



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

## Arapahoe County Fact Sheet

Accountable Care Collaborative (ACC), Regional Care Collaborative Organization (RCCO) 3: Colorado Access\*

**\$775,994,644**

Total Medicaid expenditure  
for members living in  
Arapahoe County

**22.32%**

of the Arapahoe County  
population is enrolled in  
Medicaid

**140,866**

Average number of Medicaid  
members enrolled per month  
in Arapahoe County

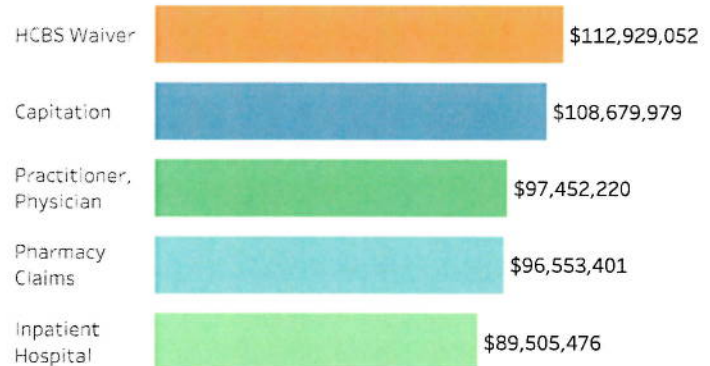
**40,668**

of these members were  
Affordable Care Act (ACA)  
Expansion Adults & Parents

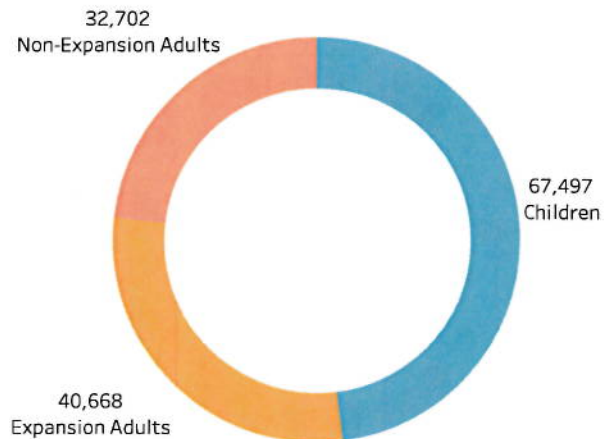
**6,115**

Number of Child Health Plan  
Plus (CHP+) members in  
Arapahoe County

### Top 5 Medicaid Claim Types in Arapahoe County



### Medicaid Population in Arapahoe County



Members living in Arapahoe County are attributed to the Behavioral Health Organization (BHO):  
**Behavioral Healthcare, Inc. (BHI)\*\***

\*The ACC is Colorado's delivery system for improving health outcomes and containing costs. The program provides incentive payments to providers and RCCO's who meet benchmarks known as key performance indicators. These payments encourage high value services, like well child visits, and aim to decrease lower value services, like hospital readmissions and ER utilization.

\*\*The community behavioral health services program provides mental health and substance abuse disorder services to all Colorado Medicaid members. BHO's arrange for clients to receive medically necessary behavioral health services.

\*\*\*All data is from Medicaid MMIS for Fiscal Year 2015-2016. Client counts may be hidden to protect PHI

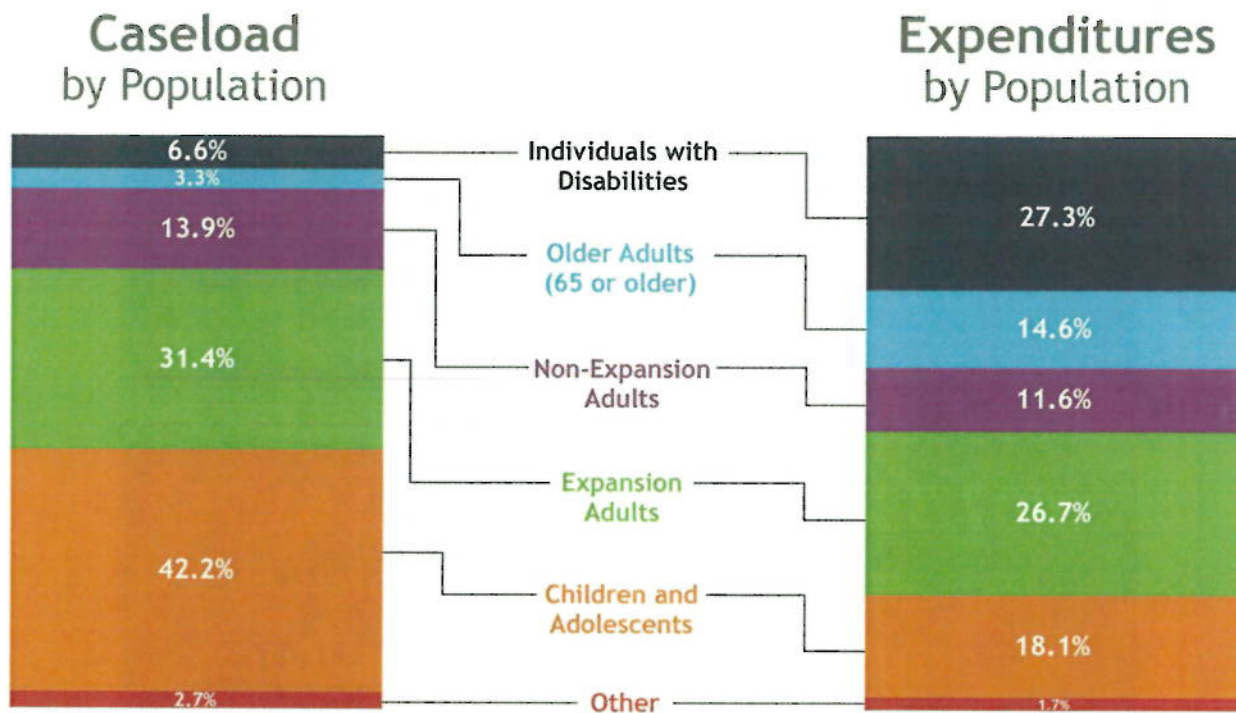


## Health First Colorado serves 1 in five Coloradans.

Now more than 1.26 million Coloradans are covered by Health First Colorado. In the last five years eligibility for the program has expanded to include more children, pregnant women, parents and low income adults, but the majority of Coloradans are still covered by private insurance. Health First Colorado's budget is \$9.1 billion, with over half coming from federal funding sources.



### Who is covered and what does it cost?



Approximately **75%** of adults are working



Drivers



Waitstaff

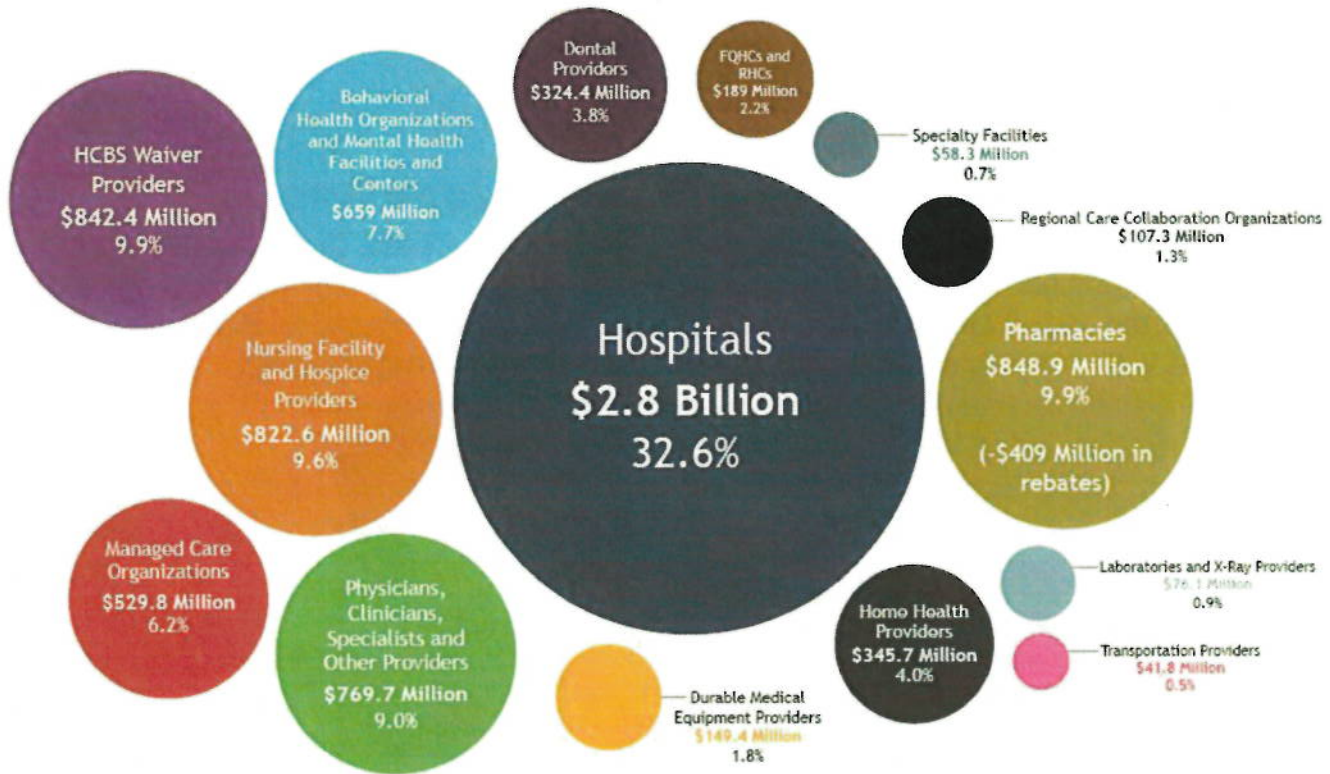


Child Care  
Workers



Cashiers

# Health First Colorado Payments to Providers



**DID YOU KNOW?** 43 percent of all births in Colorado are to moms enrolled in Health First Colorado

## Health First Colorado

23.77% of the population

548,501 are children

407,337 are expansion adults

\$6,981,561,758 total expenditures

FY 15-16 data. \$6.98 billion expenditure is Medical Services Premiums only. Total expenditure was \$8.92 billion in FY 2015-16.



## Health First Colorado and the Accountable Care Collaborative

The Accountable Care Collaborative is the core of Health First Colorado, the state's Medicaid program. It promotes improved health for members by delivering care in an increasingly seamless way. It is easier for members and providers to navigate and it makes smarter use of every dollar spent.

