



**Colorado  
Legislative  
Council  
Staff**

**SB17-091**

**FISCAL NOTE**

**FISCAL IMPACT:**  State  Local  Statutory Public Entity  Conditional  No Fiscal Impact

**Drafting Number:** LLS 17-0514 **Date:** January 25, 2017  
**Prime Sponsor(s):** Sen. Crowder; Moreno **Bill Status:** Senate Health and Human Services  
 Rep. Ginal **Fiscal Analyst:** Bill Zepernick (303-866-4777)

**BILL TOPIC:** ALLOW MEDICAID HOME HEALTH SERVICES IN COMMUNITY

| Fiscal Impact Summary  | FY 2017-2018       | FY 2018-2019       | FY 2019-2020       |
|--|--------------------|--------------------|--------------------|
| <b>State Revenue</b>   |                    |                    |                    |
| <b>State Expenditures</b>  | <b>\$2,350,050</b> | <b>\$2,489,440</b> | <b>\$2,637,490</b> |
| General Fund   | 1,089,849          | 1,154,192          | 1,223,765          |
| Cash Funds   | 18,895             | 21,276             | 24,984             |
| Federal Funds  | 1,241,306          | 1,313,972          | 1,388,741          |
| <b>Appropriation Required:</b> See State Appropriations section. |                    |                    |                    |
| <b>Future Year Impacts:</b> Ongoing state expenditure increase.  |                    |                    |                    |

**Summary of Legislation**

The bill removes the requirement that home health services under Medicaid be provided in a client's place of residence.

**Background**

Under current Colorado law, home health services may only be provided in the home. However, a recent change in federal regulations requires that home health services be provided to clients in any setting in which normal life activities take place, including in the community. The home health benefit under Medicaid is divided into acute home health services and long-term home health services. Acute home health services are provided to clients who experience an short-term health care need that necessitates skilled home health care. Long-term home health services are provided to clients who require ongoing home health services. Funding for this policy change has been included in the Department of Health Care Policy and Financing (HCPF) budget request for FY 2017-18.

**Assumptions**

While the amount of authorized care for clients will not change, removing the requirement that home health services only be provided in the home is expected to increase utilization of health services within the existing service limits. Based on client feedback provided to HCPF, utilization of home health services is expected to increase by 2 percent. The fiscal note reflects this 2 percent

increase after accounting for the current trends in growth of Medicaid caseload and expenditures. It is assumed that the restriction on home health care in the community will be removed starting July 1, 2017, at the start of the new fiscal year so HCPF has time to amend rules and communicate the changes to providers and clients.

### **State Expenditures**

Based on the assumptions above, the bill will increase Medicaid expenditures in HCPF by **\$2.4 million in FY 2017-18, \$2.5 million in FY 2018-19, and \$2.6 million in FY 2019-20**. These costs are split between state funds (General Fund and cash funds) and federal funds. These costs are summarized in Table 1 and discussed below.

| <b>Table 1. Expenditures Under SB 17-091</b> |                    |                    |                    |
|--|--------------------|--------------------|--------------------|
| <b>Cost Components</b>                       | <b>FY 2017-18</b>  | <b>FY 2018-19</b>  | <b>FY 2019-20</b>  |
| Acute Home Health Services                   | \$687,809          | \$717,726          | \$748,945          |
| Long-Term Home Health Services               | 1,662,241          | 1,771,714          | 1,888,545          |
| <b>TOTAL</b>                                 | <b>\$2,350,050</b> | <b>\$2,489,440</b> | <b>\$2,637,490</b> |

**Acute home health services.** Currently, for FY 2017-18, HCPF is projected to spend \$34.4 million on acute home health services, which is assumed to grow at an annual rate of 4.35 percent. Increasing this spending by 2 percent per year will increase costs by \$687,809 in FY 2017-18, \$717,726 in FY 2018-19, and \$748,945 in FY 2019-20.

**Long-term home health services.** Allowing use of home health in the community is expected to increase utilization of nursing assistance, home health aids, and brief nurse follow-up visits for clients requiring long-term home health care services. A 2-percent increase in anticipated utilization will increase costs by \$1,662,241 in FY 2017-18, \$1,771,714 in FY 2018-19, and \$1,888,545 in FY 2019-20.

### **Effective Date**

The bill takes effect upon signature of the Governor, or upon becoming law without his signature.

### **State Appropriations**

The funding required to implement the bill has been included in the HCPF budget request for FY 2017-18; thus no appropriation is required in this bill.

If funding for the cost of this bill is not included in the FY 2017-18 Long Bill, then HCPF will require an appropriation of \$2,350,050 in this bill for FY 2017-18, as follows:

- \$1,089,849 from the General Fund;
- \$18,872 from the Hospital Provider Fee Cash Fund;
- \$23 is from the Breast and Cervical Cancer Program Cash Fund; and
- \$1,241,306 from federal funds.

**State and Local Government Contacts**

Counties  
Human Services

Health Care Policy and Financing  
Information Technology