## Second Regular Session Sixty-ninth General Assembly STATE OF COLORADO

## REENGROSSED

This Version Includes All Amendments Adopted in the House of Introduction HOUSE BILL 14-1211

LLS NO. 14-0278.01 Brita Darling x2241

### HOUSE SPONSORSHIP

Young, Ginal, Singer, Tyler

Tochtrop,

#### SENATE SPONSORSHIP

House Committees Public Health Care & Human Services Appropriations **Senate Committees** 

# A BILL FOR AN ACT

101	CONCERNING	ENSURING	ACCESS	TO QUA	LITY	COMPLEX
102	REHABIL	ITATION TECH	INOLOGY I	N THE ME	DICAID	PROGRAM,
103	AND, IN	CONNECTION	THEREWIT	'H, MAKIN	G AND	REDUCING
104	APPROPR	IATIONS.				

#### **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 <u>http://www.leg.state.co.us/billsummaries.</u>)

The bill requires the department of health care policy and financing (department) to recognize complex rehabilitation technology as

HOUSE 3rd Reading Unamended April 9, 2014

HOUSE Amended 2nd Reading April 8, 2014 a specific need of persons with complex diagnoses or medical conditions that result in significant physical or functional needs.

The department must designate appropriate billing codes as complex rehabilitation technology and establish supplier quality standards for complex rehabilitation technology suppliers. Additionally, the department must require evaluation of complex needs patients by qualified professionals for purposes of identifying appropriate complex rehabilitation technology. Further, the department must develop pricing policies for complex rehabilitation technology.

The bill defines terms relating to complex rehabilitation technology.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, add 25.5-5-323 as
3	follows:
4	25.5-5-323. Complex rehabilitation technology - legislative
5	declaration - definitions. (1) The general assembly finds and
6	DECLARES IT IS IN THE BEST INTERESTS OF THE PEOPLE OF THE STATE OF
7	COLORADO TO:
8	(a) CONTINUE TO PROTECT ACCESS TO IMPORTANT TECHNOLOGY
9	AND SUPPORTING SERVICES FOR ELIGIBLE CLIENTS;
10	(b) ESTABLISH AND IMPROVE CURRENT SAFEGUARDS RELATING TO
11	THE DELIVERY, PROVISION, AND REPAIR OF MEDICALLY NECESSARY
12	COMPLEX REHABILITATION TECHNOLOGY;
13	(c) CONTINUE TO PROVIDE SUPPORTS FOR CLIENTS ACCESSING
14	COMPLEX REHABILITATION TECHNOLOGY TO STAY IN THE HOME OR
15	COMMUNITY SETTING, ENGAGE IN BASIC ACTIVITIES OF DAILY LIVING AND
16	INSTRUMENTAL ACTIVITIES OF DAILY LIVING, INCLUDING EMPLOYMENT,
17	PREVENT INSTITUTIONALIZATION, AND PREVENT HOSPITALIZATION AND
18	OTHER COSTLY SECONDARY COMPLICATIONS; AND
19	(d) CONTINUE ADEQUATE PRICING FOR COMPLEX REHABILITATION

TECHNOLOGY FOR THE PURPOSE OF ALLOWING CONTINUED ACCESS TO
 APPROPRIATE PRODUCTS AND RELATED SERVICES INCLUDING
 MAINTENANCE AND REPAIR.

4 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE
5 REQUIRES:

6 (a) "COMPLEX REHABILITATION TECHNOLOGY" MEANS 7 INDIVIDUALLY CONFIGURED MANUAL WHEELCHAIR SYSTEMS, POWER 8 WHEELCHAIR SYSTEMS, ADAPTIVE SEATING SYSTEMS, ALTERNATIVE 9 POSITIONING SYSTEMS, STANDING FRAMES, GAIT TRAINERS, AND 10 SPECIFICALLY DESIGNATED OPTIONS AND ACCESSORIES CLASSIFIED AS 11 DURABLE MEDICAL EQUIPMENT THAT:

(I) ARE INDIVIDUALLY CONFIGURED FOR INDIVIDUALS TO MEET
THEIR SPECIFIC AND UNIQUE MEDICAL, PHYSICAL, AND FUNCTIONAL NEEDS
AND CAPACITIES FOR BASIC ACTIVITIES OF DAILY LIVING AND
INSTRUMENTAL ACTIVITIES OF DAILY LIVING, INCLUDING EMPLOYMENT,
IDENTIFIED AS MEDICALLY NECESSARY TO PROMOTE MOBILITY IN THE
HOME AND COMMUNITY OR PREVENT HOSPITALIZATION OR
INSTITUTIONALIZATION OF THE CLIENT;

