

JOINT BUDGET COMMITTEE



STAFF BUDGET BRIEFING FY 2024-25

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(Office of Community Living)

JBC WORKING DOCUMENT - SUBJECT TO CHANGE
STAFF RECOMMENDATION DOES NOT REPRESENT COMMITTEE DECISION

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ADDITIONAL RESOURCES

Brief summaries of all bills that passed during the 2023 and 2024 legislative sessions that had a fiscal impact on this department are available in Appendix A of the annual Appropriations Report:

<https://leg.colorado.gov/publications/appropriations-report-fiscal-year-2023-24>.

The online version of the briefing document, which includes the Numbers Pages, may be found by searching the budget documents on the General Assembly's website by visiting leg.colorado.gov/content/budget/budget-documents. Once on the budget documents page, select the name of this department's *Department/Topic*, "Briefing" under *Type*, and ensure that *Start date* and *End date* encompass the date a document was presented to the JBC.

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

DEPARTMENT OVERVIEW

The **Department of Health Care Policy and Financing** helps pay health and long-term care expenses for low-income and vulnerable populations. To assist with these costs, the Department receives significant federal matching funds, but must adhere to federal rules regarding program eligibility, benefits, and other features, as a condition of accepting the federal money. The major programs administered by the Department include:

- Medicaid – serves people with low income and people needing long-term care;
- Children's Basic Health Plan – provides a low-cost insurance option for children and pregnant women with income slightly higher than the Medicaid eligibility criteria;
- Colorado Indigent Care Program – defrays a portion of the costs to providers of uncompensated and under-compensated care for people with low income, if the provider agrees to program requirements for discounting charges to patients on a sliding scale based on income; and
- Old Age Pension Health and Medical Program – serves elderly people with low income who qualify for a state pension but do not qualify for Medicaid or Medicare.

The Department also performs functions related to improving the health care delivery system, including advising the General Assembly and the Governor, distributing tobacco tax funds through the Primary Care and Preventive Care Grant Program, financing Public School Health Services, administering Medicaid Waivers, and housing the Commission on Family Medicine Residency Training Programs.

This Joint Budget Committee staff budget briefing covers the **Office of Community Living Division** that oversees Home- and Community-Based Services (HCBS) for individuals with intellectual and developmental disabilities. The division is responsible for the following functions related to the provision of services by community-based providers:

- Administration of four Medicaid waivers for individuals with developmental disabilities;
- Establishment of service reimbursement rates;
- Ensuring compliance with federal Centers for Medicare and Medicaid rules and regulations;
- Communication and coordination with Community Centered Boards regarding waiver policies, rate changes, and waiting list information reporting; and
- Administration of the Family Support Services Program.

DEPARTMENT BUDGET: RECENT APPROPRIATIONS

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

FUNDING SOURCE	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25 *
General Fund	\$3,068,037,679	\$3,652,118,890	\$4,525,518,658	\$4,966,004,584
Cash Funds	1,682,425,600	1,856,769,698	1,769,169,191	1,819,098,761
Reappropriated Funds	87,047,288	95,031,721	105,145,754	121,939,636
Federal Funds	8,637,872,527	9,054,693,848	9,106,914,976	9,480,711,882
TOTAL FUNDS	\$13,475,383,094	\$14,658,614,157	\$15,506,748,579	\$16,387,754,863
Full Time Equiv. Staff	654.9	745.0	787.9	797.3

*Requested appropriation.

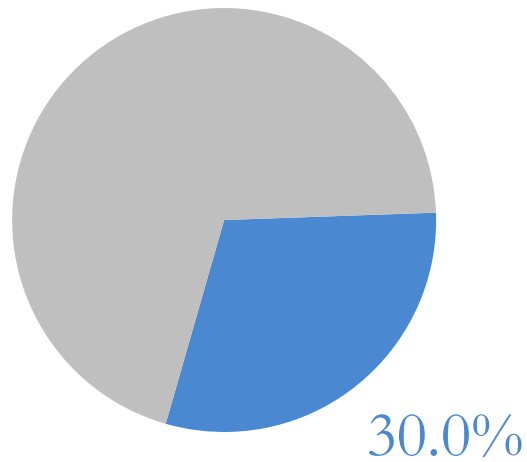
OFFICE OF COMMUNITY LIVING

FUNDING SOURCE	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25 *
General Fund	\$286,292,050	\$388,083,660	\$520,202,947	\$596,740,508
Cash Funds	51,811,995	29,875,707	24,022,216	12,119,172
Reappropriated Funds	0	0	0	0
Federal Funds	521,426,251	492,424,174	540,347,717	585,640,346
TOTAL FUNDS	\$859,530,296	\$910,383,541	\$1,084,572,880	\$1,194,500,026
Full Time Equiv. Staff	37.5	39.5	39.5	39.5

*Requested appropriation.

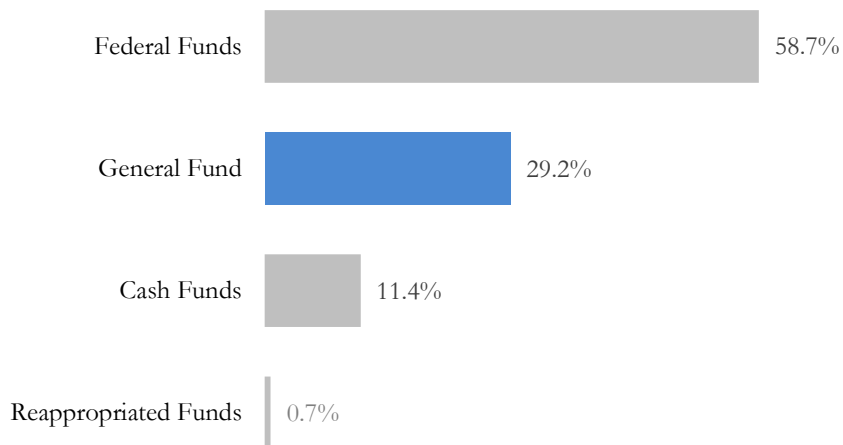
DEPARTMENT BUDGET: GRAPHIC OVERVIEW

Department's Share of Statewide General Fund



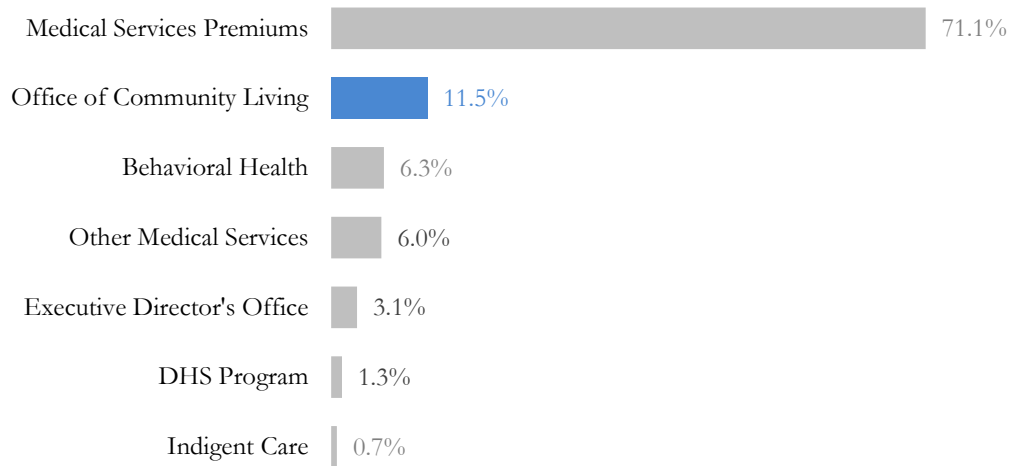
Based on the FY 2023-24 appropriation.

