

CHAPTER 346

APPROPRIATIONS

SENATE BILL 01-183

BY SENATOR(S) Reeves, Tate, and Owen;
also REPRESENTATIVE(S) Young, Berry, Saliman, Cloer, and Stafford.

AN ACT

**CONCERNING A SUPPLEMENTAL APPROPRIATION TO THE DEPARTMENT OF HEALTH CARE POLICY
AND FINANCING.**

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Part V of section 2 of chapter 413, Session Laws of Colorado 2000,
is amended to read:

Section 2. **Appropriation.**

*Capital letters indicate new material added to existing statutes; dashes through words indicate deletions
from existing statutes and such material not part of act.*

APPROPRIATION FROM

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

PART V

DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

(1) EXECUTIVE DIRECTOR'S OFFICE³⁶

Personal Services	1,733,823	484,553(M)			1,249,270
		688,798(M)			1,045,025
	(27.5 FTE)				
Colorado Benefits Management System (CBMS) ^{37, 38}	380,401	190,201(M)			190,200
	(6.0 FTE)				
Health, Life, and Dental	291,021	137,016(M)			154,005
Short-term Disability	3,319	1,657(M)			1,662
Salary Survey and Senior Executive Service	344,230	163,370(M)			180,860
Anniversary Increases	113,189	53,655(M)			59,534
Workers' Compensation	89,818	44,909(M)			44,909
Operating Expenses	199,381	105,209(M)			94,172
	200,697	105,867(M)			94,830

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			GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
	\$	\$	\$	\$	\$	\$	\$
Operating Expenses	698,163		338,774(M)				359,389
	778,125		352,075(M)				426,050
Medicaid Management Information System Contract CONTRACT ^{41, 41a}	12,377,012		3,109,751(M)		146,867 ^a		9,120,394
	12,732,614		3,284,350(M)				9,301,397
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) FEASIBILITY STUDY REQUEST FOR PROPOSAL CONTRACT	52,500		13,125(M) ^d				39,375
Medicaid Authorization Cards	883,414		441,707(M)				441,707
	1,057,609		520,344(M)				537,265
Department of Public Health and Environment Facility Survey and Certification	3,772,745		1,028,465(M)				2,744,280
Other Case-Mix Administrative Costs	42,000		12,000(M)				30,000

Contractual Utilization Review	3,946,579	986,645(M)		2,959,934
	3,924,688	981,172(M)		2,943,516
Early and Periodic Screening, Diagnosis, and Treatment Program	2,951,670	1,475,835(M)		1,475,835
Nursing Facility Audits	864,150	432,075(M)		432,075
Hospital and Federally Qualified Health Clinic Audits	117,978	58,989(M)		58,989
Nursing Home Preadmission and Resident Assessments	1,042,612	260,653(M)		781,959
Nurse Aide Certification	267,332	120,822(M)	12,844(T) ^b	133,666
Nursing Home Quality Assessments	27,227	6,807(M)		20,420
Estate Recovery	421,875		210,937*	210,938
	700,000		350,000 ^c	350,000
Single Entry Point Administration	65,900	32,950(M)		32,950
Single Entry Point Audits	35,339	17,669(M)		17,670
Phone Triage/Advice	321,300	80,325(M)		240,975
S.B. 97-05 Enrollment Broker	1,073,258	536,629(M)		536,629
	1,362,444	565,548(M)		796,896
Dental Incentive ⁴²	200,000	200,000(M)		
Primary Care Physician Credentialing	<u>82,700</u>	41,350(M)		41,350
		36,870,724		

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		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
	38,394,033					

^a This amount shall be from the Old Age Pension Health and Medical Care Fund pursuant to Section 26-2-117, C.R.S.

^b This amount shall be from the Department of Regulatory Agencies.

^c This amount shall be from estate recoveries.

^d THIS AMOUNT IS EXEMPT FROM THE STATUTORY LIMIT ON STATE GENERAL FUND APPROPRIATIONS PURSUANT TO SECTION 24-75-201.1 (1) (a) (III) (B), C.R.S.

