

Medicaid Provider Rate Review Public Meeting

March 29, 2024
9:00am - 2:00pm

Presented by: HCPF & GPS



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Department of Health Care
Policy & Financing

Welcome!

- HCPF MPRRAC Team and GPS Introductions
- MPRRAC Member Introductions

Agenda

- Welcome!
- Meeting Structure & Logistics
- Year 2 Services Analyses
 - 20-minute lunch break around 11:30 am
 - Email feedback to HCPF_RateReview@state.co.us
- Next Steps & Announcements
- Adjourn



Housekeeping

- **IMPORTANT:** follow along in the appendix for visuals
- **Committee Members only** - add “MPRRAC Member” to your Zoom name
- **Public Stakeholders** - sign up to make public comment during your service - (2 minutes)
- **Identify yourself before speaking**
- **Do not share PHI**
- **Use Q&A feature for questions**



Disclaimer

- Dylan Marcy, HCPF Accessibility Technology Specialist

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- The PowerPoint presentation and Appendix for this meeting are in draft form and may be updated with new information up until the day of the meeting. Therefore, these materials did not have the time to undergo accessibility review before the meeting. New versions of these materials that have gone through a full ADA review will be posted on our website as soon as possible after the meeting.



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Long-Term Services and Supports (LTSS) Disclaimer

- Current LTSS disenrollment issue
 - HCPF is pursuing several solutions to immediately address these issues and protect coverage for LTSS members through system and process changes, mitigating payment delays for providers so members can access needed services, and easing the backlog and capacity challenges being experienced by the counties and case management agencies.
- Unfortunately, we do not have the capacity to address this issue in this meeting, however, if you need assistance please use the following link:
 - <https://hcpf.colorado.gov/stabilizing-LTSS>



MPRRAC/ Department Roles

- MPRRAC is a legislatively appointed body that functions collaboratively with the Department; they are not Department staff.
- Rate Review staff is tasked with synthesizing actuarial analyses into digestible reports and works with other Department staff to develop recommendations for rate or policy changes, which are then agreed upon by the MPRRAC.
- These recommendations *may* result in future budget actions by the Department but rate changes must be approved and appropriated for by the Legislature.
- Review of services including analysis and recommendations does not guarantee rate changes, whether increases or decreases, or changes to reimbursement policy.



Out of Scope for the MPRRAC

- The MPRRAC does NOT submit budget requests
 - While budget requests are submitted by staff of the Department, the process of budget request submission is independent of the Rate Review process.
- The MPRRAC does NOT have the authority to change rates without legislative approval and appropriation



Rules of Governance

- Self-governance
- Maintain a respectful, safe environment for all
- One person speaks at a time
- Stay on mute unless engaging
- Tough on problems, easy on people
- Use the past only to describe a better future
- Come prepared - review materials in advance, gather & share input from your community, stakeholders, colleagues, etc.

- Discussion:
 - Terms for Chair and Vice Chair

Meeting Minutes

November 3, 2023



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Meeting Structure

- MARCH
 - Share preliminary data analysis results
- JUNE
 - Discuss supplemental analyses (if applicable) and receive recommendations from committee
- AUGUST
 - Share refined MPRRAC recommendations and fiscal impact analysis
- NOVEMBER
 - Lessons learned and planning for 2025



Meeting Purpose

- BY THE END OF TODAY:
 - Understanding of the data for each service
 - Understand stakeholder feedback
 - Determine need (if any) for further analysis
- JUNE MEETING:
 - Present any additional analyses (if any)
 - The MPRRAC will have clear definitions of the recommendations being made for each service



Update on Analysis

- All analyses will be completed by July
 - HCPF will not redo analysis when new fee schedule is released in July
 - This will help alleviate timing issues
- HCBS analysis update (will discuss before this section)
- NEMT - rates-only comparison due to the ongoing fraud investigation



Metrics in Analyses

- Metrics requested by MPRRAC for 2024:
 - Panel size
 - Penetration rate
 - Provider participation
 - Drive time - **unable to complete**
 - Telemedicine accessibility
 - Special providers
 - Price per service
- Question: what metrics will help MPRRAC decide on rate changes?
- More metrics = shorter time to discuss/hear from stakeholders (122 slides!!)



