MEMORANDUM



To Joint Budget Committee Members

FROM JBC Staff
DATE April 11, 2023

SUBJECT Potential Legislation Packet 7

This packet includes bill drafts and related memos for the Committee's consideration. Each individual item has page numbers but also a packet page number to help navigate the whole document. The page numbers below refer to the packet page number.

POTENTIAL LEGISLATION

Continuous Coverage Feasibility Study LLS 0934 (Kurtz)	1
Audits Of DHCPF Payments To Providers LLS 0975 (Kurtz)	
Justice Reinvestment Crime Prevention Initiative LLS 0966 (Uhl)	
Community First Choice Medicaid Benefit LLS 0965 (Forbes)	
State Reimbursement Of Costs For Certain Elections LLS 0991 (Magnus)	

DRAFT 4/6/23

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LLS NO. 23-0934.01 Chelsea Princell x4335

COMMITTEE BILL

Joint Budget Committee

BILL TOPIC: Continuous Coverage Feasibility Study

	A BILL FOR AN ACT
101	CONCERNING A STUDY TO DETERMINE THE FEASIBILITY OF EXTENDING
102	CONTINUOUS ELIGIBILITY MEDICAL COVERAGE FOR CERTAIN
103	INDIVIDUALS.

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://leg.colorado.gov/.)

Joint Budget Committee. The bill requires the department of health care policy and financing (state department) to conduct a study to determine the feasibility of extending continuous eligibility medical coverage for eligible children and adults.

The state department is required to submit a report detailing its

findings and recommendations from the feasibility study to the joint budget committee of the senate and house of representatives, the governor, and to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or any successor committees, by January 1, 2024.

The state department is required to prepare documents seeking federal authorization to provide continuous eligibility medical coverage to eligible adults and children and include the completed federal authorization documents with its report submitted to the joint budget committee of the senate and house of representatives, the governor, and to the house of representatives public and behavioral health and human services committee and the senate health and human services committee, or any successor committees.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-1-133 as

3 follows:

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THE FOLLOWING:

25.5-1-133. Continuous medical coverage for children and adults feasibility study - report - federal authorization - definition.

6 (1) The state department shall study the feasibility of 7 EXTENDING CONTINUOUS MEDICAL COVERAGE FOR CHILDREN AND

8 ADULTS.

(2) At a minimum, the feasibility study must consider the costs; implementation factors; potential health benefits for individuals and communities, including disadvantaged and marginalized groups; impacts of increased use of preventive and high-value health services; administrative savings; reductions in administrative turnover and coverage loss; the health-related social needs of a given population that gives consideration to housing and food security concerns; and to the

EXTENT PRACTICABLE, SOCIAL AND ECONOMIC IMPACTS WITH RESPECT TO

I	(a) ALLOWING AN ELIGIBLE CHILD, INCLUDING A CHILD WHO
2	WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION
3	25.5-4-103, BUT IS NOT ELIGIBLE AS A RESULT OF THE CHILD'S
4	IMMIGRATION STATUS, TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL
5	ASSISTANCE AND THE CHILDREN'S BASIC HEALTH PLAN FOR TWENTY-FOUR
6	MONTHS SUBSEQUENT TO THE LAST DAY OF THE MONTH IN WHICH THE
7	CHILD WAS ENROLLED;
8	(b) Allowing an eligible child under Six years of age,
9	INCLUDING A CHILD WHO WOULD BE ELIGIBLE FOR MEDICAL ASSISTANCE
10	AS DEFINED IN SECTION 25.5-4-103, BUT IS NOT ELIGIBLE AS A RESULT OF
11	THE CHILD'S IMMIGRATION STATUS, TO REMAIN CONTINUOUSLY ELIGIBLE
12	FOR MEDICAL ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN
13	WITHOUT REGARD TO A CHANGE IN HOUSEHOLD INCOME UNTIL THE CHILD
14	REACHES SIX YEARS OF AGE;
15	(c) Allowing an eligible adult, as defined in subsection
16	(2)(e) OF THIS SECTION, TO REMAIN CONTINUOUSLY ELIGIBLE FOR MEDICAL
17	ASSISTANCE WITHOUT REGARD TO INCOME FOR TWELVE MONTHS
18	SUBSEQUENT TO THE LAST DAY OF THE MONTH IN WHICH THE ADULT WAS
19	ENROLLED. FOR PURPOSES OF THIS SUBSECTION (2)(c), AN "ELIGIBLE
20	ADULT" INCLUDES A PERSON EIGHTEEN YEARS OF AGE OR OLDER WHO:
21	(I) HAS AN INCOME UNDER THIRTY-THREE PERCENT OF THE
22	FEDERAL POVERTY LINE;
23	(II) IS EXPERIENCING HOMELESSNESS; OR
24	(III) HAS BEEN RELEASED FROM A COLORADO PRISON, FEDERAL
25	PRISON, OR HAS BEEN SENTENCED TO AND RELEASED FROM JAIL. FOR
26	PURPOSES OF THIS SUBSECTION (2)(c)(III), THE TWELVE-MONTH
27	ELIGIBILITY PERIOD BEGINS THE DATE OF THE ELIGIBLE ADULT'S RELEASE

1	AND CONTINUES THROUGH THE END OF THE TWELVE-MONTH PERIOD
2	FOLLOWING THE ELIGIBLE INDIVIDUAL'S ADULT'S RELEASE. AN ELIGIBLE
3	ADULT WHOSE ELIGIBILITY DETERMINATION IS MADE AFTER THE ELIGIBLE
4	INDIVIDUAL'S ADULT'S RELEASE BUT BEFORE THE TWELVE-MONTH PERIOD
5	FOLLOWING THE ELIGIBLE ADULT'S RELEASE HAS EXPIRED IS ELIGIBLE FOR
6	CONTINUOUS ELIGIBILITY THROUGH THE END OF THAT TWELVE-MONTH
7	PERIOD FOLLOWING THE ELIGIBLE ADULT'S RELEASE WHICH MAY RESULT
8	IN A CONTINUOUS ELIGIBILITY PERIOD OF LESS THAN TWELVE MONTHS;
9	AND
10	(d) Allowing an adult who is eligible for medical
11	ASSISTANCE AT THE TIME OF ENROLLMENT TO REMAIN CONTINUOUSLY
12	ELIGIBLE FOR MEDICAL ASSISTANCE WITHOUT REGARD TO INCOME FOR
13	TWELVE MONTHS SUBSEQUENT TO THE LAST DAY OF THE MONTH IN WHICH
14	THE ADULT WAS ENROLLED.
15	(3) In conducting the feasibility study pursuant to this
16	SECTION, THE STATE DEPARTMENT SHALL SEEK INPUT FROM RELEVANT
17	STAKEHOLDERS. IN CONDUCTING THE STAKEHOLDER PROCESS, THE STATE
18	DEPARTMENT SHALL:
19	(a) Engage directly with:
20	(I) IMPACTED INDIVIDUALS WHO ARE ENROLLED IN MEDICAL
21	ASSISTANCE OR THE CHILDREN'S BASIC HEALTH PLAN AND WHOSE
22	COVERAGE, OR WHOSE CHILDREN'S COVERAGE, WOULD BE EXTENDED IF
23	LEGISLATION WERE PASSED TO EXTEND CONTINUOUS MEDICAL COVERAGE
24	FOR INDIVIDUALS PURSUANT TO SUBSECTIONS (2)(a) TO (2)(d) OF THIS
25	SECTION;
26	(II) SERVICE PROVIDERS;
27	(III) ADVOCACY ORGANIZATIONS; AND

