

3/22/2016

**Keystone Policy Center
Strategic Action Planning Group on Aging
DRAFT Literature Review – Part 3 of 5**

Questions:

- 3. What state and federal legislation and/or key recommendations have been recommended on aging issues since 2000 resulting from studies delineated in the research, data gathering and literature review?

State Legislation

Source: http://tornado.state.co.us/gov_dir/leg_dir/olls/digest_of_bills.htm

Reviewed:

- Health and Environment
- Health Care Policy and Financing
- Human Services – Behavioral Health
- Human Services – Social Services
- Insurance
- Government – State

Searched subject index for key words (aging, elder, older, senior)

Number Effective Date	Topic	Summary
HB 15-1233 5/29/2015	Respite care task force - creation - members - department of human services - report .	The act creates the respite care task force to study the dynamics of supply and demand with regard to respite care services in Colorado. The majority and minority leadership of the Senate and House of Representatives will appoint 6 members to the task force and the Governor will appoint 8 members. The members of the task force will serve without compensation or reimbursement for expenses. The department of human services (department) will assist the task force. The department may contract for an external study of respite care and must provide the final results to the task force. The task force will submit a report to the general assembly by January 31, 2016.

Number Effective Date	Topic	Summary
SB 15-137 8/5/2015	PACE programs - for-profit providers - conversions.	Under current law, nonprofit organizations are authorized to offer the program of all-inclusive care for the elderly (PACE) program. If permitted by federal law, the act authorizes public, private, and for-profit entities, in addition to nonprofit entities, to provide the PACE program. The act requires a nonprofit PACE provider that converts to a for-profit PACE provider to give written notice of the conversion and provide a conversion plan to the attorney general prior to the closing or effective date of the conversion. The act includes the required elements of the conversion plan. The attorney general shall post the conversion plan on-line and allow for public comment on the plan.
HB 15-1033 6/4/2015	Strategic action planning group on aging - action plan - updates - appropriation.	The act establishes a strategic action planning group (group), appointed by the governor, to study issues related to the increasing number of Colorado residents 50 years of age and older and to issue a comprehensive strategic action plan on aging (plan). The act directs specific areas for the group to analyze and to make recommendations. The group shall also make two updates to the plan.
SB 14-151 3/27/2014	Nursing home care - innovations - grants - nursing home innovations grant board - grants from civil penalties moneys - appropriation.	<p>The act makes the following changes to the law governing the use of moneys derived from civil penalties imposed on nursing facilities and used to fund innovations in nursing home care:</p> <ul style="list-style-type: none"> • Changes the name of the NF culture change accountability board to the NH innovations grant board and changes the membership of the board; • Defines "benefit residents of NFs" to specify that grants have a direct impact on the residents of NFs or an indirect impact through education of NF staff; • Deletes language permitting use of grant money to educate state surveyors, supervisors, and the state or local ombudsman; • Deletes language permitting use of grant money for organization newsletters or web sites; • Specifies that programs approved for grants must be portable and not proprietary to the grantee so that programs can be shared without cost to other providers for the benefit of nursing home residents statewide; • Increases the amount available for grants from 25% of the moneys deposited in the NH penalty cash fund (fund) to \$250,000 annually if the balance in the fund is above \$2,000,000. If the balance in the fund falls below \$2,000,000, 25% of the moneys deposited in the fund in the immediately preceding fiscal year may be used for grants. • Directs HCPF to adopt rules implementing procedures for grants; and • Prohibits governmental agencies, except for facilities owned or operated by a governmental agency and licensed as a nursing care facility, from applying for or receiving grants.
HB 14-1360	Home care agencies	The act extends the automatic termination date of the regulation of home care agencies and home care placement

Number Effective Date	Topic	Summary
7/1/2014	<p>- home care placement agencies - continuation of regulation by department of public health and environment - fees - rules - limited regulation of PACE home care service providers - relicensure inspection stay for CCBs and PASAs - reporting requirements - appropriations.</p>	<p>agencies by the CDPHE for 5 years, until 2019, with the following modifications:</p> <ul style="list-style-type: none"> • Requires the department of regulatory agencies (DORA), in its next sunset report of the program, to segregate data based on type of agency and type of services provided; • Clarifies that owners and managers or administrators must obtain a criminal history record check with respect to an application for a home care agency license or home care placement agency registration; • Excludes from the definition of "home care agency" a program of all-inclusive care for the elderly (PACE) that is regulated by HCPF, but specifies the department's regulatory authority over PACE providers that furnish PACE home care services; • Directs the state board of health (state board) to promulgate rules to provide factors for the agencies to consider in determining whether a conviction for an offense should disqualify an applicant for employment with a home care agency or for referral by a home care placement agency as a home care services provider; • Directs the state board to promulgate rules requiring home care placement agencies to retain their records for inspection by the department and establishing fees for home care placement agency registration to cover the direct and indirect costs of the department's oversight of home care placement agencies; • Requires home care placement agencies to apply for a registration from the department by June 1, 2015, and to obtain a registration by January 1, 2016, and specifies that a home care placement agency must obtain and maintain general liability insurance in an amount determined by the state board; • Authorizes the imposition of a civil penalty of up to \$10,000 on a home care placement agency, and subjects the agency to criminal penalties, if the agency fails to comply with registration requirements; • Requires a home care placement agency to disclose in writing to its home care consumer clients, in accordance with state board rules, that it does not employ, direct, control, train, or schedule the home care service providers it refers to home care consumers; • Authorizes the department to inspect home care placement agencies' records and to deny an initial registration application; suspend, revoke, or refuse to renew a registration; or impose intermediate restrictions or conditions on a registered home care placement agency if the agency is not complying with its statutory requirements; • Limits the scope of the initial licensure inspection of a community-centered board (CCB) or program-approved service agency (PASA) seeking a home care agency license if the CCB or PASA has been certified or recertified by HCPF within the previous 12 months and has satisfied all requirements for the certification as a provider of services to individuals with developmental disabilities under the supported living services (SLS) waiver or the children's extensive support (CES) waiver program administered by HCPF;

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		<ul style="list-style-type: none"> • Institutes a 2-year stay on relicensure inspections of CCBs and PASAs that provide in-home personal care services to home care consumers who are recipients of services under the SLS or CES waiver program; • Requires the department, during the stay of relicensure inspections of CCBs and PASAs, to convene a work group to develop a plan, by September 1, 2015, to eliminate conflicts and gaps between the requirements imposed on CCBs and PASAs for licensure by the department and the requirements for certification by HCPF, which plan must specify the rules of the state board and the medical services board that require modification to eliminate the conflicts and gaps, and requires the respective boards to adopt necessary rules by July 1, 2016; and • Requires the 2 departments, during their "SMART Act" hearings before their joint legislative committees of reference, to report their progress on resolving conflicts and eliminating gaps in the rules applicable to CCBs and PASAs that provide in-home personal care services.
SB 14-130 7/1/2014	Nursing facility - personal needs allowance - increase - appropriations.	The act changes the personal needs allowance by increasing from \$50 to \$75 per month the minimum amount payable to a resident of a NF or an intermediate care facility for individuals with intellectual disabilities. Additionally, on January 1, 2015, and on January 1 of each year thereafter, the basic minimum amount is increased by the same percentage increase as the NF provider reimbursement rate. Any decrease in patient payments to NFs is fully funded by payments from the state general fund and applicable federal funds.
SB 14-143 5/15/14	Medicaid - nursing facility cash fund - provider reimbursement appeals.	The act authorizes appropriations from the Medicaid nursing facility cash fund to satisfy settlements or judgments resulting from nursing facility provider reimbursement appeals.
SB 14-180 5/31/2014	Dental services for low-income seniors – transfer to HCPF – appropriation.	<p>There is currently a program in CDPHE to provide dental services to eligible low-income seniors. As of July 1, 2015, the act moves the program to HCPF. The act directs HCPF to make grants to qualified grantees to provide or arrange for the provisions of dental services for eligible seniors. The act directs the medical services board (board) to promulgate rules governing the program and establishes a senior dental advisory committee to make recommendations to the department and the board.</p> <p>The act directs CDPHE to continue to provide dental services to eligible seniors who are not eligible for other public dental programs and repeals the existing program as of January 1, 2016.</p>

Number Effective Date	Topic	Summary
HB 14-1357 3/1/2015	Medicaid – home- and community-based services – in-home support services – appropriation.	<p>The act makes changes to the in-home support services (IHSS) delivery model for home- and community-based services (HCBS). The changes include:</p> <ul style="list-style-type: none"> • Expanding IHSS to include persons enrolled in the spinal cord injury (SCI) waiver pilot program; • Clarifying that IHSS may be provided in the home or in the community; • Clarifying that the person receiving services, or his or her authorized representative, may schedule, manage, supervise, and direct the work of the attendant providing services; • Requiring the state board of medical services rules for IHSS to include rules that permit the person receiving services, or his or her representative, in conjunction with the IHSS agency to determine the amount of oversight needed in connection with the person's IHSS; • Permitting family members to be reimbursed for IHSS provided to eligible persons and requiring the medical services board to promulgate rules, as necessary, regarding reimbursement for services; and • Amending statutory provisions for the elderly, blind, and disabled (EBD) waiver to reflect current law permitting persons enrolled in the waiver to receive IHSS. <p>The act also requires HCPF, on or before March 1, 2015, to develop a plan to expand the provision of IHSS to include clients eligible for other HCBS waivers and to report to the general assembly concerning the plan.</p>
HB 14-1358 5/22/2014	Medicaid – home- and community-based services – in-home support services – continuation of program.	<p>The act continues IHSS until September 1, 2019, and requires a review of the program by DORA prior to repeal.</p> <p>The act permits persons who are participating in the SCI waiver program to receive IHSS.</p>
HB 14-1362 6/6/2014	Visitation of great-grandchildren by great-grandparents – standing.	<p>The act amends the statutory provisions concerning visitation rights of grandparents and disputes concerning grandparent visitation to include great-grandparents, without changing the eligibility requirements or process outlined in the existing statutes.</p> <p>The act adds the definition for great-grandparent to the statute.</p>

