

# Colorado Register



**48 CR 7**

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# Introduction

The *Colorado Register* is published pursuant to C.R.S. 24-4-103(11) and is the sole official publication for state agency notices of rule-making, proposed rules, attorney general's opinions relating to such rules, and adopted rules. The register may also include other public notices including annual departmental regulatory agendas submitted by principal departments to the secretary of state.

"Rule" means the whole or any part of every agency statement of general applicability and future effect implementing, interpreting, or declaring law or policy or setting forth the procedure or practice requirements of any agency. "Rule" includes "regulation". C.R.S. 24-4-102(15). Adopted rules are effective twenty days after the publication date of this issue unless otherwise specified.

The *Colorado Register* is published by the office of the Colorado Secretary of State twice monthly on the tenth and the twenty-fifth. Notices of rule-making and adopted rules that are filed from the first through the fifteenth are published on the twenty-fifth of the same month, and those that are filed from the sixteenth through the last day of the month are published on the tenth of the following month. All filings are submitted through the secretary of state's electronic filing system.

For questions regarding the content and application of a particular rule, please contact the state agency responsible for promulgating the rule. For questions about this publication, please contact the Administrative Rules Program at [rules@coloradosos.gov](mailto:rules@coloradosos.gov).

# Notice of Proposed Rulemaking

**Tracking number**

2025-00131

**Department**

200 - Department of Revenue

**Agency**

201 - Taxation Division

**CCR number**

1 CCR 201-2

**Rule title**

INCOME TAX

## Rulemaking Hearing

**Date**

05/08/2025

**Time**

10:00 AM

**Location**

Virtual Hearing - See Comments

**Subjects and issues involved**

The purpose of this new rule is to establish procedures that allow a taxpayer to elect advance payment of one or more applicable income tax credits. Specifically, the rule:

establishes the registration process to request advance payments;  
sets forth who, when, and how quarterly reports must be filed in order to request advance payments;  
details how taxpayers request advance payments; and  
articulates that taxpayers cannot protest or request a hearing with respect to adjustments the Department makes to requests for advance payments.

**Statutory authority**

39-21-112(1), 39-22-516.7, 39-22-516.8, 39-22-555, 39-22-605, 39-22-606, and 39-22-629,  
C.R.S.

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## DEPARTMENT OF REVENUE

### Taxation Division

### INCOME TAX

#### 1 CCR 201-2

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#### Rule 39-22-629. Advance Payments of Income Tax Credits.

**Basis and Purpose.** The statutory bases for this rule are sections 39-21-112, 39-22-516.7, 39-22-516.8, 39-22-555, 39-22-605, 39-22-606, and 39-22-629, C.R.S. The purpose of this rule is to establish procedures that allow a taxpayer to elect advance payments of one or more applicable income tax credits.

- (1) **General Rule.** For income tax years commencing on or after January 1, 2025, a taxpayer may elect to receive advance payments for all or part of the applicable credits listed in section 39-22-629(1)(a), C.R.S., as long as the taxpayer:

  - (a) registers with the Department for advance payments;
  - (b) is allowed one or more of the applicable credits; and
  - (c) electronically files quarterly reports by the prescribed due dates.
- (2) **Registration.** A taxpayer must register with the Department for advance payment of one or more applicable credits to be eligible to receive advance payments.

  - (a) A taxpayer that registers with the Department to submit the applicable credit quarterly reports required by section 39-22-629(2)(b), C.R.S., satisfies the requirement to register with the Department for advance payments pursuant to section 39-22-629(2)(a), C.R.S.
  - (b) The registration set forth in this paragraph (2) is deemed to satisfy the annual registration for advance payments for each subsequent tax year unless and until the taxpayer revokes or withdraws its registration or the Department revokes the registration because the taxpayer no longer meets the qualifications to receive the credit or advance payments.
  - (c) **Failure to Register for Advance Payments.** A taxpayer that fails to register with the Department pursuant to this paragraph (2) cannot request or receive an advance payment of applicable credits for quarterly reports that were due prior to the taxpayer's registration.
- (3) **Quarterly Reports.** A taxpayer must electronically file complete quarterly reports with the Department by the due dates set forth in section 39-22-629(2)(b)(I), C.R.S., and this paragraph (3), to be eligible to receive advance payments.

  - (a) **Reporting Periods.**

    - (i) **First Quarter.** The first quarter consists of the first, second, and third months of the taxpayer's tax year.



- (ii) Second Quarter. The second quarter consists of the fourth and fifth months of the taxpayer's tax year.
      - (iii) Third Quarter. The third quarter consists of the sixth, seventh, and eighth months of the taxpayer's tax year.
      - (iv) Fourth Quarter. The fourth quarter consists of the ninth, tenth, and eleventh months of the taxpayer's tax year.
    - (b) Due Dates for Filing Quarterly Reports. A taxpayer must file each quarterly report after the close of the quarter and no later than the fifteenth day following the close of the quarter.
    - (c) Due Dates for Filing Quarterly Reports for Short Tax Years. In the case of a short tax year (a tax year of less than 12 months), quarterly reports are due on the fifteenth day of the fourth, sixth, and ninth months of the year, if the year is of sufficient length to include such months, and the fifteenth day of the final month of the tax year. Consequently, a taxpayer with a short tax year may not be required to file four quarterly reports.
    - (d) Reporting Applicable Credits. Each applicable credit allowed must be included in the first quarterly report due after the month in which the applicable credit was allowed.
      - (i) If the taxpayer fails to include any applicable credit allowed in a timely filed quarterly report, the taxpayer may include that applicable credit in a quarterly report filed for a subsequent quarter within the same tax year. A taxpayer may claim an advance payment of the applicable credit allowed that was omitted in a previously filed quarterly report and is reported on a subsequent quarterly report in the same tax year.
      - (ii) Final Report. A taxpayer must file a separate final electronic report that includes any applicable credits allowed during the twelfth month of the taxpayer's tax year and any applicable credits allowed during any prior month in the taxpayer's tax year but not included in any quarterly reports filed for the tax year. A taxpayer cannot elect to receive advance payment of any applicable credits included in this final report and must claim the full amount of any applicable credits reported on this final report on the taxpayer's income tax return. The taxpayer must file the final report by the due date for the taxpayer's income tax return, determined without regard to any extensions. However, the final report must be filed before the taxpayer files their income tax return pursuant to section 39-22-601, C.R.S.
- (4) **Requesting Advance Payments.** A taxpayer may request to receive advance payments for applicable credits when filing a complete quarterly report by the due dates set forth section 39-22-629(2)(b)(I), C.R.S., and paragraph (3) of this rule. Although a taxpayer may request an advance payment of an applicable credit, the taxpayer must still file an income tax return pursuant to section 39-22-601, C.R.S., to claim the credit.
  - (a) Amount to Request. A taxpayer may request to receive advance payment of no more than the amount of applicable credit allowed and reported on a quarterly report.
    - (i) A taxpayer is not required to request the full amount of the applicable credit allowed in the quarter as an advance payment and may request to receive a portion or none of the applicable credit allowed and reported on the quarterly report.

- (ii) If a taxpayer requests less than the full amount of applicable credit allowed and reported on a quarterly report, the unrequested excess, together with the credit allowed in the twelfth month of the taxpayer's tax year, is a credit against tax for purposes of sections 39-22-605(2)(c) and 39-22-606(2)(b)(I)(B), C.R.S., and may be claimed as a credit on the return filed for the tax year. The taxpayer may not subsequently request the excess as an advance payment.
- (b) *Time of Request.* A taxpayer may request to receive advance payment of an applicable credit only once each quarter when the taxpayer files the quarterly report required by section 39-22-629(2)(b), C.R.S., and paragraph (3) of this rule. A taxpayer is unable to amend the advance payment election or amount after a quarterly report is filed.
- (c) Partners in a partnership and shareholders in an S corporation cannot request to receive advance payments of the applicable credits and cannot claim the applicable credits on their income tax return. Any applicable credit allowed to the partnership or S corporation that is not paid to the partnership or S corporation as an advance payment will be applied against the liability shown on the return of the partnership or S corporation, if any, and all excess will be refunded to the partnership or S corporation.
- (5) **Protest Rights.** A taxpayer cannot protest or request a hearing pursuant to section 39-21-104, C.R.S., with respect to any adjustments the Department makes to requests for advance payments of an applicable credit. A taxpayer does not have protest rights under section 39-21-104, C.R.S., until a taxpayer files its income tax return claiming an applicable credit. A taxpayer that has filed its income tax return may file a protest or request for hearing pursuant to section 39-21-104, C.R.S., if the claim for an applicable credit is rejected.

# **COLORADO DEPARTMENT OF REVENUE STATEMENT OF BASIS AND PURPOSE**

## **Advance Payments of Income Tax Credits Rule 39-22-629 1 CCR 201-2**

### **Basis**

The statutory bases for this rule are sections 39-21-112(1), 39-22-516.7, 39-22-516.8, 39-22-555, 39-22-605, 39-22-606, and 39-22-629, C.R.S.

### **Purpose**

The purpose of this new rule is to establish procedures that allow a taxpayer to elect advance payment of one or more applicable income tax credits. Specifically, the rule:

- establishes the registration process to request advance payments;
- sets forth who, when, and how quarterly reports must be filed in order to request advance payments;
- details how taxpayers request advance payments; and
- articulates that taxpayers cannot protest or request a hearing with respect to adjustments the Department makes to requests for advance payments.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00128

**Department**

200 - Department of Revenue

**Agency**

201 - Taxation Division

**CCR number**

1 CCR 201-2

**Rule title**

INCOME TAX

## Rulemaking Hearing

**Date**

05/08/2025

**Time**

10:00 AM

**Location**

Virtual Hearing - See Comments

**Subjects and issues involved**

The purpose of this new rule is to provide guidance regarding the electric bicycle tax credit. Specifically, the rule:  
defines certain terms used therein;  
sets forth certain requirements to be a qualified retailer;  
establishes the registration process to be a qualified retailer;  
details requirements a qualified retailer must satisfy when collecting required affidavits;  
clarifies requirements to show the required discount on an invoice or receipt;  
articulates that the applicable sales tax is calculated on the full purchase price without reduction for the required discount provided to the qualified purchaser;  
details what constitutes a new qualified electric bicycle;  
identifies that, for the purpose of the income tax credit, a marketplace seller or multichannel seller is considered to be the retailer for retail sales made in or through a marketplace owned, operated, or controlled by a marketplace facilitator;  
explains that no credit is allowed if the qualified electric bicycle is returned to the qualified retailer;

**Statutory authority**

39-21-112(1), and 39-22-555, C.R.S.

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## DEPARTMENT OF REVENUE

### Taxation Division

### INCOME TAX

#### 1 CCR 201-2

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#### Rule 39-22-555. Electric Bicycle Tax Credit.

**Basis and Purpose.** The bases for this rule are sections 39-21-112(1) and 39-22-555, C.R.S. The purpose of this rule is to provide guidance regarding the electric bicycle tax credit.

(1) **General Rule.** For the income tax years set forth in section 39-22-555, C.R.S., a qualified retailer is allowed a credit for each qualifying sale made during the qualified retailer's income tax year to a qualified purchaser. A qualified purchaser is not eligible to claim this credit even if a qualified retailer did not provide the qualified purchaser a discount at the time of the qualifying sale.

(2) **Definitions.** As used in this rule, unless the context otherwise requires:

(a) "Marketplace" has the same meaning as set forth in section 39-26-102(5.8), C.R.S.

(b) "Marketplace facilitator" has the same meaning as set forth in section 39-26-102(5.9), C.R.S.

(c) "Marketplace seller" has the same meaning as set forth in section 39-26-102(6), C.R.S.

(d) "Multichannel seller" has the same meaning as set forth in section 39-26-102(6.2), C.R.S.

(e) As used in section 39-22-555(2)(f), C.R.S., "person who is a resident of the state" means a resident individual and does not include corporations, partnerships, or any other legal entity.

(f) "Qualifying sale" means the sale of a new qualified electric bicycle that meets all qualifying criteria to be eligible for the credit including:

(i) the sale must be made by a qualified retailer;

(ii) the sale must be a retail sale;

(iii) the sale must be sourced to Colorado pursuant to section 39-26-104(3)(a), C.R.S.;

(iv) the sale must be made to a qualified purchaser;

(v) the qualified retailer must provide, at the time of the retail sale of the new qualified electric bicycle, the required discount to the qualified purchaser; and

(vi) the qualified retailer must collect, at the time of the retail sale of the new qualified electric bicycle, the required affidavit from the qualified purchaser.

(3) **Qualified Retailer.**

- (a) A retailer satisfies the requirements established in section 39-22-555(2)(g)(II) and (III), C.R.S., only if:

  - (i) the retailer timely filed a monthly sales tax return for at least twelve months;
  - (ii) each monthly sales tax return reported a tax liability the retailer was required to remit; and
  - (iii) the retailer paid the sales taxes due on each monthly sales tax return.
- (b) A retailer that files sales tax returns and remits sales taxes on a basis less frequent than monthly pursuant to section 39-26-109, C.R.S., cannot be a qualified retailer. As such, a seasonal business, or retailer that filed zero returns for one or more of the past twelve months, cannot be a qualified retailer.
- (c) A retailer that operates from more than one location is a qualified retailer if at least one location meets the requirements set forth in section 39-22-555(2)(g), C.R.S., and this paragraph (3).
- (d) Special Rules.

  - (i) In the case of a combined group pursuant to section 39-22-303, C.R.S., the combined group is a qualified retailer if at least one member meets the qualifications in section 39-22-555(2)(g), C.R.S., and this paragraph (3).
  - (ii) In the case of an affiliated group of C corporations that elect to file a consolidated return pursuant to section 39-22-305, C.R.S., the consolidated group is a qualified retailer if at least one member meets the qualifications in section 39-22-555(2)(g), C.R.S., and this paragraph (3).
  - (iii) In the case of a partnership or S corporation, the partnership or S corporation is a qualified retailer if it meets the qualifications in section 39-22-555(2)(g), C.R.S., and this paragraph (3).
  - (iv) In the case of an entity that, for federal income tax purposes, is disregarded as an entity separate from its owner, such as a single-member LLC that has not elected to be classified as an association, the member or owner may claim the credit if the disregarded entity meets the qualifications in section 39-22-555(2)(g), C.R.S., and this paragraph (3).
- (4) **Registration.** A retailer that meets the criteria set forth in section 39-22-555(2)(g), C.R.S., and paragraph (3) of this rule must, prior to selling a new qualified electric bicycle for which the retailer intends to claim this credit, register as a qualified retailer with the Department. A retailer must register as a qualified retailer in its Revenue Online account as set forth in this paragraph (4).

  - (a) A qualified retailer must register as such under its income tax account.

    - (i) A qualified retailer that is an affiliated corporation included in a combined report pursuant to section 39-22-303, C.R.S., or a consolidated return pursuant to section 39-22-305, C.R.S., must register under the account for the parent corporation or the filing member if the filing member is not the common parent.
    - (ii) A qualified retailer that is a partnership or S corporation must register under the account for the partnership or S corporation.

- (iii) A qualified retailer that is, for federal income tax purposes, disregarded as an entity separate from its owner, such as a single-member LLC that has not elected to be classified as an association, must register under the account of the member or owner.
  - (b) Once a retailer is approved as a qualified retailer, it remains a qualified retailer unless and until it notifies the Department that it wishes to revoke or withdraw its designation as a qualified retailer, or the Department revokes the registration because a qualified retailer no longer meets the qualifications to receive the credit.
  - (c) *Advanced Payments Registration.* A retailer that registers as a qualified retailer pursuant to section 39-22-555(3)(e)(III), C.R.S., and this paragraph (4) satisfies the requirement to register with the Department for advanced payment pursuant to section 39-22-629(2)(a), C.R.S., and such registration remains in effect unless and until the retailer revokes or withdraws its registration or the Department revokes the registration because the retailer no longer meets the qualifications to receive the credit or advanced payments.
- (5) **Required Affidavit.**
  - (a) A qualified retailer shall, at the time of the retail sale, collect from a purchaser an affidavit prescribed by the Colorado Energy Office affirming the purchaser is a Colorado resident individual who has not previously purchased a qualified electric bicycle that was discounted by a qualified retailer claiming this credit in the same calendar year.
  - (b) As part of the process of collecting a required affidavit from a purchaser, a qualified retailer shall review the documentation a purchaser provides and ensure the box on the required affidavit that is checked or listed corresponds with the document the qualified retailer reviewed. A qualified retailer shall not retain a copy of the documentation for its records.
    - (i) If a purchaser provides a Colorado driver license or Colorado identification card, a qualified retailer shall verify the Colorado driver license or Colorado identification card is not expired.
    - (ii) If a purchaser provides one of the alternative proof of residency documents listed on the required affidavit, a qualified retailer shall review the documentation to verify it is dated within three months from the date of the purchase of the new qualified electric bicycle.
- (6) **Required Discount.**
  - (a) The discount required pursuant to section 39-22-555(3)(b), C.R.S., and this paragraph (6) must be shown on a written or electronic receipt, invoice, or other document offered to the purchaser that details the purchase price. The required discount must be listed as a separate and distinct item from the price of the items purchased and any applicable taxes or fees and must be in an amount that conforms to section 39-22-555(6), C.R.S., for the income tax years set forth in section 39-22-555(6), C.R.S.
  - (b) The requirements of section 39-22-555(3)(b), C.R.S., and this paragraph (6) are not satisfied if the written or electronic receipt, invoice, or other document offered to the purchaser that details the purchase price:
    - (i) shows only the discounted price of the qualifying sale without explicitly showing the required discount as a separate and distinct item from the price of the item purchased; or

- (ii) shows only the discounted price of the qualifying sale and states in a description section that the discounted price includes the required discount.
  - (c) The discount required pursuant to section 39-22-555(3)(b), C.R.S., and this paragraph (6) does not affect the purchase price, determined pursuant to section 39-26-102(7), C.R.S., for the purpose of computing sales tax for the new qualified electric bicycle. The applicable sales tax is calculated on the full purchase price without reduction for the required discount provided by the qualified retailer to the qualified purchaser.
- (7) **New Qualified Electric Bicycle.** A qualified electric bicycle must be new at the time of purchase to qualify for the credit. An electric bicycle is new if it is being transferred for the first time from a manufacturer, dealer or agent of a manufacturer, or retailer to the end user or consumer. Qualified electric bicycles used by a qualified retailer as a rental are not considered new.
  - (a) Electric bicycles previously sold and returned to the qualified retailer are considered new on a subsequent qualifying sale if:
    - (i) the qualified retailer provided a full refund of the purchase price (less the required discount) to the original qualified purchaser; and
    - (ii) the electric bicycle that was returned is marketed and sold in new condition for the full price on a subsequent sale and is not discounted because it was previously returned.
  - (b) Electric bicycles used by a qualified retailer for the purpose of demonstration are considered new if the electric bicycle:
    - (i) was not used by a qualified retailer as a rental; and
    - (ii) is marketed and sold in new condition for the full price and is not discounted because it was previously used for purposes of demonstration.
- (8) **Sales Made Through Marketplaces.**
  - (a) A marketplace seller or multichannel seller is considered the qualified retailer when making qualifying sales in or through a marketplace owned, operated, or controlled by a marketplace facilitator. A marketplace facilitator cannot claim any credit for any qualifying sales made by a marketplace seller or multichannel seller in or through the marketplace facilitator's marketplace.
  - (b) The marketplace seller or multichannel seller must meet the requirements set forth in section 39-22-555(2)(g), C.R.S., and paragraph (3) of this rule to be a "qualified retailer" regardless of whether the marketplace facilitator meets those requirements.
  - (c) The marketplace seller or multichannel seller must register pursuant to paragraph (4) of this rule to make qualifying sales.
  - (d) A marketplace seller or multichannel seller must ensure that all requirements of section 39-22-555, C.R.S., and this rule are met for a sale to be considered a qualifying sale including collecting and submitting the affidavit required by paragraph (5) of this rule.
- (9) **Returns.** No credit is allowed if the qualified electric bicycle is returned to the qualified retailer. However, a returned qualified electric bicycle is eligible for a credit on a subsequent sale if it meets the conditions required to be considered new pursuant to paragraph (7) of this rule.



(10) **Quarterly Reports.** A qualified retailer shall electronically submit quarterly reports to the Department that detail the number of qualifying sales made by the qualified retailer during the reporting period. As part of submitting a complete quarterly report, the qualified retailer shall submit all required affidavits the qualified retailer collected pursuant to section 39-22-555(3)(b), C.R.S., and paragraph (5) of this rule from qualified purchasers during the reporting period.

(a) *Filing Quarterly Reports.*

- (i) If the qualified retailer is an affiliated corporation included in a combined report pursuant to section 39-22-303, C.R.S., or consolidated return pursuant to section 39-22-305, C.R.S., the parent corporation or the filing member, if the filing member is not the common parent, must file the quarterly reports through its own Revenue Online account.
- (ii) If the qualified retailer is a partnership or S corporation, the partnership or S corporation must file the quarterly reports through its own Revenue Online account.
- (iii) If the qualified retailer is, for federal income tax purposes, disregarded as an entity separate from its owner, such as a single-member LLC that has not elected to be classified as an association, the member or owner must file the quarterly reports through its own Revenue Online account.

(b) *Quarterly Reports.* Each quarterly report must include all qualifying sales made and the corresponding affidavits collected during the quarter. A qualified retailer that made no qualifying sales during the reporting period need not file a quarterly report reporting no sales.

- (i) *First Quarter.* The first quarter consists of the first, second, and third months of the qualified retailer's tax year.
- (ii) *Second Quarter.* The second quarter consists of the fourth and fifth months of the qualified retailer's tax year.
- (iii) *Third Quarter.* The third quarter consists of the sixth, seventh, and eighth months of the qualified retailer's tax year.
- (iv) *Fourth Quarter.* The fourth quarter consists of the ninth, tenth, and eleventh months of the qualified retailer's tax year.
- (v) *Final Report.* The qualified retailer must file a separate final electronic report that includes any qualifying sales made and the corresponding affidavits collected during the twelfth month of the qualified retailer's tax year and any qualifying sales made and the corresponding affidavits collected during any prior month in the qualified retailer's tax year but not included in any quarterly report filed for the first, second, third, or fourth quarter of the qualified retailer's tax year. The qualified retailer must file the final report by the due date for the qualified retailer's income tax return, determined without regard to any extensions. However, the final report must be filed before the qualified retailer files their income tax return pursuant to section 39-22-601, C.R.S.

(c) *Deadlines for Submitting Quarterly Reports.* A qualified retailer must file each quarterly report after the close of the quarter and no later than the fifteenth day following the close of the quarter.

- (d) *Failure to Report Qualifying Sales Timely.* If the qualified retailer fails to include any qualifying sale or corresponding affidavit or both in a timely filed quarterly report, the qualified retailer may include that qualifying sale or corresponding affidavit or both in a quarterly report filed for a subsequent quarter within the same tax year. Any qualifying sale or corresponding affidavit or both not included in any quarterly report for the tax year must be included in the final report required by paragraph (10)(b)(v) of this rule. If the qualified retailer fails to include the qualifying sale or corresponding affidavit or both in any quarterly report or final report submitted for the tax year, the qualified retailer may not claim a credit or request an advanced payment for the unreported qualifying sale.
- (e) *Reporting Returns on Quarterly Reports.* Each qualifying sale that is returned to the qualified retailer is not eligible for the credit. The qualified retailer shall deduct the credit amount previously earned from the returned qualifying sale when reporting the amount of credit earned on the quarterly report. Each quarterly report must include all qualifying sales that are returned to the qualified retailer during the quarter.

  - (i) If the qualified retailer fails to include any returned qualifying sale in a timely filed quarterly report, the qualified retailer must include that returned qualifying sale in a quarterly report filed for a subsequent quarter within the same tax year.
  - (ii) Any returned qualifying sale made during the twelfth month of the qualified retailer's tax year and any returned qualifying sales not included in any quarterly report for the tax year must be included in the final report required by paragraph (10)(b)(v) of this rule.
- (11) **Disallowed Credits.** If for any reason a credit is disallowed, the qualified retailer is liable for the disallowed credit regardless of whether the retailer is able to recover the required discount provided with respect to the disallowed credit from the qualified purchaser.
- (12) **Books and Records.** It is the duty of every qualified retailer to keep and preserve for a period of four years following the due date of the income tax return suitable records of all qualifying sales, and the corresponding affidavits, made by the qualified retailer, and such other books, accounts, or records as may be necessary to determine the amount of credit for which the qualified retailer is eligible.

# **COLORADO DEPARTMENT OF REVENUE STATEMENT OF BASIS AND PURPOSE**

## **Electric Bicycle Tax Credit Rule 39-22-555 1 CCR 201-2**

### **Basis**

The statutory bases for this rule are sections 39-21-112(1), and 39-22-555, C.R.S.

### **Purpose**

The purpose of this new rule is to provide guidance regarding the electric bicycle tax credit. Specifically, the rule:

- defines certain terms used therein;
- sets forth certain requirements to be a qualified retailer;
- establishes the registration process to be a qualified retailer;
- details requirements a qualified retailer must satisfy when collecting required affidavits;
- clarifies requirements to show the required discount on an invoice or receipt;
- articulates that the applicable sales tax is calculated on the full purchase price without reduction for the required discount provided to the qualified purchaser;
- details what constitutes a new qualified electric bicycle;
- identifies that, for the purpose of the income tax credit, a marketplace seller or multichannel seller is considered to be the retailer for retail sales made in or through a marketplace owned, operated, or controlled by a marketplace facilitator;
- explains that no credit is allowed if the qualified electric bicycle is returned to the qualified retailer;
- establishes who, when, and how quarterly report must be filed;
- explains the consequences for the qualified retailer if a credit is disallowed by the Department; and
- makes explicit requirements for qualified retailers to keep and preserve books and records regarding qualifying sales.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00130

**Department**

200 - Department of Revenue

**Agency**

201 - Taxation Division

**CCR number**

1 CCR 201-2

**Rule title**

INCOME TAX

## Rulemaking Hearing

**Date**

05/08/2025

**Time**

10:00 AM

**Location**

Virtual Hearing - See Comments

**Subjects and issues involved**

The purpose of this new rule is to provide guidance regarding reporting and payment requirements established for partnerships and partners relating to federal adjustments. The rule:  
defines certain terms used therein;  
establishes reasonable qualifications and procedures for designating a person other than the federal partnership representative to be the state partnership representative;  
identifies the required format for filing the Partnership Federal Adjustments Report;  
clarifies and details requirements for reporting partners shares of federal adjustments, including the partner notification requirements a partnership must satisfy and the amended returns that partners must file;  
articulates rules applicable to tiered partners and indirect partners;  
provides guidance regarding partnership elections to pay an amount in lieu of tax on its partners;  
prescribes the treatment of estimated tax payments remitted by partners and partnerships for additional tax resulting from federal adjustments; and  
explains the timing, deadlines, and applicability of requests for alternative reporting and payment methods.

**Statutory authority**

39-21-112(1) and 39-22-601.5, C.R.S.

## Contact information

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DEPARTMENT OF REVENUE

Taxation Division

INCOME TAX

1 CCR 201-2

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**Rule 39-22-601.5–1. Federal Partnership Adjustments.**

**Basis and Purpose.** The statutory bases for this rule are sections 39-21-112(1) and 39-22-601.5, C.R.S. The purpose of this rule is to provide guidance regarding reporting and payment requirements established for partnerships and partners relating to federal adjustments.

- (1) **General Rule.** Except as otherwise provided in section 39-22-601.5, C.R.S., partnerships must report all final federal adjustments to the Department and comply with all other requirements imposed by section 39-22-601.5, C.R.S., and this rule.
- (2) **Definitions.** As used in this rule, unless context otherwise requires:
  - (a) **“Electing partnership” means:**
    - (i) an audited partnership that makes the election under section 39-22-601.5(3)(d), C.R.S., to pay the amount determined under section 39-22-601.5(3)(e), C.R.S., in lieu of taxes owed by its direct and indirect partners; or
    - (ii) a tiered partner that:
      - (A) is a direct or indirect partner in an audited partnership; and
      - (B) makes the election under section 39-22-601.5(3)(d) and (3)(f), C.R.S., to pay the amount determined under section 39-22-601.5(3)(e), C.R.S., in lieu of taxes owed by its direct and indirect partners.
  - (b) **“In-lieu-of amount” means the amount determined pursuant to section 39-22-601.5(3)(e), C.R.S.**
  - (c) **“Partners” includes any direct and indirect tiered partners of the electing partnership.**
  - (d) **“Tiered partner”:**
    - (i) includes any partner that is a partnership or S corporation; and
    - (ii) does not include any partner that is a trust or estate.
- (3) **State Partnership Representative.** The state partnership representative for the reviewed year is the partnership's federal partnership representative unless the partnership designates in writing another person as its state partnership representative. Such designation may be made by the partnership in the Partnership Federal Adjustments Report it files pursuant to paragraph (4) of this rule. A partnership may designate as its state partnership representative only a person who is eligible to serve as its federal partnership representative.

**(4) Partnership Federal Adjustments Report.**

- (a)** Partnerships must electronically file a Partnership Federal Adjustments Report to report final federal adjustments regardless of whether:

  - (i) the final federal adjustments result from an IRS audit or an administrative adjustment request; and
  - (ii) the partnership makes an election pursuant to section 39-22-601.5(3)(d), C.R.S.
- (b)** A partnership must file the required Partnership Federal Adjustments Report by the applicable due date established in section 39-22-601.5(3)(c)(II) or (3)(d)(I), C.R.S., plus any extension allowed pursuant to section 39-22-601.5(8)(b), C.R.S., and provide all information required therein, except as otherwise provided in paragraph (6)(g) of this rule. The report must include the required information for each direct partner, including any direct partner excluded pursuant to section 6225(c)(2) of the Internal Revenue Code from the computation of the imputed underpayment.

**(5) Reporting Partners' Shares of Federal Adjustments.** Partnerships and partners must comply with the requirements of section 39-22-601.5(3)(c), C.R.S., and this paragraph (5) with respect to all final federal adjustments, except for those adjustments for which an election has been properly made pursuant to section 39-22-601.5(3)(d), C.R.S.

- (a)** *Tiered Partners.* Tiered partners are subject to the same reporting and payment requirements in section 39-22-601.5(3)(c), C.R.S., as are partnerships. A tiered partner's direct partners are subject to the requirements in section 39-22-601.5(3)(c)(III), C.R.S. Tiered partners and their direct partners shall make required reports and payments no later than 90 days after the time for filing and furnishing statements to tiered partners and their partners as established under section 6226 of the Internal Revenue Code and the regulations thereunder.
- (b)** *Partners for the Reviewed Year.* The provisions of section 39-22-601.5(3)(c), C.R.S., and this paragraph (5) apply with respect to the partners of the partnership for the tax year to which the item being adjusted relates.
- (c)** *Notification for Direct Partners.*

  - (i)** No later than 90 days after the final determination date plus any extension allowed pursuant to section 39-22-601.5(8)(b), C.R.S., the partnership must notify each of its direct partners of:

    - (A)** their distributive share of the final federal adjustments and, if the direct partner is a nonresident individual, nonresident estate, or nonresident trust, the portion of that distributive share derived from sources within Colorado under section 39-22-203, C.R.S.;
    - (B)** any amount of additional Colorado income tax remitted by the partnership for the direct partner pursuant to section 39-22-601.5(3)(c)(II)(D), C.R.S.;
    - (C)** any amount of additional Colorado income tax remitted by the partnership for the direct partner pursuant to section 39-22-601.5(3)(c)(II)(C), C.R.S., with either:

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- (II) the partnership filed an amended return under section 39-22-601.5(3)(c)(II)(C), C.R.S., and the SALT Parity Act to report the final federal adjustment and pay the additional amount due; and
  - (III) the additional credit allowed to the partner under section 39-22-347, C.R.S. (for the partner's share of the additional tax paid by the partnership with an amended return filed under section 39-22-601.5(3)(c)(II)(C), C.R.S., and the SALT Parity Act) equals or exceeds the tax the partner would otherwise owe on their amended Colorado income tax return.
- (e) *Amended SALT Parity Act Returns.* In the case of negative final federal adjustments for a partnership that made an election under the SALT Parity Act for the tax year to which the adjusted item relates, no refund is allowed to the partnership that made the SALT Parity Act election for those negative final federal adjustments. Instead, each partner must file an amended Colorado income tax return to claim a refund for any overpayment resulting from their distributive share of the final federal adjustments.
- (6) **Partnership Election to Pay Amount in Lieu of Tax on Partners.**
  - (a) *Scope.* Section 39-22-601.5(3)(d) and (3)(e), C.R.S., and this paragraph (6) apply to electing partnerships, defined in paragraph (2)(a) of this rule, and their partners, including tiered partners.
  - (b) *Reviewed Year Partners.* The in-lieu-of amount is determined with respect to the reviewed year partners, not partners for the adjustment year.
  - (c) *Notification for Corporate Partners Excluded from Election.* If a corporate partner's distributive share of a final federal adjustment is excluded from the election under section 39-22-601.5(3)(d)(III)(A), C.R.S., the electing partnership must send the corporate partner the notice required by section 39-22-601.5(3)(c)(II)(B), C.R.S., and paragraph (5)(c) of this rule.
  - (d) *Tax Rate.* The tax rate applicable to the electing partnership's reviewed year is used in calculating the amount due under section 39-22-601.5(3)(e), C.R.S.
  - (e) *Apportionment and Allocation.* Apportionment under section 39-22-601.5(3)(e)(II), C.R.S., is performed using the apportionment factors determined for the partnership under section 39-22-303.6, C.R.S., for the reviewed year. For the purpose of section 39-22-601.5(3)(e)(II), C.R.S., the character of final federal adjustments, as apportionable income or nonapportionable income under section 39-22-303.6, C.R.S., is determined with respect to the electing partnership and not with respect to each partner.
  - (f) *Indirect Nonresident and Tax-Exempt Partners.* In determining the in-lieu-of amount, the final federal adjustments reported to tiered partners are reduced under section 39-22-601.5(3)(e)(V), C.R.S., by the portions of non-sourced adjustments determined under section 39-22-601.5(3)(e)(IV)(B), C.R.S., that are established pursuant to section 39-22-601.5(3)(e)(IV)(C), C.R.S., to be properly allocable to nonresident partners that are indirect partners or other partners not subject to tax on the adjustments. Such portions are so established if and only to the extent that the tiered partner certifies to the electing partnership such proper allocation in accordance with the requirements of this paragraph (6)(f).
  - (i) The tiered partner's certification must be made in writing and signed under the penalties of perjury in the second degree by a partner or, in the case of a tiered



- partner that is an S corporation, an officer duly authorized to act on the tiered partner's behalf.
      - (ii) The tiered partner's certification must include, with respect to each direct partner of the tiered partner:
          - (A) the partner's name, social security number or taxpayer identification number, and last-known mailing address;
          - (B) the partner's distributive share of the non-sourced adjustments determined under section 39-22-601.5(3)(e)(IV)(B), C.R.S., and
          - (C) indication of whether the partner was a resident of Colorado for the reviewed year.
        - (iii) The electing partnership must retain in its records the tiered partner's certification.
      - (g) *Federal Adjustment Report Stating In-Lieu-Of Amount.* An electing partnership may initially submit the Partnership Federal Adjustments Report required by section 39-22-601.5(3)(d)(I), C.R.S., and paragraph (4) of this rule without stating for each direct partner the part of their distributive share of the final federal adjustments that are apportioned and allocated to Colorado under section 39-22-601.5(3)(e), C.R.S., for the purpose of calculating the in-lieu-of amount, provided that, on or before the due date for paying the in-lieu-of amount under section 39-22-601.5(3)(d)(II), C.R.S., plus any extension allowed pursuant to section 39-22-601.5(8), C.R.S., the electing partnership:
        - (i) submits an amended Partnership Federal Adjustments Report stating for each direct partner the part of their distributive share of the final federal adjustments that are apportioned and allocated to Colorado under section 39-22-601.5(3)(e), C.R.S., for the purpose of calculating the in-lieu-of amount; and
        - (ii) remits payment for the in-lieu-of-amount.
      - (h) *Assessment of In-Lieu-of-Amount.* For the purpose of article 21 of title 39, C.R.S., the in-lieu-of-amount reported by the electing partnership is an assessment. If a partnership fails to pay the in-lieu-of amount, along with any applicable penalty and interest within the time provided, the Department may collect the amounts due pursuant to section 39-21-114, C.R.S.
      - (i) *Penalties and Interest.* For the purpose of section 39-22-601.5(3)(e)(VII), C.R.S., penalties and interest are calculated from the original due date of the partnership's return for the tax year to which the item being adjusted relates, not including any extensions, without regard to the due dates for any partners' returns.
      - (j) *Additional Amounts Due.* As soon as practicable after a partnership has made an election pursuant to section 39-22-601.5(3)(d), C.R.S., and reported the in-lieu-of amount, the Department shall examine the federal adjustment report filed by the partnership and shall determine the correct in-lieu-of amount, penalty, and interest. If the in-lieu-of amount, penalty, and interest found to be due is greater than the amount previously assessed or paid, the Department shall issue a notice of deficiency to the electing partnership.
  - (7) **Estimated Payments.** Audited partnerships and their direct and indirect partners may make estimated payments pursuant to section 39-22-601.5(6), C.R.S., during an Internal Revenue Service audit prior to the due date and the filing of the federal adjustments report.

(a) *Audited Partnerships.* An audited partnership may make estimated payments for application toward the in-lieu-of amount due as the result of an election made pursuant to section 39-22-601.5(3)(d), C.R.S. Estimated payments made by an audited partnership cannot be claimed by any direct or indirect partners or applied toward any tax that partners may owe pursuant to section 39-22-601.5(3)(c)(III), C.R.S., and paragraph (5) of this rule. An audited partnership that makes an election under section 39-22-601.5(3)(d), C.R.S., may not claim or apply toward any in-lieu-of amount any estimated payments made by any direct or indirect partner.

(b) *Direct and Indirect Partners.* Any direct or indirect partner of an audited partnership may make estimated payments for application toward additional tax they may owe pursuant to section 39-22-601.5(3)(c)(III), C.R.S., and paragraph (5) of this rule. Estimated payments made by a direct or indirect partner cannot be claimed by an audited partnership or applied toward any in-lieu-of amount an electing partnership may owe. Direct and indirect partners may not claim or apply any estimated payments made by an audited partnership toward any additional tax the partner may owe pursuant to section 39-22-601.5(3)(c)(III), C.R.S., and paragraph (5) of this rule.

(8) **Alternative Reporting and Payment Methods.**

(a) *Timing and Deadlines.* Application for approval of an alternative reporting and payment method must be made by the audited partnership or tiered partner within the time for election as provided in section 39-22-601.5(3)(d) or (3)(f), C.R.S., as appropriate. The deadlines for filing and payment prescribed in section 39-22-601.5(3), C.R.S., nonetheless apply to any audited partnership or tiered partner that has applied for approval of an alternative reporting and payment method. However, an audited partnership or tiered partner may, when applying for approval of an alternative reporting and payment method, also request an extension under section 39-22-601.5(8)(b), C.R.S.

(b) *Administrative Adjustment Requests.* The provisions of section 39-22-601.5(3)(g), C.R.S., do not apply to final federal adjustments arising from an administrative adjustment request and a partnership may not request an alternative reporting and payment method with respect to such adjustments.

# **COLORADO DEPARTMENT OF REVENUE STATEMENT OF BASIS AND PURPOSE**

## **Federal Partnership Adjustments Rule 39-22-601.5-1 1 CCR 201-2**

### **Basis**

The statutory bases for this rule are sections 39-21-112(1) and 39-22-601.5, C.R.S.

### **Purpose**

The purpose of this new rule is to provide guidance regarding reporting and payment requirements established for partnerships and partners relating to federal adjustments. The rule:

- defines certain terms used therein;
- establishes reasonable qualifications and procedures for designating a person other than the federal partnership representative to be the state partnership representative;
- identifies the required format for filing the Partnership Federal Adjustments Report;
- clarifies and details requirements for reporting partners' shares of federal adjustments, including the partner notification requirements a partnership must satisfy and the amended returns that partners must file;
- articulates rules applicable to tiered partners and indirect partners;
- provides guidance regarding partnership elections to pay an amount in lieu of tax on its partners;
- prescribes the treatment of estimated tax payments remitted by partners and partnerships for additional tax resulting from federal adjustments; and
- explains the timing, deadlines, and applicability of requests for alternative reporting and payment methods.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00127

**Department**

200 - Department of Revenue

**Agency**

201 - Taxation Division

**CCR number**

1 CCR 201-2

**Rule title**

INCOME TAX

**Rulemaking Hearing****Date**

05/08/2025

**Time**

10:00 AM

**Location**

Virtual Hearing - See Comments

**Subjects and issues involved**

The purpose of this amendment is to:

update the guidance regarding the quarterly electronic report that must be submitted to the Department;

make clear that the applicable sales tax is calculated on the full purchase price without reduction for the compensation provided by the assignee to the purchaser or lessee; and

explain the consequences for the assignee if an assigned credit is disallowed by the Department.

**Statutory authority**

39-21-112(1), 39-22-516.7, and 39-22-516.8, C.R.S.

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## DEPARTMENT OF REVENUE

### Taxation Division

### INCOME TAX

#### 1 CCR 201-2

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#### **Rule 39-22-516. Innovative Motor Vehicle and Innovative Truck Tax Credits.**

**Basis and Purpose.** The bases for this rule are sections 39-21-112(1), 39-22-516.7, and 39-22-516.8, C.R.S. The purpose of this rule is to provide guidance regarding the innovative motor vehicle and innovative truck credits, the requirements for the credits, and the assignment of credits.

