

Colorado Department of Health Care Policy and Financing
 FY 2009-10 Budget Request
 Schedule 5: Line Item to Statute

| Line Item Name | Line Item Description | Statutory Citation |
|---|--|---|
| (1) Executive Director's Office: (A) General Administration | | |
| Personal Services | All salaries and wages to full-time, part-time, or temporary employees including professional services contracts, the State's contribution to the public employees retirement fund and the State's share of federal Medicare tax paid for state employees hired after April 1986. | 24-50-101 et. seq., C.R.S. (2008) State Personnel System Act |
| Health, Life, and Dental | This appropriation covers the cost of the State's share of the employee's health, life and dental insurance. | 24-50-609, C.R.S. (2008); 24-50-611, C.R.S. (2008) State Contributions and Employer Payments and 24-50-104 (1) (a) (II), C.R.S. (2008) Job evaluation and compensation, total compensation philosophy |
| Short-term Disability | This funds insurance coverage available for all employees and paid by the State based on payroll that provides partial payment of an employee's salary if that individual becomes disabled and cannot perform his or her work duties. | 24-51-701, C.R.S. (2008) Short-term Disability and Disability Retirement and 24-50-104 (1) (a) (II), C.R.S. (2008) Job evaluation and compensation, total compensation philosophy |
| SB 04-257 Amortization Equalization Disbursement | This appropriation reflects an increase to the effective PERA contribution rates beginning January 1, 2006 to bring the Department into compliance with 24-51-211 C.R.S. (2008). | 24-51-411, C.R.S. (2008) Amortization equalization disbursement - repeal |
| SB 06-235 Supplemental Amortization Equalization Disbursement | This line reflects an increase to the effective PERA contribution rates and will be funded though the Salary Survey and Senior Executive Service appropriation beginning January 1, 2008 to bring the Department into compliance with 24-51-211 C.R.S. (2008). | 24-51-411, C.R.S. (2008) Amortization equalization disbursement - repeal |
| Salary Survey and Senior Executive Service | This is the amount appropriated to a department to cover the cost of salary increases based on the survey of job and wage classifications performed by the Department of Personnel and Administration. | 24-50-104 (1) (a) (I) and (II), C.R.S. (2008) Job evaluation and compensation, total compensation philosophy |
| Performance-based Pay Awards | This line item reflects the annual amount appropriated for periodic salary increases for State employees based on demonstrated ability for satisfactory quality and quantity of performance. Each employee undergoes an annual performance evaluation, which is used to determine potential merit based salary increases each fiscal year. Each State department must abide by parameters established by the Department of Personnel and Administration. | 24-50-104 (1) (c) (I) - (IV) and (6), CRS (2008) Job evaluation and compensation, total compensation philosophy |

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| (1) Executive Director's Office: (A) General Administration (cont) | | |
| Workers' Compensation | Insurance coverage paid by the State for employee work-related accidents and providing compensation to employees or their survivors if the employee is injured or killed on the job. | 8-40-101, C.R.S. (2008) through 8-47-209, C.R.S. (2008) and 24-30-1510.7, C.R.S. (2008) Workers' Compensation for State Employees |
| Operating Expenses | This appropriation includes supplies, materials, phone service, printing, postage, equipment and travel necessary for the general operation and administration of the Department. Also includes Single Entry Point Administration which provides funds for Department's administrative costs of training, resource materials, data and financial reporting, and staff travel to provide technical assistance to and monitoring of Single Entry Point agencies. | 25.5-6-106, C.R.S. (2008) Single entry point system and 25.5-6-107, C.R.S. (2008) Financing of single entry point system |
| Legal Services and Third Party Recovery Legal Services | The Department's representation of the cost of purchasing legal services from the Department of Law at an hourly rate set by the Governor's Office of State Planning and Budgeting. | N/A |
| Administrative Law Judge Services | This appropriation is for the purchase of administrative law judge and paralegal services from the Division of Administrative Hearings in the Department of Personnel and Administration, and the appropriation for each affected State department is allocated as a Statewide Common Policy. The State appropriates these funds based upon actual utilization in prior years. | 24-30-1002, C.R.S. (2008) and 24-30-1003, C.R.S. (2008) and 25.5-1-107 (1), C.R.S. (2008) |
| Purchases of Services from Computer Center | Funding for computer systems services provided to the Department by the General Governmental Computer Center. | 25.5-4-204, C.R.S. (2008) and 24-30-1606, C.R.S. (2008) |
| Payment to Risk Management and Property Funds | This is a statewide allocation appropriated to pay for two programs in the Department of Personnel and Administration: The State Liability Program and the State Property Program. The allocation is based on the value of the agency's property holdings and an actuarially developed formula based on cash flow needs of each department. | 24-30-1510, C.R.S. (2008) and 24-30-1510.5, C.R.S. (2008) |
| Leased Space | This appropriation is to provide office space for required staff. | 25.5-1-104, C.R.S. (2008) |
| Capitol Complex Leased Space | This is the amount allocated to the Department based on the Department's square foot usage in the Capitol Complex. | 25.5-1-104, C.R.S. (2008) and 24-30-1303, C.R.S. (2008) |
| General Professional Services and Special Projects | This line item includes any special projects or temporary projects that the Joint Budget Committee or General Assembly funds each year as well as other on-going professional contracts that the Department has that were previously funded in the Department's personal services line item. | N/A |