Number Effective Date	Topic	Summary
SB 14-98 4/7/2014	Crimes against the person – criminal exploitation of at-risk elders.	<p>The act adds language that allows for "other thing of value" to the current definition of exploitation of at-risk elders, which currently includes "money, assets, or property". Language is added to the definition of "abuse" to include "exploitation". Language confining the action to someone "who exercises authority over an at-risk elder" is removed from the definition of "undue influence".</p> <p>Instead of referencing the crime of theft, the bill establishes a new crime of criminal exploitation of an at-risk elder. Reporting requirements related to the mistreatment, neglect, or exploitation of at-risk elders are modified so that the reports no longer have to be forwarded to the district attorney's office, but rather to a local law enforcement agency or county department of social services.</p>
HB 13-1152 5/3/2013	Medicaid – nursing facilities – per diem rate – appropriations.	The act reduces the general fund portion of the per diem rate paid to NFs commencing in the 2013-14 fiscal year and continuing in each fiscal year thereafter.
HB 13-1199 3/22/2013	Nursing home provider fee – continuing care retirement communities.	The act clarifies what types of continuing care retirement communities are exempt from paying the NH provider fee (fee), and clarifies the authority of HCPF to collect the fee and the timing of the fee. The act includes a legislative declaration finding that the changes to the fee statute are not intended to change the existing intent of the statute or HCPF's implementation. The act changes the frequency of when NF providers are required to report certain information from monthly to annually.
SB 13-111 5/16/2013	Wrongs to at-risk adults – mandatory reports of abuse and exploitation of elders – penalties – appropriation.	<p>Current law states that specified professionals who have reasonable cause to believe that a person 18 years of age or older who is susceptible to mistreatment, self-neglect, or exploitation because the individual is unable to perform or obtain services necessary for his or her health, safety, or welfare or lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his or her person or affairs (at-risk adult) should report that fact to a county department of social services (county department) or a local law enforcement agency.</p> <p>Under the act, on and after July 1, 2014, certain professionals (mandatory reporters) who observe the abuse or exploitation of a person who is 70 years of age or older (at-risk elder) or who have reasonable cause to believe that an at-risk elder has been abused or has been exploited and is at imminent risk of abuse or exploitation are required to report such fact to a law enforcement agency within 24 hours after making the observation or discovery. A mandatory reporter who willfully fails to report and a person who submits a false report commit a class 3 misdemeanor.</p>

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		<p>The act specifies the duties of law enforcement agencies upon receipt of a report. The act establishes certain civil immunity and does not establish a duty or standard of care.</p> <p>The act adds physical therapists, emergency medical service providers, chiropractors, and clergy to the list of professionals who are currently urged to report the mistreatment, self-neglect, or exploitation of an at-risk adult. These professions are also included within the new list of mandatory reporters.</p> <p>A person who exercises undue influence to convert or take possession of an at-risk elder's money, assets, or other property commits statutory theft.</p> <p>The act requires the peace officers standards and training board to establish a training curriculum on at-risk elders and requires law enforcement agencies to employ at least one peace officer who has completed the training. On or before December 31, 2016, the state department shall prepare and deliver to the joint budget committee and to the health and human services committee of the senate; the health, insurance, and environment committee of the house of representatives; and the public health care and human services committee of the house of representatives, or to any successor committee, a report concerning the implementation of mandatory reports of abuse and exploitation of at-risk elders.</p> <p>The act directs DHS to implement a program to generate awareness of mistreatment of at-risk adults and statutory provisions.</p> <p>Under current law, for the purposes of enhanced penalties for offenses committed against at-risk adults, an at-risk adult is defined as any person 60 years of age or older or any person 18 years of age or older who is a person with a disability. The act changes this definition to raise the minimum age of 60 years of age to 70 years of age.</p> <p>The act repeals provisions concerning protection against financial exploitation of at-risk adults and the elder abuse task force.</p>
HB 12-1052 7/1/2012	Department of Regulatory Agencies – Division of	The act requires the director of the division of registrations in DORA (director) to implement a system to collect health care work force data from health care professionals who are eligible for the CO health service corps, from practical and professional nurses, and from pharmacists. The act requires a voluntary advisory group designated by the director of

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	Registrations – health care work force data collection – appropriation.	the primary care office to recommend the structure of the data elements to be collected regarding specific information about each health care professional and his or her practice. The advisory group is repealed on September 1, 2022, pursuant to the sunset law. The director is authorized to accept and expend any gifts, grants, or donations that may be available from any private or public sources for the implementation of the data collection system.
SB 12-23 4/12/12	Program of all-inclusive care for the elderly (PACE) – dually eligible persons – enrollment in PACE – rules - marketing and information about PACE.	<p>The medical services board (board) is required to adopt rules to allow PACE providers to contract with an enrollment broker to include the PACE program in its marketing materials to eligible LT clients.</p> <p>The term "eligible person", for purposes of the PACE program, is amended to include dually eligible persons. A "dually eligible person" is defined as a person who is eligible for assistance or benefits under both Medicaid and Medicare. An eligible person who is enrolled in a managed care organization, an organization contracted with HCPF to provide services in the statewide managed care system, or other risk-bearing entity may elect to withdraw from or terminate such enrollment and enroll in and receive services from a PACE program. The board's rules shall define how such election is made. The effective date of an eligible person's election shall not be more than 30 days after the eligible person's date of election.</p> <p>The act adds to the list of major functions of the single entry point (SEP) system informing eligible persons about the benefits of participating in the PACE program as an alternative to enrollment in a managed care organization, an organization contracted with HCPF to provide services in the statewide managed care system, or other risk-bearing entity.</p>
SB 12-127 4/23/2012	Health homes – authorization by department – providers of long term services and supports – contracting.	<p>The act requires HCPF to allow providers of LTSS to participate, to the extent permitted under federal law, as health homes or as part of health homes under the federal "Patient Protection and Affordable Care Act". The act describes the services that a health home may provide. The health home may consist of a multi-disciplinary team including various providers described in the act.</p> <p>Further, in integrating dually eligible persons, persons with chronic conditions, and persons in need of LTC services and supports in an organization with which HCPF contracts pursuant to the statewide managed care system statutes, the act directs HCPF to permit providers of LTSS to contract with organizations contracted with HCPF as health homes or to provide some or all of the services provided by the organizations contracted with the department. The act clarifies that in integrating dually eligible clients in an organization with which HCPF contracts pursuant to the statewide managed</p>

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		care system statutes, dually eligible clients may voluntarily elect to participate in a recognized Medicare coordinated care system and may voluntarily elect to participate in the department's Medicaid coordinated care system.
SB 12-128 6/8/2012	Alternative care facilities – reimbursement.	<p>The act allows HCPF to establish a program that provides a temporary increase in reimbursement rates for alternative care facilities for Medicaid clients discharged from a NF to the alternative care facility. HCPF shall develop criteria for participation in any program. In addition, HCPF may create a program, informed by prior studies that may include, but need not be limited to, tiered-rate, acuity, and enhanced reimbursements for alternative care facilities and enhanced alternative care services to address the needs of Medicaid clients who are at risk of NH placement. Any programs created by the department shall be budget-neutral.</p> <p>As part of its annual reporting requirement, the department shall report to the joint budget committee of the general assembly and the HHS committee of the senate and the health and environment committee of the house of representatives concerning any programs created by the department. The section repeals, effective July 1, 2015.</p>
HB 12-1340 5/3/2012	Nursing facilities – per diem rate.	The act reduces the general fund portion of the per diem rate paid to NFs by 1.5%, commencing July 1, 2012, through June 30, 2013.
SB 12-78 5/29/2012	Protective services for at-risk adults – elder abuse task force.	<p>The act amends statutory provisions concerning the mistreatment, self-neglect, and exploitation of at-risk adults. Each county department shall require each protective services employee to complete a fingerprint-based criminal history records check utilizing the records of the CO bureau of investigation and the federal bureau of investigation.</p> <p>The elder abuse task force (task force) is created to:</p> <ul style="list-style-type: none"> • Study the problem of mistreatment and exploitation of at-risk adults; and • Prepare certain recommendations for the consideration of the general assembly, including but not limited to recommendations concerning how to require certain persons, on and after September 1, 2013, to report known or suspected mistreatment or exploitation of at-risk elderly adults. <p>The task force shall submit a written report of its findings and recommendations to the health and human services committee of the senate and to the health and environment committee of the house of representatives on or before December 1, 2012. The task force was repealed, effective November 2, 2013.</p>

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		<p>The task force recommendations were implemented and included in SB 13-111:</p> <ul style="list-style-type: none"> • Implement a new data system within the state Department of Health and Human Services to measure impact of mandatory reporting; • Appropriate additional moneys to reduce the caseload ratio of county social workers to a maximum of 25 cases per social worker; • Study need for and potential means of implementing a public guardianship and conservatorship program; • Conduct a study to implement specific recommendations for combating financial exploitation of elder adults; and; • Identify sources of funding to support the enforcement of mandatory reporting and the overall adult protective services infrastructure.
<p>HB 12-1326 5/22/2012</p>	<p>Services for elderly – recommend increase in old age pension – reinstate dental program – use unused money from senior homestead exemption to increase services – appropriations.</p>	<p>The CO constitution specifies that the award under the old age pension program (OAP) shall be \$100 per month and authorizes the state board of human services (state board) to adjust the award to more than \$100 per month if living costs have changed. The state board has adopted rules that set the monthly standard assistance at \$699. The act encourages the state board to raise the monthly standard assistance for the OAP to \$725.</p> <p>A program for dental care for persons eligible for the OAP is expanded to include persons who are qualified Medicare beneficiaries who are not eligible for long-term care services.</p> <p>The act directs that moneys unused from the amount estimated for the senior property tax exemption be transferred into a new account in the older Coloradans cash fund for distribution to AAAs to provide additional senior services. The act increases the estimate of expenditures from the OAP cash fund to pay for the recommended increase in the OAP assistance. The act appropriates \$3,022,800 and 1.0 FTE to the CDPHE to reinstate the dental assistance (DAP) program for seniors.</p>
<p>SB 11-84 8/10/2011</p>	<p>Long-term care facilities – employment of physicians.</p>	<p>The act expands the definition of "health care facility" to include "LTC facility" and allows LTC facilities to employ physicians directly or indirectly through a separate entity authorized to conduct business in this state that has common or overlapping ownership as an affiliate or subsidiary of an entity that owns, controls, or manages the LTC facility. The act clarifies that a person who is not licensed as a physician shall not direct or control medical decisions or the practice of medicine at the facility.</p>

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SB 11-105 6/2/2011	Medicaid – public assistance – in-home support services program – repeal – report.	The act extends the repeal date for the IHSS program (program) by 3 years to September 1, 2014, and requires DORA to review the program prior to its repeal. In administering the program, HCPF shall implement a system for the routine and accurate monitoring of the number of persons receiving IHSS. Additionally, HCPF shall provide comprehensive, periodic training for SEP agencies, including, at a minimum, information concerning eligibility for the program and the location of and contact information for IHSS. HCPF shall report annually to the joint budget committee (JBC) and to the HHS committee of the senate and the health and environment committee of the house of representatives concerning the implementation of IHSS.
SB 11-125 8/10/2011	Medicaid – nursing facility provider fee – cap on fee increased – priority of uses for supplemental payments to providers from the medical nursing facility cash fund – appropriations.	Commencing with fiscal year 2011-12, the act increases the provider fee assessed on NH facilities from a cap of \$7.50, plus inflation, per non-Medicare-resident day to a cap of \$12 per non-Medicare-resident day, plus inflation. The act reorders the priority in which the supplemental payments, using revenue generated from the provider fee, are made to reimburse Medicaid NH facility providers. Payments for acuity or case-mix of the residents is the second priority and the general fund growth cap payment is the lowest priority. The act also identifies more precisely the health care item or service for which each supplemental payment is made.
SB 11-210 7/1/2011 7/1/2012 7/15/2012	Old age pension – transfer of moneys from tobacco tax cash fund to provide services under Medicaid for old age pensioners – supplemental old age pension health and medical care fund abolished – budget package act	Effective July 1, 2011, the act provides that moneys from the tobacco tax cash fund shall be appropriated to fund the health-related costs of providing medical care to OAP recipients served in the Medicaid program instead of that care being funded out of the supplemental OAP health and medical care fund. The act transfers any fund balance in the supplemental OAP health and medical care fund to the general fund on June 30, 2012.