- (1) **General Rule.** An income tax credit is allowed pursuant to section 39-22-516.7 or 39-22-516.8, C.R.S., to any person for the purchase or lease of a qualifying motor vehicle or a qualifying truck. For income tax years commencing on or after January 1, 2024, the credit is also allowed to a person or political subdivision of the state that is exempt from taxation under section 39-22-112(1), C.R.S.
- (2) **New Motor Vehicles and Trucks.** A motor vehicle or truck must be new at the time of purchase or lease to qualify for a credit. For the purpose of this paragraph and sections 39-22-516.7(1)(r)(II)(A) and 39-22-516.8(1)(ee)(II), C.R.S., a motor vehicle or truck is new if it is being transferred for the first time from a manufacturer or importer, or dealer or agent of a manufacturer or importer, to the end user or customer. A motor vehicle or truck that has been used by a dealer for the purpose of demonstration to prospective customers is considered new unless such demonstration use has been for more than one thousand five hundred miles. Any motor vehicle or truck that has been titled or registered or both in Colorado or any other state or jurisdiction prior to purchase or lease is not considered new.
- (3) **Titling and Registration.**
  - (a) *Colorado Titling and Registration.*
    - (i) A credit is allowed only with respect to:
      - (A) motor vehicles and trucks that are titled in Colorado under article 6 of title 42, C.R.S., and registered in Colorado by the purchaser or lessee in accordance with article 3 of title 42, C.R.S., and
      - (B) trucks registered by the purchaser or lessee under the International Registration Plan and base plated in Colorado.
    - (ii) For the purpose of sections 39-22-516.7 and 39-22-516.8, C.R.S., and this rule, a motor vehicle or truck with an active temporary registration described in section 42-3-203(3)(b), C.R.S., is not considered registered in Colorado.
  - (b) *Titling and Registration in Another State.* A motor vehicle or truck that has been titled or registered or both in any other state prior to being titled and registered in Colorado does not qualify for a credit. If a purchaser or lessee takes possession of a motor vehicle or truck in another state, the issuance of a temporary license plate for the purpose of

moving the motor vehicle or truck to Colorado does not constitute registration in that state.

**(4) Tax Year of the Purchase or Lease and Amount.**

- (a) The credit is allowed for the tax year in which the purchase or lease of the qualifying motor vehicle or truck is completed. A purchase or lease is not considered complete prior to the date on which the purchaser or lessee takes possession of the motor vehicle or truck. If the purchaser or lessee enters into an agreement to purchase or lease a qualifying motor vehicle or truck in a tax year prior to the tax year in which the purchaser or lessee takes possession of the motor vehicle or truck, the credit is allowed for the tax year in which the purchaser or lessee takes possession of the motor vehicle or truck.
- (b) The amount of the credit is determined with respect to the tax year that the credit is allowed to the purchaser or lessee pursuant to paragraph (4)(a) of this rule, regardless of whether the purchaser or lessee assigns the credit to a financing entity or motor vehicle dealer pursuant to section 39-22-516.7(2)(e), 39-22-516.7(2)(f), 39-22-516.8(13.5), or 39-22-516.8(13.7), C.R.S.
- (c) With respect to tax years commencing on or after January 1, 2021, but prior to January 1, 2023, the amount of the credit allowed pursuant to section 39-22-516.7, C.R.S., is determined under section 39-22-516.7(4)(a)(IV), C.R.S., regardless of whether the category 1 motor vehicle was sold or leased on or after January 1, 2023.
- (d) With respect to tax years commencing on or after January 1, 2023, but prior to January 1, 2025, the amount of the credit allowed pursuant to section 39-22-516.7, C.R.S., is determined under section 39-22-516.7(4)(a)(V) or (VI), C.R.S., as applicable based on the date the category 1 vehicle was purchased or leased.

**(5) Manufacturer's Suggested Retail Price.**

- (a) "Manufacturer's suggested retail price" is defined in section 39-22-516.7(1)(p.5), C.R.S., by reference to section 42-1-102(50), C.R.S., which states: "Manufacturer's suggested retail price" means the retail price of such motor vehicle suggested by the manufacturer plus the retail price suggested by the manufacturer for each accessory or item of optional equipment physically attached to such vehicle prior to the sale to the retail purchaser." As used in this definition, for the purpose of the credit allowed pursuant to section 39-22-516.7, C.R.S.:
  - (i) "the retail price of such motor vehicle suggested by the manufacturer" is the retail price of the motor vehicle suggested by the manufacturer and disclosed on the label the manufacturer affixed to the windshield or side window of the motor vehicle pursuant to 15 U.S.C. sec. 1232(f)(1); and
  - (ii) "the retail price suggested by the manufacturer for each accessory or item of optional equipment physically attached to such vehicle prior to the sale to the retail purchaser" is the retail price suggested by the manufacturer for each accessory or item of optional equipment physically attached to the motor vehicle and disclosed on the label the manufacturer affixed to the windshield or side window of the motor vehicle pursuant to 15 U.S.C. sec.1232(f)(2).
- (b) "Manufacturer's suggested retail price" does not include the amount charged, if any, to the dealer for the transportation of the motor vehicle to the location at which it is delivered to such dealer, commonly known as the destination fee or destination charge, that is

disclosed on the label the manufacturer affixed to the windshield or side window of the motor vehicle pursuant to 15 U.S.C. sec. 1232(f)(3).

(6) **Leases.**

- (a) A leased motor vehicle or truck qualifies for a credit only if the lease term is not less than two years.
- (b) For the lease of a qualifying motor vehicle or truck, the lessee, not the lessor, is allowed to claim the credit.
- (c) For the purpose of this paragraph (6), a “short-term rental” described in section 39-22-516.7(9.5), C.R.S., is not considered a lease.
- (d) In the case of a leased motor vehicle or truck, the credit is allowed for the tax year determined pursuant to paragraph (4)(a) of this rule. No additional credit is allowed for any subsequent tax year during which the lease continues.
- (e) *Early Termination of Leases.* The lease of a qualifying motor vehicle or truck must be for a term of not less than two years to qualify for a credit. If a lessee enters into a bona fide lease agreement of not less than two years, but terminates the lease early, such early termination will not abrogate the lessee’s right to any allowable credit or require any recapture of the allowable credit claimed for the lease.

(7) **Credit Assignment.**

- (a) *Election to Assign a Credit.* For qualifying motor vehicles or trucks sold or leased on or after January 1, 2017, but prior to January 1, 2024, a purchaser or lessee may, by mutual agreement with a financing entity, assign an allowable credit to the financing entity pursuant to section 39-22-516.7(2)(e) or 39-22-516.8(13.5), C.R.S. For qualifying motor vehicles or trucks sold or leased on or after January 1, 2024, a purchaser or lessee may, by mutual agreement with a financing entity or motor vehicle dealer, assign an allowable credit to the financing entity or motor vehicle dealer pursuant to section 39-22-516.7(2)(f) or 39-22-516.8(13.7), C.R.S. For the purpose of this paragraph (7), the term “assignee” means a financing entity or motor vehicle dealer that has accepted assignment of a credit.
- (b) *Compensation.* An assignee must compensate the purchaser or lessee as prescribed in section 39-22-516.7(2)(e)(I)(D), 39-22-516.7(2)(f)(I)(D), 39-22-516.8(13.5)(a)(IV), or 39-22-516.8(13.7)(a)(IV), C.R.S., as applicable. Compensation must be made in the form of a cash payment, a reduction in the cash price, a capitalized cost reduction, or some similar consideration and must be reflected as a separate line item in the sales, loan, or lease agreement for the motor vehicle or truck. Such compensation must be made effective on the date the election statement to assign the credit is executed and not applied at any subsequent date. [The compensation provided by the assignee to the purchaser or lessee does not affect the purchase price, determined pursuant to section 39-26-102\(7\), C.R.S., for the purpose of computing sales tax for the motor vehicle or truck. The applicable sales tax is calculated on the full purchase price without reduction for the compensation provided by the assignee to the purchaser or lessee.](#)
- (c) *Election Statement.* The purchaser or lessee and the assignee must complete the assignment of the credit at the time of purchase or lease by executing Department form DR 0618, Innovative Motor Vehicle Tax Credit – Election Statement. Pursuant to section 39-21-113(1)(b), C.R.S., an assignee must keep and preserve the executed election

statement in its records for a period of four years following the due date of the return for the tax year during which the assignment occurred.

- (i) For qualifying motor vehicles or trucks sold or leased on or after January 1, 2017, but prior to January 1, 2024, the assignee must file a copy of the election statement for each assigned credit along with its original tax return for the tax year in which the credit was assigned. If the assignee fails to file a copy of the election statement for each assigned credit with its return, the credit(s) claimed by the assignee may be disallowed.
  - (ii) For qualifying motor vehicles or trucks sold or leased on or after January 1, 2024, the assignee must provide a copy of election statement for any assigned credit to the Department upon request. If the assignee fails to provide a copy of any election statement requested by the Department, the credit(s) claimed by the assignee may be disallowed.
- (d) *Electronic Reports and Registration.* An assignee must [register with the Department and submit an electronic report to the Department](#) containing the information in the election statement as required by section 39-22-516.7 or 39-22-516.8, C.R.S., and this paragraph (7)(d). [Assignees may authorize an agent or designee to accept assignment on their behalf, but registration and electronic reports must be made through the assignee's Revenue Online account as set forth in this paragraph \(7\)\(d\).](#)
- (i) [Due Date for Submitting the Electronic Report for Qualifying Motor Vehicles and Trucks Sold or Leased on or After January 1, 2017, but Prior to January 1, 2024.](#) ~~Deadline for Submitting the Electronic Report.~~ For qualifying motor vehicles and trucks sold or leased on or after January 1, 2017, but prior to January 1, 2024, the assignee must submit the electronic report to the Department within thirty days of the date of assignment.
  - (ii) [Qualifying Motor Vehicles and Trucks Sold or Leased on or After January 1, 2024, but Prior to January 1, 2025.](#)
    - (B)(A) ~~For qualifying motor vehicles and trucks sold or leased on or after January 1, 2024, the~~ [Due Date for Submitting the Electronic Report.](#) The assignee must submit the electronic report to the Department on a quarterly basis. The due dates for the quarterly reports are the same as the due dates for estimated payments pursuant to section 39-22-606, C.R.S., determined with respect to the assignee's tax year. Each assigned credit must be included in the first quarterly report due after the month in which the credit was assigned.
    - (B) [Failure to Submit the Electronic Report Timely.](#) If the assignee fails to include any assigned credit in a timely filed quarterly electronic report, the assignee must include that assigned credit in an electronic report timely filed for a subsequent quarter within the same tax year.
  - (iii) [Qualifying Motor Vehicles and Trucks Sold or Leased on or After January 1, 2025.](#) The assignee must submit electronic reports to the Department on a quarterly basis as required by this paragraph (7)(d)(iii).
    - (A) [Registration.](#) An assignee must register with the Department through its Revenue Online account to file quarterly reports. An assignee that registers to file quarterly reports pursuant to this paragraph (7)(d)(iii)(A) satisfies the requirement to register with the Department for advanced



payments pursuant to section 39-22-629(2)(a), C.R.S., and such registration remains in effect unless and until the assignee revokes or withdraws its registration or the Department revokes the registration because an assignee no longer meets the qualifications to receive the credit or advanced payments.

(I) An assignee that is an affiliated corporation included in a combined report pursuant to section 39-22-303, C.R.S., or a consolidated return pursuant to section 39-22-305, C.R.S., must register under the account for the parent corporation or the filing member if the common parent is not the filing member.

(II) An assignee that is a partnership or S corporation, must register under the account for the partnership or S corporation.

(III) An assignee that is, for federal income tax purposes, disregarded as an entity separate from its owner, such as a single-member LLC that has not elected to be classified as an association, must register under the account of the member or owner.

(B) *Quarterly Electronic Reports.* Each electronic quarterly report must include all credits assigned to the assignee during the quarter.

(I) *First Quarter.* The first quarter consists of the first, second, and third months of the assignee's tax year.

(II) *Second Quarter.* The second quarter consists of the fourth and fifth months of the assignee's tax year.

(III) *Third Quarter.* The third quarter consists of the sixth, seventh, and eighth months of the assignee's tax year.

(IV) *Fourth Quarter.* The fourth quarter consists of the ninth, tenth, and eleventh months of the assignee's tax year.

(V) *Final Report.* The assignee must file a separate final electronic report that includes any credits assigned during the twelfth month of the assignee's tax year and any credits assigned during any prior month in the assignee's tax year but not included in any electronic quarterly report filed for the first, second, third, or fourth quarter of the assignee's tax year. The assignee must file the final report by the due date for the assignee's income tax return, determined without regard to any extensions. However, the final report must be filed before the assignee files their income tax return pursuant to section 39-22-601, C.R.S.

(C) *Due Date for Submitting Quarterly Electronic Reports.* An assignee must file each quarterly report after the close of the quarter and no later than the fifteenth day following the close of the quarter.

(D) *Failure to Submit Assigned Credits Timely.* If the assignee fails to include any assigned credit in a timely filed quarterly electronic report, the assignee must include that assigned credit in a quarterly electronic report timely filed for a subsequent quarter within the same tax year. Any

assigned credit not included in any quarterly electronic report must be included in the final report required by paragraph (7)(d)(iii)(B)(V) of this rule.

(E) Assignees must electronically report any necessary corrections to previously reported assigned credits, including, but not limited to, a vehicle returned to the dealer by the purchaser.

~~(ii) **Failure to Submit the Electronic Report Timely.** If the assignee fails to submit an electronic report for an assigned credit in a timely manner pursuant to paragraph (7)(d)(i)(A) of this rule, the assignee may thereafter submit an electronic report for the assigned credit. If the assignee fails to include any assigned credit pursuant to paragraph (7)(d)(i)(B) of this rule in a timely filed quarterly electronic report, the assignee may include that assigned credit in an electronic report timely filed for a subsequent quarter. However, if the assignee fails to report assignment of a credit in the time provided pursuant to paragraph (7)(d)(i) of this rule and the purchaser or lessee files an income tax return claiming any allowable credit prior to the assignee reporting the assignment of the credit late under this paragraph (7)(d)(ii), the credit is allowed to the purchaser or lessee and not to the assignee. If the assignee fails to electronically report an assigned credit by the deadline prescribed in paragraph (7)(d)(i) of this rule, the credit is allowed to the assignee only if:~~

~~(A) the assignee submits the electronic report before the assignee claims the credit; and~~

~~(B) the credit has not already been allowed to the purchaser or lessee.~~

(e) **Assignment by Exempt Entities.** A person or a political subdivision of the state that is exempt from taxation under section 39-22-112(1), C.R.S., that is a "purchaser" under section 36-22-516.7(1)(r.3)(II) or 39-22-516.8(1)(bb.3), C.R.S., and that assigns a credit to a financing entity or motor vehicle dealer pursuant to section 36-22-516.7(2)(f) or 39-22-516.8(13.7), C.R.S., is not required by section 39-22-516.7(10), 39-22-516.8(17.5), or 39-22-601(7)(b), C.R.S., to file a Colorado income tax return with respect to the assigned credit.

(f) **Disallowed Credits.** The Department will disallow a credit claimed by an assignee if the Department determines that the applicable requirements were not met or the credit was otherwise claimed in error. The Department will issue notice of the disallowance to the assignee pursuant to section 39-21-103 or 39-21-104, C.R.S., as applicable. The assignee will be liable for any resulting underpayment of tax, and any refund claimed by the assignee will be appropriately reduced, regardless of whether the assignee recovers any part of the compensation provided to the purchaser pursuant to section 39-22-516.7(2)(e)(I)(D), 39-22-516.7(2)(f)(I)(D), 39-22-516.8(13.5)(a)(IV), or 39-22-516.8(13.7)(a)(IV), C.R.S.

# **COLORADO DEPARTMENT OF REVENUE STATEMENT OF BASIS AND PURPOSE**

## **Innovative Motor Vehicle and Innovative Truck Tax Credits Rule 39-22-516 1 CCR 201-2**

### **Basis**

The statutory bases for this rule are sections 39-21-112(1), 39-22-516.7, and 39-22-516.8, C.R.S.

### **Purpose**

The purpose of this amendment is to:

- update the guidance regarding the quarterly electronic report that must be submitted to the Department;
- make clear that the applicable sales tax is calculated on the full purchase price without reduction for the compensation provided by the assignee to the purchaser or lessee; and
- explain the consequences for the assignee if an assigned credit is disallowed by the Department.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00129

**Department**

200 - Department of Revenue

**Agency**

201 - Taxation Division

**CCR number**

1 CCR 201-2

**Rule title**

INCOME TAX

**Rulemaking Hearing****Date**

05/08/2025

**Time**

10:00 AM

**Location**

Virtual Hearing - See Comments

**Subjects and issues involved**

The purpose of this new rule is to provide clarification regarding the conditions under which the Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture. The Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture only if Department receives notification from the Office of Economic Development pursuant to that section that the credit has been disallowed and recapture is required.

**Statutory authority**

39-21-112(1) 39-22-567(10), C.R.S.

**Contact information****Name**

Josh Pens

**Title**

Director

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3038665627

**Email**

dor\_taxrules@state.co.us

DEPARTMENT OF REVENUE

Taxation Division

INCOME TAX

1 CCR 201-2

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**Rule 39-22-567. Quantum Facility Investment Credit Recapture.**

**Basis and Purpose.** The statutory bases for this rule are sections 39-21-112(1) and 39-22-567(10), C.R.S. The purpose of this rule is to provide clarification regarding the conditions under which the Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture.

**Conditions for Recapture.** Under section 39-22-567(10), C.R.S., the Office of Economic Development must notify the qualified applicant and the Department if a credit is disallowed and recapture is required because, during the compliance period, the qualified applicant sells, transfers, abandons, or repurposes a substantial portion of the qualifying fixed capital assets for which the qualified applicant was allowed a credit or otherwise ceases to operate the shared quantum facility in this state. The Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture only if the Department receives notification from the Office of Economic Development pursuant to that section that the credit has been disallowed and recapture is required.

# **COLORADO DEPARTMENT OF REVENUE STATEMENT OF BASIS AND PURPOSE**

## **Quantum Facility Investment Credit Recapture Rule 39-22-567 1 CCR 201-2**

### **Basis**

The statutory bases for this rule are sections 39-21-112(1) 39-22-567(10), C.R.S.

### **Purpose**

The purpose of this new rule is to provide clarification regarding the conditions under which the Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture. The Department will disallow a credit under section 39-22-567(10), C.R.S., and require recapture only if Department receives notification from the Office of Economic Development pursuant to that section that the credit has been disallowed and recapture is required.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00140

**Department**

400 - Department of Natural Resources

**Agency**

406 - Colorado Parks and Wildlife (406 Series, Wildlife)

**CCR number**

2 CCR 406-2

**Rule title**

CHAPTER W-2 - BIG GAME

**Rulemaking Hearing****Date**

05/07/2025

**Time**

08:00 AM

**Location**

DoubleTree by Hilton Hotel Durango at 501 Camino Del Rio, Durango, 81301

**Subjects and issues involved**

Chapter W02 - "Big Game" 2 CCR 406-2 - see attached

**Statutory authority**

See attached

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## FINAL REGULATIONS - CHAPTER W-2 - BIG GAME

### ARTICLE I – General Provisions

#### #205 – Annual Bag Limits and Maximum Numbers of Licenses per Person

- A. Deer, elk, pronghorn, black bear, mountain lion, moose, rocky mountain bighorn sheep, and mountain goat.

The annual bag and possession limit for deer, elk, pronghorn, black bear, mountain lion, rocky mountain bighorn sheep, and mountain goat shall be the total number of animals taken on all licenses which can be legally obtained by the hunter for each species during that license year, as established in the following lists. Big game taken during a hunting season established as a portion of the preceding license year's hunting seasons shall be counted as part of the preceding year's bag limit. When a license allows hunting in more than one Game Management Unit, the unit listed in the hunt code on the license shall determine the maximum number of annual licenses a license holder may obtain for that species.

Notwithstanding the ("List A," "List B," "List C") license categories set forth in this regulation, any license that is administratively converted to a private-land-only license as part of the Landowner Preference Program will retain the ("List A," "List B," "List C") status of its original hunt code.

#### 1. Deer

- a. One License - Any hunter may obtain one deer license.
- b. Two Licenses - A hunter may obtain two deer licenses if at least one of them is:
  - 1. a private land only antlered license for GMUs 29, 38, 51, 391 and 461,
  - 2. a private land only antlerless license,
  - 3. an over-the-counter either-sex whitetail only license,
  - 4. an either-sex whitetail only license, except Ranching for Wildlife license, for GMUs 59, 69, 84, 581,
  - 5. an antlerless whitetail only license, except Ranching for Wildlife license, or
  - 6. an antlerless license, except for Ranching for Wildlife license, for GMUs 15, 18, 20, 25, 26, 27, 28, 29, 30, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 181, 361, 371, 421, 431, 444, 471.
  - 7. a license issued for hunt code DE087O2X, DE093O2X, DM009L1R, or DM951P5R.
- c. Any Number of Licenses - A hunter may also obtain any number of the following deer licenses:
  - 1. an auction license,
  - 2. a raffle license,
  - 3. a game damage license,



4. a special population management license (except that a hunter may not purchase more than one extra antlerless Ranching for Wildlife license as provided in #271(A)(2)) , a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
5. a disease management license,
6. a replacement license for an animal found CWD positive,
7. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
8. an Outreach license, as provided in #206(B)(4)(f).
9. a license issued for hunt code DF029P5R, DF038P5R, DF038L1R, DF056L1R, DF069L1R, DF085P5R, DF087O2X, DF091P5X, DF092P5X, DF093O2X, DF096P5X, DF096P6X, DF101O2X, DF104L3R, DF391P5R or DF481P5R.

## 2. Elk

- a. One License - Any hunter may obtain one elk license.
- b. Two Licenses - A hunter may obtain two elk licenses if at least one of them is
  1. a private land only antlerless license,
  2. an over the counter antlerless archery license,
  3. an antlerless license, except for Ranching for Wildlife license, issued for GMUs 1, 2, 6, 10, 16, 17, 18, 21, 22, 30, 31, 32, 38, 40, 41, 42, 43, 50, 52, 82, 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 201, 411, 421, 431, 471, 500, 501, 512, 682, 691, 791, 851, or 861,
  4. a license issued for hunt codes EF009L1R, EM682P5R or EM682P6R.
- c. Any Number of Licenses - A hunter may also obtain any number of the following elk licenses:
  1. antlerless private land only license for GMUs 104, 391 or 461,
  2. any over the counter either-sex license, except archery license, issued for GMUs 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 129, 130, 132, 135, 136, 137, 138, 139, 143, 144, 145, 146, 147, or 951,
  3. a license issued for hunt code, EF020L3R, or EF128L1R.
  4. an auction license,
  5. a raffle license,
  6. a game damage license,
  7. a special population management license (except that a hunter may not purchase more than one extra antlerless Ranching for Wildlife license as provided in

#271(A)(2)) , a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,

8. a disease management license,
9. a replacement license for an animal found CWD positive,
10. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
11. an Outreach license, as provided in #206(B)(4)(f).

### 3. Pronghorn

- a. One license - Any hunter may obtain one pronghorn license.
- b. Two licenses - A hunter may obtain two pronghorn licenses if at least one of them is:
  1. a private land only license,
  2. a doe license, except for Ranching for Wildlife license, issued for GMUs 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146 or 147,
- c. Any Number of Licenses - A hunter may also obtain any number of the following pronghorn licenses:
  1. an auction license,
  2. a raffle license,
  3. a game damage license, if available,
  4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  5. a disease management license, if available,
  6. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
  7. an Outreach license, as provided in #206(B)(4)(f).

### 4. Bear

- a. One license - Any hunter may obtain one bear license.
- b. Two licenses - A hunter may obtain two bear licenses if at least one of them is a private land only license or a bear license, except for a Ranching for Wildlife license, in GMUs 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 16, 17, 21, 22, 23, 24, 25, 26, 30, 31, 32, 33, 34, 35, 36, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 70, 71, 72, 73, 74, 75, 77, 78, 131, 161, 171, 201, 211, 214, 231, 301, 361, 391, 411, 421, 431, 441, 444, 461, 471, 481, 500, 501, 511, 521, 561, 581, 591, 711, 741, 751 or 771.

- c. Any Number of Licenses - A hunter may also obtain any number of the following bear licenses:
  - 1. a game damage license, if available,
  - 2. a disease management license, if available,
  - 3. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J),
  - 4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments.
  - 5. a license issued for hunt code BE087U6R.
  - 6. A private land only license in GMUs 14, 25, 26, 30, 31, 32, 34, 35, 36, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 56, 57, 58, 59, 60, 61, 62, 64, 65, 70, 71, 72, 73, 74, 75, 77, 78, 104, 131, 361, 391, 411, 421, 431, 444, 461, 471, 481, 500, 501, 511, 521, 561, 581, 711, 741, 751, or 771.

5. Moose

- a. One License - Any hunter may obtain one moose license. The lifetime bag limit for antlered moose is one, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests an antlered moose shall be ineligible to draw either an antlered or either-sex license.
- b. Any Number of Licenses - A hunter may also obtain any number of the following moose licenses:
  - 1. an auction license,
  - 2. a raffle license,
  - 3. a game damage license, if available,
  - 4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  - 5. a disease management license, if available,
  - 6. a replacement license for an animal found CWD positive,
  - 7. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J). Antlered moose harvested on a TIPS license are subject to the lifetime bag limit of one.

6. Mountain Lion

- a. One License - Any hunter may obtain one mountain lion license.
- b. Any Number of Licenses - A hunter may also obtain any number of the following mountain lion licenses:
  - 1. a game damage license, if available,

2. a disease management license, if available,
3. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### 7. Bighorn Sheep

- a. One License - Any hunter may obtain one rocky mountain bighorn sheep license or one desert bighorn sheep license. The lifetime bag limit for desert bighorn sheep is one. Provided further that application restrictions in regulation #206 apply. The lifetime bag limit for a bighorn sheep ram is one for rams harvested after January 1, 2028, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests a ram, after January 1, 2028, shall be ineligible to draw a ram or either-sex license.
- b. Any Number of Licenses - A hunter may obtain any number of the following bighorn sheep licenses:
  1. an auction or raffle license for rocky mountain bighorn sheep,
  2. a special bighorn sheep management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  3. a disease management license, if available,
  4. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### 8. Mountain Goat

- a. One License - Any hunter may obtain one mountain goat license. Provided further that application restrictions in regulation #206 apply. The lifetime bag limit for a mountain goat harvested with a male or either-sex license is one if harvested after January 1, 2028, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests a male goat, after January 1, 2028, shall be ineligible to draw a male or either-sex license.
- b. Any Number of Licenses - A hunter may obtain any number of the following mountain goat licenses:
  1. an auction or raffle license for mountain goat,
  2. a special mountain goat management license, if available,
  3. a disease management license, if available,
  4. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### B. Exceptions to Bag Limit Calculation. The following big game animals shall not be counted against an annual bag and possession limit for that species:

1. Accidental Hunter Take: Any big game animal accidentally taken by a hunter, provided that prior to any further hunting the individual self-reports the incident to the Division as soon as practicable and the Division verifies the claim of accidental kill. For the purposes of this

regulation an "accidental kill" means any unintentional taking of wildlife not resulting from carelessness or negligence on the part of the hunter.

- a. Determination of whether the taking involves carelessness or negligence shall be based on a consideration of the totality of circumstance surrounding the taking including but not necessarily limited to, number of shots fired, number of animals present, number of animals killed or wounded, type of firearm or ammunition used, angle and distance of shot, species of animal, topography, ground cover, and light or weather conditions.
2. Accidental Vehicle Kills: Any big game animal accidentally killed by a motor vehicle or train shall not be counted against an annual bag limit for that species.
3. Damage Kills: Any big game animal causing damage and taken under the authority of §33-3-106 C.R.S.
4. Southern Ute Tribal Lands: Any big game animal taken on a Southern Ute Tribal Lands permit.

## ARTICLE V – Black Bear

### #236 – Baiting

- A. It shall be unlawful to hunt black bear over bait as prohibited in §33-4-101.3, C.R.S.

### #237 – Archery Black Bear Seasons – Only Lawful Hand-Held Bows May Be Used to Hunt or Take Black Bear During This Season

#### A. Archery Seasons

1. Hunt type, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses (202 <del>5</del> 4)
1	BE001O1A	5
2	BE002O1A	5
3, 11, 211, 301	BE003O1A	75
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004O1A	300
7, 8, 9, 19, 191	BE007O1A	50
10	BE010O1A	5

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses (202 <del>5</del> 4)
12, 13, 23, 24, 25, 26, 33, 131, 231	BE012O1A	450
15, 18, 27, 28, 37, 181, 371	BE015O1A	150
20, 29, 38	BE020O1A	80
21, 22, 30, 31, 32	BE021O1A	175
34	BE034O1A	60
35, 36, 44, 45, 361, 444	BE035O1A	240
39, 46, 51, 391, 461	BE039O1A	<del>99</del> 70
40	BE040O1A	30
41, 42, 52, 411, 421, 521	BE041O1A	550
43	BE043O1A	125
47, 431, 471	BE047O1A	120
48, 49, 56, 57, 481, 561	BE048O1A	110
50, 500, 501	BE050O1A	<del>60</del> 40
53, 63	BE053O1A	150
54, 55, 551	BE054O1A	130
58, 581	BE058O1A	75
59, 511, 591	BE059O1A	100
60, 70	BE060O1A	90
61	BE061O1A	10
62, 64, 65	BE062O1A	300
66, 67	BE066O1A	30
68, 76, 79, 80, 81, 681, 682, 791	BE068O1A	140
69, 84, 691	BE069O1A	50

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses (202 <del>5</del> 4)
71, 72, 73, 74, 711, 741	BE071O1A	120
75, 77, 78, 751, 771	BE075O1A	125
82, 86, 861	BE082O1A	60
83, 85, 140, 851 except Bosque del Oso SWA	BE083O1A	40
201	BE201O1A	5
851 Bosque del Oso SWA only	BE851O1A	4
TOTAL		41094069

2. Unlimited Licenses, Dates, Units (as described in Chapter 0 of these regulations), Licenses as shown by hunt code, concurrent with Archery Deer and Elk Seasons subject to season participation restrictions in #207.

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses (20242025)
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004U1A	Unlimited
12, 13, 23, 24, 25, 26, 33, 131, 231	BE012U1A	
15, 18, 27, 28, 37, 181, 371	BE015U1A	
21, 22, 30, 31, 32	BE021U1A	
34	BE034U1A	
39, 46, 51, 391, 461	BE039U1A	
40	BE040U1A	

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
41, 42, 52, 411, 421, 521	BE041U1A	
50, 500, 501	BE050U1A	
53, 63	BE053U1A	
60, 70	BE060U1A	
61	BE061U1A	
62, 64, 65	BE062U1A	
71, 72, 73, 74, 711, 741	BE071U1A	
75, 77, 78, 751, 771	BE075U1A	
TOTAL		Unlimited

**#238 – Muzzle-Loading Firearms Black Bear Season - Only Lawful Muzzle-Loading Firearms (Rifles and Smoothbore Muskets) May Be Used to Hunt or Take Black Bear**

**a. Muzzle-loading Firearms Seasons**

**1. Hunt type, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
1	BE001O1M	5
2	BE002O1M	5



Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
3, 11, 211, 301	BE003O1M	20
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004O1M	100
7, 8, 9, 19, 191	BE007O1M	20
10	BE010O1M	5
12, 13, 23, 24, 25, 26, 33, 131, 231	BE012O1M	100
15, 18, 27, 28, 37, 181, 371	BE015O1M	50
20, 29, 38	BE020O1M	35
21, 22, 30, 31, 32	BE021O1M	60
34	BE034O1M	50
35, 36, 44, 45, 361, 444	BE035O1M	155
39, 46, 51, 391, 461	BE039O1M	<del>40</del> 25
40	BE040O1M	15
41, 42, 52, 411, 421, 521	BE041O1M	150
43	BE043O1M	40
47, 431, 471	BE047O1M	40
48, 49, 56, 57, 481, 561	BE048O1M	45
50, 500, 501	BE050O1M	<del>50</del> 20
53, 63	BE053O1M	50
54, 55, 551	BE054O1M	105
58, 581	BE058O1M	30
59, 511, 591	BE059O1M	40
60, 70	BE060O1M	40
61	BE061O1M	10
62, 64, 65	BE062O1M	75
66, 67	BE066O1M	15
68, 76, 79, 80, 81, 681, 682, 791	BE068O1M	60

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
69, 84, 691	BE069O1M	20
71, 72, 73, 74, 711, 741	BE071O1M	35
75, 77, 78, 751, 771	BE075O1M	45
82, 86, 861	BE082O1M	30
83, 85, 140, 851 except Bosque del Oso SWA	BE083O1M	15
201	BE201O1M	5
851 Bosque del Oso SWA only	BE851O1M	4
<b>TOTAL</b>		<del>4564</del> <b>1519</b>

2. Unlimited Licenses, Dates, Units (as described in Chapter 0 of these regulations), Licenses as shown by hunt code, concurrent with Muzzleloader Deer and Elk Seasons subject to season participation restrictions in #207.

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004U1M	Unlimited
12, 13, 23, 24, 25, 26, 33, 131, 231	BE012U1M	
15, 18, 27, 28, 37, 181, 371	BE015U1M	
21, 22, 30, 31, 32	BE021U1M	
34	BE034U1M	
39, 46, 51, 391, 461	BE039U1M	
40	BE040U1M	
41, 42, 52, 411, 421, 521	BE041U1M	
50, 500, 501	BE050U1M	

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
53, 63	BE053U1M	
60, 70	BE060U1M	
61	BE061U1M	
62, 64, 65	BE062U1M	
71, 72, 73, 74, 711, 741	BE071U1M	
75, 77, 78, 751, 771	BE075U1M	
<b>TOTAL</b>		<b>Unlimited</b>

## #239 – Rifle and Associated Methods - Black Bear

### A. Limited Rifle Seasons

#### 1. Season Dates and Units (as described in Chapter 0 of these regulations)

	Season Dates: 09/02 - 09/30 Annually Unless Otherwise Shown	
Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
1	BE001O1R	5
2	BE002O1R	5
3, 11, 211, 301	BE003O1R	150
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004O1R	1200
7, 8, 9, 19, 191	BE007O1R	135
10	BE010O1R	5
12, 13, 23, 24, 25, 26, 33, 131, 231	BE012O1R	1100
15, 18, 27, 28, 37, 181, 371	BE015O1R	200
20, 29, 38	BE020O1R	90
21, 22, 30, 31, 32	BE021O1R	775
34	BE034O1R	240
35, 36, 44, 45, 361, 444	BE035O1R	<del>765</del> 650

	Season Dates: 09/02 - 09/30 Annually	
	Unless Otherwise Shown	
Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
39, 46, 51, 391, 461	BE039O1R	<del>275</del> 260
40	BE040O1R	100
41, 42, 52, 411, 421, 521	BE041O1R	1700
43	BE043O1R	<del>240</del> 180
47, 431, 471	BE047O1R	<del>190</del> 160
48, 49, 56, 57, 481, 561	BE048O1R	250
50, 500, 501	BE050O1R	<del>420</del> 60
53, 63	BE053O1R	800
54, 55, 551	BE054O1R	125
58, 581	BE058O1R	90
59, 511, 591	BE059O1R	80
60, 70	BE060O1R	300
61	BE061O1R	150
62, 64, 65	BE062O1R	700
66, 67	BE066O1R	65
68, 76, 79, 80, 81, 681, 682, 791	BE068O1R	250
69, 84, 691	BE069O1R	120
71, 72, 73, 74, 711, 741	BE071O1R	780
75, 77, 78, 751, 771	BE075O1R	700
82, 86, 861	BE082O1R	100
83, 85, 140, 851 except Bosque del Oso SWA	BE083O1R	95
201	BE201O1R	10
851 Bosque del Oso SWA only	BE851O1R 09/02 - 09/17 annually	4
851 Bosque del Oso SWA only	BE851O2R	4

	<b>Season Dates: 09/02 - 09/30 Annually</b> <b>Unless Otherwise Shown</b>	
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Either-Sex Licenses</b> <b>(<del>2024</del>2025)</b>
	09/18/2025 - 10/01/2025	
<b>TOTAL</b>		<b><del>41888</del>11638</b>

**2. Limited Either-Sex Concurrent Rifle Season Dates and Units (as described in Chapter 0 of these regulations). Licenses as shown by hunt code concurrent with Regular Rifle Deer and Elk Seasons.**

<b>License year</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Season dates	10/15 - 10/19	10/14 - 10/18	10/13 - 10/17	10/11 - 10/15	10/10 - 10/14
unless	10/25 - 11/02	10/24 - 11/01	10/23 - 10/31	10/21 - 10/29	10/20 - 10/28
otherwise	11/08 - 11/16	11/07 - 11/15	11/06 - 11/14	11/04 - 11/12	11/03 - 11/11
shown	11/19 - 11/23	11/18 - 11/22	11/17 - 11/21	11/15 - 11/19	11/14 - 11/18

<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Either-Sex Licenses</b> <b>(<del>2024</del>2025)</b>
1	BE001O5R	5
2	BE002O5R	5
3, 11, 211, 301	BE003O5R	150
7, 8, 9, 19, 191	BE007O5R	160
10	BE010O5R	5
20, 29, 38	BE020O5R	160
35, 36, 43, 44, 45, 47, 361, 431, 444, 471	BE035O5R	610
48, 49, 56, 57, 481, 561	BE048O5R	240
54, 55, 551	BE054O5R	85
58, 59, 511, 581, 591	BE058O5R	175
61	BE061O5R	10
66, 67	BE066O5R	45
68, 79, 80, 81, 681, 682, 791	BE068O5R	100
69, 84, 691	BE069O5R	60

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
76	BE076O5R	10
82, 86, 861	BE082O5R	90
83, 85, 140, 851 except Bosque del Oso SWA	BE083O5R	105
201	BE201O5R	10
851 Bosque del Oso SWA only	BE851O5R	5
<b>TOTAL</b>		<b>2030</b>

3. Unlimited Licenses, Dates, Units (as described in Chapter 0 of these regulations), Licenses as shown by hunt code, concurrent with the early October rifle Seasons subject to season participation restrictions in #207.

Unit(s)	Season Dates: 10/01 – 10/07 Annually Unless Otherwise Shown	
	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
61	BE061U2R	Unlimited
<b>TOTAL</b>		<b>Unlimited</b>

- B. Over the Counter Either-Sex Concurrent Rifle Season Dates and Units (as described in Chapter 0 of these regulations). Licenses as shown by hunt code, concurrent with Regular Rifle Deer and Elk Seasons.

License year	2025	2026	2027	2028	2029
Season dates	10/15 - 10/19	10/14 - 10/18	10/13 - 10/17	10/11 - 10/15	10/10 - 10/14
unless	10/25 - 11/02	10/24 - 11/01	10/23 - 10/31	10/21 - 10/29	10/20 - 10/28
otherwise	11/08 - 11/16	11/07 - 11/15	11/06 - 11/14	11/04 - 11/12	11/03 - 11/11
shown	11/19/ - 11/23	11/18 - 11/22	11/17 - 11/21	11/15 - 11/19	11/14 - 11/18

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
4, 5, 6, 14, 16, 17, 161, 171, 214, 441	BE004U5R	Unlimited
12, 13, 23, 24, 25, 26, 33, 34, 131, 231	BE012U5R	

Unit(s)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
15, 18, 27, 28, 37, 181, 371	BE015U5R	
21, 22, 30, 31, 32	BE021U5R	
39, 46, 51, 391, 461	BE039U5R	
40	BE040U5R	
41, 42, 52, 411, 421, 521	BE041U5R	
50, 500, 501	BE050U5R	
53, 63	BE053U5R	
60, 62, 64, 65, 70	BE060U5R	
71, 72, 73, 74, 711, 741	BE071U5R	
75, 77, 78, 751, 771	BE075U5R	
<b>TOTAL</b>		<b>Unlimited</b>

**C. Over the Counter Plains Regular Rifle Season, Dates, Units (as described in Chapter 0 of these regulations), Over the Counter as shown by hunt code**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/02/2025 – 11/23/2025	09/02/2026 – 11/22/2026	09/02/2027 – 11/21/2027	09/02/2028 – 11/19/2028	09/02/2029 – 11/18/2029

Unit(s)	Hunt code:	Licenses ( <del>2024</del> 2025)
87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 141, 142, 143, 144, 145, 146, 147, 951	BE087U6R	Unlimited
<b>TOTAL</b>		<b>Unlimited</b>

**D. Private Land Only Seasons**

- 1. Over the Counter Private Land Only, Dates, Unit (as described in Chapter 0 of these regulations), and Unlimited Licenses as shown by hunt code.**

Unit(s)	Hunt Code	Season Dates	Either-Sex Licenses ( <del>2024</del> 2025)
4, 5, 14, 214, 441	BE004P5R	10/01/2025 - 11/23/2025	Unlimited
12, 13, 23, 24	BE012P5R	10/01/2025 - 11/23/2025	
14	BE014P1R	09/02 - 09/30 Annually	
15, 27	BE015P1R	09/02 - 09/30 Annually	
15, 27	BE015P5R	10/01/2025 - 11/23/2025	
18, 28, 181	BE018P1R	09/02 - 09/30 Annually	
18, 28, 181	BE018P5R	10/01/2025 - 11/23/2025	
20, 29, 38	BE020P5R	09/02/2025 - 11/23/2025	
25, 26	BE025P1R	09/02 - 09/30 Annually	
25, 26	BE025P5R	10/01/2025 - 11/23/2025	
30	BE030P1R	09/02 - 09/30 Annually	
30	BE030P5R	10/01/2025 - 11/23/2025	
31, 32	BE031P1R	09/02 - 09/30 Annually	
31, 32	BE031P5R	10/01/2025 - 11/23/2025	
33	BE033P5R	10/01/2025 - 11/23/2025	
34	BE034P1R	09/02 - 09/30 Annually	
34	BE034P5R	10/01/2025 - 11/23/2025	
35, 36, 43, 44, 45, 47, 361, 431, 444, 471	BE035P1R	09/02 - 09/30 Annually	
35, 36, 43, 44, 45, 47, 361, 431, 444, 471	BE035P5R	10/01/2025 - 11/23/2025	
37, 371	BE037P1R	09/02 - 09/30 Annually	
37, 371	BE037P5R	10/01/2025 - 11/23/2025	
39, 46, 51, 104, 391, 461	BE039P5R	09/02/2025 - 11/23/2025	
40	BE040P1R	09/02 - 09/30 Annually	
41, 42, 52, 411, 421, 521	BE041P1R	09/02 - 09/30 Annually	
41, 42, 52, 411, 421, 521	BE041P5R	10/01/2025 - 11/23/2025	
48, 49, 56, 57, 481, 561	BE048P5R	09/02/2025 - 11/23/2025	



Unit(s)	Hunt Code	Season Dates	Either-Sex Licenses ( <del>2024</del> 2025)
50, 500, 501	BE050P5R	09/02/2025 - 11/23/2025	
58, 581	BE058P5R	09/02/2025 - 11/23/2025	
59, 511	BE059P5R	09/02/2025 - 11/23/2025	
60, 70	BE060P1R	09/02 - 09/30 Annually	
60, 70	BE060P5R	10/01/2025 - 11/23/2025	
61	BE061P1R	09/02 - 09/30 Annually	
62, 64, 65	BE062P1R	09/02 - 09/30 Annually	
62, 64, 65	BE062P5R	10/01/2025 - 11/23/2025	
71, 72, 73, 74, 711, 741	BE071P1R	09/02 - 09/30 Annually	
75, 77, 78, 751, 771	BE075P1R	09/02 - 09/30 Annually	
131	BE131P1R	09/02 - 09/30 Annually	
<b>TOTAL</b>			<b>Unlimited</b>

**2. Limited Private Land Only, Dates, Unit (as described in Chapter 0 of these regulations), Licenses as shown by hunt code.**

	<b>Season Dates:</b> <b>09/02 - 09/30 Annually</b> <b>Unless Otherwise Shown</b>	
Unit	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
69, 84, 691	BE069P1R	130
83, 85, 140, 851	BE083P1R	150
84 - That portion bounded on the north by Colo 96, Siloam Rd, Colo 78, Water Barrel Rd, and Burnt Mill Rd; on the east by I-25; on the south by Huerfano Co Rd 650 (Lascar Rd); and on the west by the San Isabel Forest boundary and Colo 165	BE084P5R 09/02/2025 - 11/23/2025	60
86, 861	BE086P1R	75
<b>TOTAL</b>		<b>415</b>

## #240 – Vacant

## #241 – Special Restrictions

- A. No person shall hunt, take or harass a bear in its den.
- B. No cubs shall be killed nor shall any black bear accompanied by one (1) or more cubs be killed.  
As used herein a "cub" shall mean any black bear less than one (1) year of age.
- C. Inspection and Seal Required.
  - 1. Black bear taken by licensed hunters shall be personally presented to the Division or other official designated by the Division for inspection and sealing within 5 working days after the taking thereof. Bear heads and hides must be unfrozen when presented for inspection. If not unfrozen, the Division may retain heads and hides as necessary for thawing sufficient to extract a premolar tooth. No fee shall be required for the inspection and issuance of a legal possession seal, which shall remain attached to the hide until such hide is tanned.
  - 2. Black bears shall not be transported, shipped or otherwise taken out of Colorado until the hide and skull are inspected and sealed by authorized personnel of the Division. Possession of any bear hide not having a seal attached within the 5 working days shall be unlawful and such hide shall become the property of the State.
  - 3. Inspection and sealing shall be arranged by contacting the Division Officer or the Division office.
  - 4. A mandatory check report shall be completed at the time of inspection.
  - 5. At the time of the mandatory check, the Division shall be authorized to extract and retain a premolar tooth.
- D. Individuals taking black bear under authority of §33-3-106(3) shall report the bear within five (5) days after the taking thereof as required by said statute and the carcass, hide and other parts of the bear shall remain the property of the state.