2024 Services Analyses



Year 2 Services (2024)

Year 2 (2024)	
Home and Community Based Services	
	<i>ADL Assistance and Delivery Models</i>
	<i>Behavioral Services</i>
	<i>Community Access and Integration</i>
	<i>Consumer Directed Attendant Support Services (CDASS)</i>
	<i>Day Program</i>
	<i>Professional Services</i>
	<i>Residential Services</i>
	<i>Respite Services</i>
	<i>Technology, Adaptations, and Equipment</i>
	<i>Transition Services</i>
Emergency Medical Transportation	
Non-emergent Medical Transportation (rates-only comparison)	
Qualified Residential Treatment Programs (QRTP)	
Psychiatric Residential Treatment Facilities (PRTF)	
Home Health Services	
Pediatric Personal Care	
Private Duty Nursing	
Physician Services	
	<i>Sleep Studies</i>
	<i>EEG Ambulatory Monitoring Codes</i>
FFS Behavioral Health SUD Codes	



Rate Comparison Data at a Glance

Rate Benchmark Comparison Results	
Service	CO as a Percent of Benchmark
Emergency Medical Transportation (EMT)	67.08%
Non-Emergent Medical Transportation (NEMT) (Rates-only comparison)	63.59% - 161.78%
Qualified Residential Treatment Programs (QRTP)	49.80%
Psychiatric Residential Treatment Programs (PRTF)	98.3%
Home Health Services	71.77%
Pediatric Personal Care (PPC)	84.12%
Private Duty Nursing (PDN)	88.07%
Physician Services - Sleep Studies	121.85%
Physician Services - EEG Ambulatory Monitoring Codes	91.33%
Fee-for-service (FFS) Behavioral Health Substance Use Disorder (SUD) Codes	70.67%



Emergency Medical Transportation (EMT)

- Service description:
 - EMT services provide emergency transportation to a facility and are available to all Colorado Medicaid members.
- Last review:
 - [2021 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 5 - 9 of the appendix for graphics and more details



Emergency Medical Transportation (EMT)

EMT Statistics	
Total Adjusted Expenditures SFY 2022-23	\$63,518,591
Total Members Utilizing Services in SFY 2022-23	70,109
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	3.21%
Total Active Providers SFY 2022-23	332
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-3.49%

EMT Rate Benchmark Comparison		
Colorado Repriced	Medicare/ 6 Other States Repriced	Rate Benchmark Comparison
\$63,518,591	\$94,684,772	67.08%



Emergency Medical Transportation (EMT) - Access to Care Summary

- Declining trend based on provider participation data, statewide rate 13%
- Possible reason - low rate, lower than Medicare and commercial rates
- 2 providers had a dramatic drop in number of members served from FY 21-23





Comments Regarding EMT



MPRRAC Discussion



Non-Emergent Medical Transportation (NEMT) (Rates-only Comparison)

- Service description:
 - NEMT services provide transportation to and from Medicaid benefits and services and are available to all Medicaid members who receive full State Plan benefits.
- Last review:
 - [2021 Medicaid Provider Rate Review Analysis Report](#)
- **2024 review:**
 - No utilization data used due to NEMT provider fraud investigation
 - Refer to page 9 of the appendix for more details
 - 14 Benchmark states/Medicare
 - Benchmark ratio range: 63.59% - 161.78%





Comments Regarding NEMT





MPRRAC Discussion



Qualified Residential Treatment Program (QRTP)

- Service description:
 - QRTPs are facilities that provide residential trauma-informed treatment designed to address the needs, including clinical needs, of children with serious emotional or behavioral disorders or disturbances. When appropriate, QRTP treatment facilitates the participation of family members, including siblings, in the child's treatment program and documents outreach to family members, including siblings. QRTP is a new service category as of 2021. Previously QRTPs fell into Residential Child Care Facilities (RCCFs) but were federally mandated to separate.
- Last review:
 - QRTP is a new service as of 2021. Previously, QRTPs fell into Residential Child Care Facilities (RCCFs) but was federally mandated to separate.
- Refer to pages 9 - 11 of the appendix for graphics and more details



