

**Second Regular Session
Sixty-eighth General Assembly
STATE OF COLORADO**

PREAMENDED

*This Unofficial Version Includes Committee
Amendments Not Yet Adopted on Second Reading*

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, PERSONS WITH DISABILITIES, AND THEIR
16 FAMILIES NEED QUALITY HEALTH CARE COVERAGE AND CHOICE AND
17 FLEXIBILITY IN ACCESSING COMMUNITY LONG-TERM CARE SERVICES THAT
18 SUPPORT THEIR INDEPENDENCE AND ABILITY TO LIVE IN THE LEAST
19 RESTRICTIVE ENVIRONMENT;

20 (IV) RESEARCH HAS SHOWN THAT OLDER ADULTS SUFFER FROM
21 HIGHER RATES OF DEPRESSION, HAVE A HIGHER RISK OF SUICIDE, AND
22 HAVE AN INCREASED MISUSE OF PRESCRIPTION AND ILLICIT DRUGS,

1 MAKING THE NEED FOR BEHAVIORAL HEALTH CARE SERVICES ESSENTIAL
2 TO LONG-TERM CARE SERVICES;

3 (V) COLORADANS DESERVE TO HAVE ACCESS TO THE PROPER
4 LEVEL OF HEALTH CARE;

5 (VI) THE STATE NEEDS A LONG-TERM CARE DELIVERY SYSTEM
6 THAT ADDRESSES THE NEEDS OF OLDER ADULTS, PERSONS WITH
7 DISABILITIES, AND THEIR FAMILIES, AND HEALTH CARE COVERAGE AND
8 COORDINATION SHOULD NOT BE FRAGMENTED OR DIFFICULT TO ACCESS;
9 INSTEAD, IT SHOULD BE INTEGRATED TO MEET THE NEEDS OF OLDER
10 ADULTS, PERSONS WITH DISABILITIES, AND THEIR FAMILIES;

11 (VII) A COMMUNITY LONG-TERM CARE SYSTEM SHOULD BE
12 INTEGRATED, PERSON-CENTERED, AND PROVIDE MAXIMUM SERVICE
13 DELIVERY AND MAKE EFFICIENT USE OF AVAILABLE PUBLIC FUNDS; AND

14 (VIII) THE SYSTEM MUST ENSURE A COMPREHENSIVE APPROACH
15 TO LONG-TERM CARE THAT ADDRESSES THE DIFFERENT DEMOGRAPHIC AND
16 GEOGRAPHIC CHALLENGES IN THE STATE AND THE VARIOUS LONG-TERM
17 CARE SERVICES AND SUPPORTS THAT CLIENTS NEED.

18 (b) THEREFORE, THE GENERAL ASSEMBLY DECLARES THAT A
19 COMPREHENSIVE APPROACH TO LONG-TERM CARE REQUIRES THAT
20 PROGRAMS AND POLICIES INTEGRATING AND COORDINATING CARE UNDER
21 THE MEDICAID PROGRAM BE FLEXIBLE AND ALLOW FOR FULL
22 PARTICIPATION BY PROVIDERS OF LONG-TERM CARE SERVICES TO ENSURE
23 QUALITY OF CARE FOR CLIENTS AND EFFICIENT USE OF LIMITED
24 RESOURCES.

25 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
26 REQUIRES:

27 == ==

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

3 (b) "HEALTH HOME" MEANS A GROUP OF PROVIDERS THAT
4 OPERATE IN COORDINATION WITH A TEAM OF HEALTH CARE
5 PROFESSIONALS THAT SHALL INCLUDE PRIMARY CARE PROVIDERS
6 SELECTED BY AN ELIGIBLE ___ INDIVIDUAL WITH CHRONIC CONDITIONS TO
7 PROVIDE HEALTH HOME SERVICES, AS THE TERM IS DEFINED IN SECTION
8 2703 OF THE FEDERAL "PATIENT PROTECTION AND AFFORDABLE CARE
9 ACT", 42 U.S.C. SEC. 1396w-4.

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

- 18 (I) COMPREHENSIVE CARE MANAGEMENT;
- 19 (II) CARE COORDINATION AND HEALTH PROMOTION;
- 20 (III) COMPREHENSIVE TRANSITIONAL CARE;
- 21 (IV) PATIENT AND FAMILY SUPPORT;
- 22 (V) REFERRAL TO COMMUNITY AND SOCIAL SUPPORT SERVICES;
- 23 AND
- 24 (VI) THE USE OF HEALTH INFORMATION TECHNOLOGY TO LINK
25 SERVICES, AS IS FEASIBLE AND APPROPRIATE.

26 (b) THE HEALTH HOME MAY CONSIST OF A MULTI-DISCIPLINARY
27 TEAM, INCLUDING PRIMARY CARE MANAGEMENT PROVIDERS, BEHAVIORAL

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

7 (4) TO THE EXTENT PROVIDED UNDER FEDERAL LAW, IN
8 INTEGRATING DUALY ELIGIBLE PERSONS, PERSONS WITH CHRONIC
9 CONDITIONS, OR PERSONS NEEDING LONG-TERM CARE SERVICES AND
10 SUPPORTS IN AN ORGANIZATION WITH WHICH THE STATE DEPARTMENT
11 CONTRACTS PURSUANT TO PART 4 OF ARTICLE 5 OF THIS TITLE, THE STATE
12 DEPARTMENT SHALL PERMIT PROVIDERS OF LONG-TERM SERVICES AND
13 SUPPORTS TO CONTRACT AS HEALTH HOMES OR TO PROVIDE SOME OR ALL
14 OF THE SERVICES PROVIDED BY THE ORGANIZATION CONTRACTED WITH
15 THE STATE DEPARTMENT, WHICH SERVICES MAY INCLUDE, BUT NEED NOT
16 BE LIMITED TO, NAVIGATION OF PRIMARY, SPECIALTY, OR LONG-TERM
17 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.