1	(IV) Individuals working in or representing communities
2	THAT ARE DIVERSE WITH REGARD TO RACE, ETHNICITY, IMMIGRATION
3	STATUS, AGE, ABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR
4	GEOGRAPHIC REGION OF THE STATE AND ARE AFFECTED BY HIGHER RATES
5	OF HEALTH DISPARITIES AND INEQUITIES;
6	(b) Publicly conduct stakeholder meetings, report on the
7	OUTCOMES OF THE MEETINGS, AND PUBLICIZE THE REPORTS IN ENGLISH AS
8	WELL AS TWO OTHER COMMONLY SPOKEN LANGUAGES IN COLORADO;
9	(c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
10	STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS; AND
11	(d) HOLD AT LEAST THREE STAKEHOLDER MEETINGS.
12	(4) On or before January 1, 2024, the state department
13	SHALL SUBMIT A REPORT DETAILING THE FINDINGS AND
14	RECOMMENDATIONS FROM THE FEASIBILITY STUDY TO THE JOINT BUDGET
15	COMMITTEE OF THE SENATE AND THE HOUSE OF REPRESENTATIVES, OR ITS
16	SUCCESSOR COMMITTEE, THE GOVERNOR, AND TO THE HOUSE OF
17	REPRESENTATIVES PUBLIC AND BEHAVIORAL HEALTH AND HUMAN
18	SERVICES COMMITTEE AND THE SENATE HEALTH AND HUMAN SERVICES
19	COMMITTEE, OR ANY SUCCESSOR COMMITTEES.
20	(5) PRIOR TO SUBMITTING THE REPORT PURSUANT TO SUBSECTION
21	(4) OF THIS SECTION, THE STATE DEPARTMENT SHALL PREPARE NECESSARY
22	DOCUMENTS SEEKING FEDERAL AUTHORIZATION TO PROVIDE CONTINUOUS
23	COVERAGE TO THE INDIVIDUALS DESCRIBED IN SUBSECTION (2) OF THIS
24	SECTION IN ACCORDANCE WITH THE FINDINGS AND RECOMMENDATIONS OF
25	THE FEASIBILITY STUDY REQUIRED BY THIS SECTION AND INCLUDE THE
26	COMPLETED DOCUMENTATION WITH THE REPORT DESCRIBED IN

SUBSECTION (4) OF THIS SECTION.

- 1 **SECTION 2. Safety clause.** The general assembly hereby finds,
- determines, and declares that this act is necessary for the immediate
- 3 preservation of the public peace, health, or safety.

DRAFT 4/6/23

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LLS NO. 23-0975.01 Jerry Barry x4341

COMMITTEE BILL

Joint Budget Committee

BILL TOPIC: Audits Of DHCPF Payments To Providers

	A BILL FOR AN ACT	
101	CONCERNING THE REVIEW OF PAYMENTS MADE BY THE DEPARTMENT	
102	OF HEALTH CARE POLICY AND FINANCING TO PROVIDERS.	

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://leg.colorado.gov/.)

Joint Budget Committee. The bill makes the following changes to the reviews and audits of the payments by the department of health care policy and financing (department) to providers:

- The department shall review and audit underpayments and overpayments to providers;
- If the department determines that an overpayment occurred

because services could have been provided at a lower cost setting, the overpayment is the difference between the amount paid and the amount due if the services had been provided under other circumstances;

- Any overpayment review evaluating medical necessity must be conducted by a Colorado physician relying only on the information available at the time of treatment;
- The department shall not declare the existence of an overpayment until providers have exhausted all administrative and judicial remedies;
- If the department determines that there has been an underpayment, the department shall pay the provider the amount due because of the underpayment, plus interest;
- Reimbursement for covered services, including amounts collected for an overpayment, must be in an amount adequate to ensure access to care;
- Audits and reviews must not occur more than 3 years after the date the claim was filed;
- Notices of adverse action that fail to comply with department rules are void;
- In an appeal of a determination of overpayment or underpayment, an administrative law judge's ruling must be published on the department's website and other administrative law judges may rely on previous rulings as precedent;
- The department shall annually identify billing errors common across multiple providers to enable providers to correct the errors:
- The department may contract with a qualified agent to review or audit payments to providers for both overpayments and underpayments and must protect against conflicts of interest;
- In any contingency-based contract for review or audit of payments, the compensation must not exceed 12.5% of the amount of overpayments collected and the amount due because of underpayments determined;
- At least quarterly, the department shall publish on its website an audit activity report detailing current and recently completed audits and reviews and summaries of the findings of such audits and reviews and a copy of the contracts, scopes of work, and information regarding supervision of contractor deliverables for audits and reviews;
- The department shall create a provider advisory group to advise the department on issues that providers have

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

concerning the audits and reviews; and The department shall contract for an independent review of reviews and audits conducted from the 2018-19 to the 2022-23 state fiscal years for compliance with coding practice standards and state law.

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2	SECTION 1. In Colorado Revised Statutes, 25.5-4-301, amend
3	(2) introductory portion, (3)(a)(II), (3)(a)(VI), (3)(a)(VIII), (3)(b)
4	introductory portion, and (3)(b)(I); and add (2)(a)(III), (2)(a)(IV),
5	(2)(a)(V), (2)(a)(VI), (2)(a)(VII), (2)(a)(VIII), (2)(a)(IX), (3)(a)(IX),
6	(3)(b)(VI), (3.5)(c), and (3.5)(d) as follows:
7	25.5-4-301. Recoveries - overpayments and underpayments -
8	penalties - interest - adjustments - liens - review or audit procedures
9	- repeal. (2) Any overpayment or underpayment to a provider,
10	including those of personal needs funds made pursuant to section
11	25.5-6-206, are recoverable regardless of whether the overpayment OR
12	UNDERPAYMENT is the result of an error by the state department, a county
13	department of human or social services, an entity acting on behalf of
14	either department, or by the provider or any agent of the provider as
15	follows:
16	(a) (III) IF THE STATE DEPARTMENT MAKES A DETERMINATION
17	PURSUANT TO SUBSECTION $(2)(a)(I)$ OR $(2)(a)(II)$ OF THIS SECTION THAT
18	AN OVERPAYMENT HAS BEEN MADE FOR A COVERED SERVICE, THE STATE
19	DEPARTMENT SHALL NOT DEMAND FULL REPAYMENT OF THE
20	OVERPAYMENT, AND THE AMOUNT OF THE REPAYMENT IS LIMITED TO THE
21	DIFFERENCE BETWEEN THE AMOUNT PAID AND THE AMOUNT THE STATE
22	DEPARTMENT WOULD HAVE PAID FOR THE COVERED SERVICE UNDER
23	OTHER CIRCUMSTANCES, SUCH AS A DIFFERENT CODE, LOCATION, OR

1	OTHER COVERAGE CRITERIA.
2	(IV) ANY OVERPAYMENT REVIEW EVALUATING MEDICAL
3	NECESSITY MUST BE CONDUCTED BY A PHYSICIAN LICENSED TO PRACTICE
4	IN THIS STATE IN ACCORDANCE WITH 42 CFR 455.508(b), AND IN
5	DETERMINING MEDICAL NECESSITY, ONLY INFORMATION AVAILABLE TO
6	THE TREATING PHYSICIAN AT THE TIME OF TREATMENT MAY BE USED TO
7	MAKE THE DETERMINATION.
8	(V) The state department shall not declare the existence
9	OF AN OVERPAYMENT PURSUANT TO SUBSECTION $(2)(a)(I)$ OR $(2)(a)(II)$ OF
10	THIS SECTION UNTIL PROVIDERS HAVE EXHAUSTED ALL ADMINISTRATIVE
11	AND JUDICIAL REMEDIES.
12	(VI) If the state department makes a determination that an
13	underpayment has been made, the state department shall pay to the
14	provider the amount due because of the underpayment, plus interest
15	accruing at the statutory rate from the date that the state department
16	makes the determination.
17	(VII) REIMBURSEMENT FOR COVERED SERVICES, INCLUDING
18	AMOUNTS COLLECTED FOR AN OVERPAYMENT, MUST BE REIMBURSED AT
19	AN AMOUNT ADEQUATE TO ENSURE ACCESS TO CARE, IN ACCORDANCE
20	WITH 42 U.S.C. SEC. 1396a (a)(30)(A).
21	(VIII) CONSISTENT WITH 42 CFR 455.508(f), AUDITS AND
22	REVIEWS CONDUCTED PURSUANT TO THIS SECTION MUST NOT REVIEW
23	CLAIMS THAT ARE FROM MORE THAN THREE YEARS AFTER THE DATE THE

CLAIM WAS FILED. THE STATE DEPARTMENT SHALL RESCIND ANY PREVIOUS

REQUESTS TO THE FEDERAL GOVERNMENT TO ALLOW AN AUDIT

CONDUCTED PURSUANT TO THIS SECTION TO BE CONDUCTED BEYOND A

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THREE-YEAR PERIOD.

