

Second Regular Session
Sixty-ninth General Assembly
STATE OF COLORADO

REENGROSSED

*This Version Includes All Amendments
Adopted in the House of Introduction*

LLS NO. 14-0444.01 Brita Darling x2241

SENATE BILL 14-067

SENATE SPONSORSHIP

Aguilar,

HOUSE SPONSORSHIP

Singer,

Senate Committees
Health & Human Services

House Committees

A BILL FOR AN ACT

101 **CONCERNING ALIGNING CERTAIN STATE MEDICAL ASSISTANCE**
102 **PROGRAMS' ELIGIBILITY LAWS WITH THE FEDERAL "PATIENT**
103 **PROTECTION AND AFFORDABLE CARE ACT".**

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>.)

The federal "Patient Protection and Affordable Care Act" enacted in 2010 made certain changes to the eligibility groups in the medicaid program. The bill makes technical changes to the statutes to align the eligibility provisions of Colorado's medical assistance program and the

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.

SENATE
3rd Reading Unamended
January 29, 2014

SENATE
2nd Reading Unamended
January 28, 2014

children's basic health program with the changes under federal law. Specifically, the bill:

- ! Removes obsolete eligibility group descriptions and renames and consolidates eligibility groups to conform to the current medicaid eligibility groups under federal law;
- ! Defines "modified adjusted gross income" by reference to the federal definition for purposes of determining income eligibility;
- ! Removes obsolete language regarding income- and resource-counting methods;
- ! Updates statutory language relating to income verification through federally approved electronic data sources; and
- ! Clarifies that application data and verifications for individuals who are ineligible for medical assistance will be transferred to the state insurance marketplace.

The bill makes conforming amendments.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-4-103, **amend**
3 (2); **repeal** (1); and **add** (13.5) as follows:

4 **25.5-4-103. Definitions.** As used in this article and articles 5 and
5 6 of this title, unless the context otherwise requires:

6 (1) ~~"1931 medicaid recipient" means any person who is eligible~~
7 ~~for medicaid as provided in section 25.5-5-101 (1) (a), 25.5-5-201 (1) (a),~~
8 ~~or 25.5-5-201 (1) (h) and refers to section 1931 of Title XIX of the~~
9 ~~federal "Social Security Act", 42 U.S.C. sec. 1396u-1.~~

10 (2) "Applicant" means ~~any person who has applied for benefits AN~~
11 ~~INDIVIDUAL WHO IS SEEKING AN ELIGIBILITY DETERMINATION FOR HIMSELF~~
12 ~~OR HERSELF under this article and articles 5 and 6 of this title THROUGH~~
13 ~~AN APPLICATION SUBMISSION OR A TRANSFER FROM ANOTHER AGENCY OR~~
14 ~~INSURANCE AFFORDABILITY PROGRAM.~~

15 (13.5) "MODIFIED ADJUSTED GROSS INCOME" OR "MAGI" MEANS
16 AN AMOUNT OF INCOME, AS DETERMINED PURSUANT TO SECTION 1902 (e)

1 (14) OF THE FEDERAL "SOCIAL SECURITY ACT", THAT IS USED TO
2 ESTABLISH ELIGIBILITY FOR MEDICAL ASSISTANCE.

3 **SECTION 2.** In Colorado Revised Statutes, 25.5-4-205, **amend**
4 (1) (a), (3) (b) (I) (A), (3) (b) (I) (B), (3) (b) (I.5), and (3) (d) (II) as
5 follows:

6 **25.5-4-205. Application - verification of eligibility -**
7 **demonstration project - rules.** (1) (a) Determination of eligibility for
8 medical benefits shall be made by the county department in which the
9 applicant resides, except as otherwise specified in this section. Local
10 social security offices also determine eligibility for medicaid benefits at
11 the same time they determine eligibility for supplemental security income.
12 The state department may accept medical assistance applications and
13 determine medical assistance eligibility and may designate the private
14 service contractor that administers the children's basic health plan, Denver
15 health and hospitals, a hospital that is designated as a regional pediatric
16 trauma center, as defined in section 25-3.5-703 (4) (f), C.R.S., and other
17 medical assistance sites determined necessary by the state department to
18 accept medical assistance applications, to determine medical assistance
19 eligibility, and to determine presumptive eligibility. When the state
20 department determines that it is necessary to designate an additional
21 medical assistance site, the state department shall notify the county in
22 which the medical assistance site is located that an additional medical
23 assistance site has been designated. Any person who is determined to be
24 eligible pursuant to the requirements of this article and articles 5 and 6 of
25 this title shall be eligible for benefits until such person is determined to
26 be ineligible. Upon determination that any person is ineligible for medical
27 benefits, the county department, the state department, or other entity

1 designated by the state department shall notify the applicant in writing of
2 its decision and the reason therefor. WHEN AN APPLICANT IS FOUND
3 INELIGIBLE FOR MEDICAL ASSISTANCE ELIGIBILITY PROGRAMS, THE
4 APPLICANT'S APPLICATION DATA AND VERIFICATIONS SHALL BE
5 AUTOMATICALLY SHARED WITH THE STATE INSURANCE MARKETPLACE
6 THROUGH A SYSTEM INTERFACE. Separate determination of eligibility and
7 formal application for benefits under this article and articles 5 and 6 of
8 this title for persons eligible as provided in sections 25.5-5-101 and
9 25.5-5-201 shall be made in accordance with the rules of the state
10 department.

11 (3) (b) (I) The state department shall promulgate rules that:

12 (A) To the extent authorized under federal law, require an
13 applicant to state only the applicant's income and require the state
14 department to verify the applicant's income through ~~the most recently~~
15 ~~available records of the division of unemployment insurance in the~~
16 ~~department of labor and employment or through the income, eligibility,~~
17 ~~and verification system~~ FEDERALLY APPROVED ELECTRONIC DATA
18 SOURCES; except that, IF ELECTRONIC DATA IS NOT AVAILABLE, OR THE
19 INFORMATION OBTAINED FROM AN ELECTRONIC DATA SOURCE IS NOT
20 REASONABLY COMPATIBLE WITH INFORMATION PROVIDED BY OR ON
21 BEHALF OF AN APPLICANT, the rules shall ~~also allow an applicant to~~
22 ~~provide income information more recent than the records of the division~~
23 ~~of unemployment insurance or the income, eligibility, and verification~~
24 ~~system~~ REQUIRE AN INDIVIDUAL TO PROVIDE DOCUMENTATION IN ORDER
25 TO VERIFY THE APPLICANT'S INCOME; and

26 (B) Require the state department at least annually to verify a
27 recipient's income eligibility at reenrollment through ~~the records of the~~

1 ~~division of unemployment insurance in the department of labor and~~
2 ~~employment or through the income, eligibility, and verification system~~
3 FEDERALLY APPROVED ELECTRONIC DATA SOURCES and, if the recipient
4 meets all eligibility requirements, permit the recipient to remain enrolled
5 in the program. ~~The rules shall also allow a recipient to supply income~~
6 ~~information more recent than the information supplied by the records of~~
7 ~~the division of unemployment insurance or the income, eligibility, and~~
8 ~~verification system~~ THE RULES SHALL ONLY REQUIRE AN INDIVIDUAL TO
9 PROVIDE DOCUMENTATION VERIFYING INCOME IF ELECTRONIC DATA IS NOT
10 AVAILABLE, OR THE INFORMATION OBTAINED FROM ELECTRONIC DATA
11 SOURCES IS NOT REASONABLY COMPATIBLE WITH INFORMATION PROVIDED
12 BY OR ON BEHALF OF AN APPLICANT.