Department Funding Sources



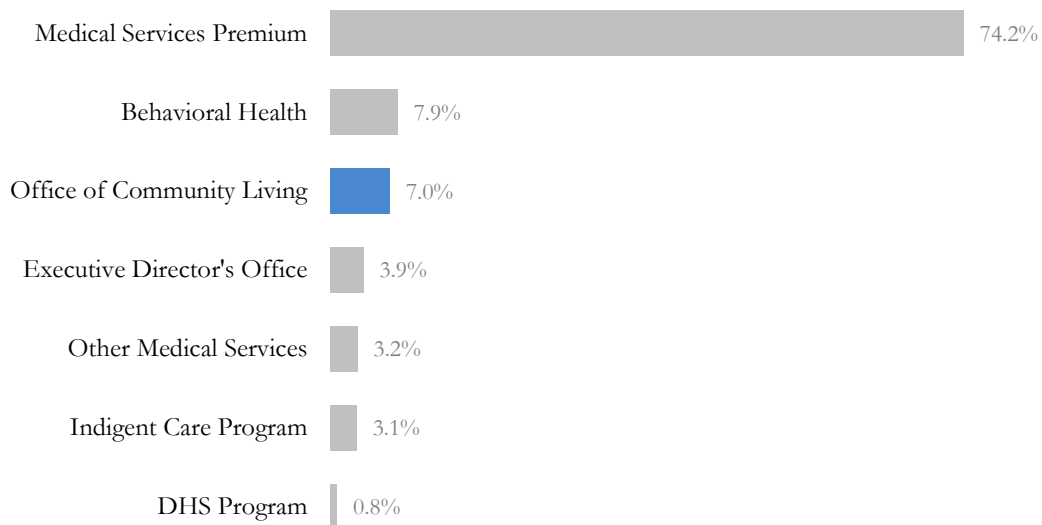
Based on the FY 2023-24 appropriation.

Distribution of General Fund by Division



Based on the FY 2023-24 appropriation.

Distribution of Total Funds by Division



Based on the FY 2023-24 Appropriation

GENERAL FACTORS DRIVING THE BUDGET

Medicaid vs Medicaid Waivers

Medicaid provides health insurance to people with low income and people needing long-term care. Participants generally do not pay annual premiums and copayments at the time of service are either nominal or not required. The federal government and state government share responsibility for financing, administering, and policy setting for the program. Medicaid generally operates as an entitlement program, meaning the people deemed eligible have a legal right to the plan benefits. As a result, if the eligible population and/or the eligible services utilized are greater than expected, then the state and federal government must pay the higher cost, regardless of the initial appropriation.

A Medicaid waiver is a provision in Medicaid law which allows the federal government to waive rules that usually apply to the Medicaid program. The intention is to allow individual states to accomplish certain goals, such as reducing costs, expanding coverage, or improving care for certain target groups. There are several different types of Medicaid waivers, all of which serve different purposes.

- **Section 1115 waivers** – Often referred to as research and demonstration waivers, these allow states to temporarily test out new approaches to delivering Medicaid care and financing.
- **Section 1915(c) waivers** – Home and Community-Based Services (HCBS) waivers are designed to allow states to provide home and community-based services to people in need of long-term care. This means they can stay in their own home or a community setting (such as a relative's home or a supported living community) instead of going into a facility.
- **Section 1915(b) waivers** – “Freedom of choice waivers” allow states to provide care via managed care delivery systems. These organizations contract with state Medicaid agencies, and are paid from the state Medicaid fund for providing health care services to the beneficiaries.

HCBS waivers must demonstrate that providing waiver services won't cost more than providing these services in an institution, sometimes known as budget neutrality.

Office of Community Living

Medicaid intellectual and developmental disability (IDD) waiver services are not subject to standard Medicaid State Plan service and duration limits, but rather are provided under a Medicaid waiver program. Colorado has four Medicaid waivers for intellectual and developmental disability services:

- **Adult Comprehensive/Developmental Disabilities waiver (DD waiver)** is for individuals over the age of 18 who require residential and daily support services to live in the community.
- **Supported Living Services waiver (SLS waiver)** is for individuals over the age of 18 who do not require residential services but require daily support services to live in the community.
- **Children's Extensive Services waiver (CES waiver or children's waiver)** is for youth aged 5 to 18 who do not require residential services but do require daily support services to be able to live in their family home.
- **Children's Habilitation Residential Services waiver (CHRP waiver)** is for children with intellectual and developmental disabilities and complex behavioral support needs requiring HCBS services. This program is residential, unlike the CES waiver above.

Four factors determine the overall cost of waiver services, including:

- The number of individuals eligible for services;
- The number of enrollments funded for the DD waiver;
- The number of providers willing and able to provide services; and
- The rates of reimbursement for each type of services.

As part of the waivers, Colorado is allowed to limit the number of waiver program participants. Annually, the General Assembly has appropriated sufficient funding to ensure no waiting list for the SLS, CES, and CHRP waivers.

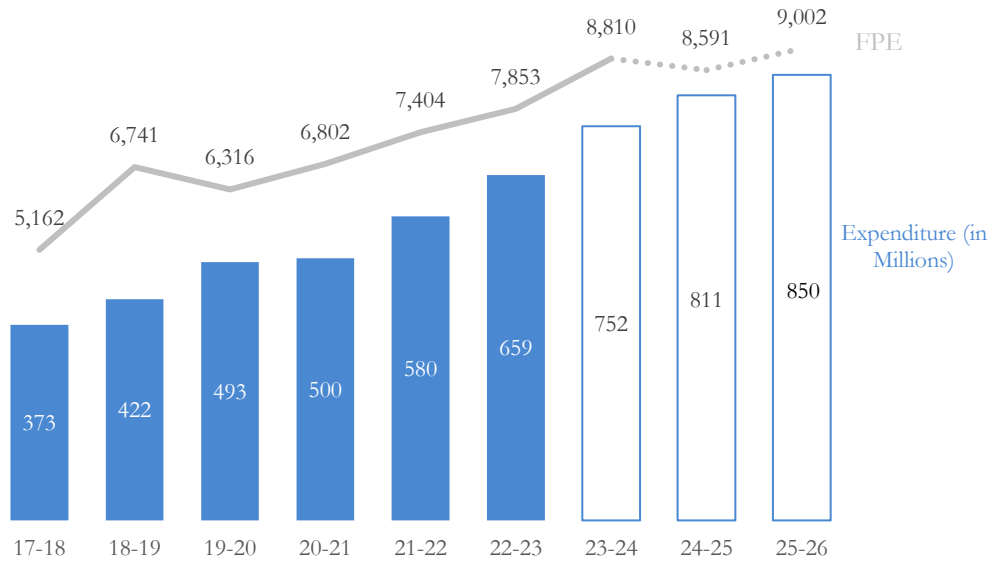
Unlike the SLS, CES, and CHRP waivers, the Comprehensive DD program continues to have a waiting list for enrollments. The Department's annual budget request is based on forecasts of the cost per full-program-equivalent (FPE) in each of the waivers. FPE is calculated as the number of clients with a paid claim in a given month or year. Adjustments to targeted appropriations reflect the current average cost per FPE, are based upon current spending trends, and are intended to maximize the number of individuals that can be served in each program. Because the DD and CHRP waivers provide residential services in addition to daily support services, the average cost of the individuals receiving services through this waiver are significantly higher than those for individuals receiving services through other waivers.

The FY 2022-23 average monthly enrollment on the Comprehensive DD waiver was 7,853, up 5.9 percent from the previous fiscal year. As of November 2023, 3,357 individuals were identified as needing DD services as soon as available. While the majority of these individuals receive services through other programs, including the SLS waiver, some may not be receiving the level of services required to meet their needs. The Department requests that new DD waiver enrollments are funded annually for youth transitioning to adult services, individuals requiring services resulting from emergency situations, and individuals transitioning from institutions.

OCL Waiver Programs

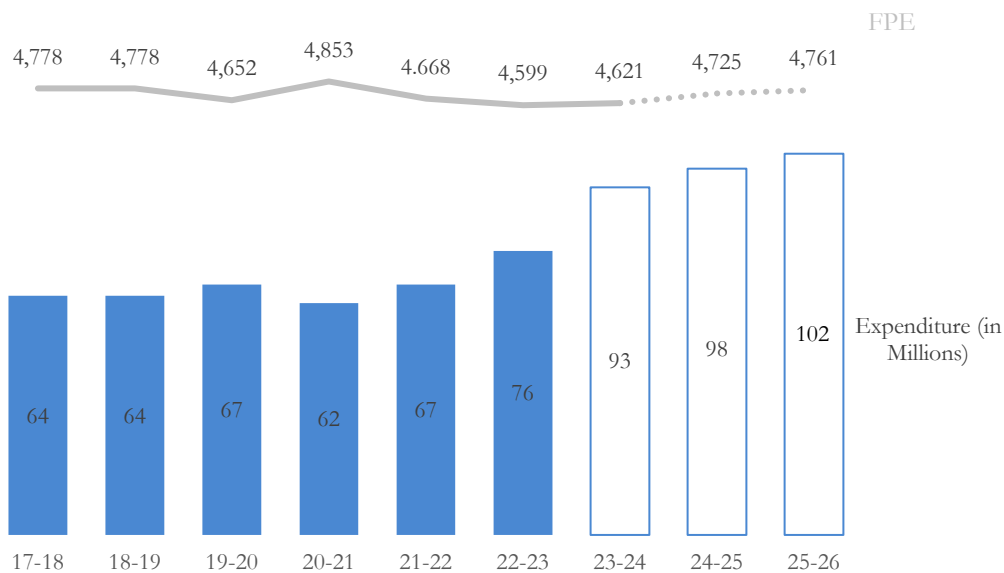
The Comprehensive (DD) waiver provides access to 24-hour/seven-day-a-week supervision through Residential Habilitation and Day Habilitation Services and Supports.