(3) MEDICAL SERVICES PREMIUMS^{10, 43, 44, 45, 46, 47, 48, 49, 50, 50a, 50b}

Services for 34,665 Old Age Pensioners (OAP-A) at an average cost of \$15,358.02	532,385,647
Services for 5,492 Old Age Pensioners (OAP-B) at an average cost of \$11,047.29	60,671,712
Services for 3,520 Old Age Pension State Medical Program clients at an average cost of \$2,798.91	9,853,133

Services for 52,618 Non-Elderly Disabled Recipients of Supplemental Security Income at an average cost of \$7,901.05	415,737,475
Services for 26,392 Adult Clients Eligible Under the 7/16/96 Aid to Families with Dependent Children Program at an average cost of \$3,598.82	94,980,020
Services for 119,948 Child Clients Eligible Under the 7/16/96 Aid to Families with Dependent Children Program and the Baby Care Program at an average cost of \$1,444.60	173,276,525
Services for 13,367 Foster Children at an average cost of \$2,275.10	30,412,294
Services for 5,709 Baby Care Program Adults at an average cost of \$6,105.32	34,855,297

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		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
Services for 8,317 Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs) at an average cost of \$993.84	8,265,792					
Services for 11,237 Non-Citizens at an Average Cost of \$3,508.89	<u>39,430,240</u>					
	1,399,868,135	696,027,547(M)		9,853,133 ^a		693,987,455

^a This amount shall be from the Old Age Pension Health and Medical Care Fund pursuant to Section 26-2-117, C.R.S.

(4) INDIGENT CARE PROGRAM

Program Administration

INDIGENT CARE PROGRAM ADMINISTRATION	287,129	287,129				
		146,144(M)				140,985
		(3.0 FTE)				
Denver Indigent Care	20,580,478				10,290,239^a	10,290,239

	21,156,732			10,578,366 ^a	10,578,366
Specialty and Outstate Programs	16,294,325	9,823,466(M)			6,470,859
University Hospital	20,589,136			10,294,568^a	10,294,568
	21,165,631			10,582,815 ^a	10,582,816
Disproportionate Share Payments to Hospitals	129,134,604	9,666,078(M)		54,901,222^b	64,567,304
	174,881,536	10,268,382(M)		77,172,386 ^b	87,440,768
PAYMENT TO THE CHILDREN'S BASIC HEALTH PLAN TRUST ^{51, 52}					
	11,506,552	8,603,720	252,832 ^c	2,650,000 ^d	
CHILDREN'S BASIC HEALTH PLAN ADMINISTRATION	5,372,940			2,325,693 ^e	3,047,247
CHILDREN'S BASIC HEALTH PLAN PREMIUM COSTS ⁵³	25,790,751			9,191,104 ^e	16,599,647
CHILDREN'S BASIC HEALTH PLAN RISK POOL ⁵⁴	1,750,888			612,811 ^e	1,138,077
ESSENTIAL COMMUNITY PROVIDER GRANTS PROGRAM	<u>114,051</u>	114,051			
		186,885,672			
		278,320,535			

^a These amounts represent public funds certified as representing expenditures incurred by Denver Health and The University Hospital which are eligible for federal financial participation under the Medicaid Major Teaching Hospital Program.

^b This amount represents public funds certified as representing expenditures incurred by Denver Health and The University Hospital which are eligible for federal financial participation under Medicaid Disproportionate Share Payments to Hospitals.

^c THIS AMOUNT SHALL BE FROM PREMIUMS PAID BY FAMILIES.

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$
(5) OTHER MEDICAL SERVICES						
Home Care Allowance for 5,930 5,811 Recipients at an average monthly cost of \$231.53 \$226.94	16,475,675	15,651,891			823,784(L) ^a	
	15,824,980	15,033,731			791,249(L) ^a	
Adult Foster Care for 157 127 Recipients at an average monthly cost of \$230.95 \$225.41	435,110	413,354			21,756(L) ^a	
	343,525	326,348			17,177(L) ^a	
Primary Care Physician Program Market Rate Reimbursement	1,783,590	891,795(M)				891,795
High Risk Pregnant Women Program	213,208	106,604(M)				106,604

^d OF THIS AMOUNT, \$650,000 SHALL BE FROM A DONATION FROM THE UNIVERSITY HOSPITAL AND \$2,000,000 SHALL BE FROM A FY 1999-00 DONATION FROM DENVER HEALTH AND THE UNIVERSITY HOSPITAL.

^e THESE AMOUNTS SHALL BE FROM THE CHILDREN'S BASIC HEALTH PLAN TRUST AUTHORIZED IN SECTION 26-19-105, C.R.S.

