

Colorado Department of Health Care Policy and Financing  
 FY 2018-19 Budget Request  
 Schedule 5: Line Item to Statute

(1) Executive Director's Office: (A) General Administration

Line Item Name	Line Item Description	Statutory Citation
Personal Services	Funds 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. (2017) State Personnel System Act
Health, Life, and Dental	Covers the cost of the State's share of the employee's health, life and dental insurance.	24-50-609, C.R.S. (2017); 24-50-611, C.R.S. (2017) State Contributions and Employer Payments and 24-50-104 (1) (a) (II), C.R.S. (2017) Job evaluation and compensation, total compensation philosophy
Short-term Disability	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. (2017) Short-term Disability and Disability Retirement and 24-50-104 (1) (a) (II), C.R.S. (2017) Job evaluation and compensation, total compensation philosophy
SB 04-257 Amortization Equalization Disbursement	This line item reflects an increase to the effective PERA contribution rates beginning January 1, 2006 to bring the Department into compliance with 24-51-411 C.R.S. (2013).	24-51-411, C.R.S. (2017) Amortization equalization disbursement - repeal
SB 06-235 Supplemental Amortization Equalization Disbursement	This line item reflects an increase to the effective PERA contribution rates funded through the Salary Survey and Senior Executive Service appropriation beginning January 1, 2008 to bring the Department into compliance with 24-51-411 C.R.S. (2013).	24-51-411, C.R.S. (2017) Amortization equalization disbursement - repeal
Salary Survey	The Salary Survey and Senior Executive Services appropriation reflects the amounts appropriated to the Department to cover the cost of salary increases based on the job and wage classification survey performed annually by the Department of Personnel and Administration.	24-50-104 (1) (a) (I) and (II), C.R.S. (2017) Job evaluation and compensation, total compensation philosophy
Merit Pay	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, C.R.S. (2017) Job evaluation and compensation - state employee reserve fund - created - definitions.

Line Item Name	Line Item Description	Statutory Citation
(1) Executive Director's Office: (A) General Administration (cont.)		
Workers' Compensation	Funds 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. (2017) through 8-47-209, C.R.S. (2017) and 24-30-1510.7, C.R.S. (2017) Workers' Compensation for State Employees
Operating Expenses	This line item includes supplies, materials, phone service, printing, postage, equipment and travel necessary for the general operation and administration of the Department.	25.5-1-120, C.R.S. (2017)
Legal Services for 14,406 hours	This line item represents 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.	25.5-1-120, C.R.S. (2017)
Administrative Law Judge Services	This line item 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. (2017) and 24-30-1003, C.R.S. (2017) and 25.5-1-107 (1), C.R.S. (2017)
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. (2017) and 24-30-1510.5, C.R.S. (2017)
Leased Space	This line item is to provide office space for required staff.	25.5-1-104, C.R.S. (2017)
Capitol Complex Leased Space	This line item includes 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. (2017) and 24-30-1303, C.R.S. (2017)
Payments to OIT	This line item funds the Department's allocation for services provided by OIT, including centralized computer services, provision and administration of the Colorado State Network, information technology security, new OIT initiatives, and OIT's internal office expenses.	24-37.5-604, C.R.S. (2017), 24-37.5-102 et seq., C.R.S. (2017) & 24-37.5-104 et seq., C.R.S. (2017)
CORE Operations	Funds the Department's allocation for services related to the implementation and ongoing support of the new statewide accounting system used by the Office of the State Controller to record all state revenues and expenditures	HB 12- 1335, SB 15-234

(1) Executive Director's Office: (A) General Administration (cont.)		
Scholarships for Research Using the All-Payer Claims Database	This line item funds scholarships for nonprofit and government entities to access and conduct research in the All-Payer Claims Database	25.5-1-204 C.R.S. (2017)
General Professional Services and Special Projects	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.  Also includes funding from the Nursing Home Penalty Cash Fund to provide grants to nursing facilities to promote culture change.	25-1-107.5, C.R.S. (2017) Nursing Home Penalty Cash Fund

