

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

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 25-0493.02 Chelsea Princell x4335

HOUSE BILL 25-1162

HOUSE SPONSORSHIP

Feret, Bacon, Boesenecker, Brown, Duran, Garcia, Gilchrist, Joseph, Lieder, Lindsay, Marshall, McCluskie, Rutinel, Rydin, Stewart K., Valdez, Woodrow

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Health & Human Services

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A BILL FOR AN ACT

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

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.

SENATE
3rd Reading Unamended
April 14, 2025

SENATE
2nd Reading Unamended
April 11, 2025

HOUSE
3rd Reading Unamended
February 25, 2025

HOUSE
Amended 2nd Reading
February 20, 2025

- 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.

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.