

Second Regular Session  
Sixty-ninth General Assembly  
STATE OF COLORADO

**PREAMENDED**

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

LLS NO. 14-0278.01 Brita Darling x2241

**HOUSE BILL 14-1211**

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**HOUSE SPONSORSHIP**

**Young,** Ginal, Singer, Tyler

**SENATE SPONSORSHIP**

**Tochtrop,**

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**House Committees**

Public Health Care & Human Services

Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101     **CONCERNING ENSURING ACCESS TO QUALITY COMPLEX**  
102             **REHABILITATION TECHNOLOGY IN THE MEDICAID PROGRAM,**  
103             **AND, IN CONNECTION THEREWITH, MAKING AND REDUCING**  
104             **APPROPRIATIONS.**

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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://www.leg.state.co.us/billsummaries>.)*

The bill requires the department of health care policy and financing (department) to recognize complex rehabilitation technology as

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.  
*Capital letters indicate new material to be added to existing statute.*  
*Dashes through the words indicate deletions from existing statute.*

a specific need of persons with complex diagnoses or medical conditions that result in significant physical or functional needs.

The department must designate appropriate billing codes as complex rehabilitation technology and establish supplier quality standards for complex rehabilitation technology suppliers. Additionally, the department must require evaluation of complex needs patients by qualified professionals for purposes of identifying appropriate complex rehabilitation technology. Further, the department must develop pricing policies for complex rehabilitation technology.

The bill defines terms relating to complex rehabilitation technology.

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

2 **SECTION 1.** In Colorado Revised Statutes, **add** 25.5-5-323 as  
3 follows:

4 **25.5-5-323. Complex rehabilitation technology - legislative**  
5 **declaration - definitions.** (1) THE GENERAL ASSEMBLY FINDS AND  
6 DECLARES IT IS IN THE BEST INTERESTS OF THE PEOPLE OF THE STATE OF  
7 COLORADO TO:

8 (a) CONTINUE TO PROTECT ACCESS TO IMPORTANT TECHNOLOGY  
9 AND SUPPORTING SERVICES FOR ELIGIBLE CLIENTS;

10 (b) ESTABLISH AND IMPROVE CURRENT SAFEGUARDS RELATING TO  
11 THE DELIVERY, PROVISION, AND REPAIR OF MEDICALLY NECESSARY  
12 COMPLEX REHABILITATION TECHNOLOGY;

13 (c) CONTINUE TO PROVIDE SUPPORTS FOR CLIENTS ACCESSING  
14 COMPLEX REHABILITATION TECHNOLOGY TO STAY IN THE HOME OR  
15 COMMUNITY SETTING, ENGAGE IN BASIC ACTIVITIES OF DAILY LIVING AND  
16 INSTRUMENTAL ACTIVITIES OF DAILY LIVING, INCLUDING EMPLOYMENT,  
17 PREVENT INSTITUTIONALIZATION, AND PREVENT HOSPITALIZATION AND  
18 OTHER COSTLY SECONDARY COMPLICATIONS; AND

19 (d) CONTINUE ADEQUATE PRICING FOR COMPLEX REHABILITATION

1 TECHNOLOGY FOR THE PURPOSE OF ALLOWING CONTINUED ACCESS TO  
2 APPROPRIATE PRODUCTS AND RELATED SERVICES INCLUDING  
3 MAINTENANCE AND REPAIR.

