



COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

November 1, 2013

The Honorable Pat Steadman, Chair
Joint Budget Committee
200 East 14th Avenue, 3rd Floor
Denver, CO 80203

Dear Senator Steadman:

The Department of Health Care Policy and Financing (Department) presents this report with respect to its compliance with requirements for HB10-1178 and SB13-268, as stipulated in Section 24-75-1303, C.R.S.

The passage of HB10-1178 (Transparencies in The Use of Grant Monies) and amended by SB13-268 requires all state departments to deliver an annual report to the Joint Budget Committee on all grants made to the Department during the immediately preceding fiscal year. The report must specify if any grants provided funding for a bill enacted by the General Assembly that relies entirely on grant moneys for the funding source of the program, service, study, interim committee, or other governmental function required by the bill.

For questions about this report please contact MaryKathryn Hurd, Legislative Liaison, via email at Mk.Hurd@state.co.us or by phone at 303-866-2620.

Sincerely,

A handwritten signature in black ink, appearing to read 'Susan E. Birch'.

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

SEB:lrs

Cc: Representative Crisanta Duran, Vice-Chair, Joint Budget Committee
Representative Cheri Gerou, Joint Budget Committee
Representative Jenise May, Joint Budget Committee
Senator Mary Hodge, Joint Budget Committee
Senator Kent Lambert, Joint Budget Committee
John Ziegler, Staff Director, JBC
Kevin Neimond, JBC Staff
Eric Kurtz, JBC Analyst
Henry Sobanet, Director, Office of State Planning and Budgeting
Erick Scheminske, Deputy Director, Office of State Planning and Budgeting
Bettina Schneider, Budget Analyst, Office of State Planning and Budgeting
Katherine Blair, Health Policy Advisor, Governor's Office
Legislative Council Library
State Library
Susan E. Birch, MBA, BSN, RN, Executive Director
John Bartholomew, Finance Office Director
Suzanne Brennan, Health Programs Office Director
Antoinette Taranto, Acting Client and Community Relations Office Director
Lorez Meinhold, Community Partnerships Office Director
Tom Massey, Policy and Communications Office Director
MaryKathryn Hurd, Legislative Liaison

Grant	Funding	Total Grant Award and Number of Years	HCPF Program that the funds will support	Authorizing Statute	Sustainability Statement	FTE Impact
Medicaid Rebranding	Colorado Health Foundation	\$89,522 over 8 months (8/15/2013 - 4/14/2014) Note: Funds were awarded in FY 13, even though money was not actually received until FY 14.	Funding was requested for a project to rebrand the Colorado Medicaid program. The Department anticipates that a new name and/or message will appeal both to those Coloradans who will become newly eligible for our services through the Medicaid Expansion in the Affordable Care Act, as well as to those who are currently eligible but not enrolled (EBNE) in the program.	N/A	Because this work is around conducting focus groups and designing a new name, logo, and tagline, the activities have an end date, so sustainability is not an issue. However, the Department will be exploring other options, including a possible funding coalition convened by the Colorado Health Foundation, to fund the launch of the new Medicaid rebranding materials, but that funding will occur in FY 14.	None. Contracted with Pilgrim to conduct work.
IPFCC Client and Stakeholder Engagement Implementation Grant	Colorado Health Foundation	\$168,463 July 15, 2013- July 14, 2015 (2 year project). Note: Funds were awarded in FY 13, even though money was not actually received until	The Department requested funding for implementing a client- and family-centered care engagement process within the Medicaid Program, based upon the Colorado Health Foundation funded Institute for Patient- and Family-Centered Care (IPFCC) site visit and	N/A	The purpose of this grant is to assist the Department in undergoing a culture change to become a more client- and family-centered entity. The Stakeholder Liaison FTE will assist in putting self-sustaining mechanisms in place, opening up lines of communications between	1 FTE, a stakeholder liaison position at the GP II level will be hired. This position will be entirely

<p>Super-Utilizers Policy Academy</p>	<p>National Governor's Association Learning Network</p>	<p>Technical Assistance; one year</p>	<p>Colorado will focus on interventions for clients who are enrolled in the Accountable Care Collaborative (ACC) program, Colorado's predominant reform effort, and who meet the Client Over-Utilization Program (COUP) criteria.</p>	<p>N/A</p>	<p>At the completion of the Policy Academy, Colorado will have : * Identified concrete ways that the Department of Health Care Policy and Financing (HCPF), the Colorado Department of Public Health and Environment (CDPHE) and the Department of</p>	<p>None. Current staff will carry out the work.</p>
			<p>report. This includes: a) internally developing, orienting staff to, and subsequently operationalizing, the definition of client engagement, b) involving clients and families as advisors to the Department, c) supporting clients' and families' participation in care and decision making and d) improving access to understandable information, education, and support for clients and families.</p>		<p>the Department and external stakeholders, which will be able to be maintained after the sunset of the grant funding. We will also contract with a trainer to provide and facilitate trainings. Once these trainings are established, current staff will be able to facilitate them after the grant period.</p>	<p>grant funded, and as such, be term limited.</p>
<p>FY 14. We will be seeking a 50% Federal match (also to be awarded in FY 14), bringing the total grant budget to \$336,926.</p>						

			<p>In this initiative, the state will aim to develop a model for leveraging the ACC program effectively for COUP eligible clients before, during and after enrollment.</p>	<p>Human Services (DHS) can partner in serving this population as well as dedicated staff from each agency who will continue to be engaged on an ongoing basis.</p> <ul style="list-style-type: none"> *Begun implementing a necessary reimbursement structure for incentivizing provider participation and effective interventions. *Identified the necessary data, developed a plan for how to procure that data and incorporated that data into provider workflow. *Completed an assessment of barriers to implementing medical neighborhoods and a preliminary proposal for how the state can support medical neighborhoods in Colorado. *Shared intervention best practices between regions. 	
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