Line Item Name	Line Item Description	Statutory Citation
(1) Executive Director's Office: (B) Transfers to Other Departments		
Transfer to Department of Public Health and Environment Facility for Survey and Certification	Provides funding for survey and certification by the Department of Public Health and Environment of nursing facilities, hospices, home health agencies, and home and community based services agencies in accordance with applicable rules and regulations.	25-1.5-103 (1), C.R.S. (2017)
Transfer From the Department of Human Services for Nurse Home Visitor Program	Funds a program operated via an Interagency Agreement with the Department of Human Services This program is funded by tobacco master settlement funds, and was created as a result of SB 00-071. The program offers home visits by trained nurses to first-time mothers eligible for Medicaid with incomes at or below 200 percent of the federal poverty level and services are offered through the second birthday of the child.	25-31-101 et seq., C.R.S. (2017) Colorado Nurse Home Visitor Program
Transfer to Department of Public Health and Environment for Prenatal Statistical Information	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.	25.5-5-309, C.R.S. (2017)
Transfer to Department of Public Health and Environment for Local Public Health Agencies	The line item provides funding to the Department of Public Health and Environment to pay Local Public Health Agencies for certain allowable Medicaid costs related to care coordination, for purposes such as hiring community health workers to help Medicaid members navigate between the medical and public health systems and providing Local Public Health Agencies' access to data systems.	25.5-5-419 (1) (e), C.R.S. (2017)
Transfer to Department of Regulatory Agencies for Nurse Aide Certification	Provides funding for 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 et seq., C.R.S. (2017)
(1) Executive Director's Office: (B) Transfers to Other Departments (cont.)		
Transfer to Department of Regulatory Agencies for Reviews	Provides funding for the Department of Regulatory Agencies to perform sunset reviews of the Department's programs and for regulation of Non-Emergent Medical Transportation and Non Medical Transportation Providers.	24-34-104, C.R.S. 40-10.1-302 (1) (b) (II) (2017)
Transfer to Department of Education for Public School Health Services Administration	Provides funding for the administrative expenses of the Department of Education for the Public School Health Services Program created in SB 97-101.	25.5-5-318 (8) (b), C.R.S. (2017)
Transfer to the Department of Local Affairs for Home Modifications Benefits Administration	This line item includes funding for the Division of Housing to administer the home modification benefit under the Elderly, Blind and Disabled, Spinal Cord Injury, Community Mental Health Supports, and Brain Injury Waivers	25.5-6-307 (1) (d), C.R.S. (2017)

Line Item Name	Line Item Description	Statutory Citation
(1) Executive Director's Office: (C) Information Technology Contracts and Projects		
Medicaid Management Information System maintenance and Projects	<p>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.</p> <p>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.</p>	<p>25.5-4-204, C.R.S. (2017) Automated medical assistance administration</p> <p>25.5-4-105, C.R.S. (2017) Federal Requirements under Title XIX</p>
Medicaid Management Information System Reprocurement Contracts	The State must competitively bid the role of the fiscal agent for the operation of the MMIS once every eight years.	25.5-4-204, C.R.S. (2017) Automated medical assistance administration
MMIS Reprocurement Contracts	The State must competitively bid the role of the fiscal agent for the operation of the MMIS once every eight years.	25.5-4-204, C.R.S. (2017) Automated medical assistance administration
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. (2017) Recoveries - overpayments - penalties - interest - adjustments - liens - review or audit procedures - repeal.
(1) Executive Director's Office: (C) Information Technology Contracts and Projects (cont.)		
Colorado Benefits Management Systems, Operating and Contract Expenses	The new line item consolidates CBMS funding from line items formerly in the Department's DHS Medicaid-Funded Programs Long Bill group (7), including the former Colorado Benefits Management Systems; HCPF Only Projects; and CBMS SAS-70 Audit line items. This funding was consolidated to allow the Department to reimburse the Governor's Office of Information Technology (OIT) directly, rather than the previous administratively burdensome and unnecessary process of reimbursing OIT through transactions with the Department of Human Services.	25.5-5-101 C.R.S. (2017)
Health Information Exchange Maintenance and Projects	This line item was created in the FY 2014-15 Long Bill (HB 14-1336) to build infrastructure allowing for the secure and private exchange of electronic client health information among providers, labs, the Department, and other appropriate health care entities.	25.5-6-113 C.R.S. (2017)
Connect for Health Colorado Systems	This funding provides federal funds reimbursement to Connect for Health Colorado for allowable systems costs they incur that qualify as Certified Public Expenditures related to the administration of Medical Assistance programs	25.5-1-120 C.R.S. (2017)