H.B. 92-1208				
Immunizations	127,658	63,829(M)		63,829
Poison Control	1,148,034	1,148,034		
University of Colorado				
Family Medicine Residency				
Training Programs	2,086,242	1,043,121(M)		1,043,121
Enhanced Prenatal Care				
Training and Technical				
Assistance	66,055	16,514(M)		49,541
S.B. 97-101 Public School				
Health Services	17,758,048		8,927,163 ^b	8,830,885
Payment to the Children's				
Basic Health Plan Trust^{a,c,d}	12,776,849	8,603,720	1,523,129^e	2,650,000^f
Children's Basic Health Plan				
Administration	5,769,251		3,313,201^e	2,456,050
Children's Basic Health Plan				
Premium Costs^g	30,032,285		10,511,300^e	19,520,985
Children's Basic Health Plan				
Risk Pool^h	1,897,708		664,198^e	1,233,510
Essential Community				
Provider Grants Program	114,051	114,051		
		90,683,764		
		39,351,340		

^a These amounts shall be from local funds.

^b This amount represents funds certified as representing expenditures incurred by school districts which are eligible for federal financial participation under Medicaid.

^c ~~This amount shall be from monthly premiums paid by participating families.~~

ITEM & SUBTOTAL	TOTAL	APPROPRIATION FROM				
		GENERAL FUND	GENERAL FUND EXEMPT	CASH FUNDS	CASH FUNDS EXEMPT	FEDERAL FUNDS
\$	\$	\$	\$	\$	\$	\$

^a Of this amount, \$650,000 shall be from a donation from The University Hospital and \$2,000,000 shall be from a FY 1999-00 donation from Denver Health and The University Hospital.

^c These amounts shall be from the Children's Basic Health Plan Trust authorized in Section 26-19-105, C.R.S.

(6) DEPARTMENT OF HUMAN SERVICES MEDICAID-FUNDED PROGRAMS^{55, 56, 57, 58, 59}

Transfer to the
Department of Human
Services

	474,673,030	236,329,556(M)	19,741 ^a		238,323,733
	483,878,737	240,907,795(M)			242,951,201

^a This amount shall be from the Old Age Pension Fund.

**TOTALS PART V
(HEALTH CARE
POLICY AND
FINANCING)^{5, 6}**

	\$2,193,849,413	\$994,878,429		\$11,846,943 ^a	\$102,410,275 ^b	\$1,084,713,766
	<u>\$2,244,682,184</u>	<u>\$999,752,395^c</u>		<u>\$10,715,709^a</u>	<u>\$122,861,608^b</u>	<u>\$1,111,352,472</u>

^a Of this amount, \$10,000,000 is included as information for purposes of complying with the limitation on state fiscal year spending imposed by Article X, Section 20 of the State Constitution. As this amount is continuously appropriated by a constitutional provision, it is not subject to the limitation of General Fund appropriations as set forth in Section 24-75-201.1, C.R.S.

^b Of this amount, ~~\$845,540~~ \$808,426 contains an (L) notation, and \$12,844 contains a (T) notation.

^c OF THIS AMOUNT, \$13,125 IS EXEMPT FROM THE STATUTORY LIMIT ON STATE GENERAL FUND APPROPRIATIONS PURSUANT TO SECTION 24-75-201.1 (1) (a) (III) (B), C.R.S.

FOOTNOTES -- The following statements are referenced to the numbered footnotes throughout section 2.

5 (Governor lined through this provision. See L. 2000, p. 2752.)

6 All Departments, Totals -- The General Assembly requests that copies of all reports requested in other footnotes contained in this act be delivered to the Joint Budget Committee and the majority and minority leadership in each house of the General Assembly. Each principal department of the state shall produce its rules in an electronic format that is suitable for public access through electronic means. Such rules in such format shall be submitted to the Office of Legislative Legal Services for publishing on the Internet. It is the intent of the General Assembly that this be done within existing resources.

10 (Governor lined through this provision. See L. 2000, p. 2752.)

36 Department of Health Care Policy and Financing, Executive Director's Office -- The Department is requested to submit an accounting of all line items by actual expenditure. Actual expenditure is defined as final expenditure, including post-closing payments. The Department is requested to submit this information to the Joint Budget Committee by January 1, 2001.