### How does the Accountable Care Collaborative work?

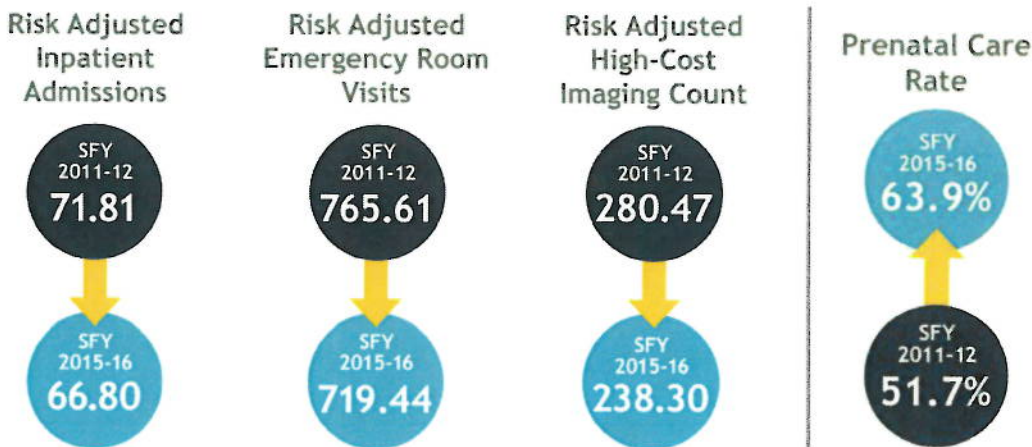
The vast majority of individuals who use Health First Colorado for their insurance coverage are enrolled in the Accountable Care Collaborative. The Accountable Care Collaborative works on the principle that coordinated care, with needed community supports, is the best, most efficient way to deliver care to individuals.

Members enrolled in the Accountable Care Collaborative receive full Health First Colorado benefits. Health First Colorado members with unique needs have access to behavioral health services (both mental health and substance use disorder services) and long term services and supports.



### How successful has the Accountable Care Collaborative been?

Over its five year history, the Accountable Care Collaborative has seen improvements in both making wiser use of state resources as well as helping to improve health outcomes by encouraging coordinated care and incenting providers to focus on improved outcomes. Important health outcome indicators show the effort is working.



## What is the future of the Accountable Care Collaborative?

Like every other organization in today's health care landscape, Health First Colorado must continue to evolve and improve in order to better serve members and navigate the increasingly complex and volatile health care landscape. The most important improvement we can make for individuals is to continue to move toward more coordinated and integrated care that increasingly rewards improved health outcomes.

The key changes for the next phase of the Accountable Care Collaborative include:

- Promotion of integrated physical and behavioral health care services,
- Enhanced support for coordinated, team-based care,
- Automatic enrollment into the program,
- Increased efficiencies by combining administrative responsibilities for primary care and behavioral health networks, and
- Expansion of value-based payments.



### Better Health and Life Outcomes



#### Health Team

Coordinated care means improved health outcomes for everyone who needs Health First Colorado. It also means better clarity for and coordination with providers as they interact with the system and wiser use of state resources.



#### Regional Coordination

Improved health outcomes and smarter use of state resources requires regional and local coordination that recognizes the need for medical care, behavioral health care and community supports all working together.



#### Data

Members, providers and the system receive the data needed to make real-time decisions that improve care, increase coordinated services and improve overall efficiencies.

# Independent Evaluation of the Accountable Care Collaborative: Key Findings

## Background

Launched in 2011, the Colorado's Accountable Care Collaborative is Health First Colorado's (Colorado's Medicaid Program) primary health care program. It is designed to improve members' health and use state resources wisely. Over a two year period, The Colorado Health Foundation and Rose Community Foundation funded studies of Accountable Care Collaborative. The studies looked at health care utilization, costs and quality as well as provider and member experiences. The studies were completed by the University of Colorado School of Public Health and TriWest Group. The full reports can be found at [CO.gov/HCPF/ACC](http://CO.gov/HCPF/ACC).



## Key Findings

### Cost Savings

The program has been successful at reducing health care related expenditures and the reduction was persistent over time. The savings grew over time with about \$60 per member per month savings for adults, \$20 for children and \$120 for individuals enrolled in both Medicaid and Medicare.

### Maintaining Quality

The program increased value of Health First Colorado services by reducing spending while keeping quality and access to care constant. For example, the program increased the likelihood that a child received well-child care.

### Providers View Program Positively and Support Program's Direction

Providers shared positive perspectives on the program. Many stated the program has been a step toward much needed health care reform in Colorado by supporting provider practice transformations and facilitating community connections that previously were not being implemented in a coordinated way. Providers laud the program's flexibility, allowing them to get support for their individual practice needs.

### Members View Program Positively

Members praised the program for helping them access effective, affordable and timely care. Most reported maintaining or improving their overall health. Members feel care coordinators help facilitate relationship building between them and their provider and effectively work to assess and address their holistic needs.



The Colorado Health Foundation™



## What Providers & Members are saying about the Accountable Care Collaborative

A provider stated, "we have been able to implement [an] amazing and innovative program that historically we haven't been able to do."

One small practice said, "So rather than [the Department] or [the RCCO]...telling us exactly what we needed to do, or just...hiring a care team or something like that, they have given us the flexibility to develop a model for our community, which has been more...behavioral-health focused because we know that...most of the high needs folks that we work with have comorbidities."

One member said this about their care coordinator, "She helped me switch doctors. That was for me like a fresh start."

One member described the care coordinator as, "She's like an ace-in-the-hole...she has helped me in so many ways."

One practice stated, "We are very actively engaged with a lot of other community partners in trying to get a handle over our high utilizers, meaning those patients that are in and out of the hospitals, ERs on a frequent basis...we are all going to be held accountable for trying to control that cost. So, there's a whole alliance formed over the last year to try and figure out a better way to deal with it."

One member stated this about their care coordinator, "I'll try to make an appointment, but I bugged [sic] it up so bad, they don't know what in the world I'm talking about. She picks up the phone, calls the dentist, and no problem!"

## Opportunities Identified

### Continued Alignment

- The Department has heard feedback regarding the need for continued alignment with other initiatives and has made active steps to align program elements, particularly in payment reform and programmatic operations, and plans to continue to address this in the next phase of the program.

### Provider Engagement

- The Department is committed to learning from best practices of its program and providers and will continue to integrate them in the next phase of the program, this includes a continued dialogue on program metrics and operations.

### Member Engagement

- The Department is committed to continuing to support the patient-provider relationship and is putting additional emphasis on this connection in the next phase of the program.





# **FY 2016-17 RFI #6: Office of Community Living**

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*November 1, 2016*

## **Executive Summary**

This report is in response to Health Care Policy & Financing FY 2016-17 RFI #6, which requires the Department of Health Care Policy & Financing (the Department) to update the General Assembly on progress made toward implementing Long-Term Services and Supports (LTSS) system redesign recommendations and submit a project plan for how the recommendations will be addressed. The Request for Information states:

*The Department is requested to provide by November 1, 2016, a written report detailing the continued implementation of the recommendations made by the Community Living Advisory Group, Colorado's Community Living Plan developed to comply with the United States Supreme Court's ruling in *Olmstead v. L.C.*, 527 U.S. 14 581 (1999), and the final federal rule setting forth requirements for home- and community-based services, 79 FR 2947. The report shall include: an update on the detailed project plan which includes the timeline for implementing the recommendations and requirements, an explanation of any recommendations or requirements not included in the plan, and an explanation of how outcome measures will be tracked in the future to better understand how changes impact clients. The Department is also requested to provide a financial analysis of the costs of implementing recommendations. Additionally, the report shall include a description of any FY 2017-18 budget requests that align with the plan.*

This report is an update to a similar request from FY 2015-16 and provides a more detailed look at the major projects the Department is working on to implement system redesign recommendations. The timelines for the Department's planned work must be considered somewhat fluid. The timelines depend upon federal approvals, and in many cases also state budget or legislative action. In order to be responsive to the legislative request for information, the Department did estimate implementation dates. However, the Department cannot commit to any future budget action outside of the statutorily authorized budget process.

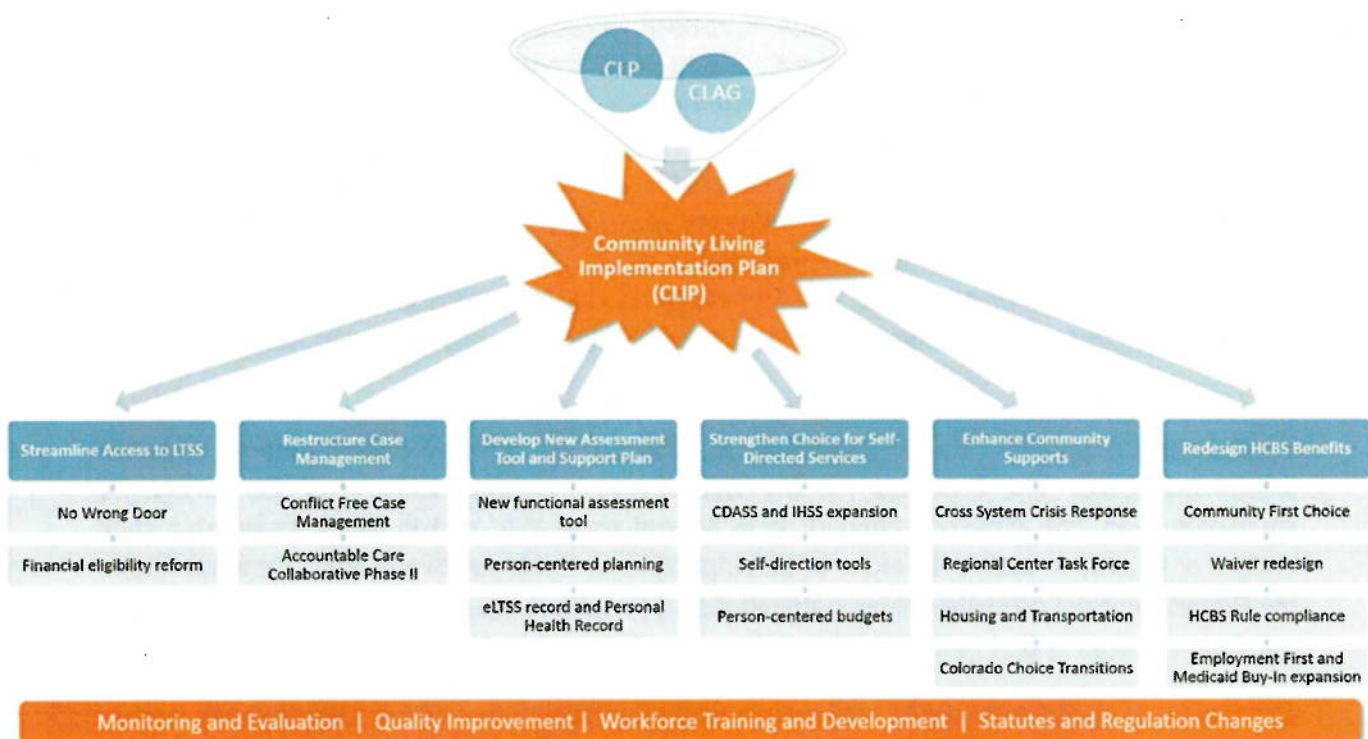
Community living for older adults and people with disabilities is one of the Department's leading priorities. As a leader in this work, the Department is committed to providing forums for defining and solving problems collaboratively with other state agencies and stakeholders.

In the current implementation phase of LTSS redesign goals, the Department has stayed with the principle established by the Community Living Advisory Group of avoiding duplication of existing groups and structures. Thus, the Department is now utilizing many stakeholder groups, both ongoing and time-limited, across program and content areas. In addition, the Department will create other stakeholder groups when needed to guide its work on LTSS redesign.