Line Item Name	Line Item Description	Statutory Citation
(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. (2017)
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 Facility Preadmission Screening and Resident Review (PASRR) assessment which provides funding for screenings and reviews mandated by federal law in OBRA-87 to determine appropriateness of nursing home placements for individuals 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 outstationing activities at hospitals in order for hospitals to process applications for the Medicaid program. This funding was created as a result of the passage of HB 09-1293, "Health Care Affordability Act".</p>	<p>25.5-4-105, C.R.S. (2017) Federal Requirements under Title XIX</p> <p>25.5-6-104, C.R.S. (2017) 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. (2017) Verification of Eligibility</p> <p>25.5-4-402.4 (3) (a), C.R.S. (2017) Colorado Healthcare Affordability and Sustainability Enterprise</p>
County Administration	Provides funding to county departments of social/human services for determining eligibility for the Department's programs.	25.5-1-120 through 122, C.R.S. (2017)
(1) Executive Director's Office: (D) Eligibility Determinations and Client Services (cont.)		
Hospital Provider Fee County Administration	Provides hospital provider fee funding to county departments of social/human services for determining eligibility for the Department's hospital provider fee funded programs.	<p>25.5-1-120 through 122, C.R.S. (2017)</p> <p>25.5-4-402.4 (3) (a), C.R.S. (2017) Colorado Healthcare Affordability and Sustainability Enterprise</p>
Medical Assistance Sites	This line item funds Medical Assistance (MA) sites to conduct Medicaid eligibility determination on location. MA sites offer additional points of contact for Medicaid eligibility determination and eligibility workers are stationed at places such as schools, clinics and hospitals in order to assist clients. These sites are required to meet the same application processing performance standards and requirements that counties are required to meet and support the Department's aim to have "no wrong door" in determining client eligibility. Previously, MA sites were unfunded for their eligibility determination activities.	25.5-1-120 C.R.S. (2017)
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 through 122, C.R.S. (2017)

Line Item Name	Line Item Description	Statutory Citation
(1) Executive Director's Office: (D) Eligibility Determinations and Client Services (cont.)		
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. (2017) Basic services for the categorically needy - mandated services</p> <p>25.5-5-406 (1) (a) (II), C.R.S. (2017) Required features of the managed care system</p>
Centralized Eligibility Vendor Contract Project	Provides funding for an eligibility modernization vendor. The vendor will conduct eligibility activities for the Children's Basic Health Plan as well as new populations pursuant to HB 09-1293 including the Medicaid buy-in for persons with disabilities and adults without dependent children.	25.5-4-102, C.R.S. (2017); and 25.5-4-402.4, C.R.S. (2017).
Connect for Health Colorado Eligibility Determinations	This funding provides federal funds reimbursement to Connect for Health Colorado for allowable eligibility determination and customer service costs they incur that qualify as Certified Public Expenditures related to the administration of Medical Assistance programs	25.5-1-120 C.R.S. (2017)

(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 services waiver 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. Federal Regulations mandate 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>25.5-5-405, C.R.S. (2017) Quality Measurements;</p> <p>25.5-4-301(2), C.R.S. (2017) Recoveries - overpayments - penalties - interest - adjustments</p> <p>25.5-5-506, C.R.S. (2017) Prescribed drugs - utilization review</p> <p>42 CFR 456.703 (2009) Drug Use Review Program</p> <p>25.5-5-411, C.R.S. (2017) Medicaid community mental health services - administration - rules.</p>