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| (1) Executive Director's Office: (B) Transfers to Other Departments | | |
| Transfer to Department of Public Health and Environment Facility for Survey and Certification | Funds survey and certification by the Department of Public Health and Environment of nursing facilities, hospices, home health agencies, and home and community based service agencies as required by federal regulations. | 25-1.5-103 (1), C.R.S. (2008) |
| Transfer to Department of Regulatory Agencies for Nurse Aide Certification | To pay the Department of Regulatory Agencies for the Medicaid portion of the federal requirement (OBRA-87) to certify nurse aides working in Medicaid facilities. | 12-38.1-101, C.R.S. (2008) Nurse Aides |
| Transfer to Department of Education for Public School Health Services Administration | Allows school districts to finance health services through receipt of matching federal funds for Medicaid services provided by qualified Medicaid providers to Medicaid-eligible children. | 25.5-5-318, C.R.S. (2008) |
| (1) Executive Director's Office: (C) Information Technology Contracts and Projects | | |
| Information Technology Contracts | Includes funding for the Medicaid Management Information System contract which provides funding for the contract for the operation of the Medicaid Management Information System used to pay Medicaid provider claims and provide management information to assist the Department in the operation of the Medicaid program. Also includes funding for HIPAA Web Portal maintenance which provides funding for the costs for continued operations and maintenance of the Web Portal for access to information by medical providers and program managers within the Department. Required by federal regulations. | 25.5-4-204, C.R.S. (2008) Automated medical assistance administration 25.5-4-105, C.R.S. (2008) Federal Requirements under Title XIX |
| Fraud Detection Software Contract | Includes funding for fraud detection software that utilizes neural network and learning technology to detect fraud, abuse or waste in the Medicaid program. This funding also supports such functions as compliance monitoring, provider referrals, and utilization review. | 25.5-4-301, C.R.S. (2008) Recovers overpayments - penalties - interest - adjustments - liens - review or audit procedures - repeal. |
| Colorado Benefits Management System Medical Assistance Project | Provides funding to work towards modernizing the system used by the Department to make eligibility determinations for its programs. | 25.5-4-204, C.R.S. (2008) Automated medical assistance administration |
| Centralized Eligibility Vendor Contract Project | Provides funding in order to hire a contractor to study the various models for modernizing eligibility determinations for the Department's programs. The contractor will provide the Department with best practices in other states and at the county level for administering eligibility and enrollment functions. | 25.5-4-102, C.R.S. |