## Community Living Implementation Plan

Over the past year, the Department created a comprehensive, multi-year plan to achieve the goals set forth by the Community Living Advisory Group (CLAG) and *Colorado's Community Living Plan (CLP)*, considered foundational documents for long-term services and supports (LTSS) system redesign. The final federal rule setting forth requirements for Home- and Community-Based Services (HCBS) aligns with and supports the goals set by Colorado's own foundational documents.

The multi-year plan, called the Community Living Implementation Plan (CLIP), encompasses efforts led by the Department, along with other state and local partners, to transform the delivery of LTSS in Colorado. Increasing person-centeredness and client choice are not only the main guiding principles leading the CLIP, but the reason for initiating system transformation. The six areas of work of the CLIP align with how clients interact with the LTSS system, and each utilizes four key strategies for success.



### ***Streamline Access to Long-Term Services and Supports***

- In September 2015, the Department received a three-year implementation grant to develop a statewide No Wrong Door (NWD) system. NWD's goal is to streamline access LTSS for all individuals in need, regardless of age, disability or payer source. Three to five regional pilot sites will test and refine various tools and approaches to carrying out the functions of an NWD system. Contracts for the pilot sites are expected to be in place by spring 2017. The pilot sites will be evaluated quarterly and learnings will be incorporated into a statewide rollout plan.
- Updates went live to PEAKPro in September 2016 to allow county eligibility technicians and LTSS case managers to more easily share information regarding financial eligibility and functional eligibility status for LTSS clients. Users will be trained on the new system throughout the fall of 2016. The ability to share information should expedite the eligibility determination process for LTSS clients.

### ***Restructure Case Management and Care Coordination***

- The Department submitted a plan to the Colorado General Assembly for Conflict-Free Case Management (CFCM) on July 1, 2016. Separation of case management from direct service provision is a requirement of the final federal HCBS rule. CFCM will not only remove conflicts of interest in the case management system, but allow clients to choose their own case management agency. Increasing choice throughout the system is a fundamental aspect of person-centered services and supports.
- The Accountable Care Collaborative (ACC) is the core delivery system for Colorado Medicaid. Currently the program is administered by seven Regional Collaborative Care Organizations (RCCOs). The contracts for the RCCOs are scheduled to be re-procured for FY 2018-19 and the Department is taking this opportunity to evolve the program.

### ***Develop a New Assessment Tool and Support Plan***

- The Department was awarded a Testing Experience and Functional Tools (TEFT) planning grant from the Centers for Medicare and Medicaid Services (CMS) in May 2015, along with eight other states. TEFT tests and develops tools that give LTSS clients better access to their records and supports a seamless assessment and support planning process.
- Field testing functional assessment items from the new assessment tool to establish reliability is currently underway. These functional assessment items will be used in the future to determine functional eligibility for Medicaid LTSS. Field testing for 11 other modules, including modules on employment preferences and a personal story, as well as new eligibility thresholds based on the new assessment will occur in 2017. When the assessment tool is finalized, the Department will use the data elements from the assessment to inform the person-centered support planning process.

### ***Strengthen Choice for Self-Directed Services***

- The Department submitted a Consumer-Directed Attendant Support Services (CDASS) amendment for the Supported Living Services (HCBS-SLS) waiver for approval to CMS in August 2015. This amendment will allow clients in the HCBS-SLS waiver to direct their own services and supports. The CDASS service in the HCBS-SLS waiver is expected to go live February 1, 2017.
- The Department worked with partners to develop a directory for CDASS attendants. This new tool streamlines the process for CDASS participants for finding, hiring and registering attendants. The directory went live in September 2016.
- Recent changes to the In-Home Supports and Services (IHSS) program to increase flexibility and choice in the self-directed program include: Spouses can now receive reimbursement for providing IHSS, relatives employed by an IHSS agency may provide up to 40 hours of personal care in a seven-day period, and IHSS can be provided in the community, in addition to a client's home.

### ***Enhance Community Supports***

- People with intellectual and developmental disabilities often experience gaps in service between their long-term services and supports and behavioral and mental health care. The Department is conducting a cross-system crises response pilot program, authorized through HB 15-1368, to better understand these gaps and test ways to respond to behavioral and mental health crises for these individuals. Learnings from the pilot will inform efforts to better integrate behavioral and mental health support into the LTSS system.
- The Colorado Choice Transitions (CCT) Program successfully transitioned 203 individuals from long-term care facilities to community living between April 2013 and September 2016, with a record high of 14 in the month of September 2016.
- The Corporation for Supportive Housing (CSH), with support from the Department and the Governor's Interagency Housing Workgroup, conducted a Medicaid Academy in July 2016, providing training, technical assistance, and billing guidance to about 50 individuals from 10 supportive housing provider organizations on how to bill for Medicaid services accurately and appropriately.
- The Department collaborated with the Division of Housing (DOH) and stakeholders to change the LTSS Home Modification benefit rule to include person-centeredness and incorporate DOH Fair Housing Act requirements, among other things. The rule change was effective August 1, 2016.
- The Department re-submitted Colorado's statewide transition plan for complying with the HCBS settings requirements of the final federal rule in June 2016 and is awaiting approval from CMS. All HCBS settings must be compliant with the rule by March 2019.

### ***Redesign Home- and Community-Based Service Benefits***

- The Department hired a Community First Choice (CFC) Administrator in April 2016 to work with clients and stakeholders to define and assess how Colorado could implement the CFC option, which would add HCBS attendant services and other HCBS services to the Medicaid State Plan. The Department is in the process of reviewing the most recent CFC cost model, policy analysis, and findings from other states to decide how to move forward.
- The Department continues to develop the recommendation set forth by the Waiver Redesign Workgroup in 2015 to implement a single HCBS waiver to support adults with intellectual and developmental disabilities in settings of their choosing. The Waiver Redesign Workgroup transitioned to an Implementation Council in April 2016. The Council will provide ongoing feedback as the Department continues to evaluate and plan for the implementation of the new waiver. The Department expects to submit the new waiver to CMS by July 2017, and implement the waiver the following summer in 2018.
- SB 16-077 seeks to increase employment for individuals with disabilities through several strategies, including an Employment First Advisory Council and reporting requirements for employment and wage data. The Department is working with the Department of Labor & Employment, Division of Vocational Rehabilitation (DVR) on implementing these requirements.
- The Medicaid Buy-In program was expanded to the Elderly, Blind and Disabled waiver and the Community Mental Health Supports waiver in 2012. HB 16-1321 directs the Department to implement a Medicaid Buy-In program in three additional HCBS waivers, including Supported Living Services (HCBS-SLS), Persons with Brain Injury (HCBS-BI), and Spinal Cord Injury (HCBS-SCI). The Department will be submitting public notices and the CMS waiver amendments over the next few months.

### **Strategies for Success**

The CLIP employs several strategies to ensure success as LTSS system redesign moves forward, including monitoring and evaluation, quality improvement, workforce development and training, and statute and regulation changes.

#### ***Monitoring and Evaluation***

- The Department is targeting a roll out of the new Medicaid Management Information System (MMIS) on March 1, 2017 called the Colorado Medicaid Management Innovation and Transformation Project (COMMIT). COMMIT will include the implementation of a new claims processing system, a pharmacy benefit management system, and a business intelligence data management system.
- The tools developed through the Testing Experience and Functional Tools (TEFT) grant will create standards for the electronic exchange of LTSS information and provide the Department with a clearer picture of how clients use LTSS and where there are gaps.

### ***Quality Improvement***

- The OCL developed the Community Living Quality Improvement Committee (CLQIC) in FY 2015-16. With person centeredness as a foundation, the CLQIC will study national quality trends, current and potential data sets and other appropriate input. This will help to understand current systems, support continuous improvement, and imagine desired future systems for the benefit of consumers across all populations.
- In 2013, Colorado joined a collaborative of states participating in the National Core Indicators (NCI) project to measure client satisfaction with services and quality of life for individuals with intellectual and developmental disabilities. The survey (NCI-IDD) was implemented and has been an ongoing project since 2013. In 2015, the Department expanded the NCI work to include older adults and adults with physical disabilities receiving either Medicaid services or Older Americans Act services (administered by the Colorado Department of Human Services). NCI-AD grew out of concern about the limited information currently available to help states assess the quality of LTSS services for seniors, adults with physical disabilities, and their caregivers.

### ***Workforce Development and Training***

- Developing a workforce skilled in Person-Centered Thinking helps reshape how LTSS are provided. Between February and June 2016, the Department provided training sessions to over 2,100 families, case managers, and service providers across the state. But more work needs to be done to create consistent, system-wide trainings on Person-Centered Thinking.
- Further, the Department is in the process of identifying best practices for training on person-centered approaches to case management agencies, which will support the development of a person-centered planning process that is compliant with the final federal HCBS rule.

### ***Statute and Regulation Changes***

- The Department is working with the Colorado Department of Public Health and Environment (CDPHE) through a lean process to create alignment on regulations regarding provider qualifications, certification, and licensing for services as a part of the waiver redesign process. The two departments began this work in July 2016.
- The Background Check Task Group was developed in January 2016 and charged with identifying and developing solutions to address gaps in Colorado statutes, rules, policies, and procedures that would allow people with a previous civil or criminal finding of abuse or neglect of an adult in need of protection to be employed in a position where they would have the opportunity to conduct such acts again. The Task Group submitted a summary of findings and recommendations in August 2016. The Department is working with the Task Force to explore a federal matching program to implement system wide background checks.

## **Conclusion**

System change is complex work. The Department, along with its partners, is testing, piloting, tracking, adjusting and refining changes to a complicated system that must be able to continue to serve those who depend on it while it is fundamentally transformed. The Department's CLIP provides a framework to communicate about the work to implement system transformation and demonstrates the Department's commitment to executing the vision for a better, more person-centered LTSS system.