Line Item Name	Line Item Description	Statutory Citation
(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, with funding appropriated in FY 2010-11. 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>In addition, this line item includes funding for a Colorado Indigent Care Program (CICP) auditor and a Disproportionate Share Hospital (DSH) payments auditor.</p>	<p>25.5-6-201 and 25.5-6-202, C.R.S. (2017) Nursing facility reimbursement; 25.5-6-204, C.R.S. (2017) Providers - reimbursement - fees - nursing facility;</p> <p>25.5-4-401 (1) (a), C.R.S. (2017) Provider reimbursement rules; 25.5-4-402, C.R.S. (2017) Hospital reimbursement; 25.5-5-408 (1) (d), C.R.S. (2017) Federally Qualified Health Centers</p> <p>25.5-6-106, C.R.S. (2017) Single entry point system and 25.5-6-107, C.R.S. (2017) Financing of single entry point system</p> <p>25.5-4-105, C.R.S. (2017) Federal Requirements under Title XIX</p> <p>25.5-4-402.4 (3) (a), C.R.S. (2017) Colorado Healthcare Affordability and Sustainability Enterprise</p>
(1) Executive Director's Office: (G) Recoveries and Recoupment Contract Costs		
Estate Recovery	Provides funding for 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. (2017) Recoveries - overpayments - penalties - interest - adjustments
(1) Executive Director's Office: (H) Recoveries and Recoupment Contract Costs		
Indirect Cost Assessment	This line item was created to separately identify the overhead costs associated with the operation of general government functions. Indirect cost recoveries are intended to offset these overhead costs that otherwise would have been supported by the General Fund, from cash and federally funded sources. Recoveries from cash and federally-funded programs are calculated for statewide overhead costs by the Office of the State Controller.	24-75-112 C.R.S. (2017)
(2) Medical Services Premiums		
Medical and Long-Term Care Services for Medicaid Eligible Individuals	Provides funding for authorized medical services provided to Medicaid eligible clients.	25.5-5-101 (1), C.R.S. (2017) Mandatory provisions - eligible groups; 25.5-5-103 (1), C.R.S. (2017) Mandated programs with special state provisions, 25.5-5-201 (1), C.R.S. (2017) Optional provisions - optional groups

Line Item Name	Line Item Description	Statutory Citation
(3) Behavioral Health Community Programs		
Behavioral Health Capitation Payments	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. (2017)
Behavioral 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. (2017)
(4) Office of Community Living; (A) Division of Intellectual and Developmental Disabilities; (1) Administrative Costs		
Personal Services	Funds all salaries and wages to full-time, part-time, or temporary employees including professional services contracts.	25.5-10-101 C.R.S. (2017)
Operating Expenses	This line item includes supplies, materials, phone service, printing, postage, equipment and travel necessary for the general operation and administration of the Office.	25.5-10-101 C.R.S. (2017)
Community and Contract Management System	This line funds 70% of the costs for the Community and Contract Management System (CCMS), which is used to authorize services, bill for services, and collect demographic data for people with intellectual and developmental disabilities. The CCMS also tracks disability resources and contracts, as well as waiting list information.	25.5-10-204 C.R.S. (2017)
Support Level Administration	This lines provides funds for the Community Centered Boards reimbursements for the administration of the Supports Intensity Scale (SIS) and support level evaluations.	25.5-10-204 C.R.S. (2017)
Cross-system Response for Behavioral Health Crises Program	This line exists to act as a mechanism to transfer funds from the Developmental Disabilities Services Cash Fund to the Cross-system Response for Behavioral Health Crises Pilot Program Fund for administration of the program.	25.5-6-412 C.R.S. (2017)
Cross-system Response for Behavioral Health Crises Pilot Program Services	The pilot program supports collaborative approaches to provide a cross-system response to behavioral health crises for individuals with intellectual and developmental disabilities and a mental health or behavioral disorder. The pilot program will coordinate services among Medicaid state plan services, Medicaid school-based health services, home- and community-based waiver services, and the capitated mental health care system. The Department will oversee multiple pilot sites representing different geographic regions of the state. The Department will enter into an interagency agreement with the Department of Human Services (DHS) to jointly manage the integration of the pilot program with the Colorado Behavioral Health Crisis Response System.	25.5-6-412 (2017)