Comprehensive DD Waiver



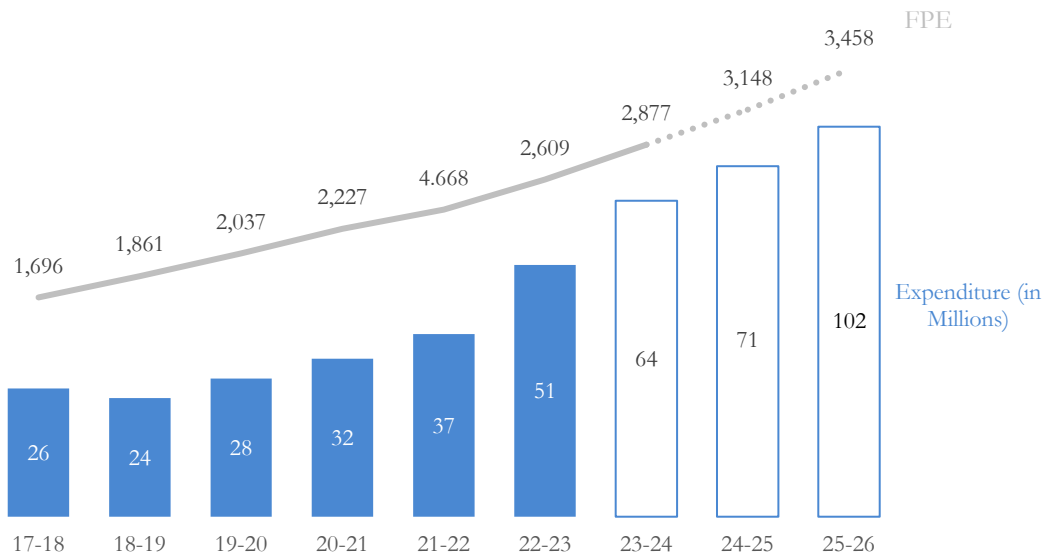
The Supported Living Services (SLS) waiver provides necessary services and supports for adults with intellectual or developmental disabilities so they can remain in their homes and communities with minimal impact to the individual's community and social supports.

Supported Living Services (SLS) Waiver



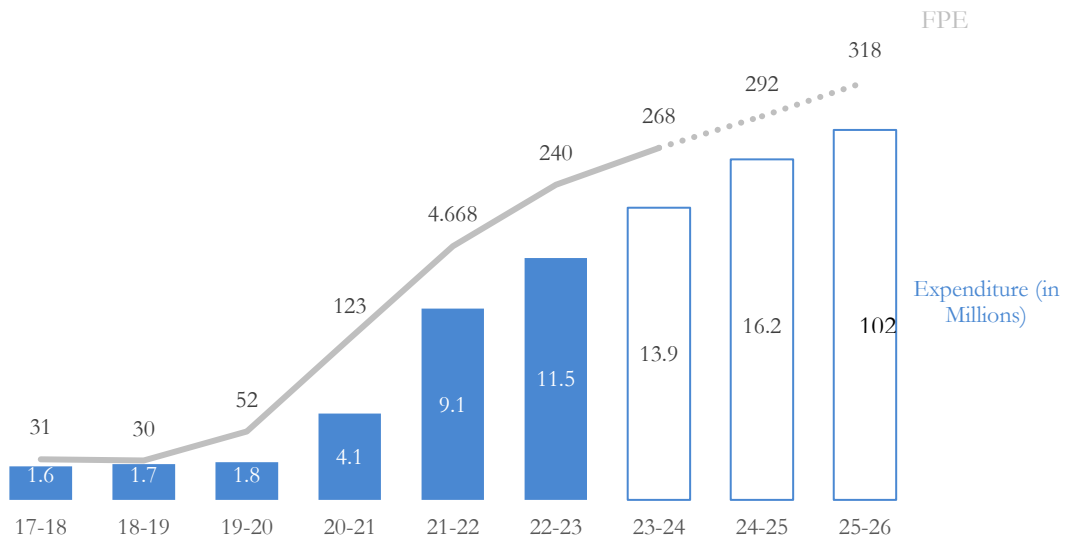
The Children's Extensive Support (CES) waiver provides services and supports to children and families that will help children establish a long-term foundation for community inclusion as they grow into adulthood.

Children's Extensive Services Waiver

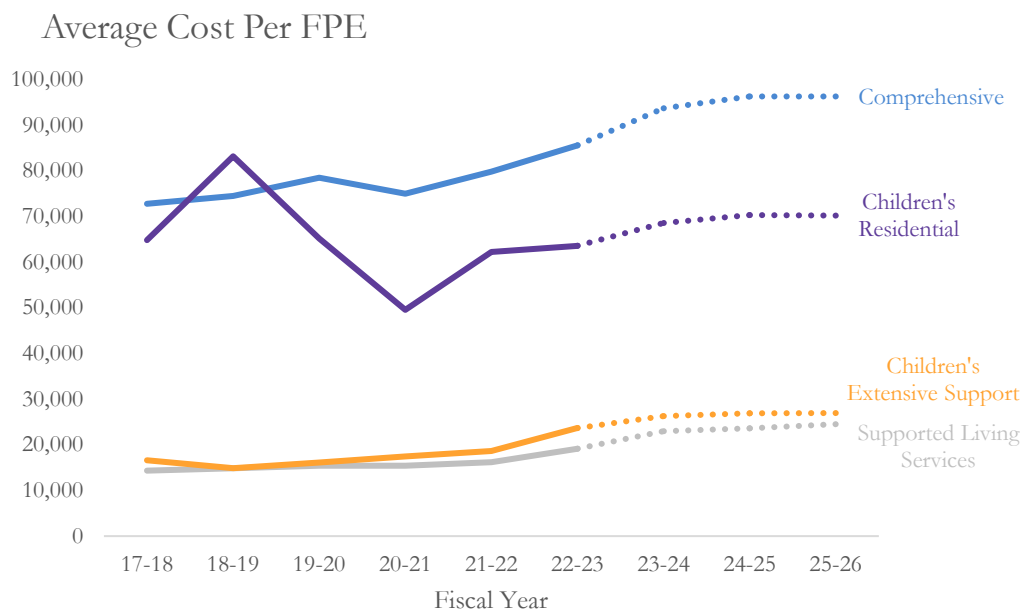


The Children's Habilitation Residential Program (CHRP) waiver provides residential services for children and youth in foster care or at risk of child welfare involvement who have a developmental disability and very high needs that put them at risk for institutional care.

Children's Habilitation Residential Program



The average number of individuals receiving a billable service at a given time is referred to as Full Person Equivalent (FPE).



SUMMARY: FY 2022-23 APPROPRIATION & FY 2023-24 REQUEST

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 2023-24 APPROPRIATION:						
S.B. 23-214 (Long Bill)	1,084,422,880	520,127,947	24,022,216	0	540,272,717	39.5
Other legislation	150,000	75,000	0	0	75,000	0.0
TOTAL	\$1,084,572,880	\$520,202,947	\$24,022,216	\$0	\$540,347,717	39.5
FY 2024-25 REQUESTED APPROPRIATION:						
FY 2023-24 Appropriation	\$1,084,572,880	520,202,947	\$24,022,216	\$0	\$540,347,717	39.5
R5 Office of Community Living	45,002,004	28,990,641	2,467,507	0	13,543,856	0.0
R6a Provider rates	10,562,903	5,275,297	110,082	0	5,177,524	0.0
R6b Targeted provider rates	27,598,397	13,799,205	0	0	13,799,192	0.0
Annualize prior year funding	26,763,842	28,472,418	(14,480,633)	0	12,772,057	0.0
TOTAL	\$1,194,500,026	\$596,740,508	\$12,119,172	\$0	\$585,640,346	39.5
INCREASE/(DECREASE)	\$109,927,146	\$76,537,561	(\$11,903,044)	\$0	\$45,292,629	0.0
Percentage Change	10.1%	14.7%	(49.6%)	0.0%	8.4%	0.0%

R5 OFFICE OF COMMUNITY LIVING: The request includes an increase of \$45.0 million total funds, including \$28.9 million General Fund, for caseload adjustments to maintain zero waitlists for the HCBS Supported Living Services, Children's Extensive Services, and Children's Habilitation Residential Program waivers for individuals with intellectual and developmental disabilities, and to fund 411 transition enrollments onto the Comprehensive DD waiver.