## ARTICLE VIII – Deer

## #243-247 – Vacant

## #248 – Archery Deer Seasons – Only Lawful Hand Held Bows May Be Used to Hunt or Take Deer During the Following Seasons:

A. Regular Seasons	Season Dates:			
	09/02 – 09/30 Annually			
	Unless Otherwise Shown			
Unit(s)	Hunt Code	Licenses (20242025)		
		Antlered	Antlerless	Either-Sex
1	DM001O1A	1		
2	DM002O1A	7		

A. Regular Seasons	Season Dates:			
	09/02 – 09/30 Annually			
	Unless Otherwise Shown			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)		
		Antlered	Antlerless	Either-Sex
3, 4, 5, 14, 214, 301, 441	DE003O1A			500
6, 16, 17, 161, 171	DE006O1A			<del>165</del>
7, 8, 9, 19, 191	DE007O1A			1000
10	DM010O1A	10		
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24	DE011O1A			250
12, 23 north of the White River, and 24 north of the North Fork of the White River	DE012O1A			100
15	DE015O1A			150
18, 27, 28, 37, 181, 371	DE018O1A			<del>255</del> 10
20	DE020O1A			<del>300</del> 250
21, 30	DM021O1A	60		
23 south of the White River, and 24 south of the North Fork of the White River	DE023O1A			175
25, 26	DE025O1A			190
29	DE029O1A			150
31, 32	DE031O1A			135
33	DE033O1A			150
34	DE034O1A			130
35, 36, 45, 361	DE035O1A			200
38	DE038O1A			150
39, 46	DE039O1A			<del>230</del> 200
40	DM040O1A	70		

A. Regular Seasons	Season Dates:			
	09/02 – 09/30 Annually			
	Unless Otherwise Shown			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)		
		Antlered	Antlerless	Either-Sex
41, 42, 421	DE041O1A			325
43, 47, 431, 471	DE043O1A			180
44	DE044O1A			80
48, 56, 481, 561	DM048O1A	200		
49, 57, 58, 581	DE049O1A			330
50, 500, 501	DE050O1A			<del>485</del> 150
51	DE051O1A			125
52, 411, 521	DM052O1A	<del>140</del> 200		
53	DM053O1A	<del>50</del> 55		
54	DF054O1A		<del>25</del> 15	
54	DM054O1A	55		
55	DF055O1A		<del>25</del> 15	
55	DM055O1A	65		
59, 511, 591	DM059O1A	<del>175</del> 150		
60	DM060O1A	50		
61	DM061O1A	50		
62	DM062O1A	200		
63	DM063O1A	<del>50</del> 55		
64, 65	DM064O1A	165		
66	DM066O1A	80		
67	DM067O1A	80		
68, 681, 682	DM068O1A	115		
69, 84, 86, 691, 861	DE069O1A			335

A. Regular Seasons	Season Dates:			
	09/02 – 09/30 Annually			
	Unless Otherwise Shown			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)		
		Antlered	Antlerless	Either-Sex
70	DM070O1A	<del>145</del> 175		
71, 711	DM071O1A	<del>125</del> 150		
72, 73	DM072O1A	<del>145</del> 165		
74	DM074O1A	90		
75, 751	DE075O1A			<del>200</del> 230
76	DM076O1A	25		
77, 78, 771	DE077O1A			<del>400</del> 440
79, 791	DM079O1A	10		
80, 81	DF080O1A		10	
80, 81	DM080O1A	250		
82	DM082O1A	50		
83	DM083O1A	15		
85, 851 except Bosque del Oso SWA	DM085O1A	<del>125</del> 175		
140	DM140O1A	60		
201	DM201O1A	8		
391, 461	DE391O1A			<del>125</del> 90
444	DE444O1A			<del>120</del> 95
551	DF551O1A		<del>20</del> 10	
551	DM551O1A	55		
741	DE741O1A			45
851 Bosque del Oso SWA only	DM851O1A	5		
TOTALS		<del>2916</del> 2901	<del>80</del> 50	<del>6515</del> 6830

**B. Late Seasons**

**1. Archery – Late Season, Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025) Either-Sex	Season Dates
87, 88, 89, 90, 95	DE087O1A	<del>70</del> 60	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
91	DE091O1A	65	
92	DE092O1A	70	
93, 97, 98, 100	DE093O1A	90	
94, 951	DE094O1A	150	
96	DE096O1A	<del>420</del> 125	
99	DE099O1A	65	
101, 102	DE101O1A	90	
103	DE103O1A	50	
104, 105, 106	DE104O1A	650	
107	DE107O1A	30	
109	DE109O1A	50	
110, 111, 118, 119, 123, 124	DE110O2A	<del>450</del> 175	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
112, 113, 114, 115, 120, 121	DE112O2A	90	
116, 117	DE116O1A	75	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DE122O1A	325	
128, 133, 134, 135	DE128O2A	100	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
136, 141, 147	DE136O1A	45	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
137, 138, 143, 144	DE137O1A	25	
142	DE142O2A	35	09/30/2025 - 11/29/2025 12/15/2025 - 12/31/2025
	<b>TOTALS</b>	<del>2345</del> 2365	

**C. Private Land Only Deer Seasons**

**1. Archery - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)		
			Antlered	Antlerless	Either-Sex
4, 13, 301 – Those portions not within Craig city limits in the following townships, ranges, and sections: <ul style="list-style-type: none"> <li>• T6N R90W Sections 5, 6</li> <li>• T6N R91W Sections 1, 2, 3</li> <li>• T7N R90W Sections 29, 30, 31, 32</li> <li>• T7N R91 W Sections 25, 26, 27, 34, 36</li> </ul>	DF004P5A	08/15 - 09/30 annually		5	
4, 13, 301 – Those portions not within Craig city limits in the following townships, ranges, and sections: <ul style="list-style-type: none"> <li>• T6N R90W Sections 5, 6</li> <li>• T6N R91W Sections 1, 2, 3</li> <li>• T7N R90W Sections 29, 30, 31, 32</li> <li>• T7N R91 W Sections 25, 26, 27, 34, 36</li> </ul>	DM004P5A	08/15 - 09/30 annually	5		
30 – that portion south of the Highline Canal and east of West Salt Creek	DE030P5A	09/02 - 10/31 annually			25
30 – that portion south of the Highline Canal and east of West Salt Creek	DF030P5A	09/02 - 10/31 annually		50	
41 - Those portions bounded on the north by the Colorado River; on the east by the Orchard Mesa Canal and 38 Rd; on the south by the #2 Orchard Mesa Canal; and on the west by the 28 Rd alignment.	DE041P5A	09/02 - 12/31 annually			50
41 - Those portions bounded on the north by the Colorado River; on the east by the Orchard Mesa Canal and 38 Rd; on the south by the #2 Orchard Mesa Canal; and on the west by the 28 Rd alignment.	DF041P5A	09/02 - 12/31 annually		35	
		<b>TOTALS</b>	<b>5</b>	<b>90</b>	<b>75</b>

#### D. Whitetail Only Deer Seasons

**1. Archery - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)			Season Dates
		Antlered	Antlerless	Either-Sex	
103	DF103O3A		<del>20</del> 30		10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
104, 105, 106	DE104O3A			<del>50</del> 65	
107	DE107O3A			30	
107	DF107O3A		<del>20</del> 15		
109	DE109O3A			<del>30</del> 40	
109	DF109O3A		<del>20</del> 30		
110, 111, 118, 119, 123, 124	DE110O4A			150	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
110, 111, 118, 119, 123, 124	DF110O4A		45		
112, 113, 114, 115, 120, 121	DE112O4A			<del>80</del> 40	
112, 113, 114, 115, 120, 121	DF112O4A		<del>50</del> 30		
116, 117	DE116O3A			<del>400</del> 20	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
116, 117	DF116O3A		<del>30</del> 10		
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DE122O3A			145	
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O3A		120		
128, 133, 134, 135	DE128O4A			40	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
128, 133, 134, 135	DF128O4A		20		
136, 141, 147	DE136O3A			30	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
136, 141, 147	DF136O3A		10		
<b>TOTALS</b>			<del>335</del> 310	<del>655</del> 560	

**#249 – Muzzle Loading Firearms (Rifle and Smoothbore Musket) Deer Season – Only Lawful Muzzle-Loading Firearms May Be Used to Hunt or Take Deer During the Following Seasons:**



## A. Regular Seasons

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)	
		Antlered	Antlerless
1	DM001O1M	1	
2	DM002O1M	7	
3, 4, 5, 14, 214, 301, 441	DF003O1M		10
3, 4, 5, 14, 214, 301, 441	DM003O1M	100	
6, 16, 17, 161, 171	DF006O1M		<u>10</u>
6, 16, 17, 161, 171	DM006O1M	115	
7, 8, 9, 19, 191	DF007O1M		275
7, 8, 9, 19, 191	DM007O1M	550	
10	DM010O1M	10	
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24	DF011O1M		10
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24	DM011O1M	150	
12, 23 north of the White River, and 24 north of the North Fork of the White River	DF012O1M		10
12, 23 north of the White River, and 24 north of the North Fork of the White River	DM012O1M	50	
15	DF015O1M		60
15	DM015O1M	125	
18, 27, 28, 37, 181, 371	DF018O1M		10
18, 27, 28, 37, 181, 371	DM018O1M	<del>210</del> 20	
20	DF020O1M		20
20	DM020O1M	100	

<b>1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.</b>			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)	
		Antlered	Antlerless
21, 30	DM021O1M	25	
23 south of the White River, and 24 south of the North Fork of the White River	DF023O1M		10
23 south of the White River, and 24 south of the North Fork of the White River	DM023O1M	75	
25, 26	DF025O1M		50
25, 26	DM025O1M	145	
29	DF029O1M		<del>50</del> 10
29	DM029O1M	60	
31, 32	DM031O1M	100	
33	DF033O1M		10
33	DM033O1M	150	
34	DF034O1M		50
34	DM034O1M	145	
35, 36, 45, 361	DF035O1M		100
35, 36, 45, 361	DM035O1M	220	
38	DF038O1M		20
38	DM038O1M	50	
39, 46	DF039O1M		<del>25</del> 15
39, 46	DM039O1M	<del>130</del> 100	
40	DM040O1M	30	
41, 42, 421	DF041O1M		10
41, 42, 421	DM041O1M	250	
43, 47, 431, 471	DF043O1M		10
43, 47, 431, 471 – Youth only	DF043K1M		10
43, 47, 431, 471	DM043O1M	160	

1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)	
		Antlered	Antlerless
44	DF044O1M		20
44	DM044O1M	65	
48, 56, 481, 561	DF048O1M		10
48, 56, 481, 561	DM048O1M	100	
49, 57, 58, 581	DF049O1M		25
49, 57, 58, 581	DM049O1M	150	
50, 500, 501	DM050O1M	<del>60</del> 50	
51	DF051O1M		35
51	DM051O1M	50	
52, 411, 521	DM052O1M	<del>90</del> 140	
53	DM053O1M	<del>20</del> 25	
54	DF054O1M		<del>25</del> 15
54	DM054O1M	50	
55	DF055O1M		<del>25</del> 15
55	DM055O1M	55	
59, 511, 591	DF059O1M		30
59, 511, 591	DM059O1M	<del>60</del> 50	
60	DM060O1M	10	
61	DM061O1M	20	
62	DM062O1M	150	
63	DM063O1M	<del>25</del> 30	
64, 65	DM064O1M	85	
66	DM066O1M	70	
67	DM067O1M	70	
68, 681, 682	DM068O1M	115	

1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses (20242025)	
		Antlered	Antlerless
69, 84, 86, 691, 861	DF069O1M		50
69, 84, 86, 691, 861	DM069O1M	230	
70	DM070O1M	<del>85</del> 100	
71, 711	DM071O1M	<del>70</del> 85	
72, 73	DM072O1M	<del>420</del> 140	
74	DM074O1M	75	
75, 751	DF075O1M		<del>30</del> 35
75, 751	DM075O1M	<del>225</del> 260	
76	DM076O1M	20	
77, 78, 771	DF077O1M		50
77, 78, 771	DM077O1M	<del>235</del> 275	
79, 791	DM079O1M	25	
80, 81	DF080O1M		10
80, 81	DM080O1M	200	
82	DM082O1M	60	
83	DM083O1M	10	
85, 851 except Bosque del Oso SWA	DM085O1M	<del>45</del> 65	
140	DM140O1M	20	
201	DM201O1M	8	
391, 461	DF391O1M		10
391, 461	DM391O1M	<del>25</del> 20	
444	DF444O1M		10
444	DM444O1M	<del>60</del> 50	
501	DF501O1M		<del>20</del> 15
551	DF551O1M		<del>20</del> 10

1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses ( <del>2024</del> 2025)	
		Antlered	Antlerless
551	DM551O1M	55	
741	DF741O1M		10
741	DM741O1M	20	
851 Bosque del Oso SWA only	DM851O1M	5	
TOTALS		<del>5796</del> 146	<del>4420</del> 1050

**B. Eastern Plains Season (East of I-25)**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/11/2025 - 10/19/2025	10/10/2026 - 10/18/2026	10/09/2027 - 10/17/2027	10/14/2028 - 10/22/2028	10/13/2029 - 10/21/2029

1. Muzzle-loading – Eastern Plains Season, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licences ( <del>2024</del> 2025)	
		Antlered	Antlerless
87, 88, 89, 90, 95	DM087O2M	<del>30</del> 25	
87, 88, 89, 90, 95	DF087O2M		<del>25</del> 10
91	DM091O2M	25	
91	DF091O2M		30
92	DM092O2M	25	
92	DF092O2M		30
93, 97, 98, 100	DM093O2M	40	
93, 97, 98, 100	DF093O2M		40
94	DM094O2M	15	
94	DF094O2M		15
96	DM096O2M	<del>35</del> 40	

1. Muzzle-loading – Eastern Plains Season, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licences ( <del>2024</del> 2025)	
		Antlered	Antlerless
96	DF096O2M		30
99	DM099O2M	50	
99	DF099O2M		50
101, 102	DM101O2M	50	
101, 102	DF101O2M		<del>40</del> 25
103	DM103O2M	<del>25</del> 20	
103	DF103O2M		<del>25</del> 20
104, 105, 106	DM104O2M	<del>425</del> 135	
104, 105, 106	DF104O2M		<del>70</del> 25
107, 112, 113, 114, 115, 120, 121	DM107O2M	<del>90</del> 70	
107, 112, 113, 114, 115, 120, 121	DF107O2M		30
109	DM109O2M	<del>30</del> 25	
109	DF109O2M		<del>20</del> 10
110, 111, 118, 119, 123, 124	DM110O2M	<del>70</del> 85	
110, 111, 118, 119, 123, 124	DF110O2M		15
116, 117	DM116O2M	<del>400</del> 20	
116, 117	DF116O2M		10
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DM122O2M	<del>35</del> 45	
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O2M		30
128, 133, 134, 135, 136, 141, 147	DM128O2M	20	
128, 133, 134, 135, 136, 141, 147	DF128O2M		10
137, 138, 143, 144	DM137O2M	15	
137, 138, 143, 144	DF137O2M		10
142	DM142O2M	15	

1. Muzzle-loading – Eastern Plains Season, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licences ( <del>2024</del> 2025)	
		Antlered	Antlerless
142	DF142O2M		15
951	DM951O2M	15	
951	DF951O2M		15
TOTALS		<del>810</del> 735	<del>510</del> 420

### C. Whitetail Only Deer Seasons

#### 1. Muzzle-loading - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/11/2025 - 10/19/2025	10/10/2026 - 10/18/2026	10/09/2027 - 10/17/2027	10/14/2028 - 10/22/2028	10/13/2029 - 10/21/2029

Unit(s)	Antlerless Hunt Code	Licenses ( <del>2024</del> 2025)	Either-Sex Hunt Code	Licenses ( <del>2024</del> 2025)
104, 105, 106	DF104O3M	45	DE104O3M	15
107, 112, 113, 114, 115, 120, 121	DF107O3M	15	DE107O3M	<del>80</del> 30
109	DF109O3M	<del>20</del> 10	DE109O3M	<del>35</del> 10
110, 111, 118, 119, 123, 124	DF110O3M	40	DE110O3M	100
116, 117	DF116O3M	<del>45</del> 10	DE116O3M	<del>400</del> 20
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O3M	20	DE122O3M	<del>70</del> 90
128, 133, 134, 135, 136, 141, 147	DF128O3M	15	DE128O3M	10
TOTALS		<del>470</del> 155		<del>410</del> 275

### #250 – Rifle and Associated Methods Deer Seasons - Any Lawful Method of Take Permitted

## A. Early Seasons

### 1. Early Rifle Season, Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates	Licenses (20242025)	
			Antlered	Antlerless
That portion of GMU 6 above 10,000 feet elevation and GMU 7 within the Rawah Wilderness area	DM006E1R	09/06/2025 - 09/14/2025	20	
6	DM006E2R	09/30/2025 - 10/08/2025	45	
6, 16, 17, 161, 171	DF006E1R	09/30/2025 - 10/08/2025		<u>20</u>
Those portions of GMUs 12, 24, 25, 26, and 231 within the Flat Tops Wilderness Area	DM012E1R	09/06/2025 - 09/14/2025	10	
Those portions of GMUs 14, 16, and 161 within the Mt. Zirkel Wilderness Area	DM014E1R	09/06/2025 - 09/14/2025	40	
16	DM016E1R	09/30/2025 - 10/08/2025	50	
17	DM017E1R	09/30/2025 - 10/08/2025	50	
That portion of GMU 36 within the Eagles Nest Wilderness Area.	DM036E1R	09/06/2025 - 09/14/2025	10	
That portion of GMUs 43 and 431 within the Maroon Bells-Snowmass Wilderness area	DM043E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 44, 45, and 444 within the Holy Cross Wilderness Area	DM044E1R	09/06/2025 - 09/14/2025	15	
That portion of GMU 47 within the Hunter-Fryingpan Wilderness Area	DM047E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 48, 56, 481, 561 above timberline	DM048E1R	09/06/2025 - 09/14/2025	20	
That portion of GMU 65 above 11,000 feet elevation	DM065E1R	09/06/2025 - 09/14/2025	25	
That portion of GMU 74 above 11,000 feet elevation	DM074E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 82, 86, and 861 above timberline	DM082E1R	09/06/2025 - 09/14/2025	40	



Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)	
			Antlered	Antlerless
161	DM161E1R	09/30/2025 - 10/08/2025	55	
171	DM171E1R	09/30/2025 - 10/08/2025	45	
471	DM471E1R	09/06/2025 - 09/14/2025	30	
<b>TOTAL</b>			<b>545</b>	<u>20</u>

## B. Regular Rifle Deer Seasons

1. Combined over the counter white-tailed rifle deer seasons, Dates, Units (as described in Chapter 0 of these regulations).

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)		
			Antlered	Antlerless	Either-Sex
48, 49, 56, 57, 58, 59, 69, 84, 85, 86, 140, 481, 511, 512, 561, 581, 591, 691, 851 except Bosque del Oso SWA, 861  Available for purchase at CPW offices only	DE048U6R	12/01-12/31 annually			Unlimited

## C. Regular Rifle Deer Seasons

1. Combined rifle deer seasons, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

License Year	Season dates for first rifle (-O1R hunt codes), unless otherwise noted	Season dates for second rifle (-O2R, -K2R hunt codes), unless otherwise noted	Season dates for third rifle (-O3R, -K3R hunt codes), unless otherwise noted	Season dates for fourth rifle (-O4R or -S4R hunt codes), unless otherwise noted
<b>2025</b>	10/15/2025 – 10/19/2025	10/25/2025 – 11/02/2025	11/08/2025 – 11/16/2025	11/19/2025 – 11/23/2025
<b>2026</b>	10/14/2026 – 10/18/2026	10/24/2026 – 11/01/2026	11/07/2026 – 11/15/2026	11/18/2026 – 11/22/2026
<b>2027</b>	10/13/2027 – 10/17/2027	10/23/2027 – 10/31/2027	11/06/2027 – 11/14/2027	11/17/2027 – 11/21/2027
<b>2028</b>	10/11/2028 – 10/15/2028	10/21/2028 – 10/29/2028	11/04/2028 – 11/12/2028	11/15/2028 – 11/19/2028

<b>2029</b>	10/10/2029 – 10/14/2029	10/20/2029 – 10/28/2029	11/03/2029 – 11/11/2029	11/14/2029 – 11/18/2029
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Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
1	Antlered	DM001O2R	11
	Antlered	DM001O3R	5
2	Antlered	DM002O2R	20
	Antlered	DM002O3R	20
3, 301	Antlered	DM003O2R	<del>300</del> 420
	Antlered	DM003O3R	<del>400</del> 560
	Antlered	DM003O4R	<del>40</del> 60
	Antlerless	DF003O2R	10
	Antlerless	DF003O3R	10
4 - That portion bounded on N by WY; on E by Moffat CR 1; on S by Moffat CR 38; on W by Colo. 13/789.	Antlerless	DF004S4R	10
4, 14, 214, 441	Antlered	DM004O2R	<del>150</del> 210
	Antlered	DM004O3R	<del>125</del> 175
	Antlered	DM004O4R	<del>25</del> 35
	Antlerless	DF004O2R	10
	Antlerless	DF004O3R	10
5	Antlered	DM005O2R	<del>25</del> 35
	Antlered	DM005O3R	<del>40</del> 15
	Antlered	DM005O4R	<del>40</del> 15
	Antlerless	DF005O2R	10
	Antlerless	DF005O3R	10
6	Antlered	DM006O1R	<del>15</del>
	Antlered	DM006O2R	<del>45</del> 40
	Antlered	DM006O3R	<del>30</del> 25
6, 16, 17, 161, 171	Antlered	DM006O4R	25

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
7, 8	Antlered	DM007O2R	350
	Antlered	DM007O3R	275
	Antlered	DM007O4R	145
	Antlerless	DF007O2R	150
	Antlerless	DF007O3R	130
9, 19, 191	Antlerless	DF009O2R	150
	Antlerless	DF009O3R	125
10	Antlered	DM010O2R	30
	Antlered	DM010O3R	20
11 – That portion bounded on N by Colo. 318 and U.S. 40; on E by Deception Creek-Strawberry Creek Rd. (Moffat CR 57).; on S by Moffat CR 23 and U.S. 40; on W by Twelvemile Gulch Rd., Moffat CR 25, Yampa River and Little Snake River.	Antlerless	DF011S4R	10
11, 211	Antlered	DM011O2R	<del>250</del> 400
	Antlered	DM011O3R	<del>375</del> 600
	Antlered	DM011O4R	<del>305</del> 0
	Antlerless	DF011O2R	10
	Antlerless	DF011O3R	10
12, 13, 23, 24	Antlered	DM012O2R	<del>475</del> 760
	Antlered	DM012O3R	<del>400</del> 640
	Antlered	DM012O4R	<del>305</del> 0
	Antlerless	DF012O2R	10
	Antlerless	DF012O3R	10
15	Antlered	DM015O2R	515
	Antlered	DM015O3R	335
	Antlered	DM015O4R	40
	Antlerless	DF015O2R	260

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	DF015O3R	140
16	Antlered	DM016O1R	<u>15</u>
	Antlered	DM016O2R	<del>45</del> <u>40</u>
	Antlered	DM016O3R	<del>20</del> <u>15</u>
17	Antlered	DM017O1R	<u>15</u>
	Antlered	DM017O2R	<del>30</del> <u>25</u>
	Antlered	DM017O3R	<del>20</del> <u>15</u>
18, 28, 37, 371	Antlered	DM018O2R	<del>545</del> <u>955</u>
	Antlered	DM018O3R	<del>415</del> <u>800</u>
	Antlered	DM018O4R	<del>75</del> <u>150</u>
	Antlerless	DF018O2R	10
	Antlerless	DF018O3R	10
19, 191	Antlered	DM019O2R	535
	Antlered	DM019O3R	615
	Antlered	DM019O4R	280
20	Antlered	DM020O2R	245
	Antlered	DM020O3R	210
	Antlered	DM020O4R	<del>200</del> <u>180</u>
	Antlerless	DF020O2R	10
	Antlerless	DF020O3R	10
	Antlerless	DF020O4R	10
21	Antlered	DM021O2R	<del>300</del> <u>310</u>
	Antlered	DM021O3R	<del>95</del> <u>100</u>
22	Antlered	DM022O2R	<del>150</del> <u>240</u>
	Antlered	DM022O3R	<del>140</del> <u>225</u>
	Antlered	DM022O4R	<del>15</del> <u>25</u>
	Antlerless	DF022O2R	10

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	DF022O3R	10
25, 26	Antlered	DM025O2R	855
	Antlered	DM025O3R	570
	Antlered	DM025O4R	115
	Antlerless	DF025O2R	140
	Antlerless	DF025O3R	140
27, 181	Antlered	DM027O2R	<del>140</del> 280
	Antlered	DM027O3R	<del>125</del> 250
	Antlered	DM027O4R	<del>20</del> 40
	Antlerless	DF027O2R	10
	Antlerless	DF027O3R	10
29	Antlered	DM029O2R	200
	Antlered	DM029O3R	150
	Antlered	DM029O4R	150
	Antlerless	DF029O2R	10
	Antlerless	DF029O3R	10
	Antlerless	DF029O4R	10
30	Antlered	DM030O2R	<del>90</del> 100
	Antlered	DM030O3R	<del>65</del> 75
	Antlered	DM030O4R	<del>15</del> 20
	Antlerless	DF030O2R	10
	Antlerless	DF030O3R	10
31, 32	Antlered	DM031O2R	160
	Antlered	DM031O3R	<del>200</del> 220
	Antlered	DM031O4R	<del>15</del> 25
33	Antlered	DM033O2R	<del>450</del> 350
	Antlered	DM033O3R	<del>450</del> 350

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	DM033O4R	<del>39</del> 100
34	Antlered	DM034O2R	415
	Antlered	DM034O3R	330
	Antlered	DM034O4R	85
	Antlerless	DF034O2R	50
	Antlerless	DF034O3R	50
35, 36, 45, 361	Antlered	DM035O2R	825
	Antlered	DM035O3R	575
	Antlered	DM035O4R	20
	Antlerless	DF035O2R	260
	Antlerless	DF035O3R	140
38	Antlered	DM038O2R	150
	Antlered	DM038O3R	150
	Antlered	DM038O4R	160
	Antlerless	DF038O2R	10
	Antlerless	DF038O3R	10
	Antlerless	DF038O4R	10
39, 46	Antlered	DM039O2R	<del>180</del> 120
	Antlered	DM039O3R	<del>165</del> 115
	Antlered	DM039O4R	<del>115</del> 70
	Antlerless	DF039O2R	<del>20</del> 15
	Antlerless	DF039O3R	<del>25</del> 15
	Antlerless	DF039O4R	<del>30</del> 20
40	Antlered	DM040O2R	120
	Antlered	DM040O3R	100
	Antlered	DM040O4R	10
41, 42, 421	Antlered	DM041O2R	<del>1000</del> 600

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	DM041O3R	<del>350</del> 750
	Antlered	DM041O4R	<del>100</del> 150
	Antlerless	DF041O2R	10
	Antlerless	DF041O3R	10
43, 47, 431, 471	Antlered	DM043O2R	325
	Antlered	DM043O3R	140
	Antlered	DM043O4R	20
	Antlerless	DF043O2R	10
	Antlerless	DF043O3R	10
43, 47, 431, 471 - Youth Only	Antlerless	DF043K2R	10
	Antlerless	DF043K3R	10
44	Antlered	DM044O2R	65
	Antlered	DM044O3R	20
	Antlered	DM044O4R	20
	Antlerless	DF044O2R	35
	Antlerless	DF044O3R	15
48, 56, 481, 561	Antlered	DM048O2R	320
	Antlered	DM048O3R	220
49, 57, 58, 581	Antlered	DM049O2R	800
	Antlered	DM049O3R	550
49, 57	Antlerless	DF049O2R	10
	Antlerless	DF049O3R	10
50, 500, 501	Antlered	DM050O2R	<del>190</del> 150
	Antlered	DM050O3R	<del>160</del> 130
51	Antlered	DM051O2R	100
	Antlered	DM051O3R	90
	Antlered	DM051O4R	55

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
52, 411, 521	Antlered	DM052O2R	<del>495</del> 650
	Antlered	DM052O3R	<del>220</del> 350
	Antlered	DM052O4R	<del>40</del> 50
53	Antlered	DM053O2R	<del>115</del> 130
	Antlered	DM053O3R	<del>75</del> 90
	Antlered	DM053O4R	<del>10</del> 15
54	Antlered	DM054O2R	<del>355</del> 315
	Antlered	DM054O3R	<del>85</del> 75
	Antlered	DM054O4R	15
	Antlerless	DF054O1R	<del>1</del> 5
	Antlerless	DF054O2R	<del>25</del> 15
	Antlerless	DF054O3R	<del>50</del> 15
55	Antlered	DM055O2R	245
	Antlered	DM055O3R	110
	Antlered	DM055O4R	25
	Antlerless	DF055O1R	<del>1</del> 5
	Antlerless	DF055O2R	<del>110</del> 40
	Antlerless	DF055O3R	<del>70</del> 25
58, 581	Antlerless	DF058O2R	10
	Antlerless	DF058O3R	10
59, 511	Antlered	DM059O2R	<del>175</del> 160
	Antlered	DM059O3R	<del>75</del> 60
60	Antlered	DM060O1R	<del>3</del> 5
	Antlered	DM060O2R	70
	Antlered	DM060O3R	70
	Antlered	DM060O4R	15
61	Antlered	DM061O1R	<del>2</del> 0



Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	DM061O2R	<del>90</del> 80
	Antlered	DM061O3R	90
62	Antlered	DM062O1R	<del>180</del>
	Antlered	DM062O2R	<del>410</del> 300
	Antlered	DM062O3R	<del>370</del> 300
63	Antlered	DM063O2R	<del>95</del> 110
	Antlered	DM063O3R	<del>75</del> 90
	Antlered	DM063O4R	<del>40</del> 15
64, 65	Antlered	DM064O1R	<del>75</del>
	Antlered	DM064O2R	<del>350</del> 300
	Antlered	DM064O3R	<del>225</del> 200
	Antlered	DM064O4R	20
66	Antlered	DM066O2R	200
	Antlered	DM066O3R	50
	Antlered	DM066O4R	25
	Antlerless	DF066O2R	<del>80</del> 40
	Antlerless	DF066O3R	<del>45</del> 25
67	Antlered	DM067O2R	200
	Antlered	DM067O3R	50
	Antlered	DM067O4R	25
	Antlerless	DF067O2R	<del>95</del> 45
	Antlerless	DF067O3R	<del>60</del> 30
68, 681, 682	Antlered	DM068O2R	<del>320</del> 280
	Antlered	DM068O3R	<del>220</del> 200
	Antlered	DM068O4R	15
69, 84, 86, 691, 861	Antlered	DM069O2R	565
	Antlered	DM069O3R	<del>350</del> 450

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	DM069O4R	<del>50</del> 75
70	Antlered	DM070O1R	<del>70</del>
	Antlered	DM070O2R	<del>380</del> 430
	Antlered	DM070O3R	<del>380</del> 430
	Antlered	DM070O4R	<del>65</del> 80
71, 711	Antlered	DM071O2R	<del>335</del> 380
	Antlered	DM071O3R	<del>475</del> 540
	Antlered	DM071O4R	<del>45</del> 50
72, 73	Antlered	DM072O2R	<del>345</del> 395
	Antlered	DM072O3R	<del>435</del> 500
	Antlered	DM072O4R	<del>70</del> 80
74	Antlered	DM074O2R	90
	Antlered	DM074O3R	50
	Antlered	DM074O4R	10
75, 751	Antlered	DM075O2R	<del>485</del> 535
	Antlered	DM075O3R	<del>460</del> 475
	Antlered	DM075O4R	70
	Antlerless	DF075O2R	<del>30</del> 50
	Antlerless	DF075O3R	<del>30</del> 50
	Antlerless	DF075O4R	<del>30</del> 50
76	Antlered	DM076O2R	25
	Antlered	DM076O3R	20
77, 78, 771	Antlered	DM077O2R	<del>1105</del> 1145
	Antlered	DM077O3R	<del>680</del> 720
	Antlered	DM077O4R	<del>110</del> 150
	Antlerless	DF077O2R	<del>50</del> 70
	Antlerless	DF077O3R	<del>50</del> 70

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	DF077O4R	<del>40</del> 50
79, 791	Antlered	DM079O2R	<del>100</del> 110
	Antlered	DM079O3R	<del>100</del> 110
	Antlered	DM079O4R	10
80, 81	Antlered	DM080O2R	300
	Antlered	DM080O3R	300
	Antlered	DM080O4R	50
	Antlerless	DF080O2R	20
	Antlerless	DF080O3R	20
82	Antlered	DM082O2R	170
	Antlered	DM082O3R	125
	Antlered	DM082O4R	30
83	Antlered	DM083O2R	30
	Antlered	DM083O3R	30
	Antlered	DM083O4R	15
85, 851 except Bosque del Oso SWA	Antlered	DM085O2R	400
	Antlered	DM085O3R	<del>245</del> 300
	Antlered	DM085O4R	<del>30</del> 50
131, 231	Antlered	DM131O2R	35
	Antlered	DM131O3R	20
140	Antlered	DM140O2R	100
	Antlered	DM140O3R	80
	Antlered	DM140O4R	55
161	Antlered	DM161O1R	<del>15</del>
	Antlered	DM161O2R	<del>60</del> 55
	Antlered	DM161O3R	<del>35</del> 30
171	Antlered	DM171O1R	<del>15</del>

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	DM171O2R	<del>35</del> 30
	Antlered	DM171O3R	<del>35</del> 30
201	Antlered	DM201O2R	25
	Antlered	DM201O3R	20
	Antlered	DM201O4R	5
211 - That portion bounded on N by U.S. 40 and Yampa River; on E by Colo.13/789; on S by Moffat CRs 17, 51 and 32, on W by Deception Creek-Strawberry Creek Rd. (Moffat CR 57).	Antlerless	DF211S4R	10
391, 461	Antlered	DM391O2R	10
	Antlered	DM391O3R	10
	Antlered	DM391O4R	10
444	Antlered	DM444O2R	<del>240</del> 190
	Antlered	DM444O3R	<del>100</del> 80
	Antlered	DM444O4R	<del>30</del> 25
	Antlerless	DF444O2R	10
	Antlerless	DF444O3R	10
501	Antlered	DM501O4R	30
	Antlerless	DF501O2R	<del>35</del> 15
	Antlerless	DF501O3R	<del>35</del> 15
511	Antlered	DM511O4R	<del>35</del> 30
	Antlerless	DF511O2R	20
	Antlerless	DF511O3R	20
512	Antlered	DM512S1R	<del>18</del> 25
	Antlerless	DF512S1R	<del>7</del> 5
551	Antlered	DM551O2R	180
	Antlered	DM551O3R	50
	Antlered	DM551O4R	20
	Antlerless	DF551O1R	<del>1</del> 5

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	DF551O2R	<del>8030</del>
	Antlerless	DF551O3R	<del>4520</del>
741	Antlered	DM741O2R	70
	Antlered	DM741O3R	30
	Antlered	DM741O4R	15
851 Bosque del Oso SWA only	Antlered	DM851O1R	5
	Antlered	DM851O2R	5
<b>TOTALS</b>			<del>384314</del> 1661

a. Sum of Combined Rifle Deer Season Licenses by Season and Sex ( <del>2024</del> 2025) <del>TBD</del>					
	2nd Season Season Dates: <del>10/25/2025 – 11/02/2025</del> <del>10/26/2024 – 11/03/2024</del>	3rd Season Season Dates: <del>11/08/2025 – 11/16/2025</del> <del>11/09/2024 – 11/15/2024</del>	4th Season Season Dates: <del>11/19/2025 – 11/23/2025</del> <del>11/20/2024 – 11/24/2024</del>	Other Season Dates	Total Licenses ( <del>2024</del> )
Antlered	<del>18616</del>	<del>13665</del>	<del>2800</del>	<del>23</del>	<del>35104</del>
Antlerless	<del>1790</del>	<del>1370</del>	<del>160</del>	<del>7</del>	<del>3327</del>
Either-Sex	<del>0</del>	<del>0</del>	<del>0</del>	<del>0</del>	<del>0</del>
Totals	<del>20406</del>	<del>15035</del>	<del>2960</del>	<del>30</del>	<del>38431</del>

**2. Plains Regular Rifle, Season Dates, Units (as described in Chapter 0 of these regulations), Limited**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/25/2025 - 11/04/2025	10/24/2026 - 11/003/2026	10/30/2027 - 11/09/2027	10/28/2028 - 11/07/2028	10/27/2029 - 11/06/2029

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Hunt Code	Antlerless Licenses ( <del>2024</del> 2025)
87	DM087O1R	35	DF087O1R	<del>2010</del>
88	DM088O1R	<del>4540</del>	DF088O1R	<del>2010</del>

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Hunt Code	Antlerless Licenses ( <del>2024</del> 2025)
89	DM089O1R	<del>40</del> 45	DF089O1R	<del>40</del> 10
90	DM090O1R	15	DF090O1R	<del>45</del> 10
91	DM091O1R	<del>20</del> 25	DF091O1R	70
92	DM092O1R	<del>25</del> 30	DF092O1R	60
93	DM093O1R	25	DF093O1R	35
94	DM094O1R	70	DF094O1R	70
95	DM095O1R	<del>30</del> 35	DF095O1R	<del>20</del> 10
96	DM096O1R	<del>90</del> 80	DF096O1R	60
97	DM097O1R	25	DF097O1R	30
98	DM098O1R	<del>440</del> 100	DF098O1R	<del>400</del> 90
99	DM099O1R	<del>440</del> 100	DF099O1R	<del>420</del> 90
100	DM100O1R	<del>45</del> 40	DF100O1R	<del>60</del> 50
101	DM101O1R	30	DF101O1R	<del>30</del> 20
102	DM102O1R	<del>45</del> 10	DF102O1R	<del>20</del> 10
103	DM103O1R	<del>50</del> 45	DF103O1R	<del>90</del> 70
104	DM104O1R	<del>470</del> 200	DF104O1R	<del>55</del> 50
105, 106	DM105O1R	<del>470</del> 570	DF105O1R	<del>435</del> 110
107	DM107O1R	125	DF107O1R	60
109	DM109O1R	<del>70</del> 60	DF109O1R	<del>50</del> 40
110	DM110O1R	<del>85</del> 110	DF110O1R	<del>65</del> 75
111	DM111O1R	<del>60</del> 80	DF111O1R	<del>30</del> 40
112	DM112O1R	50	DF112O1R	35
113	DM113O1R	40	DF113O1R	25
114, 115	DM114O1R	125	DF114O1R	<del>80</del> 50
116	DM116O1R	<del>85</del> 70	DF116O1R	<del>20</del> 15
117	DM117O1R	<del>50</del> 40	DF117O1R	<del>20</del> 15

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Hunt Code	Antlerless Licenses ( <del>2024</del> 2025)
118, 123	DM118O1R	<del>90</del> 105	DF118O1R	<del>65</del> 75
119	DM119O1R	<del>65</del> 80	DF119O1R	<del>25</del> 35
120, 121	DM120O1R	100	DF120O1R	70
122, 127, 132	DM122O1R	<del>120</del> 150	DF122O1R	60
124	DM124O1R	<del>55</del> 60	DF124O1R	35
125, 130	DM125O1R	<del>50</del> 65	DF125O1R	20
126, 146	DM126O1R	<del>45</del> 60	DF126O1R	30
128	DM128O1R	70	DF128O1R	40
129	DM129O1R	<del>55</del> 75	DF129O1R	35
133	DM133O1R	20	DF133O1R	10
134	DM134O1R	30	DF134O1R	15
135	DM135O1R	30	DF135O1R	20
136, 147	DM136O1R	85	DF136O1R	10
137, 138, 143, 144	DM137O1R	35	DF137O1R	25
139, 145	DM139O1R	<del>45</del> 55	DF139O1R	10
141	DM141O1R	15	DF141O1R	20
951	DM951O1R	95	DF951O1R	90
<b>TOTALS</b>		<del>3115</del> 3350		<del>2015</del> 1820