# SMART Hearing

January 6, 2017

Susan E. Birch, MBA, BSN, RN Executive Director




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## *Our Mission*

**Improving** health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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## *Presentation Agenda*

- Department Overview
- Performance Plan
- Major Initiatives
- Budget Requests
- Legislative Agenda
- Regulatory Agenda & Required Statutory Updates
- Committee Questions



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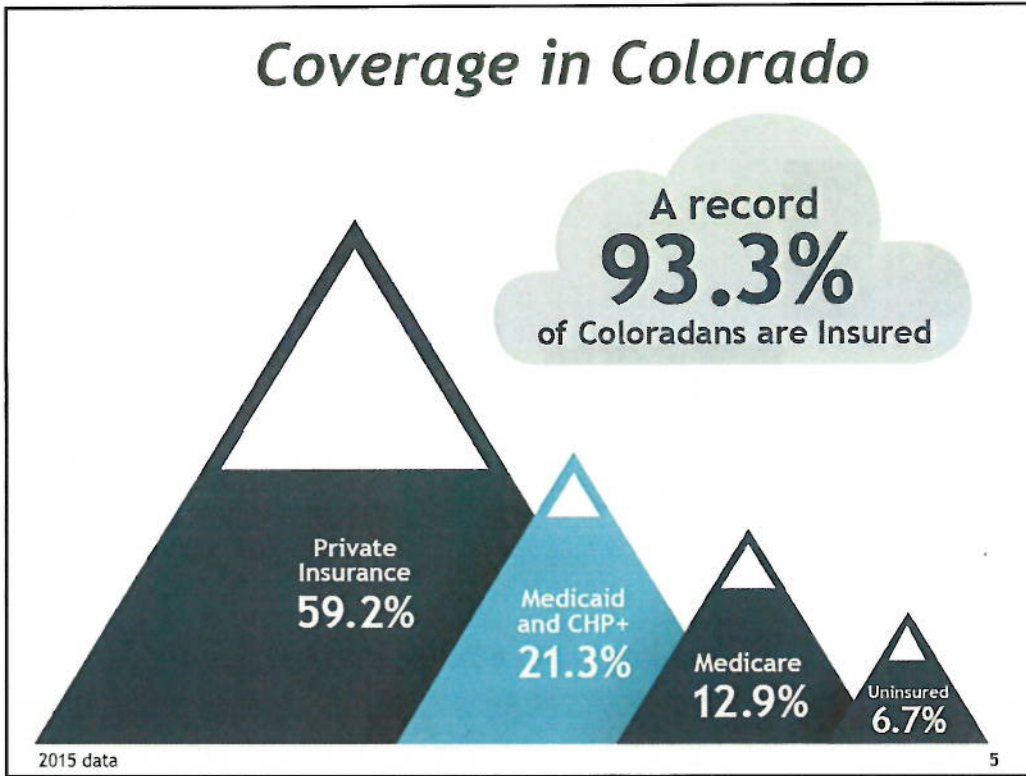
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## *Department Overview*



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## Department Administered Programs

Health First Colorado, Colorado's Medicaid Program

Member Handbook

Medicaid is now... Health First COLORADO Colorado's Medicaid Program

New Name. Same Great Coverage. HealthFirstColorado.com

Child Health Plan Plus (CHP+)

Colorado Indigent Care Program

Old Age Pension and Medical Programs

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# Child Health Plan Plus (CHP+)



60,322 enrolled

### 2016 Federal Poverty Levels by Family Size

Family of 1	Family of 4
\$30,888	\$63,180

\*Some earning more may still qualify.

Annual Enrollment Fees:  
\$25-105

Co-Payments:  
\$0-50

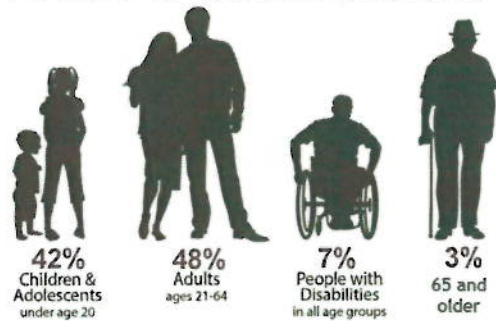
Current CHP+ Funding Split: 88% Federal / 12% State



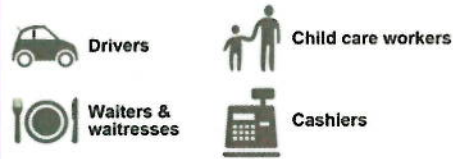
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# Who We Serve in Medicaid

## FY 2015-16 Medicaid Case Load



## 75% of Medicaid adults work



### 2016 Federal Poverty Levels by Family Size

Family of 1	Family of 4
133%	\$32,328
\$15,804	

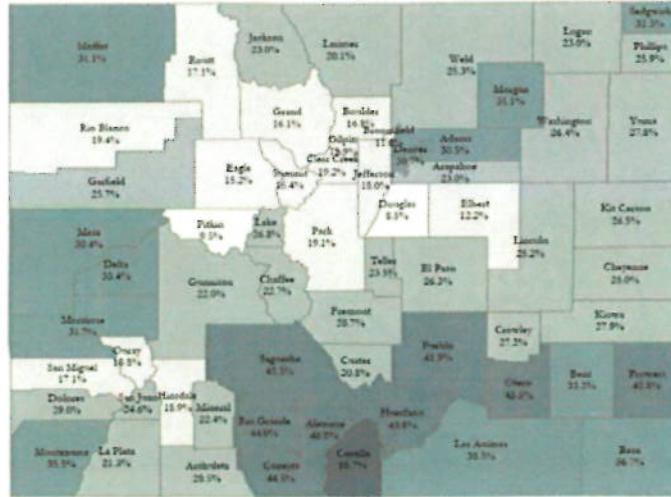
\*Some earning more may still qualify.



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# Medicaid & CHP+ Enrollment

Medicaid and CHP+ Enrollment as a Percentage of the Population



JBC Staff Briefing,  
December 5, 2016

Percentage of total state population enrolled in Medicaid and CHP+ 24.0%

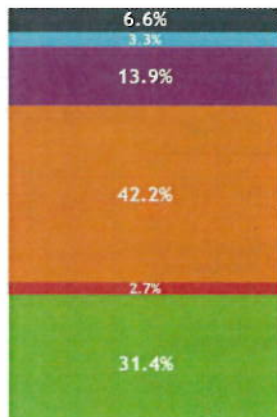
0% 60.7%



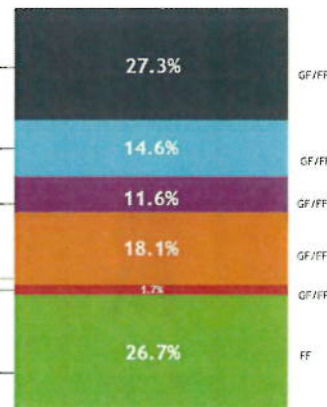
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# Our Members

Caseload by Population



Expenditures by Population

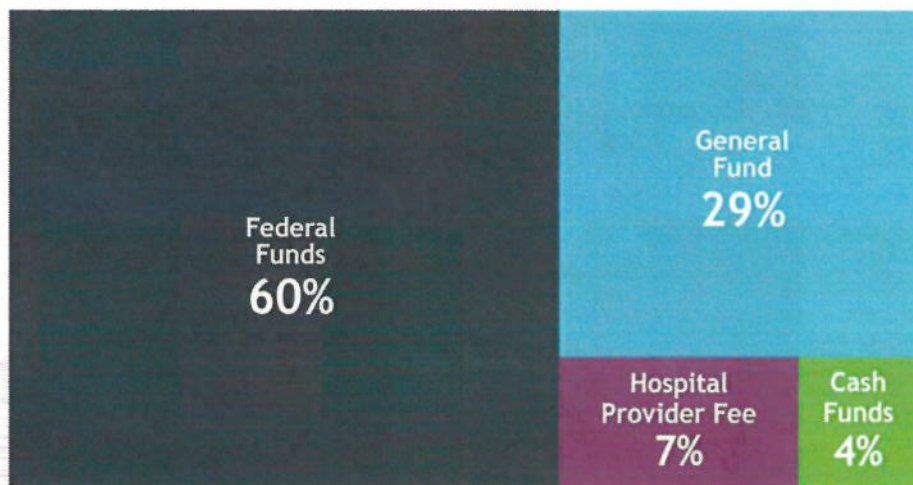


FY15-16 Data



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## Medicaid's Funding Sources



FY15-16 Data



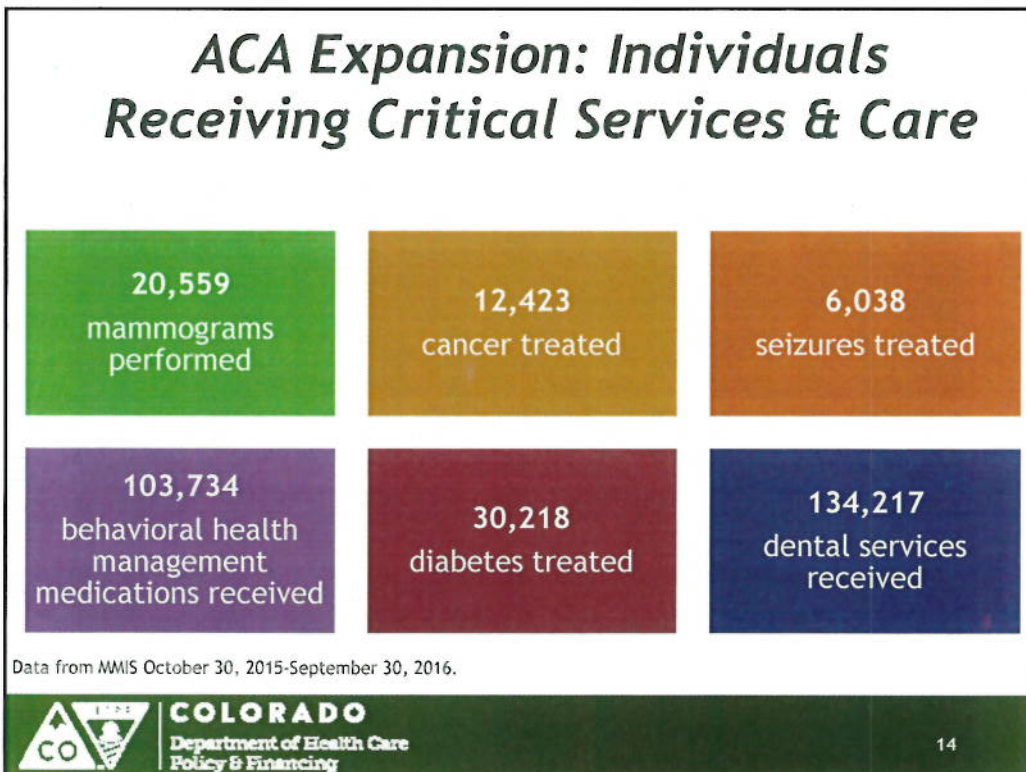
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## Financing Sources for Different Medicaid Populations

	Funding Sources		Funding Sources
	<b>Historically/Traditionally Eligible</b> <ul style="list-style-type: none"> <li>Approximately 50% of costs General Funds</li> <li>50% Federal Matching Funds</li> </ul>		<b>Historically/Traditionally Eligible</b> <ul style="list-style-type: none"> <li>Approximately 50% of costs General Funds</li> <li>50% Federal Matching Funds</li> </ul>
	<b>Newly Eligible/Expansion</b> <ul style="list-style-type: none"> <li>100% of costs Federal Funds, tapering down to 90% by 2020</li> <li>No General Funds - Hospital Provider Fee covers state share of funding.</li> </ul>		<b>Historically/Traditionally Eligible</b> <ul style="list-style-type: none"> <li>Approximately 50% of costs General Funds</li> <li>50% Federal Matching Funds</li> </ul>



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# *Governor's Dashboard and Department Performance Plan*



## *Governor's Health Goals*

- Support healthy weight of kids and adults
- Reduce substance use disorder
- Reduce impact on daily life of mental illness
- Increase immunization rate
- Improve health coverage
- Improve value in health care service delivery





# Department Performance Plan Long Range Goals



Improve health for low-income and vulnerable Coloradans



Enhance the quality of life and community experience of individuals and families



Reduce the cost of health care in Colorado

# Department Performance Plan Strategic Policy Initiatives

**1 Delivery Systems Innovation**  
Medicaid members can easily access and navigate needed and appropriate services

**2 Tools of Transformation**  
The broader health care system is transformed by using levers in the Department's control such as maximizing the use of value-based payment reform and emerging health technologies

