

Second Regular Session
Sixty-eighth General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 12-0763.01 Brita Darling x2241

SENATE BILL 12-127

SENATE SPONSORSHIP

Newell, Aguilar, Bacon, Foster, Lundberg, Nicholson, Steadman, White

HOUSE SPONSORSHIP

Summers,

Senate Committees

Health and Human Services

House Committees

A BILL FOR AN ACT

101 CONCERNING THE PARTICIPATION OF PROVIDERS OF LONG-TERM CARE
102 IN MEDICAID CARE COORDINATION PROGRAMS.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://www.leg.state.co.us/billsummaries>.)

To the extent permitted under federal law, the department of health care policy and financing (department) shall include providers of long-term care services and supports as health homes or as part of health homes in the medicaid program.

In expanding an accountable care collaborative or organization to

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

include dually eligible persons, persons with chronic conditions, and persons in need of long-term care services and supports, the bill directs the department to permit providers of long-term care services and supports to contract with regional care collaborative organizations as health homes or to provide some or all of the services provided by the regional care collaborative organizations.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-6-113 as
3 follows:

4 **25.5-6-113. Health home - integrated services - legislative**
5 **declaration - contracting - definitions.** (1) (a) THE GENERAL ASSEMBLY
6 HEREBY FINDS AND DECLARES THAT:

7 (I) THE STATE DEMOGRAPHER OFFICE IN THE DEPARTMENT OF
8 LOCAL AFFAIRS ESTIMATES THAT BETWEEN 2005 AND 2015, THE PORTION
9 OF COLORADO'S POPULATION THAT IS OVER SIXTY-FIVE YEARS OF AGE
10 WILL INCREASE BY MORE THAN TWENTY-THREE PERCENT;

11 (II) THIS DRASTIC INCREASE IN THE POPULATION THAT IS OVER
12 SIXTY-FIVE YEARS OF AGE IS DRIVEN BY THE AGING "BABY BOOMER"
13 GENERATION AND WILL RESULT IN A PARALLEL INCREASE IN A DEMAND
14 FOR COMMUNITY LONG-TERM CARE SERVICES;

15 (III) OLDER ADULTS AND THEIR FAMILIES NEED QUALITY HEALTH
16 CARE COVERAGE AND CHOICE AND FLEXIBILITY IN ACCESSING COMMUNITY
17 LONG-TERM CARE SERVICES THAT SUPPORT THEIR INDEPENDENCE AND
18 ABILITY TO LIVE IN THE LEAST RESTRICTIVE ENVIRONMENT;

19 (IV) COLORADANS DESERVE TO HAVE ACCESS TO THE PROPER
20 LEVEL OF HEALTH CARE;

21 (V) THE STATE NEEDS A LONG-TERM CARE DELIVERY SYSTEM THAT
22 ADDRESSES THE NEEDS OF OLDER ADULTS AND THEIR FAMILIES, AND

1 HEALTH CARE COVERAGE AND COORDINATION SHOULD NOT BE
2 FRAGMENTED OR DIFFICULT TO ACCESS; INSTEAD, IT SHOULD BE
3 INTEGRATED TO MEET THE NEEDS OF OLDER ADULTS AND FAMILIES;

4 (VI) A COMMUNITY LONG-TERM CARE SYSTEM SHOULD BE
5 INTEGRATED, PERSON-CENTERED, AND PROVIDE MAXIMUM SERVICE
6 DELIVERY AND MAKE EFFICIENT USE OF AVAILABLE PUBLIC FUNDS; AND

7 (VII) THE SYSTEM MUST ENSURE A COMPREHENSIVE APPROACH TO
8 LONG-TERM CARE THAT ADDRESSES THE DIFFERENT DEMOGRAPHIC AND
9 GEOGRAPHIC CHALLENGES IN THE STATE AND THE VARIOUS LONG-TERM
10 CARE SERVICES AND SUPPORTS THAT CLIENTS NEED.

11 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT A
12 COMPREHENSIVE APPROACH TO LONG-TERM CARE REQUIRES THAT
13 PROGRAMS AND POLICIES INTEGRATING AND COORDINATING CARE UNDER
14 THE MEDICAID PROGRAM BE FLEXIBLE AND ALLOW FOR FULL
15 PARTICIPATION BY PROVIDERS OF LONG-TERM CARE SERVICES TO ENSURE
16 QUALITY OF CARE FOR CLIENTS AND EFFICIENT USE OF LIMITED
17 RESOURCES.

