

CHAPTER 328

HEALTH CARE POLICY AND FINANCING

HOUSE BILL 07-1374

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also SENATOR(S) Mitchell S., Hagedorn, Schultheis, Renfroe, Kopp, Sandoval, Romer, Boyd, Groff, Kester, May R., Penry, Shaffer, Spence, Taylor, Tupa, and Williams.

AN ACT

CONCERNING LONG-TERM CARE SERVICES UNDER THE "COLORADO MEDICAL ASSISTANCE ACT".

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

SECTION 1. Legislative declaration. (1) The general assembly hereby finds and declares that:

(a) Solutions to address access, quality, and costs within the long-term care system need to include a discussion of the appropriate utilization of nursing homes and other long-term care services;

(b) Colorado has a proud history of being a pioneer in promoting cost-efficient, home- and community-based services as an effective part of the long-term care continuum and in promoting options and choices for elderly and disabled citizens;

(c) Some of Colorado's low-income citizens have stated their preference for home- and community-based options;

(d) The minimum data set from the data use agreement from nursing facilities indicates that at least three thousand six hundred current Colorado nursing facility residents have been identified as wanting to be transited into the community;

(e) Long-term care settings include home health assisted living, nursing facilities, the Colorado mental health institutes, residential care facilities, and other home- and community-based service programs;

(f) Policies need to be established that provide for efficiency in eligibility

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

determinations so that people eligible for home- and community-based services and other long-term care services can receive appropriate services in a timely manner;

(g) A successful pilot program in 2000, called "fast track", demonstrated the ability to transition clients not wanting to enter nursing homes to home- and community-based settings while preventing the loss of their housing and other supportive services;

(h) Home- and community-based services serve a great number of clients in a cost-effective manner;

(i) The long-term care portion of medicaid represents the area with the greatest percentage of expenditures in the program, and the clients needing long-term care represent the most vulnerable clients with the greatest need.

(2) The general assembly therefore declares that a systemic review of the long-term care program is in the best interests of elderly and disabled persons in Colorado and should be conducted to develop sustainability in the long-term care program. This systemic review should include recommendations for ways to determine the most appropriate placement of a client and to ensure that adequate funding is available to support a continuum of long-term care services.

SECTION 2. 25.5-6-104, Colorado Revised Statutes, is amended BY THE ADDITION OF A NEW SUBSECTION to read:

25.5-6-104. Long-term care placements - comprehensive and uniform client assessment instrument - long-term care access study - legislative declaration - definitions - repeal. (4) (a) (I) THE EXECUTIVE DIRECTOR SHALL APPOINT A WORKING GROUP TO STUDY THE ELIGIBILITY PROCESS TO FACILITATE A SEAMLESS TRANSITION FROM A HOSPITAL TO AN APPROPRIATE LONG-TERM CARE SETTING FOR AN INDIVIDUAL WHO IS POTENTIALLY ELIGIBLE FOR LONG-TERM CARE SERVICES UNDER THIS ARTICLE. THE WORKING GROUP MAY CONSIDER MODELS, INCLUDING BUT NOT LIMITED TO FAST TRACK EXPANSION, PRESUMPTIVE ELIGIBILITY, AND OTHER BEST PRACTICES FROM OTHER PROGRAMS AND OTHER STATES. THE WORKING GROUP SHALL CONSIST OF PERSONS KNOWLEDGEABLE OF A VARIETY OF LONG-TERM CARE PROGRAMS AND SHALL BE REPRESENTATIVE OF ALL POPULATIONS SERVED BY COLORADO'S LONG-TERM CARE PROGRAMS AND THE VARIOUS GROUPS PROVIDING SERVICES THROUGH THOSE PROGRAMS.

(II) THE WORKING GROUP SHALL BEGIN WORK ON OR BEFORE AUGUST 1, 2007, AND SHALL SUBMIT A REPORT TO THE EXECUTIVE DIRECTOR ON OR BEFORE DECEMBER 1, 2007. THE REPORT SHALL INCLUDE, BUT NEED NOT BE LIMITED TO, A LIST OF FEDERAL FUNDING OPPORTUNITIES, A TIMELINE AND ESTIMATED ASSOCIATED COSTS FOR THE COMPLETION OF ANY NEEDED SYSTEM CHANGES, AND A SUMMARY OF PROGRESS TO DATE. THE STUDY AND REPORT SHOULD BE BASED ON EVIDENTIARY RESEARCH AND DATA. THE WORKING GROUP MAY SUBMIT TO THE EXECUTIVE DIRECTOR ADDITIONAL REPORTS ON CHANGES RECOMMENDED BY THE WORKING GROUP.

(b) THE STATE DEPARTMENT IS AUTHORIZED TO SEEK ANY NECESSARY FEDERAL APPROVAL TO IMPLEMENT INITIATIVES, RULES, OR PROGRAMS RECOMMENDED BY

THE WORKING GROUP THAT PROMOTE A LONG-TERM CARE SYSTEM THAT MEETS THE NEEDS OF RECIPIENTS IN A MANNER THAT FACILITATES DELIVERY OF HIGH-QUALITY, COST-EFFECTIVE SERVICES, CONSISTENT WITH STATE AND FEDERAL LAW AND WITH THE INTENT OF THIS SUBSECTION (4).

(c) THIS SUBSECTION (4) IS REPEALED, EFFECTIVE JULY 1, 2008.

SECTION 3. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: May 30, 2007