Qualified Residential Treatment Program (QRTP)

QRTP Statistics	
Total Adjusted Expenditures SFY 2022-23	\$4,143,580
Total Members Utilizing Services in SFY 2022-23	308
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	24.19%
Total Active Providers SFY 2022-23	16
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	6.67%

QRTP Rate Benchmark Comparison		
Colorado Repriced	4 Other States Repriced	Rate Benchmark Comparison
\$4,143,580	\$8,319,687	49.80%



Qualified Residential Treatment Program (QRTP) - Access to Care Summary

- Panel size is decreasing in urban areas because there is an increase in providers while utilization remained consistent



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Comments Regarding QRTP





MPRRAC Discussion

Psychiatric Residential Treatment Programs (PRTF)

- Service description:
 - PRTFs provide comprehensive mental health treatment to children and adolescents (youth) who, due to mental illness, substance abuse, or severe emotional disturbance, need treatment that can most effectively be provided in a residential treatment facility. PRTF services are provided under the direction of a physician.
- Last review:
 - [2019 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 11 - 14 of the appendix for graphics and more details



Psychiatric Residential Treatment Programs (PRTF)

PRTF Statistics	
Total Adjusted Expenditures SFY 2022-23	\$15,591,064
Total Members Utilizing Services in SFY 2022-23	184
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	201.64%
Total Active Providers SFY 2022-23	22
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-4.35%

PRTF Rate Benchmark Comparison

Colorado Repriced	6 Other States Repriced	Rate Benchmark Comparison
\$15,591,064	\$15,860,034	98.3%



Psychiatric Residential Treatment Programs (PRTF)

- For the rate comparison analysis, we excluded all out-of-state claims because the rates are on a case-by-case basis and set in contract with the various out-of-state providers.
- We have 40% placement out of state for PRTF.
- Challenge: the benchmark ratio for in-state rate is not low (i.e., 98.3%), but we have 40% placement out of state due to low in-state rates.



Psychiatric Residential Treatment Programs (PRTF) - Access to Care Summary

- Utilizers increased in FY 23 but providers remained stable
- Even when we excluded 40% of out-of-state claim data, we still saw provider participation trend declining



Comments Regarding PRTF





MPRRAC Discussion



Physician Services - Sleep Studies

- Service description:
 - Sleep studies and polysomnography refer to the continuous and simultaneous monitoring and recording of various physiological and pathophysiological parameters of sleep with six or more hours of recording with physician review, interpretation and report. The studies are performed to diagnose a variety of sleep disorders and to evaluate a patient's response to therapies such as continuous positive airway pressure (CPAP). Polysomnography is distinguished from sleep studies by the inclusion of sleep staging. Sleep studies and polysomnography are typically provided by hospitals, clinics, independent laboratories, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Sleep studies and polysomnography fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.
- Last review:
 - [2017 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 15 - 18 of the appendix for graphics and more details



Physician Services - Sleep Studies

Sleep Studies Statistics	
Total Adjusted Expenditures SFY 2022-23	\$3,523,786
Total Members Utilizing Services in SFY 2022-23	12,713
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	8.07%
Total Active Providers SFY 2022-23	176
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	8.64%

Sleep Studies Rate Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Rate Benchmark Comparison
\$3,523,786	\$2,892,008	121.85%



Physician Services - Sleep Studies - Access to Care Summary

- Although CO Medicaid sleep study rates are higher than Medicare, we still have low provider participation rate at 11%
- 1 provider had a dramatic drop in number of members served from FY 21-23