Line Item Name	Line Item Description	Statutory Citation
(4) Office of Community Living; (A) Division of Intellectual and Developmental Disabilities; (2) Program Costs		
Adult Comprehensive Services	Funding supports the HCBS-DD waiver, which provides services and supports to persons with intellectual and developmental disabilities, allowing them to continue to live in the community, yet within a 24-hour care model.	25.5-10-206 et. seq., C.R.S. (2017)
Adult Supported Living Services	This line provides funding for the HCBS-SLS waiver and the State Supported Living Services option. The HCBS-SLS waiver provides supported living in the home or community to persons with intellectual and developmental disabilities. Services include: day habilitation; homemaker; personal care; respite; supported employment; dental; vision; assistive technology; behavioral services; home accessibility adaptation; mentorship; non-medical transportation; personal emergency response systems; professional therapeutic services; specialized medical equipment and supplies; and vehicle modification.	25.5-10-206 et. seq., C.R.S. (2017)
Children's Extensive Support Services	The HCBS-CES waiver provides various services for children who require nearly 24-hour supervision due to the severity of the child's intellectual or developmental disability. Services include: homemaker; personal care, respite, vision, adapted and therapeutic recreation equipment; assistive technology; behavioral services; community connector; home accessibility adaptation; professional therapeutic services; specialized medical equipment and supplies; vehicle modifications; and parent education.	25.5-10-206 et. seq., C.R.S. (2017)
Case Management	This line funds 20 Community-Centered Boards (CCBs) to provide case-management, utilization review/quality assurance/supports intensity scale (UR/QA/SIS Case Management is provided for the three HCBS waivers, the State Supported Living Services delivery option, the State Supported Family Support Services Program, and the Family Support Loan Fund.	25.5-10-206(b), C.R.S. (2017)
Family Support Services	The Family Support Services line provides financial support for families who have children, including adult children, with developmental disabilities or delays with costs that are beyond those normally experienced by other families. The primary purpose of the Family Support Services Program is to keep families together in the family home	25.5-10-303(1), C.R.S. (2017)
Preventive Dental Hygiene	This line item supports outreach services to match individuals needing dental care with dentists willing to provide pro-bono dental care.	25.5-10-220 et. Seq., C.R.S. (2017)
Eligibility Determination and Waiting List Management	This line provides reimbursement to Community-Centered Boards (CCBs) for administrative functions, including determination of intellectual and developmental disability and Pre-Admission Screening and Resident Reviews (PASRR) to clients throughout the State.	25.5-10-209 et. Seq., C.R.S (2017)

Line Item Name	Line Item Description	Statutory Citation
(5) 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. (2017) 25.5-3-104, C.R.S. (2017) Program for the medically indigent established
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. (2017)
Pediatric Specialty 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 (1) (c) (I) (B), C.R.S. (2017)
Appropriation from 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. (2017)
Primary Care Fund Program	Provides funding to health care providers that provide services to Colorado's low-income uninsured or underinsured citizens.	24-22-117 (2) (b) (I), C.R.S. (2017)
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. (2017) Contracts for administration of Children's Basic Health Plan and 25.5-8-107 (4), C.R.S. (2011)
Children's Basic Health Plan Medical and Dental 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. (2017) Schedule of services for Children's Basic Health Plan - medical; 25.5-8-109, C.R.S. (2017)

Line Item Name	Line Item Description	Statutory Citation
(6) Other Medical Services		
Old Age Pension State Medical Program	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. (2017) Old Age Pension Health and Medical Care Fund - Supplemental Old Age Pension Health and Medical Care Fund
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. (2017) and 25-1-903 (1) (C), C.R.S. (2017) Duties of family medicine commission
State University Teaching Hospitals - Denver Health and Hospital Authority	This line item provides funding for Graduate Medical Education through Denver Health and Hospital Authority. Reimbursement is provided through fee-for-service payments and lump sum payments when clients enrolled in managed care organizations are seen by students involved in Graduate Medical Education.	25.5-1-101 et seq., C.R.S. (2017)
State University Teaching Hospitals - University of Colorado Hospital Authority	This line item provides funding for Graduate Medical Education through University of Colorado Hospital Authority. Reimbursement is provided through fee-for-service payments and lump sum payments when clients enrolled in managed care organizations are seen by students involved in Graduate Medical Education.	25.5-1-101 et seq., C.R.S. (2017)
Medicare Modernization Act 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. (2017) Federal Requirements under Title XIX
Public School Health Services Contract Administration	The line item contains all administrative funding for the program excluding the transfer of funds to the Department of Education	25.5-5-318 (8) (b), C.R.S. (2017)
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. (2017) Contracts with school districts for health services to Medicaid eligible students
Screening, Brief Intervention, and Referral to Treatment Training Grant Program	Fund Grants to provide evidence-based training and outreach to health professionals statewide related to screening, brief intervention, and referral to treatment for individuals at risk of substance abuse	25.5-5-208, C.R.S. (2017)
(7) 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