved health outcomes for low-income mothers and their babies.



FY 2020-21 represented significant strides toward improving and modernizing the CHP+ program. The Department will leverage the successes of the past year to continue pursuing strategic programmatic improvements, seek feedback and recommendations from key stakeholders to identify opportunities for alignment between CHP+ and Medicaid, and implement overall strategies to further improvement in the CHP+ program.



II. Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

A. Program Overview

Program Description:	HB 16-1408 added Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) to the services covered by the Colorado Autism Treatment Cash Fund. Starting in 2016, behavioral therapy services were moved out of various HCBS programs, including all children’s waivers, into the EPSDT benefit. These services are funded by tobacco settlement monies deposited in the Colorado Autism Treatment fund, General Fund, and federal funds.	
Eligible Population:	Per C.R.S. 25.5-6-805 the Colorado Autism Treatment fund was created for the purpose of paying for services provided to eligible children, EPSDT services, and program and participant evaluations. Eligible children are children under the age of six that have received a diagnosis of autism. The EPSDT benefit provides comprehensive and preventive health care services for children and youth ages 20 and under, who are enrolled in Health First Colorado. The only population that is eligible to be funded by the Colorado Autism Treatment Cash Fund, however, are those children with an autism diagnosis and who are under the age of eight at the time of service.	
Tobacco Settlement Monies Received:	FY 2020-21: \$1,613,611	
Services:	Number of Eligible Persons Served:	
Comprehensive community support treatment, mental health assessment, request for assessment, and adaptive behavior treatment.	1,162 average monthly utilizers under the age of eight	



B. Strategic Priorities and Key Goals

- Increase the quality of services to EPSDT children and youth with an autism diagnosis and under the age of eight who have a documented need for pediatric behavioral therapy services.

C. Measures of Success

Program Outputs	Program Outcomes
<ul style="list-style-type: none"> • Increased quality in provider documentation by standardizing documentation to reduce any unnecessary delays in care • Increased percentage of goals met per child • Increased quality of the prior authorization process 	<ul style="list-style-type: none"> • Serving the children most vulnerable to institutionalization without the services provided with quality services and higher percentage of goals met • Keeping children out of institutions and in their communities • Demonstrating improvement in the child’s expressive and receptive communication, adaptive skills, and a reduction in the severity of the child’s maladaptive behavior, including self-injurious or aggressive behavior and tantrums, through the use of standardized and norm-referenced treatment and assessments

D. Program Opportunities and Challenges

On September 14, 2015, the Centers for Medicare and Medicaid Services (CMS) denied the Department’s Children with Autism waiver expansion and requested that the State provide the services, when medically necessary, through Early and Periodic Screening, Diagnostic and Treatment (EPSDT). The Department has enrolled providers and is currently providing behavioral therapies to clients through the EPSDT program. Since behavioral therapy was the only service on the Children with Autism waiver, the Department submitted a Waiver Amendment to CMS to phase out the CWA waiver in



2018. The Department stopped all program and waitlist enrollments on January 2, 2018 and ended operations on July 1, 2018. The Department established transition monitoring procedures to work with Case Management Agencies and families to ensure client transitions were appropriate and timely.

In the fall of 2015 CMS also directed the Department to run the Pediatric Behavioral Therapies benefit under EPSDT and remove behavioral services for children and youth 20 years and under from the following waivers: Children's Extensive Support (CES) waiver, Children's Habilitative Residential Program (CHRP) waiver, Developmental Disabilities (DD) waiver and the Supported Living Services (SLS) waiver. The Department transitioned all children and youth 20 years and under from waiver behavioral services to Pediatric Behavioral Therapies in FY 2017-18. It is important to note that members who are receiving EPSDT and behavioral services must also meet eligible criteria of the Colorado Autism Treatment Cash Fund statute. The member must have an autism diagnosis and be under the age of eight.