Comments Regarding Sleep Studies



MPRRAC Discussion



Physician Services - EEG Ambulatory Monitoring Codes

- Service description:
 - Electroencephalogram (EEG) is a test that measures the electrical activity in the brain using small, metal discs. EEGs can help diagnose brain disorders, especially epilepsy or other seizure disorders. Ambulatory EEG monitoring is an EEG that is recorded at home. Ambulatory EEGs are typically provided by hospitals, clinics, or Independent Diagnostic Testing Facilities (IDTF). IDTFs enroll with Colorado Medicaid as Provider Type 16 (Clinic) or Provider Type 25 (Non-physician practitioner - group). Ambulatory EEGs fall under Physician Services and are available, as medically necessary, to all Medicaid members who receive full State Plan benefits.
- Has not been reviewed previously
- Refer to pages 19 - 23 of the appendix for graphics and more details



Physician Services - EEG Ambulatory Monitoring Codes

EEG Ambulatory Monitoring Services Statistics	
Total Adjusted Expenditures SFY 2022-23	\$2,472,339
Total Members Utilizing Services in SFY 2022-23	2,801
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	9.97%
Total Active Providers SFY 2022-23	113
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	3.67%

EEG Ambulatory Monitoring Services Rate Benchmark Comparison		
Colorado Repriced	Medicare Repriced	Rate Benchmark Comparison
\$2,472,339	\$2,707,036	91.33%



Physician Services - EEG Ambulatory Monitoring Codes - Access to Care Summary

- EEG Ambulatory Monitoring rates are close to Medicare rates
- Number of utilizers and providers remain stable
- 1 provider had a dramatic drop in number of members served from FY 21-23



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Comments Regarding EEG Ambulatory Monitoring Codes





MPRRAC Discussion



Fee-for-service Behavioral Health SUD Codes

- Service description:
 - Substance Use Disorder (SUD) coverage includes the continuum of care services delivered in accordance with ASAM (American Society of Addiction Medicine) criteria. This continuum includes preventative care; outpatient care; high intensity outpatient care; residential and inpatient hospital care; and Medication Assisted Treatment (MAT), Screening, and Assessments.
- Last review:
 - [2019 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 23 - 26 of the appendix for graphics and more details



Fee-for-service Behavioral Health SUD Codes

FFS BH SUD Statistics	
Total Adjusted Expenditures SFY 2022-23	\$87,648
Total Members Utilizing Services in SFY 2022-23	330
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	-17.29%
Total Active Providers SFY 2022-23	39
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-27.78%

FFS BH SUD Rate Benchmark Comparison		
Colorado Repriced	6 Other States Repriced	Rate Benchmark Comparison
\$87,648	\$124,031	70.67



Fee-for-service Behavioral Health SUD Codes - Access to Care Summary

- While both utilizers and providers have decreased, the providers have decreased at a faster rate
- Because of data sensitivity, we have very limited access to care metrics for this category





Comments Regarding FFS Behavioral Health SUD Codes





MPRRAC Discussion

Home Health Services

- Service description:
 - Home health services consist of skilled nursing, certified nurse aid (CNA) services, physical (PT) and occupational therapy (OT) services and speech/language pathology (SLP) services. Home health services are a mandatory State Plan benefit offered to Colorado Medicaid members who need intermittent skilled care. Providers that render home health services must be employed by a class A licensed home health agency. Home health services are provided in home and community settings.
- Last review:
 - [2020 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 26 - 31 of the appendix for graphics and more details.



Home Health Services

Home Health Services Statistics	
Total Adjusted Expenditures SFY 2022-23	\$599,566,595
Total Members Utilizing Services in SFY 2022-23	31,036
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	5.60%
Total Active Providers SFY 2022-23	201
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-3.83%

Home Health Services Rate Benchmark Comparison		
Colorado Repriced	8 Other States Repriced	Rate Benchmark Comparison
\$599,566,595	\$835,352,952	71.77%



Home Health Services - Access to Care Summary

- For panel size, there is an increasing trend in urban areas due to increase in utilizers while the number of providers has remained stable.
- Statewide provider participation is at 3%, although the Medicaid cost per year has increased.





