Second Regular Session Seventieth General Assembly STATE OF COLORADO

PREAMENDED

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

LLS NO. 16-0546.01 Brita Darling x2241

HOUSE BILL 16-1277

HOUSE SPONSORSHIP

Lontine and Landgraf,

SENATE SPONSORSHIP

Kefalas and Roberts,

House Committees

101

102

Senate Committees

Public Health Care & Human Services Appropriations

A BILL FOR AN ACT

CONCERNING THE APPEAL PROCESS FOR MEDICAL ASSISTANCE BENEFITS.

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 bill requires the department of health care policy and financing (state department) to give a medicaid recipient a 20-day advance notice if medical assistance benefits are being suspended, terminated, or modified, (intended action) unless certain conditions are met.

Under current law, the state department allows an applicant or

recipient to file an appeal within 30 days after the date of notice of the intended action. The bill extends the time for appeal to 60 days after the effective date of the intended action. If the recipient files an appeal prior to the effective date of the intended action, the recipient's medical assistance benefits will continue unchanged until the completion of the appeal process. If authorized under federal law, the state department may permit a recipient's medical benefits to continue even though the appeal is filed after the effective date of the intended action.

The bill permits an applicant or recipient to request the county dispute resolution process either prior to appeal to the state department or as part of the filing of the appeal.

The county's dispute resolution process must be completed within 30 days of the filing of a request to the county or no later than 10 days before the date of the hearing on the appeal to the state department, whichever is earlier. If the dispute is resolved, the county will assist the applicant or recipient in requesting the dismissal of the state-level appeal.

Except as provided in the bill, the bill requires the person or persons involved in making the decision relating to the intended action to be available for cross-examination if requested by the appellant.

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

1

4

5

6

7

8

9

10

11

12

13

14

SECTION 1. In Colorado Revised Statutes, 25.5-4-207, amend

(1) as follows:

25.5-4-207. Appeals - rules. (1) (a) (I) If an application for medical benefits ASSISTANCE is not acted upon by the county department within a reasonable time after filing of the same, or if an application is denied in whole or in part, or if medical ASSISTANCE benefits are suspended, terminated, or modified, the applicant or recipient, as the case may be, may appeal to the state department in the manner and form prescribed by the rules of the state department. EXCEPT AS PERMITTED UNDER FEDERAL LAW, STATE DEPARTMENT RULES MUST PROVIDE FOR AT LEAST A TEN-DAY ADVANCE NOTICE BEFORE THE EFFECTIVE DATE OF ANY SUSPENSION, TERMINATION, OR MODIFICATION OF MEDICAL ASSISTANCE. THE COUNTY OR DESIGNATED SERVICE AGENCY SHALL NOTIFY THE

-2- 1277

1 APPLICANT OR RECIPIENT IN WRITING OF THE BASIS FOR THE COUNTY'S 2 DECISION OR ACTION AND SHALL INFORM THE APPLICANT OR RECIPIENT OF 3 THE RIGHT TO A COUNTY OR SERVICE AGENCY CONFERENCE UNDER THE 4 DISPUTE RESOLUTION PROCESS DESCRIBED IN PARAGRAPH (b) OF THIS 5 SUBSECTION (1) AND OF THE RIGHT TO A STATE-LEVEL APPEAL AND THE 6 PROCESS FOR APPEAL. 7 (II) THE APPLICANT OR RECIPIENT HAS SIXTY DAYS AFTER THE 8 DATE OF THE NOTICE TO FILE AN APPEAL WITH THE STATE DEPARTMENT. 9 IF THE RECIPIENT FILES AN APPEAL PRIOR TO THE EFFECTIVE DATE OF THE 10 INTENDED ACTION, EXISTING MEDICAL ASSISTANCE BENEFITS MUST 11 AUTOMATICALLY CONTINUE UNCHANGED UNTIL THE APPEAL PROCESS IS 12 COMPLETED, UNLESS THE RECIPIENT REQUESTS IN WRITING THAT MEDICAL 13 ASSISTANCE BENEFITS NOT CONTINUE DURING THE APPEAL PROCESS; 14 EXCEPT THAT, TO THE EXTENT AUTHORIZED BY FEDERAL LAW, THE STATE 15 DEPARTMENT RULES MAY PERMIT EXISTING MEDICAL ASSISTANCE 16 BENEFITS TO CONTINUE UNTIL THE APPEAL PROCESS IS COMPLETED EVEN 17 IF THE RECIPIENT'S APPEAL IS FILED AFTER THE EFFECTIVE DATE OF THE 18 INTENDED ACTION. THE STATE DEPARTMENT SHALL PROMULGATE RULES 19 CONSISTENT WITH FEDERAL LAW THAT PRESCRIBE THE CIRCUMSTANCES 20 UNDER WHICH THE COUNTY OR DESIGNATED SERVICE AGENCY MAY 21 CONTINUE BENEFITS IF AN APPEAL IS FILED AFTER THE EFFECTIVE DATE OF 22 THE INTENDED ACTION. AT A MINIMUM, THE RULES MUST ALLOW FOR 23 CONTINUING BENEFITS WHEN THE RECIPIENT'S HEALTH OR SAFETY IS 24 IMPACTED, THE RECIPIENT WAS NOT ABLE TO TIMELY RESPOND DUE TO THE 25 RECIPIENT'S DISABILITY OR EMPLOYMENT, THE RECIPIENT'S CAREGIVER 26 WAS UNAVAILABLE DUE TO THE CAREGIVER'S HEALTH OR EMPLOYMENT, 27 OR THE RECIPIENT DID NOT RECEIVE THE COUNTY'S OR DESIGNATED

