

SB18-214

Colorado Senior Lobby STRONGLY OPPOSES this bill and request you do not support it.

Legislation is flawed because it does not take into account of seniors who may be on Medicaid through the Qualified Medicare Benefit (QMB) or Supplemental Limited Medicare Benefit (SLMB) or other Medicaid programs for seniors or individuals with a disability who qualify for the Federal Medicare program. This should exempt any caregiver who is caring for an individual who is considered a Dual-Eligible recipient - those who are enrolled in both Medicare and Medicaid. It does not take into account for seniors and adults who are full-time caregivers for children and adults in the Medicaid program, especially those who are enrolled in any of the Home and Community Based Services (HCBS) programs or on Hospice care. Hospice requires that a full-time caregiver be in the home of the recipient.

Putting a five (5) year life-time limit on Medicaid is not appropriate. When I was younger I was a single mom struggling to work and care for my two children. Their father refused to pay court ordered child-support. I was struggling to feed my children while trying to keep a roof over their head. At that time, I was able to qualify for Medicaid to provide health care for my children. They were on it for three (3) years. My daughter who just had her second child has been on Medicaid for the past three (3) years. She has two children under the age of five. Does this mean that as soon as her children are five she is no longer insured? Or would this she may have another two years of Medicaid coverage. What about myself? Does this mean that if I need long-term services through Medicaid in the future that I will only be able to qualify for two more years?

What about all the seniors who are on Medicaid residing in nursing homes. Assisted living residences, or are in their own homes receiving HCBS services? Are they limited to only five (5) years? Most are not : RECEIVING TEMPORARY OR PERMANENT LONG-TERM DISABILITY BENEFITS FROM A PRIVATE INSURER OR FROM A GOVERNMENT PAYER, they are receiving Social Security and using their own funds from. Do we kick seniors out of nursing homes? Do we kick them off of HCBS services after five years? Who determines who is an "ABLE-BODIED ADULTS" ; what is the definition? How is it determined?

This program is very administratively heavy. How many additional County Eligibility Technicians will be required to verify someone's income for 60 months? A lifetime-limit of five years seems administratively burdensome. You will be making this person take time off from work each month to demonstrate to the eligibility technician that their income has not changed.

This program focuses on five years, who is pro-rating the time? If an adult needs Medicaid at the age of 60 for five years because he/she is not able to work full-time and does not qualify for disability and is too young for Medicare, does that mean he/she is kicked off at the age of 65 even though the retirement age is now 67 or older? Medicare does not cover long-term care services, because this person used up their 5 years, and now needs help in the home, he/she is not eligible for Medicaid?

There is no mention of grand-fathering in any of the current Medicaid recipients. Does this mean that hundreds of Medicaid recipients will lose their Medicaid on the date that this bill is effective or when an 1115 waiver becomes effective?

Colorado Senior Lobby STRONGLY OPPOSES this bill and requests that you vote against SB 18-214.

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Request Revisions

Page 3 lines 15 and 16

Section 25.5-4-504 (2)(a)III IS THE SOLE CAREGIVER OF A FAMILY MEMBER WHO IS UNDER FIVE YEARS OF AGE; OR IS THE CAREGIVER FOR A PERSON ON ANY OF THE HOME AND COMMUNITY BASED WAIVERS OR HOSPICE PROGRAM; OR

(2)(a)IV )(d)

Delete page 3 lines 26 and 27

Delete page 4 lines 1 through 8

This provision does not allow for a caregiver for a senior on the Medicaid program who may be enrolled in the Home and Community Based Services –Elderly Blind or Disabled waiver (HCBS-EBD) or any of the HCBS waivers.