37 Department of Health Care Policy and Financing, Executive Director's Office, Colorado Benefits Management System; and Department of Human Services, Office of Information Technology Services, Colorado Benefits Management System -- It is the intent of the General Assembly that moneys appropriated in these line items that are utilized to pay contractors involved in the development and implementation of the Colorado Benefits Management System (CBMS) be restricted by the State Controller until the Commission on Information Management approves the release of such restriction or restrictions. The Departments are requested to identify and restrict those portions of the appropriations that are related to such contractor payments.

38 Department of Health Care Policy and Financing, Executive Director's Office, Colorado Benefits Management System; and Department of

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Human Services, Office of Information Technology Services, Colorado Benefits Management System -- It is the understanding of the General Assembly that the primary goal of the Colorado Benefits Management System (CBMS) project is to streamline several county administrative functions by creating a single, integrated, eligibility and client management system that will minimize manual and paper-intensive processes. The 1997 feasibility study that was prepared for the CBMS project included an analysis of the annual savings that would result from the statewide implementation of CBMS, estimating \$31.0 million in annual savings from all fund sources. The feasibility study, however, did not include an analysis of the impact of medical application sites. The Department of Health Care Policy and Financing and the Department of Human Services are currently in the process of revising the cost-benefit analyses included in the feasibility study. The preliminary results of the departments' recent analyses indicate that the estimated savings associated with the implementation of CBMS will be significantly lower than originally anticipated. It is the intent of the General Assembly that, once CBMS is fully implemented statewide, various appropriations will be adjusted to reflect the resulting cost savings. It is further the intent of the General Assembly that such adjustments be based on an objective analysis of the impact of the implementation of CBMS on the Department of Health Care Policy and Financing, the Department of Human Services, and county departments of social services.

39 Department of Health Care Policy and Financing, Medical Programs Administration -- The Department is authorized to continue to investigate the feasibility of entering into contingency-based contracts to enhance the Department's recovery of Medicaid payments for which another party was liable, whether through fraud, abuse, court proceedings, or as the insurer, to identify liable third parties before payments are made. The Department is requested to submit each proposal for such contingency-based contracts to the Joint Budget Committee and seek Joint Budget Committee approval in advance of entering into contingency-based contracts with private sector vendors. The Department is requested to seek approval to enter into a contract, receive the amounts recovered, and remit a portion of those amounts as compensation to the vendor. The Department is requested to report to the Joint Budget Committee by November 1, 2000, on proposals and financing options for such activities.

- 40 Department of Health Care Policy and Financing, Medical Programs Administration; and Department of Human Services, Health and Rehabilitation Services, Office of Health and Rehabilitation, Mental Health Community Programs, Mental Health Capitation -- The Departments are requested to provide a report, by August 1, 2000, analyzing the reasons for differences between Medicaid eligibility figures and growth rates for Medicaid medical programs and the Medicaid mental health capitation program. The report should indicate whether eligibility growth projections for the medical programs should continue to be used to project capitation growth rates and should include any recommended alternatives.
- 41 (Governor lined through this provision. See L. 2000, p. 2755.)
- 41a DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, MEDICAL PROGRAMS ADMINISTRATION, MEDICAID MANAGEMENT INFORMATION SYSTEM CONTRACT -- IT IS THE INTENT OF THE GENERAL ASSEMBLY THAT THE DEPARTMENT PROCEED WITH THE FY 2000-01 IMPLEMENTATION OF MEDICAID MANAGEMENT INFORMATION SYSTEM ENCOUNTER CLAIMS ONLY WHEN THE GENERAL ASSEMBLY HAS APPROPRIATED FY 2001-02 FUNDING FOR THIS PURPOSE IN THE 2001 LONG BILL.
- 42 Department of Health Care Policy and Financing, Medical Programs Administration, Dental Incentive -- It is the intent of the General Assembly that one of the clinics selected by the Department for receipt of dental clinic start-up funding be located in a rural area.
- 43 Department of Health Care Policy and Financing, Medical Services Premiums -- It is the intent of the General Assembly that expenditures for these services shall be recorded only against the Long Bill group total for Medical Services.
- 44 Department of Health Care Policy and Financing, Medical Services Premiums -- The General Assembly has determined that the average appropriated rates provide sufficient funds to pay reasonable and adequate compensation to efficient and economical providers. The Department should take actions to ensure that the average appropriated rates are not exceeded.
- 45 (Governor lined through this provision. See L. 2000, p. 2755.)
- 46 (Governor lined through this provision. See L. 2000, p. 2755.)
- 47 Department of Health Care Policy and Financing, Medical Services Premiums -- It is the intent of the General Assembly that the FY 1999-00 increase in the reimbursement to dental providers to 68 percent of the American Dental Association (ADA) mean for Mountain States shall