13 (I.5) (A) If the state department determines that a recipient was
14 not eligible for medical benefits solely based upon the recipient's income
15 after the recipient had been determined to be eligible based upon ~~the~~
16 ~~records of the division of unemployment insurance or the income,~~
17 ~~eligibility, and verification system~~ ELECTRONIC DATA OBTAINED THROUGH
18 A FEDERALLY APPROVED ELECTRONIC DATA SOURCE, the state department
19 shall not pursue recovery from a county department for the cost of
20 medical services provided to the recipient, and the county department is
21 not responsible for any federal error rate sanctions resulting from such
22 determination.

23 (B) Notwithstanding any other provision in this paragraph (b), for
24 applications that contain self-employment income, the state department
25 shall not implement this paragraph (b) until it can verify self-employment
26 income through ~~the income, eligibility, and verification system or other~~
27 ~~verification~~ FEDERALLY APPROVED ELECTRONIC DATA SOURCES as

1 authorized by rules of the state department and federal law.

2 (d) (II) The state department shall also adopt rules that allow for
3 assistance to be provided ~~on an emergency basis~~ until the applicant is able
4 to obtain or qualify for a driver's license or identification card; however,
5 a county department or an entity designated by the state department
6 pursuant to subsection (1) of this section is not required to ~~recover~~
7 ~~emergency assistance~~ PURSUE RECOVERY OF ASSISTANCE from an
8 applicant who fails, upon recertification, to meet the photographic
9 identification requirement.

10 **SECTION 3.** In Colorado Revised Statutes, 25.5-5-101, **amend**
11 (1) (b), (1) (c), (1) (d), (1) (e), (1) (m), and (4); and **repeal** (1) (a) as
12 follows:

13 **25.5-5-101. Mandatory provisions - eligible groups.** (1) In
14 order to participate in the medicaid program, the federal government
15 requires the state to provide medical assistance to certain eligible groups.
16 Pursuant to federal law and except as provided in subsection (2) of this
17 section, any person who is eligible for medical assistance under the
18 mandated groups specified in this section shall receive both the
19 mandatory services that are specified in sections 25.5-5-102 and
20 25.5-5-103 and the optional services that are specified in sections
21 25.5-5-202 and 25.5-5-203. Subject to the availability of federal financial
22 participation, the following are the individuals or groups that are
23 mandated under federal law to receive benefits under this article and
24 articles 4 and 6 of this title:

25 (a) ~~Individuals who meet the eligibility criteria for the aid to~~
26 ~~families with dependent children program pursuant to rules that were in~~
27 ~~effect on July 16, 1996;~~

1 (b) ~~Families~~ PARENTS AND CARETAKER RELATIVES LIVING WITH A
2 DEPENDENT CHILD who meet the eligibility criteria for the aid to families
3 with dependent children program established in rules that were in effect
4 on July 16, 1996, and PURSUANT TO SECTION 1902 (a) (10) (A) OF THE
5 FEDERAL "SOCIAL SECURITY ACT", INCLUDING THOSE who subsequently
6 would have become ineligible under such eligibility criteria because of
7 increased earnings or increased hours of employment whose eligibility is
8 specified for a period of time by the federal government;

9 (c) ~~Qualified pregnant women, and children under the age of~~
10 ~~seven, who meet the income requirements of the state's aid to families~~
11 ~~with dependent children program pursuant to rules that were in effect on~~
12 ~~July 16, 1996~~ PREGNANT WOMEN WHOSE FAMILY INCOME DOES NOT
13 EXCEED ONE HUNDRED THIRTY-THREE PERCENT OF THE FEDERAL POVERTY
14 LINE, ADJUSTED FOR FAMILY SIZE, WHO MEET THE REQUIREMENTS
15 PURSUANT TO SECTION 1902 (a) (10) (A) OF THE FEDERAL "SOCIAL
16 SECURITY ACT". ONCE INITIAL ELIGIBILITY HAS BEEN ESTABLISHED, THE
17 PREGNANT WOMAN IS CONTINUOUSLY ELIGIBLE THROUGHOUT THE
18 PREGNANCY AND FOR THE SIXTY DAYS FOLLOWING THE PREGNANCY, EVEN
19 IF THE WOMAN'S ELIGIBILITY WOULD OTHERWISE TERMINATE DURING SUCH
20 PERIOD DUE TO AN INCREASE IN INCOME.

