

AGENDA

Joint Budget Committee Meeting with Departments of Heath Care Policy and Financing and Human Services and Community Centered Boards

**Wednesday, March 22, 2006
2:00-3:00 p.m.
Legislative Service Building Hearing Room A**

Questions for Departments of Health Care Policy and Financing and Human Services

Please provide an update on efforts to comply with the Centers for Medicare and Medicaid Services (CMS) demand that Colorado be able to provide an individually-identifiable audit trail for persons enrolled in Medicaid Home- and Community-based waiver programs for persons with developmental disabilities (HCBS-DD). Please specifically address:

1. How do you expect billing for Medicaid HCBS-DD waiver services to change after July 1, 2006? Do you anticipate that the Medicaid Management Information System and/or the Community and Contract Management System (the current system used by the Human Services' Division for Developmental Disabilities) will be used? Please explain.
2. As you are aware, community centered boards currently negotiate service rates with individual providers. How will HCBS-DD service rates for each of the nine waiver services be established under the new system in the near-term? In the longer term?
3. What other changes are now anticipated or under consideration for HCBS-DD programs, associated with CMS concerns? Please explain.
4. Will Colorado be able to meet the July 1, 2006, CMS deadline for an individually identifiable audit trail or do you expect to request a delay related to the audit trail? Related to other changes requested by CMS?
5. Has CMS agreed to the approach now proposed? Please provide an update on your discussions with CMS regarding the waiver program, including discussions related to concerns raised in CMS' letter to the Joint Budget Committee dated February 14, 2006.
6. What are the implications of the proposed changes for how the HCBS-DD program will be administered? For example, how do you anticipate the role of the community centered boards will change, based on the billing, rate-setting, and other system modifications now anticipated? Would the responsibilities of a CCB under contract with the State to provide case management services be more limited than current CCB responsibilities? If so, how?

7. To make the changes now proposed, do state statutes need to be modified? Why or why not? In your previous presentations, you have indicated that these issues were being studied. Given that a bill with any changes would need to be introduced soon, please specifically address:
 - a) Section 27-10.5-104(3), C.R.S., which requires that service and support coordination [for developmental disability services] shall be purchased from community centered boards and, pursuant to Section 27-10.5-104(4), C.R.S., only authorizes the Executive Director of the Department of Human Services to bypass CCBs and purchase service and supports directly from service agencies under limited conditions.
 - b) Section 26-4-622, *et. seq.*, C.R.S., (concerning Medicaid home- and community-based services for persons with developmental disabilities), which indicates that a goal is “to coordinate, integrate and link services into existing community-based service delivery system for persons with developmental disabilities, to avoid unnecessary and expensive duplication of services.”
 - c) Statute at 27-10.5-104(7), C.R.S., which lays out how funding for developmental disability services are to be calculating, including requiring a five percent local match.
8. Do you expect to need a supplemental budget adjustment for FY 2005-06 or changes to the FY 2006-07 budget to make any required computer system modifications?
9. Beyond computer-system changes, do you have any further information about the budgetary implications of the proposed CMS changes?

***Questions for Community Centered Board Representatives
(Alliance and CCB Partners)***

10. Please discuss some of the possible impacts of the proposed billing changes and other proposed changes on the community centered board system, providers, and consumers.
11. How have CCBs been involved in the process of examining options for responding to CMS concerns?
12. Do CCBs have recommendations on how to proceed in both the short and long term?
13. What do CCBs see as the potential budgetary impacts of the department proposals, as they understand them?