**3 Partnerships to Improve Population Health**  
The health of low-income and vulnerable Coloradans improves through a balance of health and social programs made possible by partnerships

**4 Operational Excellence**  
The Department is a model for compliant, efficient and effective business practices that are person- and family-centered

# *Major Initiatives*



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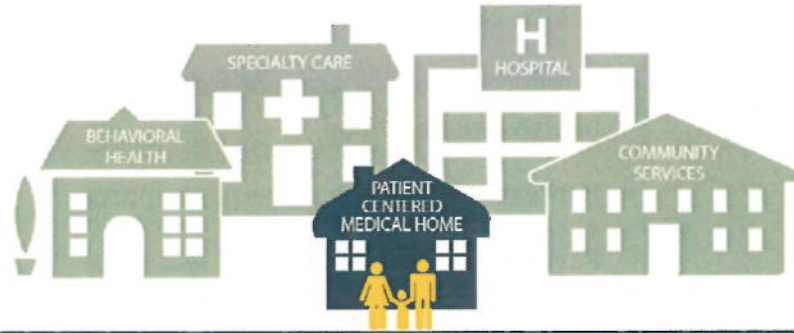
# *Accountable Care Collaborative*



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# Our Delivery System: Accountable Care Collaborative

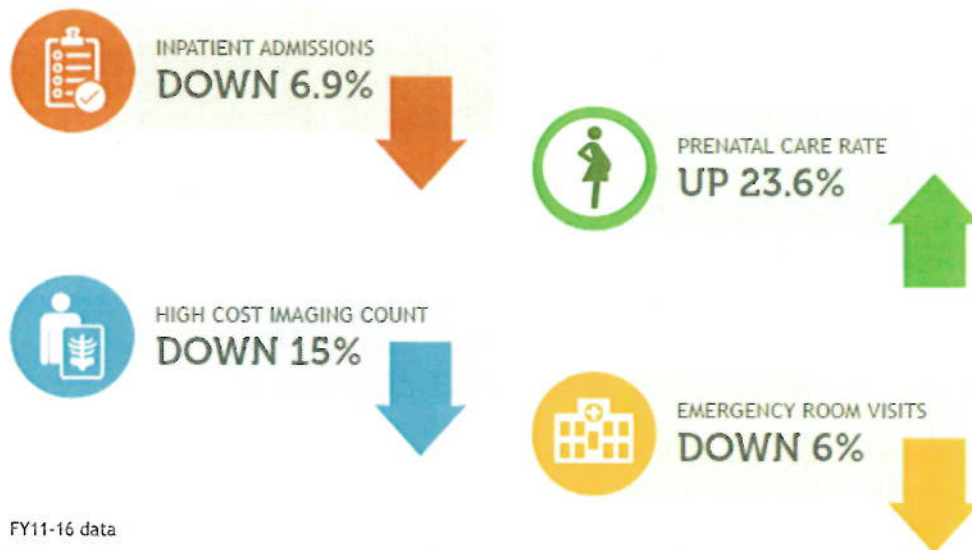
Care Coordination (RCCOs)



Data & Analytics (SDAC)



# Managing Care Appropriately



FY11-16 data



## Accountable Care Collaborative Phase II Key Concepts

To improve  
health and  
life outcomes  
for Members

To use state  
resources  
wisely

- Single regional administrative entity for physical health care and behavioral health services
- Strengthen coordination of services by advancing health neighborhood
- Population health management approach
- Payment for integrated care and value
- Greater accountability and transparency



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## Medicaid Waivers for Home and Community Based Services (HCBS)

Brain Injury  
Waiver

Children with  
Autism Waiver

Children with  
Life Limiting  
Illness Waiver

Children's  
Habilitation  
Residential  
Program Waiver

Children's Home  
and Community-  
Based Services  
Waiver

Community  
Mental Health  
Support Waiver

Elderly, Blind,  
and Disabled  
Waiver

Spinal Cord  
Injury Waiver

Children's  
Extensive  
Support Waiver

Persons with  
Developmental  
Disabilities  
Waiver

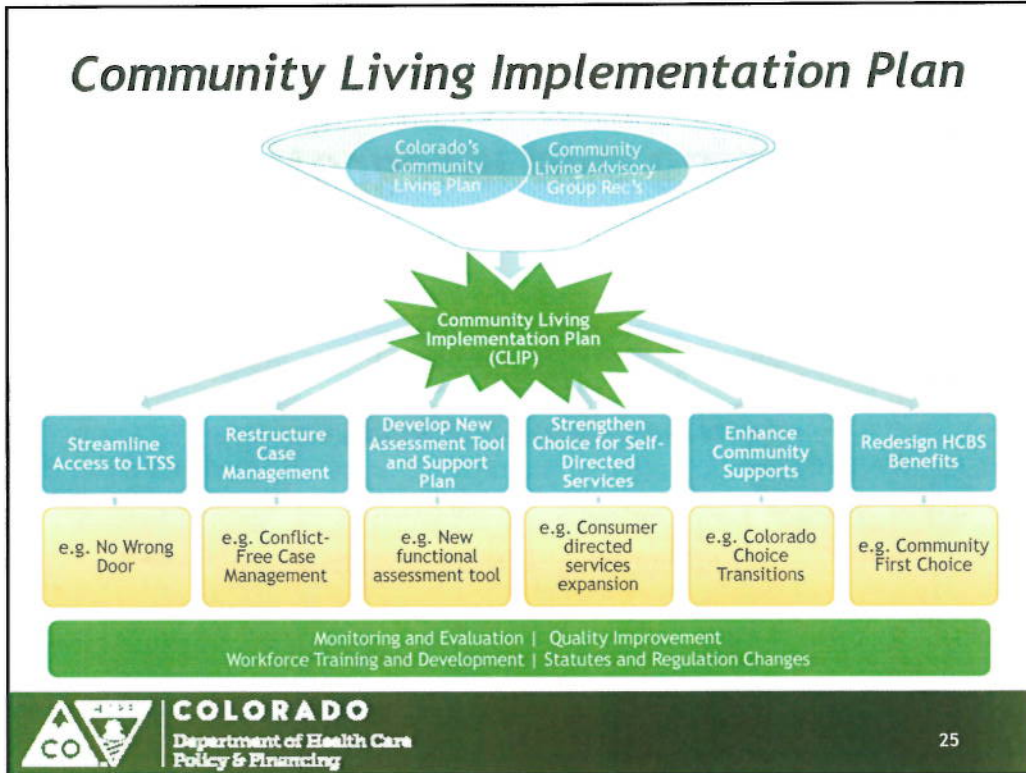
Supported Living  
Services Waiver

Certain federal rules for the Medicaid State Plan can be waived so we can provide additional services so members can live in the community.




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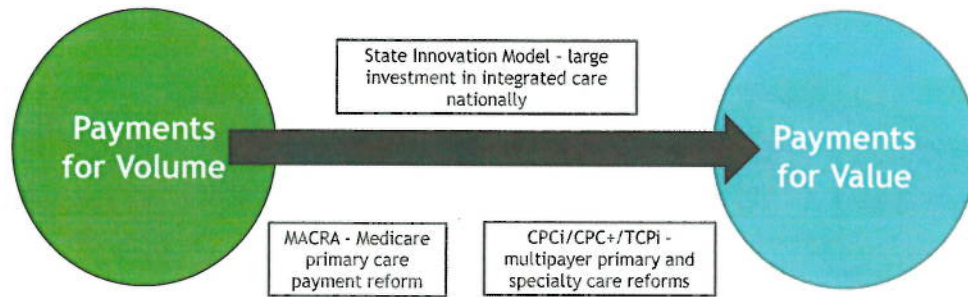
24



# Cost Control and Value-Based Payment

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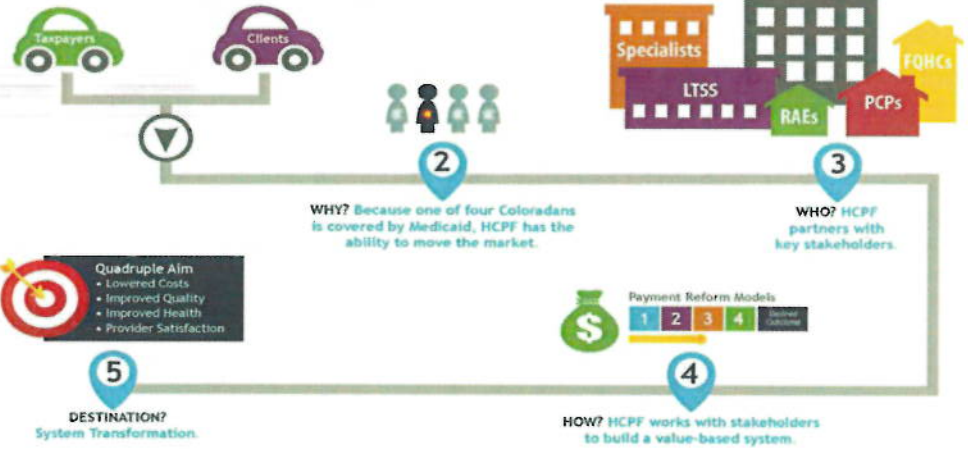
# National Drive to Value-Based Purchasing and Integrate Care



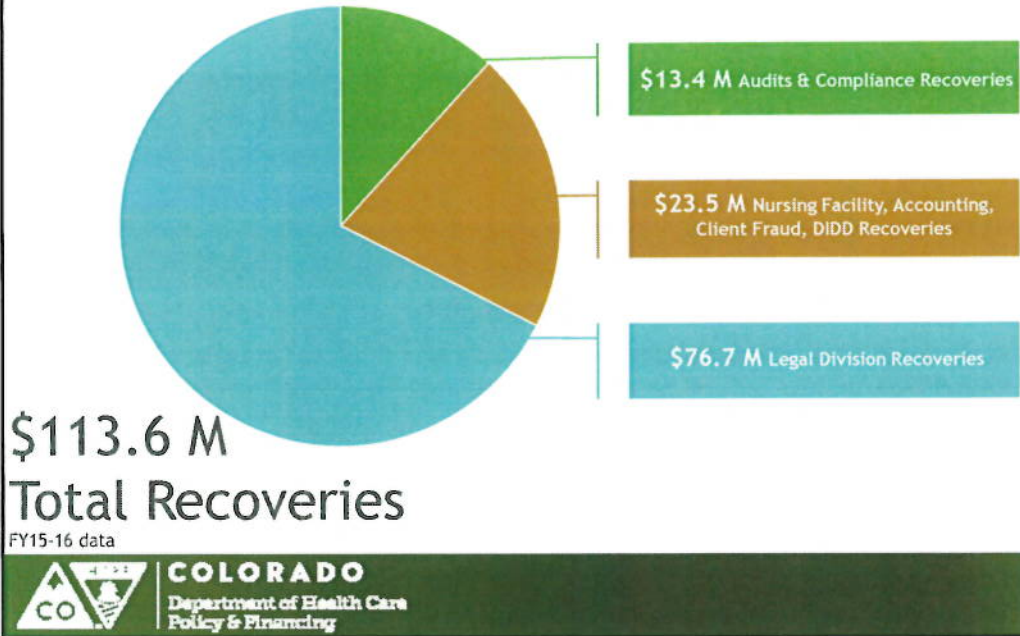
## On the Road to Better Health

How the Department of Health Care Policy and Financing is Driving Improved Health Care Delivery and Payment Systems in Colorado

**1 THE DEPARTMENT'S STEWARDSHIP IS TWOFOLD.**  
It is accountable to Colorado taxpayers to achieve the best value for their tax dollars. And it is accountable to Coloradans covered by Medicaid – its members – to ensure that they receive quality health care.



