

CHAPTER 132

HEALTH CARE POLICY AND FINANCING

SENATE BILL 12-127

BY SENATOR(S) Newell, Aguilar, Bacon, Foster, Lundberg, Nicholson, Steadman, White, Boyd, Giron, Hudak, Jahn, Roberts, Williams S.;
also REPRESENTATIVE(S) Summers, Court, Fischer, Kefalas, Kerr A., Labuda, Schafer S., Singer, Todd, Tyler, Young.

AN ACT**CONCERNING THE PARTICIPATION OF PROVIDERS OF LONG-TERM CARE IN MEDICAID CARE COORDINATION PROGRAMS.**

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

SECTION 1. In Colorado Revised Statutes, **add** 25.5-6-113 as follows:

25.5-6-113. Health home - integrated services - legislative declaration - contracting - definitions. (1) (a) THE GENERAL ASSEMBLY HEREBY FINDS AND DECLARES THAT:

(I) THE STATE DEMOGRAPHER OFFICE IN THE DEPARTMENT OF LOCAL AFFAIRS ESTIMATES THAT BETWEEN 2005 AND 2015, THE PORTION OF COLORADO'S POPULATION THAT IS OVER SIXTY-FIVE YEARS OF AGE WILL INCREASE BY MORE THAN TWENTY-THREE PERCENT;

(II) THIS DRASTIC INCREASE IN THE POPULATION THAT IS OVER SIXTY-FIVE YEARS OF AGE IS DRIVEN BY THE AGING "BABY BOOMER" GENERATION AND WILL RESULT IN A PARALLEL INCREASE IN A DEMAND FOR COMMUNITY LONG-TERM CARE SERVICES;

(III) OLDER ADULTS, PERSONS WITH DISABILITIES, AND THEIR FAMILIES NEED QUALITY HEALTH CARE COVERAGE AND CHOICE AND FLEXIBILITY IN ACCESSING COMMUNITY LONG-TERM CARE SERVICES THAT SUPPORT THEIR INDEPENDENCE AND ABILITY TO LIVE IN THE LEAST RESTRICTIVE ENVIRONMENT;

(IV) RESEARCH HAS SHOWN THAT OLDER ADULTS SUFFER FROM HIGHER RATES OF DEPRESSION, HAVE A HIGHER RISK OF SUICIDE, AND HAVE AN INCREASED MISUSE OF PRESCRIPTION AND ILLICIT DRUGS, MAKING THE NEED FOR BEHAVIORAL HEALTH CARE SERVICES ESSENTIAL TO LONG-TERM CARE SERVICES;

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

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

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

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

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

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

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

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

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

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

(I) COMPREHENSIVE CARE MANAGEMENT;

(II) CARE COORDINATION AND HEALTH PROMOTION;

(III) COMPREHENSIVE TRANSITIONAL CARE;

(IV) PATIENT AND FAMILY SUPPORT;

(V) REFERRAL TO COMMUNITY AND SOCIAL SUPPORT SERVICES; AND

(VI) THE USE OF HEALTH INFORMATION TECHNOLOGY TO LINK SERVICES, AS IS FEASIBLE AND APPROPRIATE.

(b) THE HEALTH HOME MAY CONSIST OF A MULTI-DISCIPLINARY TEAM, INCLUDING PRIMARY CARE MANAGEMENT PROVIDERS, BEHAVIORAL HEALTH CARE PROVIDERS, CASE MANAGERS, AND PROVIDERS OF LONG-TERM CARE SERVICES AND SUPPORTS, INCLUDING BUT NOT LIMITED TO SINGLE ENTRY POINT AGENCIES, NURSING HOMES, ALTERNATIVE CARE FACILITIES, DAY PROGRAMS FOR THE ELDERLY, HOME CARE AGENCIES, COMMUNITY MENTAL HEALTH CENTERS, HOSPICE AND PALLIATIVE CARE CENTERS, AND COMMUNITY CENTERED BOARDS.

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

(5) DUALY ELIGIBLE CLIENTS MAY VOLUNTARILY ELECT TO PARTICIPATE IN A RECOGNIZED MEDICARE COORDINATED CARE SYSTEM AND MAY VOLUNTARILY ELECT TO PARTICIPATE IN THE STATE DEPARTMENT'S MEDICAID COORDINATED CARE SYSTEM.

SECTION 2. 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: April 23, 2012