Comments Regarding Home Health Services



MPRRAC Discussion

Pediatric Personal Care (PPC)

- Service description:
 - PPC services consist of 17 personal care tasks performed by a non-medically trained caregiver for children ages 0-20 and provided in the member's home. The PPC benefit was implemented in October 2015. PPC services are the lowest level of care in the home health care continuum for children. Colorado is one of three states that provides pediatric personal care services outside of waiver benefits.
- Last review:
 - [2020 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 32 - 35 of the appendix for graphics and more details



Pediatric Personal Care (PPC)

PPC Statistics	
Total Adjusted Expenditures SFY 2022-23	\$4,210,831
Total Members Utilizing Services in SFY 2022-23	177
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	-5.35%
Total Active Providers SFY 2022-23	7
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	0.00%

PPC Rate Benchmark Comparison		
Colorado Repriced	6 Other States Repriced	Rate Benchmark Comparison
\$4,210,831	\$5,005,563	84.12%



Pediatric Personal Care (PPC) - Access to Care Summary

- Medicaid cost per year is decreasing
- In urban areas, utilization is increasing while providers are not
- Only Denver Metro and neighboring areas have utilization





Comments Regarding PPC





MPRRAC Discussion



Private Duty Nursing (PDN)

- Service description:
 - PDN services consist of continuous skilled nursing care provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) for Colorado Medicaid members who are dependent on medical technology. PDN services are meant to provide care to members who need a higher level of care than is available in the home health benefit. PDN services are performed by an RN or LPN in the member's home. The PDN benefit is an optional benefit provided through Medicaid agencies; Colorado is one of 25 states that reimburses for PDN services.
- Last review:
 - [2020 Medicaid Provider Rate Review Analysis Report](#)
- Refer to pages 35 - 39 of the appendix for graphics and more details



Private Duty Nursing (PDN)

PDN Statistics	
Total Adjusted Expenditures SFY 2022-23	\$99,824,124
Total Members Utilizing Services in SFY 2022-23	832
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	-4.91%
Total Active Providers SFY 2022-23	34
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	0.00%

PDN Rate Benchmark Comparison		
Colorado Repriced	7 Other States Repriced	Rate Benchmark Comparison
\$99,824,124	\$113,350,320	88.07%



Private Duty Nursing (PDN) - Access to Care Summary

- Utilization over 3 years slightly decreased
- Providers stayed consistent
- Provider participation rate is 23%





Comments Regarding PDN





MPRRAC Discussion



Rate Comparison Data at a Glance - Home & Community Based Services (HCBS):

Rate Benchmark Comparison Results	
Service	CO as a Percent of Benchmark
ADL Assistance and Delivery Models	64.84%
Behavioral Services	124.09%
Community Access and Integration	156.37%
Consumer Directed Attendant Support Services (CDASS) (Rates-only comparison)	73.37% - 82.15%
Day Program	70.04%
Professional Services	106.46%
Residential Services	114.93%
Respite Services	138.10%
Technology, Adaptations and Equipment	N/A
Transition Services	106.19%
Overall Benchmark Ratio	76.39%



Rate Comparison Data at a Glance - HCBS - Continued

- Almost half of the data has no benchmark rates so they are excluded from the rate comparison analysis.
- The benchmark ratio in the previous slide is for the average benchmark ratio for each service category. Some codes in a high benchmark ratio category have lower rates. For example, the average benchmark ratio for HCBS Behavioral Services is 124.09%, however, 5 out of 7 codes have much lower rates than benchmark rates.
- 10 states used (CT, IL, MT, OH, OK, UT, ND, WI, NE, SD)



Updated Approach to 2024 HCBS Review -

- Breakout method is changed from 10 waiver programs to 10 waiver service categories (originally 9 services but we scope out CDASS from "ADL Assistance and delivery models")
- Include the duals data (excluded it in 2021 HCBS waiver review)
- CDASS (Consumer Directed Attendant Support Services) has rate-only comparison (not attached to the utilization data)
- Bring the concept of budget neutrality factor into the recommendation stage



HCBS - ADL Assistance and Delivery Models

- Service description:
 - This service provides personal assistance in personal functional activities required by an individual for continued well being which are essential for health and safety, such as help with bathing, dressing, toileting, eating, housekeeping, meal preparation, laundry, and shopping.
 - Refer to pages 39 - 44 of the appendix for more details