4 (2) AS USED IN THIS SECTION, UNLESS THE CONTEXT OTHERWISE  
5 REQUIRES:

6 (a) "COMPLEX REHABILITATION TECHNOLOGY" MEANS  
7 INDIVIDUALLY CONFIGURED MANUAL WHEELCHAIR SYSTEMS, POWER  
8 WHEELCHAIR SYSTEMS, ADAPTIVE SEATING SYSTEMS, ALTERNATIVE  
9 POSITIONING SYSTEMS, STANDING FRAMES, GAIT TRAINERS, AND  
10 SPECIFICALLY DESIGNATED OPTIONS AND ACCESSORIES CLASSIFIED AS  
11 DURABLE MEDICAL EQUIPMENT THAT:

12 (I) ARE INDIVIDUALLY CONFIGURED FOR INDIVIDUALS TO MEET  
13 THEIR SPECIFIC AND UNIQUE MEDICAL, PHYSICAL, AND FUNCTIONAL NEEDS  
14 AND CAPACITIES FOR BASIC ACTIVITIES OF DAILY LIVING AND  
15 INSTRUMENTAL ACTIVITIES OF DAILY LIVING, INCLUDING EMPLOYMENT,  
16 IDENTIFIED AS MEDICALLY NECESSARY TO PROMOTE MOBILITY IN THE  
17 HOME AND COMMUNITY OR PREVENT HOSPITALIZATION OR  
18 INSTITUTIONALIZATION OF THE CLIENT;

19 (II) ARE PRIMARILY USED TO SERVE A MEDICAL PURPOSE AND  
20 GENERALLY NOT USEFUL TO A PERSON IN THE ABSENCE OF ILLNESS OR  
21 INJURY; AND

22 (III) REQUIRE CERTAIN SERVICES PROVIDED BY A QUALIFIED  
23 COMPLEX REHABILITATION TECHNOLOGY PROVIDER TO ENSURE  
24 APPROPRIATE DESIGN, CONFIGURATION, AND USE OF SUCH ITEMS,  
25 INCLUDING PATIENT EVALUATION OR ASSESSMENT OF THE CLIENT BY A  
26 HEALTH CARE PROFESSIONAL, AND THAT ARE CONSISTENT WITH THE  
27 CLIENT'S MEDICAL CONDITION, PHYSICAL AND FUNCTIONAL NEEDS AND

1 CAPACITIES, BODY SIZE, PERIOD OF NEED, AND INTENDED USE.

2 (b) "INDIVIDUALLY CONFIGURED" MEANS THAT A DEVICE HAS  
3 FEATURES, ADJUSTMENTS, OR MODIFICATIONS SPECIFIC TO A CLIENT THAT  
4 A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY SUPPLIER PROVIDES  
5 BY MEASURING, FITTING, PROGRAMMING, ADJUSTING, ADAPTING, AND  
6 MAINTAINING THE DEVICE SO THAT THE DEVICE IS CONSISTENT WITH AN  
7 ASSESSMENT OR EVALUATION OF THE CLIENT BY A HEALTH CARE  
8 PROFESSIONAL AND CONSISTENT WITH THE CLIENT'S MEDICAL CONDITION,  
9 PHYSICAL AND FUNCTIONAL NEEDS AND CAPACITIES, BODY SIZE, PERIOD  
10 OF NEED, AND INTENDED USE.

11 (c) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY  
12 PROFESSIONAL" MEANS AN INDIVIDUAL WHO IS CERTIFIED BY THE  
13 REHABILITATION ENGINEERING AND ASSISTIVE TECHNOLOGY SOCIETY OF  
14 NORTH AMERICA OR OTHER NATIONALLY RECOGNIZED ACCREDITING  
15 ORGANIZATIONS AS AN ASSISTIVE TECHNOLOGY PROFESSIONAL.

16 (d) "QUALIFIED COMPLEX REHABILITATION TECHNOLOGY  
17 SUPPLIER" MEANS A COMPANY OR ENTITY THAT:

18 (I) IS ACCREDITED BY A RECOGNIZED ACCREDITING ORGANIZATION  
19 AS A SUPPLIER OF COMPLEX REHABILITATION TECHNOLOGY;

20 (II) MEETS THE SUPPLIER AND QUALITY STANDARDS ESTABLISHED  
21 FOR DURABLE MEDICAL EQUIPMENT SUPPLIERS UNDER THE MEDICARE OR  
22 MEDICAID PROGRAM;