## Reducing Fraud, Waste and Abuse



## Budget Requests

**FOCUS ON SOUND STEWARDSHIP**

<b>R6</b> Delivery System and Payment Reform	<b>R7</b> Oversight of State Resources	<b>R8</b> Medicaid Management Information System (MMIS) Operations	<b>R9</b> Long Term Care Utilization Management
<b>R10</b> Regional Center Task Force Recommendations Implementation	<b>R11</b> Vendor Transitions	<b>R12</b> Local Public Health Agency Partnerships	<b>R13</b> Quality of Care and Program Improvement

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## *Legislative Agenda*

Implement Conflict-free Case Management

Improve Program Integrity Efforts

Reduce Opioid Overdoses by Gaining Access to the PDMP

Contingency Planning for Changes to the CHIP Funding

Align Statute with Federal Home Health Rule



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## *Regulatory Agenda*

- Began Regulatory Review Process in 2013
- 1,253 of 1,400 sections have been reviewed
- 328 rule selections scheduled for review in 2017



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# Statutorily Required Updates

- **HB 13-1196:** Reducing waste through the Accountable Care Collaborative



# Legislator Resource Center: Staying Engaged

## New Legislator Videos



## Follow us on Social Media



For Our Stakeholders: Legislator Resource Center

## Legislator Resource Center

The Department submits multiple reports and responses to legislative requests for information. This resource center includes links to reports, fact sheets, and overview of the budget process.

[Have you signed up for the Legislator Newsletter?](#)

## Caseload and Budget Background

- [HCPF Budget Request Overview \(2/16/17\)](#)
- [Medical Budget Overview Presentation \(coming soon\)](#)
- [Accountable Care Collaborative Fact Sheet](#)
- [Accountable Care Collaborative Independent Evaluation \(2/16/17\)](#)
- [Health Care Delivery Fact Sheet](#)
- [JRC presentations](#)
  - [Main Medical Documents - December 14, 2016](#)
- [Medical Services Fact Sheet](#)
- [Health Care Delivery Fact Sheet](#)

## Legislative Requests for Information - Fiscal Year 2016-2017

- [Eased Detention - November 1, 2016](#)



*Thank You*



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## FY 2017-18 Budget Request Overview

November 2016

Below is a summary of the Department of Health Care Policy and Financing's discretionary budget requests submitted to the Colorado General Assembly for consideration as part of the Governor's Fiscal Year (FY) 2017-18 budget. The state Fiscal Year runs from July 1, 2017 – June 30, 2018. Additional detail on each request summarized below as well as the caseload requests is available at [Colorado.gov/ospb](http://Colorado.gov/ospb).

All of the Department's discretionary requests focus on improving the delivery system for members and provide for smarter use of limited administrative resources. **In total, these requests are budget negative, and in many cases, reduce General Fund expenditure in FY 2017-18.** The budget becomes final after it has been passed by the Colorado General Assembly and signed into law by the Governor.

### R6 – Delivery System and Payment Reform

**Summary:** The request focuses on strengthening the primary care system, advancing the integration of physical and behavioral care and increasing payment tied to value. The four main components of the request are:

1. Implement the Accountable Care Collaborative Phase II in FY 2018-19, including mandatory enrollment, a focus on integrating physical and behavioral health care, and greater emphasis on value-based payments.
2. Implement value-based payment components, including incentive alignment across initiatives and continuation of the primary care rate increases authorized in HB 16-1408.
3. Implement behavioral health payment reform with payments tied to quality in FY 2017-18 and beyond.
4. Account for technical adjustments for ongoing payment methodology changes.

**FY 2017-18 Budget Impact:** \$3,213,375 total funds, **reduces General Fund expenditure by \$200,342**

### R7 – Oversight of State Resources

**Summary:** The Department has the highest total funds budget in the State but one of the smallest number of staff. This request would add staff to implement nine initiatives to increase oversight of State resources to ensure compliance with audit recommendations and implement best practices. Many of these initiatives would drive savings for the Department.

The Department will use those resources to:

1. Deploy an electronic asset verification program
2. Evaluate the consumer directed care services offered by Medicaid

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3. Develop a robust audit tracking and reporting database
4. Turn existing time-limited project management staff into full time project management staff
5. Audit the cost reports of every Community Mental Health Center
6. Increase the number of provider and client investigators
7. Increase coordination of care between the federal Indian Health Services, Medicaid, the Office of Behavioral Health, and the Colorado Commission on Indian Affairs
8. Provide necessary FTE and contract resources for the Hospital Provider Fee
9. Hire a dedicated benefit manager for office administered drugs and raise the average rates for this class of drugs to 2.5% above average sale price

**FY 2017-18 Budget Impact:** \$1,486,941 total funds and 13.2 FTE, **reduces General Fund expenditure by \$1,658,036.**

## **R8 – Medicaid Management Information System (MMIS) Operations**

**Summary:** The MMIS is an automated health care claims processing system used to process and pay claims to and from providers. The Department is implementing a new state of the art MMIS system beginning March 1, 2017. This request includes additional funding, largely federal funds, for the new MMIS to ensure claims processing continues without interruption; transition of the new MMIS system from the development phase to the operational phase; align distribution of funding with current FFP rates; support data analytics; comply with federal requirements regarding co-pay notifications and provide for sufficient contract management resources.

**FY 2017-18 Budget Impact:** \$23,524,339 total funds and 1.8 FTE, **reduces General Fund expenditure by \$566,430**

## **R9 – Long Term Care Utilization Management**

**Summary:** This request would allow the Department to contract with a quality improvement organization to perform utilization management functions and better monitor the health and welfare of clients who receive long term services and supports. Outsourcing utilization management would allow faster responses to client issues, allow staff with expertise in the field to perform tasks that are currently being performed by Department staff, and would create an efficient use of funds as the Department would be able to claim an enhanced 75% federal match on these activities.

**FY 2017-18 Budget Impact:** \$1,030,568 total funds, including **\$257,644 General Fund**



## **R10 –Regional Center Task Force Recommendations Implementation**

**Summary:** The Department proposes expanding intensive case management eligibility to clients living in intermediate care facilities (ICF) or clients receiving services from a Regional Center for up to one year after their transition to the community begins. This would ensure that each transitioning client's needs are fully assessed and that a service package is created for the client prior to leaving the ICF or regional center, to help the client seamlessly transition to the community. This request would also create dedicated resources at the Department for the purpose of continuing work on other recommendations from the Regional Center Task Force.

**FY 2017-18 Budget Impact:** \$922,801 total funds and 1.8 FTE, including **\$224,066 General Fund**

## **R11 – Vendor Transitions**

**Summary:** The Department is required to competitively reprocure contracts at least every five years. Several contracts will need to be reprocured in FY 2017-18 and this request includes one-time funding to allow for transitional overlap between vendors to reduce service disruption and minimize any negative impact to members or providers.

**FY 2017-18 Budget Impact:** \$2,598,458 total funds, including **\$929,629 General Fund**

## **R12 – Local Public Health Agency Partnerships**

**Summary:** This request would increase funding to Local Public Health Agencies (LPHA) to work collaboratively with the Regional Care Collaborative Organizations to address health outcomes of the common Medicaid population they serve through their respective programs. By leveraging the federal Medicaid match, the Department, in conjunction with the Colorado Department of Public Health and Environment, would be able to increase federal funding to LPHAs by \$355,500 without increasing General Fund expenditure.

**FY 2017-18 Budget Impact:** \$1,066,500 total funds, including **\$0 General Fund**

## **R13 – Quality of Care and Program Improvement**

**Summary:** The Department is seeking additional funding to improve member quality of care through enhanced consumer assessment and performance improvement processes. This request would fund changes needed to:

- measure member experience by conducting the Consumer Assessment of Healthcare Providers and Systems (CAHPS) adult and child surveys at the practice level,
- implement and expand existing National Core Indicators surveys on a permanent, statewide basis, and

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- increase the number of Performance Improvement Projects (PIP) in order to fully comply with federal managed care regulations.

**FY 2017-18 Budget Impact:** \$639,237 total funds, including **\$280,869 General Fund**

## **R14 –Federal Medical Assistance Percentage (FMAP)**

**Summary:** The Department anticipates the U.S. Department of Health and Human Services will reduce the federal match on Colorado Medicaid expenditures by .02%, resulting in a 50% match effective October 1, 2017. The FMAP for each state is determined through a formula that compares the state's per capita personal income to the national per capita personal income.

**FY 2017-18 Budget Impact:** \$0 total funds, including **\$253,832 General Fund**

*For more information contact Zach Lynkiewicz, HCPF Legislative Liaison, at 720-854-9882.*





## Department Performance Plan Framework

**Vision:** Coloradans have integrated health care and enjoy physical, mental and social well-being

**Mission:** Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources

**Values:** The Department is committed to the values below, which we strive to exemplify in daily interactions with members and each other

VALUE	HOW WE DEMONSTRATE THE VALUE
Person Centeredness	We respect and value the strengths, preferences, and contributions of employees, members, providers, and stakeholders by adapting and responding to individual needs
Accountability	We accept responsibility for our actions, learn from our experiences, and inspire others to do the same
Continuous Improvement	We evaluate our processes and systems, engage in creative problem-solving, and innovate solutions to work more efficiently and effectively
Employee Engagement	We attract and retain talented people by creating a positive work environment and empowering them to shape our strategies and fulfill our mission
Integrity	We behave ethically, treat others with dignity and respect, and align our actions with our mission and vision
Transparency	We openly communicate decision-making processes, clearly articulate roles and responsibilities, and create opportunities to inform and influence policy

### Definitions



**Long Range Goals:** Significant achievements requiring years of commitment to strategic policy initiatives and successful execution of strategies. Must be accompanied by performance measures and strategies.



**Performance Measures:** These gauge the effectiveness of strategies to achieve strategic policy initiatives and long range goals. Performance measures can be influenced by teams, and they are predictive of success or failure. They must meet “SMART” criteria and be expressed as “achieve X to Y by when” by comparing baseline or historical data to targets.







**Strategic Policy Initiatives (SPIs):** Significant objectives for the current fiscal year, destination oriented, achievable through strategies, and measurable by SMART performance measures. The ideal number of SPIs is 3-5 per year.




