

**First Regular Session
Seventy-fourth General Assembly
STATE OF COLORADO**

PREAMENDED

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

LLS NO. 23-0700.01 Shelby Ross x4510

HOUSE BILL 23-1228

HOUSE SPONSORSHIP

McCluskie and Willford,

SENATE SPONSORSHIP

Zenzinger,

House Committees

Public & Behavioral Health & Human Services
Finance

Senate Committees

A BILL FOR AN ACT

101 **CONCERNING NURSING FACILITY REIMBURSEMENT RATE SETTING.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill adjusts the supplemental medicaid payment rates a qualifying nursing facility receives from the department of health care policy and financing (state department).

Current law limits the annual increase of the general fund share of the aggregate statewide average of the per diem rate to not more than 3%. The bill removes this limitation and requires the general fund share be calculated based on specific percentage increases.

The bill requires the state department to initiate a process no later

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
*Capital letters or bold & italic numbers indicate new material to be added to existing law.
Dashes through the words or numbers indicate deletions from existing law.*

than July 1, 2023, to remove the medicare costs from the provider rate setting by July 1, 2026.

The bill repeals the requirement that only such costs as are reasonable, necessary, and patient-related be reported for reimbursement purposes.

The bill authorizes the state department to require a nursing facility, as a condition of receiving medicaid funds, to submit any documentation necessary to ensure the state's interest in transparency, stability, and sound fiscal stewardship.

As part of developing and implementing a transition plan to regulate nursing facility reimbursement, the bill requires the state department to:

- No later than July 1, 2026, define "nursing home reimbursement" and provide payments to nursing facilities;
- Engage with stakeholders regularly to seek input on any proposed methodology changes; and
- From November 1, 2023, to November 1, 2026, submit an annual report to the joint budget committee of the general assembly regarding the implementation process.

The bill requires the state department to issue additional supplemental payments to nursing facility providers with disproportionately high medicaid utilization, to facilities that are geographically critical to ensuring access to care, and to facilities that admit compassionate release individuals from the department of corrections.

Effective July 1, 2026, the bill repeals:

- The requirement that the state department exempt certain nursing facility providers from the provider fee;
- The process for providing a wage enhancement supplemental payment to eligible nursing home providers that pay their employees a wage of at least \$15 per hour; and
- Requirements for issuing additional supplemental payments to nursing facility providers that meet certain requirements.

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

2 **SECTION 1.** In Colorado Revised Statutes, 25.5-6-202, **amend**
3 (5), (6), (9)(b)(I), and (9)(c)(I); **repeal** (9)(c)(II); and **add** (9)(b)(I.5),
4 (13), (14), (15), and (16) as follows:

5 **25.5-6-202. Providers - nursing facility provider**

1 **reimbursement - exemption - rules - repeal.** (5) Subject to available
2 ~~moneys~~ APPROPRIATIONS and the priority of the uses of the provider fees
3 as established in section 25.5-6-203 (2)(b), in addition to the
4 reimbursement rate components paid pursuant to subsections (1) to (4) of
5 this section, the state department shall make a supplemental medicaid
6 payment based upon performance to those nursing facility providers that
7 provide services that result in better care and higher quality of life for
8 their residents. ~~This amount shall be determined by~~ The state department
9 SHALL DETERMINE THE PAYMENT AMOUNT based upon performance
10 measures established in rules adopted by the state board in the domains
11 of quality of life, quality of care, and facility management. ~~The payment~~
12 ~~shall be computed annually as of July 1, 2009, and each July 1 thereafter,~~
13 ~~and shall not be less than twenty-five hundredths of one percent of the~~
14 ~~statewide average per diem rate for the combined rate components~~
15 ~~determined pursuant to subsections (1) to (4) of this section.~~ BEGINNING
16 JULY 1, 2024, THE PAYMENT MUST NOT BE LESS THAN TWELVE PERCENT OF
17 TOTAL PROVIDER FEE PAYMENTS AND MUST BE ADJUSTED FOR FISCAL
18 YEARS 2024-25 AND 2025-26. NO LATER THAN JULY 1, 2026, THE
19 PAYMENT MUST NOT BE LESS THAN FIFTEEN PERCENT OF TOTAL PROVIDER
20 FEE PAYMENTS AND MUST BE ANNUALLY ADJUSTED THEREAFTER. During
21 each state fiscal year, the state department may discontinue the
22 supplemental medicaid payment established pursuant to this subsection
23 (5) to any nursing facility provider that fails to comply with the
24 established performance measures during the state fiscal year, and the
25 state department may initiate the supplemental medicaid payment
26 established pursuant to this subsection (5) to any provider ~~who~~ THAT
27 comes into compliance with the established performance measures during