23 (III) EMPLOYS AT LEAST ONE QUALIFIED COMPLEX  
24 REHABILITATION TECHNOLOGY PROFESSIONAL FOR EACH LOCATION TO:

25 (A) ANALYZE THE NEEDS AND CAPACITIES OF CLIENTS FOR A  
26 COMPLEX REHABILITATION TECHNOLOGY ITEM IN CONSULTATION WITH  
27 THE EVALUATING CLINICAL PROFESSIONALS;

1 (B) ASSIST IN SELECTING APPROPRIATE COMPLEX REHABILITATION  
2 TECHNOLOGY ITEMS FOR SUCH NEEDS AND CAPACITIES; AND

3 (C) PROVIDE THE CLIENT TECHNOLOGY-RELATED TRAINING IN THE  
4 PROPER USE AND MAINTENANCE OF THE SELECTED COMPLEX  
5 REHABILITATION TECHNOLOGY ITEMS;

6 (IV) HAS THE QUALIFIED COMPLEX REHABILITATION TECHNOLOGY  
7 PROFESSIONAL DIRECTLY INVOLVED WITH THE ASSESSMENT, AND  
8 DETERMINATION OF THE APPROPRIATE INDIVIDUALLY CONFIGURED  
9 COMPLEX REHABILITATION TECHNOLOGY FOR THE CLIENT, WITH SUCH  
10 INVOLVEMENT TO INCLUDE SEEING THE CLIENT VISUALLY EITHER IN  
11 PERSON OR BY ANY OTHER REAL-TIME MEANS WITHIN A REASONABLE TIME  
12 FRAME DURING THE DETERMINATION PROCESS.

13 (V) MAINTAINS A REASONABLE SUPPLY OF PARTS, ADEQUATE  
14 PHYSICAL FACILITIES, AND QUALIFIED SERVICE OR REPAIR TECHNICIANS TO  
15 PROVIDE CLIENTS WITH PROMPT SERVICE AND REPAIR OF ALL COMPLEX  
16 REHABILITATION TECHNOLOGY IT SELLS OR SUPPLIES; AND

17 (VI) PROVIDES THE CLIENT WRITTEN INFORMATION AT THE TIME  
18 OF SALE AS TO HOW TO ACCESS SERVICE AND REPAIR.

19 (3) THE STATE DEPARTMENT SHALL PROVIDE A SEPARATE  
20 RECOGNITION WITHIN THE STATE'S MEDICAID PROGRAM ESTABLISHED  
21 UNDER ARTICLES 4, 5, AND 6 OF THIS TITLE FOR COMPLEX REHABILITATION  
22 TECHNOLOGY AND SHALL MAKE OTHER REQUIRED CHANGES TO PROTECT  
23 CLIENT ACCESS TO APPROPRIATE PRODUCTS AND SERVICES. SUCH  
24 SEPARATE RECOGNITION MUST TAKE INTO CONSIDERATION THE  
25 CUSTOMIZED NATURE OF COMPLEX REHABILITATION TECHNOLOGY AND  
26 THE BROAD RANGE OF RELATED SERVICES NECESSARY TO MEET THE  
27 UNIQUE MEDICAL AND FUNCTIONAL NEEDS OF CLIENTS AND INCLUDE THE