1	(IX) Any notice of adverse action that has previously
2	FAILED OR LATER FAILS TO COMPLY WITH THE SIXTY-DAY DEADLINE SET
3	forth in 42 CFR 455.508, or any informal reconsideration denial
4	THAT HAS PREVIOUSLY FAILED OR LATER FAILS TO COMPLY WITH THE
5	FORTY-FIVE DAY DEADLINE SET FORTH IN SECTION 25.5-4-301, IS VOID. IN
6	SUCH CASES, THE STATE DEPARTMENT WAIVES ANY RIGHT TO RECOVER AN
7	OVERPAYMENT.
8	(3) (a) A review or audit of a provider is subject to the following
9	procedures:
10	(II) The reviewer or auditor shall apply uniform standards and
11	procedures to each class of providers subject to a review or an audit to
12	determine an overpayment OR UNDERPAYMENT.
13	(VI) Whenever possible, the reviewer or auditor shall base a
14	determination of an overpayment OR UNDERPAYMENT to a provider upon
15	a review of actual records of the department, its agents, or the provider.
16	In the event sufficient records are not available to the reviewer or auditor,
17	an overpayment or underpayment determination may be based upon a
18	sampling of records so long as the sampling and any extrapolation
19	therefrom is reasonably valid from a statistical standpoint and is in
20	accordance with generally accepted auditing standards.
21	(VIII) In accordance with paragraph (e) of subsection (2)
22	SUBSECTION (2)(c) of this section, any provider adversely affected by the
23	actions of the state department or its contracting agent in connection with
24	a review or an audit, including whether the state department or its
25	contracting agent adhered to the provisions of this subsection (3) in
26	making an overpayment OR UNDERPAYMENT determination, may appeal
27	such actions pursuant to the provisions of section 24-4-105. C.R.S. IF AN

1	APPEAL PURSUANT TO THIS SUBSECTION (3)(a)(VIII) IS HEARD BY AN
2	ADMINISTRATIVE LAW JUDGE FROM THE OFFICE OF ADMINISTRATIVE
3	COURTS, THE STATE DEPARTMENT SHALL PUBLISH ON ITS WEBSITE THE
4	JUDGE'S FINAL RULING AND OTHER ADMINISTRATIVE LAW JUDGES MAY
5	RELY ON THE PRIOR DECISIONS AS PRECEDENT.

- (IX) AT THE END OF ANY REVIEW OR AUDIT, BUT NOT LESS THAN ANNUALLY, THE STATE DEPARTMENT SHALL IDENTIFY BILLING ERRORS COMMON ACROSS MULTIPLE PROVIDERS AND, FOR AT LEAST THE TEN MOST COMMON ERRORS IDENTIFIED, PUBLISH ON ITS WEBSITE GUIDANCE THAT ENABLES PROVIDERS TO CORRECT THE BILLING ERRORS.
- (b) The state department is authorized to engage the services of a qualified agent through a competitive contract issued pursuant to the state's procurement code for the purpose of conducting a review or audit of a provider to assist in determining whether there has been an overpayment OR UNDERPAYMENT to a provider and the amount of that overpayment OR UNDERPAYMENT. In addition to such terms and conditions as the state department may deem necessary, any contract shall be must protect against conflicts of interest arising from COMMON OWNERSHIP OR CONTROL OF OTHER FUNCTIONS CONDUCTED BY THE STATE DEPARTMENT OR ITS AGENTS AND IS subject to the requirements for conducting a review or an audit in accordance with paragraph (a) of this subsection (3) SUBSECTION (3)(a) OF THIS SECTION. The state department is further authorized to enter into a contract with a qualified agent for the purpose of conducting a review or an audit of a provider that provides that the compensation of the contracting agent shall MUST be contingent and based upon a percentage of the amount of the recovery OF THE OVERPAYMENT collected from the provider AND THE

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UNDERPAYMENT DUE TO A PROVIDER. A contract issued by the state
department for the purpose of conducting a review or an audit of a
provider to determine whether the provider has received an overpayment
shall also be OR UNDERPAYMENT IS subject to the following conditions:

- (I)(A) The compensation paid to the contracting agent under a contingency-based contract shall MUST not exceed eighteen TWELVE AND ONE-HALF percent of the amount finally collected from the provider FOR THE OVERPAYMENT OR THE AMOUNT DUE TO THE PROVIDER FOR AN UNDERPAYMENT, and the state department may establish a limit on the amount of annual compensation that may be paid to a contracting agent under a contingency-based contract and may further establish a limit on the amount that may be paid to a contracting agent under a contingency-based contract for recovery from any one provider.
- (B) WITHIN THIRTY DAYS AFTER THE END OF ANY AGREEMENT WITH A CONTRACTING AGENT IN EFFECT AS OF THE EFFECTIVE DATE OF THIS SUBSECTION (3)(b)(I)(B), the state department shall rescind any previous requests to the federal government allowing for contingency payments to exceed twelve and one-half percent.
- (VI) AT LEAST QUARTERLY, THE STATE DEPARTMENT SHALL PUBLISH ON ITS WEBSITE AN AUDIT ACTIVITY REPORT DETAILING CURRENT AND RECENTLY COMPLETED AUDITS AND REVIEWS AND SUMMARIES OF THE FINDINGS OF SUCH AUDITS AND REVIEWS, INCLUDING THE NUMBER AND AMOUNTS OF OVERPAYMENTS AND UNDERPAYMENTS FOUND, THE NUMBER AND RESULTS OF APPEALS, AND THE AMOUNTS COLLECTED. IN ADDITION, WHEN THE STATE DEPARTMENT ENTERS INTO CONTRACTS PURSUANT TO THIS SUBSECTION (3)(b), THE STATE DEPARTMENT SHALL PUBLISH ON ITS WEBSITE A COPY OF THE CONTRACT, SCOPE OF WORK, AND INFORMATION

l REGARDING SUPERVISION OF CONTRACTOR	DELIVERABLES.
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2	(3.5) (c) The state department shall create a provider
3	ADVISORY GROUP FOR RECOVERY AUDITS CONSISTING OF EMPLOYEES OF
4	THE STATE DEPARTMENT AND MEMBERS FROM DIFFERENT PROVIDER
5	GROUPS, INCLUDING PHYSICIANS, HOSPITALS, AND ANY OTHER PROVIDER
6	TYPES DIRECTLY IMPACTED BY AUDITS CONDUCTED PURSUANT TO THIS
7	SECTION APPOINTED BY THE EXECUTIVE DIRECTOR. THE PROVIDER
8	ADVISORY GROUP SHALL MEET AT LEAST QUARTERLY TO REVIEW
9	QUARTERLY ACTIVITY REPORTS REQUIRED BY SUBSECTION (3)(b)(VI) OF
10	THIS SECTION AND ADVISE THE STATE DEPARTMENT ON ISSUES PROVIDERS
11	EXPERIENCE WITH THE AUDITS AND REVIEWS CONDUCTED PURSUANT TO
12	SUBSECTION (3) OF THIS SECTION.
13	(d) (I) During the 2023-24 state fiscal year, the state
14	DEPARTMENT SHALL CONTRACT FOR AN INDEPENDENT REVIEW OF ALL
15	AUDITS CONDUCTED FROM THE 2018-19 TO THE 2022-23 STATE FISCAL
16	YEARS FOR COMPLIANCE WITH CODING PRACTICE STANDARDS AND STATE
17	LAW. THE REVIEW MUST INCLUDE A REPORT TO THE HEALTH AND HUMAN
18	SERVICES COMMITTEE OF THE SENATE AND THE PUBLIC AND BEHAVIORAL
19	HEALTH AND HUMAN SERVICES COMMITTEE OF THE HOUSE OF
20	REPRESENTATIVES, OR THEIR SUCCESSOR COMMITTEES.
21	(II) This subsection (3.5)(d) is repealed, effective July 1,
22	2025.