21 (d) A newborn child born of a woman who is categorically needy.
22 Such child is deemed medicaid-eligible on the date of birth and remains
23 eligible for one year. ~~so long as the woman remains categorically needy~~
24 ~~and the child is a member of her household.~~

25 (e) Children for whom adoption assistance or foster care
26 maintenance payments are made under Title IV-E of the FEDERAL "Social
27 Security Act", as amended, INCLUDING FOSTER CARE CHILDREN,

1 PURSUANT TO SECTION 1902 (a) (10) (A) (i) (IX) OF THE FEDERAL "SOCIAL
2 SECURITY ACT", WHO ARE UNDER TWENTY-SIX YEARS OF AGE, WHO WERE
3 IN FOSTER CARE UNDER THE RESPONSIBILITY OF THE STATE OR A TRIBE,
4 AND WHO WERE ENROLLED IN MEDICAID UNDER THE STATE MEDICAID PLAN
5 WHEN THEY TURNED EIGHTEEN YEARS OF AGE;

6 (m) ~~Low-income pregnant women, and Children through~~ UNDER
7 the age of six, whose income is at or below a certain percentage of the
8 federal poverty line as determined by the federal government NINETEEN
9 WHO MEET THE ELIGIBILITY CRITERIA PURSUANT TO SECTION 1902 (a) (10)
10 (A) OF THE FEDERAL "SOCIAL SECURITY ACT".

11 (4) (a) An asset test shall not be applied as a condition of
12 eligibility for individuals or families described in paragraphs (a), (b), and
13 (c), (d), AND (e) of subsection (1) of this section.

14 (b) ~~Repealed.~~

15 (c) ~~Subject to the receipt of any necessary federal approval and~~
16 ~~pursuant to 42 U.S.C. sec. 1396a (r) (2) and 42 U.S.C. sec. 1396u-1 (b)~~
17 ~~(2) (C), for the groups described in paragraphs (a) to (c) of subsection (1)~~
18 ~~of this section, the state board shall develop an income- and~~
19 ~~resource-counting method to replace the method used under the aid to~~
20 ~~families with dependent children program pursuant to rules that were in~~
21 ~~effect on July 16, 1996. The income- and resource-counting method shall~~
22 ~~be:~~

23 (I) ~~No more restrictive than the method used under the aid to~~
24 ~~families with dependent children program pursuant to the rules that were~~
25 ~~in effect on July 16, 1996; and~~

26 (H) ~~No less restrictive than the method used to determine~~
27 ~~eligibility for other covered groups under subsection (1) of this section~~

1 ~~and sections 25.5-5-201, 25.5-5-204, 25.5-5-204.5, and 25.5-5-205.~~

2 **SECTION 4.** In Colorado Revised Statutes, 25.5-5-103, **repeal**

3 (1) (a) as follows:

4 **25.5-5-103. Mandated programs with special state provisions.**

5 (1) This section specifies programs developed by Colorado to meet
6 federal mandates. These programs include but are not limited to:

7 (a) ~~The program known as the baby and kid care program which
8 provides medical assistance for pregnant women and children, as
9 specified in section 25.5-5-205;~~

10 **SECTION 5.** In Colorado Revised Statutes, 25.5-5-201, **amend**
11 (5); **repeal** (1) (d), (1) (e), and (1) (n); and **add** (1) (m.5) as follows:

12 **25.5-5-201. Optional provisions - optional groups - repeal.**

13 (1) The federal government allows the state to select optional groups to
14 receive medical assistance. Pursuant to federal law, any person who is
15 eligible for medical assistance under the optional groups specified in this
16 section shall receive both the mandatory services specified in sections
17 25.5-5-102 and 25.5-5-103 and the optional services specified in sections
18 25.5-5-202 and 25.5-5-203. Subject to the availability of federal financial
19 aid funds, the following are the individuals or groups that Colorado has
20 selected as optional groups to receive medical assistance pursuant to this
21 article and articles 4 and 6 of this title:

22 (d) ~~Individuals who would be eligible for aid to families with
23 dependent children if child care were paid from earnings;~~

24 (e) ~~Individuals under the age of twenty-one who would be eligible
25 for aid to families with dependent children but do not qualify as
26 dependent children;~~

27 (m.5) PREGNANT WOMEN, WHOSE FAMILY INCOME DOES NOT

1 EXCEED ONE HUNDRED EIGHTY-FIVE PERCENT OF THE FEDERAL POVERTY
2 LINE, ADJUSTED FOR FAMILY SIZE;

3 ~~(n) Individuals under the age of twenty-one years eligible for~~
4 ~~medical assistance pursuant to paragraph (l) of this subsection (1) or~~
5 ~~section 25.5-5-101 (1) (e) immediately prior to attaining the age of~~
6 ~~eighteen years or otherwise becoming emancipated;~~

7 (5) ~~(a)~~ An asset test shall not be applied as a condition of
8 eligibility for individuals or families described in paragraphs (a), (h), and
9 ~~(m)~~ (m.5) of subsection (1) of this section.

10 ~~(b) Repealed.~~

11 ~~(c) Subject to the receipt of any necessary federal approval and~~
12 ~~pursuant to 42 U.S.C. sec. 1396a (r) (2) and 42 U.S.C. sec. 1396u-1 (b)~~
13 ~~(2) (C), for the groups described in paragraphs (d) and (e) of subsection~~
14 ~~(1) of this section, the state board shall develop an income- and~~
15 ~~resource-counting method to replace the method used under the aid to~~
16 ~~families with dependent children program pursuant to rules that were in~~
17 ~~effect on July 16, 1996. The income- and resource-counting method shall~~
18 ~~be:~~

19 ~~(I) No more restrictive than the method used under the aid to~~
20 ~~families with dependent children program pursuant to the rules that were~~
21 ~~in effect on July 16, 1996; and~~

22 ~~(II) No less restrictive than the method used to determine~~
23 ~~eligibility for other covered groups under subsection (1) of this section~~
24 ~~and sections 25.5-5-101, 25.5-5-204, 25.5-5-204.5, and 25.5-5-205.~~

25 **SECTION 6.** In Colorado Revised Statutes, 25.5-5-202, **amend**
26 (1) (r) as follows:

27 **25.5-5-202. Basic services for the categorically needy - optional**

1 **services - repeal.** (1) Subject to the provisions of subsection (2) of this
2 section, the following are services for which federal financial
3 participation is available and which Colorado has selected to provide as
4 optional services under the medical assistance program:

5 (r) For any pregnant woman who is enrolled or eligible for
6 services pursuant to section 25.5-5-101 (1) (c), ~~or 25.5-5-205~~, alcohol and
7 drug and addiction counseling and treatment, including outpatient and
8 residential care but not including room and board while receiving
9 residential care;

10 **SECTION 7.** In Colorado Revised Statutes, **repeal** 25.5-5-205.

11 **SECTION 8.** In Colorado Revised Statutes, 25.5-8-109, **amend**
12 (4) (a) and (4.5) (a); and **repeal** (4) (b) as follows:

13 **25.5-8-109. Eligibility - children - pregnant women.** (4) A
14 child whose family income does not exceed the applicable level specified
15 in section 25.5-8-103 (4) (a) shall be presumptively eligible for the plan.
16 Children who are determined to be eligible for the plan shall remain
17 eligible for twelve months subsequent to the last day of the month in
18 which they were enrolled; except that a child shall no longer be eligible
19 for the plan and shall be disenrolled from the plan if the department
20 becomes aware of or is notified that any of the following has occurred:

21 (a) The child has moved out of the state; OR

22 (b) ~~The child has been enrolled in the medicaid program; except~~
23 ~~that, in disenrolling a child pursuant to this paragraph (b), the department~~
24 ~~shall ensure that the child is continuously covered under this section until~~
25 ~~the coverage is attained under the medicaid program and that there is no~~
26 ~~gap in coverage; or~~

27 (4.5) (a) (I) To the extent authorized by federal law, the

1 department shall require an applicant to state only the applicant's family
2 income and shall notify the applicant that the applicant's family income
3 will be verified by ~~the department through the most recently available~~
4 ~~records of the division of unemployment insurance in the department of~~
5 ~~labor and employment or through the income, eligibility, and verification~~
6 ~~system~~ FEDERALLY APPROVED ELECTRONIC DATA SOURCES. The
7 department shall allow an applicant to provide income information more
8 recent than the records of the ~~division of unemployment insurance or the~~
9 ~~income, eligibility, and verification system~~ FEDERALLY APPROVED
10 ELECTRONIC DATA SOURCES.

11 (II) The department shall annually verify the recipient's income
12 eligibility at reenrollment through ~~the records of the division of~~
13 ~~unemployment insurance in the department of labor and employment or~~
14 ~~through the income, eligibility, and verification system~~ FEDERALLY
15 APPROVED ELECTRONIC DATA SOURCES. If a recipient meets all eligibility
16 requirements, a recipient remains enrolled in the plan. The department
17 shall also allow a recipient to provide income information more recent
18 than the records of ~~the division of unemployment insurance or the~~
19 ~~income, eligibility, and verification system~~ FEDERALLY APPROVED
20 ELECTRONIC DATA SOURCES.

21 (III) If the state department determines that a recipient was not
22 eligible for medical benefits solely based upon the recipient's income after
23 the recipient had been determined to be eligible based upon ~~the records~~
24 ~~of the division of unemployment insurance or the income, eligibility, and~~
25 ~~verification system~~ INFORMATION VERIFIED THROUGH FEDERALLY
26 APPROVED ELECTRONIC DATA SOURCES, the state department shall not
27 pursue recovery from a county department for the cost of medical services

1 provided to the recipient, and the county department is not responsible for
2 any federal error rate sanctions resulting from such determination.

3 (IV) Notwithstanding any other provision in this paragraph (a), for
4 applications that contain self-employment income, the state department
5 shall not implement this paragraph (a) until it can verify self-employment
6 income through ~~the income, eligibility, and verification system or other~~
7 ~~verification~~ FEDERALLY APPROVED ELECTRONIC DATA SOURCES as
8 authorized by rules of the state department and federal law.

9 (V) THE COUNTY DEPARTMENT, STATE DEPARTMENT, OR OTHER
10 ENTITY DESIGNATED BY THE STATE DEPARTMENT TO MAKE THE
11 ELIGIBILITY DETERMINATION SHALL AUTOMATICALLY TRANSFER TO THE
12 STATE INSURANCE MARKETPLACE THROUGH A SYSTEM INTERFACE THE
13 APPLICATION DATA AND VERIFICATIONS OF A CHILD OR PREGNANT WOMAN
14 WHO IS DETERMINED INELIGIBLE FOR MEDICAL ASSISTANCE BENEFITS
15 PURSUANT TO THIS SECTION.

16 **SECTION 9.** In Colorado Revised Statutes, 13-3-113, **amend** (5)
17 (b) (V) (C) as follows:

18 **13-3-113. "Family-friendly Courts Act". (5) Grant**
19 **applications - duties of judicial districts.** (b) The state court
20 administrator, in determining which judicial districts may receive grant
21 moneys pursuant to this section, shall consider the extent that a judicial
22 district is responsible for:

23 (V) Soliciting information from community-based organizations,
24 faith communities, governmental entities, schools, community mental
25 health centers, local nonprofit or not-for-profit agencies, local law
26 enforcement agencies, businesses, and other community service providers
27 about the following services and resources for the purpose of providing