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| (1) Executive Director's Office: (D) Eligibility Determinations and Client Services | | |
| Medical Identification Cards | Provides funds to produce and mail Medical Identification Cards to eligible Medicaid recipients and Old Age Pension State Medical Program clients. | 25.5-4-102, C.R.S. (2008) and 25.5-4-104, C.R.S. (2008) Verification of eligibility |
| Contracts for Special Eligibility Determinations | <p>Includes funding for Disability Determination Services which provides funding to conduct federally mandated disability determinations for individuals waiting for eligibility determinations of Supplemental Security Income or, if not financially eligible for Supplemental Security Income, those who are potentially eligible for Medicaid due to a disability.</p> <p>Also includes funding for Nursing Home Preadmission and Resident assessment which provides funding for screenings and reviews mandated by federal law in OBRA-87 to determine appropriateness of nursing home placements for those with major mental illnesses or developmental disabilities. Also funds training for community mental health centers to ensure the screenings and reviews are properly conducted.</p> <p>Also includes funding for School District Eligibility Determinations which provides funding for three school districts to make eligibility determinations for the Medicaid and Children's Basic Health Plan.</p> | <p>25.5-4-105, C.R.S. (2008) Federal Requirements under Title XIX</p> <p>25.5-6-104, C.R.S. (2008) Long-term care placements - comprehensive and uniform client assessment instrument - long-term care access study - legislative declaration</p> <p>25.5-4-205, C.R.S. (2008) Verification of Eligibility</p> |
| County Administration | Provides funding to county departments of social/human services for determining eligibility for the Department's programs. | 25.5-1-120, C.R.S. (2008) |
| Administrative Case Management | Provides funding to county departments of social/human services for case management related to the protection and care for children. | 25.5-1-120, C.R.S. (2008) |
| Customer Outreach | <p>Includes funding for outreach and case management services for the Early and Periodic Screening, Diagnosis, and Treatment program required by federal regulations and performed via contracts and agreements with counties, local governments and other entities.</p> <p>Also includes funding for contracting with an enrollment broker for managed care enrollment and disenrollment functions for Medicaid clients in managed care organizations.</p> | <p>25.5-5-102 (1) (g), C.R.S. (2008) Basic services for the categorically needy - mandated services</p> <p>25.5-5-406 (1) (a) (II) & (III), C.R.S. (2008) Required features of the managed care system</p> |

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| (1) Executive Director's Office: (E) Utilization and Quality Review Contracts | | |
| Professional Services Contracts | <p>Includes funding for Acute Care Utilization Review which provides funding for performing prior authorization and post payment reviews for certain services to determine medical necessity and appropriateness for those services.</p> <p>Also includes funding for Long-term Care Utilization Review, which provides funding for performing reviews for long term care services to determine medical necessity and appropriateness for those services. In addition, the utilization review contractor performs pre-admission screening and periodic continued stay reviews for Medicaid clients seeking admittance to nursing facilities and home and community based care programs. Some of the reviews for long-term care programs are required by federal regulations.</p> <p>Also includes funding for the External Quality Review contract which assists the Department in establishing quality measurements for services provided to Medicaid clients and administering a quality measurement system. Included in the contract scope are medical quality improvement studies, consumer surveys, data analysis and quality and utilization indicators.</p> <p>Also includes funding for Drug Utilization Review. Section 456.703 of the Code of Federal Regulations mandates the drug utilization review function. The purpose of the program is to improve the quality of pharmaceutical care by ensuring that prescriptions are appropriate and medically necessary, and not likely to result in adverse medical effects. Drug Utilization Review programs consist of prospective and retrospective drug use reviews, the application of explicit predetermined standards and an educational program.</p> <p>Also includes funding for the Mental Health External Quality Review contract which assists the Department in establishing quality measurements for services provided to Medicaid mental health clients and administering a quality measurement system. Contracting with an External Quality Review Organization is required under federal regulation for Medicaid programs with a health maintenance organization component.</p> | <p>25.5-5-405, C.R.S. (2008) Quality Measurements; 25.5-4-301(2), C.R.S. (2008) Recoveries - overpayments - penalties - interest - adjustments</p> <p>25.5-5-506, C.R.S. (2008) Prescribed drugs - utilization review</p> <p>25.5-5-411, C.R.S. (2008) Medicaid community mental health services - administration - rules.</p> |