-3-

SERVICE AGENCY'S NOTICE PRIOR TO THE EFFECTIVE DATE OF THE INTENDED ACTION.

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

- (III) EITHER PRIOR TO APPEAL TO THE STATE DEPARTMENT OR AS PART OF THE FILING OF AN APPEAL, THE APPLICANT OR RECIPIENT MAY REQUEST THE DISPUTE RESOLUTION PROCESS DESCRIBED IN PARAGRAPH (b) OF THIS SUBSECTION (1) THROUGH THE COUNTY DEPARTMENT OR SERVICE DELIVERY AGENCY.
- (b) Every county department or service delivery agency shall adopt procedures for the resolution of disputes arising between the county department or the service delivery agency and any applicant for or recipient of medical assistance. prior to appeal to the state department. Such procedures are referred to in this section as the "dispute resolution process". Two or more counties may jointly establish the dispute resolution process. The dispute resolution process shall MUST be consistent with rules promulgated by the state board pursuant to article 4 of title 24, C.R.S. The dispute resolution process shall include an opportunity for all clients to have a county conference, upon the client's request, and such requirement may be met through a telephonic conference upon the agreement of the client and the county department. The dispute resolution process need not conform to the requirements of section 24-4-105, C.R.S., as long as the rules adopted by the state board include provisions specifically setting forth expeditious time frames, notice, and an opportunity to be heard and to present information. If the dispute is not resolved, the applicant or recipient may appeal to the state department in the manner and form prescribed by the rules of the state department. County notices to applicants or recipients shall inform them of the basis for the county's decision or action and shall inform them of

-4- 1277

their rights to a county conference under the dispute resolution process and of their rights to state level appeal and the process of making such appeal If the dispute is resolved through the county or service delivery agency's dispute resolution process and the applicant or recipient has already filed an appeal to the state department, the county shall inform the applicant or recipient of the process for dismissing the appeal.

(c) The state board shall adopt rules setting forth what other issues, if any, may be appealed by an applicant or recipient to the state department. A hearing need not be granted when either state or federal law requires or results in a reduction or deletion of a medical ASSISTANCE benefit unless the applicant or recipient is arguing that his or her case does not fit within the parameters set forth by the change in the law. In notifying the applicant or recipient that an appeal is being denied because of a change in state or federal law, the state's notice shall MUST inform the applicant or recipient that further appeal should be directed to the appropriate state or federal court.

(b) (d) Upon receipt of an appeal, the state department OFFICE OF ADMINISTRATIVE COURTS shall give the appellant at least ten days' notice OF THE HEARING DATE and an opportunity for a fair hearing in accordance with the rules of the state department. Any such THE fair hearing shall MUST comply with section 24-4-105, C.R.S., and the state department's administrative law judge shall preside.

(c) (e) The appellant shall have an opportunity to examine all applications and pertinent records concerning said THE appellant that constitute a basis for the denial, suspension, termination, or modification of medical ASSISTANCE benefits. THE PERSON OR PERSONS INVOLVED IN

-5- 1277

1	THE DECISION DENYING, SUSPENDING, TERMINATING, OR MODIFYING
2	MEDICAL ASSISTANCE BENEFITS OR, IF THE PERSON OR PERSONS ARE NOT
3	REASONABLY AVAILABLE, A PERSON FAMILIAR WITH THE FACTS
4	UNDERLYING THE BASIS FOR THE DECISION, SHALL BE AVAILABLE FOR
5	CROSS-EXAMINATION IF REQUESTED BY THE APPELLANT.
6	SECTION 2. Act subject to petition - effective date. This act
6 7	SECTION 2. Act subject to petition - effective date. This act takes effect September 1, 2016; except that, if a referendum petition is
	• •
7	takes effect September 1, 2016; except that, if a referendum petition is

section, or part will not take effect unless approved by the people at the

general election to be held in November 2016 and, in such case, will take

effect on the date of the official declaration of the vote thereon by the

11

12

13

14

governor.

-6- 1277