1 the state fiscal year.

2 (6) Subject to available ~~money~~ APPROPRIATIONS and the priority
3 of the uses of the provider fees as established in section 25.5-6-203
4 (2)(b), in addition to the reimbursement rate components PAID pursuant
5 to subsections (1) to (5) of this section, the state department shall make
6 a supplemental medicaid payment to nursing facility providers that ~~have~~
7 ~~SERVE~~ residents: ~~who have moderately to very severe mental health~~
8 ~~conditions, dementia diseases and related disabilities, or acquired brain~~
9 ~~injury as follows:~~

10 (a) ~~A supplemental medicaid payment shall be made to nursing~~
11 ~~facility providers that serve residents~~ Who have severe mental health
12 conditions that are classified at a level II by the medicaid program's
13 preadmission screening and resident review assessment tool. The state
14 department shall compute this payment annually as of July 1, 2009, and
15 each July 1 thereafter, and it ~~shall be~~ MUST not BE less than two percent
16 of the statewide average per diem rate for the combined rate components
17 determined pursuant to subsections (1) to (4) of this section. BEGINNING
18 JULY 1, 2023, THE STATE DEPARTMENT SHALL ANNUALLY ADJUST THE
19 RATE TO ENSURE ACCESS TO CARE FOR RESIDENTS WHO HAVE SEVERE
20 MENTAL HEALTH CONDITIONS.

21 (b) ~~A supplemental medicaid payment shall be made to nursing~~
22 ~~facility providers that serve residents~~ With severe dementia diseases and
23 related disabilities or acquired brain injury. The state department shall
24 calculate the payment based upon the resident's cognitive assessment
25 established in rules adopted by the state board. The state department shall
26 compute this payment annually as of July 1, 2009, and each July 1
27 thereafter, and it ~~shall be~~ MUST not BE less than one percent of the

1 statewide average per diem rate for the combined rate components
2 determined ~~under~~ PURSUANT TO subsections (1) to (4) of this section.
3 BEGINNING JULY 1, 2023, THE STATE DEPARTMENT SHALL ANNUALLY
4 ADJUST THE RATE TO ENSURE ACCESS TO CARE FOR RESIDENTS WITH
5 SEVERE DEMENTIA DISEASES AND RELATED DISABILITIES OR ACQUIRED
6 BRAIN INJURY.

7 (9) (b) (I) Except for changes in the number of patient days, THE
8 STATE DEPARTMENT SHALL ESTABLISH the general fund share of the
9 aggregate statewide average of the per diem rate net of patient payment
10 pursuant to subsections (1) to (4) of this section. ~~shall be limited to an~~
11 ~~annual increase of three percent~~ The state's share of the reimbursement
12 rate components pursuant to subsections (1) to (4) of this section may be
13 funded through the provider fee assessed pursuant to ~~the provisions of~~
14 section 25.5-6-203 and any associated federal funds. Any provider fee
15 used as the state's share and all federal funds ~~shall~~ MUST be excluded from
16 the calculation of the general fund ~~limitation on the annual increase~~
17 SHARE. For the fiscal year commencing July 1, 2009, and for each fiscal
18 year thereafter, THE STATE DEPARTMENT SHALL CALCULATE the general
19 fund share of the aggregate statewide average per diem rate net of patient
20 payment pursuant to subsections (1) to (4) of this section ~~shall be~~
21 ~~calculated~~ using the rates that were effective on July 1 of that fiscal year;
22 EXCEPT THAT:

23 (A) FOR FISCAL YEAR 2023-24, THE STATE DEPARTMENT SHALL
24 INCREASE THE AGGREGATE STATEWIDE AVERAGE OF THE PER DIEM RATE
25 BY AT LEAST TEN PERCENT;

26 (B) FOR FISCAL YEAR 2024-25, THE STATE DEPARTMENT SHALL
27 INCREASE THE AGGREGATE STATEWIDE AVERAGE OF THE PER DIEM RATE

1 BY AT LEAST THREE PERCENT;

2 (C) FOR FISCAL YEAR 2025-26, THE STATE DEPARTMENT SHALL
3 INCREASE THE AGGREGATE STATEWIDE AVERAGE OF THE PER DIEM RATE
4 BY AT LEAST ONE AND ONE-HALF PERCENT; AND

5 (D) BEGINNING IN FISCAL YEAR 2026-27, AND FOR EACH FISCAL
6 YEAR THEREAFTER, THE STATE DEPARTMENT SHALL ESTABLISH THE
7 AGGREGATE STATEWIDE AVERAGE OF THE PER DIEM RATE.

8 (I.5) WHEN INCREASING THE AGGREGATE STATEWIDE AVERAGE OF
9 THE PER DIEM RATE FOR FISCAL YEARS 2023 THROUGH 2027, THE
10 REIMBURSEMENT RATE FOR A CLASS I NURSING FACILITY THAT OPERATES
11 EFFICIENTLY AND ECONOMICALLY MUST BE REASONABLE AND ADEQUATE
12 TO MEET THE NURSING HOME'S COSTS IN ORDER TO PROVIDE CARE AND
13 SERVICES IN CONFORMITY WITH APPLICABLE STATE AND FEDERAL LAWS,
14 REGULATIONS, AND QUALITY AND SAFETY STANDARDS, AND MUST BE
15 BASED ON THE MOST RECENT AUDITED AND FINALIZED COST AND
16 UTILIZATION DATA AVAILABLE.

17 (c) (I) The general assembly finds that the historical growth in
18 nursing facility provider rates has significantly exceeded the rate of
19 inflation. These increases have been caused in part by the inclusion of
20 medicare costs in medicaid cost reports. The state of Colorado has an
21 interest in limiting these exceptional increases in medicaid nursing facility
22 provider rates by removing medicare ~~part B direct~~ costs from the
23 medicaid nursing facility provider rates and by imposing a ceiling on the
24 medicare part A ancillary costs that are included in calculating medicaid
25 nursing facility rates. NO LATER THAN JULY 1, 2023, THE STATE
26 DEPARTMENT SHALL INITIATE A PROCESS TO REMOVE MEDICARE COSTS
27 FROM THE PROVIDER RATE SETTING BY JULY 1, 2026. THE STATE BOARD

1 SHALL PROMULGATE RULES ESTABLISHING THE SPECIFIC METHODOLOGY
2 USED FOR REMOVING MEDICARE COSTS.

3 (II) ~~For all rates effective on or after July 1, 1997, for each class~~
4 ~~I nursing facility provider, only such costs as are reasonable, necessary,~~
5 ~~and patient-related may be reported for reimbursement purposes. Nursing~~
6 ~~facility providers may include the level of medicare part A ancillary costs~~
7 ~~that was included and allowed in the facility's last medicaid cost report~~
8 ~~filed prior to July 1, 1997. Any subsequent increase in this amount shall~~
9 ~~be limited to either the increase in the facility's allowable medicare part~~
10 ~~A ancillary costs or the percentage increase in the cost of medical care~~
11 ~~reported in the United States department of labor bureau of labor statistics~~
12 ~~consumer price index for the same time period, whichever is lower. Part~~
13 ~~B direct costs for medicare shall be excluded from the allowable~~
14 ~~reimbursement for facilities.~~