R6A PROVIDER RATES: The request includes an increase of \$10.6 million total funds, including \$5.3 million General Fund, for a 1.0% common policy provider rate adjustment applicable to all providers. Information on provider rates was provided by Mr. Kurtz in the previous briefing. Please see the JBC Staff briefing document on Department of Health Care Policy and Financing - Medical Services Premiums dated December 11, 2023, for more information.

R6B TARGETED PROVIDER RATES: The request includes an increase of \$27.6 million total funds, including \$13.8 million General Fund, for a targeted rate increase for direct care workers providing HCBS services. This request would raise the base rate to \$16.55 per hour in non-Denver counties, and \$18.29 in Denver.

ANNUALIZE PRIOR YEAR FUNDING: The request includes adjustments for out-year impacts of prior year legislation and budget actions. This request includes a net increase of \$26.8 million total funds. That total includes a net increase of \$28.5 million General Fund, a net decrease of \$14.5 cash funds, and a net increase of \$12.8 million federal funds.

ANNUALIZE PRIOR YEAR FUNDING						
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS	REAPPROPRIATED FUNDS	FEDERAL FUNDS	FTE
FY 23-24 R13 Case management redesign	\$15,871,113	\$11,384,585	(\$3,449,028)	\$0	\$7,935,556	0.0
FY 23-24 R7 Rate adjustment	8,910,552	13,982,875	(8,767,285)	0	3,694,962	0.0
FY 23-24 BA7 Community-based access to services	2,472,822	2,272,141	(1,035,730)	0	1,236,411	0.0
SB 21-039 Elim of sub wage employment	259,725	129,862	0	0	129,863	0.0
HB 22-1114 Trans services for Medicaid waiver	360,000	180,000	0	0	180,000	0.0
FY 23-24 R10 Youth complex and co-occurring needs	0	884,715	(884,715)	0	0	0.0
FY 23-24 BA8 ARPA HCBS adjustments	(690,008)	0	(343,875)	0	(346,133)	0.0
SB 18-145 Employment first recommendations	(303,158)	(303,158)	0	0	0	0.0
HB 23-1197 Stakeholder process oversight host home	(75,000)	(37,500)	0	0	(37,500)	0.0
FY 22-23 R9 OCL prog enhancements	(42,204)	(21,102)	0	0	(21,102)	0.0
TOTAL	\$26,763,842	\$28,472,418	(\$14,480,633)	\$0	\$12,772,057	0.0

ISSUE: R5 OFFICE OF COMMUNITY LIVING CASELOAD

The Department of Health Care Policy and Financing submits an annual budget request for adjustments in appropriations that fund services to individuals with intellectual and developmental disabilities. Budget requests are based on projected caseload and the associated costs for the Home- and Community-Based Services Comprehensive DD, Supported Living Services, Children's Extensive Services, and Children's Habilitation Residential Program waivers as well as for Targeted Case Management.

SUMMARY

The Department of Health Care Policy and Financing's R5 Office of Community Living Cost and Caseload budget request includes:

- A FY 2023-24 decrease of \$19.4 million total funds, including \$8.9 million General Fund.
- A FY 2024-25 increase of \$45.0 million total funds, including \$28.9 million General Fund.

This request is based on prior year utilization and expenditure data and includes funding to maintain a zero enrollment waitlist for the Adult Supported Living Services, Children's Extensive Services, and Children's Habilitation Residential Program waivers and for an additional 411 transitional enrollments for the Comprehensive (DD) Services waiver. Adjustments to appropriations are frequently requested as new information becomes available and forecasts are updated.

RECOMMENDATION

Historically, there has been considerable concern regarding the Comprehensive (DD) Waiver enrollment waitlist. As of November 2023, 3,357 individuals were identified as needing DD services as soon as available. JBC staff recommends working with the Department to identify the amount of funding that could be allocated to reduce the waitlist. Many variables that are beyond the scope of this issue brief are involved in reducing the waitlist, including number of providers available, provider rates, accessibility to current resources for those on the waitlist, and overall cost of funding.

DISCUSSION

The Department is responsible for the administration of four Medicaid waivers through which eligible individuals with intellectual and developmental disabilities (IDD) may access services. Individuals who are not eligible for Medicaid may access IDD services through programs funded with state General Fund. The Department uses per capita costs and average full program equivalent (FPE) to calculate the funding needs for each waiver.

Comprehensive/Developmental Disabilities Waiver

The Comprehensive (DD) waiver provides access to 24-hour/seven-day-a-week supervision through Residential Habilitation and Day Habilitation Services and Supports. The service provider is responsible for supporting individuals in securing living arrangements that can range from host home settings with 1-2 persons, individualized settings of 1-3 persons, and group settings of 4-8 persons. Support is also available for participants who live in their own home or who live with and/or are provided services by members of their family.

Annually, the Department requests funding for reserved capacity and emergency enrollments. The FY 2023-24 appropriation includes funding for 411 enrollments, including 41 transitions from

institutions, 47 ageing caregiver enrollments, 189 emergency enrollments, 43 foster care transitions, and 91 youth transitions. The Department is requesting the same 411 enrollment spots for FY 2024-25 as well.

The estimated FY 2024-25 maximum enrollment in the Comprehensive waiver is 8,569 members. With the accounting for churn and enrollment lag, the estimated fiscal year-end enrollment is an estimated 8,370 members. The forecast is based on the number of FPE who are anticipated to be served at an anticipated cost of \$96,323 per FPE. It reflects a net increase of \$31.1 million total funds, including an increase of \$23.0 million General Fund.

Comprehensive Waiver Waitlist

Individuals are placed on waiting lists when enrollments meet the limit of a federally-approved waiver application or when additional enrollments would exceed the General Fund appropriation for a given program. The waitlist includes four timelines:

- As soon as available (ASAA) – The individual has requested enrollment as soon as available;
- Date specific – The individual does not need services at this time but has requested enrollment at a specific future date, including those who have not yet reached the age of 18.
- Safety net – The individual does not need or want services at this time, but requests to be on the waiting list in case a need arises at a later time, including those who have not yet reached the age of 18; and
- Internal Management – Individuals who have indicated interest in SLS waiver services and are in the enrollment process.

Most individuals who are waiting for enrollment into the DD waiver as soon as available are receiving other services while they wait. The Department reports that 97% of members waiting on the ASAA waitlist are receiving Medicaid services and 74% are receiving other HCBS waiver services.

OVERALL WAIVER ENROLLMENT AND EXPENDITURES

Although the Department utilizes the average full program equivalent (FPE) as the basis for annual caseload forecasts, the number of individuals served through each waiver can be communicated in three ways:

- Maximum enrollment represents the allowable number of individuals that can be served in a given year.
- Average monthly enrollment represents an average of the actual number of individuals enrolled in each waiver during a 12-month period.
- Full program equivalent (FPE) represents the number of clients with a paid claim in a given year. The average monthly FPE is determined by multiplying the average monthly enrollment for a 12-month period by the FPE conversion factor of 80.0 percent (because not every client who is authorized to receive services has a paid service each month).

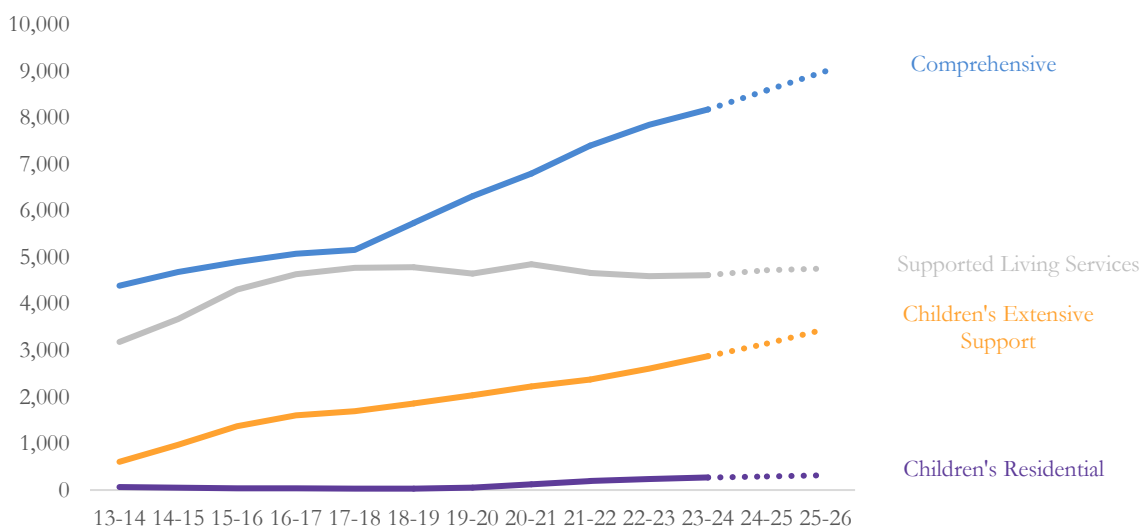
Appropriations to line items that funds waiver services and targeted case management for individuals with intellectual and developmental disabilities are set in advance of the fiscal year, based on prior year utilization and expenditures. The Department performs forecast analyses throughout a given fiscal year and uses the information to determine necessary adjustments to the appropriations for the current fiscal year and for the upcoming fiscal year. If necessary, current fiscal year adjustments are made to the appropriation through the Department's supplemental bill based on the November forecast,

and/or through a Long Bill add-on based on the February forecast. Appropriations for the upcoming fiscal year are determined at figure setting and are based on the February caseload forecast provided by the Department. Appropriations reflect the current cost per FPE and are based on current spending trends in the waiver programs. The Department's requested FY 2024-25 appropriation for the waiver programs, includes:

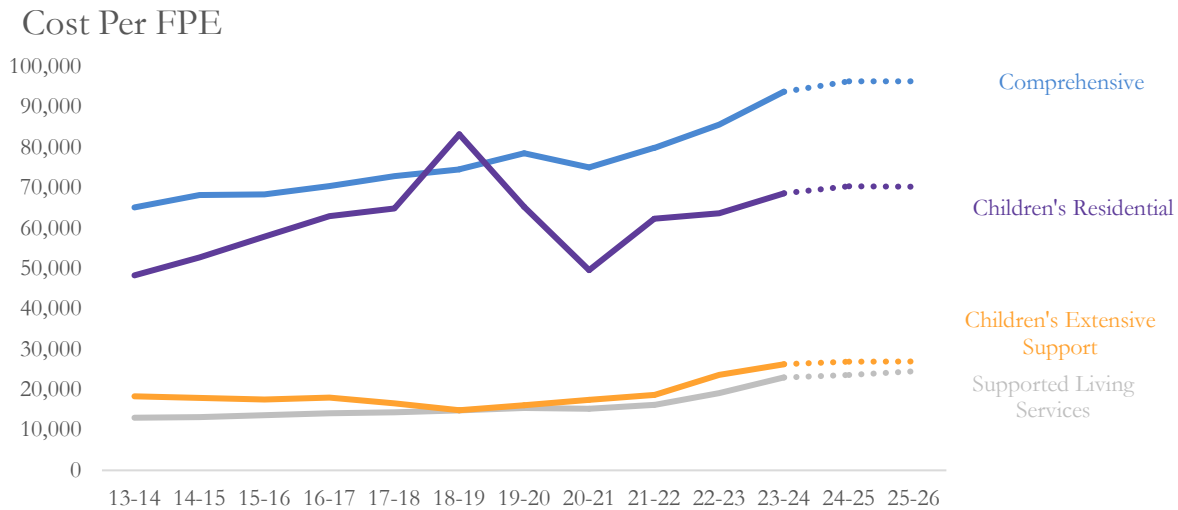
- Adult Comprehensive Services – \$779.2 million total funds, including \$381.3 million General Fund;
- Adult Supported Living Services – \$94.3 million total funds, including \$40.4 million General Fund;
- Children's Extensive Support Services – \$63.3 million total funds, including \$30.2 million General Fund; and
- Children's Habilitation Residential Program – \$14.8 million total funds, including \$7.2 million General Fund.

The following table shows the average monthly enrollment (AME) for each category of services funded through the Office of Community Living. Since March 2014 when the administration of the HCBS waivers (excluding the CHRP waiver) was transferred from the Department of Human Services to the Department of Health Care Policy and Financing, the numbers of individuals enrolled on each waiver has increased annually.

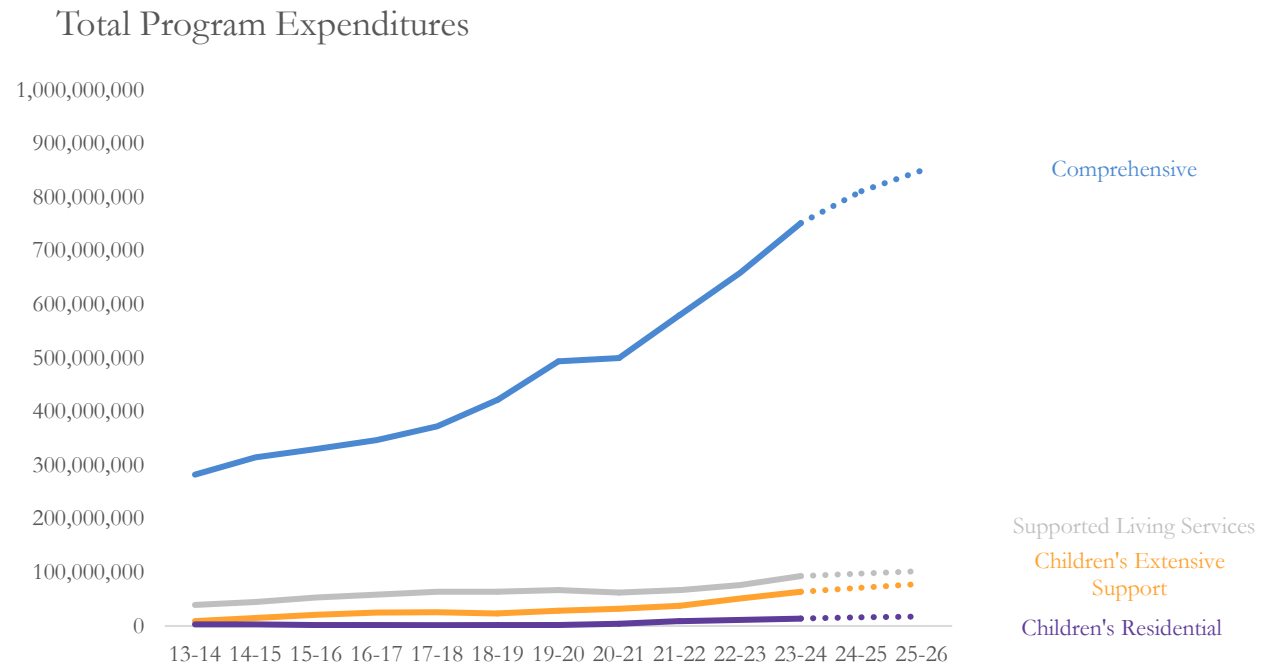
Average Monthly Enrollment (AME) Forecast



The following table shows the average annual cost per client served (cost per FPE) for each waiver since FY 2003-14. As shown in the table, comprehensive services have the highest cost per FPE, while supported living services have the lowest annual cost. In addition, it is worth noting that cost per FTE has generally increased each year for each waiver type, with the exception of reductions in FY 2011-12 and FY 2012-13.



Finally, the total expenditures for each waiver reflect both the number of clients served and the cost per client. The following table shows the total cost of each waiver program for each year since FY 2009-10.



In addition to the variables discussed above, the Department accounts for enrollment lag time, cost shifts related to changes in the State Medicaid Plan, and movement of individuals from one waiver to another when forecasting costs for OCL. Request R5 reflects the Department's November 2023 estimates of the cost of each waiver. As noted above, JBC Staff will utilize the February 2024 forecast estimates during figure setting for FY 2024-25.

ISSUE: R9 ACCESS TO BENEFITS: ASD TREATMENT

This issue brief provides an overview of the Department's request 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 (ABA); habilitative or rehabilitative care, including speech therapy occupational therapy, and physical therapy; pharmacy care; psychiatric care; and psychological care, including family counseling.

The Department requests \$13,947,164 to integrate ASD treatment into the CHP+ program. The projected population of children needing these services in FY 2024-25 is 73,350. The Department calculated the total cost of the program based on the FY 2020-21 Medicaid ASD treatment cost per child, which was \$189.08.

RECOMMENDATION

Since the passage of S.B. 09-244 (Concerning Health Insurance Benefits for the Treatment of Autism Spectrum Disorders) insurance providers have been required to cover the assessing and diagnosing of ASD as well as treatments for ASD. However, section 1 of the bill stated that "... the General Assembly hereby declares that due to budgetary issues facing the state of Colorado during fiscal years 2008-09 and 2009-10, the General Assembly cannot at this time fund an expansion of the children's basic health plan to include comparable provisions." The bill went on to explain that the General Assembly's intent was to include comparable services for ASD in the future.