HCBS - ADL Assistance and Delivery Models

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$529,257,184
Total Members Utilizing Services in SFY 2022-23	28,036
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	6.31%
Total Active Providers SFY 2022-23	495
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-3.51%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$529,257,184	\$816,230,970	64.84%



HCBS - ADL Assistance and Delivery Models - Access to Care Summary

- Utilization remains stable
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - ADL Assistance and Delivery Models



MPRRAC Discussion

HCBS - Behavioral Services

- Service description:
 - These services provide assistance to people with a mental illness or who need behavior support and require long-term support and services in order to remain in a community setting. This includes assessment, behavior support plans, and interventions.
 - Refer to pages 45 - 50 of the appendix for more details



HCBS - Behavioral Services

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$3,608,285
Total Members Utilizing Services in SFY 2022-23	3,079
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	2.26%
Total Active Providers SFY 2022-23	104
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-21.21%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$3,608,285	\$2,907,801	124.09%



HCBS - Behavioral Services - Access to Care Summary

- Providers are significantly decreasing, utilization is slightly increasing
- No useful insights found from all payer database because Medicaid is dominant payer





Comments Regarding HCBS - Behavioral Services





MPRRAC Discussion



HCBS - Community Access and Integration

- Service description:
 - These services ensure that HCBS participants have access to the benefits of community living and live and receive services in integrated, non-institutional settings.
 - Refer to pages 50 - 55 of the appendix for more details



HCBS - Community Access and Integration

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$39,618,121
Total Members Utilizing Services in SFY 2022-23	20,649
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	5.58%
Total Active Providers SFY 2022-23	548
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-0.36%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$39,618,121	\$25,336,432	156.37%



HCBS - Community Access and Integration - Access to Care Summary

- Utilization is increasing faster than providers
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - Community Access and Integration



MPRRAC Discussion



HCBS - Consumer Directed Attendant Support Services (CDASS)

- Service description:
 - This is a service-delivery option that allows HCBS waiver participants to direct and manage the attendants who provide their personal care, homemaker, and health maintenance services, rather than working through an agency. Through CDASS, participants are empowered to hire, train and manage attendants of their choice to best fit their unique needs or they may delegate these responsibilities to an authorized representative.
- Benchmark ratio: 73.37% - 82.15%
- Compared to 6 states
- Refer to pages 56 - 57 of the appendix for more details



HCBS - Consumer Directed Attendant Support Services (CDASS)

Statistics	
Total Members Utilizing Services in SFY 2022-23	4,042
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	-1.03%
Total Active Providers SFY 2022-23	2
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	0.00%



HCBS - (CDASS) - Access to Care Summary

- Utilization remains stable, although case management provider count decreased from 3 to 2
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - CDASS





MPRRAC Discussion

HCBS - Day Program

- Service description:
 - Services that provide daily support and activities for HCBS waiver participants, allowing them to participate in community life while receiving necessary assistance. Programs often focus on enhancing independence, social integration, and skill development that take place in a non-residential setting separate from the member's private residence or residential arrangement.
 - Refer to pages 57 - 63 of the appendix for more details



HCBS - Day Program

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$52,745,102
Total Members Utilizing Services in SFY 2022-23	12,594
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	5.35%
Total Active Providers SFY 2022-23	472
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	2.61%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$52,745,102	\$75,310,020	70.04%



HCBS - Day Program - Access to Care Summary

- Utilization remains stable
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - Day Program



MPRRAC Discussion

HCBS - Professional Services

- Service description:
 - These services refer to a range of support services provided to waiver participants that cover various aspects of care, therapy, and assistance to enhance the individual's well-being and independence.
 - Refer to pages 63 - 68 of the appendix for more details



HCBS - Professional Services

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$53,243
Total Members Utilizing Services in SFY 2022-23	4,233
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	3.90%
Total Active Providers SFY 2022-23	96
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-7.69%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$53,243	\$50,012	106.46%