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| (1) Executive Director's Office: (F) Provider Audits and Services | | |
| Professional Audit Contracts | <p>Includes funding for contracting with an independent accounting firm to perform audits of nursing facility cost reports for rate setting.</p> <p>Also includes funding for contracting with an independent accounting firm for audit of cost and rate data for Medicaid hospitals, federally qualified health centers and rural health clinics. The audited cost reports are the basis for setting annual facility rates to cover the reasonable and necessary costs of an efficiently run facility per federal and State mandate.</p> <p>Also includes funding to support annual financial audits of Single Entry Point agencies.</p> <p>Also includes funding for the Payment Error Rate Measurement Project, however no funding was appropriated for FY 2008-09 or requested for FY 2009-10 due to the project cycle. This project is to improve the accuracy of Medicaid payments by conducting a statistical sampling of billing claims for the Medicaid and Children's Basic Health Plan programs to ensure that proper reimbursement payments are made.</p> | <p>25.5-6-201 and 25.5-6-202, C.R.S. (2008) Nursing facility reimbursement; 25.5-6-204, C.R.S. (2008) Providers - reimbursement - fees - nursing facility;</p> <p>25.5-4-401 (1) (a), C.R.S. (2008) Provider reimbursement rules; 25.5-4-402, C.R.S. (2008) Hospital reimbursement; 25.5-5-408 (1) (d), C.R.S. (2008) Federally Qualified Health Centers</p> <p>25.5-6-106, C.R.S. (2008) Single entry point system and 25.5-6-107, C.R.S. (2008) Financing of single entry point system</p> <p>25.5-4-105, C.R.S. (2008) Federal Requirements under Title XIX</p> |
| (1) Executive Director's Office: (G) Recoveries and Recoupment Contract costs | | |
| Estate Recovery | Funds a contractor operated program to recover funds from estates of Medicaid clients over age 55, who reside in nursing facilities or are the recipients of long term care. The Department contracts with a private sector entity that pursues the recoveries on a contingency fee basis. | 25.5-4-301, C.R.S. (2008) Recoveries overpayments - penalties - interest - adjustments |
| (2) Medical Services Premiums | | |
| Services for Supplemental Security Income Adults 65 and Older (SSI 65+) | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups |
| Services for Supplemental Security Income Adults (SSI 60 - 64) | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups |
| Services for Qualified Medicare Beneficiaries (QMBs) and Special Low-Income Medicare Beneficiaries (SLIMBs) | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups; 25.5-5-103 (1), C.R.S. (2008) Mandated programs with special state provisions |

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| (2) Medical Services Premiums (cont) | | |
| Services for Supplemental Security Income Disabled Individuals | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups |
| Services for Categorically Eligible Low-Income Adults | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups |
| Services for Baby Care Program Adults | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-201 (1), C.R.S. (2008) Optional provisions - optional groups |
| Services for Breast and Cervical Cancer Treatment Clients | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-201 (1), C.R.S. (2008) Optional provisions - optional groups |
| Services for Expansion Health Care Low-Income Adult Clients | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups; 25.5-5-103 (1), C.R.S. (2008) Mandated programs with special state provisions |
| Services for Eligible Children | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups; 25.5-5-201 (1), C.R.S. (2008) Optional provisions - optional groups |
| Services for Foster Children | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-101 (1), C.R.S. (2008) Mandatory provisions - eligible groups; 25.5-5-201 (1), C.R.S. (2008) Optional provisions - optional groups |
| Services for Non-Citizens | Provides funding for authorized medical services provided to Medicaid eligible clients. | 25.5-5-103 (1), C.R.S. (2008) Mandated programs with special state provisions |
| (3) Medicaid Mental Health Community Programs: (A) Mental Health Capitation Payments | | |
| Mental Health Capitation Payments for Medicaid Eligible Clients | Capitation payment to mental health managed care organizations for providing services to individuals with mental illness through community-based mental health programs. | 25.5-5-411, C.R.S. (2008) |
| (3) Medicaid Mental Health Community Programs: (B) Other Medicaid Mental Health Payments | | |
| Medicaid Mental Health Fee for Service Payments | Provides Medicaid reimbursement to non-Mental Health Center providers (including hospitals, psychiatrists, psychologists, etc.) which are treating clients for mental health related issues. | 25.5-5-411, C.R.S. (2008) |