Number Effective Date	Topic	Summary
	– appropriation.	
SB 11-215 5/5/2011	Medicaid – nursing facility provider reimbursement – reduction – budget package act – appropriation – budget package act.	Commencing July 1, 2011, and continuing through June 30, 2012, the general fund portion of the per diem rates paid to Medicaid-certified NF providers is reduced by 1.5%. HCPF may, but is not required to, increase the supplemental Medicaid payments to providers due to this reduction.
HB 11-1242 7/1/2011	Review of integration of physical and behavioral health services – report – study concerning Medicaid population receiving home- and community-based services – appropriation.	<p>The act requires HCPF to seek input from behavioral health organizations (BHOs), community mental health centers (CMHCs), primary care providers (PCPs) and others and to review certain issues that relate to the integration of physical and BH care services. The issues reviewed by HCPF shall include statutes and regulations relating to provider reimbursement, the time and place of service delivery, any barriers to the provision of integrated care, and incentives for health care providers that may increase the number of providers delivering integrated health care.</p> <p>HCPF shall report to certain committees of the general assembly by April 1, 2012, concerning revisions to state statutes or regulations that would facilitate the integration of physical and BH care services and shall report by June 30, 2012, concerning the additional issues under review. Additionally, the act revises the date to January 1, 2012, for the completion of a study concerning the medicaid population receiving HCBS.</p>
HB 10-1050 8/11/2010	Administration – end-of-life directive forms – availability.	The act allows a public or private entity, including but not limited to a nonprofit organization, that facilitates the exchange of health information among emergency medical technicians, doctors, hospitals, NHs, pharmacies, home health agencies, health plans, and local health information agencies through the use of health information technology to facilitate the voluntary, secure, and confidential exchange of forms containing advanced directives regarding a person's acceptance or rejection of life-sustaining medical or surgical treatment. CDPHE is required to include on its public web site home page a link to forms containing advanced directives regarding a person's acceptance or rejection of life-sustaining medical or surgical treatment, which forms are available to be downloaded electronically.
SB 10-61 8/11/2010	Medicaid – hospice room and board payment – appropriation.	<p>Subject to the receipt of any necessary federal authorization:</p> <ul style="list-style-type: none"> • HCPF shall pay a NF directly for inpatient services provided to a Medicaid recipient who elects to receive hospice care rather than paying the hospice provider who then pays the NF • Hospice care may include room and board in a licensed inpatient hospice facility

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		<p>HCPF, subject to the receipt of sufficient gifts, grants, or donations to pay the state's costs of preparing the request, shall request federal authorization to pay the NF directly and to pay room and board in a licensed hospice facility. Such gifts, grants, or donations shall be deposited into the hospice care account in the HCPF cash fund (cash fund) and may be used only for the state's costs of preparing the requests.</p> <p>For fiscal year 2010-11, the act appropriates \$102,570 to the department for implementation of the act. 50% of the amount appropriated is from the cash fund and 50% is from federal moneys.</p>
HB 10-1005 8/11/2010	Colorado medical assistance act – home health care through telemedicine – appropriation.	<p>The act makes telemedicine eligible for reimbursement under the state's medical assistance program in order to comply with direction from CMS.</p> <p>The act eliminates incorrect references to the way reimbursement payments are made under the medical assistance program and deletes the requirement that reimbursement rates from telemedicine be budget-neutral or result in cost savings to the program. It also requires that any cost savings identified be considered for use in paying for home health care or HCBS instead of requiring the savings be applied to payment for the services.</p> <p>The state medical services board is no longer required to consider reductions in travel costs by home health care or HCBS providers and other factors when setting reimbursement rates for services.</p> <p>The act requires that gifts, grants, and donations be used for the implementation of at-home telemedicine and creates the home health telemedicine cash fund for this purpose.</p>
HB 10-1027 5/26/2010	Medicaid – hospice services – eligibility – prognosis of life expectancy – appropriation.	<p>The act increases the life expectancy prognosis from 6 months to 9 months for eligibility for hospice services under Medicaid if HCPF receives the necessary federal authorization. HCPF may seek and accept gifts, grants, or donations for the purpose of meeting the administrative costs associated with seeking the necessary federal authorization. HCPF's executive director shall notify the revisor of statutes within 60 days after receiving the federal authorization.</p>
HB 10-1053 5/26/2010	Medicaid – studies of HCBS waiver recipients –	<p>Subject to the receipt of sufficient moneys through gifts, grants, or donations, HCPF shall contract for one or more studies of Medicaid recipients who receive services under a home- and community-based waiver. The department will make necessary data available to the contractor. HCPF shall provide copies of the studies to members of specified</p>

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	<p>alternative care facilities study – study of older Coloradans program population – approvals – implementation – rules for adult day care facilities – appropriations.</p>	<p>committees of the general assembly.</p> <p>If a study concludes that savings can be realized, HCPF shall seek any necessary federal authorization and, if authorization is received, HCPF shall seek to implement the change through the regular budget process. HCPF will report annually to the JBC on any savings realized as a result of the changes.</p> <p>One of the studies shall include research and analysis of persons with a chronic incapacitating condition who might benefit from receiving services through an alternative care facility. Such a study is to be completed by January 1, 2011, and, if any necessary approval is obtained, the department shall seek to implement the changes as of July 1, 2011.</p> <p>Subject to the receipt of sufficient moneys through gifts, grants, and donations, DHS or HCPF shall contract for a study of the population eligible for services through the older Coloradans program. If the study concludes that increasing funding for community-based services would result in cost savings, DHS is to report to specified committees of the general assembly on a strategic plan. If DHS determines that implementing the strategic plan would result in cost savings, DHS shall seek to implement the strategic plan through the regular budget process.</p> <p>If the strategic plan concludes that additional studies are necessary, subject to the receipt of sufficient moneys, DHS or HCPF shall contract for additional studies.</p> <p>The medical services board shall adopt rules on restrictive access to adult day care centers.</p>
<p>HB 10-1324 3/1/2010</p>	<p>Medicaid – nursing facility provider reimbursement – reduction.</p>	<p>Commencing March 1, 2010, and continuing through June 30, 2011, the general fund portion of per diem rates paid to Medicaid-certified class I NF providers is reduced by 1.5%. HCPF may, but is not required to, increase the supplemental Medicaid payments made to the providers due to the reduction. Moneys in the Medicaid NF cash fund are authorized to be used to reimburse the general fund for increased reimbursements paid to NFs for services provided to hospice patients.</p>
<p>HB 10-1379 5/6/2010</p>	<p>Nursing facility – per diem rates – general fund portion – budget package act – appropriation.</p>	<p>Current law reduces the general fund portion of per diem rates paid to NFs by 1.5%. For the 2010-11 fiscal year, the act increases that reduction to 2.5%. Current law allows the general fund portion of the per diem rates paid to NFs to increase by up to 5% over the previous year for the 2010-11 fiscal year. The act provides that, for the 2010-11 fiscal year, the general fund portion shall not increase by more than 1.9% over the previous year. The bill adjusts the appropriations for the 2010-11 fiscal year.</p>

Number Effective Date	Topic	Summary
HB 10-1380 5/6/2010	Medicaid – program services – supplemental old age pension health and medical care fund – budget package act.	The act allows up to \$4,850,000 in fiscal year 2010-11 and up to \$3,000,000 in fiscal year 2011-12 of moneys in the supplemental OAP health and medical care fund to be used to offset general fund costs for state Medicaid program services for persons 65 years of age or older. The provisions repeal on July 1, 2012.
HB 10-1146 5/26/2010	Adult foster care – home care allowance – eligibility – appropriations.	<p>As of July 1, 2010, DHS will contract directly with the SEP agencies for the home care allowances and adult foster care programs. As of January 1, 2011:</p> <ul style="list-style-type: none"> • The act clarifies the circumstances under which recipients of OAP, aid to the needy disabled, aid to the blind, or supplemental security income benefits can receive state-funded adult foster care and home care allowance; and • DHS is no longer authorized to make medical care payments not covered by Medicare or Medicaid for persons receiving aid to the needy disabled or aid to the blind. <p>As of the earlier of January 1, 2014, or the date on which the state no longer is required to meet a maintenance of effort requirement on Medicaid eligibility pursuant to federal law, home care allowances are extended to persons who are receiving OAP benefits on that date, but the home care allowances for future OAP beneficiaries who are not eligible for supplemental social security benefits are eliminated.</p>
HB 10-1384 5/6/2010	Public assistance – old age pension – qualified aliens – 5-year waiting period – counting of relative sponsor income and resources – hardship exceptions – appropriations – adjustment to 2010	<p>Effective July 1, 2010, the waiting period for the OAP for qualified aliens is increased from 3 years to 5 years. The income and resources of a relative sponsor of a qualified alien must be counted in determining the qualified alien's eligibility for the OAP. This requirement takes effect January 1, 2011, or upon the expiration of the provisions of the federal "American Reinvestment and Recovery Act" or any other federal law that restricts reimbursement of an enhanced federal Medicaid assistance percentage (FMAP) to a state that reduces eligibility for its Medicaid program, whichever is later.</p> <p>The 5-year waiting period for receiving OAP benefits and the counting of sponsor income of relative sponsors do not affect a qualified alien's eligibility for OAP if it is determined that:</p> <ul style="list-style-type: none"> • The qualified alien has been abandoned by or is being mistreated by his or her sponsor or is an abused spouse and would incur a significant financial hardship