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\$	\$	\$	\$	\$	\$	\$

result in increased access for Medicaid-eligible children. The Department is requested to report on the impact of the increase in funding for dental reimbursement, including information on changes in the number of dental providers statewide participating in Medicaid, especially the change in previously under-served areas, and changes in utilization by Medicaid eligibles statewide and in previously under served areas, with associated fiscal impact and related projections. The Department is also requested to provide an analysis and recommendations on the following: (1) the feasibility of a geographically sensitive dental rate methodology, (2) the options and associated fiscal impact of utilizing mobile dental vans in under served areas of the State, (3) the options and fiscal impact for utilizing rural and/or federally qualified health clinics for enhancing dental access for Medicaid-eligible children, (4) use of dental school students and graduates, (5) options for considering tax-relief incentives for dentists to locate in under served areas and/or to serve low-income clients, (6) options for enhancing dental hygienist services, and finally, (7) the range of non-rate related options that the General Assembly may consider. This information is requested to be submitted to the Joint Budget Committee by October 15, 2000.

48 Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to incorporate its savings estimates provided in its Section 26-19-106, C.R.S., annual savings report due October 1, 2000, within its November 1, 2000 budget request for FY 2001-02 or any subsequent revisions to the FY 2000-01 or FY 2001-02 budgets.

49 Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to report on the growth in the community long-term care program, on its efforts to contain the growth in the home health community long-term care program. It is the intent of the General Assembly that the Department take measures to ensure that the FY 2000-01 budget is not exceeded in the community long-term care program. The Department is requested to report to the Joint Budget Committee on its projections and plans in this regard by November 1, 2000.

- 50 Department of Health Care Policy and Financing, Medical Services Premiums; and Department of Human Services, Self-Sufficiency, Adult Assistance Programs -- The Departments are requested to work together to identify and explain recent changes in the number of persons determined to be eligible for the federal Supplemental Security Income (SSI) program. The Departments are requested to submit a report to the Joint Budget Committee by October 1, 2000, that details their findings and the impact of such findings on state-funded programs, including the Medicaid, Aid to the Needy Disabled State-only(AND-SO), and Aid to the Needy Disabled and Aid to the Blind Supplemental Security Income Colorado Supplement (AND/ and AB/SSI/CS) caseloads. Finally, the Departments are requested to provide data regarding the number of individuals in Colorado eligible for SSI and the average monthly SSI payment. Such data is requested by month for the last two actual years.
- 50a Department of Health Care Policy and Financing, Medical Services Premiums -- The Department is requested to work with long-term care clients and providers, including home and community based services, home health, and nursing facilities, to examine any issues of rate disparity and rate shortfalls within the long-term care continuum of care, to evaluate areas of greatest need affecting client services, and ways to control utilization and costs of these services and overall growth in the long-term care system. The Department is also requested to work with the Senate and House Health, Environment, Welfare, and Institutions Committees and the Joint Budget Committee on a joint basis during the interim to assist in the evaluation of these issues. The Department is furthermore requested to report on its final analysis and recommendations in a joint meeting with the Joint Budget Committee and the Senate and House Health, Environment, Welfare, and Institutions Committees by October 1, 2000.
- 50b Department of Health Care Policy and Financing, Medical Services Premiums -- It is the intent of the General Assembly that the Department meet with Medicaid consumers with disabilities and Medicaid providers to examine state options with regard to the new Federal Work Incentives/Ticket to Work Act. The Department is requested to submit a report delineating options and recommendations for providing incentives for persons with disabilities to return to work. This report is requested to be submitted to the Senate and House Health, Environment, Welfare, and Institutions Committees by October 15, 2000. This report is requested to include a discussion of the pilot program created in S.B. 97-147 and analysis and recommendations on whether this existing initiative can be accomplished under the new Act without the requested waiver.
- 51 Department of Health Care Policy and Financing, ~~Other Medical Services~~, INDIGENT CARE PROGRAM, Payment to the Children's Basic Health Plan Trust -- The Department is requested to report on success in obtaining cash as well as in-kind donations for the Children's Basic Health Plan from the private sector for FY 1999-00 and anticipated local fund-raising success for FY 2000-01. The Department is requested to submit this information to the Joint Budget Committee no later than November 1, 2000.