**3. Regular Plains Whitetail Only Season, Dates, Units (as described in Chapter 0 of these regulations, Limited Licenses**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/25/2025 - 11/04/2025	10/24/2026 - 11/003/2026	10/30/2027 - 11/09/2027	10/28/2028 - 11/07/2028	10/27/2029 - 11/06/2029

Unit(s)	Hunt Code	Antlerless Licenses ( <del>2024</del> 2025)	Hunt Code	Either-Sex Licenses ( <del>2024</del> 2025)
104	DF104O2R	50	DE104O2R	10
105, 106	DF105O2R	60	DE105O2R	30
107, 112, 113, 114, 115, 120, 121	DF107O2R	75	DE107O2R	<del>200</del> 100
109	DF109O2R	60	DE109O2R	75
110, 111, 118, 119, 123, 124	DF110O2R	<del>30</del> 35	DE110O2R	<del>90</del> 100
116, 117	DF116O2R	<del>25</del> 20	DE116O2R	<del>400</del> 30
122, 127, 132	DF122O2R	20	DE122O2R	<del>45</del> 60
125, 130	DF125O2R	10	DE125O2R	<del>25</del> 30
126, 146	DF126O2R	10	DE126O2R	<del>25</del> 30
128, 133, 134, 135, 136, 141, 147	DF128O2R	55	DE128O2R	50
129	DF129O2R	10	DE129O2R	<del>20</del> 30
137, 138, 143, 144	DF137O2R	10	DE137O2R	10
139, 145	DF139O2R	15	DE139O2R	<del>35</del> 45
<b>TOTALS</b>		<b>430</b>		<b><del>715</del>600</b>

#### D. Late Deer Seasons

##### 1. Late Regular Rifle Seasons, Dates, Units (as described in Chapter 0 of these regulations), Licenses.

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)		
			Antlered	Antlerless	Either-Sex
9, 19, 191	DF009L1R	11/29/2025 - 12/13/2025		125	



Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)		
			Antlered	Antlerless	Either-Sex
9	DM009L1R	10/25/2025 - 11/30/2025	200		
38 Jefferson County portion only	DF038L1R	12/01/2025 - 01/31/2026		200	
38 Jefferson County portion only	DE038L1R	12/01/2025 - 01/31/2026			200
38 Jefferson County Centennial Cone Open Space portion only	DF038L2R	12/01/2025 - 01/31/2026		15	
38 Jefferson County Centennial Cone Open Space portion only	DE038L2R	12/01/2025 - 01/31/2026			20
56, 57-Those portions of 56 and 57 bounded on the N and E by Colo 291; on the S by US 50; on the W by Colo 285	DF056L1R	09/01/2025 – 10/31/2025		20	
69, 581- Those portions bounded on the N by a straight line connecting US 50 and North Street in Canyon City; on the E by Mackenzie Ave/Fourmile Lane; on the S by a straight line connecting Pinion Ave to Fremont CR 143, Fremont CR 143, and the Tanner/East Bear Gulch Trail 1333; and on the W by the BLM and USFS boundary, Temple Canyon Rd, and US 50	DF069L1R	09/01/2025 - 10/31/2025		<del>100</del> 125	

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)		
			Antlered	Antlerless	Either-Sex
104 – Those portions bounded on the north by the Arapahoe/  Douglas/ Elbert County lines; on the east by CR 29, CR 33, Colo 86, CR 17/21, CR 15/21; on the south by CR 86/ <del>Steele Ave</del> <u>E. Smith Rd</u> , E. Cherry Creek Rd and E. Jones Rd; and on the west by Colo 83	DF104L3R	10/01/2025 - 12/31/2025		<del>550</del> <u>500</u>	
591	DM591L1R	10/01/2025 - 01/31/2026	100		
591	DF591L1R	10/01/2025 - 01/31/2026		35	
<b>TOTALS</b>			<b>300</b>	<del>1045</del> <u>1020</u>	<b>220</b>

2. Late Plains Season, Dates (unless otherwise shown), Units (as described in Chapter 0 of these regulations), Limited Licenses.				
Unit	Season Dates: 12/01 – 12/14 Annually Antlered		Season Dates: 12/01 – 12/14 Annually Antlerless	
	Hunt Code	Licenses ( <del>2024</del> 2025)	Hunt Code	Licenses ( <del>2024</del> 2025)
87	DM087L1R	<del>453</del> <u>5</u>	DF087L1R	<del>20</del> <u>10</u>
88	DM088L1R	<del>554</del> <u>0</u>	DF088L1R	<del>20</del> <u>10</u>
89	DM089L1R	<del>404</del> <u>5</u>	DF089L1R	<del>40</del> <u>10</u>
90	DM090L1R	15	DF090L1R	<del>45</del> <u>10</u>
91	DM091L1R	<del>252</del> <u>0</u>	DF091L1R	70
92	DM092L1R	<del>302</del> <u>5</u>	DF092L1R	60

2. Late Plains Season, Dates (unless otherwise shown), Units (as described in Chapter 0 of these regulations), Limited Licenses.				
Unit	Season Dates: 12/01 – 12/14 Annually Antlered		Season Dates: 12/01 – 12/14 Annually Antlerless	
	Hunt Code	Licenses ( <del>2024</del> 2025)	Hunt Code	Licenses ( <del>2024</del> 2025)
93	DM093L1R	30	DF093L1R	<del>40</del> 35
94	DM094L1R	75	DF094L1R	70
95	DM095L1R	<del>40</del> 35	DF095L1R	<del>20</del> 10
96	DM096L1R	<del>90</del> 80	DF096L1R	60
97	DM097L1R	30	DF097L1R	30
98	DM098L1R	<del>430</del> 110	DF098L1R	90
99	DM099L1R	<del>425</del> 110	DF099L1R	<del>420</del> 90
100	DM100L1R	<del>55</del> 50	DF100L1R	<del>60</del> 50
101	DM101L1R	40	DF101L1R	<del>30</del> 20
102	DM102L1R	<del>45</del> 10	DF102L1R	<del>20</del> 10
103	DM103L1R	<del>30</del> 25	DF103L1R	35
104	DM104L1R	<del>90</del> 125	DF104L1R	<del>400</del> 80
105, 106	DM105L1R	<del>440</del> 150	DF105L1R	<del>450</del> 130
107	DM107L1R	90	DF107L1R	40
109	DM109L1R	<del>95</del> 80	DF109L1R	<del>50</del> 45
116	DM116L1R	<del>80</del> 70	DF116L1R	10
117	DM117L1R	<del>60</del> 45	DF117L1R	15
122, 127, 132	DM122L1R	<del>440</del> 140	DF122L1R	45
125, 130	DM125L1R	<del>50</del> 65	DF125L1R	20
126, 146	DM126L1R	<del>55</del> 70	DF126L1R	20
129	DM129L1R	<del>20</del> 30	DF129L1R	20
136, 147	DM136L1R	15		
136			DF136L1R	10
137, 138, 143, 144	DM137L1R	60	DF137L1R	40

2. Late Plains Season, Dates (unless otherwise shown), Units (as described in Chapter 0 of these regulations), Limited Licenses.				
Unit	Season Dates: 12/01 – 12/14 Annually Antlered		Season Dates: 12/01 – 12/14 Annually Antlerless	
	Hunt Code	Licenses ( <del>2024</del> 2025)	Hunt Code	Licenses ( <del>2024</del> 2025)
139, 145	DM139L1R	<del>40</del> 50	DF139L1R	20
141	DM141L1R	10	DF141L1R	10
142	DM142L1R	20	DF142L1R	20
147			DF147L1R	10
951	DM951L1R	80	DF951L1R	70
<b>TOTALS</b>		<del>1885</del> 1875		<del>1450</del> 1275

3. Late Plains Whitetail Only Season, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses				
Unit	Season Dates: 12/01 – 12/14 Annually Antlerless		Season Dates: 12/01 – 12/14 Annually Either-sex	
	Hunt Code	Licenses ( <del>2024</del> 2025)	Hunt Code	Licenses ( <del>2025</del> 2024)
103 and the portion of 109 bounded on the west by Kit Carson CR 40 and Yuma CR V.	DF103L2R  01/01 - 01/15 annually	125		
104	DF104L2R	<del>45</del> 50	DE104L2R	<del>40</del> 20
105, 106	DF105L2R	60	DE105L2R	30
107	DF107L2R	80	DE107L2R	100
109	DF109L2R	35	DE109L2R	60
116, 117	DF116L2R	15	DE116L2R	85

122, 127, 132	DF122L2R	15	DE122L2R	<del>45</del> <u>65</u>
125, 130	DF125L2R	15	DE125L2R	<del>25</del> <u>35</u>
126, 146	DF126L2R	20	DE126L2R	<del>50</del> <u>70</u>
129	DF129L2R	15	DE129L2R	<del>20</del> <u>30</u>
136, 141, 147	DF136L2R	10	DE136L2R	10
137, 138, 143, 144	DF137L2R	10	DE137L2R	15
139, 145	DF139L2R	10	DE139L2R	<del>40</del> <u>55</u>
<b>TOTALS</b>		<del>455</del> <u>460</u>		<del>490</del> <u>575</u>

- 4. Season-Choice Whitetail Only Deer Seasons, Dates, Units (as described in Chapter 0 of these regulations).** Licenses are valid during Archery, Muzzleloader, Regular Rifle and Late Rifle seasons until filled, License holders must comply with all applicable season restrictions, including but not limited to, applicable season dates and manner of take restrictions.

<b>Archery season dates:</b> 10/01/2025 – 10/24/2024 11/05/2025 – 11/30/2025 12/15/2025 – 12/31/2025		<b>Muzzleloader season dates:</b> 10/11/2025 – 10/19/2025		<b>Rifle season dates:</b> 10/25/2025 – 11/04/2025 12/01 -12/14 Annually	
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Antlerless Licenses (20242025)</b>		<b>Either-Sex Licenses (20242025)</b>	
87, 88, 89, 90, 95	DE087O2X			<del>340</del> <u>275</u>	
87, 88, 89, 90, 95	DF087O2X	250			
93, 97, 98, 99, 100	DE093O2X			250	
93, 97, 98, 99, 100	DF093O2X	250			
101, 102	DE101O2X			<del>475</del> <u>165</u>	
101, 102	DF101O2X	<del>440</del> <u>125</u>		<del>340</del>	
<b>TOTALS</b>		<del>640</del> <u>625</u>		<del>735</del> <u>690</u>	

#### E. Private-Land-Only Deer Seasons

**1. Private Land Only, Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

- a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
3, 4, 5, 14, 214, 301, 441	10/25/2025 - 11/02/2025	Either Sex	DE003P2R	<del>350</del> 490
	11/08/2025 - 11/16/2025	Either Sex	DE003P3R	<del>450</del> 630
3, 301	11/19/2025 - 11/23/2025	Either Sex	DE003P4R	<del>50</del> 70
4, 441	11/19/2025 - 11/23/2025	Either Sex	DE004P4R	<del>50</del> 70
5	11/19/2025 - 11/23/2025	Either Sex	DE005P4R	10
9	09/01 - 11/30 annually	Antlerless	DF009P5R	100
11, 12, 13, 22, 23, 24, 211	10/25/2025 - 11/02/2025	Either Sex	DE011P2R	<del>250</del> 400
	11/08/2025 - 11/16/2025	Either Sex	DE011P3R	<del>350</del> 560
11, 211	11/19/2025 - 11/23/2025	Either Sex	DE011P4R	50
12, 13, 23, 24	11/19/2025 - 11/23/2025	Either Sex	DE012P4R	100
15	10/25/2025 - 11/02/2025	Either Sex	DE015P2R	35
	11/08/2025 - 11/16/2025	Either Sex	DE015P3R	30
18, 27, 28, 37, 181, 371	10/25/2025 - 11/02/2025	Either Sex	DE018P2R	<del>25</del> 90
	11/08/2025 - 11/16/2025	Either Sex	DE018P3R	<del>40</del> 50
20	10/25/2025 - 11/30/2025	Antlered	DM020P5R	<del>850</del> 870
	09/01 - 11/30 annually	Antlerless	DF020P5R	500
25, 26	10/25/2025 - 11/02/2025	Either Sex	DE025P2R	55
	11/08/2025 - 11/16/2025	Either Sex	DE025P3R	55
29	10/25/2025 - 11/30/2025	Antlered	DM029P5R	175
	09/01 - 11/30 annually	Antlerless	DF029P5R	155
31, 32	10/25/2025 - 11/02/2025	Antlered	DM031P2R	45

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	11/08/2025 - 11/16/2025	Antlered	DM031P3R	65
33	10/25/2025 - 11/02/2025	Antlered	DM033P2R	<del>4060</del>
	11/08/2025 - 11/16/2025	Antlered	DM033P3R	<del>3080</del>
	12/01/2025 - 01/31/2026	Antlerless	DF033P5R	40
33 - Those portions bounded on the north by Co Rd 226 and Co Rd 245 ; on the east by Elk Creek ; on the south by the Colorado River ; and on the west by Colo 13 and Colo 325	08/01/2025 - 01/31/2026	Antlerless	DF033P6R	120
34	10/25/2025 - 11/02/2025	Either Sex	DE034P2R	15
	11/08/2025 - 11/16/2025	Either Sex	DE034P3R	15
35, 36, 45, 361	10/25/2025 - 11/02/2025	Either Sex	DE035P2R	20
	11/08/2025 - 11/16/2025	Either Sex	DE035P3R	20
38 – Those portions bounded on the north by Colo Hwys 72, 93 and 128; on the east by Interstate 25; on the south by Interstate 70; on the west by US Hwy 6/Colo Hwy 119 and Colo Hwy 119.	10/25/2025 - 11/30/2025	Antlered	DM038P5R	200
38- Those portions bounded on the north by Colo Hwys 72, 93 and 128; on the east by Interstate 25; on the south by Interstate 70; on the west by US Hwy 6/Colo Hwy 119 and Colo Hwy 119.	09/01 - 11/30 annually	Antlerless	DF038P5R	170
39, 46	09/01 - 11/30 annually	Antlerless	DF039P5R	<del>42575</del>
40	10/25/2025 - 11/02/2025	Antlered	DM040P2R	20
	11/08/2025 - 11/16/2025	Antlered	DM040P3R	20
41, 42, 421	10/25/2025 - 11/02/2025	Antlered	DM041P2R	<del>470200</del>
	11/08/2025 - 11/16/2025	Antlered	DM041P3R	<del>440150</del>
43, 47, 431, 471	10/25/2025 - 11/02/2025	Either Sex	DE043P2R	25
	11/08/2025 - 11/16/2025	Either Sex	DE043P3R	25

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
44	10/25/2025 - 11/02/2025	Either Sex	DE044P2R	10
	11/08/2025 - 11/16/2025	Either Sex	DE044P3R	10
49, 57	10/25/2025 - 11/02/2025	Antlerless	DF049P2R	50
	11/08/2025 - 11/16/2025	Antlerless	DF049P3R	50
51	10/25/2025 - 11/23/2025	Antlered	DM051P5R	110
	09/01 - 11/30 annually	Antlerless	DF051P5R	125
52, 411, 521	10/25/2025 - 11/02/2025	Antlered	DM052P2R	335
	11/08/2025 - 11/16/2025	Antlered	DM052P3R	265
52	09/01 - 10/31 annually	Antlerless	DF052P5R	<del>250</del> 300
52 – those portions of the unit south of the US Forest Service boundary, 411 – those portions bounded on the north by the US Forest Service Boundary; on the east and south by the unit boundaries; on the west by 1400 Road, North Delta Canal, Trap Club Road (18.25 Drive) North Road, Tongue Creek, and Ward Creek, 521 –those portions bounded on the north by US Forest Service Boundary; on the east by East Terror Creek and Terror Creek; on the south and west by the unit boundary.	08/15/2025 - 08/25/2025	Either Sex	DE052P6R	170
53	10/25/2025 - 11/02/2025	Antlered	DM053P2R	<del>65</del> 75
	11/08/2025 - 11/16/2025	Antlered	DM053P3R	<del>40</del> 45
	09/01 - 10/31 annually	Antlerless	DF053P5R	60
54	09/01/2025 - 09/29/2025	Antlerless	DF054P5R	<del>30</del> 10
55	09/01/2025 - 09/29/2025	Antlerless	DF055P5R	<del>45</del> 10
56	10/25/2025 - 11/02/2025	Antlerless	DF056P2R	10
	11/08/2025 - 11/16/2025	Antlerless	DF056P3R	10
60	10/15/2025 - 10/19/2025	Antlered	DM060P1R	<del>1</del> 5



Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	10/25/2025 - 11/02/2025	Antlered	DM060P2R	40
	11/08/2025 - 11/16/2025	Antlered	DM060P3R	40
	10/25/2025 - 11/02/2025	Antlerless	DF060P2R	10
	11/08/2025 - 11/16/2025	Antlerless	DF060P3R	10
61	10/15/2025 - 10/19/2025	Antlered	DM061P1R	<del>75</del>
62	10/15/2025 - 10/19/2025	Antlered	DM062P1R	<del>75</del>
	10/25/2025 - 11/02/2025	Antlered	DM062P2R	<del>150</del> 140
	11/08/2025 - 11/16/2025	Antlered	DM062P3R	<del>150</del> 140
	10/25/2025 - 11/02/2025	Antlerless	DF062P2R	10
	11/08/2025 - 11/16/2025	Antlerless	DF062P3R	10
62 – Those portions bounded on the north by the unit boundary; on the east by the unit boundary; on the south by West Canal; on the west by West Canal, CQ Lateral Canal, Ironstone Canal, Roubideau Creek, Gunnison River and G50 Rd.	08/15/2025 - 08/25/2025	Either Sex	DE062P6R	100
63	10/25/2025 - 11/02/2025	Antlered	DM063P2R	<del>65</del> 75
	11/08/2025 - 11/16/2025	Antlered	DM063P3R	<del>55</del> 60
	09/01 - 10/31 annually	Antlerless	DF063P5R	70
64, 65	10/25/2025 - 11/02/2025	Antlered	DM064P2R	80
	11/08/2025 - 11/16/2025	Antlered	DM064P3R	80
64, 65 – Those portions bounded on the north by the unit boundary; on the east by 2200 Rd, F Rd, Peach Valley Rd, Selig Canal, Loutsenhizer Canal, AB Lateral Canal, Landfill Rd, AB Lateral Canal, South Canal and West Canal; on the west by the unit boundary.	08/15/2025 - 08/25/2025	Either Sex	DE064P6R	50
69, 84, 86, 691, 861	10/25/2025 - 11/02/2025	Antlered	DM069P2R	550

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	11/08/2025 - 11/16/2025	Antlered	DM069P3R	360
	10/25/2025 - 11/02/2025	Antlerless	DF069P2R	125
	11/08/2025 - 11/16/2025	Antlerless	DF069P3R	<del>125</del> 150
70	10/15/2025 - 10/19/2025	Antlered	DM070P1R	<del>30</del>
	10/25/2025 - 11/02/2025	Antlered	DM070P2R	<del>145</del> 200
	11/08/2025 - 11/16/2025	Antlered	DM070P3R	<del>145</del> 200
	10/25/2025 - 11/02/2025	Antlerless	DF070P2R	<del>20</del> 40
	11/08/2025 - 11/16/2025	Antlerless	DF070P3R	<del>40</del> 20
71, 711	10/25/2025 - 11/02/2025	Antlered	DM071P2R	<del>35</del> 60
	11/08/2025 - 11/16/2025	Antlered	DM071P3R	<del>25</del> 60
72	10/25/2025 - 11/02/2025	Antlerless	DF072P2R	<del>50</del> 75
	11/08/2025 - 11/16/2025	Antlerless	DF072P3R	<del>50</del> 75
	11/19/2025 - 11/23/2025	Antlerless	DF072P4R	<del>20</del> 30
72, 73	10/25/2025 - 11/02/2025	Antlered	DM072P2R	<del>100</del> 115
	11/08/2025 - 11/16/2025	Antlered	DM072P3R	<del>120</del> 140
72, 73 south of Colo 184 and US 160	09/01 - 09/30 annually	Antlerless	DF072P5R	<del>160</del> 300
74	10/25/2025 - 11/02/2025	Antlered	DM074P2R	10
	11/08/2025 - 11/16/2025	Antlered	DM074P3R	10
75, 751	10/25/2025 - 11/02/2025	Antlered	DM075P2R	<del>70</del> 100
	11/08/2025 - 11/16/2025	Antlered	DM075P3R	<del>70</del> 100
	11/19/2025 - 11/23/2025	Antlered	DM075P4R	<del>35</del> 70
	10/25/2025 - 11/02/2025	Antlerless	DF075P2R	<del>40</del> 60
	11/08/2025 - 11/16/2025	Antlerless	DF075P3R	<del>40</del> 60
	11/19/2025 - 11/23/2025	Antlerless	DF075P4R	<del>40</del> 60
75 and 751- S of US 160 Only	12/01/2025 - 01/15/2026	Antlerless	DF075P5R	<del>150</del> 175
77, 78, 771	10/25/2025 - 11/02/2025	Antlered	DM077P2R	<del>60</del> 100

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	11/08/2025 - 11/16/2025	Antlered	DM077P3R	<del>70</del> 100
	11/19/2025 - 11/23/2025	Antlered	DM077P4R	<del>35</del> 65
	12/01/2025 - 01/15/2026	Antlerless	DF077P5R	75
79	09/01 - 12/31 annually	Antlerless	DF079P5R	50
85 - Those portions bounded on the north by Colo 160; on the east by Co Rd 350 and Wahatoya Creek; on the south by Co Rd 362, 360 and the fenceline on the south side of LaVeta Town Lakes and golf course from the intersection of Co Rds 360 and 361 to Colo 12, and Co Rd 420; and on the west by Colo 12, and Co Rds 430, 440 and 451.	09/01 - 12/31 annually	Antlerless	DF085P5R	125
91	12/01/2025 - 12/14/2025	Antlered	DM091P5R	35
92	12/01/2025 - 12/14/2025	Antlered	DM092P5R	60
96	12/01/2025 - 12/14/2025	Antlered	DM096P5R	<del>135</del> 175
102	10/25/2025 - 11/04/2025	Antlered	DM102P1R	<del>45</del> 30
	12/01/2025 - 12/14/2025	Antlered	DM102P5R	<del>60</del> 40
	10/25/2025 - 11/04/2025	Antlerless	DF102P1R	<del>30</del> 10
	12/01 - 12/14 annually	Antlerless	DF102P5R	<del>30</del> 10
103	12/01/2025 - 12/14/2025	Antlered	DM103P5R	<del>50</del> 40
	12/01 - 12/14 annually	Antlerless	DF103P5R	<del>400</del> 50
131, 231	10/25/2025 - 11/02/2025	Either Sex	DE131P2R	20
	11/08/2025 - 11/16/2025	Either Sex	DE131P3R	15
137, 138, 143, 144	10/25/2025 - 11/04/2025	Antlered	DM137P1R	100
	10/25/2025 - 11/04/2025	Antlerless	DF137P1R	25
391, 461	10/25/2025 - 11/30/2025	Antlered	DM391P5R	<del>460</del> 345
	09/01 - 11/30 annually	Antlerless	DF391P5R	<del>205</del> 140
411	09/01 - 10/31 annually	Antlerless	DF411P5R	<del>130</del> 175

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
444	10/25/2025 - 11/02/2025	Either Sex	DE444P2R	<del>100</del> 80
	11/08/2025 - 11/16/2025	Either Sex	DE444P3R	<del>50</del> 40
481	10/25/2025 - 11/02/2025	Antlerless	DF481P2R	25
	11/08/2025 - 11/16/2025	Antlerless	DF481P3R	25
481 – That portion bounded on the north by Chaffee Co Rds 384A and 384; on the east by the Arkansas River; on the south by Chaffee Co Rds 306, 337, Gregg Drive, Chaffee Co Rd 319 and US 24; and on the west by Chaffee Co Rd 361	09/01 - 10/31 annually	Antlerless	DF481P5R	20
511	11/19/2025 - 11/23/2025	Antlered	DM511P4R	<del>70</del> 80
	10/25/2025 - 11/02/2025	Antlerless	DF511P2R	40
	11/08/2025 - 11/16/2025	Antlerless	DF511P3R	40
551	09/01/2025 - 09/29/2025	Antlerless	DF551P5R	<del>15</del> 10
741	10/25/2025 - 11/02/2025	Antlered	DM741P2R	115
	11/08/2025 - 11/16/2025	Antlered	DM741P3R	70
	11/19/2025 - 11/23/2025	Antlered	DM741P4R	30
	10/25/2025 - 11/02/2025	Antlerless	DF741P2R	20
	11/08/2025 - 11/16/2025	Antlerless	DF741P3R	10
	11/19/2025 - 11/23/2025	Antlerless	DF741P4R	10
791	09/01 - 12/31 annually	Antlerless	DF791P5R	25
951 - Those portions bounded on the north by Riverside Inlet Canal, south bank of Riverside Reservoir and Riverside Outlet Canal; on the east by Morgan CR 2 and Colo 144; on the south by I-76; on the west by Weld CR 386, US 34 and Weld CR 69.	10/25/2025 - 11/04/2025 and 12/01/2025 - 12/14/2025	Antlered	DM951P5R	30
<b>TOTALS</b>				<del>12535</del> <u>14215</u>

c. Sum of Private Land Only Deer Licenses by Season and Sex ( <del>2024</del> 2025) <u>TBD</u>					
	2nd Season Season Dates: <del>10/25/2025 - 11/02/2025</del> 10/26/2024 - 11/03/2024	3rd Season Season Dates: <del>11/08/2025 - 11/16/2025</del> 11/09/2024 - 11/15/2024	4th Season Season Dates: <del>11/19/2025 - 11/23/2025</del> 11/20/2024 - 11/24/2024	Other Season Dates	Total Licenses ( <del>2024</del> )
Antlered	<del>2065</del> 2320	<del>4725</del> 1985	<del>470</del> 245	<del>2310</del> 2405	<del>6270</del> 6955
Antlerless	<del>4004</del> 65	<del>3804</del> 60	<del>70</del> 100	<del>2900</del> 2925	<del>3750</del> 3950
Either	<del>9051</del> 240	<del>4030</del> 1450	<del>260</del> 300	<del>320</del> 320	<del>2515</del> 3310
Totals	<del>3370</del> 4025	<del>3135</del> 3895	<del>500</del> 645	<del>5530</del> 5650	<del>12535</del> 14215

2. **Season-Choice Private Land Only Seasons, Dates, Units (as described in Chapter 0 of these regulations).** Licenses are valid during Archery, Muzzleloader, Regular Rifle and Late Rifle seasons until filled, License holders must comply with all applicable season restrictions, including but not limited to, applicable season dates and manner of take restrictions.

<b>Archery season dates:</b> 10/01/2025 – 10/24/2025 11/05/2025 – 11/30/2025 12/15/2025 – 12/31/2025	<b>Muzzleloader season dates:</b> 10/11/2025 – 10/19/2025	<b>Rifle season dates:</b> 10/25/2025 – 11/04/2025 12/01/2025 – 12/14/2025 01/01/2026 – 01/31/2026
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Antlerless Licenses (<del>2024</del>2025)</b>
91	DF091P5X	150
92	DF092P5X	150
96	DF096P5X	50
96 - East of Hwy 71	DF096P6X	225
<b>TOTAL</b>		<b>575</b>

3. **Private Land Only, Antlerless Whitetail Deer Only Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

<p>a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.</p> <p>b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.</p>			
Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)
6, 16, 17, 161, 171	DF006P5R	12/1 - 12/31 annually	10

#### #251-253 – Vacant

#### ARTICLE IX – Elk

#### #254 – Antler Point Restrictions by Unit - Elk

- A. All antlered elk taken in the following game management units during any established season, including archery, muzzle-loading rifle or rifle seasons, shall have four (4) or more points or a brow tine on one antler: GMU's 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 52, 53, 54, 55, 59, 60, 62, 63, 64, 65, 66, 67, 68, 70, 71, 72, 73, 74, 75, 77, 78, 79 (except as referenced in 254.D), 80, 81, 82 (except as referenced in 254.D), 83, 85, 86, 131, 140, 161, 171, 181, 191, 211, 214, 231, 301, 361, 371, 411, 421, 431, 441, 444, 471, 511, 521, 551, 581, 591, 681, 691, 711, 741, 751, 771, 851, and 861.
- B. There are no antler point restrictions for elk taken during any established season, including archery, muzzle-loading rifle or rifle seasons, in the following game management units: 1, 2, 10, 20, 29, 39, 40, 46, 48, 49, 50, 51, 56, 57, 58, 61, 69, 76, 84, 201, 391, 461, 481, 500, 501, 561, 591, 682, 791, or in any unit east of I-25 except 140.
- C. There are no antler point restrictions for elk on Ranching For Wildlife properties during Ranching For Wildlife seasons, except in those GMUs most impacted by the severe winter of 2022-2023. All antlered elk taken on any enrolled Ranching For Wildlife properties within GMUs 3, 4, 5, 11, 12, 13, 14, 23, 24, 25, 26, 33, 34, 131, 211, 214, 231, 301, 441 shall have four (4) or more points or a brow tine on one antler, effective for all 2024-2025 and 2025-2026 hunting seasons.
- D. There are no antler point restrictions for elk licenses issued for the following hunt codes: EM682P5R, EM682P6R.

#### #255 – Archery Elk Seasons - Only Lawful Hand Held Bows May Be Used to Hunt or Take Elk During the Following Seasons:

- A. Early Seasons - None
- B. Regular Archery Elk Seasons
  1. Archery Season Dates, Units (as described in Chapter 0 of these regulations), Limited or Unlimited License as shown by hunt code

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers ( <del>2024</del> 2025)			
		Antlered	Antler-less	Limited Either-Sex	Unlimited Either-Sex
3, 6, 11, 13, 14, 15, 16, 17, 18, 21, 22, 25, 26, 27, 28, 30, 31, 32, 34, 35, 36, 37, 38, 43, 53, 59, 60, 62, 63, 64, 65, 68, 79 (north and west of Colo 112), 82 (public lands only), 83, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 161, 171, 181, 211, 214, 231, 301, 361, 371, 431, 471, 511, 581, 591, 681, 691, 851 except Bosque del Oso SWA, 861, 951	EE000U1A  Colorado Resident only				Unlimited
87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 141, 142, 143, 144, 145, 146, 147, 951	EE087U1A  Non-resident only				Unlimited <del>in 2025</del>
6, 16, 17, 18, 21, 22, 30, 31, 32, 38, 43, 82 (public lands only), 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 431, 471, 682, 691, 791, 851 except Bosque del Oso SWA, 861, private land portions of	EF000U1A  Colorado Resident only		Unlimited		
133, 134, 141, 142	EF133U1A  Non-residents only		Unlimited <del>in 2025</del>		
1	EE001O1A			2	
2	EE002O1A			10	
3, 301	EE003V1A			<del>100</del>	
Public and private lands in 4, 5, 441	EE004O1A			<del>250</del> 400	
6, 16, 17, 161, 171	EE006V1A			<del>1240</del>	
6, 16, 17, 161, 171	EF006V1A		<del>15</del>		

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers ( <del>2024</del> 2025)			
		Antlered	Antler-less	Limited Either-Sex	Unlimited Either-Sex
7, 8, 9, 19, 191	EE007O1A			1110	
10	EE010O1A			15	
11, 13, 131, 211	EE011V1A			<u>750</u>	
12, 23 north of the White River, and 24 north of the North Fork of the White River	EE012O1A			550	
14, 214	EE014V1A			<u>600</u>	
15, 27	EE015V1A			<u>620</u>	
18, 181	EE018V1A			<u>420</u>	
18, 181	EF018V1A		<u>10</u>		
20	EM020O1A	10			
20	EF020O1A		10		
20 excluding the area around the town of Estes Park bounded by Rocky Mountain National Park on the north and west and by the boundary of Roosevelt National Forest on the north, east and south	EE020O1A			105	
21, 22, 30, 31, 32	EE021V1A			<u>1150</u>	
21, 22, 30, 31, 32	EF021V1A		<u>20</u>		
25, 26, 34, 231	EE025V1A			<u>1030</u>	
28, 37, 371	EE028V1A			<u>370</u>	
29	EE029O1A			30	
33, 23 south of the White River, and 24 south of the North Fork of the White River	EE033O1A			800	
35, 36, 361	EE035V1A			<u>290</u>	
38	EE038V1A				
38	EF038V1A		<u>10</u>		
39	EE039O1A			100	



Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers ( <del>2024</del> 2025)			
		Antlered	Antler-less	Limited Either-Sex	Unlimited Either-Sex
40	EE040O1A			65	
41, 42, 421	EE041O1A			2000	
43, 431, 471	EE043V1A			<u>520</u>	
43, 431, 471	EF043V1A		<u>10</u>		
44, 45, 47, 444	EE044O1A			<u>800</u>	
46	EE046O1A			60	
48	EE048O1A			<del>400</del> <u>110</u>	
49	EE049O1A			170	
50	EE050O1A			80	
51	EE051O1A			<del>400</del> <u>120</u>	
52, 411	EE052O1A			<del>385</del> <u>325</u>	
53	EE053V1A			<u>650</u>	
54	EE054O1A			200	
55	EE055O1A			335	
56	EE056O1A			<del>400</del> <u>110</u>	
57, 58	EE057O1A			180	
59, 511, 581, 591	EE059V1A			<u>220</u>	
60	EE060V1A			<u>20</u>	
61	EE061O1A			90	
62	EE062V1A			<u>1300</u>	
63	EE063V1A			<u>330</u>	
64, 65	EE064V1A			<u>640</u>	
66	EE066O1A			150	
67	EE067O1A			100	

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers ( <del>2024</del> 2025)			
		Antlered	Antler-less	Limited Either-Sex	Unlimited Either-Sex
68, 681	EE068V1A			<u>610</u>	
69, 84	EE069O1A			<u>115405</u>	
70	EM070O1A	415			
70	EF070O1A		<u>80100</u>		
71, 72, 73, 711	EM071O1A	800			
71, 72, 73, 711	EF071O1A		100		
74, 741	EM074O1A	<u>500450</u>			
74, 741	EF074O1A		25		
75, 751	EM075O1A	340			
75, 751	EF075O1A		55		
76	EE076O1A			160	
77, 78, 771	EM077O1A	1100			
77, 78, 771	EF077O1A		130		
79	EE079V1A			<u>220</u>	
80, 81	EE080O1A			2000	
82	EE082V1A			<u>170</u>	
82	EF082V1A		<u>10</u>		
83	EE083V1A			<u>100</u>	
85, 140, 851 except Bosque del Oso SWA	EE085V1A			<u>600</u>	
85, 140, 851 except Bosque del Oso SWA	EF085V1A		<u>10</u>		
86, 691, 861	EE086V1A			<u>330</u>	
86, 691, 861	EF086V1A		<u>10</u>		
104	EE104O1A			<u>2535</u>	
201	EE201O1A			10	

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers ( <del>2024</del> 2025)			
		Antlered	Antlerless	Limited Either-Sex	Unlimited Either-Sex
391	EE391O1A			50	
461	EE461O1A			50	
481	EE481O1A			<del>400</del> 110	
500	EE500O1A			110	
501	EE501O1A			70	
521	EE521O1A			<del>800</del> 750	
551	EE551O1A			190	
561	EE561O1A			<del>70</del> 80	
682, 791	EF682V1A		10		
851 Bosque del Oso SWA only	EE851O1A			8	
<b>TOTALS</b>		<del>3965</del> 3115	<del>400</del> 525	<del>10835</del> 24035	<b>Unlimited</b>

### C. Private Land Only Archery Elk Season

#### 1. Archery - Elk, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown		
		License Numbers ( <del>2024</del> 2025)		
		Antlered	Antlerless	Either-Sex
3, 4, 5, 14, 214, 301, 441	EE003P1A			<del>660</del>
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	EE011P1A			<del>1000</del>
21, 22, 30, 31, 32	EE021P1A			<del>350</del>

41, 42, 421	EE041P1A			<u>190</u>
52, 411, 521	EE052P1A			<u>160</u>
70	EE070P1A			225
71, 72, 73, 711	EE071P1A			130
74, 741	EE074P1A			75
75, 751	EE075P1A			50
77, 78, 771	EE077P1A			180
<b>Totals</b>				<b><u>6603020</u></b>

**#256 – Muzzle Loading Firearms (Rifle And Smoothbore Musket) Elk Season - Only Lawful Muzzle-Loading Firearms May Be Used to Hunt or Take Elk During the Following Seasons:**

**A. Regular Muzzle-loading Elk Seasons**

1. Muzzle-loading Season Dates, Units (as described in Chapter 0 of these regulations), Limited License Types and Numbers

<b>License year</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Antlered Licenses (<del>2024</del>2025)</b>	<b>Antlerless Licenses (<del>2024</del>2025)</b>	<b>Limited Either-Sex Licenses (<del>2024</del>2025)</b>
1	EM001O1M	4		
1	EF001O1M		5	
2	EM002O1M	10		
2	EF002O1M		5	
3, 301	EE003O1M			10
3, 301	EF003O1M		<del>40</del> 20	
4, 5, and 441	EE004O1M			<del>50</del> 100
4, 5, and 441	EF004O1M		<del>40</del> 60	
6, 16, 17, 161, 171	EE006O1M			400
6, 16, 17, 161, 171	EF006O1M		150	
7, 8, 9, 19, 191	EM007O1M	375		

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
7, 8, 9, 19, 191	EF007O1M		375	
10	EM010O1M	5		
10	EF010O1M		5	
11, 13, 131, 211	EE011O1M			100
11, 13, 131, 211	EF011O1M		100	
12, 23 north of the White River, and 24 north of the North Fork of the White River	EE012O1M			100
12, 23 north of the White River, and 24 north of the North Fork of the White River	EF012O1M		100	
14, 214	EE014O1M			<del>75</del> 100
14, 214	EF014O1M		<del>40</del> 30	
15, 27	EE015O1M			<del>250</del> 200
15, 27	EF015O1M		<del>75</del> 60	
18, 181	EE018O1M			<del>435</del> 350
18, 181	EF018O1M		<del>70</del> 55	
20	EM020O1M	30		
20	EF020O1M		10	
21, 22, 30, 31, 32	EE021O1M			175
21, 22, 30, 31, 32	EF021O1M		150	
25, 26, 34, 231	EE025O1M			150
25, 26, 34, 231	EF025O1M		150	
28, 37, 371	EE028O1M			<del>330</del> 245
28, 37, 371	EF028O1M		<del>50</del> 35	
29	EM029O1M	30		
29	EF029O1M		20	

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
33, 23 south of the White River, and 24 south of the North Fork of the White River	EE033O1M			100
33, 23 south of the White River, and 24 south of the North Fork of the White River	EF033O1M		100	
35, 36, 361	EM035O1M	185		
35, 36, 361	EF035O1M		<del>400</del> 130	
38	EM038O1M	30		
38	EF038O1M		10	
39	EM039O1M	70		
39	EF039O1M		15	
40	EE040O1M			35
40	EF040O1M		10	
41, 42, 52, 411, 421, 521	EM041O1M	500		
41, 42, 52, 411, 421	EF041O1M		315	
43, 431, 471	EM043O1M	175		
43, 431, 471	EF043O1M		40	
44, 45, 47, 444	EM044O1M	200		
44, 45, 47, 444	EF044O1M		100	
46	EM046O1M	30		
46	EF046O1M		15	
48	EM048O1M	<del>35</del> 40		
48	EF048O1M		<del>30</del> 35	
49	EM049O1M	70		
49	EF049O1M		70	
50	EM050O1M	30		
50	EF050O1M		55	

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
51	EM051O1M	<del>40</del> 50		
51	EF051O1M		<del>40</del> 50	
53	EM053O1M	85		
53	EF053O1M		20	
54	EM054O1M	60		
54	EF054O1M		25	
55	EM055O1M	60		
55	EF055O1M		125	
56	EM056O1M	<del>35</del> 40		
56	EF056O1M		<del>35</del> 40	
57, 58	EM057O1M	100		
57, 58	EF057O1M		90	
59, 511, 581, 591	EM059O1M	100		
59, 511, 581, 591	EF059O1M		120	
60	EM060O1M	15		
60	EF060O1M		20	
61	EM061O1M	45		
61	EF061O1M		<del>45</del> 50	
62	EM062O1M	115		
62	EF062O1M		<del>100</del> 110	
63	EM063O1M	35		
63	EF063O1M		25	
64, 65	EM064O1M	110		
64, 65	EF064O1M		100	
66	EM066O1M	45		
66	EF066O1M		40	

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
67	EM067O1M	45		
67	EF067O1M		40	
68, 681	EM068O1M	85		
68, 681	EF068O1M		10	
69, 84	EM069O1M	55		
69, 84	EF069O1M		30	
70	EM070O1M	85		
70	EF070O1M		<del>2025</del>	
71, 72, 73, 711	EM071O1M	350		
71, 72, 73, 711	EF071O1M		30	
74, 741	EM074O1M	180		
74, 741	EF074O1M		15	
75, 751	EM075O1M	120		
75, 751	EF075O1M		15	
76	EM076O1M	70		
76	EF076O1M		30	
77, 78, 771	EM077O1M	300		
77, 78, 771	EF077O1M		30	
79 north and west of Colo 112	EM079O1M	15		
79 north and west of Colo 112	EF079O1M		25	
80, 81	EM080O1M	115		
80, 81	EF080O1M		70	
82 public lands only	EE082O1M			75
82 public lands only	EF082O1M		50	
83	EE083O1M			75
83	EF083O1M		10	



Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
85, 140, 851 Except Bosque del Oso SWA	EE085O1M			120
85, 140, 851 Except Bosque del Oso SWA	EF085O1M		115	
86, 691, 861	EE086O1M			115
86, 691, 861	EF086O1M		80	
104	EM104O1M	<del>25</del> 30		
104	EF104O1M		<del>30</del> 40	
128	EE128O1M			25
133, 134, 141, 142	EE133O1M			10
133, 134, 141, 142	EF133O1M		10	
201	EM201O1M	10		
201	EF201O1M		5	
391	EM391O1M	40		
391	EF391O1M		40	
461	EM461O1M	20		
461	EF461O1M		10	
481	EM481O1M	<del>35</del> 40		
481	EF481O1M		<del>30</del> 35	
500	EM500O1M	55		
500	EF500O1M		85	
501	EM501O1M	30		
501	EF501O1M		40	
521	EF521O1M		20	
551	EM551O1M	30		
551	EF551O1M		60	
561	EM561O1M	<del>30</del> 35		