<{ Does the committee want a safety clause?}>

DRAFT 4/7/23

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LLS NO. 23-0966.01 Zach Blaes x4348

COMMITTEE BILL

Joint Budget Committee

BILL TOPIC: Justice Reinvestment Crime Prevention Initiative

	A BILL FOR AN ACT
101	CONCERNING THE JUSTICE REINVESTMENT CRIME PREVENTION
102	INITIATIVE, AND, IN CONNECTION THEREWITH, MAKING AN
103	APPROPRIATION.

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://leg.colorado.gov/.)

Joint Budget Committee. The justice reinvestment crime prevention initiative (initiative) is administered by the division of local government (division) in the department of local affairs (department) to expand small business lending and provide grants aimed at reducing crime and promoting community development. The initiative consists of

the targeted crime reduction grant program, which provides funding to eligible entities for programs, projects, or direct services aimed at reducing crime and promoting community development in certain target communities, and a statewide business and entrepreneurship training and grant program for justice-system-involved persons.

Currently, the targeted crime reduction grant program cash fund (fund) is continuously appropriated to the department for the purposes of these 2 grant programs. The bill specifies that for state fiscal year 2023-24 and subsequent fiscal years, the department may expend money from the fund subject to annual appropriation and that the department may use any remaining appropriated money during the year following the year for which the general assembly appropriated the money.

The bill specifies that the statewide business and entrepreneurship training and grant program for justice-system-involved persons will be repealed on September 1, 2024.

The department may expend money from the justice reinvestment initiative expansion account (account) in the fund for the purposes of expanding the targeted crime reduction grant program to Grand Junction and Trinidad and to implement the grant program for justice-system-involved persons. Currently, the state treasurer is required to transfer any money remaining in the account to the general fund on July 1, 2023, and the account will be repealed on September 1, 2023. The bill changes the repeal date of the account to September 1, 2024, and requires the state treasurer to transfer any money remaining in the account to the fund on July 1, 2024. The bill specifies that the department may expend the transferred money for the targeted crime reduction grant program and the grant program for justice-system-involved persons.

Finally, the bill clarifies that the initiative is repealed, effective September 1, 2027, and that the department of regulatory agencies will review the initiative for repeal, continuation, or reestablishment before the initiative is repealed.

- 1 Be it enacted by the General Assembly of the State of Colorado:
- 2 SECTION 1. In Colorado Revised Statutes, 24-32-120, amend
- 3 (2)(i)(III), (2)(i)(III.3) introductory portion, (2)(i)(III.3)(D), (2)(i)(III.5),
- 4 and (3); and **add** (2.5)(g) as follows:
- 5 **24-32-120.** Justice reinvestment crime prevention initiative -
- 6 **program rules cash funds reports repeal.** (2) (i) (III) THROUGH
- 7 STATE FISCAL YEAR 2022-23, money in the fund is continuously

1	appropriated to the department of local affairs for the grant program
2	developed pursuant to this subsection (2) and subsection (2.5) of this
3	section. For state fiscal year 2023-24 and subject to annual
4	APPROPRIATION, THE DEPARTMENT MAY EXPEND MONEY FROM THE FUND
5	FOR THE GRANT PROGRAM DEVELOPED PURSUANT TO SUBSECTIONS (2)
6	AND (2.5) OF THIS SECTION, AND THE DEPARTMENT MAY USE, FOR THE
7	PURPOSES SPECIFIED IN THIS SUBSECTION (2)(i)(III), ANY MONEY
8	APPROPRIATED OR TRANSFERRED TO THE FUND THAT REMAINS IN THE
9	FUND AT THE END OF STATE FISCAL YEAR 2023-24 DURING STATE FISCAL
10	YEAR 2024-25. FOR STATE FISCAL YEAR 2024-25 AND SUBSEQUENT FISCAL
11	YEARS AND SUBJECT TO ANNUAL APPROPRIATION, THE DEPARTMENT MAY
12	EXPEND MONEY FROM THE FUND FOR THE GRANT PROGRAM DEVELOPED
13	PURSUANT TO SUBSECTION (2) OF THIS SECTION, AND THE DEPARTMENT
14	MAY USE, FOR THE PURPOSE SPECIFIED IN THIS SUBSECTION $(2)(i)(III)$, ANY
15	MONEY APPROPRIATED TO THE FUND THAT REMAINS IN THE FUND DURING
16	THE FISCAL YEAR FOLLOWING THE FISCAL YEAR FOR WHICH THE GENERAL
17	ASSEMBLY APPROPRIATED THE MONEY.
18	(III.3) There is hereby created a special account within the fund
19	to be known as the justice reinvestment initiative expansion account. On
20	June 30, 2021, the state treasurer shall transfer three million five hundred
21	thousand dollars from the general fund to the account. Money in the
22	account is continuously appropriated to the department to be used by the
23	department as set forth in this subsection (2)(i)(III.3) and subsection
24	(2)(i)(III.5) of this section. The state treasurer shall credit all interest and
25	income derived from the deposit and investment of money in the account
26	to the account. In state fiscal year 2021-22, the department may use one
27	million seven hundred fifty thousand dollars in the account as follows:

1	(D) This subsection (2)(i)(III.3) is repealed, effective September
2	1, 2023 September 1, 2024.
3	(III.5) (A) In state fiscal year 2022-23 AND STATE FISCAL YEAR
4	2023-24, the department may use any remaining money in the account for
5	the same purposes and in the percentages set forth in subsection
6	(2)(i)(III.3) of this section. On July 1, 2023 JULY 1, 2024, the state
7	treasurer shall transfer any unexpended and unencumbered money
8	remaining in the account to the general fund.
9	(B) This subsection (2)(i)(III.5) is repealed, effective September
10	1, 2023 September 1, 2024.
11	(2.5) (g) This subsection (2.5) is repealed, effective
12	SEPTEMBER 1, 2024.
13	(3) Subsections (2) and (2.5) of this section and this subsection (3)
14	are This section is repealed, effective September 1, 2027. Before such
15	repeal, the department of regulatory agencies shall review the justice
16	reinvestment crime prevention initiative pursuant to section 24-34-104.
17	SECTION 2. Appropriation. For the 2023-24 state fiscal year,
18	\$3,000,000 is appropriated to the department of local affairs. This
19	appropriation is from reappropriated funds in the targeted crime reduction
20	grant program cash fund created in section 24-32-120 (2)(i)(I). To
21	implement this act, the department of local affairs may use this
22	appropriation for crime prevention initiative grants.
23	SECTION 3. Safety clause. The general assembly hereby finds,
24	determines, and declares that this act is necessary for the immediate
25	preservation of the public peace, health, or safety.

DRAFT 4/7/23

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LLS NO. 23-0965.01 Shelby Ross x4510

COMMITTEE BILL

Joint Budget Committee

BILL TOPIC: Community First Choice Medicaid Benefit **DEADLINES:** File by: 4/7/2023

	A BILL FOR AN ACT
101	CONCERNING SEEKING AN AMENDMENT TO THE MEDICAID STATE PLAN
102	TO IMPLEMENT THE COMMUNITY FIRST CHOICE OPTIONAL
103	BENEFIT.

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://leg.colorado.gov/.)

Joint Budget Committee. The bill requires the department of health care policy and financing (department) to seek federal authorization through an amendment to the state medical assistance plan to implement the community first choice option.