(II) ARE PRIMARILY USED TO SERVE A MEDICAL PURPOSE AND
GENERALLY NOT USEFUL TO A PERSON IN THE ABSENCE OF ILLNESS OR
INJURY; AND

(III) REQUIRE CERTAIN SERVICES PROVIDED BY A QUALIFIED
COMPLEX REHABILITATION TECHNOLOGY PROVIDER TO ENSURE
APPROPRIATE DESIGN, CONFIGURATION, AND USE OF SUCH ITEMS,
INCLUDING PATIENT EVALUATION OR ASSESSMENT OF THE CLIENT BY A
HEALTH CARE PROFESSIONAL, AND THAT ARE CONSISTENT WITH THE
CLIENT'S MEDICAL CONDITION, PHYSICAL AND FUNCTIONAL NEEDS AND

1 CAPACITIES, BODY SIZE, PERIOD OF NEED, AND INTENDED USE.

2 "INDIVIDUALLY CONFIGURED" MEANS THAT A DEVICE HAS (b) 3 FEATURES, ADJUSTMENTS, OR MODIFICATIONS SPECIFIC TO A CLIENT THAT 4 A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIER PROVIDES 5 BY MEASURING, FITTING, PROGRAMMING, ADJUSTING, ADAPTING, AND 6 MAINTAINING THE DEVICE SO THAT THE DEVICE IS CONSISTENT WITH AN 7 ASSESSMENT OR EVALUATION OF THE CLIENT BY A HEALTH CARE 8 PROFESSIONAL AND CONSISTENT WITH THE CLIENT'S MEDICAL CONDITION, 9 PHYSICAL AND FUNCTIONAL NEEDS AND CAPACITIES, BODY SIZE, PERIOD 10 OF NEED, AND INTENDED USE.

(c) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY
PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS CERTIFIED BY THE
REHABILITATION ENGINEERING AND ASSISTIVE TECHNOLOGY SOCIETY OF
NORTH AMERICA OR OTHER NATIONALLY RECOGNIZED ACCREDITING
ORGANIZATIONS AS AN ASSISTIVE TECHNOLOGY PROFESSIONAL.

16 (d) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY
17 SUPPLIER" MEANS A COMPANY OR ENTITY THAT:

18 (I) IS ACCREDITED BY A RECOGNIZED ACCREDITING ORGANIZATION
19 AS A SUPPLIER OF COMPLEX REHABILITATION TECHNOLOGY;

20 (II) MEETS THE SUPPLIER AND QUALITY STANDARDS ESTABLISHED
 21 FOR DURABLE MEDICAL EQUIPMENT SUPPLIERS UNDER THE MEDICARE OR
 22 MEDICAID PROGRAM;

(III) EMPLOYS AT LEAST ONE QUALIFIED COMPLEX
REHABILITATION TECHNOLOGY PROFESSIONAL FOR EACH LOCATION TO:
(A) ANALYZE THE NEEDS AND CAPACITIES OF CLIENTS FOR A
COMPLEX REHABILITATION TECHNOLOGY ITEM IN CONSULTATION WITH

27 THE EVALUATING CLINICAL PROFESSIONALS;

1 (B) ASSIST IN SELECTING APPROPRIATE COMPLEX REHABILITATION 2 TECHNOLOGY ITEMS FOR SUCH NEEDS AND CAPACITIES; AND 3 (C) PROVIDE THE CLIENT TECHNOLOGY-RELATED TRAINING IN THE 4 PROPER USE AND MAINTENANCE OF THE SELECTED COMPLEX 5 REHABILITATION TECHNOLOGY ITEMS; 6 (IV) HAS THE QUALIFIED COMPLEX REHABILITATION TECHNOLOGY 7 PROFESSIONAL DIRECTLY INVOLVED WITH THE ASSESSMENT, AND 8 DETERMINATION OF THE APPROPRIATE INDIVIDUALLY CONFIGURED 9 COMPLEX REHABILITATION TECHNOLOGY FOR THE CLIENT, WITH SUCH 10 INVOLVEMENT TO INCLUDE SEEING THE CLIENT VISUALLY EITHER IN 11 PERSON OR BY ANY OTHER REAL-TIME MEANS WITHIN A REASONABLE TIME 12 FRAME DURING THE DETERMINATION PROCESS. 13 (V) MAINTAINS A REASONABLE SUPPLY OF PARTS, ADEQUATE

PHYSICAL FACILITIES, AND QUALIFIED SERVICE OR REPAIR TECHNICIANS TO
PROVIDE CLIENTS WITH PROMPT SERVICE AND REPAIR OF ALL COMPLEX
REHABILITATION TECHNOLOGY IT SELLS OR SUPPLIES; AND

17 (VI) PROVIDES THE CLIENT WRITTEN INFORMATION AT THE TIME
18 OF SALE AS TO HOW TO ACCESS SERVICE AND REPAIR.