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| (4) Indigent Care Program | | |
| Safety Net Provider Payments | Provides partial reimbursement to hospital and clinic providers for medical services rendered to the State's non-Medicaid, uninsured or underinsured low-income residents. Individuals have income with assets at or below 250% of the federally poverty level and are not eligible for Medicaid. | 25.5-3-108 (1) - (5), C.R.S. (2008) designates primary medically indigent care provider for City and County of Denver and the Denver Metro Area; 25.5-3-104, C.R.S. (2008) Program for the medically indigent established |
| Colorado Health Care Services Fund | Fund that distributes money to Denver Health, Certified Health Care Providers, and Private Primary Care Clinics that provide indigent adults with primary care to prevent emergency hospitalization. | 25.5-3-112, C.R.S. (2008) |
| The Children's Hospital, Clinic Based Indigent Care | Provides funding to offset a portion of Colorado Indigent Care Program clinic-based provider's uncompensated costs to provide medical care to indigent persons. These clinics are located primarily outside the Denver metro area. | 25.5-3-104, C.R.S. (2008) |
| Health Care Services Fund Programs | Provides funding for clinics operated by licensed or certified health care facilities (hospitals) and federally qualifying health centers. | 25.5-3-112 (2)(a), C.R.S. (2008) and 25.5-3-112 (2)(b)(l), C.R.S. (2008) |
| Pediatric Speciality Hospital | Provides funding to offset a portion of a Medicaid clinic-based provider's uncompensated costs to provide medical care to indigent children. | 24-22-117 (2) (e), C.R.S. (2008) Pediatric Specialty Hospital Fund created; 24-22-117 (1) (c) (l) (B), C.R.S. (2008) |
| HB 05-1262 Appropriation from the General Fund to Pediatric Speciality Hospital Fund | Augments hospital reimbursement rates for regional pediatric trauma centers. | 24-22-117 (1) (c) (l) (B), C.R.S. (2008) |
| HB 05-1262 Appropriation from the Tobacco Tax Cash Fund to the General Fund | Provides revenue from the Tobacco Tax Cash Fund to the State's General Fund for health-related purposes. | 24-22-117 (1) (c), C.R.S. (2008) |
| Primary Care Fund Program | Provides funding to health care providers that provide services to Colorado's low-income uninsured or underinsured citizens. | 25.5-3-301, C.R.S. (2008) through 25.5-3-303, C.R.S. (2008) Primary Care Fund |
| SB 06-145 Inpatient Provider Fee | Allows the Department to draw federal funds to match local government payments to inpatient hospitals made possible by the collection of a provider fee. | 25.5-4-417, C.R.S. (2008) Unreimbursed costs - medicaid providers - state plan amendment - rules. |
| SB 06-145 Outpatient Provider Fee | Allows the Department to draw federal funds to match local government payments to outpatient hospitals made possible by the collection of a provider fee. | 25.5-4-417, C.R.S. (2008) Unreimbursed costs - medicaid providers - state plan amendment - rules. |