HCBS - Professional Services - Access to Care Summary

- Providers are decreasing, utilization is slightly increasing
- No useful insights found from all payer database because Medicaid is dominant payer



Comments Regarding HCBS - Professional Services



MPRRAC Discussion

HCBS - Residential Services

- Service description:
 - These services aim to promote independence, community integration, and individualized care in a home-like environment. They provide support and assistance with managing household tasks and activities in residential settings, such in the homes of members, the homes of small groups of individuals living together, or the homes of host families.
 - Refer to pages 69 - 75 of the appendix for more details



HCBS - Residential Services

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$201,324,716
Total Members Utilizing Services in SFY 2022-23	12,634
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	2.23%
Total Active Providers SFY 2022-23	698
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-2.51%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$201,324,716	\$175,175,141	114.93%



HCBS - Residential Services - Access to Care Summary

- Providers are decreasing, utilization is slightly increasing
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - Residential Services



MPRRAC Discussion



HCBS - Respite Services

- Service description:
 - These types of services typically involve temporary relief for individuals who have a disability or chronic health condition and for their primary caregivers, allowing them to rest, attend to personal needs, or take care of other responsibilities while ensuring their loved ones receive appropriate care.
 - Refer to pages 75 - 81 of the appendix for more details



HCBS - Respite Services

Statistics	
Total Adjusted Expenditures FY SFY 2022-23	\$19,375,530
Total Members Utilizing Services in SFY 2022-23	3,053
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	5.57%
Total Active Providers SFY 2022-23	259
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-9.12%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$19,375,530	\$14,029,849	138.10%



HCBS - Respite Services - Access to Care Summary

- Providers are decreasing, utilization is slightly increasing
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - Respite Services



MPRRAC Discussion

HCBS - Technology, Adaptations, and Equipment

- Service description:
 - These types of services typically refer to support provided to participants through the use of assistive technology, adaptations, and specialized equipment.
 - Refer to pages 81 - 84 of the appendix for more details



HCBS - Technology, Adaptations, and Equipment

Statistics	
Total Members Utilizing Services in SFY 2022-23	20,334
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	-2.04%
Total Active Providers SFY 2022-23	116
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-19.44%



HCBS - Technology, Adaptations, and Equipment - Access to Care Summary

- Utilizers and providers slightly decreased (providers decreased at a faster rate)



Comments Regarding HCBS - Technology, Adaptations, and Equipment



MPRRAC Discussion

HCBS - Transition Services

- Service description:
 - Transition services are designed to assist waiver participants in transitioning from institutional or residential settings to community-based living arrangements. These services aim to support a smooth and successful transition by addressing various aspects of the individual's needs.
 - Refer to pages 84 - 89 of the appendix for more details



HCBS - Transition Services

Statistics	
Total Adjusted Expenditures SFY 2022-23	\$4,417,449
Total Members Utilizing Services in SFY 2022-23	668
SFY 2022-23 Over SFY 2021-22 Change in Members Utilizing Services	36.33%
Total Active Providers SFY 2022-23	27
SFY 2022-23 Over SFY 2021-22 Change in Active Providers	-6.90%

Rate Benchmark Comparison		
Colorado Repriced	Other States Repriced	Rate Benchmark Comparison
\$4,417,449	\$4,159,923	106.19%



HCBS - Transition Services - Access to Care Summary

- Utilization increased dramatically, but providers decreased
- No useful insights found from all payer database because Medicaid is the dominant payer





Comments Regarding HCBS - Transition Services



MPRRAC Discussion



Next Steps

NEXT MEETING:
Friday, June 28, 2024
9:00am - 2:00pm

Reminder to MPRRAC: June meeting is to create recommendations for the JBC!
Please continue to review all stakeholder feedback in the Google folder!



Announcements

MEETING MINUTES

- Sent to Chair and Vice Chair, then to committee
- Posted on website within 1 week of meeting

WEBSITE

- <https://hcpf.colorado.gov/rate-review-public-meetings>



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Department of Health Care
Policy & Financing

Thank you!