15 (13) (a) AS A CONDITION OF RECEIVING MEDICAID FUNDS, THE
16 STATE DEPARTMENT MAY REQUIRE A NURSING FACILITY TO SUBMIT ANY
17 DOCUMENTATION NECESSARY TO ENSURE THE STATE'S INTEREST IN
18 TRANSPARENCY, STABILITY, AND SOUND FISCAL STEWARDSHIP,
19 INCLUDING, BUT NOT LIMITED TO:

20 (I) ANNUAL AUDITED FINANCIAL STATEMENTS, PREPARED BY AN
21 INDEPENDENT ACCOUNTANT, FOR A FACILITY, MANAGEMENT COMPANY,
22 AND ANY RELATED PARTY CONDUCTING BUSINESS WITH A
23 MEDICAID-CERTIFIED NURSING FACILITY, INCLUDING AUDITED AND
24 CONSOLIDATED FINANCIAL STATEMENTS FOR ANY PARENT COMPANY THAT
25 ACCEPTS, OR WHOSE SUBSIDIARIES ACCEPT, MEDICAID PAYMENTS FROM
26 THE STATE OF COLORADO;

27 (II) DETAILS ON TRANSACTIONS BETWEEN RELATED PARTIES OR

1 ENTITIES THAT HAVE COMMON OWNERSHIP; AND

2 (III) OWNERSHIP INTEREST IN REAL ESTATE, MANAGEMENT
3 COMPANIES, FACILITY OPERATORS, AND ALL RELATED PARTIES.

4 (b) THE STATE DEPARTMENT SHALL DETERMINE THE FORMAT FOR
5 THE DOCUMENTATION PROVIDED BY EACH NURSING FACILITY.

6 (c) THE STATE BOARD SHALL ESTABLISH BY RULE ANY PENALTIES
7 FOR NONCOMPLIANCE WITH THE FINANCIAL REPORTING REQUIRED
8 PURSUANT TO THIS SUBSECTION (13).

9 (d) THE COSTS ASSOCIATED WITH THE FINANCIAL REPORTING
10 REQUIRED PURSUANT TO THIS SUBSECTION (13), INCLUDING ANY AUDIT
11 COSTS INCURRED BY A NURSING FACILITY, ARE AN ALLOWABLE EXPENSE
12 ON THE MEDICAID COST REPORT AND MUST BE INCORPORATED AS A
13 COMPONENT OF THE OVERALL REIMBURSEMENT METHODOLOGY.

14 (14) THE GENERAL ASSEMBLY FINDS THAT THE INFLEXIBLE
15 NATURE OF STATUTORILY FIXED REIMBURSEMENT RATES IS NOT IN THE
16 BEST INTEREST OF THE STATE OF COLORADO. THEREFORE, THE STATE
17 DEPARTMENT SHALL DEVELOP AND IMPLEMENT A TRANSITION PLAN TO
18 REGULATE NURSING FACILITY REIMBURSEMENT AIMED AT IMPROVING THE
19 HEALTH AND SAFETY OF RESIDENTS, PROMOTING INNOVATION AND
20 IMPROVED INFECTION CONTROL EFFORTS, IMPROVING ACCESS TO CARE,
21 AND PROMOTING INNOVATION IN COLORADO NURSING FACILITIES. AS PART
22 OF THIS PROCESS, THE STATE DEPARTMENT SHALL:

23 (a) NO LATER THAN JULY 1, 2026, DEFINE "NURSING HOME
24 REIMBURSEMENT" THROUGH RULES PROMULGATED BY THE STATE BOARD
25 AND PROVIDE PAYMENTS TO NURSING FACILITIES CONSISTENT WITH THE
26 PROMULGATED RULES;

27 (b) ENGAGE WITH STAKEHOLDERS REGULARLY TO SEEK INPUT ON

1 ANY PROPOSED METHODOLOGY CHANGES AND ENSURE THE METHODOLOGY
2 IS REASONABLE AND ADEQUATE TO MEET THE COSTS OF AN EFFICIENTLY
3 AND ECONOMICALLY OPERATED NURSING FACILITY THAT PROVIDES CARE
4 AND SERVICES IN CONFORMITY WITH APPLICABLE STATE AND FEDERAL
5 LAWS, REGULATIONS, AND QUALITY AND SAFETY STANDARDS BASED ON
6 THE MOST RECENT AUDIT AND FINALIZED COST AND UTILIZATION DATA
7 AVAILABLE; AND

8 (c) FROM NOVEMBER 1, 2023, TO NOVEMBER 1, 2026, SUBMIT AN
9 ANNUAL REPORT TO THE JOINT BUDGET COMMITTEE OF THE GENERAL
10 ASSEMBLY REGARDING THE IMPLEMENTATION PROGRESS DESCRIBED IN
11 THIS SUBSECTION (14), INCLUDING, AT A MINIMUM:

12 (I) RECORDS OF STAKEHOLDER ENGAGEMENT;

13 (II) CONCLUSIONS DRAWN FROM FINANCIAL OVERSIGHT
14 ACTIVITIES;

15 (III) ISSUES REGARDING PAYMENT EQUITY AND ACCESS TO CARE
16 COORDINATION; AND

17 (IV) EXPECTED BUDGETARY IMPACTS OF ANY METHODOLOGY
18 CHANGE.

19 (15)(a) EACH NURSING FACILITY THAT RECEIVES MEDICAID FUNDS
20 SHALL DEVELOP AND SUBMIT A PLAN TO THE STATE DEPARTMENT THAT
21 MEETS STATE DEPARTMENT STANDARDS AND DEMONSTRATES HOW THE
22 NURSING FACILITY WILL:

23 (I) IMPROVE THE HEALTH AND SAFETY OF THE NURSING FACILITY'S
24 RESIDENTS, INCLUDING INFECTION CONTROL AND STAFFING;

25 (II) INCREASE ACCESS TO CARE;

26 (III) IMPROVE FINANCIAL SUSTAINABILITY, INCLUDING
27 OPPORTUNITIES FOR DIVERSIFICATION OF BUSINESS LINES AND

1 STABILIZATION OF REVENUE STREAMS; AND

2 (IV) PROMOTE INNOVATION TO MEET THE EMERGING NEEDS OF
3 INDIVIDUALS WITH DISABILITIES AND AGING AND OLDER ADULTS.

4 (b) THE STATE BOARD SHALL PROMULGATE RULES IMPLEMENTING
5 THIS SUBSECTION (15).

6 (16) SUBSECTIONS 1 TO 9 OF THIS SECTION AND THIS SUBSECTION
7 (16) ARE REPEALED, EFFECTIVE JULY 1, 2026.

8 SECTION 2. In Colorado Revised Statutes, 25.5-6-203, **amend**
9 (1)(c) as follows:

10 **25.5-6-203. Nursing facilities - provider fees - federal waiver**
11 **- fund created - rules - repeal.** (1) (c) (I) In accordance with the
12 redistributive method set forth in 42 CFR 433.68 (e)(1) and (e)(2), the
13 state department shall seek a waiver from the broad-based provider fees
14 requirement or the uniform provider fees requirement, or both, to exclude
15 nursing facility providers from the provider fee. The state department
16 shall exempt the following nursing facility providers to obtain federal
17 approval and minimize the financial impact on nursing facility providers:

18 (H) (A) A facility operated as a continuing care retirement
19 community that provides a continuum of services by one operational
20 entity providing independent living services, assisted living services, and
21 skilled nursing care on a single, contiguous campus. Assisted living
22 services include an assisted living residence as defined in section
23 25-27-102 C.R.S., or that provides assisted living services on-site,
24 twenty-four hours per day, seven days per week.