18 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
19 REQUIRES:

20 (a) "ACCOUNTABLE CARE ORGANIZATION OR COLLABORATIVE"
21 MEANS ANY MODEL, SCHEME, OR SYSTEM ADOPTED BY THE STATE
22 DEPARTMENT THAT PROVIDES OR PAYS FOR MEDICAID BENEFITS TO
23 BENEFICIARIES THROUGH AN INTEGRATED SERVICE DELIVERY SYSTEM, A
24 PRIMARY CARE CASE MANAGEMENT SYSTEM AS DEFINED IN 42 CFR 438.2,
25 OR A PAYMENT SYSTEM IN WHICH THE RISK OF LOSS IN THE COST OF
26 SERVICES TO THE MEDICAID PROGRAM IS LIMITED, OR ANY COMBINATION
27 THEREOF. "ACCOUNTABLE CARE ORGANIZATION OR COLLABORATIVE"

1 INCLUDES A REGIONAL CARE COLLABORATIVE ORGANIZATION.

2 (b) "DUALY ELIGIBLE PERSON" MEANS A PERSON WHO IS ELIGIBLE
3 FOR ASSISTANCE OR BENEFITS UNDER BOTH MEDICAID AND MEDICARE.

4 (c) "HEALTH HOME" MEANS A DESIGNATED PROVIDER, INCLUDING
5 A PROVIDER THAT OPERATES IN COORDINATION WITH A TEAM OF HEALTH
6 CARE PROFESSIONALS, OR A HEALTH TEAM SELECTED BY AN ELIGIBLE
7 INDIVIDUAL WITH CHRONIC CONDITIONS TO PROVIDE HEALTH HOME
8 SERVICES, AS THE TERM IS DEFINED IN SECTION 2703 OF THE FEDERAL
9 "PATIENT PROTECTION AND AFFORDABLE CARE ACT", 42 U.S.C. SEC.
10 1396w-4.

11 (3) (a) IN DETERMINING THE STRUCTURE OF HEALTH HOMES FOR
12 CHRONIC CONDITIONS FOR PURPOSES OF THE FEDERAL "PATIENT
13 PROTECTION AND AFFORDABLE CARE ACT", 42 U.S.C. SEC. 1396w-4, AND
14 STATE PLAN AMENDMENTS TO THE MEDICAID PROGRAM, THE STATE
15 DEPARTMENT SHALL INCLUDE, TO THE EXTENT PERMITTED UNDER
16 FEDERAL LAW, PROVISIONS ALLOWING PROVIDERS OF LONG-TERM CARE
17 SERVICES AND SUPPORTS TO PARTICIPATE AS HEALTH HOMES OR AS PART
18 OF A HEALTH HOME THAT PROVIDES:

- 19 (I) COMPREHENSIVE CARE MANAGEMENT;
- 20 (II) CARE COORDINATION AND HEALTH PROMOTION;
- 21 (III) COMPREHENSIVE TRANSITIONAL CARE;
- 22 (IV) PATIENT AND FAMILY SUPPORT;
- 23 (V) REFERRAL TO COMMUNITY AND SOCIAL SUPPORT SERVICES;

24 AND

25 (VI) THE USE OF HEALTH INFORMATION TECHNOLOGY TO LINK
26 SERVICES, AS IS FEASIBLE AND APPROPRIATE.

27 (b) THE HEALTH HOME MAY CONSIST OF A MULTI-DISCIPLINARY

1 TEAM, INCLUDING PRIMARY CARE MANAGEMENT PROVIDERS, BEHAVIORAL
2 HEALTH CARE PROVIDERS, CASE MANAGERS, AND PROVIDERS OF
3 LONG-TERM CARE SERVICES AND SUPPORTS, INCLUDING BUT NOT LIMITED
4 TO SINGLE ENTRY POINT AGENCIES, NURSING HOMES, ALTERNATIVE CARE
5 FACILITIES, DAY PROGRAMS FOR THE ELDERLY, HOME CARE AGENCIES,
6 COMMUNITY MENTAL HEALTH CENTERS, AND COMMUNITY CENTERED
7 BOARDS.

8 (4) TO THE EXTENT PROVIDED UNDER FEDERAL LAW, IN
9 INTEGRATING DUALY ELIGIBLE PERSONS, PERSONS WITH CHRONIC
10 CONDITIONS, OR PERSONS NEEDING LONG-TERM CARE SERVICES AND
11 SUPPORTS UNDER AN ACCOUNTABLE CARE COLLABORATIVE OR
12 ORGANIZATION, THE STATE DEPARTMENT SHALL PERMIT PROVIDERS OF
13 LONG-TERM CARE SERVICES AND SUPPORTS TO CONTRACT WITH REGIONAL
14 CARE COLLABORATIVE ORGANIZATIONS AS A HEALTH HOME OR TO
15 PROVIDE SOME OR ALL OF THE SERVICES PROVIDED BY THE REGIONAL CARE
16 COLLABORATIVE ORGANIZATIONS INCLUDING, BUT NOT LIMITED TO,
17 NAVIGATION OF PRIMARY, SPECIALTY, OR LONG-TERM CARE SUPPORTS.

18 **SECTION 2. Safety clause.** The general assembly hereby finds,
19 determines, and declares that this act is necessary for the immediate
20 preservation of the public peace, health, and safety.