

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

**PREAMENDED**

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

LLS NO. 25-0493.02 Chelsea Princell x4335

**HOUSE BILL 25-1162**

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**HOUSE SPONSORSHIP**

**Feret,**

**SENATE SPONSORSHIP**

**(None),**

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**House Committees**  
Health & Human Services

**Senate Committees**

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**A BILL FOR AN ACT**

101 **CONCERNING REDETERMINATION OF ELIGIBILITY FOR INDIVIDUALS**  
102 **ENROLLED IN THE STATE MEDICAL ASSISTANCE PROGRAM.**

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**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 authorizes the department of health care policy and financing (state department) to seek federal authorization to:

- Extend the timeline for member reenrollment in the state medical assistance program based on the financial eligibility for a member whose income is based solely on a fixed income source; and

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.

- Verify a member's eligibility for reenrollment based on income and need at the same time.

The bill requires the state department to modify the questions asked to medical professionals when verifying a member's need for long-term services and supports and allows any licensed medical professional who has a bona fide physician-patient relationship with a member to complete the documentation necessary to verify a member's need for long-term services and supports.

The bill prohibits the state department from requiring new documentation for a member who transitions from receiving services in an institutional setting to receiving services in a home- and community-based setting and vice versa.

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

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3 **SECTION 1.** In Colorado Revised Statutes, 25.5-4-205, add  
4 (3)(b)(I.5)(H) as follows:

5 **25.5-4-205. Application - verification of eligibility -**  
6 **demonstration project - rules.** (3) (b) (I.5) (H) ON OR BEFORE JULY 1,  
7 2028, THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL  
8 AUTHORIZATION TO ALLOW THE STATE DEPARTMENT TO DETERMINE A  
9 MEMBER'S ELIGIBILITY FOR REENROLLMENT WITHOUT CHECKING  
10 FEDERALLY APPROVED ELECTRONIC DATA SOURCES OR REQUESTING  
11 ADDITIONAL VERIFICATION, IF THE MEMBER'S INCOME CONSISTS SOLELY OF  
12 SOCIAL SECURITY INCOME OR OTHER SOURCE OF STABLE INCOME OR  
13 ASSETS. THE DEPARTMENT, IN CONSULTATION WITH MEDICAID MEMBERS  
14 AND ADVOCACY GROUPS, SHALL MAKE A REASONABLE DETERMINATION OF  
15 WHAT TYPES OF INCOME AND ASSETS ARE CONSIDERED STABLE OR  
16 EXPECTED TO DECREASE IN VALUE AND ASSUME NO CHANGE IN THOSE  
17 INCOME SOURCES OR ASSETS WITHOUT CHECKING FEDERALLY APPROVED  
18 ELECTRONIC DATA SOURCES OR REQUESTING ADDITIONAL VERIFICATION.  
19 ON OR BEFORE JULY 1, 2028, THE STATE DEPARTMENT SHALL SEEK ANY

1 NECESSARY FEDERAL AUTHORIZATION TO ALLOW THE STATE DEPARTMENT  
2 TO DETERMINE A MEMBER'S ELIGIBILITY FOR REENROLLMENT WITHOUT  
3 REQUIRING ADDITIONAL VERIFICATION OF THE MEMBER'S INCOME OR  
4 ASSETS, IF THE MEMBER'S INCOME OR ASSETS HAS NOT CHANGED SINCE  
5 THE INITIAL VERIFICATION THAT TOOK PLACE DURING THE APPLICATION  
6 PROCESS OR AS SPECIFIED THROUGH FEDERAL AUTHORIZATION.

7 **SECTION 2.** In Colorado Revised Statutes, **add 25.5-6-117** as  
8 follows:

9 **25.5-6-117. Determination of need-based services -**  
10 **professional medical information document - definition.** (1) AS USED  
11 IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE REQUIRES,  
12 "PROFESSIONAL MEDICAL INFORMATION DOCUMENT" MEANS DOCUMENTED  
13 MEDICAL INFORMATION SIGNED BY A LICENSED MEDICAL PROFESSIONAL  
14 AND USED AS A COMPONENT OF THE FUNCTIONAL ASSESSMENT FOR  
15 LONG-TERM SERVICES AND SUPPORTS THAT VERIFIES A MEMBER'S NEED  
16 FOR LONG-TERM SERVICES AND SUPPORTS.

17 (2) ON OR BEFORE DECEMBER 31, 2026, THE STATE DEPARTMENT  
18 SHALL MODIFY THE PROFESSIONAL MEDICAL INFORMATION DOCUMENT  
19 USED TO ASSESS A MEMBER'S NEED FOR LONG-TERM SERVICES AND  
20 SUPPORTS TO REDUCE THE NUMBER OF MEDICAL QUESTIONS REQUIRED IN  
21 THE DOCUMENTATION THAT ARE OBTAINED FROM MEDICAL  
22 PROFESSIONALS.

23 (3) A TREATING LICENSED MEDICAL PROFESSIONAL, AS DEFINED IN  
24 RULE BY THE STATE BOARD AS IT RELATES TO HOME- AND  
25 COMMUNITY-BASED SERVICES, WHO HAS A BONA FIDE PHYSICIAN-PATIENT  
26 RELATIONSHIP WITH A MEMBER SHALL SIGN A PROFESSIONAL MEDICAL  
27 INFORMATION DOCUMENT FOR THE MEMBER.

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**SECTION 3. Act subject to petition - effective date.** This act takes effect at 12:01 a.m. on the day following the expiration of the ninety-day period after final adjournment of the general assembly; except that, if a referendum petition is filed pursuant to section 1 (3) of article V of the state constitution against this act or an item, section, or part of this act within such period, then the act, item, section, or part will not take effect unless approved by the people at the general election to be held in November 2026 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.