



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

NOTICE OF PROPOSED RULES

The Medical Services Board of the Colorado Department of Health Care Policy and Financing will hold a public meeting on Friday, November 9, 2018, beginning at 9:00 a.m., in the eleventh floor conference room at 303 East 17th Avenue, Denver, CO 80203. Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 1570 Grant Street, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before close of business the Wednesday prior to the meeting. Additionally, the full text of all proposed changes will be available approximately one week prior to the meeting on the Department's website at www.colorado.gov/hcpf/medical-services-board.

This notice is submitted pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 18-08-08-A, Revision to the Medical Assistance Rule concerning Adding Community or Facility Based care to CLLI Respite Services, Section 8.504

Medical Assistance. Home and Community Based Services (HCBS) for Children with Life Limiting Illness (CLLI) Waiver. The Respite Care definition and Respite Care Benefit definition are being amended to include the community or an approved respite center as service location. The rules implementing respite care services for the program are located at 10 C.C.R. 2505-10, Sections 8.504.01.N (Respite Care definition) and 8.504.2.F (Respite Care Benefit definition).

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303, C.R.S. (2017) and C.R.S. 25.5-5-305 (2018).

MSB 18-07-06-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning Supportive Living Programs, Section 8.515.85

Medical Assistance. HCBS Benefit Rule Concerning Supportive Living Programs, Section 8.515.85. The intention of this rule is to correct citations to the recently updated Assisted Living Residence (ALR) rule within the Supportive Living Programs (SLP) rule, as all SLP providers are required to be licensed as ALRs and are subject to the updated ALR regulations.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303, C.R.S. (2017) and 25.5-6-704, C.R.S. (2017).

MSB 18-02-12-C, Revision to the Medical Assistance Rule concerning Reimbursement of Nursing Facilities Serving Clients Who Meet the Hospital Back Up Level of Care, Section 8.740.7

Medical Assistance. The Department is implemented a new Hospital Back Up reimbursement methodology to standardize rate setting and eliminate rate negotiations that result in delayed admission; therefore, the rules concerning Hospital Back Up reimbursement, 10 C.C.R. 2505-10, Section 8.470.7, are being revised to replace the current reimbursement methodology to the revised methodology, which will Providers be reimbursed a standardized rate based upon the federally mandated Minimum Data Set that will be effective January 1st, 2019.

The authority for this rule is contained in 42 CFR part 483, subpart B; 25.5-6-201 through 203 and 25.5-1-301 through 25.5-1-303, C.R.S. (2017).

MSB 18-08-24-A, Revision to the Medical Assistance Rule concerning Case Management, Sections 8.393, 8.500.1, 8.500.6, 8.500.12, 8.500.16, 8.500.90, 8.500.95, 8.500.101, 8.500.106, 8.503, 8.503.50, 8.503.120, 8.503.160, 8.600.2, 8.600.4, 8.602.5, 8.607, 8.608, 8.609, 8.611, 8.612.1, 8.612.2, 8.612.3 8.760, 8.761.3 and 8.761.4

Medical Assistance. The above rules have been revised and a new 8.519 section is being added to implement House Bill 17-1343, which requires the Department of Health Care Policy and Financing (Department) to implement Conflict Free Case Management for individuals with intellectual and developmental disabilities and to develop Case Management Agency and Case Manager qualifications.

The Department worked with an outside expert and stakeholders in the development of Case Manager and Case Management Agency qualifications. Many stakeholder meetings occurred along with an informal comment period for stakeholders to send feedback via email. The Department has taken recommendations from stakeholders and applied those changes to the proposed rule where possible, and discussed with stakeholders any recommendations the Department could not adopt at this time.

Additionally, the Department incorporated functions of case management from existing regulations.

The authority for this rule is contained in 25.5-10-211.5, 25.5-1-301 through 25.5-1-303, C.R.S. (2017).

MSB 18-08-16-A, Revision to the Medical Assistance Rule concerning Targeted Case Management – Transition Services, Sections 8.519 and 8.760

Medical Assistance. The statute authorizing HB18-1326 - Support For Transition From Institutional Settings was signed into law on April 30, 2018. Therefore, the rules implementing the program, 10 CCR 2505-10, section 8.519, and 10 CCR 2505-10, section 8.763 are being revised to include new sections specific to this program. The authority for this is found in the Colorado Medicaid State Plan, pending federal approval of the State Plan Amendment.

The authority for this rule is contained in 42 CFR § 441.18; 25.5-1-301 through 25.5-1-303, 25.5-10-209.5 and CRS 25.5-6-106 C.R.S. (2017).

MSB 18-08-21-A, Revision to the Medical Assistance Rule concerning Transition Independent Living Skills Training, Transition Setup Expenses, Home Delivered Meals, and Peer Mentorship, Sections 8.485 and 8.500

Medical Assistance. The purpose of § 6-1501, 25.5 C.R.S. and the proposed 8.553 is to ensure a successful transition, by regulating services and supports after the transition. The Department is to implement, through six adult HCBS waivers, transition services and supports that allow eligible persons to receive services to support a successful transition from an institutional setting to a Home- or Community-Based setting. The services and supports include Transition Independent Living Skills Training, Transition Setup Expenses, Home Delivered Meals, and Peer Mentorship.

Federally required assessments indicate that more persons living in institutional settings expressed an interest in transitioning to home- or community-based settings than currently have transitions available to them. In order to ensure a successful transition, such persons will need ongoing services and supports after the transition. To serve these purposes, the Department is to implement community transition services and supports that allow eligible persons to receive services to support a successful transition from an institutional setting to a Home- or Community-Based setting. The Department is seeking to implement services to support these purposes through upcoming waiver renewals.

The authority for this rule is contained in 2 U.S.C. 1396n, section 1915(c); 25.5-6-1501 C.R.S. (2018) and 25.5-1-301 through 25.5-1-303, C.R.S. (2017).

MSB 18-06-15-A, Revision to the Medical Assistance Rule concerning Adding Provider Types to FQHC, Section 8.700

Medical Assistance. The rule changes the definition of a payable encounter at Federally Qualified Health Centers. The amended rule adds the supervised mental health license candidates to the provider types that can generate a billable encounter.

The rule is necessary to maintain access to mental health services at FQHCs. Without the rule, FQHCs will be unable to provide the services with the provider types that had been providing the services in the past. The change maintains care practices that were present prior to July 1, 2018.

The authority for this rule is contained in 42 USC 1396a(bb); 25.5-5-102(d), 25.5-5-102(m), 25.5-4-401(1)(a) and 25.5-1-301 through 25.5-1-303, C.R.S. (2017).