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	long bill.	<ul style="list-style-type: none"> • The qualified alien who does not have a sponsor would have insufficient income to support himself or herself or would otherwise incur a significant financial hardship • The person who sponsored the qualified alien's entry into the US and who satisfied sponsorship financial requirements now no longer has sufficient income to meet the needs of the qualified alien • The qualified alien is also eligible for SSI benefits <p>Once the provision on counting a relative sponsor's income is effective, DHS may pursue repayment from a qualified alien's sponsor for the OAP provided to a qualified alien during the time that the sponsorship affidavit of support is in effect as determined by the US citizenship and immigration services or its successor agency.</p>
SB 10-49 3/5/2010	Liability limits – life and health insurance protection association – increase of limits for annuity and structured settlement annuity benefits and long-term care benefits.	Current law establishes the life and health insurance protection association (association) to pay benefits to an eligible person whose insurer that is a member of the association, becomes insolvent and cannot pay benefits. Under current law, with regard to annuities and structured settlement annuities, the benefits for which the association may become liable are capped at \$100,000 in the present value of annuity benefits. The current limit for health insurance benefits, which applies to long-term care benefits, is also \$100,000.
SB 10-190 5/27/2010	Senior property tax exemption – suspension for 2010 and 2011 property tax years – appropriation.	The act suspends the property tax exemption for qualifying seniors for the 2010 and 2011 property tax years, declares the intent of the general assembly that any general fund savings resulting from the suspension be used to provide a portion of the state share of school districts' total program funding, and decreases the 2010 general fund appropriation for special purpose, senior citizen and disabled veteran property tax exemption by \$91,729,198.
HB 09-1004 3/19/2009	Health care – all-inclusive care for the elderly – employment of	<p>Allows an organization providing a program of all-inclusive care for the elderly (PACE organization), as authorized under the "Colorado Medical Assistance Act", to employ a physician as long as the PACE organization:</p> <ul style="list-style-type: none"> • Does not limit or exercise control over the physician's independent judgment • Does not offer the physician any percentage of fees charged to patients or any other financial incentive

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	physicians.	<ul style="list-style-type: none"> Requires a PACE organization that employs physicians to annually report to the department of public health and environment the number of physicians so employed
HB 09-1196 6/4/2009	Nursing home penalty cash fund – authorized uses – improve resident quality of life – nursing facility culture change accountability board – creation – duties – sunset review – appropriation – repeal.	<p>Expands the authorized uses for moneys in the NH penalty cash fund (fund) to measures that will improve the quality of life of residents of NFs in the state, including:</p> <ul style="list-style-type: none"> Consumer education to promote resident-centered care Training for state surveyors, supervisors, and the state and local long-term care ombudsman regarding resident-centered care Development of a newsletter and web site detailing information on resident-centered care and related information Education and consultation for purposes of identifying and implementing resident-centered care initiatives <p>Caps the amount of moneys that may be used for quality of life improvement measures as follows:</p> <ul style="list-style-type: none"> For the 2009-10 fiscal year, \$200,000 For the 2010-11 and later fiscal years, the lesser of the amount specified in the budget approved by the NF culture change accountability board or 25% of the moneys deposited into the fund in the prior fiscal year <p>Ensures retention of a minimum balance in the fund of \$1 million, and precludes distribution of moneys from the fund for QOL improvement measures if making such distributions would cause the fund balance to drop below that amount.</p> <p>Establishes the NF culture change accountability board (accountability board) to provide recommendations to HCPF and CDPHE regarding expenditures from the fund for purposes of improving resident QOL. Requires HCPF and CDPHE to take the accountability board's recommendations into consideration when allocating moneys for QOL improvement measures and to explain their rationale to the accountability board if the departments disagree with its recommendations. If no compromise is reached between the departments and the accountability board, defers the final authority to the medical services board for determining the allocation of moneys. Requires the departments, with assistance from the accountability board, to report to the governor and the HHS committees of the house of representatives and senate regarding expenditures from the fund for NF QOL improvement measures.</p>
SB 09-263 5/1/2009	Medicaid – nursing facility provider fee – supplemental	<p>Provides that payments to nursing facility providers (providers) from the NF provider fees (provider fees) shall be paid through supplemental monthly payments (supplemental payments) rather than through increases in per diem rates. For the 2009-10 fiscal year and subsequent fiscal years, provides that the increase in the costs of direct and indirect</p>

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	payments – limit fee – federal match – budget package act – appropriation.	<p>health care services and raw food shall not exceed 8% per year.</p> <p>Makes supplemental payments for quality incentives, residents with severe mental disorders, Medicaid offset payments, and per diem rates that exceed the general fund share subject to available moneys from the provider fees and federal matching funds. Authorizes the department of health care policy and financing (department) to suspend or reduce supplemental payments if moneys from the provider fees and federal matching funds are not sufficient to fully fund all of the payments.</p> <p>Clarifies that the federal match for payments associated with the general fund share of the per diem rate to nursing facility providers shall be 50%.</p> <p>For the 2009-10 fiscal year, limits the provider fees to \$7.50 per non Medicare-resident day. For the 2010-11 fiscal year and fiscal years thereafter, limits the provider fees to \$7.50 per non Medicare-resident day plus inflation. Provides that the provider fees and supplemental payments shall be due as simultaneously as feasible. Prohibits a provider from including the amount of the provider fees as a separate line item in its billing statements. Prioritizes the following uses of moneys from the provider fees and the federal matching funds:</p> <ul style="list-style-type: none"> • Payment of administrative costs for implementing the provider fee and the Medicaid offset supplemental payment; • Payment of the non-general fund portion of the per diem rates; • Payment of quality performance supplemental payments; • Supplemental payments for patients with mental health conditions, cognitive dementia, or acquired brain injuries; • Payment of supplemental quality incentive payments.
HB 09-1103 4/22/2009	Medicaid – presumptive eligibility (PE) – long-term care.	Provides that, subject to receipt of federal authorization and sufficient funding, a person in need of LTC who declares all of the information necessary to determine eligibility under the medical assistance program (program) shall be presumptively eligible for benefits under the program based upon the declaration. Specifies that, if a person determined to be presumptively eligible is later determined to be ineligible, a county shall not be liable for medical services provided or for any federal error rate sanctions.
SB 09-261 5/1/2009	Supplemental old age pension health and medical care	For fiscal year 2008-09, allows up to \$3 million from the supplemental OAP health and medical care fund (fund) to be used to offset the general fund costs of persons 65 years of age or older who are served through the state Medicaid program. For fiscal year 2009-10, allows the fund to be used to offset the general fund costs of persons 65 years of age

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	fund – Medicaid general fund costs – budget package act – appropriation.	or older who are served through the state Medicaid program. For fiscal year 2008-09, reduces the general fund appropriation for medical services by \$3 million and increases the cash fund appropriation for medical services by \$3 million.
SB 09-276 6/4/2009	Property tax exemption for qualifying seniors – suspension for 2009 property tax year – reduction of FY 2009-10 appropriation – budget package act.	For the 2009 property tax year, reduces the maximum amount of actual value of the primary owner-occupied residence of a qualifying senior that is partly exempt from property taxation from \$200,000 to \$0. Reduces the FY 2009-10 long bill appropriation for the senior citizen and disabled veteran property tax exemption by \$90,400,000.
SB 08-58 5/20/2008	Colorado Alzheimer's coordinating council – creation – duties – report.	<p>Creates the Colorado Alzheimer's coordinating council (council) to develop a Colorado state plan for Alzheimer's disease (state plan). Establishes the composition of the council and delineates the duties and responsibilities of the council, as well as the permissive activities of the council. Requires the council to submit a report that includes recommendations and the state plan to the governor, the HHS committees of the senate and house of representatives, and the participating state departments.</p> <p>Requires the president of the senate and the speaker of the house of representatives to designate a nonprofit or private organization to solicit, accept, and expend moneys for the council, to engage staff support for the council, and to prepare an operating budget for the council. Creates a cash fund to which the general assembly may appropriate moneys to help fund the council's operations. Repeals the council on July 1, 2012.</p>
HB 08-1038 8/5/2008	Assisted living residence – regulation – fees – appropriation.	Repeals a recurring 5-year report concerning underfunded statutory and regulatory mandates that the state board of health issues to various committees within the general assembly. Replaces the current fees assessed on assisted living residences with a fee set by the state board of health to cover the direct and indirect costs of regulating assisted living residences.
HB 08-1116 8/5/2008	Dental assistance program for seniors	Requires the state board of health to promulgate rules regarding allowable procedures and fees for the DAP for seniors. Repeals the existing fee schedule. Removes an obsolete provision pertaining to the period of operation of the program.

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	– state board of health – rules.	
HB 08-1114 6/2/2008 4/1/2009	Medicaid – Class I nursing facility providers – reimbursement methods – provider fee – appropriation.	<p>Changes the method of reimbursing class I NFs under Medicaid including:</p> <ul style="list-style-type: none"> • Establishing per diem rates for the actual cost of direct and indirect health care services and raw food subject to a maximum amount and adjusted based upon the acuity or case-mix of recipients • Providing for additional per diem rates for administrative and general services costs and fair rental allowance • Providing for additional per diem rates based upon performance measures • Providing for additional per diem rates for residents with a mental health condition, cognitive dementia, or acquired brain injury • Providing for additional per diem rates to offset the provider fee <p>Includes allowances for inflation in certain categories, and limits increases in certain categories to 3% per year. Specifies that the reimbursements for performance measures, mental health condition, cognitive dementia, or acquired brain injury, and the provider fee offset are to be paid solely from the provider fees and any associated federal moneys. Authorizes HCPF, subject to the receipt of any necessary federal waivers, to charge and collect a provider fee from specified NFs. Specifies that the provider fees are to be credited to a new cash fund and shall be appropriated only to assist in the payment of the per diem rates to class I facilities.</p>
HB 08-1374 6/2/2008	Medicaid – all-inclusive care for the elderly – cap – repeal – appropriation.	Repeals the cap based on fee-for-service costs on the capitated rate under the PACE program.
HB 08-1210 4/7/2008	In-home support services – repeal.	Continues IHSS until July 1, 2011.
HB 08-1221 8/5/2008	Public assistance – adult foster care – in-home services.	Makes technical changes to clarify existing policy for programs administered by DHS for people who qualify for public assistance. Exempts from the mandatory comprehensive and uniform client assessment process the home care allowance program, adult foster care, and in-home services under the federal "Older Americans Act of 1965". Specifies that adult foster care facilities shall be licensed by CDPHE. Specifies the amount of the home care allowance grant.
HB 08-1108	Sales tax receipts	In all future state fiscal years, increases the amount allocated to the older Coloradans cash fund from the receipts