JBC Staff recommends continuing a dialogue with the Department on what services will be provided to children receiving ASD services through CHP+. The Department stated in its request that the outcome measured is an increase in access to care by covering ABA therapy, but listed other treatments and resources that will be provided to children on CHP+. JBC staff recommends having the department create a holistic plan documenting what exact treatments will be provided to children receiving ASD treatment through CHP+ if this request is approved.

JBC Staff also recommends seeking information on a few points that affect ASD treatment across the state including:

1. Information on the number of providers in Colorado and their locations, specifically focusing on access in more rural areas of the state.
2. Information on the populations of children that will continue to not have access to ASD treatments and services beyond those that will be receiving treatment through CHP+.

EVIDENCE, OUTCOMES, AND OUTPUTS MEASURED

The Department indicated that this request item's evidence level is "proven." It cited two informational pages on the federal Center for Disease Control's (CDC's) website, one specifically on treatment and intervention services for ASD, and the other on ASD treatment and its effects on teenagers and adults.¹

¹ Center for Disease Control and Prevention, *Autism Spectrum Disorder in Teenagers and Adults*, 2023, Retrieved from <https://www.cdc.gov/ncbddd/autism/autism-spectrum-disorder-in-teenagers-adults.html>, Center for Disease Control and Prevention, *Treatment and Intervention Services for Autism Spectrum Disorder*, 2023, Retrieved from <https://www.cdc.gov/ncbddd/autism/treatment.html>.

For outputs, the Department proposes to measure the number of CHP+ members that will obtain services to treat ASD compared to the number of claims that were previously denied for ABA therapy.

The only *outcome* being measured by the Department is “an increase in access to care for children eligible for CHP+ by covering ABA therapy for ASD.” As stated above, the Department provided a list of what ASD treatments would be integrated into CHP+ through this request. However, the Department has not included access to the other therapies and treatments as measured outcomes in the integration of ASD services.

DISCUSSION

The Department stated that it will only be measuring access to ABA therapy as an outcome, but does cite other treatments and therapies that will be accepted for ASD treatment through CHP+. As such, it is helpful to consider the current understanding of ASD services and treatment, and how the proposal will impact children diagnosed with ASD who will receive services through CHP+.

ASD has been identified within the DSM-5, the taxonomic and diagnostic tool published by the American Psychiatric Association, as a neurodevelopmental disorder characterized by a divergence in social communication and social interaction, and repetitive or restricted patterns of behaviors, interests, or activities, which can include hyper- and hyporeactivity to sensory input.² Clinically, ASD is regarded as a spectrum disorder, meaning that it can manifest differently in each person.³ ASD frequently co-occurs with medical conditions, including epilepsy and attention deficit hyperactivity disorder (ADHD).⁴

Psychiatry has typically addressed and treated ASD as a mental disorder, but this theory has changed in recent years. Many individuals with ASD and many researchers and doctors see ASD as a part of neurodiversity, meaning that ASD is seen as a natural diversity in the human experience.⁵

There is currently no clearly defined treatment or cure for ASD. It is widely accepted amongst the psychiatric community and amongst people with ASD themselves that treatment, if necessary, should be tailored to the person’s individual symptoms and needs.⁶

Considering the consensus amongst the ASD community that treatment varies depending on the person, the following sections will address the treatments that the Department has listed as being integrated into CHP+ if this request is approved as well as potential concerns about the proposed focus on ABA as the sole outcome measure for the program.

EFFECTIVENESS OF ABA TREATMENT

² American Psychiatric Association. *Desk Reference to the Diagnostic Criteria from DSM-5*. American Psychiatric Association Publishing. (2013).

³ Ibid.

⁴ Rosen, Lord, Volkmar. *The Diagnosis of Autism: From Kanner to DSM-III to DSM-5 and Beyond* Journal of Autism and Developmental Disorders. (2021).

⁵ Pellicano, de Houston. *Annual Research Review: Shifting from “normal science” to neurodiversity in autism science*. Journal of Child Psychology and Psychiatry, and Allied Disciplines. (2022).

⁶ Sampson. *Behavioral and Developmental Interventions for Autism Spectrum Disorder: A Clinical Systematic Review*. PLoS One. (2008).

Applied Behavior Analysis (ABA) is a form of behavior modification that relies heavily on external reinforcement, both positive and negative.⁷ It is intended to modify or diminish certain behaviors, as well as increase language, communication, social skills, and attention in children with ASD.⁸ The main focus of ABA is focusing on external stimuli in a person's environment, and is based on a rewards and discouragement system.⁹ Many therapists within the ASD space have voiced concern on the ethical implications of ABA treatment, considering that ASD is widely considered to be a spectrum, stating that a rewards and discouragement system can quickly devolve into various forms of abuse.¹⁰

ABA treatment focuses on the treatment of ASD through treating thoughts, emotions, and other activity, specifically focusing on the social significance of the behavior being studied rather than the medical treatment of ASD. These techniques are focused on teaching adaptive behaviors and diminishing challenging behaviors associated with ASD, and has been frequently described as an effective “intervention for challenging behaviors.”¹¹

The ethics and efficacy and ABA treatment has come into question in a multitude of ways over the past few decades. The value of eliminating traditionally “autistic” behaviors is disputed by many members of the autistic community.¹² Many research studies have noted that “masking” (the conscious suppression of autistic behaviors and compensation of difficulties in social interaction by autistic people with the goal of being perceived as neurotypical) is associated with suicidality and poor long-term mental health amongst children and adults with autism.¹³

There is a wide variation in the professional practice of behavior analysis and among the assessments and interventions used in ABA.¹⁴ ABA has been identified as an effective “intervention for challenging behaviors” by many sources, including the American Academy of Pediatrics.¹⁵ However, considering the conflicting evidence on the value, ethics, and efficacy of ABA therapy, JBC staff believes that it would also be beneficial to analyze the outcome of the integration of other ASD treatments through CHP+ rather than focusing solely on ABA therapy.

EFFECTIVENESS OF NON-ABA TREATMENTS

In recent years there has been a tangible paradigm shift in the understanding of individuals with ASD. This shift has included many individuals in the autism community and their providers emphasizing that the main goal of treatment should be to lessen distress, to increase quality of life, and to help facilitate functional independence for individuals with autism.¹⁶

⁷ Foxx, Richard M. *Applied Behavior Analysis Treatment of Autism: The State of the Art*. Child and Adolescent Psychiatric Clinic of North America (2008.)

⁸ Ibid.

⁹ Shkedy, Shkedy, Sandoval-Norton. *Long-term ABA Therapy is Abusive: A Response to Gorycki, Ruppel, and Zane*. Advances in Neurodevelopmental Disorders. (2022).

¹⁰ Ibid.

¹¹ Matson JL, Hattier MA, Belva B. *Treating adaptive living skills of persons with autism using applied behavior analysis: A review*. Research in Autism Spectrum Disorders. (2012).

¹² Cassidy S, Bradley L, Shaw R, Baron-Cohen S. *Risk markers for suicidality in autistic adults*. Molecular Autism. (2018).

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Myers S, Johnson C. *Management of Children With Autism Spectrum Disorders*. American Academy of Pediatrics. (2007).

¹⁶ Smith T, Iadarola S, *Evidence Base Update for Autism Spectrum Disorder*. Journal of Clinic Child & Adolescent Psychology. (2015).

Many of the non-ABA treatments that the Department listed as ASD treatments under CHP+ have been identified by the autism community as helpful. These include habilitative or rehabilitative care, speech therapy, occupational therapy, physical therapy, pharmacy care, psychiatric care, psychological care, and family counseling.

Many individuals with ASD have comorbidities that should also be taken into consideration when integrating ASD services into CHP+. The most common medical condition occurring in individuals with ASD is seizure disorder or epilepsy, which occurs in 11-39 percent of autistic people.¹⁷ Tuberous sclerosis, a genetic condition in which non-malignant tumors grow in vital organs, is present in 1-4 percent of people with ASD.¹⁸ Other comorbidities include learning disabilities, anxiety disorders, depression, schizophrenia, ADHD, metabolic deficits, gastrointestinal problems, sleep dysfunction, raised blood pressure and heart rate, and mast cell activation syndrome.¹⁹

JBC staff suggests that the Department should consider including and addressing the treatment of these comorbidities in the integration of ASD treatment into CHP+ and the outcomes that will be measured upon potential implementation of the ASD program.

