



**COLORADO**  
Department of Health Care  
Policy & Financing

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

October 1, 2020

The Honorable Daneya Esgar, Chair  
Joint Budget Committee  
200 East 14<sup>th</sup> Avenue, Third Floor  
Denver, CO 80203

Dear Representative Esgar:

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, 2020 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 Analyst, Jill Mullen, at [Jill.Mullen@state.co.us](mailto:Jill.Mullen@state.co.us) or 720-682-3046.

Sincerely,

A handwritten signature in black ink, appearing to read 'K Bimestefer'.

Kim Bimestefer  
Executive Director

KB/maq

CC: Senator Dominick Moreno, Vice-chair, Joint Budget Committee  
Representative Julie McCluskie, Joint Budget Committee  
Representative Kim Ransom, Joint Budget Committee  
Senator Bob Rankin, Joint Budget Committee  
Senator Rachel Zenzinger, Joint Budget Committee  
Carolyn Kampman, Staff Director, JBC  
Eric Kurtz, JBC Analyst  
Lauren Larson, Director, Office of State Planning and Budgeting  
Edmond Toy, Budget Analyst, Office of State Planning and Budgeting  
Legislative Council Library  
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John Bartholomew, Finance Office Director, HCPF  
Tracy Johnson, Medicaid Director, HCPF  
Bonnie Silva, Community Living Office Director, HCPF  
Tom Massey, Policy, Communications, and Administration Office Director, HCPF  
Parrish Steinbrecher, Health Information Office Director, HCPF  
Rachel Reiter, External Relations Division Director, HCPF

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

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

**October 1, 2020**

**Submitted to: Joint Budget Committee**



**COLORADO**  
Department of Health Care  
Policy & Financing

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## I. Children’s Basic Health Plan

### A. Program Overview:

<b>Program Description:</b>	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.	
<b>Eligible Population:</b>	Uninsured children from 143% FPL to 260% FPL and uninsured pregnant women from 196% FPL to 260% FPL.	
<b>Tobacco Settlement Monies Received:</b>	FY 2019-20: \$14,606,960	
<b>Services:</b>	<b>Number of Eligible Persons Served:</b>	
Affordable health insurance and oral health care for CHP+ children and Prenatal Clients.	In FY 2019-20, average monthly caseload for CHP+ was 77,469 (76,564 children and 905 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:**

<b>Program Outputs</b>	<b>Program Outcomes</b>
<ul style="list-style-type: none"><li>In FY 2019-20, CHP+ provided health care to an average monthly caseload of 77,469 children and pregnant adults who would have otherwise been uninsured. This represents a 4.30 percent decrease in the average monthly enrollment over FY 2018-19.</li></ul>	<ul style="list-style-type: none"><li>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.</li><li>Offering a defined benefit package that uses privatized administration.</li></ul>

**D. Program Opportunities and Challenges:**

In late January 2018, Congress passed a six-year extension of CHIP funding, and in February 2018, CHIP was renewed for an additional four years, for a total of ten years. This funding allowed the Department to develop long-term strategies and plans to continue aligning performance goals and administrative functions of Colorado’s CHIP program – Child Health Plan Plus (CHP+) – with the Accountable Care Collaborative. During FY 2019-20 the public health emergency affected program enrollment during the fourth quarter of the fiscal year, bringing the average monthly caseload to 77,469 children and pregnant.

The last four months of FY 2019-20 introduced challenges for the CHP+ program as the State of Colorado responded to the COVID-19 Public Health Emergency (PHE). This unprecedented situation presented opportunities for the Department to implement programmatic and regulatory changes in support of public health. These include delaying the collection of annual enrollment fees for existing CHP+ members; waiving cost-sharing for COVID-19 testing; delaying CHP+ disenrollment for members who report household incomes beyond the 260% FPL threshold; implementing flexibilities for certain eligibility verification requirements at the time of application; and implementing telehealth flexibilities as a means to increase timely access to care for CHP+ members. Program enrollment has decreased during the PHE so far due to the continuous coverage

requirement implemented in the Medicaid program, which prevents members from churning from Medicaid to CHP+.

In FY 2019-20, the CHP+ dental program served 43,001 children, which represents a decrease from the number of children served in FY 2018-19. The COVID-19 pandemic presented challenges for the CHP+ dental program. Provider offices and public health clinics were closed to all elective dental procedures for nearly two months, followed by a period of limited reopening and lower capacity. To support members during this unprecedented closure, DentaQuest quickly implemented teledentistry for emergency services and to triage members based on their dental needs. Despite the difference in number of children served, the total percentage of members receiving any dental service only fell 0.2% from 42% to 41.8% due to fluctuations in enrollment. DentaQuest will resume targeted outreach and Performance Improvement Projects to increase member utilization and avoid further declines for FY 2020-21.

At the end of FY 2020-21, the Department will be ending the State Managed Care Network (SMCN), the Administrative Service Organization (ASO) for the CHP+ program, which manages healthcare services for the prenatal population and newly enrolled children. Beginning July 1, 2021, all CHP+ eligible members will be enrolled into a CHP+ Managed Care Organization (MCO) when determined eligible for the program. The elimination of the SMCN represents improved continuity of care for members, increased consumer choice for the prenatal population, and cost-savings by reducing administrative duplication and leveraging Department capabilities and infrastructure.

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

### A. Program Overview

<b>Program Description:</b>	<p>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.</p>	
<b>Eligible Population:</b>	<p>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 eight 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.</p>	
<b>Tobacco Settlement Monies Received:</b>	<p>FY 2019-20: \$1,646,937</p>	
<b>Services:</b>	<b>Number of Eligible Persons Served:</b>	
<p>Comprehensive community support treatment, mental health assessment, request for assessment, and adaptive behavior treatment.</p>	<p>135</p>	



**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 8 who have a documented need for pediatric behavioral therapy services

**C. Measures of Success**

<b>Program Outputs</b>	<b>Program Outcomes</b>
<ul style="list-style-type: none"><li>• Increased quality in provider documentation by standardizing documentation to reduce any unnecessary delays in care</li><li>• Increased percentage of goals met per child</li><li>• Increased quality of the prior authorization process</li></ul>	<ul style="list-style-type: none"><li>• Serving the children most vulnerable to institutionalization without the services provided with quality services and higher percentage of goals met</li><li>• Keeping children out of institutions and in their communities</li><li>• 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</li></ul>

**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.