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7/1/2008	distribution – older Coloradans cash fund.	collected from the state sales and use tax. Decreases the allocation to the general fund by an amount equal to the increase.
HB 07-1183 6/1/2007 7/1/2007	Medicaid – Class I nursing facilities – feasibility study – reimbursement rates – grant program – repeal – appropriation.	<p>Extends the feasibility study of a new reimbursement system for class I NFs for an additional year. Effective July 1, 2007, establishes a grant program that increases an eligible facility's reimbursement rate if that facility's overall reimbursement rate for the fiscal year commencing July 1, 2006, was increased due to statutory provisions, but whose overall reimbursement rate for the fiscal year commencing July 1, 2007, will be less than the overall reimbursement rate as of July 1, 2006. Repeals the grant program effective July 1, 2008.</p> <p>Makes certain provisions contingent on the passage of and cost-savings realized by House Bill 07-1021.</p>
HB 07-1374 5/30/2007	Medicaid – long-term care – transitioning – working group.	Directs the HCPF executive director to appoint a working group to study the process of transitioning clients to a LTC setting. Requires the working group to report to the executive director by December 1, 2007. Requires the report to include a list of federal funding opportunities and a timeline and estimated associated costs for the completion of changes to the system of LTC. Authorizes the working group to submit additional reports to the executive director . Authorizes the state department to seek federal authorization to implement changes recommended by the working group.
HB 07-1324 5/22/2007	Older Americans act programs – accumulated interest from older Coloradans cash fund – appropriation.	States that a restriction that requires appropriating moneys from the older Coloradans cash fund as a whole does not apply to appropriations of accumulated interest from that fund. Appropriates \$40,000 to DHS from the older Coloradans cash fund for older Americans act programs. Specifies that DHS is expected to receive an additional \$680,000 in federal funds for the implementation of the act.
HB 07-1039 1/1/2008	Long-term care insurance – conform to a national model.	Conforms the "Long-term Care Insurance Act" to the national association of insurance commissioners' model act. Allows a carrier that issues a LTC policy to employers or labor organizations to omit the otherwise-required outline of the coverage if the outline information is included in other enrollment materials. Requires the outline to include a statement as to whether the policy is intended to be a federally tax-qualified LTCI contract. Requires a certificate of insurance to be delivered to the applicant no later than 30 days after the contract is approved. Requires specific information to be included in the policy summary, and requires the summary to be delivered at the time the policy is

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		<p>delivered.</p> <p>Requires a monthly report to be delivered to a policyholder any time a LTC benefit, funded through a life insurance vehicle by the acceleration of the death benefit, is in benefit payment status. Requires specific information to be included in the monthly report. Specifies that a carrier must offer the option of purchasing a nonforfeiture benefit with each LTC policy. Directs the commissioner of insurance to promulgate rules specifying the types of nonforfeiture benefits that shall be offered.</p> <p>Requires an insurance producer to be licensed; to complete a training course prior to selling, soliciting, or negotiating LTCI; and to keep records that he or she has received the proper training.</p>
HB 07-1106 8/3/2007	Property tax – assistance – heat or fuel expenses - assistance for the elderly or disabled – income eligibility threshold increase.	For 2008, increases the yearly income thresholds used to determine whether an elderly or disabled person is eligible to receive a grant for real property tax assistance or for residential heat or fuel expenses, as well as the amount of the grant. Adjusts the thresholds by inflation for subsequent years.
SB 06-57 4/4/2006	Colorado bureau of investigation – missing senior citizen alert program – media alerts.	Creates the missing senior citizen alert program ("program") to broadcast notice of a missing senior citizen who has an impaired mental condition. Requires the Colorado bureau of investigation (CBI) to implement the program. Specifies that the program will include a procedure for local law enforcement agencies to verify a senior citizen is missing, to verify that the senior citizen has an impaired mental condition, and to notify the CBI. Directs the CBI to issue an alert after confirming the local law enforcement agency's information. Requires the alert to be sent to designated media outlets in Colorado. Authorizes the director of the department of public safety to promulgate rules to implement the program.
HB 06-1018 7/1/2006	Sales and use tax receipts – older Coloradans cash fund.	In all future state fiscal years, increases the funding from the state sales and use tax receipts to the older Coloradans cash fund from \$2 million to \$3 million.
HB 06-1103	Nursing facilities –	States that any contract clause or lease provision that results in or requires forfeiture of rent following the one-month

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1/1/2007	assisted living residences – contract provisions.	<p>period after a person residing in a NH facility, including a SNF, intermediate care facility, or assisted living facility, moves due to a medical condition or dies during the term of the contract or lease shall be deemed against public policy and shall be void. Requires that the provisions of any contract or written agreement regarding forfeiture appear on the front page of the contract or agreement in no less than 12-point bold-faced type.</p> <p>States that a contract or written agreement that requires forfeiture of rent within the one-month period in which the patient moves due to a medical condition or dies does not violate the act. Directs the facility to return to the patient or the patient's estate any rent paid in excess of one month's rent after the patient moved due to a medical condition or died. Allows such facilities to assess daily rental charges under certain circumstances after a patient moves due to a medical condition or dies.</p>
SB 06-131 6/2/2006	Class I nursing facility reimbursement system – study – report – increase rate – appropriation.	<p>Directs HCPF to conduct a study and report to specified committees of the general assembly on a new reimbursement system for class I NF providers based upon a pricing model system, a P4P system, and any other reimbursement system selected by the department. Provides a floor for the reimbursement rate that class I NF providers shall receive and a ceiling on the increase that a class I NF provider may receive.</p> <p>For the 2006-07 fiscal year, repeals an 8% cap on any increase in health services costs for a class I NF with an average Medicaid census of over 64% of the actual residents.</p>
SB 06-97 4/6/2006	Long-term care facilities – reports.	<p>Requires certain agencies that make a report of specified occurrences at a licensed LTC facility to provide that report to CDPHE. Makes the report available for public inspection. Compels a report of the occurrence of abuse to be made to a law enforcement agency.</p>
HB 05-1241 VETOED 5/31/2005	Division of housing – pilot program – requirement that newly constructed housing units making use of funds from division satisfy minimum standards of visitability for	<p>Creates a pilot program to require that certain newly constructed dwelling units making use of funding obtained from the division of housing (division) within DOLA meet minimum standards of visitability for persons with disabilities. In connection with any funding provided by the division for the construction of adequate housing in the state, on or after January 1, 2006, but prior to January 1, 2009, requires the division to require the recipient of the funding, as a condition of accepting the funding, to construct the housing in conformity with minimum standards of visitability. Specifies that only the construction of single family residential dwelling units shall be subject to the requirements of the pilot program, and no more than 150 residential dwelling units shall be constructed under the pilot program. Specifies minimum standards of visitability.</p>

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	persons with disabilities.	<p>Requires the inspection of any dwelling units constructed in accordance with the requirements of the act for compliance with any county or municipal building code to be performed by the county or municipal building inspector, as applicable. In the case of a county or municipality that either has not established a building department nor adopted a building code, requires the division to perform the inspection, procure the services of a private party capable of performing the inspection, or arrange for the inspection to be performed by the building inspector of a neighboring county or municipality that is able to reasonably perform the inspection.</p> <p>Requires the division to review the operation of the pilot program and submit a report on or before October 1, 2009, to the joint budget committee and the local government committees of the senate and house of representatives of the general assembly. Requires the report to include, at a minimum, information on the outcomes concerning the availability of housing satisfying minimum standards of visitability achieved by creation of the pilot program.</p> <p>In connection with any dwelling unit approved for funding pursuant to the pilot program, requires the division to notify the program director of the state electrical board, the examining board of plumbers, and the governing body of each local government with a unit located within its territorial boundaries of the legal or street address of the unit. Requires the notice to be provided no later than 10 days from the date the division provides funding.</p>
SB 05-173 4/5/2005	Community long-term care services – pilot program – advisory committee.	<p>Contingent on the receipt of sufficient gifts, grants, or donations, requires HCPF to convene an advisory committee ("committee") no later than August 15, 2005, to assist in the creation of a community LTC delivery system. Specifies the members of the committee and the charge of the committee. Contains a reporting requirement for the committee and HCPF regarding the committee's recommendations.</p> <p>Requires HCPF to accept proposals for and possibly approve a 3-year coordinated care pilot program ("pilot program") for community LTC services. Specifies the community and population components of the pilot program. Grants HCPF flexibility in determining the reimbursement for acute care providers, LTC community providers, and class I NFs under specified circumstances. Grants the medical services board rule-making authority for implementation of the act. Authorizes HCPF to use savings in the medical services premiums appropriations to fund the pilot program.</p>
HB 05-1243 6/3/2005	Medicaid – consumer-directed care service model –	<p>Extends the option of receiving HCBS through the consumer-directed care service model to all Medicaid recipients who are enrolled in an HCBS waiver for which HCPF has federal waiver authority. Specifies that an eligible person shall not be required to disenroll from the person's current HCBS waiver in order to receive services through the consumer-directed</p>

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	appropriation.	<p>care service model.</p> <p>Specifies that certain professional licensing requirements do not apply to a person who is directly employed by an individual participating in the consumer-directed care service model and who is acting within the scope and course of such employment. Specifies the restrictions that apply to this professional licensure exclusion and the circumstances under which the exclusion does not apply.</p> <p>Allows a consumer of attendant support to have an authorized representative who has the judgment and ability to assist the consumer in acquiring and utilizing services under the CDASS program. Specifies requirements for a person designated as an authorized representative. Repeals the requirement that a person have received medicaid-funded attendant support for the past 12 months in order to be eligible for CDAA.</p>
<p>SB 05-98 VETOED 5/26/2005</p>	<p>At-risk adults – mistreatment – self-neglect – reporting procedures – appropriate responses – state department written and oral report – appropriation.</p>	<p>Before July 1, 2005, and on and after July 1, 2006, urges specified persons to report to the county department of social services ("county department") or to a local law enforcement agency when such persons have observed the mistreatment or self-neglect of an at-risk adult or when such persons have reasonable cause to believe that an at-risk adult has been mistreated or is self-neglected and is at imminent risk of mistreatment or self-neglect.</p> <p>From July 1, 2005, until June 30, 2006, requires specified persons to report to the county department or to a local law enforcement agency when such persons have observed the mistreatment or self-neglect of an at-risk adult or when such persons have reasonable cause to believe that an at-risk adult has been mistreated or is self-neglected and is at imminent risk of mistreatment or self-neglect.</p> <p>Authorizes any other person to report known or suspected mistreatment or self-neglect of an at-risk adult and circumstances or conditions which might reasonably result in mistreatment or self-neglect to the county department or to a local law enforcement agency.</p> <p>Requires community centered board staff, caretakers, employees, volunteers, subcontractors, or consultants who provide services and supports to adults with developmental disabilities through the community centered board system to follow reporting requirements established by the department of human services ("state department").</p> <p>On or before December 1, 2006, requires the state department to submit a written report to the health and human services committees of the house of representatives and the senate containing specified information related to</p>