CONCLUSION

Considering the importance of integrating ASD treatment into CHP+, and the complexity of questions surrounding treatment, JBC staff believes that a continued conversation about treatment plans should be facilitated with members of the autism community, providers, and the Department, to ensure that the full scope of services needed are available to children with autism spectrum disorder upon commencement of the integration of ASD services into CHP+.

¹⁷ Ballaban-Gil K, Tuchman R. *Epilepsy and epileptiform EEG: association with autism and language disorders*. Developmental Disabilities Research Reviews. (2000).

¹⁸ Ibid.

¹⁹ Ibid.

APPENDIX A NUMBERS PAGES

Appendix A details actual expenditures for the last two state fiscal years, the appropriation for the current fiscal year, and the requested appropriation for next fiscal year. This information is listed by line item and fund source.

FY 2024-25 Joint Budget Committee Staff Budget Briefing
Health Care Policy and Financing
Appendix A: Number Pages

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING Kim Bimestefer, Executive Director
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(4) OFFICE OF COMMUNITY LIVING

(A) Division for Individuals with Intellectual and Developmental Disabilities

(i) Administrative Costs

Personal Services	<u>3,129,269</u>	<u>3,254,836</u>	<u>3,469,613</u>	<u>3,469,613</u>
<i>FTE</i>	29.1	33.7	39.5	39.5
General Fund	1,307,493	1,643,703	1,858,480	1,858,480
Cash Funds	210,643	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	1,611,133	1,611,133	1,611,133	1,611,133
 Operating Expenses	 <u>72,072</u>	 <u>70,769</u>	 <u>431,510</u>	 <u>356,510</u>
General Fund	36,038	35,384	239,636	202,136
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	36,034	35,385	191,874	154,374
 Community and Contract Management System	 <u>62,840</u>	 <u>62,528</u>	 <u>137,480</u>	 <u>137,480</u>
General Fund	31,420	31,264	89,362	89,362
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	31,420	31,264	48,118	48,118
 Support Level Administration	 <u>51,404</u>	 <u>59,317</u>	 <u>58,350</u>	 <u>58,350</u>
General Fund	25,702	29,403	28,920	28,920
Cash Funds	0	255	255	255

Reappropriated Funds	0	0	0	0
Federal Funds	25,702	29,659	29,175	29,175

Cross-System Response Pilot Program Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
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General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Total Funds - (i) Administrative Costs	3,315,585	3,447,450	4,096,953	4,021,953	(1.8%)
General Fund	<u>29.1</u>	<u>33.7</u>	<u>39.5</u>	<u>39.5</u>	<u>0.0%</u>
<i>FTE</i>	1,400,653	1,739,754	2,216,398	2,178,898	(1.7%)
<i>FTE</i>	210,643	255	255	255	0.0%
<i>FTE</i>	0	0	0	0	0.0%
<i>FTE</i>	1,704,289	1,707,441	1,880,300	1,842,800	(2.0%)

Medicaid Programs

Adult Comprehensive Waiver Services	<u>593,246,267</u>	<u>660,264,798</u>	<u>771,570,563</u>	<u>840,396,437</u>	*
	0.0	0.0			
General Fund	188,425,770	274,738,522	368,919,010	418,837,312	
Cash Funds	31,135,458	15,581,089	9,151,410	1,360,909	
Reappropriated Funds	0	0	0	0	
Federal Funds	373,685,039	369,945,187	393,500,143	420,198,216	
Adult Supported Living Waiver Services	<u>68,257,740</u>	<u>76,193,493</u>	<u>93,765,842</u>	<u>101,049,045</u>	*
General Fund	19,279,569	25,140,173	38,926,121	42,200,264	
Cash Funds	5,981,477	7,593,201	7,024,708	8,324,262	
Reappropriated Funds	0	0	0	0	
Federal Funds	42,996,694	43,460,119	47,815,013	50,524,519	

Children's Extensive Support Services	<u>37,846,959</u>	<u>51,164,467</u>	<u>62,870,839</u>	<u>72,882,421</u> *
General Fund	13,413,358	22,227,459	29,190,545	35,615,090
Cash Funds	623,899	0	1,649,152	826,122
Reappropriated Funds	0	0	0	0
Federal Funds	23,809,702	28,937,008	32,031,142	36,441,209
Children's Habilitation Residential Program	<u>9,153,153</u>	<u>11,513,849</u>	<u>14,689,243</u>	<u>16,746,315</u> *
General Fund	3,335,090	5,074,425	7,068,174	8,306,455
Cash Funds	5,089	6,829	132,200	66,702
Reappropriated Funds	0	0	0	0
Federal Funds	5,812,974	6,432,595	7,488,869	8,373,158
Case Management for People with IDD	<u>80,740,234</u>	<u>88,501,594</u>	<u>115,903,041</u>	<u>137,834,693</u> *
General Fund	36,766,240	40,634,931	52,206,300	68,033,327
Cash Funds	762,621	2,266,858	6,064,491	1,540,922
Reappropriated Funds	0	0	0	0
Federal Funds	43,211,373	45,599,805	57,632,250	68,260,444
Home and Community Based Services for People with Intellectual and Developmental Disabilities	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Eligibility Determination and Waiting List Management	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Case Management Services	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Total Funds - Medicaid Programs	789,244,353	887,638,201	1,058,799,528	1,168,908,911	10.4%
General Fund	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
<i>FTE</i>	261,220,027	367,815,510	496,310,150	572,992,448	15.5%
<i>FTE</i>	38,508,544	25,447,977	24,021,961	12,118,917	(49.6%)
<i>FTE</i>	0	0	0	0	0.0%
<i>FTE</i>	489,515,782	494,374,714	538,467,417	583,797,546	8.4%

State-only Programs

Family Support Services Program	<u>9,818,346</u>	<u>10,311,298</u>	<u>11,048,853</u>	<u>11,150,134</u> *
General Fund	9,373,496	10,311,298	11,048,853	11,150,134
Cash Funds	444,850	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
State Supported Living Services	<u>4,898,139</u>	<u>4,724,417</u>	<u>5,193,524</u>	<u>5,241,131</u> *
General Fund	4,898,139	4,724,417	5,193,524	5,241,131
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
State Supported Living Services Case Management	<u>4,494,161</u>	<u>4,682,356</u>	<u>5,061,041</u>	<u>5,107,434</u> *
General Fund	4,494,161	4,682,356	5,061,041	5,107,434

Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Preventive Dental Hygiene	<u>64,894</u>	<u>64,894</u>	<u>69,823</u>	<u>70,463</u> *
General Fund	64,894	64,894	69,823	70,463
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Supported Employment Provider and Certification Reimbursement	<u>148,800</u>	<u>148,800</u>	<u>303,158</u>	<u>0</u>
General Fund	148,800	148,800	303,158	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Eligibility Determination and Waiting List Management	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
Supported Employment Pilot Program	<u>415,969</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	415,969	0	0	0
Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0
State-only Programs for People with Intellectual and Developmental Disabilities	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
General Fund	0	0	0	0

Cash Funds	0	0	0	0
Reappropriated Funds	0	0	0	0
Federal Funds	0	0	0	0

Total Funds - State-only Programs	19,840,309	19,931,765	21,676,399	21,569,162	(0.5%)
General Fund	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0%</u>
<i>FTE</i>	19,395,459	19,931,765	21,676,399	21,569,162	(0.5%)
<i>FTE</i>	444,850	0	0	0	0.0%
<i>FTE</i>	0	0	0	0	0.0%
<i>FTE</i>	0	0	0	0	0.0%

(ii) Program Costs

Adult Comprehensive Services 0

General Fund	0
Cash Funds	0
Reappropriated Funds	0
Federal Funds	0

Adult Supported Living Services 0

General Fund	0
Cash Funds	0
Reappropriated Funds	0
Federal Funds	0

Children's Extensive Support Services 0

General Fund	0
Cash Funds	0
Reappropriated Funds	0
Federal Funds	0

Children's Habilitation Residential Program **0**

General Fund 0

Cash Funds 0

Reappropriated Funds 0

Federal Funds 0

Case Management **0**

General Fund 0

Cash Funds 0

Reappropriated Funds 0

Federal Funds 0

Family Support Services **0**

General Fund 0

Cash Funds 0

Reappropriated Funds 0

Federal Funds 0

Preventive Dental Hygiene **0**

General Fund 0

Cash Funds 0

Reappropriated Funds 0

Federal Funds 0

Eligibility Determination and Waiting List Management **0**

General Fund 0

Cash Funds 0

Reappropriated Funds 0

Federal Funds 0

Supported Employment Provider and Certification Reimbursement	<u>0</u>
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General Fund	0
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Cash Funds	0
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Reappropriated Funds	0
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Federal Funds	0
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Supported Employment Pilot Program	<u>0</u>
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General Fund	0
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Cash Funds	0
------------	---