Unit(s)	Hunt Code	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Limited Either-Sex Licenses ( <del>2024</del> 2025)
561	EF561O1M		<del>2025</del>	
682, 791, that portion of 79 south and east of Colo 112, and 82 private land only	EF682O1M		10	
851 Bosque del Oso SWA only	EM851O1M	5		
Limited License Totals		<del>4324</del> 4359	<del>3870</del> 3995	<del>2630</del> 2485

#### B. Private Land Only Muzzle-loading Elk Seasons

1. Muzzle-loading Season Dates, Units (as described in Section #020 of these regulations), Limited License Types and Numbers

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

Unit(s)	Hunt Code	Antlerless Licenses ( <del>2024</del> 2025)	Either-Sex Licenses ( <del>2024</del> 2025)
4, 5, 441	EE004P1M		50
4, 5, 441	EF004P1M	10	
12, 13, 23, 24, 33	EE012P1M		
12, 13, 23, 24, 33	EF012P1M	100	
TOTALS		110	<del>100</del> 50

#### #257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons

##### A. Early Rifle Elk Seasons

1. Early Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025)	Either-Sex Licenses ( <del>2024</del> 2025)
1	EE001E1R	10/01 – 10/11 annually			11
2	EE002E1R	10/01 – 10/11 annually			32
10	EE010E1R	10/01 – 10/11 annually			32
61	EE061E1R	10/01 – 10/07 annually			30
76	EM076E1R	10/01 – 10/07 annually	30		
201	EE201E1R	10/01 – 10/11 annually			28
<b>TOTALS</b>			<b>30</b>		<b>133</b>

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**A. Regular Rifle Elk Seasons**

- 1. Separate and Combined Rifle Seasons, Dates, Units (as described in Chapter 0 of these regulations), Limited License Numbers or Unlimited Licenses as shown by hunt code.**

License Year	Season dates for first rifle (-O1R hunt codes), unless otherwise noted	Season dates for second rifle (-O2R, -U2R, - K2R hunt codes), unless otherwise noted	Season dates for third rifle (-O3R, -U3R, -K3R hunt codes), unless otherwise noted	Season dates for fourth rifle (-O4R or -S4R hunt codes), unless otherwise noted
<b>2025</b>	10/15/2025 – 10/19/2025	10/25/2025 – 11/02/2025	11/08/2025 – 11/16/2025	11/19/2025 – 11/23/2025
<b>2026</b>	10/14/2026 – 10/18/2026	10/24/2026 – 11/01/2026	11/07/2026 – 11/15/2026	11/18/2026 – 11/22/2026
<b>2027</b>	10/13/2027 – 10/17/2027	10/23/2027 – 10/31/2027	11/06/2027 – 11/14/2027	11/17/2027 – 11/21/2027
<b>2028</b>	10/11/2028 – 10/15/2028	10/21/2028 – 10/29/2028	11/04/2028 – 11/12/2028	11/15/2028 – 11/19/2028
<b>2029</b>	10/10/2029 – 10/14/2029	10/20/2029 – 10/28/2029	11/03/2029 – 11/11/2029	11/14/2029 – 11/18/2029

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
6, 15, 16, 17, 18, 21, 22, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 52, 53, 54, 55, 59, 60, 62, 63, 64, 65, 68, 70, 71, 72, 73, 74, 75, 77, 78, 80, 81, 82 (public land only), 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 361, 371, 411, 421, 431, 444, 471, 511, 521, 551, 581, 591, 681, 691, 711, 741, 751, 771, 851 except Bosque del Oso SWA, 861, private land portions of 3, 4, 5, 11, 12, 13, 14, 23, 24, 131, 211, 214, 231, 301, and 441.	Antlered	EM000U2R	Unlimited
	Antlered	EM000U3R	Unlimited
87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 129, 130, 132, 135, 136, 137, 138, 139, 143, 144, 145, 146, 147, 951	Either-sex	EE087U5R 09/01/2025 - 01/31/2026	Unlimited
128	Antlered	EM128U5R 10/15/2025 - 11/23/2025	Unlimited
1	Antlerless	EF001O1R	10
	Antlerless	EF001O2R	25
	Antlerless	EF001O3R	20
	Antlerless	EF001O4R	25
2	Antlerless	EF002O1R	35
	Antlerless	EF002O2R	<del>25</del> 30
	Antlerless	EF002O3R	30
	Antlerless	EF002O4R	<del>25</del> 30
3, 301	Antlered	EM003O4R	100
	Antlerless	EF003O2R	<del>40</del> 250
	Antlerless	EF003O3R	<del>40</del> 250
3, 4, 5, 301, 441	Antlered	EM003O1R	400
	Antlerless	EF003O4R	<del>40</del> 350
3, 4, 5, 214, 301, 441	Antlerless	EF003O1R	<del>40</del> 250

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
3, 4, 5, 14, 214, 301, 441	Antlered	EM003O2R	1000
	Antlered	EM003O3R	750
4, 441	Antlered	EM004O4R	50
	Antlerless	EF004O2R	<del>40</del> 250
	Antlerless	EF004O3R	<del>40</del> 250
5	Antlered	EM005O4R	10
	Antlerless	EF005O2R	<del>40</del> 50
	Antlerless	EF005O3R	<del>40</del> 50
6	Antlerless	EF006O3R	225
	Antlerless	EF006O4R	130
	Either	EE006O4R	80
6, 16, 17, 161, 171	Antlerless	EF006O1R	1400
	Either	EE006O1R	750
	Antlerless	EF006O2R	1400
7, 8	Antlered	EM007O1R	300
	Antlered	EM007O2R	550
	Antlered	EM007O3R	500
	Antlered	EM007O4R	375
	Antlerless	EF007O2R	180
	Antlerless	EF007O3R	170
	Antlerless	EF007O4R	<del>50</del> 75
9	Antlered	EM009O1R	50
	Antlered	EM009O2R	40
	Antlered	EM009O3R	40
	Antlered	EM009O4R	40
10	Antlerless	EF010O1R	<del>50</del> 75
	Antlerless	EF010O2R	<del>40</del> 50

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF010O3R	<del>40</del> 50
	Antlerless	EF010O4R	<del>40</del> 90
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	Antlered	EM011O1R	<del>2500</del> 3000
11, 12, 13, 23, 24, 33, 131, 211, 231	Antlerless	EF011O1R	<del>250</del> 750
11, 12, 13, 23, 24, 131, 211, 231	Antlered	EM011O2R	2700
	Antlered	EM011O3R	2500
11, 211	Antlerless	EF011O2R	<del>250</del> 500
	Antlerless	EF011O3R	<del>250</del> 500
	Antlered	EM011O4R	400
11, 12, 13, 23, 24, 211	Antlerless	EF011O4R	<del>250</del> 1000
12, 13, 23, 24	Antlerless	EF012O2R	<del>250</del> 750
	Antlerless	EF012O3R	<del>250</del> 750
12, 13, 23, 24	Antlered	EM012O4R	500
14	Antlered	EM014O1R	100
	Antlerless	EF014O1R	<del>40</del> 50
	Antlered	EM014O4R	25
	Antlerless	EF014O2R	<del>40</del> 50
	Antlerless	EF014O3R	<del>40</del> 50
	Antlerless	EF014O4R	<del>40</del> 25
15	Antlerless	EF015O1R	<del>435</del> 110
	Either	EE015O1R	<del>250</del> 200
	Either	EE015O4R	<del>420</del> 95
	Antlerless	EF015O2R	<del>480</del> 385
	Antlerless	EF015O3R	<del>320</del> 255
	Antlerless	EF015O4R	<del>400</del> 80
16	Antlerless	EF016O3R	160
	Antlerless	EF016O4R	80

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Either	EE016O4R	75
17	Either	EE017O4R	65
17, 171	Antlerless	EF017O3R	340
	Antlerless	EF017O4R	185
18, 181	Antlerless	EF018O1R	<del>400</del> 80
	Either	EE018O1R	<del>755</del> 605
	Either	EE018O4R	<del>755</del> 605
18	Antlerless	EF018O2R	<del>390</del> 315
	Antlerless	EF018O3R	<del>495</del> 395
	Antlerless	EF018O4R	<del>575</del> 460
19	Antlered	EM019O1R	120
	Antlered	EM019O2R	190
	Antlered	EM019O3R	170
	Antlered	EM019O4R	80
	Antlerless	EF019O2R	50
	Antlerless	EF019O3R	30
	Antlerless	EF019O4R	20
20	Antlered	EM020O1R	25
	Antlered	EM020O2R	25
	Antlerless	EF020O2R	<del>30</del> 10
	Antlered	EM020O3R	25
	Antlerless	EF020O3R	<del>20</del> 10
	Antlered	EM020O4R	25
	Antlerless	EF020O4R	<del>20</del> 10
21, 22, 30, 31, 32	Antlered	EM021O1R	450
	Antlerless	EF021O1R	75
	Antlered	EM021O4R	410

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF021O2R	<del>475</del> 200
21, 22	Antlerless	EF021O3R	100
	Antlerless	EF021O4R	100
25	Antlered	EM025O4R	40
25, 26	Antlerless	EF025O2R	125
	Antlerless	EF025O3R	50
	Antlerless	EF025O4R	25
25, 26, 34	Antlerless	EF025O1R	150
26	Antlered	EM026O4R	100
27	Antlerless	EF027O1R	<del>50</del> 40
	Either	EE027O1R	<del>50</del> 40
	Antlerless	EF027O2R	<del>240</del> 190
	Antlerless	EF027O3R	<del>450</del> 120
	Antlerless	EF027O4R	<del>90</del> 70
	Either	EE027O4R	<del>40</del> 30
28, 37	Antlerless	EF028O1R	<del>420</del> 90
	Either	EE028O1R	<del>305</del> 230
	Antlerless	EF028O2R	<del>280</del> 210
	Antlerless	EF028O3R	<del>305</del> 230
	Antlerless	EF028O4R	<del>375</del> 280
	Either	EE028O4R	<del>250</del> 190
29	Antlered	EM029O1R	10
	Antlerless	EF029O1R	10
	Antlered	EM029O2R	10
	Antlered	EM029O3R	10
	Antlered	EM029O4R	10
	Antlerless	EF029O2R	35



Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF029O3R	35
	Antlerless	EF029O4R	10
30, 31, 32	Antlerless	EF030O3R	<del>150</del> 250
	Antlerless	EF030O4R	<del>150</del> 250
33	Antlered	EM033O4R	115
	Antlerless	EF033O2R	<del>400</del> 500
	Antlerless	EF033O3R	<del>200</del> 300
	Antlerless	EF033O4R	50
34	Antlered	EM034O4R	35
	Antlerless	EF034O2R	<del>10</del> 50
	Antlerless	EF034O3R	<del>10</del> 50
	Antlerless	EF034O4R	<del>10</del> 25
35	Either	EE035O4R	40
	Antlerless	EF035O2R	<del>50</del> 75
	Antlerless	EF035O3R	40
	Antlerless	EF035O4R	10
35, 36, 361	Antlerless	EF035O1R	<del>100</del> 150
	Either	EE035O1R	<del>185</del> 200
36, 361	Either	EE036O4R	40
	Antlerless	EF036O2R	<del>130</del> 170
	Antlerless	EF036O3R	60
	Antlerless	EF036O4R	10
38	Antlered	EM038O1R	10
	Antlerless	EF038O1R	20
	Antlered	EM038O4R	10
	Antlerless	EF038O2R	10
	Antlerless	EF038O3R	10

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF038O4R	10
39	Antlered	EM039O1R	60
	Antlerless	EF039O1R	20
	Antlered	EM039O2R	50
	Antlered	EM039O3R	50
	Antlered	EM039O4R	20
	Antlerless	EF039O2R	20
	Antlerless	EF039O3R	20
	Antlerless	EF039O4R	10
40	Antlerless	EF040O1R	35
	Either	EE040O1R	30
	Antlerless	EF040O2R	35
	Either	EE040O2R	25
	Antlerless	EF040O3R	35
	Either	EE040O3R	25
	Antlerless	EF040O4R	<del>4580</del>
	Either	EE040O4R	20
41, 42, 52, 411, 421, 521	Antlered	EM041O1R	950
	Antlered	EM041O4R	250
41, 42, 52, 411, 421	Antlerless	EF041O1R	200
41	Antlerless	EF041O2R	160
	Antlerless	EF041O3R	80
	Antlerless	EF041O4R	40
42	Antlerless	EF042O2R	300
	Antlerless	EF042O3R	315
	Antlerless	EF042O4R	110
43, 431, 471	Antlerless	EF043O1R	75

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Either	EE043O1R	225
43, 431	Either	EE043O4R	75
	Antlerless	EF043O2R	<del>450</del> 385
	Antlerless	EF043O3R	<del>250</del> 215
	Antlerless	EF043O4R	<del>120</del> 100
44, 45, 47, 444	Antlered	EM044O1R	100
44, 45, 47, 444	Antlerless	EF044O1R	200
44	Antlered	EM044O4R	30
	Antlerless	EF044O2R	160
	Antlerless	EF044O3R	120
	Antlerless	EF044O4R	30
45	Antlered	EM045O4R	30
	Antlerless	EF045O2R	125
	Antlerless	EF045O3R	90
	Antlerless	EF045O4R	20
46	Antlered	EM046O1R	25
	Antlerless	EF046O1R	<del>20</del> 10
	Antlered	EM046O2R	30
	Antlered	EM046O3R	20
	Antlered	EM046O4R	10
	Antlerless	EF046O2R	20
	Antlerless	EF046O3R	20
	Antlerless	EF046O4R	10
47	Antlered	EM047O4R	50
	Antlerless	EF047O2R	130
	Antlerless	EF047O3R	110
	Antlerless	EF047O4R	30

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
48	Antlered	EM048O1R	50
	Antlerless	EF048O4R	30
	Antlered	EM048O2R	20
	Antlered	EM048O3R	10
	Antlered	EM048O4R	10
	Antlerless	EF048O2R	50
	Antlerless	EF048O3R	25
49	Antlered	EM049O1R	80
	Antlerless	EF049O2R	130
	Antlerless	EF049O3R	130
	Antlerless	EF049O4R	130
	Antlered	EM049O2R	80
	Antlered	EM049O3R	40
	Antlered	EM049O4R	20
49 within Lake County ONLY	Antlerless	EF049S2R	50
	Antlerless	EF049S3R	50
	Antlerless	EF049S4R	40
50	Antlered	EM050O1R	30
	Antlered	EM050O2R	80
	Antlered	EM050O3R	60
	Antlered	EM050O4R	40
	Antlerless	EF050O2R	190
	Antlerless	EF050O3R	185
	Antlerless	EF050O4R	135
51	Antlered	EM051O1R	50
	Antlerless	EF051O1R	40
	Antlered	EM051O2R	50

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	EM051O3R	30
	Antlered	EM051O4R	20
	Antlerless	EF051O2R	50
	Antlerless	EF051O3R	<del>30</del> 40
	Antlerless	EF051O4R	<del>20</del> 35
52	Antlerless	EF052O2R	205
	Antlerless	EF052O3R	100
	Antlerless	EF052O4R	30
53	Antlered	EM053O1R	80
	Antlerless	EF053O1R	20
	Antlerless	EF053O2R	30
	Antlerless	EF053O3R	35
	Antlered	EM053O4R	25
	Antlerless	EF053O4R	30
54	Antlered	EM054O1R	200
	Antlerless	EF054O1R	40
	Antlerless	EF054O2R	50
	Antlerless	EF054O3R	35
	Antlered	EM054O4R	75
	Antlerless	EF054O4R	30
55	Antlered	EM055O1R	140
	Antlerless	EF055O1R	175
	Antlerless	EF055O2R	200
	Antlerless	EF055O3R	100
	Antlered	EM055O4R	40
	Antlerless	EF055O4R	10
56	Antlered	EM056O1R	40

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	EM056O2R	40
	Antlerless	EF056O2R	50
	Antlered	EM056O3R	40
	Antlerless	EF056O3R	50
	Antlered	EM056O4R	20
	Antlerless	EF056O4R	30
57, 58	Antlered	EM057O1R	80
	Antlerless	EF057O1R	100
	Antlered	EM057O2R	80
	Antlerless	EF057O2R	130
	Antlered	EM057O3R	80
	Antlerless	EF057O3R	130
	Antlered	EM057O4R	80
	Antlerless	EF057O4R	130
59, 581	Antlered	EM059O1R	100
	Antlerless	EF059O1R	50
	Antlered	EM059O4R	180
	Antlerless	EF059O2R	80
	Antlerless	EF059O3R	60
	Antlerless	EF059O4R	10
60	Antlered	EM060O1R	<del>45</del> 50
	Antlerless	EF060O1R	10
	Antlerless	EF060O2R	15
	Either	EE060O4R	60
	Antlerless	EF060O3R	15
	Antlerless	EF060O4R	10
61	Antlered	EM061O1R	130

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF061O1R	75
	Antlerless	EF061O2R	<del>470</del> 205
	Antlerless	EF061O3R	<del>200</del> 235
	Antlerless	EF061O4R	<del>250</del> 285
	Antlered	EM061O2R	120
	Antlered	EM061O3R	35
	Antlered	EM061O4R	25
62	Antlered	EM062O1R	285
	Antlerless	EF062O1R	<del>425</del> 150
	Antlerless	EF062O2R	<del>425</del> 200
	Either	EE062O4R	100
	Antlerless	EF062O3R	<del>400</del> 200
	Antlerless	EF062O4R	<del>25</del> 35
63	Antlered	EM063O1R	100
	Antlerless	EF063O1R	70
	Antlerless	EF063O2R	80
	Antlerless	EF063O3R	45
	Antlered	EM063O4R	15
	Antlerless	EF063O4R	30
64, 65	Antlerless	EF064O1R	130
	Either	EE064O1R	450
	Antlerless	EF064O2R	150
	Either	EE064O4R	100
	Antlerless	EF064O3R	100
	Antlerless	EF064O4R	60
66	Antlered	EM066O1R	230
	Antlerless	EF066O1R	115

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	EM066O2R	190
	Antlerless	EF066O2R	140
	Antlered	EM066O3R	125
	Antlerless	EF066O3R	150
	Antlered	EM066O4R	35
	Antlerless	EF066O4R	100
67	Antlered	EM067O1R	190
	Antlerless	EF067O1R	85
	Antlered	EM067O2R	180
	Antlerless	EF067O2R	130
	Antlered	EM067O3R	110
	Antlerless	EF067O3R	150
	Antlered	EM067O4R	35
	Antlerless	EF067O4R	100
68, 681	Antlered	EM068O1R	375
	Antlered	EM068O4R	130
68, 681	Antlerless	EF068O2R	<del>2060</del>
	Antlerless	EF068O3R	<del>2060</del>
	Antlerless	EF068O4R	<del>2060</del>
69, 84	Antlered	EM069O1R	75
	Antlered	EM069O2R	75
	Antlerless	EF069O2R	75
	Antlered	EM069O3R	50
	Antlerless	EF069O3R	75
	Antlered	EM069O4R	40
	Antlerless	EF069O4R	45
70	Antlered	EM070O1R	150



Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF070O1R	<del>50</del> 75
	Antlerless	EF070O2R	<del>400</del> 125
	Antlerless	EF070O3R	<del>400</del> 125
	Antlered	EM070O4R	40
	Antlerless	EF070O4R	<del>20</del> 50
71, 72, 73, 711	Antlered	EM071O1R	550
	Antlerless	EF071O1R	40
	Antlered	EM071O4R	75
71	Antlerless	EF071O2R	10
	Antlerless	EF071O3R	10
	Antlerless	EF071O4R	10
72	Antlerless	EF072O2R	10
	Antlerless	EF072O3R	10
	Antlerless	EF072O4R	10
73	Antlerless	EF073O2R	10
	Antlerless	EF073O3R	10
	Antlerless	EF073O4R	10
74, 741	Antlered	EM074O1R	275
	Antlerless	EF074O1R	15
	Antlered	EM074O4R	40
74	Antlerless	EF074O2R	10
	Antlerless	EF074O3R	10
	Antlerless	EF074O4R	10
75, 751	Antlered	EM075O1R	325
	Antlerless	EF075O1R	20
	Antlered	EM075O4R	80
	Antlerless	EF075O2R	45

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF075O3R	30
	Antlerless	EF075O4R	15
76	Antlered	EM076O1R	190
	Antlered	EM076O2R	50
	Antlerless	EF076O2R	220
	Antlered	EM076O3R	10
	Antlerless	EF076O3R	240
	Antlerless	EF076O4R	240
77, 78, 771	Antlered	EM077O1R	800
	Antlerless	EF077O1R	30
	Antlerless	EF077O2R	60
	Antlerless	EF077O3R	35
	Antlered	EM077O4R	80
	Antlerless	EF077O4R	10
79 north and west of Colo 112	Antlered	EM079O1R	165
	Antlerless	EF079O1R	50
	Antlered	EM079O2R	100
	Antlerless	EF079O2R	100
	Antlered	EM079O3R	100
	Antlerless	EF079O3R	100
	Antlerless	EF079O4R	145
80, 81	Antlered	EM080O1R	450
	Antlered	EM080O4R	40
80	Antlerless	EF080O2R	<del>100</del> 125
	Antlerless	EF080O3R	100
	Antlerless	EF080O4R	100
81	Antlerless	EF081O2R	<del>125</del> 150

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF081O3R	100
	Antlerless	EF081O4R	80
82 public lands only	Antlerless	EF082O1R	25
	Either	EE082O1R	300
	Antlerless	EF082O2R	200
	Antlerless	EF082O3R	240
	Antlerless	EF082O4R	60
	Either	EE082O4R	100
83	Either	EE083O1R	175
	Either	EE083O2R	200
	Either	EE083O3R	200
	Antlerless	EF083O4R	20
	Either	EE083O4R	100
85, 140, 851 except Bosque del Oso SWA	Either	EE085O1R	85
	Antlerless	EF085O2R	50
	Antlerless	EF085O3R	50
	Antlerless	EF085O4R	50
	Either	EE085O4R	125
86, 691, 861	Either	EE086O1R	170
	Either	EE086O4R	90
	Antlerless	EF086O2R	85
	Antlerless	EF086O3R	75
	Antlerless	EF086O4R	65
104	Antlered	EM104O1R	40
	Antlered	EM104O2R	40
	Antlered	EM104O3R	30
	Antlered	EM104O4R	20

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
131	Antlered	EM131O4R	60
	Antlerless	EF131O2R	<del>75</del> 100
	Antlerless	EF131O3R	<del>35</del> 50
	Antlerless	EF131O4R	<del>40</del> 20
133, 134, 141, 142	Antlered	EM133O4R	30
161	Antlerless	EF161O3R	260
	Antlerless	EF161O4R	150
	Either	EE161O4R	100
171	Either	EE171O4R	60
181	Antlerless	EF181O2R	<del>430</del> 105
	Antlerless	EF181O3R	<del>465</del> 130
	Antlerless	EF181O4R	<del>495</del> 155
191	Antlered	EM191O1R	50
	Antlered	EM191O2R	150
	Antlered	EM191O3R	100
	Antlered	EM191O4R	80
	Antlerless	EF191O2R	50
	Antlerless	EF191O3R	30
	Antlerless	EF191O4R	20
201	Antlerless	EF201O1R	30
	Antlerless	EF201O2R	<del>55</del> 45
	Antlerless	EF201O3R	30
	Antlerless	EF201O4R	40
214	Antlered	EM214O1R	50
	Antlered	EM214O4R	10
	Antlerless	EF214O2R	<del>40</del> 50
	Antlerless	EF214O3R	<del>40</del> 50

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlerless	EF214O4R	<del>40</del> 50
231	Antlered	EM231O4R	60
	Antlerless	EF231O2R	125
	Antlerless	EF231O3R	<del>50</del> 100
	Antlerless	EF231O4R	25
371	Antlerless	EF371O1R	<del>45</del> 35
	Either	EE371O1R	<del>120</del> 90
	Antlerless	EF371O2R	<del>95</del> 70
	Antlerless	EF371O3R	<del>95</del> 70
	Antlerless	EF371O4R	<del>100</del> 75
	Either	EE371O4R	<del>75</del> 55
391	Antlered	EM391O1R	20
	Antlered	EM391O2R	20
	Antlered	EM391O3R	10
	Antlered	EM391O4R	10
411	Antlerless	EF411O2R	65
	Antlerless	EF411O3R	45
	Antlerless	EF411O4R	20
421	Antlerless	EF421O2R	345
	Antlerless	EF421O3R	115
	Antlerless	EF421O4R	30
444	Antlered	EM444O4R	50
	Antlerless	EF444O2R	170
	Antlerless	EF444O3R	120
	Antlerless	EF444O4R	30
461	Antlered	EM461O1R	10
	Antlered	EM461O2R	10

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	EM461O3R	10
	Antlered	EM461O4R	10
	Antlerless	EF461O1R	10
	Antlerless	EF461O2R	10
	Antlerless	EF461O3R	10
	Antlerless	EF461O4R	10
471	Either	EE471O4R	25
	Antlerless	EF471O2R	40
	Antlerless	EF471O3R	10
	Antlerless	EF471O4R	10
481	Antlered	EM481O1R	65
	Antlered	EM481O2R	85
	Antlered	EM481O3R	40
	Antlered	EM481O4R	10
	Antlerless	EF481O2R	80
	Antlerless	EF481O3R	40
500	Antlerless	EF481O4R	20
	Antlered	EM500O1R	75
	Antlered	EM500O2R	80
	Antlered	EM500O3R	35
	Antlered	EM500O4R	10
	Antlerless	EF500O2R	195
	Antlerless	EF500O3R	170
501	Antlerless	EF500O4R	20
	Antlered	EM501O1R	25
	Antlered	EM501O2R	40
	Antlered	EM501O3R	30

Unit(s)	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	Antlered	EM501O4R	20
	Antlerless	EF501O2R	50
	Antlerless	EF501O3R	50
	Antlerless	EF501O4R	20
511	Antlered	EM511O1R	75
	Antlerless	EF511O1R	30
	Antlered	EM511O4R	100
	Antlerless	EF511O2R	60
	Antlerless	EF511O3R	30
	Antlerless	EF511O4R	10
521	Antlerless	EF521O1R	40
	Antlerless	EF521O2R	20
	Antlerless	EF521O3R	20
	Antlerless	EF521O4R	10
551	Antlered	EM551O1R	60
	Antlerless	EF551O1R	60
	Antlerless	EF551O2R	90
	Antlerless	EF551O3R	70
	Antlered	EM551O4R	10
	Antlerless	EF551O4R	10
561	Antlered	EM561O1R	30
	Antlered	EM561O2R	30
	Antlerless	EF561O2R	30
	Antlered	EM561O3R	30
	Antlerless	EF561O3R	30
	Antlered	EM561O4R	<del>45</del> 20
	Antlerless	EF561O4R	20

Unit(s)	Sex	Hunt Code	Licenses (20242025)
711	Antlerless	EF711O4R	10
	Antlerless	EF711O2R	10
	Antlerless	EF711O3R	10
741	Antlerless	EF741O2R	10
	Antlerless	EF741O3R	10
	Antlerless	EF741O4R	10
851 Bosque del Oso SWA only	Antlered	EM851O1R	5
	Antlered	EM851O2R	5
	Antlered	EM851O3R	5
	Antlered	EM851O4R	5
851 Bosque del Oso SWA only Youth Only	Either	EE851K2R	2
	Either	EE851K3R	2
<b>TOTAL</b>			<b>6320967974</b>

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**B. Regular Rifle Elk Seasons**

**1. Sum of Licenses by Season and Sex (20242025) TBD**

	1st Season Season Dates: 10/12/2024 – 10/16/2024 10/15/2025 – 10/19/2025	2nd Season Season Dates: 10/26/2024 – 11/03/2024 10/25/2025 – 11/02/2025	3rd Season Season Dates: 11/09/2024 – 11/15/2024 11/08/2025 – 11/16/2025	4th Season Season Dates: 11/20/2024 – 11/24/2024 11/19/2025 – 11/23/2025	Total Licenses (2024)
<b>Antlered</b>	40790	6120	5045	4360	26315
<b>Antlerless</b>	4555	10995	8860	5685	30095
<b>Either-Sex</b>	3850	227	227	2495	6799
<b>Totals</b>	19195	17342	14132	12540	63209



**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
1	08/15/2025 - 01/15/2026	Antlerless	EF001P5R	10
3, 4, 5, 214, 301, 441	10/15/2025 - 10/19/2025	Either	EE003P1R	300
3, 4, 5, 301, 441	10/25/2025 - 12/30/2025	Antlerless	EF003P5R	<del>100</del> 250
6, 16, 17, 161, 171	08/15/2025 - 01/31/2026	Antlerless	EF006P5R	450
	10/15/2025 - 10/19/2025	Either	EE006P1R	70
7, 8	09/01/2025 - 01/31/2026	Antlerless	EF007P5R	<del>250</del> 275
9	09/01/2025 - 01/31/2026	Antlerless	EF009P5R	155
10	08/15/2025 - 01/15/2026	Antlerless	EF010P5R	<del>50</del> 100
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	10/15/2025 - 10/19/2025	Either	EE011P1R	<del>500</del> 700
11, 12, 13, 23, 24, 211	10/01/2025 - 11/30/2025	Antlerless	EF011P5R	<del>350</del> 500
14, 214	12/01 - 12/31 annually	Antlerless	EF014P5R	<del>10</del> 50
15	09/01/2025 - 01/31/2026	Antlerless	EF015P5R	200
	10/15/2025 - 10/19/2025	Either	EE015P1R	<del>75</del> 50
	10/25/2025 - 11/02/2025	Either	EE015P2R	<del>75</del> 50
	11/08/2025 - 11/16/2025	Either	EE015P3R	<del>75</del> 50
	11/19/2025 - 11/23/2025	Either	EE015P4R	<del>75</del> 50
18	09/01/2025 - 01/31/2026	Antlerless	EF018P5R	<del>120</del> 10
18, 181	10/15/2025 - 10/19/2025	Either	EE018P1R	<del>325</del> 260
	11/19/2025 - 11/23/2025	Either	EE018P4R	<del>325</del> 260

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
19	09/01/2025 - 01/31/2026	Antlerless	EF019P5R	150
20	09/01/2025 - 01/31/2026	Antlerless	EF020P5R	<del>420</del> 460
21, 22, 30, 31, 32	10/15/2025 - 10/19/2025	Either	EE021P1R	125
22, 31, 32	10/15/2025 - 12/31/2025	Antlerless	EF022P5R	350
23, 24	12/01 - 12/31 annually	Antlerless	EF023P5R	50
25, 26, 231	08/15/2025 - 01/15/2026	Antlerless	EF025P5R	275
27	09/01/2025 - 01/31/2026	Antlerless	EF027P5R	<del>50</del> 40
	10/15/2025 - 10/19/2025	Either	EE027P1R	<del>400</del> 50
	11/19/2025 - 11/23/2025	Either	EE027P4R	<del>400</del> 50
28, 37	09/01/2025 - 01/31/2026	Antlerless	EF028P5R	10
	10/15/2025 - 10/19/2025	Either	EE028P1R	<del>440</del> 85
	11/19/2025 - 11/23/2025	Either	EE028P4R	<del>440</del> 85
29	09/01/2025 - 01/31/2026	Antlerless	EF029P5R	90
33	11/19/2025 - 11/23/2025	Either	EE033P4R	25
	12/01/2025 - 01/31/2026	Antlerless	EF033P5R	75
34	08/15/2025 - 01/15/2026	Antlerless	EF034P5R	10
35	08/15/2025 - 01/15/2026	Antlerless	EF035P5R	75
35, 36, 361	10/15/2025 - 10/19/2025	Either	EE035P1R	30
36, 361	08/15/2025 - 01/15/2026	Antlerless	EF036P5R	65
38	09/01/2025 - 01/31/2026	Antlerless	EF038P5R	<del>20</del> 10

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
39	09/01/2025 - 01/31/2026	Antlerless	EF039P5R	35
40	09/01 - 11/30 annually	Antlerless	EF040P5R	<del>420</del> 200
41, 42, 52, 411, 421, 521	10/15/2025 - 10/19/2025	Either	EE041P1R	200
	11/19/2025 - 11/23/2025	Either	EE041P4R	150
41	09/01/2025 - 01/31/2026	Antlerless	EF041P5R	200
42	12/01/2025 - 01/31/2026	Antlerless	EF042P5R	275
43, 431	08/15/2025 - 01/15/2026	Antlerless	EF043P5R	<del>400</del> 70
43, 431, 471	10/15/2025 - 10/19/2025	Either	EE043P1R	10
46	09/01/2025 - 01/31/2026	Antlerless	EF046P5R	30
50	09/01/2025 - 01/31/2026	Antlerless	EF050P5R	40
51	09/01/2025 - 01/31/2026	Antlerless	EF051P5R	<del>250</del> 280
52	12/01/2025 - 01/31/2026	Antlerless	EF052P5R	75
53, 63	10/15/2025 - 10/19/2025	Either	EE053P1R	85
	11/19/2025 - 11/23/2025	Either	EE053P4R	65
53, 63 -Delta County only	12/01/2025 - 01/31/2026	Antlerless	EF053P5R	85

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
54 - area bounded on the N by South Castle Creek, CR 730, Carbon Creek and Red Gulch; on the E by Colo 135; on the S by U.S. 50; on W by Gunnison River, Antelope Creek, CR 818, CR 727 and USFS Trail 438.	09/01/2025 - 11/23/2025	Antlerless	EF054P5R	75
56	09/01/2025 - 01/31/2026	Antlerless	EF056P5R	10
57, 58	09/01/2025 - 01/31/2026	Antlerless	EF057P5R	250
59	09/01/2025 - 01/31/2026	Antlerless	EF059P5R	100
60	09/01 - 12/31 annually	Antlerless	EF060P5R	<del>90</del> 130
	10/15/2025 - 10/19/2025	Either	EE060P1R	10
	11/19/2025 - 11/23/2025	Either	EE060P4R	10
61	12/15/2025 - 01/15/2026	Antlerless	EF061P5R	150
62	10/15/2025 - 10/19/2025	Either	EE062P1R	75
	11/19/2025 - 11/23/2025	Either	EE062P4R	75
	10/25/2025 - 11/02/2025	Antlerless	EF062P2R	<del>400</del> 150
	11/08/2025 - 11/16/2025	Antlerless	EF062P3R	<del>400</del> 150
	11/19/2025 - 11/23/2025	Antlerless	EF062P4R	<del>75</del> 100
63 - West of Hwy 92	08/14/2025 - 11/23/2025	Antlerless	EF063P5R	200
64, 65	10/15/2025 - 10/19/2025	Antlerless	EF064P1R	100

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	10/15/2025 - 10/19/2025	Either	EE064P1R	130
	11/19/2025 - 11/23/2025	Either	EE064P4R	85
	10/25/2025 - 11/02/2025	Antlerless	EF064P2R	150
	11/08/2025 - 11/16/2025	Antlerless	EF064P3R	100
	11/19/2025 - 11/23/2025	Antlerless	EF064P4R	100
64	12/01 - 12/31 annually	Antlerless	EF064P5R	30
68	09/01 - 12/31 annually	Antlerless	EF068P5R	<del>40</del> 30
69, 84	09/01/2025 - 01/31/2026	Antlerless	EF069P5R	<del>425</del> 500
70	10/15/2025 - 10/19/2025	Either	EE070P1R	200
	11/19/2025 - 11/23/2025	Either	EE070P4R	100
	12/01 - 12/15 annually	Antlerless	EF070P5R	20
	10/25/2025 - 11/02/2025	Antlerless	EF070P2R	<del>400</del> 200
	11/08/2025 - 11/16/2025	Antlerless	EF070P3R	<del>50</del> 150
	11/19/2025 - 11/23/2025	Antlerless	EF070P4R	<del>50</del> 100
71, 72, 73, 711	10/15/2025 - 10/19/2025	Antlered	EM071P1R	75
	10/15/2025 - 10/19/2025	Antlerless	EF071P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM071P4R	30
	11/19/2025 - 11/23/2025	Antlerless	EF071P4R	20
72, 711 -South and west of the Dolores River within Dolores County	09/01 - 09/30 annually	Antlerless	EF072P5R	<del>20</del> 85

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
74, 741	10/15/2025 - 10/19/2025	Antlered	EM074P1R	15
	10/15/2025 - 10/19/2025	Antlerless	EF074P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM074P4R	10
	11/19/2025 - 11/23/2025	Antlerless	EF074P4R	10
75, 751	11/19/2025 - 11/23/2025	Antlered	EM075P4R	25
	11/19/2025 - 11/23/2025	Antlerless	EF075P4R	10
77, 78, 771	10/15/2025 - 10/19/2025	Antlered	EM077P1R	75
	10/15/2025 - 10/19/2025	Antlerless	EF077P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM077P4R	30
	11/19/2025 - 11/23/2025	Antlerless	EF077P4R	10
80	09/01/2025 - 01/31/2026	Antlerless	EF080P5R	20
81	09/01/2025 - 01/31/2026	Antlerless	EF081P5R	20
85, 140, 851	10/15/2025 - 10/19/2025	Either	EE085P1R	225
	10/14/2025 - 11/29/2025	Antlerless	EF085P5R	150
	12/01 - 12/31 annually	Antlerless	EF085P6R	175
86, 691, 861	09/01/2025 - 01/31/2026	Antlerless	EF086P5R	<del>500</del> 600
	10/15/2025 - 10/19/2025	Either	EE086P1R	55
104	09/01/2025 - 01/31/2026	Antlerless	EF104P5R	300
131	10/25/2025 - 11/02/2025	Antlerless	EF131P2R	25
	11/08/2025 - 11/16/2025	Antlerless	EF131P3R	25

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
	11/19/2025 - 11/23/2025	Antlerless	EF131P4R	25
	11/24/2025 - 01/31/2026	Antlerless	EF131P5R	100
181	09/01/2025 - 01/31/2026	Antlerless	EF181P5R	<del>60</del> 10
191	09/01/2025 - 01/31/2026	Antlerless	EF191P5R	100
231	10/25/2025 - 11/02/2025	Either	EE231P2R	40
	11/08/2025 - 11/16/2025	Either	EE231P3R	20
	11/19/2025 - 11/23/2025	Either	EE231P4R	15
371	09/01/2025 - 01/31/2026	Antlerless	EF371P5R	10
	10/15/2025 - 10/19/2025	Either	EE371P1R	<del>50</del> 40
	11/19/2025 - 11/23/2025	Either	EE371P4R	<del>50</del> 40
391- all portions within Jefferson County, 39	09/01/2025 - 01/31/2026	Antlerless	EF391P5R	150
411	12/01/2025 - 01/31/2026	Antlerless	EF411P5R	100
421	09/01 - 12/31 annually	Antlerless	EF421P5R	350
444	08/15/2025 - 01/15/2026	Antlerless	EF444P5R	<del>60</del> 75
461	09/01/2025 - 01/31/2026	Antlerless	EF461P5R	25
471	08/15/2025 - 01/15/2026	Antlerless	EF471P5R	10
481	09/01/2025 - 01/31/2026	Antlerless	EF481P5R	50
500	09/01/2025 - 01/31/2026	Antlerless	EF500P5R	20
501	09/01/2025 - 01/31/2026	Antlerless	EF501P5R	30

**#257 – Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.
  - a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
  - b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses ( <del>2024</del> 2025)
511	09/01/2025 - 01/31/2026	Antlerless	EF511P5R	100
581	09/01/2025 - 01/31/2026	Antlerless	EF581P5R	300
682, 791, and that portion of unit 79 S and E of Colo 112 and private land only in unit 82 – see #257.5 - special restriction	08/15/2025 - 02/28/2026	Antlerless	EF682P5R	<del>450</del> 500
682, 791, and that portion of unit 79 S and E of Colo 112 and private land only in unit 82 – see #257.5 - special restriction	08/15/2025 - 02/28/2026	Antlered	EM682P6R	<del>400</del> 500
741	09/01/2025 - 01/15/2026	Antlerless	EF741P5R	<del>254</del> 0
751 south of US 160	12/01/2025 - 01/15/2026	Antlerless	EF751P5R	25
<b>TOTAL</b>				<del>14865</del> 15875

**#257 – Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

**2. Sum of Licenses by Season and Sex (~~2024~~2025) TBD**

	1st Season	2nd Season	3rd Season	4th Season	Other Season Dates	Total Licenses ( <del>2024</del> )
	Season Dates: <del>10/12/2024 – 10/16/2024</del> <u>10/15/2025 – 10/19/2025</u>	Season Dates: <del>10/26/2024 – 11/03/2024</del> <u>10/25/2025 – 11/02/2025</u>	Season Dates: <del>11/09/2024 – 11/15/2024</del> <u>11/08/2025 – 11/16/2025</u>	Season Dates: <del>11/20/2024 – 11/24/2024</del> <u>11/19/2025 – 11/23/2025</u>		



<b>Antlered</b>	<del>465</del>	<del>0</del>	<del>0</del>	<del>95</del>	<del>400</del>	<del>660</del>
<b>Antlerless</b>	<del>130</del>	<del>375</del>	<del>275</del>	<del>300</del>	<del>-9055</del>	<del>10135</del>
<b>Either-Sex</b>	<del>2675</del>	<del>115</del>	<del>95</del>	<del>1185</del>	<del>0</del>	<del>4070</del>
<b>Totals</b>	<del>2970</del>	<del>490</del>	<del>370</del>	<del>1580</del>	<del>9455</del>	<del>14865</del>

**#257 – Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**D. San Luis Valley Game Damage Private Land Only Antlered Elk Seasons**

<b>Unit(s)</b>	<b>Season Dates</b>	<b>Sex</b>	<b>Hunt Code</b>	<b>Licenses (<del>2024</del><del>2025</del>)</b>
682, 791, and private land only in unit 82 - see #257.5 - special restrictions	05/15/2025 - 07/31/2025	Antlered	EM682P5R	300

**E. Late Elk Seasons**

<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Season Dates</b>	<b>Antlered Licenses (<del>2024</del><del>2025</del>)</b>	<b>Antlerless Licenses (<del>2024</del><del>2025</del>)</b>
1	EF001L1R	12/01 – 12/31 annually		10
2, 201	EF002L1R	12/01 – 12/31 annually		10
3, 301	EF003L1R	12/01 – 12/31 annually		10
7, 8	EF007L1R	11/29/2025 - 12/10/2025		<del>70</del> <u>120</u>
9	EF009L1R	09/01 – 11/30 annually		45
10	EF010L1R	12/01 – 12/31 annually		10
11	EF011L1R	12/01 – 12/31 annually		10
13	EF013L1R	12/01 – 12/31 annually		50
18	EF018L1R	11/29/2025 - 12/07/2025		10
19	EF019L1R	11/29/2025 - 12/10/2025		50
20	EM020L1R	12/06/2025 - 12/17/2025	55	
20	EF020L1R	12/06/2025 - 12/17/2025		10
20	EM020L2R	01/03/2026 - 01/14/2026	55	
20 - Those portions bounded on the north by the Little	EF020L3R	08/15/2025 - 01/31/2026		

Unit(s)	Hunt Code	Season Dates	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025) )
Thompson River; on the east by US 287, on the south by Boulder CR 34 (Niwot/Neva Rds), US 36, Boulder CR 94 (Lefthand Canyon Drive); and on the west by Geer Canyon Drive, Boulder County Trail Wapiti, Boulder County Trail Ponderosa Loop (western loop), Boulder County Trail Wild Turkey, Boulder County Trail Picture Rock, Red Gulch Rd, Boulder CR 84 (Old St. Vrain Rd), Colo 7, US 36, Boulder CR 71N (Blue Mountain Rd), Larimer CR 37E, Lonestar Rd, then Stagecoach Trail N at the intersection of Lonestar Rd and Stagecoach Trail.				<del>200</del> 150
22	EF022L1R	12/01 – 12/31 annually		50
26	EF026L1R	12/01/2025 - 01/15/2026		10
27	EF027L1R	11/29/2025 - 12/07/2025		<del>400</del> 10
30	EF030L1R	12/15/2025 - 01/15/2026		<del>400</del> 200
31	EF031L1R	12/15/2025 - 01/15/2026		<del>400</del> 500
35, 36	EF035L1R	11/29/2025 - 12/07/2025 12/15/2025 - 01/15/2026		<del>40</del> 15
38 Jefferson County ONLY	EF038L1R	09/01/2025 - 01/31/2026		180
38 Jefferson County Centennial Cone Open Space portion only	EF038L2R	12/01/2025 - 01/31/2026		50
50	EF050L1R	12/13/2025 - 12/21/2025		10
85, 140, 851, except the Bosque del Oso State Wildlife Area	EF085L1R	12/15 – 12/31 annually		40
128	EF128L1R	09/01/2025 - 01/31/2026		180
133, 134, 141	EF133L1R	10/14/2025 - 01/30/2026		<del>45</del> 55

Unit(s)	Hunt Code	Season Dates	Antlered Licenses ( <del>2024</del> 2025)	Antlerless Licenses ( <del>2024</del> 2025) )
142	EF142L1R	10/14/2025 - 01/30/2026		25
181	EF181L1R	11/29/2025 - 12/07/2025		10
191	EF191L1R	11/29/2025 - 12/10/2025		55
211	EF211L1R	12/01 – 12/31 annually		10
361	EF361L1R	11/29/2025 - 12/07/2025		<del>40</del> 20
500	EF500L1R	12/13/2025 - 12/21/2025		10
501	EF501L1R	12/13/2025 - 12/21/2025		10
512 See special restrictions	EF512L1R	10/01/2025 - 01/31/2026		30
591	EF591L1R	10/01/2025 - 01/31/2026		45
851 - Bosque del Oso SWA ONLY	EF851L1R	11/29/2025 - 12/07/2025		10
851 - Bosque del Oso SWA ONLY	EF851L2R	12/13/2025 - 12/21/2025		15
851 - Bosque del Oso SWA ONLY	EF851L3R	12/27/2025 - 01/04/2026		25
<b>TOTALS</b>			<b>110</b>	<del>493</del> 52050

## #257.5 – Special Restrictions

### A. Unit 512 - Air Force Academy

Hunters must apply in person, no later than May 31 annually to participate in a random drawing to be placed on a priority list of hunters. Applications along with a non-refundable application fee not to exceed \$10.00 will be accepted at the Academy's Outdoor Recreation Center, Building 5136 - Community Center Drive, AFA, Colorado Springs.