**Strategies:** High-impact action plans that must be successfully executed to achieve strategic policy initiatives.

## SPIs and Measures – FY 2017

 <p><b>1. Delivery Systems Innovation</b></p> <p>Medicaid members can easily access and navigate needed and appropriate services</p> <p>   % ACC members with an enhanced primary care medical provider</p>	 <p><b>2. Tools of Transformation</b></p> <p>The broader health care system is transformed by using levers in our control such as maximizing the use of value-based payment reform and emerging health technologies</p> <p>   \$ Provider payments tied to quality or value through innovative payment methods</p>	 <p><b>3. Partnerships to Improve Population Health</b></p> <p>The health of low-income and vulnerable Coloradans improves through a balance of health and social programs made possible by partnerships</p> <p>   # Members in counties with a RCCO-LPHA relationship</p>	 <p><b>4. Operational Excellence</b></p> <p>We are a model for compliant, efficient and effective business practices that are person- and family-centered</p> <p>   % Favorable responses to employee survey “we get work done more efficiently with less waste of money or other resources”</p>
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## Strategies and Measures by SPI – FY 2017

 <b>1. Delivery Systems Innovation</b>			
#	Strategy	Measures	Strategy Owner
1A	▶ Ensure robust management of Medicaid benefits	# Benefits modified to align with new data, research, or evidence-based guidelines through Benefits Collaborative, policy modifications, or rule changes	Gretchen Hammer
1B	▶ Expand network of providers serving Medicaid	# Colorado providers serving Medicaid    # Colorado primary care providers serving Medicaid	Gretchen Hammer
1C	▶ Increase patient engagement and health literacy	% Nurse Advice Line calls referred to more appropriate level of care    # PEAK App users	Tom Massey
1D	▶ Integrate primary care and behavioral health service delivery	% New mothers receiving maternal depression screening    # Members in practices that receive behavioral health integration incentives	Judy Zerzan
1E	▶ Make Long Term Services and Supports easier to navigate and access	# Community Living Advisory Group recommendations fully or partially implemented    % Persons receiving HCBS services expressing social inclusion or connectedness to the community    % Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	Jed Ziegenhagen
1F	▶ Strengthen the ability of the ACC to deliver coordinated care	% ACC members with an enhanced primary care medical provider	Gretchen Hammer



## Strategies and Measures by SPI– FY 2017



### 2. Tools of Transformation

#	Strategy	Measures	Strategy Owner
2A	▶ Expand the use of value-based purchasing methods	<ul style="list-style-type: none"> <li>   \$ Provider payments tied to quality or value through innovative payment methods</li> </ul>	Gretchen Hammer
2B	▶ Implement cost containment initiatives	<ul style="list-style-type: none"> <li>   \$ Total costs avoided from ACC and Medicaid</li> <li>   \$ Medicaid per-capita total cost of care</li> </ul>	John Bartholomew
2C	▶ Maximize use of health information technology and data analytics, aligning these efforts with the broader health care system	<ul style="list-style-type: none"> <li>   # Medicaid professionals demonstrating meaningful use of electronic health records</li> <li>   Providers with a quarterly report card; % of total Medicaid expenditures</li> <li>   # Primary care medical providers who log in to the SDAC/BIDM provider portal</li> </ul>	Chris Underwood



### 3. Partnerships to Improve Population Health

#	Strategy	Measures	Strategy Owner
3A	▶ Support statewide efforts to improve population health	<ul style="list-style-type: none"> <li>   # Members in counties with a RCCO-LPHA relationship</li> <li>   # Education activities developed by SIM targeted towards PCMPs and community partners</li> </ul>	Judy Zerzan




### 4. Operational Excellence

#	Strategy	Measures	Strategy Owner
4A	▶ Enhance employee engagement and performance	<ul style="list-style-type: none"> <li>   % Favorable responses to employee survey “we get work done more efficiently with less waste of money or other resources”</li> <li>   % Employee retention for 36 months or more</li> </ul>	Tom Massey
4B	▶ Improve efficiency of business processes	<ul style="list-style-type: none"> <li>   % Electronically submitted clean claims processed within 7 business days</li> <li>   % Providers notified of missing or incomplete enrollment information within 5 business days</li> <li>   % First call resolution by Member Contact Center</li> <li>   \$ Dollar equivalent of Lean efficiency gains</li> </ul>	Tom Massey
4C	▶ Instill a person- and family-centered approach to strengthen employee engagement, client experience, client engagement, and culture change	<ul style="list-style-type: none"> <li>   # Items vetted through person-centered advisory councils</li> <li>   % Persons receiving HCBS services with person-centered goals identified in their service plan</li> </ul>	Tom Massey
4D	▶ Promote rigorous compliance with federal and state laws and regulations, fiscal rules, and internal operating procedures	<ul style="list-style-type: none"> <li>   \$ Dollars recovered from over-payments to Medicaid providers</li> <li>   \$ Dollars recovered from third party liability</li> <li>   % Existing OSA audit recommendations resolved</li> </ul>	John Bartholomew
4E	▶ Support counties and medical assistance sites with technical assistance for processing eligibility applications accurately and efficiently	<ul style="list-style-type: none"> <li>   # Individuals enrolled in Medicaid/CHP+</li> <li>   % Eligibility determinations processed timely</li> <li>   % Real time eligibility applications</li> </ul>	Chris Underwood

## Governor's Vision 2018

To achieve Governor Hickenlooper's vision of Colorado becoming the healthiest state in the nation, we contribute to his statewide health-related goals of *improving health care coverage and value in health care service delivery*.




To ensure progress, the Department is committed to four **Strategic Policy Initiatives** in FY 2017:

-  • Delivery Systems Innovation
- Tools of Transformation
- Partnerships to Improve Population Health
- Operational Excellence

## Long Range Goals and Measures – 3 Years

By focusing on the strategic policy initiatives above, we are making progress toward the following long range goals:

By focusing on the strategic policy initiatives above, the Department is making progress toward the following Long Range Goals:

	<u>Baseline</u>	<u>FY 16 Actual</u>	<u>FY 19 Target</u>	<u>DPP Page #</u>
 <b>Improve health for low-income and vulnerable Coloradans</b>				
# Physically unhealthy days per month	7.4	5.8	5.0	p. 9
# Mentally unhealthy days per month	6.6	5.3	4.6	p. 9
 <b>Enhance the quality of life and community experience of individuals and families</b>				
% New mothers receiving maternal depression screening	7%	10%	16%	p. 26
% Persons receiving HCBS services expressing social inclusion or connectedness to the community	—	58%	61%	p. 28
% Persons receiving HCBS services expressing satisfaction with, choice and control of, and access to services	—	74%	77%	p. 28
 <b>Reduce the cost of health care in Colorado</b>				
\$ Medicaid per-capita total cost of care	\$5,268	\$5,063	\$5,119	p.36
\$ Total costs avoided from ACC and Medicaid	\$72 M	\$175 M	\$346 M	p.36



### Strategic Policy Initiatives

The Department of Health Care Policy and Financing identified several strategic policy initiatives for FY 2015-16. For this performance evaluation, the Department has updated progress on the initiatives identified in its Performance Plan that capture the Department's strategic and operational priorities, and reflect the overall direction as identified by Department leadership. The Department collects performance data semi-annually in many cases. Due to data sources with reporting lag time, data is available at varying intervals. Additional detail about these strategic policy initiatives is available in the Department's Performance Plan, which may be accessed [here](#).

#### **SPI 1: Customer – Improve health outcomes, client experience and lower per capita costs**

The Department is committed to delivering a customer-focused Medicaid program that improves health outcomes and client experience while delivering services in a cost-effective manner. Central to this initiative is the establishment of an integrated delivery system through the Accountable Care Collaborative (ACC), which holds providers accountable for health outcomes. This shifts financial incentives away from volume of services to efficacy. The ACC focuses on the needs of its members and leverages local resources to best meet those needs. Medicaid members in the ACC receive the regular Medicaid benefit package and belong to a Regional Care Collaborative Organization. They choose a Primary Care Medical Provider as a medical home, who coordinates and manages their health needs across specialties and along the continuum of care. In addition to the ACC, the Department is working to improve eligibility and enrollment systems for members, expand member access to medical providers, reduce waiting lists for waiver services, and enhance long term services and supports.

#### **SPI 2: People – Build and sustain a culture of recruiting and retaining talented employees**

The Department's greatest assets are its hardworking and dedicated employees. Hiring, training, and retaining employees are central to its People strategic policy initiative. Employee turnover is very costly, not only in time and effort required to fill vacant positions, but also in loss of institutional knowledge and impact on employees whose teams become short-staffed. Three goal areas – Workforce Development, Employee Engagement, and Human Resources Optimization support this strategic policy initiative.



**Department of Health Care Policy and Financing  
Final FY 2015-16 Performance Evaluation (Oct 2016)**

**SPI 3: Process – Enhance efficiency and effectiveness through process improvement**

To maximize the efficiency and effectiveness of its business processes, the Department strives to be responsive to change; attain clear alignment between strategic goals, programs and initiatives; and establish a culture of continuous improvement. By involving staff in the Strategic Management process, staff gain understanding, or “line of sight”, about how their individual roles connect to and help the Department achieve its mission. The Department seeks to empower engaged employees to eliminate waste and maximize value in their daily work routines. Two goal areas – Strategic Management and Lean Community support this strategic policy initiative.

**SPI 4: Financing – Ensure sound stewardship of financial resources**

The Department’s Financing initiative is intertwined with its Customer initiative in that it contains costs through many of the same programs designed to improve health outcomes. This is because medical costs decrease when overall population health improves: members engage in prevention and wellness programs, they experience better management of chronic diseases, and have fewer acute care episodes. Costs are also controlled by shifting payment systems from outdated “pay and chase” models that drive volume of services to new systems that pay for value and improved health. In addition, the Department is focused on financing efforts to prevent fraud, waste and abuse; expand the use of performance-based contracts; and seek grant funding to further strategic goals not funded through the regular budget process.

**Operational Measures**

**SPI 1: Customer – Improve health outcomes, client experience and lower per capita costs**

**Processes – Enroll Eligible Members and Providers**

	Measure	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY16 Goal	3-Year Goal
1-A	Percentage of ACC enrollees with a Primary Care Medical Provider	76%	71%	71%	77%	78%	85%
1-B	# Colorado Providers Serving Medicaid <sup>1</sup>	34,248	37,187	39,208	51,673	43,665	49,932



**Department of Health Care Policy and Financing  
Final FY 2015-16 Performance Evaluation (Oct 2016)**

	Measure	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY16 Goal	3-Year Goal
1-C	Percentage of eligibility applications processed within various state and federal timeline requirements	90%	92%	97%	98%	97%	98%
1-D	Increase the dollar amount of provider payments tied to quality or value through alternative payment models 45% (from \$172.8 million in FY 2014-15 to \$250.8 million in FY 2015-16) <sup>1</sup>	\$30M	\$46M	\$173M	\$226M	\$251M	N/A

<sup>1</sup>Measure name and methodology adjusted to align with monthly reports.

**SPI 2: People – Build and sustain a culture of recruiting and retaining talented employees**

**Process –Employee Engagement**

	Measure	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY16 Goal	3-Year Goal
2-A	Increase the % of favorable responses to “Good Place to Work” survey question from 69% to 80% by June 30, 2016	N/A	59%	69%	53%	80% <sup>1</sup>	80%
2-B	# New Employees Participating in the Ambassador Program	N/A	58	97	151	60	70

<sup>1</sup>The 1-year goal for this measure is 80%. This replaces the target printed in the July 1, 2015 Department Performance Plan.



