



Julie Reiskin

Executive Director

jreiskin@ccdconline.org

720.961.4261 (Direct)

303.648.6262 (Fax)

CCDC RESPONSE TO PROPOSED BUDGET CUTS 2020-2021 STATE BUDGET AS OF 4/30/2020

CCDC has completed our first review of the [budget documents](#). This is each agency's projection of what cuts need to be made, and if these are not sufficient what deeper cuts would look like. When reviewing the documents it was clear care was taken to avoid undue consequences to “vulnerable populations”. While we do not like many of these, with a few small exceptions, we can accept them. Below by agency are the proposals and in italics are the CCDC comments. If the italics are bolded that means we have concerns

HCPF: Department of Health Care Policy and Financing

Because this is the biggest area of concern for our community and has the most information we divided this into cuts, areas of planned expansion that won't happen and administrative issues such as co-pay increases.

CUTS:

- ❖ Dental to \$1000 from \$1500 per person. Dentures and emergency extractions are not included in the \$1000 cap. This does not include children who get whatever they need under EPSDT. *CCDC accepts this cut. What we have heard about people who have severe dental problems is that their needs far exceed \$1500. This will still allow cleanings and cavities. Not having a full dental benefit continues to be a hardship but that solution will need to wait.*
- ❖ All rates will stay steady with no increase next year. This includes nursing facilities and hospitals who are getting increases federally due to COVID-19. *While this is not a cut, providers feel like it is a cut because costs do increase. We know this is a difficulty but are grateful that most services are not being cut and this is preferable to reducing eligibility or eliminating benefits completely.*
- ❖ Some reductions in rates such as anesthesia, DME, and in-home dialysis but not below Medicare rates. *We support this since the rates are not going below Medicare. There are a few items in DME where there is no comparable Medicare rate but we can deal with these on a case by case basis. There are other items where the price is far above the actual value so this can be evened out. We are proposing other reforms to DME that cannot be immediately implemented but should have money over the years.*

PLANNED FOR PRIOR TO COVID-19, BUT NOW NOT HAPPENING

- ❖ Rate increase for homemaker and personal care had been planned for (except possibly in Denver due to the local minimum wage issue but likely Denver is going to have to delay the planned increase). *Eliminating the rate increases for homemaker and personal care services is unfortunate, however current rates are adequate to pay the state minimum wage so this reduction*

NOTHING ABOUT us, WITHOUT us...EVER!

is appropriate. We have gotten large increases in the past including a big increase last year. The local minimum wage in Denver cannot be paid on January 1, 2021 without a rate increase, while we have concerns about the impact of the higher Denver minimum wage on surrounding communities and the income disparity it will cause the proposed increases should at least keep providers willing to serve clients in Denver. We would recommend this increase be contingent on Denver not delaying their minimum wage increase however we will strongly urge Denver to delay their minimum wage increase due to the economic situation. This is not just about our services but all business.

- ❖ *Community First Choice: This is very disappointing as it will bring in more federal money in the future but would cost money to develop over the next couple years, we understand and will bring it back next year.*
- ❖ *Residential substance use disorder treatment was planned for this year but will no longer happen. This is also disappointing but we are not sure there was even capacity for these services. There are still outpatient benefits. Medication assisted treatment has stronger evidence than residential and that is still being provided. We think this should be revisited next year and data should be kept by the RAEs on where they think lack of access to residential treatment truly impedes recovery.*

ADMINISTRATIVE:

- ❖ *Increased co-payments for some services (pharmacy from \$3 to \$4; doctors from \$2 to \$4, inpatient from \$25-\$75, Outpatient, DME, Lab/X-ray to \$4). CCDC supports this because it still has a cap of no more than 5% of income for the year, children and Native Americans are exempt.*
- ❖ *New co-payment for NEMT and Dental and anesthesia to \$4 CCDC also supports this, our question with NEMT is if this is one way or round trip. Also, our question is if the NEMT providers will be able to accept debit cards or if clients have to have exact change.*
- ❖ *Customer service-not adding planned staff. This may cause longer wait times for questions to be answered. However, this is better than cutting services.*
- ❖ *Not adding other staff and not doing planned tech enhancements: This may cause longer wait times for questions to be answered. However, this is better than cutting services.*
- ❖ *More oversight over IHSS and CDASS through utilization management -cut \$2.6 from IHSS and \$1.2 million from CDASS. CCDC continues to have concerns about the implementation of this in CDASS, not the actual utilization review, but how long the process already takes, coupled with a change in the largest single entry point in the state. Unlike IHSS, CDASS clients have no ability to pay workers while something is sorted out. This also may not save money and will increase administration. We will work to get HCPF to hold contractors accountable for timelines and ask that this wait until the new SEP is staffed and counties are no longer backlogged. This already occurs for people with high needs. We currently have a case that started in February and is not finished. This is not unusual and we have to intervene regularly with these cases. The only reason services did not stop was advocacy to the highest levels of HCPF and this is not sustainable for every client. We can accept this if and only if some clear safeguards are put in place. We will be drafting a short paper on this and will share when it is ready.*
- ❖ *Freeze new enrollment for PACE. This is an expensive managed care program for people over 55 who have Medicare and Medicaid. While the model does help some people, we have had some concerning reports about this program over the years.*

NOTHING ABOUT us, WITHOUT us...EVER!