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		<p>mandatory reporting for the preceding fiscal year. During the first 30 days of the 2007 regular session of the general assembly, requires the state department to present the information contained in the written report to the health and human services committees of the house of representatives and the senate.</p> <p>Specifies that the agency receiving a report of mistreatment or self-neglect of an at-risk adult shall respond immediately, upon receipt of a report, to assess the mistreatment or self-neglect involved and to determine the appropriate response to the report. Requires the agency to conduct the assessment in accordance with rules adopted by the state board of human services related to determining the risk of harm to an at-risk adult and appropriate responses to the risk. Lists some appropriate responses. Requires the county department to arrange for its investigation to be conducted by county department adult protective services personnel or by an entity authorized by law or rule to conduct such investigations.</p> <p>Urges the county director or his or her designee, upon determining that an at-risk adult is being or has been mistreated or self-neglected or is at risk thereof and that the at-risk adult lacks decision-making capability or demonstrates behavior that strongly indicates an inability to receive and evaluate information, to petition the court for specified actions.</p>
HB 05-1336 7/1/2005	State and veterans nursing homes – quality of care – legislative study – funding – evaluation of state and veterans nursing homes cash fund – repeal – appropriations.	<p>Establishes a legislative oversight committee ("committee") to evaluate the quality of care provided in certain state and veterans NHs. Requires the committee to report to the general assembly on the issues studied, and authorizes the committee to propose legislative changes based on the recommendations from the commission studying the quality of care issue. Requires the committee to communicate periodically with the Fitzsimons state veterans NH advisory board concerning any function or finding of the committee or the board.</p> <p>Creates a commission to evaluate and study specific issues related to the QOC provided in certain state and veterans NHs and to provide guidance and recommendations to the committee. Specifies the membership of the commission. Requires the commission to obtain input from groups in the state affected by the issues studied by the commission.</p> <p>Authorizes the board of veterans' affairs to allocate funds from the Colorado state veterans trust fund for the costs of the committee and commission. Establishes the evaluation of state and veterans NHs cash fund.</p> <p>Repeals the committee and the commission, effective July 1, 2007.</p>

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HB 05-1255 8/8/2005	Long-term care – offer of basic or standard plan – repeal.	Repeals the requirement that an insurance carrier offering, marketing, or selling LTCI offer the choice of a basic LTC plan or a standard LTC plan in addition to any other plan offered. Repeals the LTC benefit plan advisory committee. Repeals the authority of the commissioner of insurance to adopt rules to implement a basic LTC plan and a standard LTC plan.
HB 04-1219 7/1/2004	Medicaid – home- and community-based services for the elderly, blind and disabled – transition – appropriation.	Authorizes community transition services ("services") for elderly, blind, or disabled persons who are receiving HCBS. Specifies that the services shall not exceed \$2000 per eligible person unless otherwise authorized by HCPF and shall be administered by a transition coordination service agency.
HB 04-1118 7/1/2004	At-risk adults – false reporting of mistreatment or self-neglect – penalty.	Makes it a class 3 misdemeanor for a person to willfully make a false report of mistreatment or self-neglect of an at-risk adult to a county department of social services or local law enforcement agency. Specifies that a person who willfully makes a false report of mistreatment or self-neglect is liable for damages proximately caused by the false report.
SB 04-147 8/4/2004	Financial assistance to the elderly or disabled – department of revenue – administration.	States that the laws concerning the procedure and administration of certain taxes shall apply to grants authorized by the department of revenue through the programs that provide financial assistance to the elderly or disabled for the payment of property tax, rent, and heat or fuel.
SB 03-22 6/5/2003	Old age pension health and medical care programs – transfer – appropriation.	Effective July 1, 2003, transfers the authority to administer the OAP health and medical care program, the supplemental OAP health and medical care program, and the corresponding funds from DHS to HCPF.
SB 03-173 3/5/2003	FY 2002-03 budget reduction bill – Medicaid – nursing	For fiscal year 2002-03, repeals the requirement that the medical services board in HCPF adopt rules to determine and pay NF providers a reasonable share of the amount by which the reasonable costs of the categories of administration, property, and room and board, exceed the actual costs in these categories. Repeals the definition of "reasonable share".

Number Effective Date	Topic	Summary
	facility payments – appropriation.	
SB 03-266 5/1/2003	FY 2003-04 budget reduction bill – Medicaid – nursing facility providers – provider fee – quality of care grant program – state nursing facility service program – legal immigrants – appropriation.	<p>Beginning July 1, 2003, requires HCPF to collect a fee from NF providers ("provider") and specifies that the fee shall be charged to a provider on a per patient per day basis. Specifies that the fee to be charged shall not exceed \$6.50 per patient per day for each provider. Specifies that the fee shall not be charged to: A provider that is licensed by CDPHE but does not accept state or federal assistance moneys for the services it provides to the facility's residents; a provider that does not receive payment for services pursuant to Title XIX of the SS act; or to a NF that is owned by a governmental entity. Authorizes HCPF to seek the appropriate federal waiver for the imposition of a provider fee.</p> <p>Establishes the NF cash fund ("fund") for the deposit of the provider fees and specifies that the fund may be used for the NF QOC grant program and the state NF service program, which are established in this act. Prohibits the department from collecting the provider fee for the purpose of funding the state NF service program, unless the program is implemented.</p> <p>Requires HCPF to establish a NF QOC grant program ("grant program") for the purpose of maintaining the continuity and QOC for Medicaid NF patients. Requires HCPF to distribute grants under the grant program to providers on the basis of Medicaid patient days and no more than 14 days after the receipt of the provider fee charged. Specifies that the authorization for the provider fee and the grant program are contingent on one another.</p> <p>Contingent on the implementation of Senate Bill 03-176, establishes the state NF service program ("program") for specified legal immigrants who lost eligibility for medical assistance due to the repeal of legal immigrants as an optional Medicaid group. Defines who is eligible to receive services under the program. Authorizes HCPF to pay a provider for services given on the implementation date of Senate Bill 03-176, and each day thereafter to an eligible person until that person is discharged from NF care. Specifies the services to be provided under the program and the rate to be paid by HCPF for those services. Sunsets the program, effective July 1, 2008.</p>
HB 03-1359 5/22/2003	Medicaid in-home support services – discontinuation of services.	Requires the IHSS rules of the medical services board to establish that an IHSS agency can involuntarily discontinue a client from services only in the following circumstances: When equivalent care in the community has been secured for the client or after the client has exhibited documented prohibited behavior involving attendants and dispute resolution has failed. Specifies that HCPF shall determine whether an agency has made adequate attempts at resolution.

Number Effective Date	Topic	Summary
SB 03-130 7/1/2003	Home health services – pilot program – advisory committee.	Repeals the home health services pilot program advisory committee.
SB 03-295 5/1/2003	FY 2003-04 budget reduction bill – older Coloradans fund – reduce transfer.	For the 2003-04 and 2004-05 fiscal years, reduces the allocation of sales and use tax revenues to the older Coloradans fund from \$2 million to \$1.5 million. For the 2003-04 budget year, reduces the general fund appropriation for community services for the elderly by \$500,000.
SB 03-299 3/25/2003	FY 2003-04 budget reduction bill – supplemental old age pension health and medical care fund – sales and use tax allocation – appropriation.	Beginning in fiscal year 2003-04, and for each fiscal year thereafter, reduces the amount of sales and use tax to be allocated to the supplemental OAP health and medical care fund from one million dollars to \$750,000.
HB 03-1346 7/1/2003	Old age pension – dental assistance program – changes in administrative operation.	<p>In order to comply with the federal "Health Insurance Portability and Accountability Act of 1996" (HIPAA), changes the existing DAP for providing dental and oral health services to old age pensioners from a claims processing system to a system that disburses the funds for providing services through grants.</p> <p>Authorizes CDPHE to award service grants and to contract with providers selected to provide dental and oral health services or to administer the grants. Eliminates the regional dental committees. Creates a dental advisory committee, appointed by the governor, which shall review and make recommendations to the department on the awarding of service grants.</p> <p>Authorizes CDPHE to develop rules, procedures, and application forms to govern the awarding of service grants. Allows CDPHE to seek alternatives for program administration and funding, including federal waivers. States that nothing precludes a grantee from charging an eligible senior a co-payment, but any co-payment assessed shall not exceed 20% of the cost of the services provided. Maintains the current maximum fees if a qualified grantee awarded a service grant provides services to eligible seniors using a fee-for-service payment system. States that a grantee's administrative costs</p>

Number Effective Date	Topic	Summary
		<p>shall not exceed 10% of the grant amount awarded.</p> <p>Requires grantees to report semi-annually to CDPHE regarding the number of eligible seniors served, the types of services provided, and co-payments charged. Changes the reporting time frame and what is reported by CDPHE to the JBC about the DAP.</p>
SB 03-265 5/1/2003	FY 2003-04 budget reduction bill – eliminate property tax exemption for qualifying seniors.	For property tax years commencing on or after January 1, 2003, but before January 1, 2006, reduces the maximum amount of actual value of the primary owner-occupied residence of a qualifying senior that is partly exempt from property taxation from \$200,000 to \$0.
HB 02-1328 VETOED 3/1/2002	Older Coloradans program – modified funding sources – appropriation.	Eliminates the transfer of state sales and use tax revenues during the 2001-02 fiscal year to the older Coloradans cash fund. Specifies that the fund may also consist of moneys appropriated to the fund by the general assembly.
SB 02-71 6/7/2002	Nursing facilities – pilot consumer satisfaction survey – appropriation.	<p>Requires CDPHE to develop and implement a pilot survey to aid in the implementation of a consumer satisfaction survey for residents of NFs. Requires the survey to be used to assess the validity of the questionnaire for use in the consumer satisfaction survey, the NFs residents' cognition levels to determine the residents' ability to complete the survey in meaningful manner, the techniques employed to obtain the number of completed survey questionnaires needed to achieve statistical validity on the final consumer satisfaction survey, and the survey data to ensure that such data is meaningful to consumers.</p> <p>Requires the participation of no more than 10% of licensed facilities to be chosen by CDPHE based on the location and population of the facilities. Requires individual pilot survey results to be confidential and allows aggregate results to be made available to the public.</p> <p>Requires CDPHE to implement the pilot survey on or before July 1, 2002, and to report the results to the general assembly by April 15, 2003. Requires CDPHE to commence implementation of the consumer satisfaction survey on or before July 1, 2003.</p> <p>Exempts hospice and transitional care unit residents and their families from participation in the pilot survey and the</p>