**SPI 3: Process – Enhance efficiency and effectiveness through process improvement**

**Processes – Lean Community and Strategic Management Process**

	Measure	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY16 Goal	3-Year Goal
3-A	% Favorable Survey Responses to "Work Done > Efficiently w < Waste" (Lean Impact)	N/A	49%	51%	47%	55%	58%
3-B	% Favorable Survey Responses to "Understand Strategic Role"	42%	66%	66%	N/A <sup>1</sup>	68%	70%
3-C	# Employees Trained in "Line of Sight"	164	100	26	25	50	50

<sup>1</sup>Data not available for FY16.

**SPI 4: Financing – Ensure sound stewardship of financial resources  
Process – Cost Containment**

	Measure	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY16 Goal	3-Year Goal
4-A	Dollar amount of ACC net savings (range minimum)	(\$6,930,854)	(\$29,429,670)	(\$37,682,795)	(\$61,883,680)	(\$46,000,000)	(\$46,000,000)
4-B	\$ Program Integrity Recoveries	\$11,876,801	\$10,366,659	\$8,078,898	\$14,125,130	\$10,000,000	\$10,000,000
4-C	\$ Third Party Liability Collections	\$51,447,486	\$52,896,045	\$72,091,076	\$76,333,409	\$55,000,000	\$55,000,000

# 2017

## Regulatory Agenda



**COLORADO**

Department of Health Care  
Policy & Financing

Overview

The Colorado Department of Health Care Policy and Financing submits the following 2017 Regulatory Agenda in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. §2-7-203(4). Pursuant to state law, annually on November 1 executive-branch agencies must file a Departmental Regulatory Agenda (DRA) containing:

- A list of new rules or amendments that the department or its divisions expect to propose in the next calendar year;
- The statutory or other basis for adoption of the proposed rules;
- The purpose of the proposed rules;
- The contemplated schedule for adoption of the rules;
- An identification and listing of persons or parties that may be affected positively or negatively by the rules; and
- A list and brief summary of all permanent and temporary rules adopted since the previous DRA was filed.

The Regulatory Agenda also includes, pursuant to Colo. Rev. Stat. §24-4-103.3, rules to be reviewed as part of the Department's "Regulatory Efficiencies Reviews" during 2017 (which are denoted as such in the "purpose" column). The DRA is to be filed with Legislative Council staff for distribution to committee(s) of reference, posted on the department's web site, and submitted to the Secretary of State for publication in the Colorado Register. Each department must also present its DRA as part of its "SMART Act" hearing and presentation pursuant to Colo. Rev. Stat. §2-7-203(2)(a)(III)(A).

The following constitutes Department of Health Care Policy and Financing's DRA for 2016-2017 and is provided in accordance with Colo. Rev. Stat. §24-7-203(2)(a)(IV):

Schedule (Month, Year)	Rule Number and Title or Brief Description	Division/ Board/ Program	New rule, revision, or repeal?	Statutory or other basis for adoption of rule	Part of Mandatory Rule Review? (X if yes)	Purpose	Stakeholders Consider including high-level outreach bullets	Anticipated Hearing Date
August 2017	10 CCR 2505-10 Section 8.013 Out-of-State Medical Care	Health Programs Office	Revision	42 CFR 431.52		Revise rule language for clarity.	Health First Colorado clients, in- and out-of-state providers	August 2017
April 2017	10 CCR 2505-10 Section 8.520 Home Health Services	Health Programs Office	Revision	42 CFR 440.70 CRS 25.5-5-102(1)(f)	X	Revise rule to comply with new federal requirements.	Health First Colorado clients, home health providers	April 2017
April 2017	10 CCR 2505-10	Health	Revision	CRS 25.5-5-	X	Update rule	Health First Colorado	April 2017



	Section 8.540 Private Duty Nursing (PDN) Services	Programs Office	202(1)(n)		language.	clients, PDN providers	
March 2017	10 CCR 2505-10 Section 8.550 Hospice Benefit.	Health Programs Office	CRS 25.5-5-202(1)(p)	X	Define amount, duration and scope of benefit.	Health First Colorado clients, hospice providers	March 2017
July 2017	10 CCR 2505-10 Section 8.560 Clinic Services Certified Health Agency	Health Programs Office	CRS 25.5-5-202(1)(b)	X	Repeal section of rule that is no longer applicable.	Health First Colorado clients, providers	July 2017
October 2017	10 CCR 2505-10 Section 8.570 Ambulatory Surgery Centers	Health Programs Office	CRS 25.5-5-301(2)(d)	X	Define amount, duration and scope of benefit.	Health First Colorado clients, ambulatory surgery centers	October 2017
May 2017	10 CCR 2505-10 Section 8.585 DME Oxygen.	Health Programs Office	CRS 25.5-5-102(1)(f)	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, medical and DME providers	May 2017
May 2017	10 CCR 2505-10 Section 8.726 Teen Pregnancy Prevention Pilot Program	Health Programs Office	CRS 25.5-5-601 - 605	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, providers	May 2017
March 2017	10 CCR 2505-10 Section 8.730 Family Planning Services	Health Programs Office	SSA 1905(a)(4)(C) SSA 1902(a)(10)(C) CRS 25-1.5-101 CRS 25-6-101 - 103 CRS 25-6-201 - 207 CRS 25-6-301 - 302 CRS 25.5-5-102	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, providers	March 2017

November 2017	10 CCR 2505-10 Section Screening, Brief Intervention and Referral to Treatment (SBIRT) Services	Health Programs Office	Revision	CRS 25.5-202(1)(u)(i)	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, providers	November 2017
August 2017	10 CCR 2505-10 Section 8.747 Federally Qualified Health Centers (FQHCs)	Health Programs Office	Revision	CRS 25.5-102(1)(m)	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, FQHCs	August 2017
June 2017	10 CCR 2505-10 Section 8.740 Rural Health Clinics (RHCs)	Health Programs Office	Revision	CRS 25.5-102(1)(i)	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, RHCs	June 2017
June 2017	10 CCR 2505-10 Section 8.754 Client Co-Payment	Health Programs Office	Revision	SSA 1902(a)(4) SSA 1916 and 1916A 42 CFR 447.50-447.57 CRS 25.5-209(1)(b)	X	Update rule to comply with federal requirements, and revise language for clarity.	Health First Colorado clients, providers	June 2017
September 2017	10 CCR 2505-10 Section 8.765 Services for Clients in Psychiatric Residential Treatment Facilities (PRTFs) or Residing in Residential Child Care Facilities	Health Programs Office	Revision	CRS 25.5-306	X	Update rule provisions concerning PRTF client eligibility; PRTF provider responsibilities; and mental health benefits for clients in an RCCF.	Health First Colorado clients, PRTFs, RCCFs	September 2017

February 2017	10 CCR 2505-10 Section 8.075 Client Over-Utilization Program	Health Programs Office	Revision	42 CFR 456.3 42 CFR 431.54(e)-(f) CRS 25.5-5-102 CRS 25.5-5-202(3) CRS 25.5-5-316	X	Revise rule to comply with new statutory requirements for Medicaid client appeals process; and update rule to align with changes to program enrollment criteria and processes.	Health First Colorado clients, providers, pharmacies, Regional Care Collaborative Organizations	February 2017
March 2017	Transgender Services	Health Programs Office	New	45 CFR 92 CRS 25.5-5-102(d)		Define the amount, scope, and duration of the benefit.	Health First Colorado clients, providers	March 2017
April 2017	Pediatric Orthodontic Services	Health Programs Office	New	CRS 255-5-102(1)(g)		Define the amount, scope, and duration of the benefit.	Health First Colorado clients, orthodontists	April 2017
January 2017	Speech Generating Devices	Health Programs Office	New	CRS 25.5-5-202(1)(f)		Define the amount, scope, and duration of the benefit.	Health First Colorado clients, as well as medical, Speech Language Pathologists, and DME providers	January 2017
May 2017	Vision Services	Health Programs Office	New	CRS 25.5-5-202(1)(d)		Define the amount, scope, and duration of the benefit.	Health First Colorado clients, providers	May 2017
June 2017	Physical and Occupational Therapy	Health Programs Office	New	CRS 25.5-5-202(1)		Define the amount, scope, and duration of the benefit.	Health First Colorado clients, physical and occupational therapy providers	June 2017
June 2017	10 CCR 2505-10 Section 8.202 Laboratory, Pathology, and Radiology	Health Programs Office	Revision	CRS 25.5-5-102(1)(c)		Reorganize the laboratory, pathology, and radiology benefits into a single, three-part section; and define the amount, scope, and duration	Health First Colorado clients, providers	June 2017

March 2017	10 CCR 2505-10 Section 8.011 General Exclusions from Coverage	Health Programs Office	Revision	CRS 25.5-4-105 CRS 25.5-4-205.5 CRS 25.5-4-300.4 CRS 25.5-5-102 CRS 25.5-5-202	X	of the benefits. Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, providers	March 2017
July 2017	10 CCR 2505-10 Section 8.058 Request for Prior Authorization	Health Programs Office	Revision	SSA 1902(a)(30)(A) CRS 25.5-4-401	X	Revise rule in accordance with findings of 2016 regulatory efficiency review.	Health First Colorado clients, providers	July 2017
December 2016	10 CCR 2505-10 Section 8.613 Family Support Services Program (FSSP) Rules rewrite	Community Living Office	Revision	C.R.S. 25.5-10-306		Adopt clearer rules governing the administration of the Family Support Services Program. Rules to address the categories of services, the "most in need" criteria for eligibility, and strengthen billing methods for better auditing.	All Community Centered Boards participate in the FSSP and will be impacted by the new rules. Negligible fiscal impact as most of the new rules simply put in place better tracking and auditing methods.	December 2016
February 2017	10 CCR 2505-10 Section 8.500 & 8.600 Overall Language Cleanup	Community Living Office	Revision	HB13-1314, codified at C.R.S. 25.5-10-101		Update the citations and references in the rules to show HCPF and not DHS as administering services for IDD. Update language to conform to federal usage.	This rule change will have negligible impact, it simply realigns the citations and language to conform to present usage. It will positively affect both CCBs, providers, and participants by making the rules easier to follow and consistent.	February 2017
January 2017	10 CCR 2505-10 Section 8.500	Community Living Office	Revision	SB 16-38, codified at C.R.S. 25.5-10-		Subjects CCBs to the Local Government	This rule impacts all 20 CCBs. All CCBs	January 2017

November 2016	Community Centered Board (CCB) Transparency	Mistreatment, Abuse, Neglect, Exploitation (MANE) and Undue Influence	Community Living Office	New	209	HB15-109 and HB16-1394, codified at C.R.S. 25.15-10-202	Adopt and modify definitions of MANE and Undue Influence to remain consistent with statutory changes.	Audit Law, requires yearly audits and has posting requirements for all meetings of the boards of directors and CCB financials.	are required to complete audits and comply with board of directors public notice requirements.	The bill expands the number of mandatory reporters for MANE incidents. This will enhance protections for all at-risk adults in services. No direct impact on HCPF other than clearer definitions of incidents. Bill requires criminal reports and reports to the Adult Protective Services division within DHS.	November 2016
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