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52	Department of Health Care Policy and Financing, Other Medical Services , INDIGENT CARE PROGRAM, Payment to the Children's Basic Health Plan Trust -- It is the intent of the General Assembly that PREMIUM COLLECTION BE DISCONTINUED FOR THE PERIOD OF SEPTEMBER 1 THROUGH DECEMBER 31, 2000, AND THAT BEGINNING JANUARY 1, 2001, the Department of Health Care Policy and Financing continue to utilize the previously authorized monthly family premium approved by the general assembly and assumed in the funding assumptions for FY 2000-01. ASSESS ELIGIBLE FAMILIES ENROLLING IN THE CHILDREN'S BASIC HEALTH PLAN AN ANNUAL PREMIUM OF \$25 FOR ONE CHILD AND \$35 FOR TWO OR MORE CHILDREN FOR FAMILIES WITH INCOMES BETWEEN 151 PERCENT AND 185 PERCENT OF THE FEDERAL POVERTY LEVEL.						
53	Department of Health Care Policy and Financing, Other Medical Services , INDIGENT CARE PROGRAM, Children's Basic Health Plan Premium Costs -- This appropriation assumes an average cost per child of \$855 \$867.12 per year (\$71.25 \$72.26 per member per month), not including expenditures from the risk-pool, if any, and assumes an estimated annual AVERAGE MONTHLY caseload of 35,124 29,743 children. The Department is requested to report to the Joint Budget Committee on November 1, 2000, on the program's projected administrative costs, on attempts to increase enrollment and minimize administrative costs, and on the program's estimated caseload.						
54	Department of Health Care Policy and Financing, Other Medical Services , INDIGENT CARE PROGRAM, Children's Basic Health Plan Risk Pool -- This appropriation shall be for a risk-pool or reserve for the Children's Basic Health Plan.						
55	(Governor lined through this provision. See L. 2000, p. 2755.)						
56	Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Health and Rehabilitation Services, Office of Health and Rehabilitation, Mental Health Community Programs, Mental Health Capitation -- The Departments are requested to provide a report to the Joint Budget Committee, as part of their annual budget submissions,						

that reviews their progress toward and plans for reducing variations among Medicaid mental health capitation rates paid to regional providers that cannot be reasonably justified.

- 57 Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Health and Rehabilitation Services, Office of Health and Rehabilitation, Mental Health Community Programs, Mental Health Capitation -- The Departments are requested to provide a report to the Joint Budget Committee, as part of their annual budget submissions, that reviews options and recommendations for determining whether the Medicaid mental health capitation program is in compliance with the requirement that total program costs be no more than 95 percent of costs under a comparable fee-for-service program. This report should include any information currently available showing that the Departments are in compliance with this requirement, proposals for how compliance could be better demonstrated, and any recommendations for related statutory changes.
- 58 Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Health and Rehabilitation Services, Office of Health and Rehabilitation, Mental Health Community Programs, Medicaid Anti-Psychotic Pharmaceuticals -- The Departments are requested to report to the Joint Budget Committee with their November 1 budget submissions on their progress toward managing Medicaid mental health pharmaceutical costs, including any efforts to incorporate medication funding in the capitated Medicaid mental health contracts. This report should include an expected time line for planned activities, as well as estimates of the programmatic and fiscal impacts of any changes. The Departments are also requested to identify actual expenditures and growth projections for all psycho-tropic medications as part of their FY 2001-2002 budget submission.
- 59 Department of Health Care Policy and Financing, Department of Human Services Medicaid-Funded Programs; and Department of Human Services, Health and Rehabilitation Services, Office of Health and Rehabilitation, Mental Health Community Programs, Mental Health Capitation; and Direct Services, Mental Health Institutes -- The Departments are requested to provide a report to the Joint Budget Committee, as part of their annual budget submissions, that reviews their progress, goals, and proposed time frames for incorporating adult inpatient services at the State mental health institutes into the Medicaid mental health capitation program.

SECTION 2. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: March 5, 2001