Number Effective Date	Topic	Summary
		<p>consumer satisfaction survey. Requires NFs to release the names, addresses, and telephone numbers of the parties responsible for the nursing facility residents for the sole purpose of conducting the surveys. Provides that the consumer satisfaction survey shall not be used as a basis for incentive payments until all required licensed NFs have completed such survey.</p>
<p>HB 02-1323 7/1/2002</p>	<p>Health facilities – personal care boarding homes – license fees – fines – appropriation.</p>	<p>Replaces the phrase "personal care boarding home" with "assisted living residence" to refer to certain facilities regulated by CDPHE. Includes life care facilities within the definition of an "assisted living residence". Lists specific services to be included within the definition of an assisted living residence. Clarifies the definition of "protective oversight". Allows the board of health (board) to define a high Medicaid utilization facility within certain parameters and to create a modified fee schedule for assisted living residences that serve a disproportionate share of low-income residents.</p> <p>Allows the board to create intermediate restrictions or conditions when disciplining an assisted living residence. Requires that an assisted living residence submit to CDPHE a written plan of action for measures to respond to violations found during an inspection. Allows CDPHE to require criminal background investigations that are automatically updated by the CBI upon original application or the first renewal after July 1, 2002, for licensees and administrators. Allows CDPHE to impose certain restrictions and monetary fines of not more than \$2,000 per calendar year. Creates the assisted living residence improvement cash fund. Directs the proceeds of fines to the fund and specifies the permissible uses of such proceeds.</p> <p>Increases application fees for assisted living residences. Creates additional fees for new licenses, changes of ownership of a residence, and residences that provide services in a secure environment. Also creates fees for licensees who expand the number of beds in a residence or who undergo substantial remodeling or new construction of a residence. Creates reduced fees for high Medicaid utilization residences.</p> <p>Repeals obsolete reporting provisions. Requires the department, in consultation with the existing advisory committee, to evaluate whether or not a risk-based inspection program should be implemented for assisted living residences. Requires the advisory committee to report to the general assembly and the joint budget committee by February 15, 2003. Requires the board, in consultation with the advisory committee, to report to the health, environment, welfare, and institutions committee for the house of representatives, the health, environment, children and families committee for the senate, and the joint budget committee by October 15, 2003, and every 5 years thereafter concerning the cost of</p>

Number Effective Date	Topic	Summary
		administering the assisted living residence program.
SB 02-27 6/1/2002	Medicaid – in-home support services – elderly, blind and disabled – disabled children – review under provisions of sunset law.	<p>Requires HCPF to offer IHSS as an option for eligible persons who receive HCBS or who are eligible for the disabled children care program. Specifies that IHSS will be provided to eligible persons who are willing to participate. Requires HCPF to seek any federal authorization that may be necessary to implement this service option. HCPF to seek input from consumers of HCBS and ILCs and HCBS providers regarding the design and implementation of the services. Specifies the requirements for a person to qualify and remain eligible for services.</p> <p>Specifies that certain professional licensing requirements do not apply to a person who is directly employed by IHSS agency to provide IHSS and who is acting within the scope and course of such employment or is a family member providing IHSS as authorized by the act. Requires agencies participating in the program to provide 24-hour back-up services to their clients. Specifies that an agency cannot discontinue a client under this program until either the client or the agency has secured other care for the client. Requires the medical services board to promulgate rules that establish guidance on how an agency can discontinue a client under the program, for the certification of IHSS, and the standards of care for the provision of services.</p>
HB 02-1027 VETOED 5/24/2002	Medicaid – case-mix reimbursement feasibility studies for home health care services, homemaker and personal care services, and alternative care facilities – appropriation.	<p>Requires HCPF to conduct a feasibility study with simulation of a case-mix reimbursement system for home health agencies and to conduct a feasibility study of a case-mix reimbursement system for reimbursing HCBS providers for homemaker and personal care services and alternative care facilities. Specifies that the feasibility studies shall be voluntary on the part of providers and that HCPF shall determine how many providers may participate in each study. Allows HCPF to contract with an independent consultant to conduct the case-mix feasibility studies. Authorizes HCPF to hire an independent contractor and specifies that the independent contractor shall only be retained until the feasibility studies are completed. Requires the department to establish an advisory committee to provide input for purposes of the feasibility studies.</p> <p>Stipulates that a case-mix reimbursement system shall only be instituted if the department and the JBC determine, prior to implementation, that such a reimbursement system will not increase annual state expenditures for home health care and HCBS, taking into account appropriate adjustments for cost of living.</p> <p>Authorizes HCPF to accept and expend gifts, grants, and donations to conduct the feasibility studies and establishes the case-mix cash fund for this purpose. Specifies that if sufficient gifts, grants, and donations to support the feasibility</p>

Number Effective Date	Topic	Summary
		<p>studies are not obtained prior to July 1, 2004, then this act is repealed on July 1, 2004. Repeals the act, effective July 1, 2007, if sufficient gifts, grants, and donations to support the feasibility studies are obtained prior to July 1, 2004.</p>
<p>HB 02-1029 5/31/2002</p>	<p>Medicaid – program of all-inclusive care for the elderly – authorization for expansion – feasibility study.</p>	<p>Allows for the expansion of the program of all-inclusive care for the elderly ("PACE"). Requires HCPF to perform a feasibility study, conditioned on the receipt of sufficient gifts, grants, and donations, in order to identify viable communities that may support a PACE program site. Requires HCPF, consistent with the feasibility study, to use its best efforts to have in operation a specified number of new PACE program sites within the outlined time frames. Specifies reporting requirements for the department regarding the results of the feasibility study and the expansion of the PACE program sites.</p> <p>Requires the department, in cooperation with the SEP agencies, to develop and implement a coordinated plan to provide education about PACE program site operations. Authorizes each SEP agency to designate case managers who have knowledge about the PACE program. Directs the state board of medical services to adopt rules concerning the program and training therefor.</p>
<p>HB 02-1039 5/30/2002</p>	<p>Medicaid – home- and community-based services – consumer-directed care for the elderly – appropriation.</p>	<p>Requires HCPF to implement a consumer-directed care program ("program") for the elderly that allows eligible persons to receive a direct payment through a voucher to purchase HCBS. Specifies the eligibility criteria for participation in the program and the services participants can receive under the program.</p> <p>Specifies that the voucher amount will be based on the person's historical utilization of HCBS or the SEP agency's care plan for the person. Stipulates that while a person is participating in the program that person is ineligible to receive a home care allowance.</p> <p>Requires HCPF to develop the accountability requirements necessary to safeguard the use of public dollars, to promote effective and efficient service delivery under the program, and to monitor the safety and welfare of program participants.</p>
<p>HB 02-1127 4/3/2002</p>	<p>Medicaid – home- and community-based services – elderly, blind and</p>	<p>Repeals the requirement that HCBS shall only be offered to a person for whom the cost of services necessary to prevent NF placement would not exceed the average cost of NF care. Requires the HCBS for the EBD to meet aggregate federal waiver budget neutrality requirements.</p>

Number Effective Date	Topic	Summary
	disabled – costs.	
HB 02-1067 5/30/2002	Elderly persons – family caregiver support programs.	<p>Establishes the family caregiver support program ("program") in the department of human services. Provides for the allocation of moneys to the area agencies on aging to provide support services to the following types of caregivers:</p> <ul style="list-style-type: none"> • Family caregivers of older individuals; and • Grandparents or older individuals who are relative caregivers of children not more than 18 years of age. <p>Specifies that the services available under the program shall include:</p> <ul style="list-style-type: none"> • Information to caregivers about available services; • Assistance to caregivers in gaining access to services; • Individual counseling, support groups, and training; • Respite care; • Supplemental services to complement the care given by caregivers. <p>Directs that the area agencies on aging provide the services directly or contract with local providers to provide the services.</p> <p>Mandates that the state not use more than 10% of the total federal and state share of the moneys available for the program to provide services to grandparents and older individuals who are relative caregivers of children.</p>
HB 02-1209 5/31/2002	Older Coloradans – program – funding – appropriation.	<p>Makes a permanent allocation of \$2 million of sales and use taxes to the older Coloradans cash fund. Changes the dates by which certain reports are to be filed.</p>
HB 02-1276 5/31/2002	Old age pension – supplemental old age pension health and medical care program – appropriation.	<p>Creates the supplemental OAP health and medical care program for the purpose of providing health and medical care to OAP recipients whose needs are not being met under the OAP health and medical care fund. Creates the supplemental OAP health and medical care fund. Authorizes the general assembly to allocate \$1,000,000 of the sales and use tax revenue to the supplemental OAP health and medical care fund to provide health and medical care for persons who qualify for the old age pension if it determines that the moneys in the OAP health and medical care fund will be insufficient to meet the health and medical care needs of OAP recipients.</p>
HB 02-1390 3/27/2002	Older Coloradans – cash fund – sources of funding – appropriation.	<p>Eliminates the transfer of state sales and use tax revenues during the 2001-02 fiscal year to the older Coloradans cash fund. Specifies that the fund may also consist of moneys appropriated to the fund by the general assembly.</p>
HB 02-1457	Medicaid – nursing	<p>Repeals the quality of care incentive payment ("QCIP") program and the resident-centered quality improvement</p>

Number Effective Date	Topic	Summary
7/1/2002	facility rates – repeal of the quality of care incentive payment program – repeal and reenactment of the resident-centered quality improvement program – appropriations – conditional enactment – appropriations – adjustments to long bill.	<p>program ("ResQUIP"). Reenacts the ResQUIP program beginning July 1, 2003, and specifies that the reenacted ResQUIP program is subject to available appropriations.</p> <p>Eliminates the implementation of the 8% limitation on the increase in health care services costs that applies to class I and class V NF reimbursement rates beginning on July 1, 2002.</p> <p>Directs interested members of the JBC of the general assembly, HCPF, the state ombudsman and interested LTC ombudsmen, and NF providers to develop a methodology for determining when and under what circumstances a limitation on the increase in health care services costs shall be implemented. Requires the group to report its recommendations for a methodology to the JBC by November 15, 2002.</p> <p>Specifies that if a methodology to implement a limitation on the increase in health care services costs is not enacted by July 1, 2003, any increase in health care services costs for specified facilities shall not exceed 8% per year for rates effective on and after July 1, 2005. Specifies that the calculation of the 8% limitation shall be based on the facility's cost reports, as specified by rule, in the preceding year.</p> <p>Specifies that provisions of this act repealing provisions of Senate Bill 02-071 as enacted by the general assembly, which implements consumer satisfaction surveys to determine the level of satisfaction among NF residents, take effect only if Senate Bill 02-071 becomes law.</p>
SB 02-146 1/1/2003	Medicare supplement insurance – premiums – refund in case of cancellation.	Requires insurers to refund prepaid premiums for Medicare supplement insurance policies after 30 days of coverage at a prorated amount. Such refund is based on the subsequent full months of coverage being cancelled when the policyholder or certificate holder provides 30 days' notice of cancellation to the insurer.
SB 01-78 6/5/2001	Nursing facilities – consumer satisfaction – creation of the	Requires CDPHE to develop and implement a consumer satisfaction survey to evaluate the QOC and QOL in NFs. Requires the survey to be easy to understand and to protect the confidentiality of the participants in the survey. Requires the department to implement the survey on or before July 1, 2002. Exempts private-pay NFs from participation in the survey.