The bill requires the state plan amendment to include personal care

services, homemaker services, health maintenance activities, personal emergency response system and other emergency back-up services, and voluntary training on how to select, manage, and dismiss an attendant.

The bill authorizes the department to provide permissible services and supports that are linked to an assessed need or goal in an individual's person-centered service plan, including transition costs and expenditures relating to increasing an individual's independence or reducing reliance on human assistance.

To be eligible for the community first choice option, an individual must:

- Be eligible for the state medical assistance program;
- Be in an eligibility group under the state medical assistance program that includes nursing facility services, or if in an eligibility group that does not include nursing facility services, have an income that is at or below 150% of the federal poverty level; or
- Receive an annual determination that in the absence of home- and community-based attendant services and supports, the individual would require the level of care furnished in certain care settings.

The bill makes conforming amendments to remove the services provided through the community first choice option from other long-term care waiver programs.

1	De il enaciea by the General Assembly of the state of Colorado.
2	SECTION 1. In Colorado Revised Statutes, add part 19 to article
3	6 of title 25.5 as follows:
4	PART 19
5	COMMUNITY FIRST CHOICE
6	25.5-6-1901. Definitions. As used in this part 19, unless the
7	CONTEXT OTHERWISE REQUIRES:
8	(1) "ELECTRONIC MONITORING" MEANS THE INSTALLATION,
9	PURCHASE, OR RENTAL OF ELECTRONIC MONITORING DEVICES THAT
10	ENABLE AN INDIVIDUAL TO SECURE HELP IN THE EVENT OF AN EMERGENCY;
11	PROVIDE THE INDIVIDUAL REMINDERS ABOUT MEDICAL APPOINTMENTS,
12	TREATMENT, OR MEDICATION SCHEDULES; ARE REQUIRED BECAUSE OF THE

Ro it angeted by the Congral Assembly of the State of Colorado:

1	INDIVIDUAL'S ILLNESS, IMPAIRMENT, OR DISABILITY; AND INCLUDE
2	PERSONAL EMERGENCY RESPONSE SYSTEMS AND MEDICATION REMINDERS
3	THROUGH AN AUTOMATED MEDICATION DISPENSING SYSTEM.
4	(2) "HEALTH MAINTENANCE ACTIVITIES" MEANS ROUTINE AND
5	REPETITIVE HEALTH-RELATED TASKS FURNISHED TO A MEMBER IN THE
6	COMMUNITY OR IN THE MEMBER'S HOME THAT ARE NECESSARY FOR THE
7	HEALTH AND NORMAL BODILY FUNCTIONING THAT A PERSON WITH A
8	DISABILITY IS PHYSICALLY UNABLE TO CARRY OUT. "HEALTH
9	MAINTENANCE ACTIVITIES" INCLUDES SKILLED TASKS TYPICALLY
10	PERFORMED BY A CERTIFIED NURSING ASSISTANT OR A LICENSED NURSE
11	THAT DOES NOT REQUIRE THE CLINICAL ASSESSMENT AND JUDGMENT OF

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A LICENSED NURSE.

- (3) "HOMEMAKER SERVICES" MEANS GENERAL HOUSEHOLD ACTIVITIES PROVIDED BY AN ATTENDANT IN A MEMBER'S HOME TO MAINTAIN A HEALTHY AND SAFE ENVIRONMENT FOR THE MEMBER THROUGH HANDS-ON ASSISTANCE, SUPERVISION, OR CUEING. "HOMEMAKER SERVICES" MUST ONLY BE PROVIDED IN THE MEMBER'S PRIMARY LIVING SPACE AND MULTIPLE ATTENDANTS SHALL NOT BE REIMBURSED FOR DUPLICATING SUCH SERVICES.
- (4) "PERSONAL CARE SERVICES" MEANS SERVICES THAT ARE FURNISHED TO A MEMBER TO MEET THE MEMBER'S PHYSICAL, MAINTENANCE, AND SUPPORTIVE NEEDS THROUGH HANDS-ON ASSISTANCE, SUPERVISION, OR CUEING THAT DO NOT REQUIRE A NURSE'S SUPERVISION OR PHYSICIAN'S ORDER.
- **25.5-6-1902. Community first choice option covered services state plan amendment.** (1) No later than July 1, 2025, the state department shall seek federal authorization through an

1	AMENDMENT TO THE STATE MEDICAL ASSISTANCE PLAN TO IMPLEMENT
2	THE COMMUNITY FIRST CHOICE OPTION.
3	(2) At a minimum, the state plan amendment must provide
4	FOR, BUT IS NOT LIMITED TO:
5	(a) THE FOLLOWING SERVICES:
6	(I) PERSONAL CARE SERVICES;
7	(II) HOMEMAKER SERVICES;
8	(III) HEALTH MAINTENANCE ACTIVITIES;
9	(IV) ELECTRONIC MONITORING SERVICES; AND
10	(V) VOLUNTARY TRAINING ON HOW TO SELECT, MANAGE, AND
11	DISMISS AN ATTENDANT; AND
12	(b) The delivery of covered services, if applicable,
13	THROUGH:
14	(I) IN-HOME SUPPORT SERVICES;
15	(II) CONSUMER-DIRECTED SERVICES AND SUPPORTS; AND
16	(III) LICENSED HOME CARE SERVICES.
17	25.5-6-1903. Permissible services and supports. (1) THE STATE
18	DEPARTMENT MAY PROVIDE PERMISSIBLE SERVICES AND SUPPORTS THAT
19	ARE LINKED TO AN ASSESSED NEED OR GOAL IN THE INDIVIDUAL'S
20	PERSON-CENTERED SERVICE PLAN. PERMISSIBLE SERVICES AND SUPPORTS
21	MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:
22	(a) Expenditures for transition costs, such as rent and
23	UTILITY DEPOSITS, FIRST MONTH'S RENT AND UTILITIES, BEDDING, BASIC
24	KITCHEN SUPPLIES, AND OTHER NECESSITIES LINKED TO AN ASSESSED NEED
25	FOR AN INDIVIDUAL TO TRANSITION FROM A NURSING FACILITY,
26	INSTITUTION FOR BEHAVIORAL OR MENTAL HEALTH DISORDERS, OR
27	INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL

1	DISABILITIES, TO A HOME- AND COMMUNITY-BASED SETTING WHERE THE
2	INDIVIDUAL RESIDES; AND
3	(b) Expenditures relating to a need identified in an
4	INDIVIDUAL'S PERSON-CENTERED SERVICE PLAN THAT INCREASES AN
5	INDIVIDUAL'S INDEPENDENCE OR SUBSTITUTES FOR HUMAN ASSISTANCE,
6	TO THE EXTENT THAT WOULD OTHERWISE BE MADE FOR HUMAN
7	ASSISTANCE.
8	25.5-6-1904. Maintenance of effort. In Implementing the
9	COMMUNITY FIRST CHOICE OPTION, THE STATE DEPARTMENT SHALL
10	ENSURE CONTINUITY OF SUPPORT FOR ELIGIBLE INDIVIDUALS WHO WERE
11	RECEIVING SERVICES AS OF JULY 1, 2025, AND WHO HAVE MAINTAINED
12	ELIGIBILITY IN THE STATE MEDICAL ASSISTANCE PROGRAM SINCE THAT
13	DATE.
14	25.5-6-1905. Eligibility. (1) To be eligible for the community
15	FIRST CHOICE OPTION, AN INDIVIDUAL MUST:
16	(a) BE ELIGIBLE FOR THE STATE MEDICAL ASSISTANCE PROGRAM;
17	(b) Be in an eligibility group under the state medical
18	ASSISTANCE PROGRAM THAT INCLUDES NURSING FACILITY SERVICES, OR
19	IF IN AN ELIGIBILITY GROUP THAT DOES NOT INCLUDE NURSING FACILITY
20	SERVICES, HAVE AN INCOME THAT IS AT OR BELOW ONE HUNDRED FIFTY
21	PERCENT OF THE FEDERAL POVERTY LEVEL. THE STATE DEPARTMENT
22	SHALL DETERMINE WHETHER AN INDIVIDUAL IS AT OR BELOW ONE
23	HUNDRED FIFTY PERCENT OF THE FEDERAL POVERTY LEVEL ON AN ANNUAL
24	BASIS BY APPLYING THE SAME METHODOLOGIES THAT APPLY UNDER THE
25	STATE MEDICAL ASSISTANCE PROGRAM, INCLUDING THE SAME LESS
26	RESTRICTIVE RESOURCE METHODOLOGIES DESCRIBED IN THE FEDERAL
27	"SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1902 (r)(2).