The first 15 hunters drawn will be placed on the list and will be notified of their placement by June 15 annually. When elk are available to be hunted, up to 4 hunters will be called. After obtaining a license, paying a fee not to exceed \$30.00 to the Academy and receiving a safety briefing, hunters will be escorted on the hunt. Hunters may decline one opportunity to hunt and hold their place on the list. Hunts will continue when possible until (30) antlerless elk have been taken.

### B. Units 82, 682 and 791 – San Luis Valley Damage Elk Hunts

1. The purpose of these hunts is to provide flexibility in managing damage by elk and maintain landowners' rights to determine who may enter their property. Most license vouchers may be issued to friends and family of the landowner. Opportunities for non-associated public hunters may exist and will be selected from a list of interested hunters.

2. License vouchers may be transferred one time only, and shall only be transferred by the landowner to the hunter that will use the voucher to purchase the license. Third-party brokering of landowner vouchers is not permitted. Violation of this subsection shall invalidate the applicable landowner voucher and any license purchased with it.
3. Public hunters must apply no later than July 15 annually, to participate in a random drawing to be placed on a priority list of hunters. Applications will be accepted at the Monte Vista Service Center at 0722 S Rd. 1 E, Monte Vista.
4. Hunters drawn will be placed on the list and the top 10 hunters on the list will be notified of their placement no later than August 15 annually. When elk are available to be hunted, up to 4 hunters will be called. Hunters may decline one opportunity to hunt and hold their place on the list. Hunts will be conducted on an as-needed basis to alleviate game damage.

C. Units 80, 82, and 83 – San Luis Valley US Fish and Wildlife Refuge Permits

1. The United States Fish and Wildlife Service (USFWS) allows a limited number of elk hunters to access and hunt on the Alamosa (GMU 83), Baca (GMU 82) and Monte Vista (GMU 80) National Wildlife Refuges at any one time. An application and drawing process creates a hunter list for each season. USFWS and CPW will coordinate yearly to determine the maximum number of hunters that will be allowed at any one time in each refuge. The numbers decided upon will be based on a number of factors including elk densities, conflicts and behavior. As elk are harvested, hunters from the list are given permits to hunt. To be eligible for an access permit, hunters must hold an elk license that is valid for the season and refuge for which they wish to apply. The following seasons are currently open to permitted hunting on each of these refuges:
  - a. Archery;
  - b. Muzzleloader;
  - c. First rifle;
  - d. Second rifle;
  - e. Third rifle;
  - f. Fourth rifle.
2. To be entered into the drawing, eligible hunters must email the following address starting the day after left-over license day: [montevista.wildlife@state.co.us](mailto:montevista.wildlife@state.co.us). Hunters will receive an automatic email response with a link to the Refuge Access Permit Application Form. Hunters must provide the following information to apply:
  - a. The hunter's name, phone number and email address. The email address of another person will be accepted as long as the hunter can be contacted directly via the phone number provided.
  - b. The hunter must have purchased a license that is valid for both the unit and the refuge prior to submitting the application.
  - c. The hunt code for the license with which they wish to hunt.
  - d. The hunter's customer identification number (CID).

Hunters will need to complete the Application Form and select the correct refuge for which their license is valid in order to be entered. Applications will be accepted for five days starting

the day after the left-over license day. Permits will be issued via email after a random drawing held under the direct supervision of the area wildlife manager and no later than August 25.

## ARTICLE X – Pronghorn

### #261 – Archery Pronghorn Seasons Only Lawful Hand Held Bows May Be Used to Hunt or Take Pronghorn During the Following Seasons:

#### A. Regular Archery Pronghorn Seasons

1. Archery Season Dates, Units (as described in Chapter 0 of these regulations), Limited licenses.				
Unit(s)	Hunt Code	License Types and Numbers ( <del>2024</del> 2025)		
		Unlimited Buck or Either <del>Sex</del> Season Dates: 08/15 - 09/20 annually Unless Otherwise Shown	Limited Buck Only Season Dates: 08/15 - 09/20 annually Unless Otherwise Shown	Limited Doe Only Season Dates: 09/01-09/20 annually Unless Otherwise Shown
1, 7, 8, 9, 14, 15, 19, 20, 22, 23, 24, 25, 26, 29, 31, 32, 33, 34, 35, 36, 38, 39, 40, 42, 43, 44, 45, 46, 47, 51, 52, 53, 54, 59, 60, 61, 63, 64, 65, 69, 71, 72, 73, 74, 75, 76, 77, 78, 84, 85, 86, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 104, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 191, 231, 361, 371, 421, 431, 444, 461, 471, 511, 521, 591, 691, 711, 741, 751, 771, 851 except Bosque del Oso SWA, 861, 951	AE000U1A	Unlimited Buck and Either <del>Sex</del>		
3, 301	AM003O1A		<del>25</del> 30	
4, 5	AM004O1A		<del>40</del> 15	
6, 16, 17, 161, 171	AM006O1A		90	
6, 16, 17, 161, 171	AF006O1A			35
11	AM011O1A		5	

1. Archery Season Dates, Units (as described in Chapter 0 of these regulations), Limited licenses.				
Unit(s)	Hunt Code	License Types and Numbers ( <del>2024</del> 2025)		
		Unlimited Buck or Either-Sex Season Dates: 08/15 - 09/20 annually  Unless Otherwise Shown	Limited Buck Only Season Dates: 08/15 - 09/20 annually  Unless Otherwise Shown	Limited Doe Only Season Dates: 09/01-09/20 annually  Unless Otherwise Shown
11	AF011O1A			5
12, 211	AM012O1A		5	
12, 211	AF012O1A			5
13	AM013O1A		10	
18, 27, 28, 37, 181	AM018O1A		<del>35</del> 30	
18, 27, 28, 37, 181	AF018O1A			40
48, 56, 481	AM048O1A		<del>25</del> 35	
48, 56, 481	AF048O1A			<del>25</del> 35
49, 50, 500, 501	AM049O1A		20	
49, 50, 500, 501	AF049O1A			30
55, 551	AM055O1A		3	
57, 58, 581	AM057O1A		20	
57, 58, 581	AF057O1A			30
66	AM066O1A		1	
67	AM067O1A		6	
68, 681 - West of Co Rd 46AA and west of the divide between the Saguache Creek drainage and Kerber Creek drainage, 682	AM068O1A		10	
79, 791	AM079O1A		10	
80	AM080O1A		5	

1. Archery Season Dates, Units (as described in Chapter 0 of these regulations), Limited licenses.				
Unit(s)	Hunt Code	License Types and Numbers ( <del>2024</del> 2025)		
		Unlimited Buck or Either-Sex Season Dates: 08/15 - 09/20 annually  Unless Otherwise Shown	Limited Buck Only Season Dates: 08/15 - 09/20 annually  Unless Otherwise Shown	Limited Doe Only Season Dates: 09/01-09/20 annually  Unless Otherwise Shown
81	AM081O1A		20	
82, 681 - East of Co Rd 46AA and east of the divide between the Saguache Creek drainage and Kerber Creek drainage	AM082O1A		20	
82, 681 - East of Co Rd 46AA and east of the divide between the Saguache Creek drainage and Kerber Creek drainage	AF082O1A			10
83	AM083O1A		10	
87	AM087O1A		120	
87	AF087O1A			20
88	AM088O1A		80	
88	AF088O1A			20
131	AM131O1A		5	
2, 201	AM201O1A		5	
201	AF201O1A			5
214, 441	AM214O1A		10	
TOTALS			<del>550</del> 565	<del>225</del> 235

**#261.5 – Muzzle-Loading Firearms (Rifle And Smoothbore Musket) Pronghorn Season - Only Lawful Muzzle-Loading Firearms May Be Used During This Following Season:**

**A. Regular Seasons**

**1. Muzzle-loading, Pronghorn, Dates, Units (as described in Chapter 0 of these regulations), and Licenses.**

Unit(s)	Hunt Code	Season Dates: 09/21 – 09/29 Annually Unless Otherwise Shown	
		Licenses Types and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
1, 2, 201	AM001O1M	5	
1, 201	AF001O1M		5
3, 301	AM003O1M	<del>40</del> 15	
4, 5	AM004O1M	<del>40</del> 15	
6, 16, 17, 161, 171	AM006O1M	45	
6, 16, 17, 161, 171	AF006O1M		80
7, 8	AM007O1M	10	
7, 8	AF007O1M		5
9, 191	AM009O1M	30	
9, 191	AF009O1M		5
11	AM011O1M	5	
11	AF011O1M		5
12, 211	AM012O1M	5	
12, 211	AF012O1M		5
13	AM013O1M	10	
18, 27, 28, 37, 181	AM018O1M	<del>55</del> 50	
18, 27, 28, 37, 181	AF018O1M		55
48, 56, 481	AM048O1M	10	
48, 56, 481	AF048O1M		<del>5</del> 10
49, 50, 500, 501	AM049O1M	10	
49, 50, 500, 501	AF049O1M		10
57, 58, 581	AM057O1M	10	



Unit(s)	Hunt Code	Season Dates: 09/21 – 09/29 Annually Unless Otherwise Shown	
		Licenses Types and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
57, 58, 581	AF057O1M		10
59, 591	AM059O1M	5	
59, 591	AF059O1M		5
66	AM066O1M	1	
67	AM067O1M	3	
68, 79, 80, 81, 82, 83, 681, 682, 791	AM068O1M	15	
69, 84, 85, 86, 691, 861	AM069O1M	60	
69, 84, 85, 86, 691, 861	AF069O1M		60
87, 88, 89, 90, 95, 951	AM087O1M	95	
87, 88, 89, 90, 95, 951	AF087O1M		50
93, 97, 98, 101, 102	AM093O1M	10	
99, 100	AM099O1M	15	
99, 100	AF099O1M		10
104, 105	AM104O1M	100	
104, 105	AF104O1M		<del>400</del> 110
106, 107, 109	AM106O1M	30	
106, 107, 109	AF106O1M		30
110, 111, 118, 119, 123, 124	AM110O1M	400	
110, 111, 118, 119, 123, 124	AF110O1M		300
112, 113, 114, 115	AM112O1M	60	
112, 113, 114, 115	AF112O1M		40
116, 117, 122, 127	AM116O1M	50	
116, 117, 122, 127	AF116O1M		50

Unit(s)	Hunt Code	Season Dates: 09/21 – 09/29 Annually Unless Otherwise Shown	
		Licenses Types and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
120, 121, 125, 126	AM120O1M	50	
120, 121, 125, 126	AF120O1M		50
128, 129, 133, 134, 135, 140, 141, 147	AM128O1M	<del>50</del> 45	
128, 129, 133, 134, 135, 140, 141, 147	AF128O1M		<del>35</del> 30
130, 136, 137, 138, 143, 144, 146	AM130O1M	50	
130, 136, 137, 138, 143, 144, 146	AF130O1M		50
131	AM131O1M	5	
132, 139, 145	AM132O1M	20	
132, 139, 145	AF132O1M		20
142	AM142O1M	<del>20</del> 15	
142	AF142O1M		<del>20</del> 15
214, 441	AM214O1M	10	
551	AM551O1M	1	
TOTALS		<del>4265</del> 1260	<del>4005</del> 1010

## #262 – Rifle and Associated Methods Pronghorn Seasons

### A. Regular Rifle Pronghorn Seasons

#### 1. Regular Rifle Season Dates, Units (as described in Chapter 0 of these regulations), Licenses.

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/04/2025 - 10/12/2025	10/03/2026 - 10/11/2026	10/02/2027 - 10/10/2027	10/07/2028 - 10/15/2028	10/06/2029 - 10/14/2029

Unit(s)	Hunt Code	License Type and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
3, 301	AM003O1R	<del>40</del> 50	
4, 5	AM004O1R	<del>40</del> 15	
6	AM006O1R	15	
6	AF006O1R		25
7	AM007O1R	10	
7	AF007O1R		5
8	AM008O1R	10	
8	AF008O1R		5
10	AM010O1R	5	
11	AM011O1R	<del>40</del> 20	
11	AF011O1R		10
12, 211	AM012O1R	10	
12, 211	AF012O1R		10
13	AM013O1R	<del>40</del> 15	
15, 26, 231	AM015O1R	10	
15, 26, 231	AF015O1R		15
16, 17, 171	AM016O1R	40	
16, 17, 171	AF016O1R		35
18, 27, 28, 37, 181	AM018O1R	<del>70</del> 60	
18, 27, 28, 37, 181	AF018O1R		125
48, 56, 481	AM048O1R	<del>5</del> 10	
48, 56, 481	AF048O1R		<del>5</del> 10
49, 50, 500, 501	AM049O1R	<del>25</del> 20	
49, 50, 500, 501	AF049O1R		10
57, 58, 581	AM057O1R	40	
57, 58, 581	AF057O1R		<del>40</del> 30

Unit(s)	Hunt Code	License Type and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
59, 591	AM059O1R	15	
59, 591	AF059O1R		10
66	AM066O1R	2	
67	AM067O1R	<del>8</del> 10	
68, 681 - West of Co Rd 46AA and west of the divide between the Saguache Creek drainage and Kerber Creek drainage, 682	AM068O1R	10	
69, 84, 85, 86, 691, 861	AM069O1R	180	
69, 84, 85, 86, 691, 861	AF069O1R		195
79, 791	AM079O1R	<del>45</del> 10	
80	AM080O1R	10	
81	AM081O1R	40	
82, 681 - East of Co Rd 46AA and east of the divide between the Saguache Creek drainage and Kerber Creek drainage	AM082O1R	80	
82, 681 - East of Co Rd 46AA and east of the divide between the Saguache Creek drainage and Kerber Creek drainage	AF082O1R		10
83	AM083O1R	15	
87	AM087O1R	<del>420</del> 245	
87	AF087O1R		<del>80</del> 60
88	AM088O1R	<del>130</del> 75	
88	AF088O1R		<del>35</del> 30
89	AM089O1R	40	
89	AF089O1R		30
90	AM090O1R	15	
90	AF090O1R		15
93	AM093O1R	10	
95	AM095O1R	15	

Unit(s)	Hunt Code	License Type and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
95	AF095O1R		15
97	AM097O1R	20	
98	AM098O1R	<del>25</del> 20	
99	AM099O1R	55	
99	AF099O1R		35
100	AM100O1R	25	
100	AF100O1R		20
101	AM101O1R	10	
101	AF101O1R		10
102	AM102O1R	10	
102	AF102O1R		10
104	AM104O1R	125	
104	AF104O1R		150
105	AM105O1R	425	
105	AF105O1R		<del>400</del> 415
106	AM106O1R	275	
106	AF106O1R		<del>235</del> 260
107	AM107O1R	175	
107	AF107O1R		175
109	AM109O1R	30	
109	AF109O1R		30
110	AM110O1R	150	
110	AF110O1R		175
111	AM111O1R	175	
111	AF111O1R		175
112, 113, 114, 115	AM112O1R	375	

Unit(s)	Hunt Code	License Type and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
112, 113, 114, 115	AF112O1R		650
116, 117, 122, 127	AM116O1R	160	
116, 117, 122, 127	AF116O1R		<del>435</del> 160
118	AM118O1R	175	
118	AF118O1R		175
119	AM119O1R	175	
119	AF119O1R		175
120, 121, 125, 126	AM120O1R	25	
120, 121, 125, 126	AF120O1R		15
123	AM123O1R	105	
123	AF123O1R		115
124	AM124O1R	230	
124	AF124O1R		200
128	AM128O1R	<del>420</del> 115	
128	AF128O1R		<del>400</del> 85
130, 146	AM130O1R	10	
130, 146	AF130O1R		10
132, 139, 145	AM132O1R	10	
132, 139, 145	AF132O1R		10
133	AM133O1R	<del>455</del> 145	
133	AF133O1R		<del>440</del> 125
134	AM134O1R	<del>425</del> 120	
134	AF134O1R		<del>440</del> 100
135	AM135O1R	<del>50</del> 45	
135	AF135O1R		<del>45</del> 40
136, 143	AM136O1R	60	

Unit(s)	Hunt Code	License Type and Numbers ( <del>2024</del> 2025)	
		Buck	Doe
136, 143	AF136O1R		20
137, 138, 144	AM137O1R	40	
137, 138, 144	AF137O1R		10
140, 147	AM140O1R	<del>440</del> 135	
140, 147	AF140O1R		<del>440</del> 100
142	AM142O1R	<del>25</del> 20	
142	AF142O1R		<del>25</del> 20
161	AM161O1R	25	
161	AF161O1R		50
2, 201	AM201O1R 10/11/2025 - 10/19/2025	<del>30</del> 45	
201	AF201O1R 10/11/2025 - 10/19/2025		<del>40</del> 25
214, 441	AM214O1R	10	
551	AM551O1R	2	
951	AM951O1R	<del>45</del> 40	
951	AF951O1R		40
<b>TOTALS</b>		<b><del>4907</del>4664</b>	<b><del>4235</del>4225</b>

**2. Second Regular Rifle Units (as described in Chapter 0 of these regulations), Licenses.  
Season dates:**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/18/2025 - 10/26/2025	10/17/2026 - 10/25/2026	10/16/2027 - 10/24/2027	10/21/2028 - 10/29/2028	10/20/2029 - 10/28/2029

Unit(s)	Hunt Code	Licenses (2025)	
		Buck	Doe
87	AM087O2R	<u>175</u>	
88	AM088O2R	<u>55</u>	
<b>TOTALS</b>		<u>230</u>	

## B. Late Rifle Pronghorn Seasons

### 1. Late Rifle Season Dates, Units (as described in Chapter 0 of these regulations), Licenses.

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)	
			Buck	Doe
9, 191	AF009L1R	11/01/2025 - 01/31/2026		110
97	AF097L1R	12/01/2025 - 12/14/2025		20
105	AF105L1R	12/01/2025 - 12/31/2025		<del>450</del> 160
110	AF110L1R	12/01/2025 - 12/31/2025		225
111	AF111L1R	12/01/2025 - 12/31/2025		175
112, 113, 114, 115	AF112L1R	12/06/2025 - 12/14/2025		400
116, 117, 122, 127	AF116L1R	12/01/2025 - 12/31/2025		<del>475</del> 210
118, 119	AF118L1R	12/01/2025 - 12/31/2025		275
120, 121, 125, 126	AF120L1R	12/06/2025 - 12/14/2025		10
123, 124	AF123L1R	12/01/2025 - 12/31/2025		125
130, 146	AF130L1R	12/01/2025 - 12/31/2025		10
136, 143	AF136L1R	12/01/2025 - 12/31/2025		20
137, 138, 144	AF137L1R	12/01/2025 - 12/31/2025		10
<b>TOTALS</b>				<del>4705</del> 1750

## C. Private Land Only Pronghorn Seasons

### 1. Private Land Only, Pronghorn, Dates, Units (as described in Chapter 0 of these regulations), Licenses.



Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)	
			<del>Male</del> Buck k	<del>Female</del> Doe
3, 301	AM003P5R	09/20/2025 - 10/05/2025	<del>50</del> 60	
4, 5	AM004P5R	09/20/2025 - 10/05/2025	<del>40</del> 25	
7	AM007P1R	10/04/2025 - 10/12/2025	15	
7	AF007P1R	10/04/2025 - 10/12/2025		15
8	AM008P1R	10/04/2025 - 10/12/2025	15	
8	AF008P1R	10/04/2025 - 10/12/2025		15
9, 191	AM009P1R	10/04/2025 - 10/12/2025	145	
9, 191	AF009P1R	10/04/2025 - 10/12/2025		35
10	AM010P5R	09/20/2025 - 10/05/2025	5	
12, 23	AM012P5R	09/20/2025 - 10/05/2025	<del>40</del> 20	
12, 23	AF012P5R	09/20/2025 - 10/05/2025		10
13	AM013P5R	09/20/2025 - 10/05/2025	<del>5</del> 10	
18, 27, 28, 37, 181	AM018P5R	09/20/2025 - 10/05/2025	50	
18, 27, 28, 37, 181	AF018P5R	09/20/2025 - 10/05/2025		50
69, 84, 85, 86, 691, 861	AM069P1R	10/04/2025 - 10/12/2025	80	
69, 84, 85, 86, 691, 861	AF069P1R	10/04/2025 - 10/12/2025		105
69, 84, 85, 86, 691, 861	AF069P2R	10/18/2025 - 10/26/2025		<del>80</del> 100
79 - East of Rio Grande Canal, 791	AF079P5R	08/15 – 12/31 annually		20
80	AM080P1R	10/04/2025 - 10/12/2025	15	
82, 681 - East of Co Rd 46AA and east of the divide between the Saguache Creek drainage and Kerber Creek drainage	AF082P5R	09/16/2025 - 09/30/2025		10
87	AF087P1R	10/04/2025 - 10/12/2025		<del>50</del> 40
87	AF087P5R	11/01 12/31 annually		<del>40</del> 100
88	AF088P1R	10/04/2025 - 10/12/2025		<del>40</del> 30

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> 2025)	
			<del>Male</del> Buck k	<del>Female</del> Doe
88	AF088P5R	11/01 12/31 annually		<del>60</del> 40
89	AF089P5R	11/01 12/31 annually		<del>30</del> 20
95	AF095P5R	11/01 12/31 annually		10
120, 121, 125, 126	AM120P1R	10/04/2025 - 10/12/2025	300	
120, 121, 125, 126	AF120P1R	10/04/2025 - 10/12/2025		285
120, 121, 125, 126	AF120P5R	12/06/2025 - 12/14/2025		190
128, 129, 135	AF128P5R	12/06/2025 - 12/10/2025		<del>40</del> 30
129	AM129P1R	10/04/2025 - 10/12/2025	<del>45</del> 10	
129	AF129P1R	10/04/2025 - 10/12/2025		<del>20</del> 15
130, 146	AM130P1R	10/04/2025 - 10/12/2025	120	
130, 146	AF130P1R	10/04/2025 - 10/12/2025		<del>125</del> 65
130, 146	AF130P5R	12/01 - 12/31 annually		<del>125</del> 65
131	AM131P1R	10/04/2025 - 10/12/2025	5	
132, 139, 145	AM132P1R	10/04/2025 - 10/12/2025	125	
132, 139, 145	AF132P1R	10/04/2025 - 10/12/2025		400
132, 139, 145	AF132P5R	12/01 - 12/31 annually		400
133, 134, 140, 141, 147	AF133P5R	12/06/2025 - 12/10/2025		<del>200</del> 175
135	AM135P1R	10/04/2025 - 10/12/2025	<del>40</del> 35	
135	AF135P1R	10/04/2025 - 10/12/2025		<del>20</del> 15
136, 143	AM136P1R	10/04/2025 - 10/12/2025	<del>400</del> 50	
136, 143	AF136P1R	10/04/2025 - 10/12/2025		100
136, 143	AF136P5R	12/01 – 12/31 annually		<del>400</del> 50
137, 138, 144	AM137P1R	10/04/2025 - 10/12/2025	75	
137, 138, 144	AF137P1R	10/04/2025 - 10/12/2025		<del>50</del> 25
137, 138, 144	AF137P5R	12/01 – 12/31 annually		<del>400</del> 50
141	AM141P1R	10/04/2025 - 10/12/2025	<del>65</del> 60	

Unit(s)	Hunt Code	Season Dates	Licenses ( <del>2024</del> <u>2025</u> )	
			<del>Male</del> <u>Buck</u>	<del>Female</del> <u>Doe</u>
141	AF141P1R	10/04/2025 - 10/12/2025		<del>50</del> <u>45</u>
214, 441	AM214P5R	09/20/2025 - 10/05/2025	5	
951	AF951P5R	11/01 – 12/31 annually		30
TOTALS			<del>1250</del> <u>1225</u>	<del>2885</del> <u>2540</u>

#263-269 – Vacant

## ARTICLE XI – Moose

### #270 – Moose Seasons, Licenses, and Special Restrictions

#### A. Antlerless Archery, Muzzle-loading firearms (rifle and smoothbore musket), and Rifle Season Dates, Units and Limited Licenses.

Allocation of these licenses will float between the moose seasons in accordance with the hunt code chosen by successful applicants.

		Archery	Muzzleloader	Rifle	Antlerless Licenses ( <del>2024</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates:	Season Dates:	Season Dates:	Resident	Nonresident
6 except within 1/4 mile of Hwy 14 in Jackson County from Cameron Pass west to USFS Road 740 at Gould	MF006O1A	09/06/2025 -09/30/2025			27	<u>Quota in 2025</u> <u>5</u>
	MF006O1M		09/13/2025 – 09/21/2025			
	MF006O1R			10/01 – 10/14 Annually		
6, 16, 17, 161, 171	MF006L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	<u>9</u>	<u>Quota in 2025</u> <u>1</u>
7, 8, 191 except within 1/4 mile of Hwy 14	MF007O1A	09/06/2025 -09/30/2025			<del>24</del> <u>23</u>	<u>Quota in 2025</u> <u>4</u>
	MF007O1M		09/13/2025 – 09/21/2025			
	MF007O1R			10/01 – 10/14 Annually		
7 - Rawah Wilderness Area Only	MF007S1A	09/06/2025 -09/30/2025			<u>3</u>	<u>No quota in 2025</u>
	MF007S1M		09/13/2025 – 09/21/2025			
	MF007S1R			10/01 – 10/14 Annually		
<del>12, 23, 24</del>	MF012O1A	09/06/2025 -09/30/2025			13	<u>Quota in 2025</u> <u>2</u>

	MF012O1M		09/13/2025 – 09/21/2025		<u>5</u>	<u>1</u>
	MF012O1R			10/01 – 10/14 Annually		
	MF012L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025		
14	MF014O1A	09/06/2025 -09/30/2025			<del>13</del> <u>18</u>	Quota in 2025 <u>2</u>
	MF014O1M		09/13/2025 – 09/21/2025			
	MF014O1R			10/01 – 10/14 Annually		
15, 27	MF015O1A	09/06/2025 -09/30/2025			<del>8</del> <u>4</u>	Quota in 2025 <u>1</u>
	MF015O1M		09/13/2025 – 09/21/2025			
	MF015O1R			10/01 – 10/14 Annually		
15, 27	MF015L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	<u>5</u>	No quota in 2025
16	MF016O1A	09/06/2025 -09/30/2025			<del>23</del> <u>18</u>	No quota in 2025
	MF016O1M		09/13/2025 – 09/21/2025			
	MF016O1R			10/01 – 10/14 Annually		
17	MF017O1A	09/06/2025 -09/30/2025			<del>9</del> <u>7</u>	Quota in 2025 <u>1</u>
	MF017O1M		09/13/2025 – 09/21/2025			
	MF017O1R			10/01 – 10/14 Annually		
18, 181	MF018O1A	09/06/2025 -09/30/2025			<del>16</del> <u>9</u>	Quota in 2025 <u>1</u>

	MF018O1M		09/13/2025 – 09/21/2025			
	MF018O1R			10/01 – 10/14 Annually		
	MF018L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025		
19 except within 1/4 mile of Hwy 14	MF019O1A	09/06/2025 -09/30/2025			13	No quota in 2025
	MF019O1M		09/13/2025 – 09/21/2025			
	MF019O1R			10/01 – 10/14 Annually		
20, except within 1/4 mile of the high waterline of Brainard Lake from the beginning of archery season until the US Forest Service gate closes on Brainard Lake Road.	MF020O1A	09/06/2025 -09/30/2025			6	No quota in 2025
	MF020O1M		09/13/2025 – 09/21/2025			
	MF020O1R			10/01 – 10/14 Annually		
25, 26, 231	MF025O1A	09/06/2025 -09/30/2025			46	No quota in 2025
	MF025O1M		09/13/2025 – 09/21/2025			
	MF025O1R			10/01 – 10/14 Annually		
28	MF028O1A	09/06/2025 -09/30/2025			189	Quota in 2025 <sub>1</sub>
	MF028O1M		09/13/2025 – 09/21/2025			

	MF028O1R			10/01 – 10/14 Annually		
	MF028L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	<u>9</u>	<u>1</u>
29 except within 1/4 mile of the high waterline of Brainard Lake from the beginning of archery season until the US Forest Service gate closes on Brainard Lake Road.	MF029O1A	09/06/2025 -09/30/2025			<u>98</u>	<u>Quota in 20252</u>
	MF029O1M		09/13/2025 – 09/21/2025			
	MF029O1R			10/01 – 10/14 Annually		
33, 34	MF033O1A	09/06/2025 -09/30/2025			1	<u>No quota in 2025</u>
	MF033O1M		09/13/2025 – 09/21/2025			
	MF033O1R			10/01 – 10/14 Annually		
36	MF036O1A	09/06/2025 -09/30/2025			1	<u>No quota in 2025</u>
	MF036O1M		09/13/2025 – 09/21/2025			
	MF036O1R			10/01 – 10/14 Annually		
37, 371	MF037O1A	09/06/2025 -09/30/2025			<u>2211</u>	<u>Quota in 20252</u>
	MF037O1M		09/13/2025 – 09/21/2025			
	MF037O1R			10/01 – 10/14 Annually		

	MF037L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	<u>12</u>	<u>1</u>
38	MF038O1A	09/06/2025 -09/30/2025			5	Quota in 2025 <u>1</u>
	MF038O1M		09/13/2025 – 09/21/2025			
	MF038O1R			10/01 – 10/14 Annually		
38 those portions bounded on the west by US Hwy 6/Colo Hwy 119 and Colo Hwy 119	MF038S1A	09/06/2025 -09/30/2025			<u>46</u>	No quota in 2025
	MF038S1M		09/13/2025 – 09/21/2025			
	MF038L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025		
39, 46	MF039O1A	09/06/2025 -09/30/2025			8	No quota in 2025
	MF039O1M		09/13/2025 – 09/21/2025			
	MF039O1R			10/01 – 10/14 Annually		
39, 46 - Mt Evans Wilderness Area only	MF039S1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF039S1M		09/13/2025 – 09/21/2025			
	MF039S1R			10/01 – 10/14 Annually		
41, 42, 421	MF041O1A	09/06/2025 -09/30/2025			<u>4815</u>	No quota in 2025
	MF041O1M		09/13/2025 – 09/21/2025			
	MF041O1R			10/01 – 10/14 Annually		
41, 42, 421	MF041L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025	<u>3</u>	Quota in 2025 <u>2</u>



				11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025		
43	MF043O1A	09/06/2025 -09/30/2025			3	No quota in 2025
	MF043O1M		09/13/2025 – 09/21/2025			
	MF043O1R			10/01 – 10/14 Annually		
44	MF044O1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF044O1M		09/13/2025 – 09/21/2025			
	MF044O1R			10/01 – 10/14 Annually		
45	MF045O1A	09/06/2025 -09/30/2025			<u>2</u>	No quota in 2025
	MF045O1M		09/13/2025 – 09/21/2025			
	MF045O1R			10/01 – 10/14 Annually		
47 those portions north of the Fryingpan- Roaring Fork River divide, 444	MF047O1A	09/06/2025 -09/30/2025			1	No quota in 2025
	MF047O1M		09/13/2025 – 09/21/2025			
	MF047O1R			10/01 – 10/14 Annually		
47 those portions south of the Fryingpan- Roaring Fork River divide, 431, 471	MF047S1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF047S1M		09/13/2025 – 09/21/2025			
	MF047S1R			10/01 – 10/14 Annually		
49, 500	MF049O1A	09/06/2025 -09/30/2025			<del>15</del> <u>14</u>	Quota in <u>2025</u> <u>4</u>
	MF049O1M		09/13/2025 – 09/21/2025			

	MF049O1R			10/01 – 10/14 Annually		
49 - Buffalo Peaks Wilderness Area only	MF049S1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF049S1M		09/13/2025 – 09/21/2025			
	MF049S1R			10/01 – 10/14 Annually		
50, 501	MF050O1A	09/06/2025 -09/30/2025			57	No quota in 2025
	MF050O1M		09/13/2025 – 09/21/2025			
	MF050O1R			10/01 – 10/14 Annually		
51, 59, 511, 581	MF051O1A	09/06/2025 -09/30/2025			32	No quota in 2025
	MF051O1M		09/13/2025 – 09/21/2025			
	MF051O1R			10/01 – 10/14 Annually		
51, 59, 511, 581	MF051L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	3	Quota in 2025 <sub>1</sub>
52, 411, 521	MF052O1A	09/06/2025 -09/30/2025			96	No quota in 2025
	MF052O1M		09/13/2025 – 09/21/2025			
	MF052O1R			10/01 – 10/14 Annually		
				10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025		
52, 411, 521	MF052L1R			10/15/2025 - 10/19/2025 10/25/2025 - 11/02/2025 11/08/2025 - 11/16/2025 11/19/2025 - 11/23/2025	3	Quota in 2025 <sub>1</sub>

55	MF055O1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF055O1M		09/13/2025 – 09/21/2025			
	MF055O1R			10/01 – 10/14 Annually		
66	MF066O1A	09/06/2025 -09/30/2025			<del>34</del>	Quota in 2025 <sub>1</sub>
	MF066O1M		09/13/2025 – 09/21/2025			
	MF066O1R			10/01 – 10/14 Annually		
67	MF067O1A	09/06/2025 -09/30/2025			<del>34</del>	No quota in 2025
	MF067O1M		09/13/2025 – 09/21/2025			
	MF067O1R			10/01 – 10/14 Annually		
76	MF076O1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF076O1M		09/13/2025 – 09/21/2025			
	MF076O1R			10/01 – 10/14 Annually		
76, 77, 751 Weminuche Wilderness Only	MF076S1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF076S1M		09/13/2025 – 09/21/2025			
	MF076S1R			10/01 – 10/14 Annually		
161	MF161O1A	09/06/2025 -09/30/2025			<del>1916</del>	No quota in 2025
	MF161O1M		09/13/2025 – 09/21/2025			
	MF161O1R			10/01 – 10/14 Annually		
171 except within 1/4	MF171O1A	09/06/2025 -09/30/2025			21	Quota in 2025 <sub>4</sub>

mile of Hwy 14 in Jackson County from Cameron Pass west to USFS Road 740 at Gould	MF171O1M		09/13/2025 – 09/21/2025			
	MF171O1R			10/01 – 10/14 Annually		
191 except within 1/4 mile of Hwy 14	MF191O1A	09/06/2025 -09/30/2025			2	No quota in 2025
	MF191O1M		09/13/2025 – 09/21/2025			
	MF191O1R			10/01 – 10/14 Annually		
361	MF361O1A	09/06/2025 -09/30/2025			1	No quota in 2025
	MF361O1M		09/13/2025 – 09/21/2025			
	MF361O1R			10/01 – 10/14 Annually		
501 - Lost Creek Wilderness Area only	MF501S1A	09/06/2025 -09/30/2025			<u>23</u>	No quota in 2025
	MF501S1M		09/13/2025 – 09/21/2025			
	MF501S1R			10/01 – 10/14 Annually		
<b>Total</b>					<b><u>343369</u></b>	<b><u>3740</u></b>

**B. Season-Choice Antlered and Either-Sex Moose Seasons, Dates, Units (as described in Chapter 0 of these regulations).** Licenses are valid during Archery, Muzzleloader, and Rifle seasons until filled. License holders must comply with all applicable season restrictions, including but not limited to, applicable season dates and manner of take restrictions.

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) ( <del>2024</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
1, 201	ME001O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	Either-sex 1	Either-sex <del>No quota in 2025</del>
4, 5, 14	MM004O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>23</del> <u>27</u>	<del>Quota in 2025</del> <u>3</u>
6 except within 1/4 mile of Hwy 14 in Jackson County from Cameron Pass west to USFS Road 740 at Gould	MM006O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	16	<del>Quota in 2025</del> <u>3</u>
7, 8, 191 except within 1/4 mile of Hwy 14	MM007O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>42</del> <u>11</u>	<del>Quota in 2025</del> <u>2</u>
7 - Rawah Wilderness Area Only	MM007S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<u>2</u>	<del>No quota in 2025</del>
12, 23, 24	MM012O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>5</del> <u>6</u>	<del>Quota in 2025</del> <u>1</u>
15, 27	MM015O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>6</del> <u>7</u>	<del>Quota in 2025</del> <u>1</u>

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
16	MM016O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	15	<del>No quota in 2025</del>
17	MM017O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	5	<del>Quota in 2025</del> <u>1</u>
18, 181	MM018O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	12	<del>Quota in 2025</del> <u>2</u>
18 - Those portions bounded on the north by the Continental Divide; on the east by the divide between Willow Creek and East Fork of Troublesom e drainages and the divide between Corral Creek and Troublesom e Creek drainages; on the south by Round Gulch; and	MM018S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	1	<del>No quota in 2025</del>

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
on the west by the main fork of Troublesom e Creek and Sheep Creek						
19 except within 1/4 mile of Hwy 14	MM019O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	8	<del>No quota in 2025</del>
20, 29 except within 1/4 mile of the high waterline of Brainard Lake from the beginning of archery season until the US Forest Service gate closes on Brainard Lake Road.	MM020O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>54</del>	<del>Quota in 2025</del> <u>1</u>
25, 26, 231	MM025O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>24</del>	<del>No quota in 2025</del>

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025 <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
28	MM028O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>14</del> 15	<del>Quota in 2025</del> 1
33, 34	MM033O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	1	No quota in 2025
36	MM036O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	2	No quota in 2025
37, 371	MM037O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	15	<del>Quota in 2025</del> 2
38	MM038O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	5	No quota in 2025
39, 46	MM039O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>6</del> 8	No quota in 2025
39, 46 - Mt. Evans Wilderness Area only	MM039S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>2</del> 3	No quota in 2025
41, 42, 52, 411, 421, 521	MM041O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	10	<del>Quota in 2025</del> 2
43	MM043O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	3	No quota in 2025
44, 45	MM044O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	2	<del>Quota in 2025</del> 1



		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025) TBD	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
47 those portions north of the Fryingpan-Roaring Fork River divide, 444	MM047O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	1	No quota in 2025
47 those portions south of the Fryingpan-Roaring Fork River divide, 431, 471	MM047S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	2	No quota in 2025
48, 481	MM048O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>34</del>	No quota in 2025
49, 500	MM049O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	7	Quota in 2025 <del>3</del>
49 - Buffalo Peaks Wilderness Area only	MM049S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>41</del>	Quota in 2025 <del>1</del>
50, 501	MM050O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>35</del>	No quota in 2025
51, 59, 511, 581	MM051O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>36</del>	No quota in 2025

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
53, 54, 63	MM053O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	3	<del>No quota in 2025</del>
55, 551	MM055O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	4	<del>Quota in 2025</del> <u>1</u>
56, 561	MM056O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>34</del>	<del>No quota in 2025</del>
65	ME065O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	Either-sex <del>42</del>	<del>No quota in 2025</del>
66	MM066O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>45</del>	<del>No quota in 2025</del>
67	MM067O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>43</del>	<del>Quota in 2025</del> <u>1</u>
68, 79, 681	MM068O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	3	<del>No quota in 2025</del>
74, 75	MM074O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	1	<del>No quota in 2025</del>
76	MM076O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	6	<del>Quota in 2025</del> <u>1</u>
76, 77, 751 Weminuche Wilderness Only	MM076S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	6	<del>Quota in 2025</del> <u>1</u>

		Archery	Muzzleloader	Rifle	Antlered Licenses (unless noted) <del>(2024)</del> 2025) <u>TBD</u>	
Unit(s)	Hunt Code	Season Dates	Season Dates	Season Dates	Resident	Nonresident
161	MM161O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	15	<del>No quota in 2025</del>
171 except within 1/4 mile of Hwy 14 in Jackson County from Cameron Pass west to USFS Road 740 at Gould	MM171O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>98</del>	<del>-Quota in 2025</del> <u>2</u>
361	MM361O1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	1	<del>No quota in 2025</del>
501 - Lost Creek Wilderness Area only	MM501S1X	09/06/2025 – 09/30/2025	09/13/2025 – 09/21/2025	10/1 – 10/14 annually	<del>43</del>	<del>No quota in 2025</del>
TOTALS					<del>252</del> <u>273</u>	<del>2730</del>

### C. Special Restrictions

1. All moose licensees shall complete and return a harvest questionnaire provided by the Division within 30 days after the close of their hunting season. Any moose licensee who does not complete and return the mandatory questionnaire as required shall not be considered for any future moose license.
2. All moose harvested through hunting shall be submitted for inspection to an employee of the Division on or before the 5th working day after the taking thereof. Any licensee who takes an antlered moose shall personally present the head, with antlers attached, to any Division office. Any licensee who takes an antlerless moose shall personally present a front incisor tooth or the entire head to any Division office. Moose heads must be unfrozen when presented for inspection. If not unfrozen, the Division may retain heads as necessary for thawing sufficient to extract the incisor teeth. A mandatory check report shall be completed at the time of inspection.
3. At the time of the mandatory check, the Division shall be authorized to extract and retain the incisor teeth.