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| (4) Indigent Care Program (cont) | | |
| HB 97-1304 Children's Basic Health Plan Trust | Contains the State's share of the costs of operating and providing medical, prenatal, and dental services to enrollees in the Children's Basic Health Plan. | 25.5-8-105, C.R.S. (2008). Children's Basic Health Plan Trust created |
| Children's Basic Health Plan Administration | Funds the costs of contracts to provide for the administration of the Children's Basic Health Plan. | 25.5-8-111, C.R.S. (2008) Contracts for administration of Children's Basic Health Plan and 25.5-8-107 (4), C.R.S. (2008) |
| Children's Basic Health Plan Premium Costs | Funds the costs of authorized medical services to eligible low-income children and pregnant women enrolled in the Children's Basic Health Plan. | 25.5-8-107 (1) (a) (I), C.R.S. (2008) Schedule of services for Children's Basic Health Plan - medical; 25.5-8-109, C.R.S. (2008) |
| Children's Basic Health Plan Dental Benefit Costs | Funds the costs of authorized dental services to eligible low-income children enrolled in the Children's Basic Health Plan. | 25.5-8-107 (1) (a) (II), C.R.S. (2008) Schedule of services for Children's Basic Health Plan - dental; 25.5-8-109, C.R.S. (2008) |
| Comprehensive Primary and Preventive Care Grants Program | A program funded through monies from the tobacco litigation settlement that provides the opportunity for low-income, uninsured Colorado residents to receive preventive health care services that otherwise they might not access. The program provides grants to health care providers to expand primary, preventive health care services to low-income, uninsured residents of Colorado. | 25.5-3-201, C.R.S. (2008) through 25.5-3-207, C.R.S. (2008) Comprehensive Primary and Preventive Care Grant Program Act |
| (5) Other Medical Services | | |
| Services for Old Age Pension State Medical Program Clients | A program providing medical care to clients eligible for the State Old Age Pension Program. | State Constitution, Title XXIV, Section 7 Old Age Pension Health and Medical Fund, 25.5-2-101, C.R.S. (2008) Old Age Pension Health and Medical Care Fund - Supplemental Old Age Pension Health and Medical Care Fund |
| Transfer of Tobacco Tax Cash Fund into the Supplemental Old Age Pension State Medical Fund | Provides additional funding for services for Old Age Pension State Medical Program clients which provides medical care to clients eligible for the State Old Age Pension Program. | State Constitution, Title XXIV, Section 7 Old Age Pension Health and Medical Fund, 24-22-117 (1) (c), C.R.S. (2008) Old Age Pension Health and Medical Care Fund - Supplemental Old Age Pension Health and Medical Care Fund |

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| (5) Other Medical Services (cont) | | |
| Commission on Family Medicine Residency Training Programs | Provides Medicaid funding for the Colorado Family Medicine Residency Training Program operated by the Department of Higher Education/University of Colorado Health Sciences Center. | 25-1-902 (1), C.R.S. (2008) and 25-1-903 (1) (C), C.R.S. (2008) Duties of family medicine commission |
| Enhanced Prenatal Care Training and Technical Assistance | Funds a program operated via an Interagency Agreement with the Department of Public Health and Environment to train health care providers in coordinating and evaluating services for at-risk pregnant women with the goal of reducing low-weight births. | See Department of Public Health and Environment Schedule 5 for Statutory Citation |
| Nurse Home Visitor Program | Partially funds a program operated via an Interagency Agreement with the Department of Public Health and Environment. This program is funded by tobacco master settlement funds, and was created as a result of SB 00-71. The program offers home visits by trained nurses to first-time Medicaid mothers with incomes at or below 200 percent of the federal poverty level and services are offered through the second birthday of the child. | See Department of Public Health and Environment Schedule 5 for Statutory Citation |
| Medicare Modernization Act of 2003 State Contribution Payment | Funding is for a percentage of prescription drug costs associated with dual eligible clients. These drug expenditures are now part of the federal Medicare program. | 25.5-4-105, C.R.S. (2008) Federal Requirements under Title XIX |
| SB 97-101 Public School Health Services | Reimbursement for services provided under contracts with public school districts, boards of cooperative services and state K-12 educational institutions to Medicaid eligible children in school-based health clinics. | 25.5-5-318, C.R.S. (2008) Contracts with school districts for health services to Medicaid eligible students |
| Colorado Cares Rx Program Contract Costs | Provides funding for CBMS changes necessary to implement the Colorado Cares Rx Program. This program is designed to provide generic prescription drugs to uninsured low income households to eligible persons at discounted rates. Provides funding for a third party vendor to determine eligibility and redetermination for the program, providing a discount prescription drug card and collection of fees from all applicants. | 25.5-2.5-101 through 25.5-2.5-106, C.R.S. (2008) Prescription Drug Program |
| (6) Department of Human Services Medicaid Funded Programs | | |
| All Line Items | See Department of Human Services Schedule 5 for Description. | See Department of Human Services Schedule 5 for Statutory Citation |