19 THE STATE DEPARTMENT SHALL PROVIDE A SEPARATE (3) 20 RECOGNITION WITHIN THE STATE'S MEDICAID PROGRAM ESTABLISHED UNDER ARTICLES 4, 5, AND 6 OF THIS TITLE FOR COMPLEX REHABILITATION 21 22 TECHNOLOGY AND SHALL MAKE OTHER REOUIRED CHANGES TO PROTECT 23 CLIENT ACCESS TO APPROPRIATE PRODUCTS AND SERVICES. SUCH 24 SEPARATE RECOGNITION MUST TAKE INTO CONSIDERATION THE 25 CUSTOMIZED NATURE OF COMPLEX REHABILITATION TECHNOLOGY AND 26 THE BROAD RANGE OF RELATED SERVICES NECESSARY TO MEET THE 27 UNIQUE MEDICAL AND FUNCTIONAL NEEDS OF CLIENTS AND INCLUDE THE

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1 FOLLOWING:

2 (a) THE STATE DEPARTMENT NOTIFYING THE QUALIFIED 3 REHABILITATION TECHNOLOGY SUPPLIERS CONCERNING THE PARAMETERS 4 OF THE COMPLEX REHABILITATION TECHNOLOGY BENEFIT, WHICH BENEFIT 5 MUST INCLUDE THE USE OF QUALIFIED REHABILITATION TECHNOLOGY 6 SUPPLIERS AS WELL AS BILLING PROCEDURES THAT SPECIFY THE TYPES OF 7 EOUIPMENT IDENTIFIED AND INCLUDED IN THE COMPLEX REHABILITATION 8 TECHNOLOGY BENEFIT. THE STATE DEPARTMENT SHALL CREATE COMPLEX 9 REHABILITATION TECHNOLOGY BENEFIT PARAMETERS THAT ARE EASILY 10 UNDERSTOOD BY AND ACCESSIBLE TO CLIENTS AND QUALIFIED 11 REHABILITATION TECHNOLOGY SUPPLIERS. THE STATE DEPARTMENT SHALL 12 PROVIDE PUBLIC NOTICE NO LATER THAN THIRTY DAYS PRIOR TO A 13 COLLABORATIVE PROCESS THAT INCLUDES DISCUSSION OF ANY PROPOSED 14 CHANGES TO THE TYPES OF EQUIPMENT IDENTIFIED AND INCLUDED IN THE 15 COMPLEX REHABILITATION TECHNOLOGY BENEFIT. 16 (b) ADOPTING SPECIFIC SUPPLIER STANDARDS, AS DESCRIBED IN 17 PARAGRAPH (d) OF SUBSECTION (2) OF THIS SECTION, FOR COMPANIES OR 18 ENTITIES THAT PROVIDE COMPLEX REHABILITATION TECHNOLOGY AND 19 RESTRICTING THE PROVISION OF COMPLEX REHABILITATION TECHNOLOGY 20 TO THOSE COMPANIES OR ENTITIES THAT ARE QUALIFIED COMPLEX 21 REHABILITATION SUPPLIERS; 22 (c) ENSURING THAT CLIENTS RECEIVING COMPLEX REHABILITATION 23 TECHNOLOGY ARE EVALUATED OR ASSESSED, AS NEEDED, BY: 24 (I) A QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING BUT NOT 25 LIMITED TO A LICENSED PHYSICAL THERAPIST, A LICENSED OCCUPATIONAL 26 THERAPIST, OR OTHER LICENSED HEALTH CARE PROFESSIONAL WHO HAS NO 27 FINANCIAL RELATIONSHIP WITH THE QUALIFIED COMPLEX REHABILITATION

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TECHNOLOGY SUPPLIER AND PERFORMS SPECIALTY EVALUATIONS WITHIN
 HIS OR HER SCOPE OF PRACTICE; AND

3 A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY (II)4 PROFESSIONAL EMPLOYED BY THE QUALIFIED COMPLEX REHABILITATION 5 TECHNOLOGY SUPPLIER. THE ASSESSMENT AND DETERMINATION 6 PERFORMED BY THE QUALIFIED COMPLEX REHABILITATION TECHNOLOGY 7 PROFESSIONAL EMPLOYED BY THE OUALIFIED COMPLEX REHABILITATION 8 SUPPLIER SHALL CONTINUE TO BE INCLUDED IN THE REIMBURSEMENT FOR 9 THE PURCHASED OR RENTED COMPLEX REHABILITATION TECHNOLOGY; 10 (d) CONTINUING PRICING POLICIES FOR COMPLEX REHABILITATION