Reappropriated Funds	0
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Federal Funds	0
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Total Funds - (ii) Program Costs	0	0.0%
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General Fund	<u>0.0</u>	<u>0.0%</u>
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<i>FTE</i>	0	0.0%
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<i>FTE</i>	0	0.0%
------------	---	------

<i>FTE</i>	0	0.0%
------------	---	------

<i>FTE</i>	0	0.0%
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Total Funds - (A) Division for Individuals with Intellectual and Developmental Disabilities	812,400,247	911,017,416	1,084,572,880	1,194,500,026	10.1%
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<i>FTE</i>	<u>29.1</u>	<u>33.7</u>	<u>39.5</u>	<u>39.5</u>	<u>0.0%</u>
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General Fund	282,016,139	389,487,029	520,202,947	596,740,508	14.7%
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Cash Funds	39,164,037	25,448,232	24,022,216	12,119,172	(49.6%)
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Reappropriated Funds	0	0	0	0	0.0%
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Federal Funds	491,220,071	496,082,155	540,347,717	585,640,346	8.4%
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Total Funds - (4) Office of Community Living	812,400,247	911,017,416	1,084,572,880	1,194,500,026	10.1%
<i>FTE</i>	<u>29.1</u>	<u>33.7</u>	<u>39.5</u>	<u>39.5</u>	<u>0.0%</u>
General Fund	282,016,139	389,487,029	520,202,947	596,740,508	14.7%
Cash Funds	39,164,037	25,448,232	24,022,216	12,119,172	(49.6%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	491,220,071	496,082,155	540,347,717	585,640,346	8.4%

Total Funds - Department of Health Care Policy and Financing	812,400,247	911,017,416	1,084,572,880	1,194,500,026	10.1%
<i>FTE</i>	<u>29.1</u>	<u>33.7</u>	<u>39.5</u>	<u>39.5</u>	<u>0.0%</u>
General Fund	282,016,139	389,487,029	520,202,947	596,740,508	14.7%
Cash Funds	39,164,037	25,448,232	24,022,216	12,119,172	(49.6%)
Reappropriated Funds	0	0	0	0	0.0%
Federal Funds	491,220,071	496,082,155	540,347,717	585,640,346	8.4%

APPENDIX B

FOOTNOTES AND INFORMATION REQUESTS

UPDATE ON LONG BILL FOOTNOTES

The General Assembly includes footnotes in the annual Long Bill to: (a) set forth purposes, conditions, or limitations on an item of appropriation; (b) explain assumptions used in determining a specific amount of an appropriation; or (c) express legislative intent relating to any appropriation. Footnotes to the 2023 Long Bill (S.B. 23-214) can be found at the end of each departmental section of the bill at <https://leg.colorado.gov/bills/sb23-214>. The Long Bill footnotes relevant to this document are listed below.

- 23 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs-- It is the General Assembly's intent that expenditures for these services be recorded only against the Long Bill group total for Medicaid Programs.

COMMENT: This footnote provides flexibility for the Department to move money between line items within the Office of Community Living. The Department is in compliance with the footnote.

- 24 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, Adult Comprehensive Services -- Of this appropriation, cash funds appropriated from the Home- and Community-based Services Improvement Fund remain available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent, and provides roll-forward authority for the Department to spend this appropriation over multiple fiscal years. The Department is in compliance with this footnote.

- 25 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, Adult Supported Living Services -- Of this appropriation, cash funds appropriated from the Home- and Community-based Services Improvement Fund remain available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent, and provides roll-forward authority for the Department to spend this appropriation over multiple fiscal years. The Department is in compliance with this footnote.

- 26 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, Children's Extensive Support Services -- Of this appropriation, cash funds appropriated from the Home- and Community-based Services Improvement Fund remain available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent, and provides roll-forward authority for the Department to spend this appropriation over multiple fiscal years. The Department is in compliance with this footnote.

- 27 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, Children's Habilitation Residential Program -- Of this appropriation, cash funds appropriated from the Home- and Community-based Services Improvement Fund remain available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent, and provides roll-forward authority for the Department to spend this appropriation over multiple fiscal years. The Department is in compliance with this footnote.

- 28 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, case management for People with Disabilities -- Of this appropriation, cash funds appropriated from the Home- and Community-based Services Improvement Fund remain available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent, and provides roll-forward authority for the Department to spend this appropriation over multiple fiscal years. The Department is in compliance with this footnote.

- 29 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, Medicaid Programs, Case management for People with Disabilities -- Of this appropriation, \$168,000 General Fund is appropriated for financial closeout activities for Case Management Agencies and Single Entry Points, and is available for expenditure until the close of the 2024-25 state fiscal year.

COMMENT: This footnote expresses legislative intent for the Department to allocate a specific amount of funding to close out the previous allocation of funding to Case Management Agencies and Single Entry Points in preparation for the rollout of the new Single Assessment Tool. The Department is in compliance with this footnote.

- 30 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, State-only Programs - It is the General Assembly's intent that expenditures for these services be recorded only against the Long Bill group total for State-only Programs.

COMMENT: This footnote provides flexibility for the Department to move money between line items within the Office of Community Living. The Department is in compliance with the footnote.

- 31 Department of Health Care Policy and Financing, Office of Community Living, Division of Intellectual and Developmental Disabilities, State-only Programs, Preventive Dental Hygiene

- It is the General Assembly's intent that this appropriation be used to provide special dental services for persons with intellectual and developmental disabilities.

COMMENT: This footnote was first added to the FY 2022-23 Long Bill, and reflects the legislative intent that funds appropriated in this line be used for a specific purpose. The Department is in compliance with the footnote.

UPDATE ON LONG BILL REQUESTS FOR INFORMATION

The Joint Budget Committee annually submits requests for information to executive departments and the judicial branch via letters to the Governor, other elected officials, and the Chief Justice. Each request is associated with one or more specific Long Bill line item(s), and the requests have been prioritized by the Joint Budget Committee as required by Section 2-3-203 (3), C.R.S. Copies of these letters are included as an Appendix in the annual Appropriations Report (Appendix H in the FY 2023-24 Report):

<https://leg.colorado.gov/publications/appropriations-report-fiscal-year-2023-24>

- 6 Department of Health Care Policy and Financing, Medical Services Premiums; Indigent Care Program, Children's Basic Health Plan Medical and Dental Costs; Department of Higher Education, Colorado Commission on Higher Education, Special Purpose, University of Colorado, Lease Purchase of Academic Facilities at Fitzsimons; Governing Boards, Regents of the University of Colorado; Department of Human Services, Division of Child Welfare, Tony Grampas Youth Services Program; Office of Early Childhood, Division of Community and Family Support, Nurse Home Visitor Program; Department of Military and Veterans Affairs, Division of Veterans Affairs, Colorado State Veterans Trust Fund Expenditures; Department of Personnel, Division of Human Resources, Employee Benefits Services, H.B. 07-1335 Supplemental State Contribution Fund; Department of Public Health and Environment, Disease Control and Environmental Epidemiology Division, Administration, General Disease Control, and Surveillance, Immunization Operating Expenses; Special Purpose Disease Control Programs, Sexually Transmitted Infections, HIV and AIDS Operating Expenses, and Ryan White Act Operating Expenses; Prevention Services Division, Chronic Disease Prevention Programs, Oral Health Programs; Primary Care Office -- Each Department is requested to provide the following information to the Joint Budget Committee by October 1, 2023 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.

COMMENT: The Department submitted this report with its budget submission. The full report can be viewed in the Department's budget request document at the following link:

[HCPF RFI Multi 6 October 2023.pdf](#)

APPENDIX C

DEPARTMENT ANNUAL PERFORMANCE REPORT

Pursuant to Section 2-7-205 (1)(b), C.R.S., the Department of Health Care Policy and Financing is required to publish an **Annual Performance Report** for the *previous state fiscal year* by November 1 of each year. This report is to include a summary of the Department's performance plan and most recent performance evaluation for the designated fiscal year. In addition, pursuant to Section 2-7-204 (3)(a)(I), C.R.S., the Department is required to develop a **Performance Plan** and submit the plan for the *current fiscal year* to the Joint Budget Committee and appropriate Joint Committee of Reference by July 1 of each year.

For consideration by the Joint Budget Committee in prioritizing the Department's FY 2024-25 budget request, the FY 2023-24 Annual Performance Report and the FY 2023-24 Performance Plan can be found at the following link:

<https://www.colorado.gov/pacific/performancemanagement/departments-performance-plans>