### Special Seasons

#### ARTICLE XII – Special Hunting Seasons/Licenses for Big Game

##### #271 – Big Game Animals Causing Damage and Big Game Populations Over Objective

#### A. Special Population Management Seasons for Big Game Ungulates

1. The Director shall have the authority to establish special management seasons for antlerless or female big game ungulates in specific game management units or portions thereof which significantly exceed the population objective, when the anticipated harvest from the current year's archery, muzzle-loading and regular rifle seasons did not occur. Provided further that the Director shall have the authority to establish these hunts between November 16 and February 28, to specify a time period for each of these hunts but not to exceed ten days each, and shall authorize hunters to use designated unfilled big game licenses for these hunts and units.
2. The Director shall have the authority to allocate antlerless deer and/or elk licenses on existing Ranching for Wildlife properties located in game management units where deer or elk populations significantly exceed the population objective. These licenses shall be in addition to the number of licenses allocated to each ranch pursuant to the Cooperative Agreement established in #210(A)(2). The additional allocation and use of the antlerless licenses provided for in this section shall be allocated by season(s) and quota(s) established in the ranch's respective Cooperative Agreement and subject to the following provisions:
  - a. No ranch shall be required to accept any additional antlerless licenses.
  - b. The public allocation of such additional antlerless licenses shall only be offered to hunters who have successfully drawn antlered, either-sex or antlerless licenses for the same species on the ranch. Public hunters who choose to purchase one additional antlerless license from the Division shall be required to use the additional license during the season established for the license for which they drew. No more than one additional antlerless license will be available to any public hunter.
  - c. The allocation of such additional antlerless licenses for private seasons shall be equal to, and not to exceed, the total number of additional antlerless licenses allocated to public hunters.

B. Special Game Damage Seasons for Big Game Ungulates

1. The Director shall have the authority to establish special hunting seasons for big game ungulates, between August 15 and February 28, when necessary to control damage to property. Seasons shall be for the taking of antlerless or female animals unless the Director has determined that the taking of antlered animals is necessary in order to alleviate the damage.
  - a. Game damage hunts are limited to a maximum of 50 licenses per species per Game Management Unit or 30 percent of the antlerless, either-sex, or doe licenses issued for the DAU (whichever is greater), unless a distribution management plan establishing a different percentage has been approved by the Parks and Wildlife Commission or additional permits are approved by the Director or his designee.
  - b. On private lands and Russell Lakes, Rio Grande and Higel State Wildlife Areas, the Area Wildlife Manager (AWM) is authorized to conduct these seasons based upon the following criteria:
    1. The AWM finds that such a season would be consistent with the distribution management plan approved by the Parks and Wildlife Commission.
    2. When there is no approved distribution management plan, the AWM finds that a season will reduce or eliminate damage for which the Division is liable, and that holding a season would be desirable considering
      - a. The species and number of animals involved.
      - b. The number of animals that would have to be removed to reduce or eliminate damage.
      - c. The location of the damage problem.
      - d. The type and extent of damage.
      - e. The time of year and its relationship to the life history of the animals.
      - f. The length of time such damage will continue without big game removal.
      - g. Management closures, hunting seasons and other public use.
      - h. The effect on population objectives for the GMU and DAU.
      - i. Whether landowner operations (e.g., harvesting) or critical wildlife biological activities (e.g., fawning) would be interrupted.
      - j. Safety risks.
      - k. Any other pertinent factors.
    3. The Area Wildlife Manager shall provide the landowner with special application forms for distribution to individuals of their choice. Participants shall submit the completed application form with payment to the Division office indicated on the application.
    4. In the event the landowner cannot secure enough people to effect an adequate harvest the Division can assist in locating individuals.
  - c. The Division shall

1. Verify that damage or conflicts are occurring or can reasonably be anticipated to occur.
2. Designate what area shall be open to hunting.
3. Determine the manner of hunting that will be permitted.
4. Determine the number of hunters allowed to hunt in each designated area.
- d. Hunting will be done under the direction of a District Wildlife Manager, following approval by the owner of land where such damage is occurring.
- e. Hunters shall hunt in designated areas and on the dates indicated on the license.
  1. A map or a written description of the designated area open to hunting (which would include, but would not be limited to landowner(s) name, game management unit, township, range and section(s) and/or identification of landmarks such as roads, rivers, or fence lines which coincide with boundaries), will be provided to each licensed hunter by the Division.
- f. Any person who purchases a license for a game damage season shall be required to complete a Division harvest survey form and return it to the Area office that is nearest the location of the hunt no later than 5 days after the season ends.

C. Special Game Damage Licenses for Bear and Mountain Lion

1. The Director shall have the authority to establish special hunting licenses for mountain lion and bear, which allow for take in excess of the otherwise applicable limited license numbers or quotas, when necessary to control damage to private property.
  - a. AWMs are authorized to issue these bear and mountain lion licenses to address specific animals determined after an investigation to be causing damage to private property.
    1. Bear or mountain lion licenses above the established limited license numbers or quota for the area may be issued only where necessary to take specific animals determined after an investigation to be causing damage to private property.
    2. Bear hunting authorized under this provision will be conducted between September 2 and the end of the fourth regular rifle season annually.
    3. Mountain lion hunting authorized under this provision will be conducted during established lion seasons.
    4. Licenses will be issued only if licenses are not otherwise available for purchase under standard license distribution methods or where mountain lion quotas have been reached in the area.
    5. License will be restricted by manner of take, period of time within the dates specified above, and location within the GMU(s) or DAU(s) in question as necessary to ensure the offending animal is appropriately targeted.
    6. Hunting will be conducted under the direction of a District Wildlife Manager.
  - b. Any person who purchases a license shall be required to complete a Division harvest survey form and return it to the Area office that is nearest the location of the hunt no later than 5 days after the end of the hunting period authorized by the license.

- c. Bear and mountain lion taken pursuant to a license issued under this provision shall not be counted against the annual bag and possession limit for the species in question.
- D. Special Hunting Season In Game Management Unit 20 For Cow Elk Normally Not Available For Harvest During Regular Or Late Big Game Seasons:
  1. Season dates, license types, permit numbers will be established by the Director or his designee.
  2. The Division will designate the area open to hunting, manner of take, and season dates which are necessary to achieve its population management objective for this population of elk. Hunting shall occur only during the designated time periods indicated on the hunter's license and only in those areas specifically designated on the map provided by the Division. Special Unit 20 cow elk hunts shall be established based on the following criteria: (a) the hunt does not fall within the criteria established for game damage hunts; (b) snow ground cover and/or other conditions favor are expected to favor successful hunting; (c) elk must be available to hunters in portions of Unit 20 which are open to hunter access; and (d) no special season will be created under this regulation which would extend beyond February 15th.
  3. Eligible hunters will be selected in the following priority: a) from the list of hunters who applied for a Unit 20 limited elk license and were unsuccessful; and b) from a new list of hunters established by the Division Northeast Regional office pursuant to notice in local newspapers. Such list will be established on a first-come, first-served basis.
  4. Individuals who participate in this special hunt may also participate in any other season for elk if otherwise eligible to do so.
- E. Special Hunting Licenses and Seasons For Deer and Elk in Urbanized Areas:
  1. The Division Director (or designee) shall have the authority to establish special deer and elk hunting seasons between August 15 and February 28 annually to achieve population management objectives as specified in Division approved county or municipal management plans. Seasons shall be for the taking of antlerless animals unless the Director determines that the taking of antlered animals is necessary per the issues and goals brought forth in the Division approved management plan.
  2. Counties or municipalities must submit a proposed management plan to the Division, which includes the following:
    - a. Explanation of the need and scope of the issues (i.e. habitat degradation, human conflicts, human health and safety issues, etc);
    - b. Estimated population of deer or elk creating the issue and a target population number being sought post removal;
    - c. Season dates;
    - d. Manner of take;
    - e. Numbers of licenses and projected harvest;
    - f. Geographic location and description of hunting area(s); and
    - g. Method for selecting eligible hunters.
  3. Management plans will be evaluated on the merits of furthering goals for suburban deer or elk management and in relation to the appropriate Division Big Game Herd (DAU) Management Plan. The Director (or designee) shall provide the county or municipality with special application forms for distribution to individuals as specified within the submitted and approved management plan. Participants shall submit the completed application to the Division to obtain the appropriate hunting license.

4. The participating county or municipality will assume full responsibility for the plans and elements therein. The Division will be available to provide technical assistance to the county or municipality in preparing the management plan.
5. The county or municipality may not charge hunters a fee beyond what is required to cover their administrative costs to run the program.
6. All participating counties, municipalities and individuals are required to follow all applicable state statutes and regulations. No county or municipality will allow, encourage, or otherwise promote violations thereof.
7. The Division can unilaterally, without prior notification, terminate or void any applications given to a county or municipality prior to their redemption for a license for issues related to human health, safety, or any wildlife related violations associated with the management plan implementation, or documented deviation from the management plan as it was submitted to the Division. Management plans may be amended with Division approval.
8. Individuals who participate in these special hunts may also participate in any other season for deer or elk if otherwise eligible to do so.
9. Any county or municipality receiving licenses for a special hunting season for deer and elk in urbanized areas shall be required to complete a Division harvest survey form and return it to the Area office that is nearest to the location of the hunt no later than 5 days after the season ends.

#### **#272 - Big Game Disease/Animal Health Seasons**

1. Special Hunting Seasons for Disease Management in Big Game
  - a. The Director shall have the authority to establish special hunting seasons for big game, when hunting harvest has not been adequate to reduce the incidence of disease, to reduce emigration of infected animals, or to otherwise control expansion of the disease.
    1. No more than 200 licenses per species shall be issued annually per Game Management Unit (GMU) unless authorized by the Director
    2. Seasons shall be for the taking of antlerless or female animals unless the Director has authorized the issuance of male (antlered) licenses. No more than 10% of the licenses shall be issued for male (antlered) animals unless authorized by the Director.
    3. Licenses will be valid only in the unit(s) specified on the license. Licenses may be restricted to specific properties or areas as determined by the Area Wildlife Manager.
    4. License fees may be reduced when authorized by the Director, when necessary to ensure sufficient hunter participation, provided that no license is to be sold for less than \$5.00. License fees shall be set to ensure recovery of the cost of the retail and system agent commissions.
    5. Multiple carcass tags may be issued with each license, as authorized by the Director. Provided further that the payment of separate license fees shall be required if licenses for more than one species are to be sold.
    6. Any licensee who takes deer or elk during any such season for the purpose of Chronic Wasting Disease (CWD) management shall submit the head from all animals taken when required to do so as a condition of the license, to the testing site specified at the time the license is issued, within 5 days after harvest. Hunters must complete the special survey tag available at any head collection site and attach it to the animal's head. Antlers and



capas from harvested deer may be removed by hunters before submitting heads for sampling.

**ARTICLE XIII – Vacant**

**ARTICLE XIV – Vacant**

**Basis and Purpose:**

These regulations amend Chapter W-2 - Big Game - of the Parks and Wildlife Commission regulations and are necessary to properly manage big game populations in Colorado. They establish limited license numbers for deer, elk, pronghorn, moose, and black bear during seasons, which were adopted in January 2025; and include licenses for archery, muzzle loading, early, regular, plains, late rifle and private land only seasons with respect to each species. Limited license numbers are set for specific game management units or groups of units. Limited license numbers are established to maintain big game herds at or near long-term population objectives, and, in the case of antlered deer, antlered elk, buck pronghorn and moose they are also set to achieve sex ratio objectives. The herd objectives are intended to maintain healthy populations, provide a diversity of hunting opportunities for residents and nonresidents, allow and maintain public recreational opportunity, minimize or control local game damage situations on private land and provide opportunity for landowners to cooperatively manage wildlife with the Division through the Ranching for Wildlife program. These resulting limited license numbers take into account harvest estimates and hunter success rates, wildlife counts and surveys, as well as impacts of winter weather and predation on big game populations. As is the case each year, this effort represents the culmination of numerous hours of work by various Division employees involved in the accumulation and analysis of data.

The statements of basis and purpose for these regulations can be obtained from the Colorado Division of Parks and Wildlife, Office of the Regulations Manager by emailing [dnr\\_cpw\\_planning@state.co.us](mailto:dnr_cpw_planning@state.co.us) or by visiting the Division of Parks and Wildlife headquarters at 6060 Broadway, Denver, CO, 80216.

**The primary statutory authority for these regulations can be found in § 24-4-103, C.R.S., and the state Wildlife Act, §§ 33-1-101 to 33-6-209, C.R.S., specifically including, but not limited to: §§ 33-1-106, C.R.S.**

**EFFECTIVE DATE - THESE REGULATIONS SHALL BECOME EFFECTIVE JULY 1, 2025 AND SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL REPEALED, AMENDED OR SUPERSEDED.**

**APPROVED AND ADOPTED BY THE PARKS AND WILDLIFE COMMISSION OF THE STATE OF COLORADO THIS 7TH DAY OF MAY 2025.**

**ATTEST:**  
**Karen Bailey**  
**Secretary**

**APPROVED:**  
**Dallas May**  
**Chair**

March 31, 2025

**RULE-MAKING NOTICE  
PARKS AND WILDLIFE COMMISSION MEETING  
May 7-8, 2025**

In accordance with the State Administrative Procedure Act, section 24-4-103, C.R.S., the Parks and Wildlife Commission gives notice that regulations will be considered for adoption at their next meeting on **May 7-8, 2025 with a virtual participation option. The Parks and Wildlife Commission meeting will be held at the DoubleTree by Hilton Hotel Durango at 501 Camino Del Rio, Durango, 81301. For up-to-date information on the meeting, please refer to the Parks and Wildlife Commission website:**

**<https://cpw.state.co.us/committees/colorado-parks-and-wildlife-commission>. The public is encouraged to comment before the meeting by submitting written comments to the Commission's email address at: [dnr\\_cpwcommission@state.co.us](mailto:dnr_cpwcommission@state.co.us).**

**Comment deadlines:** Written comments will be accepted at any time. However, to ensure sufficient time for consideration prior to the meeting, **comments should be provided to the Division of Parks and Wildlife by noon on the following date:**

**April 24, 2025,** for mailing by the Division of Parks and Wildlife to the Parks and Wildlife Commission on **April 25, 2025.**

Comments received by the Division between noon on **April 24, 2025,** and noon on **May 2, 2025,** will be provided to the Commission two business days before the meeting. Comments received after noon on **May 2, 2025,** will be held and shared with the Commission as part of the subsequent meeting mailing.

More information on submitting public comments is available at:  
<https://cpw.state.co.us/committees/colorado-parks-and-wildlife-commission>.

**The following regulatory subjects and issues shall be considered** pursuant to the Commission's authority in sections 33-9-101 to 111, C.R.S. ("Administration of Parks and Wildlife"), in sections 33-1-101 to 33-6-209, C.R.S. (the "Wildlife Act"), and especially sections 33-1-104, 33-1-105, 33-1-106, 33-1-107, 33-1-108, 33-1-121, 33-2-104, 33-2-105, 33-2-106, 33-3-104, 33-4-101, 33-4-102 and 33-5.5-102, 33-6-107, 33-6-109, 33-6-112, 33-6-113, 33-6-114, 33-6-114.5, 33-6-117, 33-6-119, 33-6-121, 33-6-124, 33-6-125, 33-6-127, 33-6-128, 33-6-130, 33-6-205, 33-6-206, 33-6-207, 33-6-208, 33-6-209, C.R.S., and in sections 33-10-101 to 33-33-113, C.R.S. (the "Parks Act"), and especially sections 33-10-106, 33-10-107, 33-10.5-107, 33-11-109, 33-12-101, 33-12-103, 33-12-103.5, 33-12-106, 33-12.5-103, 33-13-103, 33-13-104, 33-13-106, 33-13-109, 33-13-110, 33-13-111, 33-14-107, 33-14.5-107, 33-32-103 and 33-33-105. C.R.S.

**FINAL REGULATORY ADOPTION – May 7-8, 2025, beginning at 8:00 a.m.\***

**EFFECTIVE DATE OF REGULATIONS** approved during the May 2025 Parks and Wildlife Commission meeting: July 1, 2025, unless otherwise noted.

**FINAL REGULATIONS**

**Chapter W-2 – "Big Game" – 2 CCR 406-2**

Open for final consideration of regulations, including but not limited to, the following:

*\*Please reference the Commission agenda, to be posted on or after April 28, 2025, to ensure when each regulatory item will be addressed by the Commission. The agenda will be posted at <https://cpw.state.co.us/committees/colorado-parks-and-wildlife-commission>.*

- Adoption of all limited license numbers for black bear, deer, elk, pronghorn and moose for all Game Management Units in the state that have limited licenses for these species for the 2025 big game seasons.

## **ISSUES IDENTIFICATION**

### **Chapter P-3 -“River Outfitters” 2 CCR 405-3**

Open for necessary changes to implement SB 24-161, relating to denials, suspensions, or revocations of river outfitter licenses.

**Except for the day and time indicated for when the meeting is scheduled to begin, the order indicated for each agenda item is approximate and subject to change when necessary to accommodate the Commission's schedule.**

**For Viewing of Proposed Rules or Questions:** copies of the proposed rules (together with a proposed statement of basis and purpose and specific statutory authority), will be available for inspection online at <https://cpw.state.co.us/committees/colorado-parks-and-wildlife-commission> and copies can be obtained from the Colorado Division of Parks and Wildlife, Office of the Regulations Manager by emailing **[dnr\\_cpw\\_planning@state.co.us](mailto:dnr_cpw_planning@state.co.us)** at least five (5) days prior to the date of hearing. Such copies, however, are only proposals to be submitted to the Commission by the Division of Parks and Wildlife. Questions may be sent to the Colorado Division of Parks and Wildlife, Office of the Regulations Manager by emailing **[dnr\\_cpw\\_planning@state.co.us](mailto:dnr_cpw_planning@state.co.us)** as well.

**Modification of Proposed Rules prior to adoption:** subject to the provisions of Section 24-4-103, C.R.S., modification of these proposals may be made by the Division of Parks and Wildlife or the Commission before the Commission promulgates final rules and regulations on the above topics.

**Opportunity to submit alternate proposals and provide comment:** the Commission will afford all interested persons an opportunity to submit alternate proposals, written data, views or arguments and to present them orally, if time permits, at the meeting unless it deems such oral presentation unnecessary. Written alternate proposals, data, views or arguments and other written statements should be e-mailed to **[dnr\\_cpwcommission@state.co.us](mailto:dnr_cpwcommission@state.co.us)**.

### **Use of Consent Agenda:**

In order to increase the Parks and Wildlife Commission's efficiency and allow more time for consideration of parks and wildlife policy and contested issues, some or all of this regulatory agenda may be listed for action by the Commission as part of a "Consent Agenda" for this meeting.

*The process for placing matters on the Consent Agenda is as follows:*

*The Director identifies matters where the recommended action follows established policy or precedent, there has been agreement reached or the matter is expected to be uncontested and non-controversial.*

*Regulatory Matters on the Consent Agenda are noticed for hearing at the same time and in the same manner as other Consent Agenda items. If a member of the Commission requests further consideration of an item on the Consent Agenda, that item will be withdrawn from the Consent Agenda and discussed at the end of the meeting or at the next meeting. The Consent Agenda*

*may be voted on without the necessity of reading individual items. Any Commission member may request clarification from the Director of any matter on the Consent Agenda.*

**OTHER AGENDA ITEMS:** The Parks and Wildlife Commission may consider and make policy, program implementation, and other non-regulatory decisions, which may be of public interest at this meeting. A copy of the complete meeting agenda can be viewed on the Division of Parks and Wildlife's internet home page at <https://cpw.state.co.us>, on or after **April 28, 2025**.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00122

**Department**

400 - Department of Natural Resources

**Agency**

408 - Colorado Water Conservation Board

**CCR number**

2 CCR 408-2

**Rule title**

RULES CONCERNING THE COLORADO INSTREAM FLOW AND NATURAL LAKE  
LEVEL PROGRAM

**Rulemaking Hearing****Date**

07/16/2025

**Time**

09:00 AM

**Location**

Salida, Colorado

**Subjects and issues involved**

Date: July 16-17, 2025 at the regularly scheduled CWCB Board meeting

Time: 9:00 am (or as otherwise directed by the Hearing Officer)

Location: At the regularly scheduled CWCB Board meeting in Salida, Colorado (specific location to be announced) in person and via video conference, with specific location and participation information to be available at a later date on the Boards website at <https://cwcb.colorado.gov>

Description:

The proposed revisions to the Rules will amend ISF Rule 6k, which addresses temporary loans of water for instream flow use. These revisions are to implement Section 2 of Senate Bill 24-197, which allows CWCB to accept temporary loans of stored water for ISF use in stream reaches where CWCB does not hold a decreed ISF water right.

**Statutory authority**

Section 37-60-108, C.R.S., 37-83-105, C.R.S., and section 37-92-102(3), C.R.S.

**Contact information****Name**

Kaylea White

**Title**

Stream and Lake Protection Section, CWCB

**Telephone**

(720) 854-3240

**Email**

[kaylea.white@state.co.us](mailto:kaylea.white@state.co.us)

## DEPARTMENT OF NATURAL RESOURCES

### Colorado Water Conservation Board

#### RULES CONCERNING THE COLORADO INSTREAM FLOW AND NATURAL LAKE LEVEL PROGRAM *[EXCERPT]*

##### 2 CCR 408-2

#### 4. DEFINITIONS.

##### 4c. Board Office.

The Colorado Water Conservation Board's office is located at 1313 Sherman Street, 7th Floor, Denver, CO 80203. The phone number is (303) 866-3441. The facsimile number is (303) 866-4474. The Board's website is <https://cwcb.colorado.gov>.

#### 6. ACQUISITION OF WATER, WATER RIGHTS OR INTERESTS IN WATER FOR INSTREAM FLOW PURPOSES.

The Board may acquire water, water rights, or interests in water for ISF purposes by the following procedures:

##### 6a. Means of Acquisition.

The Board may acquire, by grant, purchase, donation, bequest, devise, lease, exchange, or other contractual agreement, from or with any Person, including any governmental entity, such water, water rights, or interests in water that are not on the Division Engineer's abandonment list in such amounts as the Board determines are appropriate for stream flows or for natural surface water levels or volumes for natural lakes to preserve or improve the natural environment to a reasonable degree.

##### 6b. 120 Day Rule.

At the request of any Person, including any governmental entity, the Board shall determine in a timely manner, not to exceed one hundred twenty days, unless further time is granted by the requesting Person, what terms and conditions the Board will accept in a contract or agreement for the acquisition. The 120-day period begins on the day the Board first considers the proposed contract or agreement at a regularly scheduled or special Board meeting.

##### 6c. Stacking Evaluation.

The Board shall evaluate whether to combine or stack the acquired water right with any other ISF appropriation or acquisition, based upon the extent to which the acquired water will provide flows or lake levels to preserve or improve the natural environment to a reasonable degree.

If the Board elects to combine or stack the acquired water right, the details of how the water rights are to be combined or stacked with other existing ISF appropriations or acquisitions must be set forth in the application for a decree to use the acquired right for instream flow purposes.

##### 6d. Enforcement of Acquisition Agreement.

Pursuant to section 37-92-102(3), C.R.S., any contract or agreement executed between the Board and any Person which provides water, water rights, or interests in water to the Board shall be enforceable by

either party thereto as a water matter in the water court having jurisdiction over the water right according to the terms of the contract or agreement.

**6e. Appropriateness of an Acquisition.**

The Board shall evaluate the appropriateness of any acquisition of water, water rights, or interests in water to preserve or improve the natural environment. Such evaluation shall include, but need not be limited to consideration of the following factors:

- (1) The reach of stream or lake level for which the use of the acquired water is proposed, which may be based upon any one or a combination of the following: the historical location of return flow; the length of the existing instream flow reach, where applicable; whether an existing instream flow water right relies on return flows from the water right proposed for acquisition; the environment to be preserved or improved by the proposed acquisition; or such other factors the Board may identify;
- (2) The natural flow regime;
- (3) Any potential material injury to existing decreed water rights;
- (4) The historical consumptive use and historical return flows of the water right proposed for acquisition that may be available for instream flow use;
- (5) The natural environment that may be preserved or improved by the proposed acquisition, and whether the natural environment will be preserved or improved to a reasonable degree by the water available from the proposed acquisition;
- (6) The location of other water rights on the subject stream(s);
- (7) The effect of the proposed acquisition on any relevant interstate compact issue, including whether the acquisition would assist in meeting or result in the delivery of more water than required under compact obligations;
- (8) The effect of the proposed acquisition on the maximum utilization of the waters of the state;
- (9) Whether the water acquired will be available for subsequent use or reuse downstream;
- (10) The cost to complete the transaction or any other associated costs; and
- (11) The administrability of the acquired water right when used for instream flow purposes.

The Board shall determine how to best utilize the acquired water, water rights or interest in water to preserve or improve the natural environment.

**6f. Factors Related to Loans and Leases.**

In addition to considering the factors listed above, for loans and leases of water, water rights and interests in water for ISF purposes under section 37-92-102(3),

- (1) The Board shall consider the extent to which the leased or loaned water will preserve or improve the natural environment to a reasonable degree, including but not limited to:
  - (a) Whether the amount of water available for acquisition is needed to provide flows to meet a decreed ISF amount in below average years; and



- (b) Whether the amount of water available for acquisition could be used to and would improve the natural environment to a reasonable degree, either alone or in combination with existing decreed ISF water rights.
- (2) In considering the extent to which the leased or loaned water will preserve or improve the natural environment to a reasonable degree, the Board will request and review a biological analysis from Colorado Parks and Wildlife (CPW), and will review any other biological or scientific evidence presented to the Board.
- (3) If other sources of water are available for acquisition on the subject stream reach(es) by purchase or donation, the Board shall fully consider each proposed acquisition and give preference first to the donation and then to a reasonable acquisition by purchase.
- (4) The Board shall obtain confirmation from the Division Engineer that the proposed lease or loan is administrable and is capable of meeting all applicable statutory requirements.
- (5) The Board shall determine, through negotiation and discussion with the lessor, the amount of compensation to be paid to the lessor of the water based, in part, upon the anticipated use of the water during and after the term of the lease.
- (6) The Board shall consider evidence of water availability based upon the historical record(s) of diversion, the beneficial use of the subject water right, the location and timing of where return flows have historically returned to the stream, and the reason(s) the water is available for lease or loan.

**6g. Recording Requirements.**

- (1) All contracts or agreements for leases or loans of water, water rights or interests in water under section 37-92-102(3) shall require the Board to:
  - (a) Maintain records of how much water the Board uses under the contract or agreement each year it is in effect; and
  - (b) Install any measuring device(s) deemed necessary by the Division Engineer (1) to administer the lease or loan of water, (2) to measure and record how much water flows out of the reach after use by the Board under the lease or loan; and (3) to meet any other applicable statutory requirements.
- (2) All contracts or agreements for leases or loans of water shall provide for the recording of the actual amount of water legally available and capable of being diverted under the leased or loaned water right during the term of the lease or loan, with such records provided to the Division of Water Resources for review and publication.

**6h. Water Reuse.**

All contracts or agreements for the acquisition of water, water rights or interests in water under section 37-92-102(3) shall provide that the Board or the seller, lessor, lender or donor of the water may bring about beneficial use of the historical consumptive use of the acquired water right downstream of the ISF reach as fully consumable reusable water, pursuant to the water court decree authorizing the Board to use the acquired water.

- (1) The bringing about of beneficial use of the historical consumptive use of the water may be achieved by direct use, sale, lease, loan or other contractual arrangement by the Board or the seller, lessor, lender or donor.

- (2) The contract or agreement also shall provide that the Division Engineer must be notified of any agreement for such beneficial use downstream of the ISF reach prior to the use.
- (3) Prior to any beneficial use by the Board of the historical consumptive use of the acquired water right downstream of the ISF reach, the Board shall find that such use:
  - (a) Will be consistent with the Board's statutory authority and with duly adopted Board policies and objectives; and
  - (b) Will not injure vested water rights or decreed conditional water rights.

**6i. Applications for a Decreed Right to Use Water for ISF Purposes.**

The Board shall file a change of water right application or other applications as needed or required with the water court to obtain a decreed right to use water for ISF purposes under all contracts or agreements for acquisitions of water, water rights or interests in water under section 37-92-102(3), including leases and loans of water. The Board shall file a joint application with the Person from whom the Board has acquired the water or a Person who has facilitated the acquisition, if requested by such Person. The Water Court shall determine matters that are within the scope of section 37-92-305, C.R.S. In a change of water right proceeding, the Board shall request the Water Court to:

- (1) Verify the quantification of the historical consumptive use of the acquired water right;
- (2) Verify the identification, quantification and location of return flows to ensure that no injury will result to vested water rights and decreed conditional water rights;
- (3) Include terms and conditions providing that:
  - (a) The Board or the seller, lessor, lender, or donor of the water may bring about the beneficial use of the historical consumptive use of the changed water right downstream of the ISF reach as fully consumable reusable water, subject to such terms and conditions as the water court deems necessary to prevent injury to vested water rights and decreed conditional water rights; and
  - (b) When the Board has not identified such downstream beneficial use at the time of the change of water right, the Board may amend the subject change decree, if required by the Division Engineer, to add such beneficial use(s) of the historical consumptive use downstream of the ISF reach at the time the Board is able to bring about such use or reuse, without requiring requantification of the original historical consumptive use calculation; and
- (4) Decree the method by which the historical consumptive use should be quantified and credited during the term of the agreement for the lease or loan of the water right pursuant to section 37-92-102(3), C.R.S.

**6j. Limitation on Acquisitions.**

The Board may not accept a donation of water rights that were acquired by condemnation, or that would require the removal of existing infrastructure without approval of the current owner of such infrastructure.

**6k. Temporary (Expedited and Renewable) Loans of Water to the Board.**

Section 37-83-105, C.R.S., authorizes the Board to accept and exercise two types of temporary loans of water for ISF use: (1) expedited loans; and (2) renewable loans. Expedited loans have a term of up to one year and may be used to preserve the natural environment to a reasonable degree on a decreed

instream flow reach. Renewable loans, which can be used to preserve or improve the natural environment on a decreed instream flow reach, may be exercised for up to five years in a ten-year period and for no more than three consecutive years, and may be renewed for up to two additional ten-year periods. In the case of loans made pursuant to Section 37-83-105(1)(c), C.R.S., an owner of a decreed storage water right may loan water to the CWCB to preserve or improve the natural environment to a reasonable degree for stream reaches in which the Board does not hold a decreed instream flow water right. The Board may exercise both expedited and renewable temporary loans of water for instream flow use for a period not to exceed 120 days in a single calendar year, in accordance with the procedures and subject to the limitations set forth in section 37-83-105, C.R.S. The owner of a decreed water right who has offered water to the Board for an expedited or renewable loan is referred to herein as an “applicant.”

(1) Expedited Loans.

- (a) An expedited loan approved to preserve the natural environment to a reasonable degree has a term of up to one year, with instream flow use not to exceed 120 days in a single calendar year. The loan period begins when the State Engineer approves the expedited loan. If an expedited loan is approved, the applicant may not reapply for an additional expedited loan of the subject water right.
- (b) Within five working days after receiving an offer of an expedited loan of water to the Board for temporary instream flow use, the Director will provide a response to the applicant. If the proposed loan appears to be appropriate for instream flow use, staff will coordinate with the applicant to:
  - i. prepare and submit the necessary documentation to the State Engineer required by sections 37-83-105(2)(a)(I) and (2)(b)(I), C.R.S., In the case of loans made pursuant to Section 37-83-105(1)(c), C.R.S., such documentation shall include an analysis of historical releases of the loaned water right for its decreed beneficial uses;
  - ii. provide the written notice required by section 37-83-105(2)(b)(II), C.R.S., and access to all documentation provided to the State Engineer under Rule 6k.(1)(b)i, to: (1) all parties on the substitute water supply plan notification list established pursuant to section 37-92-308(6), C.R.S., for the water division in which the proposed loan is located; and (2) a registered agent of a ditch company, irrigation district, water users' association, or other water supply or delivery entity within whose system the water rights fall; and
  - iii. provide notice to all Persons on the ISF Subscription Mailing List for the relevant water division.
- (c) Provided that the State Engineer has made a determination of no injury pursuant to section 37-83-105(2)(a)(III), C.R.S., the Board hereby delegates authority to the CWCB Director to accept expedited loans of water for instream flow use in accordance with the procedures and subject to the limitations set forth in section 37-83-105, C.R.S., to execute an agreement for the loan of the water, and to take any administrative action necessary to put the loaned water to instream flow use. The purpose of this delegation is to expedite the Board's exercise of a temporary loan of water for instream flow use under this Rule 6k.(1).
- (d) The CWCB's use of loaned water for instream flows shall not exceed the CWCB's decreed instream flow rate(s), time period(s), and reach(es) at any time during the expedited loan term. For any expedited loan, the CWCB ~~and~~ shall comply with any terms and conditions imposed by the State Engineer to prevent injury. In addition, for loans made pursuant to Section 37-83-105(1)(c), C.R.S., of stored water for use in stream

reaches in which the Board does not hold a decreed instream flow water right, the Board will:

- i. request and review a biological analysis from CPW concerning the extent to which the proposed loan will preserve or improve the natural environment to a reasonable degree, and review any other biological or scientific evidence presented to the Board; and
    - ii. make findings on flow rate(s), time period(s), and reach(es) of stream appropriate to preserve or improve the natural environment to a reasonable degree with the loaned water.
  - (e) At the first regular or special Board meeting after the Director accepts, or rejects over applicant's objection, an offer of an expedited loan of water to the Board for temporary instream flow use under (b) and (c) above, the Board shall vote either to ratify or overturn the Director's decision.
  - (f) The Board, Director and staff will expedite all actions necessary to implement Rule 6k.(1).
- (2) Renewable Loans.
- (a) A renewable loan approved to preserve or improve the natural environment must not be exercised for more than five years in a ten-year period and for no more than three consecutive years, for which only a single approval by the State Engineer is required. Instream flow use may not exceed 120 days in a single calendar year. The ten-year period begins when the State Engineer approves the loan. If an applicant for a renewable loan has previously been approved for and has exercised an expedited loan using the same water right(s) that are the subject of the pending application, the one-year loan period of the expedited loan counts as the first year of the five-year allowance for the subsequent renewable loan.
  - (b) The Board will use a two-Board meeting process to review, consider public comment, and direct Staff whether to move forward with proposed renewable loans of water for instream flow use to preserve or improve the natural environment to a reasonable degree.
  - (c) Any Person may request the Board to hold a hearing on a proposed renewable loan. Such a request must be submitted to the Board in writing within twenty days after the first Board meeting at which the Board considers the proposed renewable loan, and must include a brief statement, with as much specificity as possible, of why a hearing is being requested. The Board shall conduct all hearings on renewable loans pursuant to Rule 6m.(5).
  - (d) For renewable loans to improve the natural environment to a reasonable degree, or loans to preserve or improve the natural environment to a reasonable degree made pursuant to Section 37-83-105(1)(c), C.R.S., of stored water for use in stream reaches in which the Board does not hold a decreed instream flow water right, the Board will:
    - i. request and review a biological analysis from CPW concerning the extent to which the proposed loan will improve the natural environment to a reasonable degree, or loans to preserve or improve the natural environment to a reasonable degree made pursuant to Section 37-83-105(1)(c), C.R.S., and review any other biological or scientific evidence presented to the Board;

- ii. make findings on flow rates appropriate to improve the natural environment to a reasonable degree, and for loans made pursuant to Section 37-83-105(1)(c), C.R.S., make findings on the flow rate(s), time period(s), and reach(es) of stream to preserve or improve the natural environment to a reasonable degree with the loaned water; and
  - iii. for loans made pursuant to Section 37-83-105(1)(b), C.R.S., give preference to loans of stored water, when made available, over loans of direct flow water.
- (e) When evaluating a proposed renewable loan, the Board shall consider any potential injury to decreed water rights, decreed exchanges of water, or other water users' undeclared existing exchanges of water to the extent that the undeclared existing exchanges have been administratively approved before the date of the Board's consideration.
- (f) If the Board directs Staff to move forward with a proposed renewable loan, staff will coordinate with the applicant to:
  - i. prepare and submit the necessary documentation to the State Engineer required by sections 37-83-105(2)(a)(I) and (2)(b)(I), C.R.S. In the case of loans made pursuant to Section 37-83-105(1)(c), C.R.S., such documentation shall include an analysis of historical releases of the loaned water right for its decreed beneficial uses;
  - ii. provide the written notice required by section 37-83-105(2)(b)(II), C.R.S., and access to all documentation provided to the State Engineer under Rule 6k.(2)(f)i, to: (1) all parties on the substitute water supply plan notification list established pursuant to section 37-92-308(6), C.R.S., for the water division in which the proposed loan is located; and (2) a registered agent of a ditch company, irrigation district, water users' association, or other water supply or delivery entity within whose system the water rights fall;
  - iii. provide notice to all Persons on the ISF Subscription Mailing List for the relevant water division; and
  - iv. make best efforts to publish notice of the proposed plan in an appropriate legal newspaper of general circulation in each county in which the loan will be implemented and from which the loaned water has been historically used.
- (g) Board direction to Staff to move forward with a proposed renewable loan will include authorizing Staff to execute an agreement for the loan of water and to take any administrative action necessary to put the loaned water to instream flow use, provided that the State Engineer determines that no injury will result from the proposed loan.
- (h) The CWCB's instream flow use of loaned water shall not extend beyond the CWCB's decreed instream flow reach(es), or in the case of loans made pursuant to Section 37-83-105(1)(c), C.R.S., of stored water, such rate(s), time period(s), and reach(es) as determined by the Board to be necessary to preserve or improve the natural environment to a reasonable degree, at any time during the renewable loan term, and shall comply with any terms and conditions imposed by the State Engineer to prevent injury.
- (i) In each year that a renewable loan is exercised, the applicant, coordinating with Staff if necessary, shall provide the written notice described in section 37-83-105(2)(b)(II), C.R.S.

- (j) The applicant may reapply for a renewable loan, and the State Engineer may approve such loan for up to two additional ten-year periods. Prior to any such reapplication, at a properly noticed public meeting, Staff will inform the Board about the exercise of the loan during the previous ten-year period and request approval for the loan to continue for the additional ten-year period. The Board shall consider any public comment and objections to the renewal provided at the public meeting. If the Board authorizes renewal of the loan, staff will coordinate with the applicant to: (1) prepare and submit the necessary documentation to the State Engineer required by sections 37-83-105(2)(a)(I) and (2)(b)(I), C.R.S.; and (2) provide the written notice required by section 37-83-105(2)(b)(II), C.R.S.
- (3) Water rights loaned to the Board pursuant to expedited or renewable loans are not precluded from concurrent or subsequent inclusion in other programs, such as water conservation, demand management, compact compliance, or water banking programs or plans, as are or may be subsequently defined or described in statute. The applicant will inform the Board of inclusion of the loaned water right in any such program during the loan period.

**6l. Funds for Water Right Acquisitions.**

The Board may use any funds available to it for costs of the acquisition of water rights and their conversion to ISF use. The Board shall spend available funds for such costs in accordance with section 37-60-123.7, C.R.S. and any other applicable statutory authority, and with applicable Board policies and procedures.

**6m. Public Input on Proposed Acquisitions.**

The Board shall follow the public review process in Rules 11a. - 11c. when acquiring water, water rights or interests in water, except for expedited and renewable temporary loans or leases as provided in Rule 6k. above and except as provided below.

- (1) Prior to Board consideration of any proposed acquisition, Staff shall mail notice of the proposed acquisition to all Persons on the ISF Subscription Mailing List and the State Engineer's Substitute Supply Plan Notification List for the relevant water division, and shall provide Proper Notice. Such notice shall include:
  - (a) The case number adjudicating the water right proposed to be acquired, and the appropriation date, adjudication date, priority, decreed use(s), and flow amount of the water right proposed to be acquired, and approximately how much of the water right the Board will consider acquiring;
  - (b) The location of the stream reach or lake that is the subject of the proposal, including, when available, the specific length of stream reach to benefit from the proposed acquisition;
  - (c) Any available information on the purpose of the acquisition, including the degree of preservation or improvement of the natural environment to be achieved;
  - (d) Any available scientific data specifically supporting the position that the acquisition will achieve the goal of preserving or improving the natural environment to a reasonable degree; and
  - (e) In addition to (a) - (d) above, for leases and loans of water, water rights or interests in water under section 37-92-102(3), C.R.S., such notice shall include the proposed term of the lease or loan and the proposed season of use of the water under the lease or loan.