25 (H) (B) A skilled nursing facility owned and operated by the state;

26 (H) (C) A nursing facility that is a distinct part of a facility that
27 is licensed as a general acute care hospital; and

1 ~~(IV)~~ (D) A facility that has forty-five or fewer licensed beds.

2 (II) ~~NO LATER THAN JULY 1, 2026, THE STATE DEPARTMENT SHALL~~
3 ~~PROMULGATE RULES MAINTAINING THE EXEMPTIONS IDENTIFIED IN THIS~~
4 ~~SUBSECTION (1)(c) IN ORDER TO MINIMIZE THE FINANCIAL IMPACT ON~~
5 ~~NURSING FACILITY PROVIDERS.~~

6 (III) THIS SUBSECTION (1)(c) IS REPEALED, EFFECTIVE JULY 1,
7 2028.

8 **SECTION 3.** In Colorado Revised Statutes, 25.5-6-208, **add** (7)
9 as follows:

10 **25.5-6-208. Nursing facility provider reimbursement - rules -**
11 **definition - repeal.** (7) THIS SECTION IS REPEALED, EFFECTIVE JULY 1,
12 2026.

13 **SECTION 4.** In Colorado Revised Statutes, 25.5-6-210, **amend**
14 (10); **repeal** (1)(a), (1)(b), (6), (7), (8), and (9); and **add** (1)(c) and (1)(d)
15 as follows:

16 **25.5-6-210. Additional supplemental payments - nursing**
17 **facilities - funding methodology - reporting requirement - rules -**
18 **repeal.** (1) Notwithstanding any other provision of law to the contrary
19 and subject to available appropriations, for the purposes of reimbursing
20 a medicaid-certified class I nursing facility provider, the state department
21 shall issue additional supplemental payments to nursing facility providers
22 that meet the requirements outlined in this section and the state
23 department's subsequent regulation as follows:

24 (a) ~~For the 2021-22 state fiscal year, funds appropriated by the~~
25 ~~general assembly are for the purposes of supporting nursing facility~~
26 ~~providers experiencing increased staffing costs resulting from the~~
27 ~~COVID-19 pandemic, nursing facility providers with high medicaid~~

1 utilization rates, or nursing facility providers currently serving individuals
2 with complex needs.

3 (b) ~~Payments made in addition to those specified in subsection~~
4 ~~(1)(a) of this section may also be made to nursing facility providers that~~
5 ~~accept new admissions of medicaid-enrollment individuals with complex~~
6 ~~needs.~~

7 (c) A PAYMENT TO A NURSING FACILITY WITH
8 DISPROPORTIONATELY HIGH MEDICAID UTILIZATION OR GEOGRAPHICALLY
9 CRITICAL TO ENSURING ACCESS TO CARE. IN DETERMINING QUALIFYING
10 FACILITIES FOR THIS PAYMENT, THE STATE DEPARTMENT SHALL CONSIDER
11 ANY ACCESS TO CARE IMPACTS TO INDIVIDUALS NOT COVERED BY
12 MEDICAID, INCLUDING, BUT NOT LIMITED TO, VETERANS ADMINISTRATION
13 BENEFICIARIES, INDIVIDUALS WITHOUT HEALTH-CARE COVERAGE, AND
14 INDIVIDUALS PENDING MEDICAID COVERAGE.

15 (d) A PAYMENT TO A NURSING FACILITY ADMITTING
16 COMPASSIONATE RELEASE INDIVIDUALS FROM THE DEPARTMENT OF
17 CORRECTIONS WHO NEED ADDITIONAL SERVICES TO ENSURE ACCESS TO
18 CARE.