11 TECHNOLOGY, UNLESS SPECIFICALLY PROHIBITED BY THE CENTERS FOR
 12 MEDICARE AND MEDICAID SERVICES, INCLUDING THE FOLLOWING:

13 (I) CONTINUING TO ENSURE THAT THE REIMBURSEMENT AMOUNTS 14 FOR COMPLEX REHABILITATION TECHNOLOGY, REPAIRS, AND SUPPORTING 15 CLINICAL COMPLEX REHABILITATION TECHNOLOGY SERVICES ARE 16 ADEQUATE TO ENSURE THAT QUALIFIED CLIENTS HAVE ACCESS TO THE 17 ITEMS, TAKING INTO ACCOUNT THE UNIQUE NEEDS OF THE CLIENTS AND 18 THE COMPLEXITY AND CUSTOMIZATION OF COMPLEX REHABILITATION 19 TECHNOLOGY. THIS INCLUDES DEVELOPING PRICING POLICIES THAT 20 ENSURE ACCESS TO ADEQUATE AND TIMELY REPAIRS.

(II) EXEMPTING COMPLEX REHABILITATION TECHNOLOGY FROM
 INCLUSION IN COMPETITIVE BIDDING PROGRAMS OR SIMILAR PROCESSES;
 AND

(III) PRESERVING THE OPTION FOR COMPLEX REHABILITATION
TECHNOLOGY TO BE BILLED AND PAID FOR AS A PURCHASE ALLOWING FOR
LUMP SUM PAYMENTS FOR DEVICES WITH A LENGTH OF NEED OF ONE YEAR
OR GREATER, EXCLUDING APPROVED CROSSOVER CLAIMS FOR CLIENTS

- 1 ENROLLED IN MEDICARE AND MEDICAID; AND
- 2 (e) MAKING OTHER CHANGES AS NEEDED TO PROTECT ACCESS TO
  3 COMPLEX REHABILITATION TECHNOLOGY FOR CLIENTS.

4 SECTION 2. In Colorado Revised Statutes, 25.5-5-404, add (1)
5 (v) as follows:

6 **25.5-5-404. Selection of managed care entities.** (1) In addition 7 to any other criteria specified in rule by the state board, in order to 8 participate in the managed care system, the MCE shall comply with 9 specific criteria that include, but are not limited to, the following:

(v) THE MCE SHALL COMPLY WITH PROVISIONS RELATING TO
COMPLEX REHABILITATION TECHNOLOGY ESTABLISHED BY THE STATE
DEPARTMENT PURSUANT TO SECTION 25.5-5-323. THIS PROVISION DOES
NOT APPLY TO ARTICLE 8 OF THIS TITLE.

SECTION 3. Appropriation - adjustments to 2014 long bill.
(1) For the implementation of this act, the general fund appropriation
made in the annual general appropriation act to the controlled
maintenance trust fund created in section 24-75-302.5 (2) (a), Colorado
Revised Statutes, for the fiscal year beginning July 1, 2014, is decreased
by \$16,533.

(2) In addition to any other appropriation, there is hereby
appropriated to the department of health care policy and financing, for the
fiscal year beginning July 1, 2014, the sum of \$51,133, or so much
thereof as may be necessary, comprised of \$16,533 from the general fund
and \$34,600 from federal funds, to be allocated to the executive director's
office for the implementation of this act as follows:

26 (a) \$15,000, comprised of \$7,500 general fund and \$7,500 federal
27 funds, for general administration, general professional services and

1 special projects;

2	(b) \$25,200, comprised of \$6,300 general fund and \$18,900 federal
3	funds, for information technology contracts and projects, Medicaid
4	management information system maintenance and projects; and
5	(c) $$10,933$ , comprised of $$2,733$ general fund and $$8,200$ federal
6	funds, for utilization and quality review contracts, professional services
7	contracts.
8	SECTION 4. Act subject to petition - effective date. This act
9	takes effect January 1, 2015; except that, if a referendum petition is filed
10	pursuant to section 1 (3) of article V of the state constitution against this
11	act or an item, section, or part of this act within the ninety-day period
12	after final adjournment of the general assembly, then the act, item,
13	section, or part will not take effect unless approved by the people at the
14	general election to be held in November 2014 and, in such case, will take
15	effect on January 1, 2015, or on the date of the official declaration of the
16	vote thereon by the governor, whichever is later.