1 FOLLOWING:

2 (a) THE STATE DEPARTMENT NOTIFYING THE QUALIFIED  
3 REHABILITATION TECHNOLOGY SUPPLIERS CONCERNING THE PARAMETERS  
4 OF THE COMPLEX REHABILITATION TECHNOLOGY BENEFIT, WHICH BENEFIT  
5 MUST INCLUDE THE USE OF QUALIFIED REHABILITATION TECHNOLOGY  
6 SUPPLIERS AS WELL AS BILLING PROCEDURES THAT SPECIFY THE TYPES OF  
7 EQUIPMENT IDENTIFIED AND INCLUDED IN THE COMPLEX REHABILITATION  
8 TECHNOLOGY BENEFIT. THE STATE DEPARTMENT SHALL CREATE COMPLEX  
9 REHABILITATION TECHNOLOGY BENEFIT PARAMETERS THAT ARE EASILY  
10 UNDERSTOOD BY AND ACCESSIBLE TO CLIENTS AND QUALIFIED  
11 REHABILITATION TECHNOLOGY SUPPLIERS. THE STATE DEPARTMENT SHALL  
12 PROVIDE PUBLIC NOTICE NO LATER THAN THIRTY DAYS PRIOR TO A  
13 COLLABORATIVE PROCESS THAT INCLUDES DISCUSSION OF ANY PROPOSED  
14 CHANGES TO THE TYPES OF EQUIPMENT IDENTIFIED AND INCLUDED IN THE  
15 COMPLEX REHABILITATION TECHNOLOGY BENEFIT.

16 (b) ADOPTING SPECIFIC SUPPLIER STANDARDS, AS DESCRIBED IN  
17 PARAGRAPH (d) OF SUBSECTION (2) OF THIS SECTION, FOR COMPANIES OR  
18 ENTITIES THAT PROVIDE COMPLEX REHABILITATION TECHNOLOGY AND  
19 RESTRICTING THE PROVISION OF COMPLEX REHABILITATION TECHNOLOGY  
20 TO THOSE COMPANIES OR ENTITIES THAT ARE QUALIFIED COMPLEX  
21 REHABILITATION SUPPLIERS;

22 (c) ENSURING THAT CLIENTS RECEIVING COMPLEX REHABILITATION  
23 TECHNOLOGY ARE EVALUATED OR ASSESSED, AS NEEDED, BY:

24 (I) A QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING BUT NOT  
25 LIMITED TO A LICENSED PHYSICAL THERAPIST, A LICENSED OCCUPATIONAL  
26 THERAPIST, OR OTHER LICENSED HEALTH CARE PROFESSIONAL WHO HAS NO  
27 FINANCIAL RELATIONSHIP WITH THE QUALIFIED COMPLEX REHABILITATION

1 TECHNOLOGY SUPPLIER AND PERFORMS SPECIALTY EVALUATIONS WITHIN  
2 HIS OR HER SCOPE OF PRACTICE; AND

3 (II) A QUALIFIED COMPLEX REHABILITATION TECHNOLOGY  
4 PROFESSIONAL EMPLOYED BY THE QUALIFIED COMPLEX REHABILITATION  
5 TECHNOLOGY SUPPLIER. THE ASSESSMENT AND DETERMINATION  
6 PERFORMED BY THE QUALIFIED COMPLEX REHABILITATION TECHNOLOGY  
7 PROFESSIONAL EMPLOYED BY THE QUALIFIED COMPLEX REHABILITATION  
8 SUPPLIER SHALL CONTINUE TO BE INCLUDED IN THE REIMBURSEMENT FOR  
9 THE PURCHASED OR RENTED COMPLEX REHABILITATION TECHNOLOGY;

10 (d) CONTINUING PRICING POLICIES FOR COMPLEX REHABILITATION  
11 TECHNOLOGY, UNLESS SPECIFICALLY PROHIBITED BY THE CENTERS FOR  
12 MEDICARE AND MEDICAID SERVICES, INCLUDING THE FOLLOWING:

13 (I) CONTINUING TO ENSURE THAT THE REIMBURSEMENT AMOUNTS  
14 FOR COMPLEX REHABILITATION TECHNOLOGY, REPAIRS, AND SUPPORTING  
15 CLINICAL COMPLEX REHABILITATION TECHNOLOGY SERVICES ARE  
16 ADEQUATE TO ENSURE THAT QUALIFIED CLIENTS HAVE ACCESS TO THE  
17 ITEMS, TAKING INTO ACCOUNT THE UNIQUE NEEDS OF THE CLIENTS AND  
18 THE COMPLEXITY AND CUSTOMIZATION OF COMPLEX REHABILITATION  
19 TECHNOLOGY. THIS INCLUDES DEVELOPING PRICING POLICIES THAT  
20 ENSURE ACCESS TO ADEQUATE AND TIMELY REPAIRS.