19 ~~(6) To receive an additional payment pursuant to subsection (1)(b)~~
20 ~~of this section, a nursing facility provider shall work with a hospital to~~
21 ~~facilitate the timely discharge of medicaid members from the hospital into~~
22 ~~the nursing facility, serve medicaid members with complex needs, or~~
23 ~~accept compassionate release individuals from the department of~~
24 ~~corrections.~~

25 (7) ~~On or before November 1, 2022, the state department shall~~
26 ~~engage with stakeholders and submit a report and recommendations to the~~
27 ~~joint budget committee, the health and human services committee of the~~

1 ~~senate, and the public and behavioral health and human services~~
2 ~~committee of the house of representatives, or any successor committees,~~
3 ~~concerning suggested changes for permanently changing medicaid~~
4 ~~nursing facility provider reimbursement policy in Colorado to prioritize~~
5 ~~quality, sustainability, and sound fiscal stewardship to avoid further~~
6 ~~one-time cash infusions. The report must include changes that can be~~
7 ~~made to affirm a nursing facility provider's commitment to accountability~~
8 ~~and must include, at a minimum:~~

- 9 ~~(a) Infection control and culture change practices, including:~~
 - 10 ~~(I) Single occupancy rooms;~~
 - 11 ~~(II) Smaller facility models; and~~
 - 12 ~~(III) Innovative facility models;~~
- 13 ~~(b) Behavioral health needs;~~
- 14 ~~(c) Practices regarding individuals who have complex needs~~
15 ~~requiring hospital discharge;~~
- 16 ~~(d) Practices regarding care and services to compassionate release~~
17 ~~individuals from the department of corrections;~~
- 18 ~~(e) Options for diversified funding streams to ensure continuity of~~
19 ~~services;~~
- 20 ~~(f) Competitive staffing practices;~~
- 21 ~~(g) The timeline and costs associated with implementing the~~
22 ~~recommended changes, including the impact on nursing facility provider~~
23 ~~rates; and~~
- 24 ~~(h) Identification of the amount of supplemental payments to each~~
25 ~~nursing facility provider and the outcome evaluation required pursuant to~~
26 ~~subsection (3) of this section.~~

27 ~~(8) The state department shall meet with the following~~

1 stakeholders, at a minimum, to seek input on any proposed reimbursement
2 methodology changes and report as required by this section:

- 3 (a) ~~A representative from an urban nursing facility provider;~~
- 4 (b) ~~A representative from a rural nursing facility provider;~~
- 5 (c) ~~A representative from a nursing facility trade organization;~~
- 6 (d) ~~A representative from a nursing facility with a high medicaid
7 utilization rate; and~~

8 (e) ~~A representative from a nursing facility that serves individuals
9 with complex needs.~~

10 (9) ~~The state board shall promulgate any rules necessary to
11 implement this section.~~

12 (10) This section is repealed, effective July 1, ~~2023~~ 2026.

13 **SECTION 5.** In Colorado Revised Statutes, 25-48-102, **amend**
14 (4) as follows:

15 **25-48-102. Definitions.** As used in this article 48, unless the
16 context otherwise requires:

17 (4) "Health-care provider" or "provider" means a person who is
18 licensed, certified, registered, or otherwise authorized or permitted by law
19 to administer health care or dispense medication in the ordinary course of
20 business or practice of a profession. The term includes a health-care
21 facility, including a long-term care facility as defined in section
22 25-3-103.7 (1)(f.3) and a continuing care retirement community as
23 described in section 25.5-6-203 ~~(1)(c)(I)~~, ~~C.R.S.~~ (1)(c)(I)(A).

24 **SECTION 6. Safety clause.** The general assembly hereby finds,
25 determines, and declares that this act is necessary for the immediate
26 preservation of the public peace, health, or safety.