1	(c) (1) RECEIVE AN ANNUAL DETERMINATION THAT IN THE
2	ABSENCE OF THE HOME- AND COMMUNITY-BASED ATTENDANT SERVICES
3	AND SUPPORTS PROVIDED PURSUANT TO THE COMMUNITY FIRST CHOICE
4	OPTION, THE INDIVIDUAL WOULD REQUIRE THE LEVEL OF CARE FURNISHED
5	IN A HOSPITAL, A NURSING FACILITY, AN INTERMEDIATE CARE FACILITY TO
6	AN INDIVIDUAL WITH INTELLECTUAL DISABILITIES, AN INSTITUTION
7	PROVIDING INPATIENT PSYCHIATRIC SERVICES TO AN INDIVIDUAL UNDER
8	TWENTY-ONE YEARS OF AGE, OR AN INSTITUTION FOR BEHAVIORAL OR
9	MENTAL HEALTH DISORDERS FOR AN INDIVIDUAL SIXTY-FIVE YEARS OF
10	AGE OR OLDER IF THE COST COULD BE REIMBURSED UNDER THE STATE
11	MEDICAL ASSISTANCE PROGRAM.
12	(II) THE STATE DEPARTMENT MAY, AT ITS DISCRETION,
13	PERMANENTLY WAIVE THE ANNUAL DETERMINATION FOR AN INDIVIDUAL
14	IF THE STATE DEPARTMENT:
15	(A) DETERMINES THERE IS NO REASONABLE EXPECTATION OF
16	IMPROVEMENT OR SIGNIFICANT CHANGE IN THE INDIVIDUAL'S CONDITION
17	BECAUSE OF THE SEVERITY OF A CHRONIC CONDITION OR THE DEGREE OF
18	IMPAIRMENT OF FUNCTIONAL CAPACITY; AND
19	(B) RETAINS DOCUMENTATION OF THE REASON FOR WAIVING THE
20	INDIVIDUAL'S ANNUAL DETERMINATION REQUIREMENT.
21	(2) For the purposes of meeting the requirements of
22	SUBSECTION (1)(b) OF THIS SECTION, AN INDIVIDUAL WHO QUALIFIES FOR
23	MEDICAL ASSISTANCE PURSUANT TO THE SPECIAL HOME- AND
24	COMMUNITY-BASED WAIVER ELIGIBILITY GROUP DEFINED IN THE FEDERAL
25	"SOCIAL SECURITY ACT", 42 U.S.C. SEC. 1902 (a)(10)(A)(ii)(VI), SHALL
26	Meet all the requirements in 42 U.S.C. sec. $1915(c)$ and receive at
27	LEAST ONE HOME- AND COMMUNITY-BASED WAIVER SERVICE PER MONTH.

1	(3) Individuals receiving services through the community
2	FIRST CHOICE OPTION MUST NOT BE PRECLUDED FROM RECEIVING OTHER
3	HOME- AND COMMUNITY-BASED LONG-TERM CARE SERVICES AND
4	SUPPORTS THROUGH OTHER STATE MEDICAL ASSISTANCE PROGRAM
5	WAIVERS, GRANTS, OR DEMONSTRATION AUTHORITIES.
6	SECTION 2. In Colorado Revised Statutes, 25.5-5-203, repeal
7	(1)(o) as follows:
8	25.5-5-203. Optional programs with special state provisions.
9	(1) Subject to the provisions of subsection (2) of this section, this section
10	specifies programs developed by Colorado to increase federal financial
11	participation through selecting optional services or optional eligible
12	groups. These programs include but are not limited to:
13	(o) Home- and community-based services for children with
14	autism, as specified in part 8 of article 6 of this title.
15	SECTION 3. In Colorado Revised Statutes, 25.5-6-303, repeal
16	(8), (9), (10), (11), (17), and (18) as follows:
17	25.5-6-303. Definitions. As used in this part 3, unless the context
18	otherwise requires:
19	(8) "Electronic monitoring provider" means an entity that meets
20	applicable state, federal, and local requirements and is certified to provide
21	electronic monitoring services.
22	(9) "Electronic monitoring services" means electronic equipment
23	or adaptations or other remote supports that are related to an eligible
24	person's disability and enable the person to remain at home.
25	(10) "Homemaker agency" means any agency that meets
26	applicable state and federal requirements and is state-certified to provide
27	homemaker services.

1	(11) "Homemaker services" means general household activities
2	that are provided by state-certified agencies to maintain a healthy and safe
3	home environment for eligible persons.
4	(17) "Personal care agency" means any agency that meets state
5	and federal requirements and is state-certified to provide personal care
6	services.
7	(18) "Personal care services" means services to meet an eligible
8	person's physical requirements and functional needs, when such services
9	do not require the supervision of a nurse.
10	SECTION 4. In Colorado Revised Statutes, 25.5-6-307, amend
11	(1) as follows:
12	25.5-6-307. Services for the elderly, blind, and disabled.
13	(1) Subject to the provisions of this part 3, home- and community-based
14	services for the elderly, blind, and disabled include only the following
15	services:
16	(a) Adult day care;
17	(b) Alternative care services;
18	(c) Electronic monitoring services;
19	(d) Home modification services;
20	(e) Homemaker services;
21	(f) Nonmedical transportation services;
22	(g) Personal care services;
23	(h) Respite care services;
24	(i) Repealed.
25	(j) Services provided under the consumer-directed care service
26	model, part 11 of this article;
27	(k) In-home support services provided pursuant to part 12 of this

1	article.
2	SECTION 5. In Colorado Revised Statutes, repeal 25.5-6-310 as
3	follows:
4	25.5-6-310. Special provisions - personal care services provided
5	by a family. (1) A member of an eligible person's family, other than the
6	person's spouse, may be employed to provide personal care services to
7	such person.
8	(2) The maximum reimbursement for the services provided by a
9	member of the person's family per year for each client shall not exceed the
10	equivalent of four hundred forty-four service units per year for a member
11	of the eligible person's family.
12	SECTION 6. In Colorado Revised Statutes, 25.5-6-406, repeal
13	(2)(c)(V) and $(2)(c)(VII)$ as follows:
14	25.5-6-406. Appropriations - reimbursement for services -
15	direct support professionals - legislative declaration - definitions.
16	(2) (c) The state department shall immediately seek a six and one-half
17	percent increase in the reimbursement rate for the following services
18	delivered through the home- and community-based services for persons
19	with developmental disabilities, supported living services, and children's
20	extensive supports waivers:
21	(V) Homemaker basic;
22	(VII) Personal care;
23	SECTION 7. In Colorado Revised Statutes, 25.5-6-606, amend
24	(1) as follows:
25	25.5-6-606. Implementation of program for persons with
26	mental health disorders authorized - federal waiver - duties of the
27	department of health care policy and financing and the department