THIS NEXT SECTION IS WHAT WE ARE FACING IF DEEPER CUTS ARE NEEDED: PLEASE NOTE THAT NO ONE IS TALKING ABOUT DOING THESE NOW. THIS IS WHAT WE ARE FACING IF THE CUTS LISTED ABOVE ARE ALL WATERED DOWN OR CANNOT GET THROUGH POLITICALLY. THIS IS ALSO WHAT WE WILL FACE IF WE HAVE A PROLONGED DEPRESSION WITHOUT ADEQUATE SUPPORT FROM THE FEDERAL GOVERNMENT. THIS LIST IS HERE TO EMPHASIZE HOW SERIOUS THIS IS AND TO ILLUSTRATE THE CHOICES WE HAVE TO MAKE NOW TO PREVENT THIS SCENARIO. THIS LIST ALSO EXPLAINS WHY WE ARE WILLING TO ACCEPT THE CUTS LISTED ABOVE. BOLDED ITEMS ARE WHAT WOULD HURT OUR COMMUNITY THE MOST.

- ❖ Reduce primary care fund
- ❖ 1% reduction of all provider rates
- ❖ **Eliminate HB 19-195 child and youth behavioral health system enhancements**
- ❖ **Reduce IDD State Only Services by 25%--this will increase waiting lists**
- ❖ **Freeze enrollment in the IDD Comprehensive waiver service**
- ❖ **Eliminate the adult dental benefit**
- ❖ **Eliminate the children's basic health plan**

CDHS:

- ❖ Delay compliance for the competency determinations -the state was sued for excessive time to determine if someone is competent to stand trial -they were going to create a new forensic unit and this will be delayed, which will put the state in violation of a court order unless there is agreement to delay due to COVID. *CCDC would like to hear from Disability law Colorado before opining on this one.*
- ❖ Repeal the program to help people on AND apply for SSI: ***This is very disappointing and we would ask that they reconsider this and perhaps either delay or go to partial funding. This is support to help people on AND apply for SSI. Without support most do not make it through the grueling SSI process. AND is state only funds, SSI is federal funds.***
- ❖ Reduce Medical contract at Mental Health Institute of Pueblo: *CCDC is OK with this because they were not using everything they had.*
- ❖ No increase for substance use disorder treatment in jails. *CCDC would like to hear from the Colorado Criminal Justice Reform Coalition before opining on this one.*
- ❖ Reduce co-responder expansion by one site (11 instead of 12) *This is unfortunate but glad this is not a cut.*
- ❖ Cancel planned furniture purchases at Lookout Mountain (youth detention center) to make it homelike. *This is also unfortunate but in light of everything else we cannot argue.*
- ❖ Stop new program for TANF to do subsidized employment: *We believe this is a program that had not started. There are new funds for workforce centers that can provide some services and TANF clients with disabilities should be referred to DVR.*
- ❖ Undo respite care task force-they have funded Easter Seals to work on recommendations. *This is not taking away actual respite care.*
- ❖ Reverse \$450K appropriation to Brain Injury Trust Fund. *This will reduce services covered by this fund.*

NOTHING ABOUT us, WITHOUT us...EVER!

- ❖ Refinance Aid to Needy Disabled. *This has no impact on clients*
- ❖ Federal funds cover increase in SNAP and other food assistance, child care, domestic abuse prevention, energy assistance, and hospital care for COVID patients without insurance who have mental illness or substance use disorders.

CDLE Colorado Department of Labor and Employment

Increase workforce centers and work supports

- ❖ Reduce or eliminate Veteran Service to Career Program but would require workforce centers to provide this service with some funds, because the centers all will get more federal money.
- ❖ Repeal programs that were focused on helping workers in low unemployment situations and move to helping dislocated workers.
- ❖ IF DEEPER CUTS ARE NEEDED they will reduce Independent Living Grants by \$600,000. *5 of the 9 centers are getting significant federal increases from the CARES act so the remaining state money can be redistributed to support all of the centers. The \$600,000 was originally allocated to a center that closed several years ago so it does not cut into the base amount that every center is supposed to receive.*

It is also important to note what is NOT CUT:

HCPF:

- ❖ No cuts to eligibility of any kind
- ❖ No cuts to any long-term services and supports
- ❖ No cuts to actual medical care except for the dental benefit
- ❖ No cuts to mental health
- ❖ No rate reductions with a few exceptions,

CDHS

- ❖ No cuts to the Rural Interpreters Services Project (RISP) or the Colorado Commission on the Deaf, Hard of Hearing and Deaf/Blind
- ❖ No cuts to Regional Center transition services
- ❖ No cuts to the mental health crisis program
- ❖ No reduction to Aid to Needy Disabled or Old Age Pension

DOLA

- ❖ No cuts to the state funded housing vouchers used to transition people out of institutions. Institutions are more costly than home and community based services, and as COVID-19 has proven they are also more deadly. These vouchers save the state money, we appreciate they are not being considered for cuts.

CDLE:

NOTHING ABOUT us, WITHOUT us...EVER!

- ❖ No cuts to DVR

CDOT:

- ❖ No cuts to Bustang
- ❖ No cuts to rural transportation
- ❖ No cuts to RTD

To be fair they do not really get general funds anyway but still....

CCDC will continue to monitor the situation and will share communications on the two major areas of concern:

- 1) CDASS Utilization Review (our concern is solely with process not the policy)
- 2) revocation of the Aid to Needy Disabled application assistance program.

If you have questions, comments, or concerns please show up at one of our [virtual events](#) that are for open chat (Wednesday nights or Saturday mornings) or email us at covid@ccdconline.org