21 (II) EXEMPTING COMPLEX REHABILITATION TECHNOLOGY FROM  
22 INCLUSION IN COMPETITIVE BIDDING PROGRAMS OR SIMILAR PROCESSES;  
23 AND

24 (III) PRESERVING THE OPTION FOR COMPLEX REHABILITATION  
25 TECHNOLOGY TO BE BILLED AND PAID FOR AS A PURCHASE ALLOWING FOR  
26 LUMP SUM PAYMENTS FOR DEVICES WITH A LENGTH OF NEED OF ONE YEAR  
27 OR GREATER, EXCLUDING APPROVED CROSSOVER CLAIMS FOR CLIENTS

1 ENROLLED IN MEDICARE AND MEDICAID; AND

2 (e) MAKING OTHER CHANGES AS NEEDED TO PROTECT ACCESS TO  
3 COMPLEX REHABILITATION TECHNOLOGY FOR CLIENTS.

4 **SECTION 2.** In Colorado Revised Statutes, 25.5-5-404, **add** (1)  
5 (v) as follows:

6 **25.5-5-404. Selection of managed care entities.** (1) In addition  
7 to any other criteria specified in rule by the state board, in order to  
8 participate in the managed care system, the MCE shall comply with  
9 specific criteria that include, but are not limited to, the following:

10 (v) THE MCE SHALL COMPLY WITH PROVISIONS RELATING TO  
11 COMPLEX REHABILITATION TECHNOLOGY ESTABLISHED BY THE STATE  
12 DEPARTMENT PURSUANT TO SECTION 25.5-5-323. THIS PROVISION DOES  
13 NOT APPLY TO ARTICLE 8 OF THIS TITLE.

14 **SECTION 3. Appropriation - adjustments to 2014 long bill.**

15 (1) For the implementation of this act, the general fund appropriation  
16 made in the annual general appropriation act to the controlled  
17 maintenance trust fund created in section 24-75-302.5 (2) (a), Colorado  
18 Revised Statutes, for the fiscal year beginning July 1, 2014, is decreased  
19 by \$16,533.

20 (2) In addition to any other appropriation, there is hereby  
21 appropriated to the department of health care policy and financing, for the  
22 fiscal year beginning July 1, 2014, the sum of \$51,133, or so much  
23 thereof as may be necessary, comprised of \$16,533 from the general fund  
24 and \$34,600 from federal funds, to be allocated to the executive director's  
25 office for the implementation of this act as follows:

26 (a) \$15,000, comprised of \$7,500 general fund and \$7,500 federal  
27 funds, for general administration, general professional services and



1 special projects;

2 (b) \$25,200, comprised of \$6,300 general fund and \$18,900 federal  
3 funds, for information technology contracts and projects, Medicaid  
4 management information system maintenance and projects; and

5 (c) \$10,933, comprised of \$2,733 general fund and \$8,200 federal  
6 funds, for utilization and quality review contracts, professional services  
7 contracts.

8 **SECTION 4. Act subject to petition - effective date.** This act  
9 takes effect January 1, 2015; except that, if a referendum petition is filed  
10 pursuant to section 1 (3) of article V of the state constitution against this  
11 act or an item, section, or part of this act within the ninety-day period  
12 after final adjournment of the general assembly, then the act, item,  
13 section, or part will not take effect unless approved by the people at the  
14 general election to be held in November 2014 and, in such case, will take  
15 effect on January 1, 2015, or on the date of the official declaration of the  
16 vote thereon by the governor, whichever is later.