I	of human services - rules. (1) The state department is authorized to seek
2	any necessary waiver from the federal government to develop and
3	implement a home- and community-based services program for persons
4	with major mental health disorders. The program must be designed to
5	provide home- and community-based services to eligible persons.
6	Eligibility may be limited to persons who meet the level of services
7	provided in a nursing facility, and services for eligible persons may be
8	established in state board rules to the extent such eligibility criteria and
9	services are authorized or required by federal waiver. The program must
10	include services provided under the consumer-directed care service model,
11	part 11 of this article 6.
12	SECTION 8. In Colorado Revised Statutes, 25.5-6-703, repeal
13	(6) as follows:
14	25.5-6-703. Definitions. As used in this part 7, unless the context
15	otherwise requires:
16	(6) "Personal care services" means assistance with eating, bathing,
17	dressing, personal hygiene, and activities of daily living. Personal care
18	services include assistance with the preparation of meals, but not the cost
19	of the meals, and homemaker services that are necessary for the health and
20	safety of the recipient.
21	SECTION 9. In Colorado Revised Statutes, 25.5-6-704, repeal
22	(2)(c) and (2)(k) as follows:
23	25.5-6-704. Implementation of home- and community-based
24	services program for persons with brain injury authorized - federal
25	waiver - duties of the department - rules. (2) Services for eligible
26	persons may be established in department rules to the extent authorized or
27	required by federal waiver, but must include at least the following:

1	(c) Personal care services;
2	(k) Services provided under the consumer-directed care service
3	model, part 11 of this article.
4	SECTION 10. In Colorado Revised Statutes, 25.5-6-1101, amendo
5	(4) and (6) as follows:
6	25.5-6-1101. Definitions. As used in this part 11, unless the
7	context otherwise requires:
8	(4) "Eligible person" means a person who is eligible to receive
9	services under parts 3 to 12 of this article or any other home- and
10	community-based service waiver for which the state department has
11	federal waiver authority pursuant to part 19 of this article 6.
12	(6) "Qualified services" means services provided under the eligible
13	person's applicable waiver program and attendant support COMMUNITY
14	FIRST CHOICE OPTION.
15	SECTION 11. In Colorado Revised Statutes, 25.5-6-1102, amendo
16	(2)(a); amend as it will become effective July 1, 2024, (3); and repeat
17	(8) as follows:
18	25.5-6-1102. Service model - consumer-directed care. (2) In
19	order to qualify and to remain eligible for the consumer-directed care
20	service model authorized by this section, a person shall:
21	(a) Be eligible for home- and community-based services under
22	parts 3 to 12 of this article or any other home- and community-based
23	service waiver for which the state department has federal waiver authority
24	COMMUNITY FIRST CHOICE SERVICES PURSUANT TO PART 19 OF THIS
25	ARTICLE 6;
26	(3) The voucher ALLOCATION issued to the eligible person pursuant
27	to this part 11 must be based on the eligible person's historical utilization

of home- and community-based services pursuant to parts 3 to 12 of this
article 6, the case management agency's care plan, or any approved
resource allocation process as determined by the state department and the
department of human services for the eligible person.

(8) Section 25.5-6-310 does not apply to a family member of an eligible person who provides consumer-directed care services to the eligible person pursuant to this part 11.

SECTION 12. In Colorado Revised Statutes, **repeal** 25.5-6-1201 as follows:

25.5-6-1201. Legislative declaration. (1) The general assembly finds that there may be a more effective way to deliver home- and community-based services to the elderly, blind, and disabled; to disabled children; and to persons with spinal cord injuries, that allows for more self-direction in their care and a cost savings to the state. The general assembly also finds that every person that is currently receiving home- and community-based services does not need the same level of supervision and care from a licensed health-care professional in order to meet his or her care needs and remain living in the community. The general assembly, therefore, declares that it is beneficial to the elderly, blind, and disabled clients of home- and community-based services, to clients of the disabled children care program, and to clients enrolled in the spinal cord injury waiver pilot program, for the state department to develop a service that would allow these people to receive in-home support.

(2) The general assembly further finds that allowing clients more self-direction in their care is a more effective way to deliver home- and community-based services to clients with major mental health disorders and brain injuries, as well as to clients receiving home- and

1	community-based supportive living services and children's extensive
2	support services. Therefore, the general assembly declares that it is
3	appropriate for the state department to develop a plan for expanding the
4	availability of in-home support services to include these clients.
5	SECTION 13. In Colorado Revised Statutes, 25.5-6-1202, amend
6	(3)(a) and (4) as follows:
7	25.5-6-1202. Definitions. As used in this part 12, unless the
8	context otherwise requires:
9	(3) "Eligible person" means any person who:
10	(a) Is enrolled in a home- and community-based services waiver
11	program pursuant to this article 6 for which in-home support services are
12	authorized pursuant to state and federal law COMMUNITY FIRST CHOICE
13	SERVICES PURSUANT TO PART 19 OF THIS ARTICLE 6;
14	(4) "Health maintenance activities" means health-related tasks as
15	defined in rule by the state board and include, but are not limited to,
16	catheter irrigation; administration of medication, enemas, and
17	suppositories; and wound care ROUTINE AND REPETITIVE HEALTH-RELATED
18	TASKS FURNISHED TO A MEMBER IN THE COMMUNITY OR IN THE MEMBER'S
19	HOME THAT IS NECESSARY FOR THE HEALTH AND NORMAL BODILY
20	FUNCTIONING THAT A PERSON WITH A DISABILITY IS PHYSICALLY UNABLE
21	TO CARRY OUT. "HEALTH MAINTENANCE ACTIVITIES" INCLUDE SKILLED
22	TASKS TYPICALLY PERFORMED BY A CERTIFIED NURSING ASSISTANT OR A
23	LICENSED NURSE THAT DOES NOT REQUIRE THE CLINICAL ASSESSMENT AND
24	JUDGMENT OF A LICENSED NURSE.
25	SECTION 14. In Colorado Revised Statutes, 25.5-6-1203, amend
26	(1); and repeal (6) as follows:
27	25.5-6-1203. In-home support services - eligibility - licensure

exclusion - in-home su	upport service	agency responsi	bilities - rules
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- (1) The state department shall offer in-home support services as an option for eligible persons who receive home- and community-based COMMUNITY FIRST CHOICE services. In-home support services shall MUST be provided to eligible persons. The state department shall seek any federal authorization that may be necessary to implement this part 12. The state department shall design and implement in-home support services with input from consumers of home- and community-based COMMUNITY FIRST CHOICE services and independent living centers and home- and community-based service providers.
 - (6) Section 25.5-6-310 does not apply to a family member of an eligible person who provides in-home support services to the eligible person pursuant to this part 12. The state board shall promulgate rules, as necessary, to establish limits on reimbursement to family members.

SECTION 15. In Colorado Revised Statutes, **repeal** 25.5-6-1206 as follows:

25.5-6-1206. Report. The state department shall report annually to the joint budget committee of the general assembly and the health and human services committee of the senate, or any successor committee, and the health and environment committee of the house of representatives, or any successor committee, on the implementation of in-home support services. At a minimum the report shall include the cost-effectiveness of providing in-home support services to the elderly, blind, and disabled and to eligible disabled children, the number of persons receiving such services, and any strategies and resources that are available or that are necessary to assist more persons in staying in their homes through the use of in-home support services.

1	SECTION 16. In Colorado Revised Statutes, 25.5-6-1601, amend
2	(2) and (4) as follows:
3	25.5-6-1601. Definitions. As used in this part 16, unless the
4	context otherwise requires:
5	(2) "Health maintenance activities" has the meaning set forth in
6	section 25.5-6-1202 (4) 25.5-6-1901 (2).
7	(4) "Homemaker services" has the meaning AS set forth in section
8	25.5-6-303 (11) 25.5-6-1901 (3).
9	SECTION 17. In Colorado Revised Statutes, 24-75-1104.5,
10	amend (3); and repeal (1.7)(k) as follows:
11	24-75-1104.5. Use of settlement money - programs.
12	(1.7) Except as otherwise provided in subsections (1.3), (1.8), and (5) of
13	this section, and except that disputed payments received by the state in the
14	2015-16 fiscal year or in any year thereafter are excluded from the
15	calculation of allocations pursuant to this subsection (1.7), for the 2016-17
16	fiscal year and for each fiscal year thereafter, the following programs,
17	services, and funds receive the following specified percentages of the total
18	amount of settlement money received by the state in the preceding fiscal
19	year:
20	(k) The Colorado autism treatment fund created pursuant to section
21	25.5-6-805, C.R.S., shall receive two percent of the settlement moneys to
22	pay a portion of the state's share of the annual funding required by the
23	"Home- and Community-based Services for Children with Autism Act",
24	part 8 of article 6 of title 25.5, C.R.S.;
25	(3) Notwithstanding subsection (1.7) of this section, for purposes
26	of sections 23-20-136 (3.5)(a), 25-4-1401 (6), 25-4-1405 (2), 25-23-104
2.7	(2), 25.5-6-805 (2), 25.5-8-105 (3), 26.5-3-507 (2)(e), 26-6.8-102 (2)(d),