1 such information to patrons of the family-friendly court services:

2 (C) Information related to health insurance and health care
3 coverage, including but not limited to the children's basic health plan and
4 dental health plan, established pursuant to article 8 of title 25.5, C.R.S.,
5 and ~~the baby and kid care program, established~~ CHILDREN ELIGIBLE FOR
6 THE MEDICAL ASSISTANCE PROGRAM pursuant to ~~section 25.5-5-205~~
7 ARTICLE 5 OF TITLE 25.5, C.R.S.;

8 **SECTION 10.** In Colorado Revised Statutes, 24-22-117, **amend**
9 (2) (a) (II) (I) as follows:

10 **24-22-117. Tobacco tax cash fund - accounts - creation -**
11 **legislative declaration.** (2) There are hereby created in the state treasury
12 the following funds:

13 (a) (II) Except as provided in subparagraph (III) of this paragraph
14 (a), for fiscal year 2005-06 and each fiscal year thereafter, moneys in the
15 health care expansion fund shall be annually appropriated by the general
16 assembly to the department of health care policy and financing for the
17 following purposes:

18 (I) To provide funding for extending medicaid eligibility for
19 persons who are in the foster care system immediately prior to
20 emancipation, as set forth in section ~~25.5-5-201 (1) (n)~~ 25.5-5-101 (1) (e),
21 C.R.S.

22 **SECTION 11.** In Colorado Revised Statutes, **amend** 25.5-4-208
23 as follows:

24 **25.5-4-208. County duties - transitional medicaid.** County
25 departments shall assist families in completing the reporting requirements
26 for transitional medicaid. This shall include informing ~~1931 medicaid~~
27 recipients, ~~as defined in section 25.5-4-103 (1),~~ FAMILIES of the

1 transitional medicaid eligibility requirements and the required reporting
2 calendar.

3 **SECTION 12.** In Colorado Revised Statutes, 25.5-5-301, **amend**
4 (4) as follows:

5 **25.5-5-301. Clinic services.** (4) "Clinic services" also means
6 preventive, diagnostic, therapeutic, rehabilitative, or palliative items or
7 services that are furnished to a pregnant woman who is enrolled or
8 eligible for services pursuant to section 25.5-5-101 (1) (c) or ~~25.5-5-205~~
9 25.5-5-201 (1) (m.5) in a facility that is not a part of a hospital but is
10 organized and operated as a freestanding alcohol or drug treatment
11 program approved and licensed by the unit in the department of human
12 services that administers behavioral health programs and services,
13 including those related to mental health and substance abuse, pursuant to
14 section 27-80-108 (1) (c), C.R.S.

15 **SECTION 13.** In Colorado Revised Statutes, 25.5-5-309, **amend**
16 (1) as follows:

17 **25.5-5-309. Pregnant women - needs assessment - referral to**
18 **treatment program.** (1) The health care practitioner for each pregnant
19 woman who is enrolled or eligible for services pursuant to section
20 25.5-5-101 (1) (c) or ~~25.5-5-205~~ 25.5-5-201 (1) (m.5) shall be encouraged
21 to identify as soon as possible after such woman is determined to be
22 pregnant whether such woman is at risk of a poor birth outcome due to
23 substance abuse during the prenatal period and in need of special
24 assistance in order to reduce such risk. If the health care practitioner
25 makes such a determination regarding any pregnant woman, the health
26 care practitioner shall be encouraged to refer such woman to any entity
27 approved and licensed by the department of human services for the

1 performance of a needs assessment. Any pregnant woman who is eligible
2 for services pursuant to section ~~25.5-5-205~~ 25.5-5-201 (1) (m.5) may refer
3 herself for such needs assessment.

4 **SECTION 14. Safety clause.** The general assembly hereby finds,
5 determines, and declares that this act is necessary for the immediate
6 preservation of the public peace, health, and safety.