Number Effective Date	Topic	Summary
	resident centered quality improvement program – creation of working group – appropriation.	<p>Requires CDPHE to respond within 5 working days to complaints from residents and residents' family members or representatives. States that CDPHE must update the complainant every 14 days for the first 60 days after the complaint was received and, if the complaint is not resolved within the first 60 days, every 30 days after that until the investigation is resolved and a report is finalized.</p> <p>Authorizes HCPF to research and develop a nonmonetary incentive program for NFs for the purpose of encouraging improvement in the QOC. Establishes a ResQUIP to improve the QOL in NFs through resident participation. Requires the state department to issue incentive payment programs to NFs that develop proposals that meet criteria developed by the state department. Allows 50% of the moneys from the QOC incentive payment program ("quality program") to be used for the resident program. Requires evaluations of each approved resident program proposal on at least an annual basis. Establishes additional standards for CDPHE to consider when issuing incentive payments under the quality program.</p> <p>Creates a 12-member working group in HCPF to develop a detailed proposal to reform the current survey and certification process for NFs to increase the focus on continuous performance improvement. Directs the working group to present a detailed proposal, along with proposed legislation, to the general assembly on or before December 1, 2001.</p>
HB 01-1079 6/6/2001	Older Coloradans program – area agencies on aging – administrative expenses – reports – extension of funding – appropriation.	Prohibits any area agency on aging from using more than 10% the moneys received from the older Coloradans program ("program") on administrative expenses. On or before January 1, 2001, requires each AAA to submit to the state office on aging in DHS ("state office") a report detailing the use of moneys received from the program. On or before February 1, 2002, directs the state office to submit a compilation of the agency reports to the health, environment, children and families committee of the senate and the health, environment, welfare, and institutions committee of the house of representatives.
HB 01-1080 3/20/2001	Health care task force – innovative housing options for older people.	Requires the Colorado health care task force to study innovative options for housing, HCBS, and assisted living services for older people who can no longer live independently in their communities and possible funding sources for these levels of care. Requires the Colorado health care task force to consider the implementation of both short-range and long-range recommendations on rate disparity and shortfalls within LTC made by the task force created in footnote 50a of the 2000 general appropriations act. Requires the task force to make recommendations to the general assembly for consideration during the 2002 regular legislative session.

Number Effective Date	Topic	Summary
HB 01-1224 4/25/2001	Property tax – exemption for qualified seniors.	<p>For property tax years commencing on or after January 1, 2002, creates a property tax exemption for 50% of the first \$200,000 of actual value of owner-occupied residential real property used as the primary residence of a qualifying senior who has owned and occupied the residential real property for 10 years as of the assessment date as follows:</p> <ul style="list-style-type: none"> • Specifies that an individual who owns residential real property consisting of multiple-dwelling units may only claim an exemption for the unit he or she occupies as his or her primary residence and that no more than one exemption per year shall be allowed for any single-dwelling unit • Specifies that only one exemption per property tax year may be claimed for a single dwelling unit of residential real property, regardless of how many owner-occupiers use the dwelling unit as their primary residence • Specifies that spouses who own multiple pieces of residential real property are deemed to occupy the same primary residence and may only claim one exemption • Specifies that an owner-occupier may claim an exemption for residential real property that he or she has not owned for 10 years as of the assessment date if the owner-occupier would have been able to claim an exemption for his or her previous residence but for the fact that the previous residence was condemned by a governmental entity through an eminent domain proceeding • Requires each county assessor to mail annual notice of the exemption to each residential real property address in the assessor's county no later than May 1, 2002, and each May 1 thereafter • Requires an individual claiming an exemption to file an exemption application with the appropriate county assessor no later than July 15 of the first property tax year for which an exemption is claimed • Requires an applicant to provide specified information on an exemption application and requires the property tax administrator to prescribe the form of the exemption application • Prescribes penalties for any applicant who knowingly provides false information on an exemption application, fails to advise the appropriate assessor within 60 days of any change in ownership or occupancy of residential real property that affects an exemption that has previously been applied for or allowed, or files more than one exemption application • Requires completed exemption applications to be kept confidential subject to specified exceptions; • Requires each county assessor to deny any exemption application that is incomplete or that indicates that the applicant is not entitled to an exemption • Requires each county assessor to mail to each applicant whose exemption has been denied a statement providing the reasons for the denial and informing the applicant of the applicant's right to contest the denial no later than August 15 of the property tax year for which the exemption application was filed

Number Effective Date	Topic	Summary
		<ul style="list-style-type: none"> • Gives an applicant whose exemption application has been denied a right to contest the denial at an administrative hearing before the county commissioners sitting as the county board of equalization between September 1 and October 1 of the property tax year for which the exemption was filed; • No later than October 5, 2002, and no later than each October 5, thereafter, requires each county assessor to send the property tax administrator an annual report containing specified information about the property tax exemptions allowed in the assessor's county • Requires the property tax administrator to examine the reports sent by each county assessor to ensure that no applicant has claimed multiple exemptions, to deny any exemption claimed by an applicant who has claimed more than one exemption, and to provide written notice to the applicant of any denied exemption no later than November 1, 2002, and no later than each November 1, thereafter • Requires the reports to be kept confidential subject to specified exceptions • Allows an individual whose claims for exemption were denied by the property tax administrator to file a written protest with the property tax administrator no later than November 15 of the year in which the exemptions were denied and requires the property tax administrator to resolve such protests no later than December 1 of the same year • No later than December 1, 2002, and no later than each December 1 thereafter, requires the property tax administrator to provide written notice to the assessor of each county in which an exemption application has been denied because the applicant filed multiple exemption applications with the identity of the applicant who filed multiple exemptions and the denial of the exemption • No later than April 1, 2003, and no later than each April 1 thereafter, requires each county treasurer to send the state treasurer an annual report containing specified information about the property tax exemptions allowed in the treasurer's county for the previous property tax year so that the state treasurer can reimburse each county for the amount of the exemptions allowed • No later than April 15, 2003, and no later than each April 15 thereafter, requires the state treasurer to reimburse each county treasurer for property tax revenues lost by local governmental entities in the treasurer's county as a result of the exemption • Specifies that such reimbursement shall not be subject to the statutory limitation on general fund appropriations • Requires each county treasurer to distribute the moneys received from the state treasurer to local governmental entities as if the lost property tax revenues had been regularly paid and excludes such moneys from a local governmental entity's fiscal year spending

Number Effective Date	Topic	Summary
		<ul style="list-style-type: none"> Requires the state auditor to periodically audit the exemption program, authorizes the auditor to suggest means of improving the administration of the program, and requires an assessor, a county treasurer, the property tax administrator, or the state treasurer to provide relevant documents to the state auditor upon request.
SB 01-88 6/5/2001	Criminal history record checks – care providers – elderly – individuals with disabilities.	<p>Adds persons caring for the elderly and persons caring for individuals with disabilities as 2 additional categories for which an organization is authorized to access criminal history record information to determine an individual's employment or volunteer status with the organization. Makes changes to comply with federal criminal history record requirements.</p> <p>Authorizes DHS, CDPHE, and the department of education to serve as authorized agencies for dissemination of criminal history records under federal law. Permits those departments to identify by rule those entities that may serve as qualified entities and to promulgate all reasonable and necessary rules to implement the act. Requires any authorized agency accessing criminal history record information to do so only through the Colorado bureau of investigation.</p>
SB 00-128 6/2/2000	Medicaid – nursing facilities – case-mix reimbursement system – appropriation.	<p>Establishes a mandatory case-mix adjusted reimbursement system for health care services costs at class I and class V Medicaid NFs. Specifies resident resource requirement case-mix and facility population criteria to be used by the HCPF for calculating case-mix adjusted reimbursement rates. Authorizes the state board of medical services to promulgate rules necessary for the implementation of the case-mix adjusted reimbursement system. Suspends the 8% cap on the reimbursement for increases in health care services costs for the first 2 years of the implementation of case-mix adjusted reimbursement. Establishes an interest rate with limitations based upon the current treasury bond for purposes of calculating the rental rate for capital-related assets.</p>
HB 00-1072 5/24/2000	Older Coloradans program – formula – reports – fund – appropriation.	<p>Establishes an older Coloradans program in the DHS. Specifies that moneys appropriated to the program shall be distributed to the AAA using the same distribution formula for moneys allocated under the "Older Americans Act", but that each AAA shall determine to which services such moneys shall be allocated. Requires the AAAs to include the proposed uses of moneys from the program in the agencies' plan. Limits the proposed uses of moneys transferred from sales and use taxes to one-time purposes.</p> <p>Requires the area agencies on aging to submit to the department a report on the uses of the moneys by January 1, 2001, and the department to compile the reports and submit a report to the joint budget committee and the health,</p>

Number Effective Date	Topic	Summary
		<p>environment, welfare, and institutions committees of the senate and the house of representatives. Establishes the older Coloradans cash fund.</p>
<p>HB 00-1343 1/1/2001</p>	<p>At-risk adults – financial exploitation – prohibition.</p>	<p>Creates the "Protection Against Financial Exploitation of At-risk Adults Act". Urges specified persons to report known or suspected financial exploitation of at-risk adults to a county department of social services ("county department") or to a local law enforcement agency when such persons have observed an at-risk adult being subjected to circumstances or conditions that may reasonably result in the financial exploitation of the at-risk adult or when such persons have reasonable cause to know or suspect that an at-risk adult has been financially exploited. Allows any other person to report known or suspected financial exploitation of an at-risk adult to a local law enforcement agency or a county department.</p> <p>Requires the agency receiving the report to prepare a written report within 48 hours after receiving a report of financial exploitation. Identifies the minimum information that the report shall contain. Requires the county department to forward the report to the district attorney's office and the local law enforcement agency. Requires the local law enforcement agency to forward the report to the county department and to the district attorney's office.</p> <p>Prohibits any person from knowingly making a false report of financial exploitation to a county department or local law enforcement agency. Grants any person who makes a good faith report, except a perpetrator, complicitor, or coconspirator, immunity from any civil or criminal liability. Provides for confidentiality of reports, except in certain circumstances. Prohibits any person from taking discriminatory, disciplinary, or retaliatory action against a person who makes a good faith report of known or suspected financial exploitation.</p> <p>Requires the agency receiving the report immediately to investigate the report for the financial protection of the at-risk adult. Allows law enforcement agencies, county departments, and other agencies to develop and implement cooperative agreements to coordinate the investigative duties of the agencies. Encourages any existing at-risk adult protection teams to expand their current purposes to include protection against the financial exploitation of at-risk adults.</p> <p>Grants agencies investigating the financial exploitation of at-risk adults permission to inspect all records pertaining to the at-risk adult on whose behalf the investigation is being conducted upon written consent of the at-risk adult. Requires a financial institution to offer, upon request, an informed consent release form to any adult over 60 years of</p>

Number Effective Date	Topic	Summary
		<p>age and any at-risk adult with an account at the institution. Specifies that the consent form shall allow the investigation of known or suspected financial exploitation prior to any report of financial exploitation.</p> <p>Encourages training, focused on detection of financial exploitation, for persons urged to report pursuant to this act.</p>
HB 00-1457 5/24/2000	Old age pension work incentive program.	Extends the OAP work incentive program by repealing the program's current repeal date of July 1, 2000.