1	and 28-5-709 (2)(a), settlement money received and allocated by the state
2	pursuant to subsection (1.7) of this section during the same fiscal year is
3	deemed to be money received for or during the preceding fiscal year.
4	SECTION 18. In Colorado Revised Statutes, repeal part 8 of
5	article 6 of title 25.5.
6	SECTION 19. Effective date. This act takes effect upon passage;
7	except that sections 1 to 17 of this act take effect July 1, 2025.
8	SECTION 20. Safety clause. The general assembly hereby finds,
9	determines, and declares that this act is necessary for the immediate
10	preservation of the public peace, health, or safety.

MEMORANDUM



TO Members of the Joint Budget Committee FROM Abby Magnus, JBC Staff (303-866-2149)

DATE April 11, 2023

SUBJECT LLS23-0991 State Reimbursement of Costs For Certain Elections Bill Draft

The JBC approved draft legislation to change the current structure for the reimbursing counties for the costs of certain elections. This bill draft makes changes to existing statute as outlined below.

SECTION 1-5-505, C.R.S. ELECTION EXPENSES TO BE PAID BY COUNTY

Current statute dictates that counties are responsible for the entirety of costs to conduct all general, primary, and congressional elections. This bill draft amends statute so say that the State will cover 50.0 percent of the total costs to counties related to administering State Primary Elections, beginning in January 2026. The bill draft does not identify a fund source for the source of the State's costs.

SECTION 1-5-505.5, C.R.S. STATE REIMBURSEMENT TO COUNTIES FOR BALLOT MEASURE ELECTIONS

In elections where there is a statewide ballot question, the Department currently subsidizes county costs at a rate of 80 or 90 cents per active registered voter, based on the number of eligible voters registered in each county. This bill draft restructures this system to have the State cover 45.0 percent and counties cover 55.0 percent of the costs of administering elections related to statewide ballot questions. This would go into effect after July 1, 2024. Current statute states the General Assembly shall make appropriations to the department of state from the department of state cash fund or from the general fund for this purpose.

In rare instances, when there are odd-year elections in which the statewide ballot question is the only item on a county ballot, the Department reimburses the county for its actual direct costs. This bill draft does not change this language.

CONSIDERATIONS

- The Department of State currently only audits reported costs for Presidential Primaries. If the State were reimbursing counties annually for a percentage of direct costs, the Department would require an additional 1.0 FTE for their accounting team to complete annual audits. This would require added appropriations of \$64,840 and additional 1.0 FTE beginning in FY 2024-25, annualizing to \$81,758 in FY 2025-26 from the DOS Cash Fund.
- Without clarity on the funding source, the Department of State will prepare for additional expenditures from the DOS Cash Fund, which will mean increased cash fund revenues in FY 2023-24 which will reduce the available General Fund by the increased amount. The Department would also need to submit a budget request for FY 2024-25 to reimburse counties for 45.0 percent of any costs related to statewide ballot questions.
- The Department did not have drafting privileges on this bill, so staff recommends allowing Departmental review for technical issues before the Committee approves a bill draft for introduction.

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LLS NO. 23-0991.01 Nicole Myers x4326

COMMITTEE BILL

Joint Budget Committee

BILL TOPIC: State Reimbursement Of Costs For Certain Elections

	A BILL FOR AN ACT
101	CONCERNING A STATE REIMBURSEMENT TO COUNTIES FOR A PORTION
102	OF THE COSTS INCURRED BY COUNTIES IN CONDUCTING CERTAIN
103	ELECTIONS.

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://leg.colorado.gov/.)

Joint Budget Committee. Currently, counties are responsible for paying the entire cost of conducting general, primary, and congressional vacancy elections. For elections conducted on or after January 1, 2026, the bill requires the state to reimburse each county for 50% of the county's costs to conduct primary elections, including the costs of printing and

supplies.

Currently, for an election in which a state ballot issue or state ballot question is on the ballot of a county, the state reimburses the county for a portion of the cost of conducting the election for the state ballot issue or state ballot question. The state reimbursement rate is either 80 cents or 90 cents per active registered voter, depending on the number of active registered electors in the county. For elections conducted on or after July 1, 2024, the bill requires the state to reimburse each county for 45% of the cost of the duties performed by the county clerk and recorder that relate to conducting the election on the state ballot issue or state ballot question.

1	Be it enacted by the General Assembly of the State of Colorado:
2	SECTION 1. In Colorado Revised Statutes, 1-5-505, amend (1);
3	and add (1.5) as follows:
4	1-5-505. Election expenses to be paid by county - general
5	assembly. (1) Except as provided in section 1-5-505.5 AND SUBSECTION
6	(1.5) OF THIS SECTION, the cost of conducting general, primary, and
7	congressional vacancy elections, including the cost of printing and
8	supplies, shall be IS a county charge, the payment of which shall be IS
9	provided for in the same manner as the payment of other county expenses.
10	(1.5) For elections conducted on or after January 1, 2026,
11	THE STATE SHALL REIMBURSE EACH COUNTY FOR FIFTY PERCENT OF THE
12	COSTS THAT THE COUNTY INCURS IN CONDUCTING A PRIMARY ELECTION,
13	INCLUDING THE COST OF PRINTING AND SUPPLIES. THE REMAINDER OF THE
14	COST THAT THE COUNTY INCURS IN CONDUCING A PRIMARY ELECTION IS A
15	COUNTY CHARGE, THE PAYMENT OF WHICH IS PROVIDED IN THE SAME
16	MANNER AS THE PAYMENT OF OTHER COUNTY EXPENSES.
17	SECTION 2. In Colorado Revised Statutes, 1-5-505.5, amend (3)
18	introductory portion; and add (3.5) as follows:
19	1-5-505.5. State reimbursement to counties for ballot measure

1	elections. (3) EXCEPT AS PROVIDED IN SUBSECTION (3.5) OF THIS SECTION,
2	for any other odd- or even-numbered year election in which a state ballot
3	issue or state ballot question is on the ballot of a particular county, the
4	state shall reimburse such county for the cost of the duties performed by
5	the county clerk and recorder that relate to conducting the election on the
6	ballot issue or ballot question; except that the reimbursement shall be set
7	at the following rates:
8	(3.5) For any odd- or even-numbered year election
9	conducted on or after July 1, 2024, in which a state ballot issue
10	OR STATE BALLOT QUESTION IS ON THE BALLOT OF A PARTICULAR COUNTY,
11	THE STATE SHALL REIMBURSE THE COUNTY FOR FORTY-FIVE PERCENT OF
12	THE COST OF THE DUTIES PERFORMED BY THE COUNTY CLERK AND
13	RECORDER THAT RELATE TO CONDUCTING THE ELECTION ON THE BALLOT
14	ISSUE OR BALLOT QUESTION. THE REMAINDER OF THE COST OF THE DUTIES
15	PERFORMED BY THE COUNTY CLERK AND RECORDER THAT RELATE TO
16	CONDUCTING AN ELECTION ON A BALLOT ISSUE OR BALLOT QUESTION IS A
17	COUNTY CHARGE, THE PAYMENT OF WHICH IS PROVIDED IN THE SAME
18	MANNER AS THE PAYMENT OF OTHER COUNTY EXPENSES.
19	SECTION 3. Safety clause. The general assembly hereby finds,
20	determines, and declares that this act is necessary for the immediate
21	preservation of the public peace, health, or safety.