



# 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, April 12, 2019, 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](mailto:chris.sykes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto: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](http://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 18-11-16-A, Revision to the Medical assistance Rule concerning the Exception to the Waiting List Protocol, Section 8.500.7**

Medical Assistance. House Bill 18-1407 requires the Department to promulgate rules regarding the criteria for reserve capacity waiver enrollments for individuals with intellectual and developmental disabilities (I/DD). The criteria must include but is not limited to the age of the custodial parent or caregiver, the loss of the custodial parent or caregiver, incapacitation of the custodial parent or caregiver, any life-threatening or serious persistent illness of the custodial parent or caregiver and a threat to the health or safety that the custodial parent or caregiver places on the person with I/DD. The Department has solicited feedback from persons with I/DD, family members, guardians, advocates, and other stakeholders through contract work completed by the LNUSS group in May of 2017 and Department facilitated meetings in January 2019 regarding the current reserve capacity criteria and proposed changes.

The authority for this rule is contained in section 25.5-10-207.5(1)(a)(VIII)(6)(b) (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

### **MSB 19-01-02-A, Revision to the Medical Assistance Rule concerning Reimbursement Rate Increase for Direct Support Professional Workforce Stabilization, Section 8.505**

Medical Assistance. This rule implements House Bill 18-1407, which requires the Department to increase specific services in specific waivers by 6.5%. The increased funding must be reserved and used to increase compensation of direct support professionals. The rule establishes the requirement for the use of the funds, the reporting requirements, and the Department's ability to audit provider reported information.

The authority for this rule is contained in section 25.5-6-406 (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

### **MSB 19-01-17-A, Revision to the Medical Assistance Rule concerning Federally Qualified Health Centers Reimbursement, Section 8.700**

Medical Assistance. The purpose of this rule revision is to reimburse Federally Qualified Health Centers (FQHCs) separately for the administration of antagonist injections for medication-assisted

treatment for substance use disorders. FQHCs are currently reimbursed an all-inclusive encounter rate for one-on-one, face-to-face services between a member and an eligible provider. For the administration of antagonist injections for medication assisted treatment for substance use disorders, FQHCs can currently bill as an FQHC and be reimbursed at the FQHC encounter rate as these drugs are administered by a physician. Pursuant to House Bill (HB) 18-1007, if a pharmacy or pharmacist has entered into a collaborative pharmacy practice agreement with one or more prescribers to administer antagonist injections for medication-assisted treatment for substance use disorders, the pharmacist administering the drug must receive an enhanced dispensing fee that aligns with the administration fee paid to a provider in a clinical setting. Therefore, FQHCs that have an in-house pharmacy may bill for the administration of the drug if provided by a pharmacist in the pharmacy. This rule revision will allow FQHCs to bill separately from the encounter rate for the administration of the drug similar to a provider in a non-FQHC clinical setting. This rule revision is necessary to align with the policy implemented due to HB 18-1007 and to incentivize the administration of antagonist injections for medication-assisted treatment for substance use disorders.

The authority for this rule is contained in HB 18-1007 and 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

**MSB 19-01-28-A, Revision to the Medical Assistance Rule concerning Long Term Acute Care and Rehabilitation Per Diem Reimbursement, Sections 8.300.5.D.3**

Medical Assistance. As the rule is currently written, the use of the term 'Freestanding' will incorrectly exclude two Long Term Acute Care locations. To leave the language as is will eliminate the budget neutral implementation of the new per diem reimbursement methodology. To correct the exclusion, the Department is removing the term 'Freestanding' and replacing with corrected language 'Excludes Hospital Distinct Part Units and Hospital Satellite Locations'. The update will ensure all intended Long Term Acute Care Hospitals and Rehabilitation Hospitals are included in the new reimbursement methodology while continuing 'Hospital Distinct Part Units and Hospital Satellite Locations' remain on their existing reimbursement methodology outlined in rule 10 CCR 2505-10 8.300.

The authority for this rule is contained in section 25.5-4-402(1), C.R.S. (2018) and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).

**MSB 18-09-05-A, Revision to the Medical Assistance Rule Concerning Healthcare Affordability and Sustainability Fee Collection and Disbursement, Section 8.3000**

Medical Assistance. Make necessary changes for the FFY 18-19 time frame. Updates healthcare affordability and sustainability fee amounts and payments amounts.

The authority for this rule is contained in 42 CFR 433.68, section 25.5-4-402.4(4)(g), C.R.S and sections 25.5-1-301 through 25.5-1-303, C.R.S. (2018).