- (2) At every regularly scheduled Board meeting subsequent to the mailing of notice, and prior to final Board action, Staff will report on the status of the proposed acquisition and time will be reserved for public comment.
- (3) Any Person may address the Board regarding the proposed acquisition prior to final Board action. Staff shall provide any written comments it receives regarding the proposed acquisition directly to the Board.
- (4) Any Person may request the Board to hold a hearing on a proposed acquisition. Such a request must be submitted to the Board in writing within twenty days after the first Board meeting at which the Board considers the proposed acquisition, and must include a brief statement, with as much specificity as possible, of why a hearing is being requested.
- (5) At its next regularly scheduled meeting after receipt of the request for a hearing, or at a special meeting, the Board will consider the request and may, in its sole discretion, grant or deny such a request. All hearings scheduled by the Board shall be governed by the following procedures:
  - (a) A hearing on a proposed acquisition, except for renewable loans, must be held within the 120 day period allowed for Board consideration of an acquisition pursuant to Rule 6b., unless the Person requesting the Board to consider the proposed acquisition agrees to an extension of time.
  - (b) The Board shall appoint a Hearing Officer to establish the procedures by which evidence will be offered.
  - (c) For hearings on acquisitions other than renewable loans, at least thirty days prior to the hearing date(s), the Board shall provide written notice of the hearing(s) to the Person proposing the acquisition, all interested parties known to the Board, and all Persons on the ISF Subscription Mailing List and the State Engineer's Substitute Supply Plan Notification List for the relevant water division. The Board also shall provide Proper Notice, as defined in ISF Rule 4n.
  - (d) For hearings on renewable loans, at least thirty days prior to the hearing date, the Board shall provide written notice of the hearing to the owner of the water right to be loaned and to: (1) all parties on the substitute water supply plan notification list established pursuant to section 37-92-308(6), C.R.S., for the water division in which the proposed loan is located; (2) a registered agent of a ditch company, irrigation district, water users' association, or other water supply or delivery entity within whose system the water rights fall; and (3) provide notice to all Persons on the ISF Subscription Mailing List for the relevant water division. Such notice shall include the process and deadlines for participating in the hearing.
  - (e) Any Person who desires party status shall become a Party upon submission of a written Notice of Party Status to the Board Office. The Notice shall include the name and mailing address of the Person and a brief statement of the reasons the Person desires party status. The Board Office must receive Notice of Party Status within seven days after notice of the hearing is issued.
  - (f) The Hearing Officer shall set timelines and deadlines for all written submissions. Prehearing statements will be required, and shall include, but not be limited to, the following: 1) a list of all disputed factual and legal issues; 2) the position of the Party regarding the factual and legal issues; 3) a list identifying all of the witnesses that will testify for the Party, and a summary of the testimony that those witnesses will provide; and 4) copies of all exhibits that the Party will introduce at the hearing(s).

- (g) Any Party may present testimony or offer evidence identified in its prehearing statement regarding the proposed acquisition.
- (h) The Hearing Officer shall determine the order of testimony for the hearing(s), and shall decide other procedural matters related to the hearing(s). The Hearing Officer does not have authority to rule on substantive issues, which authority rests solely with the Board.
- (i) The Board will not apply the Colorado Rules of Evidence at hearings on proposed acquisitions.
- (j) The Board may permit general comments from any Person who is not a Party; however, the Board may limit these public comments to five minutes per Person.
- (k) The Board may take final action at the hearing(s) or continue the hearing and/or deliberations to a date certain.
- (l) Board hearings may be recorded by a reporter or by an electronic recording device. Any Party requesting a transcription of the hearing(s) shall be responsible for the cost of the transcription.
- (m) When necessary, the Board may modify this hearing procedure schedule or any part thereof as it deems appropriate.

**6n. Board Action to Acquire Water, Water Rights or Interests in Water.**

The Board shall consider the acquisition during any regular or special meeting of the Board. At the Board meeting, the Board shall consider all presentations or comments of Staff or any other Person. After such consideration, the Board may acquire, acquire with limitations, or reject the proposed acquisition.



## **NOTICE OF PROPOSED RULEMAKING HEARING BEFORE THE COLORADO WATER CONSERVATION BOARD**

### **I. NATURE OF PROPOSED RULEMAKING HEARING**

Pursuant to section 24-4-103, C.R.S., this is a Notice of Proposed Rulemaking Hearing before the Colorado Water Conservation Board (“Board”) for consideration of amendments to the Board’s Rules Concerning the Colorado Instream Flow and Natural Lake Level Program, 2 CCR 408-2 (“ISF Rules”). The amendments affect Rule 6k (Temporary Loans of Water to the Board).

The Board is amending Rule 6k of the ISF Rules to address the requirements of Section 2 of Senate Bill 24-197.

### **II. DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED**

SB 24-197 amends section 37-83-105, C.R.S., which governs temporary loans of water for instream flow (“ISF”) use, which allows temporary loans of stored water to CWCB for use in stream reaches where CWCB does not hold a decreed ISF water right. SB 24-197 also directs the Board to promulgate rules to implement certain provisions of the bill, as needed.

Board Staff (“Staff”) drafted proposed changes to the ISF Rules, solicited written comments from interested parties, and held public (a.k.a. stakeholder) meetings on December 17, 2024 and January 29, 2025, to allow interested parties to provide input on the proposed changes. At its March 19-20, 2025 meeting, the Board appointed a hearing officer and authorized Staff and the Hearing Officer to proceed with the formal rulemaking process. The formal rulemaking process is initiated by filing a notice of rulemaking hearing with the Secretary of State and publication in the Colorado Register.

Staff will retain a record of the rulemaking pursuant to section 24-4-103(8.1), C.R.S. The initial proposed rule amendments submitted to the Secretary of State are available on the Board’s website.

The proposed revisions amend ISF Rule 6k. to implement SB 24-197, and include:

- A. Revisions to the descriptions of expedited and renewable loans; and
- B. Revisions to the procedure for evaluating, requesting approval, and making findings for both types of loans when the loan involves the new law regarding stored water releases for use in a stream reach, in which the board does not hold a decreed instream flow water right.

The language of the proposed amendments to the ISF Rules, and a proposed statement of basis and purpose and specific statutory authority for the amendments, are available on the Board’s website at <https://cwcb.colorado.gov>, and are available upon request of Staff. Please contact Kaylea White at (720) 854-3240 or at [kaylea.white@state.co.us](mailto:kaylea.white@state.co.us) for further information.

### III. SPECIFIC STATUTORY AUTHORITY

The statutory authority for promulgating the ISF Rules and any amendments thereto is found at section 37-60-108 and 37-83-105(3), C.R.S. The Board's authority for the Colorado Instream Flow and Natural Lake Level Program is found at section 37-92-102(3), C.R.S.

SB 24-197 revised section 37-83-105, C.R.S., pertaining to temporary loans of water to the Board for ISF use, and directed the Board to promulgate rules to implement certain provisions of the bill.

### IV. PARTY STATUS

The Notice of Rulemaking Hearing will be published in the Colorado Register on April 10, 2025. Applications for party status will be accepted through May 1, 2025. Applications for party status should be submitted to the Board's Hearing Officer, Jackie Calicchio, by email to [jackie.calicchio@coag.gov](mailto:jackie.calicchio@coag.gov). Applications for party status shall include: (1) the name of the person, persons or entity seeking party status; (2) a contact person, if different from IV.(1); (3) the appropriate mailing address, phone number, and email address for the contact person listed in IV.(2); (4) the interest of the person(s) or entity in the proposed amendments to the ISF Rules; and (5) a description of the general nature of the evidence or information to be presented in the course of the proceedings. Staff is automatically a party to the rulemaking proceeding and need not file an application for party status.

### V. PRE-HEARING CONFERENCE

Prior to the rulemaking hearing, the Hearing Officer will hold a pre-hearing conference. After May 1, 2025, when all party status applications have been received, the Hearing Officer will issue an order notifying all parties of the final date, time, and location or call-in information for the first pre-hearing conference. The order will also provide any other deadlines and procedures that are appropriate at the time. Participation in the pre-hearing conference may be available by telephone or video conference at the Hearing Officer's discretion; participation will likely only be available by remote participation.

Each applicant for party status must submit a pre-hearing statement in order to participate in the pre-hearing conference.

### VI. RULEMAKING HEARING

#### Date, Time, and Location

DATE: July 16-17, 2025 at the regularly scheduled CWCB Board meeting

TIME: 9:00 am (or as otherwise directed by the Hearing Officer)

LOCATION: At the regularly scheduled CWCB Board meeting in Salida, Colorado (specific location to be announced) in person and via video conference, with specific location and

participation information to be available at a later date on the Board's website at <https://cwebb.colorado.gov>.

### Procedures

The role of the Board's Hearing Officer is to provide orderly procedures for the rulemaking; ruling on substantive issues is a Board responsibility. The Hearing Officer will issue orders designed to streamline and clarify processes consistent with this Notice of Proposed Rulemaking and as permitted by law.

The Board may ask questions of any person appearing before it.

The Board will consider alternative proposals related to the proposed amendments, subject to the procedures established by the Hearing Officer.

The Board may modify the proposed amendments to the ISF Rules from those published in the Colorado Register.

After the conclusion of the rulemaking hearing and after consideration of the relevant matters presented, the Board, through its Hearing Officer, will render its decision to the parties to the hearing.

### Hearing Participation

At the hearing, parties shall be afforded the opportunity to submit written data, views, or arguments, and to present the same orally, unless the Board deems it unnecessary. The submittal of such material and summations, either in writing or orally, shall be as directed by the Hearing Officer or the Board.

If alternative amendments to the proposed amendments to the ISF Rules are requested by a party, the Board encourages those amendments to be included in the written materials, along with a proposed statement of basis and purpose of the alternative amendments.

Once any written material is submitted, the material becomes part of the administrative rulemaking record and the property of the Board and will not be returned to the person(s) or entity submitting the material.

The Hearing Officer will decide the timing and order of oral presentations by the parties, if any. Any person who is not a party to the hearing but wishes to provide comment may do so in writing prior to the date of the hearing. The Board strongly encourages all interested persons to submit comments in writing; however, a short period of time at the rulemaking hearing (a total of 30 minutes or less) will be reserved for oral comments by interested persons who do not have party status.

## VII. ADOPTION OF THE ISF RULES

The Board will consider all information presented at the hearing.

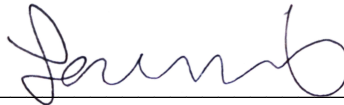
The Board may modify the proposed amendments to the ISF Rules in adopting amendments to the ISF Rules.

The final amended ISF Rules, as adopted by the Board, shall become effective no sooner than twenty (20) days after publication in the Colorado Register.

## VIII. ADMINISTRATIVE RULEMAKING RECORD

The Administrative Rulemaking Record, including the proposed ISF Rule amendments, submitted applications for party status, pre-hearing statements, and all other written materials to be considered by the Board in this rulemaking, will be available following the conclusion of these proceedings on the Board's website at <https://cwcb.colorado.gov>, upon request to [kimberly.ricotta@state.co.us](mailto:kimberly.ricotta@state.co.us), and at the Board's office at 1313 Sherman Street, Room 718, Denver, CO 80203.

DATED this 21st day of March, 2025.



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Lauren Ris  
Director  
Colorado Water Conservation Board  
1313 Sherman Street, Rm. 718  
Denver, CO 80203

# Notice of Proposed Rulemaking

**Tracking number**

2025-00142

**Department**

500,1008,2500 - Department of Human Services

**Agency**

502 - Behavioral Health

**CCR number**

2 CCR 502-1

**Rule title**

BEHAVIORAL HEALTH

## Rulemaking Hearing

**Date**

05/09/2025

**Time**

08:30 AM

**Location**

1575 Sherman Street, Denver, CO 80203

**Subjects and issues involved**

In April 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) published revisions to Part 8 of Title 42 of the Code of Federal Regulations (CFR) which includes regulations that guide opioid treatment programs (OTPs). The revisions were designed to increase access to life-saving, evidenced-based medications for opioid use disorder (MOUD) and to improve quality of and retention in care. OTPs were required to comply with the rule changes by October 2, 2024, and states are required to update their rules to support implementation. Colorado's Controlled Substance Licensing Rules, which regulate OTPs, are located at 2 CCR 502-1, Chapter 13, and the proposed revisions herein seek to align with SAMSHA's rule revisions and advance care for this population by removing stigmatizing or outdated language, promoting practitioner autonomy and a patient-centered approach, and reducing barriers to care. In addition to updates to Chapter 13, minor updates in other areas of the rule volume are proposed. The purpose of the proposed changes are to align with recent federal changes, to align with state statutes and partner agencies, to reduce licensee applicant burden within the Safety Net system, and to align the remaining legacy chapters with the current rule formatting. These changes are found in chapters 1, 11, 12, and 14.

**Statutory authority**

26-1-107, C.R.S.; 26-1-109, C.R.S.; 26-1-111, C.R.S.; 18-18-301, C.R.S.; 27-80-108 C.R.S.; 27-50-107 C.R.S.

**Contact information****Name**

Thom Miller

**Title**

Division Director, Quality and Standards

**Telephone**

720-830-7484

**Email**

ThomasL.Miller@state.co.us

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<b>CDHS Tracking #:</b>	23-01-26-01	
Office, Division, & Program:	Rule Author:	Phone: 720-830-7484
BHA, Quality and Standards Division, Licensing and Designation	Thom Miller	E-Mail: ThomasL.Miller@state.co.us

### RULEMAKING PACKET

**Type of Rule:** *(complete a and b, below)*

a. ☒ Board ☐ Executive Director

b. ☒ Regular ☐ Emergency

**This package is submitted to State Board Administration as:** *(check all that apply)*

<input checked="" type="checkbox"/> AG Initial Review	<input type="checkbox"/>	<input type="checkbox"/> Initial Board Reading	<input type="checkbox"/>	<input type="checkbox"/> AG 2 <sup>nd</sup> Review	<input type="checkbox"/>	<input type="checkbox"/> Second Board Reading / Adoption
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This package contains the following types of rules: *(check all that apply)*

Number	
<input checked="" type="checkbox"/>	Amended Rules
<input type="checkbox"/>	New Rules
<input type="checkbox"/>	Repealed Rules
<input type="checkbox"/>	Reviewed Rules

What month is being requested for this rule to first go before the State Board?	May 2025
What date is being requested for this rule to be effective?	July 30, 2025
Is this date legislatively required?	No

I hereby certify that I am aware of this rule-making and that any necessary consultation with the Executive Director's Office, Budget and Policy Unit, and Office of Information Technology has occurred.

**Office Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### REVIEW TO BE COMPLETED BY STATE BOARD ADMINISTRATION

Comments:

Estimated Dates:	1st Board    May 2025	2nd Board    June 2025	Effective Date    July 30, 2025

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### STATEMENT OF BASIS AND PURPOSE

#### Summary of the basis and purpose for new rule or rule change.

Explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule. **1500**

#### **Char max**

In April 2024, the Substance Abuse and Mental Health Services Administration (SAMHSA) published revisions to Part 8 of Title 42 of the Code of Federal Regulations (CFR) which includes regulations that guide opioid treatment programs (OTPs). The revisions were designed to increase access to life-saving, evidenced-based medications for opioid use disorder (MOUD) and to improve quality of and retention in care. OTPs were required to comply with the rule changes by October 2, 2024, and states are required to update their rules to support implementation.

Colorado's Controlled Substance Licensing Rules, which regulate OTPs, are located at 2 CCR 502-1, Chapter 13, and the proposed revisions herein seek to align with SAMSHA's rule revisions and advance care for this population by removing stigmatizing or outdated language, promoting practitioner autonomy and a patient-centered approach, and reducing barriers to care.

In addition to updates to Chapter 13, minor updates in other areas of the rule volume are proposed. The purpose of the proposed changes are to align with recent federal changes, to align with state statutes and partner agencies, to reduce licensee applicant burden within the Safety Net system, and to align the remaining legacy chapters with the current rule formatting. These changes are found in chapters 1, 11, 12, and 14.

An emergency rule-making (which waives the initial Administrative Procedure Act noticing requirements) is necessary:

☐

to comply with state/federal law and/or

☐

to preserve public health, safety and welfare

Justification for emergency:

#### State Board Authority for Rule:

Code	Description
26-1-107, C.R.S. (2022)	State Board to promulgate rules
26-1-109, C.R.S. (2022)	State department rules to coordinate with federal programs
26-1-111, C.R.S. (2022)	State department to promulgate rules for public assistance and welfare activities.

**Program Authority for Rule:** Give federal and/or state citations and a summary of the language authorizing the rule-making function AND authority.

Code	Description
18-18-301, C.R.S. (2022)	The board or department may adopt rules and charge reasonable fees relating to the registration and control of the manufacture, distribution, and dispensing of controlled substances within this state.
27-80-108 C.R.S. (2020)	The state board to promulgate rules.

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27-50-107 C.R.S. (2022)	State Board to promulgate rules including but not limited to: rules to carry out a behavioral health program, conditions that may be imposed upon BHE for licensure, conditions that may be imposed on a behavioral health program to receive public funds, and standards for addiction counselors.

Does the rule incorporate material by reference?	X	Yes			No
Does this rule repeat language found in statute?		Yes		X	No
If yes, please explain.					



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## REGULATORY ANALYSIS

### 1. List of groups impacted by this rule.

*Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?*

Groups impacted by these rules include: individuals receiving services, individuals with opioid use disorder, behavioral health providers, opioid treatment providers, federal agencies including the US Drug Enforcement Administration, and SAMHSA; and other state agencies including Department of Health Care Policy and Financing (HCPF), Department of Fire Prevention and Control, Department of Corrections; Commission on Accreditation of Rehabilitation Facilities, The Joint Commission, and the National Commission on Correctional Health Care.

### 2. Describe the qualitative and quantitative impact.

*How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?*

This proposed rule change supports an increase in flexibility of opioid treatment program (OTP) service delivery and OTP medical provider autonomy, including removal of time-in-treatment requirements previously associated with take-home medication allowance, ability for providers to utilize both tele-medicine and external-to-OTP providers to perform medical evaluations, and broader considerations for treatment admission including the removal of the one year of opioid use disorder requirement in order to qualify for service. Individuals who receive services will benefit from this rule change as they will have increased access to care, care that is tailored to their needs, and services that are person-first.

This rule change introduces new or increased policy and protocol requirements. These elements include the care of pregnant or postpartum individuals seeking or currently enrolled in OTP care, counseling services associated with OTP care, as well as enhanced medication diversion prevention and treatment retention efforts.

Providers will be subject to changing requirements in order to improve quality of care. Providers, in general, will be required to adjust their treatment policies, personnel training, and other operating practices in order to align with both federal and state rule changes that require care to be more individualized and accessible. OTP providers will benefit from increased autonomy and flexibility to deliver services in accordance with their standards of care and business models. Safety Net providers will benefit from better alignment with state partners and reduced applicant burden for our Essential Safety Net only applicants.

It should be noted that the majority of these proposed changes to state OTP and controlled substance licensing rules have been permitted in OTPs operating in Colorado over the past four years, tied to federal and state temporary allowances in order to alleviate COVID-19 exposure risk during the pandemic.

While majority of the changes proposed in this rule packet relate to Chapter 13 Controlled Substance Services, the additional changes proposed will impact access to services throughout Colorado by decreasing applicant/provider burden for those that do not meet the requirements as a Behavioral Health Entity to apply as an Essential Safety Net provider. This rule change also aligns federal language and state partner funding requirements, increasing access and clarity on funding mechanisms for providers. In addition to reducing applicant burden and increasing access to the Safety Net system, this rule change decreases provider burden by clarifying terms and requirements that providers have identified as burdensome. The BHA is working on additional changes that will align with federal changes to standards of substance use disorder treatment care that will be presented for the State Board of Human Services' review Fall 2025.

### 3. Fiscal Impact

*For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without*

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receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources. **Answer should NEVER be just “no impact” answer should include “no impact because....”**

State Fiscal Impact (Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change)

These rule changes are expected to improve and increase individuals' access to services and, as a result, more services may be billed to Medicaid as Essential Safety Net and OTP medicaid-member enrollment increases, impacting HCPF and Regional Accountable Entities. Indigent member enrollment is expected to increase, impacting Managed Service Organizations and the Behavioral Health Administration.

County Fiscal Impact

There is no county fiscal impact because these rules are not expected to impact counties or county programs.

Federal Fiscal Impact

These rule changes are expected to improve and increase individuals' access to services and, as a result, more services may be billed to Medicare.

Other Fiscal Impact (such as providers, local governments, etc.)

These rules do not require Medication Units, as defined in the ruleset, to be separately licensed or pay additional licensing fees. This offers OTPs the opportunity to expand their services without incurring state licensing fees.

#### 4. Data Description

List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?

42 CFR Part 8 2024 Revision contains the majority of medical and clinical research utilized in this review process: <https://public-inspection.federalregister.gov/2024-01693.pdf>

Colorado House Bill 24-1471 for proposed changes to Chapter 11.

Additional sources include:

Arden Harris, Rebecca. Methadone Take-Home Policies and Associated Mortality: Permitting Versus Non-Permitting States. Washington DC, Sage Journals, 2024

Bortz, Cole; Armistead, Isaac; Bonaguidi, Angela; Coyle, D. Tyler. Critical Incidents in Colorado's Opioid Treatment Programs: A Comparison of the COVID-19 Pandemic to Previous Years. New York: Journal of Substance Use and Addiction Treatment, 2024.

Cotton, Ann; Shipley, Leandra; Glynn, Lisa; Tracy, Josie; Saxon, Andrew. Methadone “Callbacks” within a Veterans Affairs Opioid Treatment Program: Detecting Methadone Misuse: Medford, The American Journal on Addictions, 2016

#### 5. Alternatives to this Rule-making

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*Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative. Answer should NEVER be just “no alternative” answer should include “no alternative because...”*

There are no alternatives to these rule updates. OTPs are regulated at the federal level and state regulations must align with federal regulations in order to ensure that Colorado's OTPs are operating legally. Given the October 2024 effective date of federal rule revisions, Colorado rule must be amended to align with these changes. The additional changes must also be made for federal and state alignment.

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### **OVERVIEW OF PROPOSED RULE**

Compare and/or contrast the content of the current regulation and the proposed change.

Current Rule section Number	New Rule section Number	Issue	Old Language	New Language or Response	Reason / Example / Best Practice	Public Comment No / Detail
1.2	1.2	Amend language	“Two (2) Generational Approach” means focusing on both children and parents’ and/or legal guardians’ needs at the same time. This approach focuses on breaking down barriers by strengthening education, economic supports, social capital and health and well-being. The core principles of the Two Generational Approach are: A. Measure and account for outcomes for both children and their parents and/or legal guardians; B. Engage and listen to the voices of families; C. Foster innovation and evidence together; D. Align and link systems and funding streams; and E. Ensure equity.	“Two (2) Generational Approach” means focusing on both children and parents’ and/or legal guardians’ needs at the same time. This approach focuses on breaking down barriers by strengthening education, economic supports, social capital and health and well-being. The core principles of the Two Generational Approach are: A. Measure and account for outcomes for both children and their parents and/or legal guardians; B. Engage and listen to the voices of families; C. Foster innovation and evidence together; D. Align and link systems and funding streams; and E. Ensure equity <b>ACCESS</b> .	Changes to Part E of definition were made to not impede federal funding for providers	No

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1.3	1.3	Amend language	“Licensee” means a psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S.	“Licensee” means a <b>AN AUTHORIZED PRACTITIONER</b> , psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S.	Added language to clarify “Licensee” personnel	Provider feedback identified this as an unintended administrative burden to rule on documentation completion.
NA	11.3.1.B.2	Add language	NA	<b>LOCATIONS SERVING INDIVIDUALS UNDER CERTIFICATION ON AN OUTPATIENT BASIS PURSUANT TO 27-65-111, C.R.S. MUST ALSO BE DESIGNATED.</b>	Added language to clarify designation requirements	No
11.8.3.B	11.8.3.B	Change citation number	Psychiatric emergency conditions: individuals who are detained pursuant to Sections 27-65-106, -107, -108 [effective July 1, 2024], -109, or -110, C.R.S., and refuse psychiatric medication may be administered psychiatric medication(s) ordered up to twenty-four (24) hours without consent under a psychiatric emergency	Psychiatric emergency conditions: individuals who are detained pursuant to Sections 27-65-106, -107, -108.5 <del>effective July 1, 2024</del> , -109, or -110, C.R.S., and refuse psychiatric medication may be administered psychiatric medication(s) ordered up to twenty-four (24) hours without consent under a psychiatric emergency condition. The least intrusive means should be used to address the	Change section -108 to -108.5	No

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			condition. The least intrusive means should be used to address the psychiatric emergency.	psychiatric emergency.		
11.8.4.A	11.8.4.A	Change citation number	In non-emergency situations in which an individual who is detained pursuant to Sections 27-65-106, -107, -108 [effective July 1, 2024], -109, -110, or -111 C.R.S., would benefit from the administration of a psychiatric medication, but the individual does not consent, the facility shall petition the court to obtain permission to administer such medication. The following conditions must be documented in the petition:	In non-emergency situations in which an individual who is detained pursuant to Sections 27-65-106, -107, -108.5 <del>effective July 1, 2024</del> , -109, -110, or -111 C.R.S., would benefit from the administration of a psychiatric medication, but the individual does not consent, the facility shall petition the court to obtain permission to administer such medication. The following conditions must be documented in the petition:	Change section -108 to -108.5	No
11.9.6.I	11.9.6.I	Add language	Seclusion rooms must be a minimum of 100 square feet.	Seclusion rooms must be a minimum of 100 square feet <b>UNLESS THE FACILITY IS LICENSED AS A HOSPITAL AND THE SECLUSION ROOM SIZE IS IN COMPLIANCE WITH APPLICABLE CDPHE</b>	Change allows for alternatively licensed locations to have seclusion rules	No

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				<b>REGULATIONS.</b>		
11.10.1.D	11.10.1.D	Update language	No one under the age of sixteen (16) shall undergo electroconvulsive treatment (ECT).	<del>No one under the age of sixteen (16) shall undergo electroconvulsive treatment (ECT).</del> <b>ELECTROCONVULSIVE TREATMENT (ECT) MAY BE PERFORMED ON A MINOR WHO IS SIXTEEN (16) YEARS OF AGE OR OLDER, BUT UNDER EIGHTEEN (18) YEARS OF AGE ONLY IF TWO INDIVIDUALS LICENSED TO PRACTICE MEDICINE IN COLORADO AND SPECIALIZING IN PSYCHIATRY APPROVE THE TREATMENT, AND THE PARENT OR GUARDIAN OF THE MINOR CONSENTS TO TREATMENT.</b>	Change language to support statute change (House Bill 24-1471)	No
NA	11.10.1.D.1	Add language	NA	<b>THE MINOR AGES SIXTEEN (16) TO EIGHTEEN (18) YEARS OF AGE MUST HAVE A DIAGNOSIS CONSISTENT WITH ECT BEST PRACTICES.</b>	Added language to clarify the age range is not limited to a single diagnosis in order to use ECT.	From Children's Hospital: In that same section, Section 11.10.1 Informed Consent for Therapy/Treatment

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						Using Special Procedures of the Provider Rules, we encourage the Administration to clarify that a diagnosis of catatonia is not required for a patient 16 years or older, but under eighteen years of age to receive electroconvulsive treatment (ECT). While a diagnosis of life-threatening malignant catatonia is a requirement for ECT of those under the age of 16, the rules should be explicit that there is not a diagnostic requirement for a minor aged 16 to 18.
NA	11.10.1.E.1-5	Add	NA	ECT MAY BE PERFORMED ON	Add language to match	No



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		language		<p>A MINOR WHO IS FIFTEEN (15) YEARS OF AGE OR YOUNGER WHEN:</p> <ol style="list-style-type: none"> <li>1. TWO INDIVIDUALS LICENSED TO PRACTICE MEDICINE IN COLORADO, AND SPECIALIZING IN PSYCHIATRY, APPROVE THE TREATMENT;</li> <li>2. OTHER LESS INVASIVE TREATMENTS HAVE FAILED;</li> <li>3. ECT IS MEDICALLY NECESSARY TO TREAT LIFE-THREATENING MALIGNANT CATATONIA;</li> <li>4. ECT IS PERFORMED BY AT LEAST ONE (1) PHYSICIAN, OR PHYSICIAN'S DESIGNEE, WHO IS TRAINED AND CREDENTIALLED IN ECT; AND</li> <li>5. A PARENT OR GUARDIAN OF THE MINOR CONSENTS TO THE TREATMENT.</li> </ol>	House Bill 24-1471	
11.10.1.G	11.10.1.H	Amend language and adjust	Informed consent for the special procedure shall be renewed each time the	Informed consent for the special procedure shall be renewed each time the maximum number	Remove the requirement that informed consent is not valid for more than 30	No

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		lettering	maximum number of treatments determined through clinical assessment have been completed or the specified amount of time has expired. No informed consent for special procedures shall be valid for more than thirty (30) days.	of treatments determined through clinical assessment have been completed or the specified amount of time has expired. <del>No informed consent for special procedures shall be valid for more than thirty (30) days.</del>	days.	
NA	11.10.1.H.1-2	Add language	NA	<b>FEEDING TUBES FOR EATING DISORDER TREATMENT MAY BE USED WITHIN A DESIGNATED FACILITY WHEN:</b> <ol style="list-style-type: none"> <li>INFORMED WRITTEN CONSENT IS REQUIRED PURSUANT TO THIS SECTION 11.10 FROM BOTH PATIENT AND PATIENT'S PARENT OR LEGAL GUARDIAN IF THE PATIENT IS FIFTEEN (15) YEARS OF AGE OR OLDER. <ol style="list-style-type: none"> <li>IF THE PATIENT, FIFTEEN (15) YEARS OF AGE OR OLDER, DOES NOT CONSENT OR OBJECTS TO CONTINUED USE OF AN INVOLUNTARY FEEDING</li> </ol> </li> </ol>	This addition clarifies the requirements around involuntary feeding tubes.	From Children's Hospital: Objects to hospitalization: Based on the reference in the definition, we seek clarity about the intent to broadly include all children under age 18 under the "minor" definition. For consistency with applicable consent laws, notably at CRS 27-65-104, we would like to seek clarity about

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				TUBE, PATIENT MAY SEEK REVIEW PURSUANT 27-65- 104(6) C.R.S. 2. IF THE PATIENT IS FOURTEEN (14) YEARS OF AGE OR YOUNGER ONLY WRITTEN INFORMED CONSENT FROM THE PARENT OR LEGAL GUARDIAN IS REQUIRED.		whether this definition should actually reference the age of 15 to align with hospitalization consent language for minors who are age 15 and above. Additionally, the rules reference a new form regarding objections for hospitalizations.
11.13 C	11.13. C	Amend language	The involuntary transportation form to be completed in full (on the BHA provided M 0.51 form available on the BHA website) prior to transportation shall include:	The involuntary transportation form to be completed in full (on the BHA provided M 0.51 form available on the BHA website) prior to transportation shall include:	Change language to correct application number	No
11.13 K	NA	Delete language	Whenever it appears to the court, by reason of a report by the treating professional person or the BHA or any other report satisfactory to	<del>Whenever it appears to the court, by reason of a report by the treating professional person or the BHA or any other report satisfactory to the court, that an</del>	Not applicable to Transportation Holds	No

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			the court, that an individual detained for evaluation and treatment or certified for short-term treatment should be transferred to another facility for treatment and the safety of the individual or the public requires that the individual be transported by a secure transportation provider or a law enforcement facility, the court may issue an order directing the law enforcement facility where the individual resides or secure transportation provider to deliver the individual to the designated facility.	<del>individual detained for evaluation and treatment or certified for short-term treatment should be transferred to another facility for treatment and the safety of the individual or the public requires that the individual be transported by a secure transportation provider or a law enforcement facility, the court may issue an order directing the law enforcement facility where the individual resides or secure transportation provider to deliver the individual to the designated facility.</del>		
11.13 L	NA	Delete language	A juvenile, as defined in Chapter one (1) of these rules, committed to the Department of Human Services may be transferred temporarily to any state	<del>A juvenile, as defined in Chapter one (1) of these rules, committed to the Department of Human Services may be transferred temporarily to any state treatment facility for individuals</del>	Not applicable to Transportation Holds	No

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			treatment facility for individuals with behavioral or mental health disorders or intellectual and developmental disabilities for purposes of diagnosis, evaluation, and emergency treatment; except that a juvenile may not be transferred to a state treatment facility for individuals with mental health disorders until the juvenile has received a mental health hospital placement prescreening resulting in a recommendation that the juvenile be placed in a facility for evaluation pursuant to Section 27-65-106, C.R.S.	<del>with behavioral or mental health disorders or intellectual and developmental disabilities for purposes of diagnosis, evaluation, and emergency treatment; except that a juvenile may not be transferred to a state treatment facility for individuals with mental health disorders until the juvenile has received a mental health hospital placement prescreening resulting in a recommendation that the juvenile be placed in a facility for evaluation pursuant to Section 27-65-106, C.R.S.</del>		
12.5.1.E.2.a.2-4	12.5.1 E.2.a.1 & 2	Delete language and renumber	Crisis/emergency a. The comprehensive community behavioral health provider shall provide	Crisis/emergency a. The comprehensive community behavioral health provider shall provide crisis	Aligns funding models with HCPF that support the reimbursement side of the Safety Net system.	This change was stakeholdered and did not receive opposition

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			crisis management services that are available and accessible 24-hours a day. These services may include: (1) Walk-in crisis services; (2) Crisis stabilization units; (3) Acute treatment units; (4) Mobile crisis services"	management services that are available and accessible 24-hours a day. These services may include: (1) Walk-in crisis services; (2) Crisis stabilization units; (3) Acute treatment units; (4)(2) Mobile crisis services;	HCPF is unable to reimburse CSU and ATUs at the Prospective Payment System rate.	
12.5.4	12.5.4	Amend language	Equity Plan A. Comprehensive community behavioral health providers shall establish an equity plan as part of their quality management program. B. Equity plans must be designed to improve treatment access and/or outcomes for one (1) or more priority populations through an evidenced-based approach. C. Comprehensive community behavioral health providers shall implement strategies from the equity plan to decrease the disparities in access and	12.5.4 <del>Equity</del> <b>ACCESS</b> Plan A. Comprehensive community behavioral health providers shall establish an <del>equity</del> <b>ACCESS</b> plan as part of their quality management program. B. <del>Equity</del> <b>ACCESS</b> plans must be designed to improve treatment access and/or outcomes for one (1) or more priority populations through an evidenced-based approach. C. Comprehensive community behavioral health providers shall implement strategies from the <del>equity</del> <b>ACCESS</b> plan to decrease the disparities in access and outcomes for priority populations. D. Development, implementation, and evaluation	Changes made to language to not impede Federal funding.	No

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			<p>outcomes for priority populations.</p> <p>D. Development, implementation, and evaluation of the equity plan must include the collection and/or analysis of available data related to populations and areas served by the agency to evaluate equitable outcomes for priority populations. Goals and outcome measures should be identified in conjunction with individuals, families, and advocates who represent the identified priority populations. These outcome measures may include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Individual or family-reported measures such as satisfaction, achievement of goals, ability to thrive, or quality of life;</li> <li>2. System-reported outcomes such as access and engagement in care, preventable hospitalizations and/or hospital readmission, rate of follow-up with individuals and families,</li> </ol>	<p>of the <del>equity</del> <b>ACCESS</b> plan must include the collection and/or analysis of available data related to populations and areas served by the agency to evaluate equitable outcomes for priority populations. Goals and outcome measures should be identified in conjunction with individuals, families, and advocates who represent the identified priority populations. These outcome measures may include but are not limited to:</p> <ol style="list-style-type: none"> <li>1. Individual or family-reported measures such as satisfaction, achievement of goals, ability to thrive, or quality of life;</li> <li>2. System-reported outcomes such as access and engagement in care, preventable hospitalizations and/or hospital readmission, rate of follow-up with individuals and families, level of individual or family engagement, number of substantiated complaints or appeals, and timeliness of transitions to appropriate levels of care;</li> <li>3. Utilization measures such as number of individuals or families</li> </ol>	

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			level of individual or family engagement, number of substantiated complaints or appeals, and timeliness of transitions to appropriate levels of care; 3. Utilization measures such as number of individuals or families served, characteristics of individuals who do not engage in services, number of screenings completed, or number of referrals provided.	served, characteristics of individuals who do not engage in services, number of screenings completed, or number of referrals provided.		
12.6.1.F-K	12.6.1.F-J	Delete language and amend lettering	F. The BHA will not issue or renew an approval unless it has received a certificate of compliance for each physical location where services are provided. G. Each application must be signed under penalty of perjury by an authorized corporate officer, general partner, or sole proprietor of the agency as appropriate. H. The BHA shall conduct a preliminary assessment of	<del>F. The BHA will not issue or renew an approval unless it has received a certificate of compliance for each physical location where services are provided.</del> <del>G.F.</del> Each application must be signed under penalty of perjury by an authorized corporate officer, general partner, or sole proprietor of the agency as appropriate. <del>H.G.</del> The BHA shall conduct a preliminary assessment of the	Removes the Certificate of Compliance as it is not a statutory requirement.	There has been much support of this proposed change in stakeholder meetings. This is also an area of regulation that has received an abundance of waiver requests from providers that will not hold a BHE license and therefore are not



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			<p>the application and notify the applicant of any application defects. 1. The applicant shall respond within fourteen (14) calendar days to written notice of any application defect.</p> <p>I. The BHA will provide written notice to the applicant within thirty (30) calendar days of receipt of a complete application.</p> <p>J. The BHA will act on an application within ninety (90) calendar days of receipt of the completed application. K. The duration of the initial approval will be two (2) years from the date of issuance. 1. The BHA may conduct annual inspections during the two (2) year approval duration, in addition to any other inspections indicated in section 12.6.6.G</p>	<p>application and notify the applicant of any application defects. 1. The applicant shall respond within fourteen (14) calendar days to written notice of any application defect.</p> <p><del>H</del>. The BHA will provide written notice to the applicant within thirty (30) calendar days of receipt of a complete application.</p> <p><del>J</del>. The BHA will act on an application within ninety (90) calendar days of receipt of the completed application.</p> <p><del>K</del>. The duration of the initial approval will be two (2) years from the date of issuance. 1. The BHA may conduct annual inspections during the two (2) year approval duration, in addition to any other inspections indicated in section 12.6.6.G</p>	<p>statutorily obligated to hold the certificate.</p>

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Multiple locations	Multiple locations	Amend language	Physician, physician's assistant, nurse practitioner	QUALIFIED PRACTITIONER	Aligns with Chapter 1 definition.	No
Multiple locations	Multiple locations	Amend language	3824 West Princeton Circle, Denver, Colorado 80236	710 S ASH ST C140, DENVER, CO 80246	Changes new address of BHA.	No
Multiple locations Chapter 13 Chapter 14	Multiple locations Chapter 13 Chapter 14	Amend language	"Department"	"BEHAVIORAL HEALTH ADMINISTRATION (BHA)"	Changes the reference from the Department of Human Services to the Behavioral Health Administration due to BHA's creation in July 2022.	No
Multiple locations in Chapter 13	NA	Delete language	Privileges	Privileges	Removes outdated language. The term refers to take-home medication, historically fused with behavioral modification, which is a concept reversed in recent federal regulation.	Support for the change received during formal BHA public stakeholder sessions occurring Fall of 2024.
Multiple locations	Multiple locations	Amend language	Licensee	AGENCY	To align language throughout 2 CCR 502-1	No
Multiple locations	Multiple locations	Amend language	Treat	MANAGE	Reflects current best practice language with regard to medication	This proposed change was supported by

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					management associated with opioid use disorder.	attendees during formal stakeholder sessions.
21.300.1	13.1	Amend language and move to new section	“Corrective Action” means a time limited remedial measure applied to agencies that are out of compliance during a two year licensing period.	“Corrective Action” means a time limited remedial measure applied to agencies that are out of compliance during a <del>two</del> <b>ONE</b> year licensing period.	Changes licensing time period to align with previous updates	No
Multiple locations	Multiple locations	Amend language	Staff	<b>PERSONNEL</b>	Aligns language throughout 2 CCR 502-1.	No
21.300.1	NA	Delete language	“Critical Incident” means a significant event or condition, which may be of public concern, which jeopardizes the health, safety, and/or welfare of staff and/or individuals including individual deaths on or off agency premises and theft or loss of controlled substances	<del>“Critical Incident” means a significant event or condition, which may be of public concern, which jeopardizes the health, safety, and/or welfare of staff and/or individuals including individual deaths on or off agency premises and theft or loss of controlled substances prescribed for individuals and dispensed, administered, and/or</del>	This definition is a duplicate of language in Chapter 1.	No

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			prescribed for individuals and dispensed, administered, and/or monitored by licensed agencies.	<del>monitored by licensed agencies.</del>		
21.300.1	13.1	Delete language	“DATA 2000 Waiver” means the federal waiver allowing qualified practitioners to use buprenorphine products for the treatment of opioid use disorders. The DATA 2000 Waiver is issued pursuant to the registration requirements of the Controlled Substance Act found at 21 U.S.C. § 823(g)(2) (November 2020), which is hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Health & Human Services, Substance Abuse & Mental	<del>“DATA 2000 Waiver” means the federal waiver allowing qualified practitioners to use buprenorphine products for the treatment of opioid use disorders. The DATA 2000 Waiver is issued pursuant to the registration requirements of the Controlled Substance Act found at 21 U.S.C. § 823(g)(2) (November 2020), which is hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Health &amp; Human Services, Substance Abuse &amp; Mental Health Services Administration, Office of Communications, 5600 Fishers Lane, Rockville, MD 20857 or at</del>	To align with removal made by Congress in the Data Waiver Act 2022.	This proposed change did not receive opposition during formal stakeholder sessions

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			Health Services Administration, Office of Communications, 5600 Fishers Lane, Rockville, MD 20857 or at <a href="https://uscode.house.gov/">https://uscode.house.gov/</a> . These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, during regular business hours.	<del><a href="https://uscode.house.gov/">https://uscode.house.gov/</a>. These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, during regular business hours.</del>		
21.300.1	NA	Delete language	"Department" means the Colorado Department of Human Services.	<del>"Department" means the Colorado Department of Human Services.</del>	The definition of Department has been replaced by Behavioral Health Administration throughout the behavioral health rules.	No

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21.300.1	NA	Delete language	"Dispense" means to interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug for an individual in a suitable container appropriately labeled for subsequent administration to or use by an individual.	<del>"Dispense" means to interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug for an individual in a suitable container appropriately labeled for subsequent administration to or use by an individual.</del>	This definition is a duplicate of language in Chapter 1.	No
21.300.1	NA	Delete language	"Individual" means any individual who receives a controlled substance for the purpose of substance use disorder treatment or to treat withdrawal symptoms of a substance use disorder.	<del>"Individual" means any individual who receives a controlled substance for the purpose of substance use disorder treatment or to treat withdrawal symptoms of a substance use disorder.</del>	This definition is a duplicate of language in Chapter 1.	No
21.300.1	NA	Delete language	"Medication Assisted Treatment" means any treatment for a substance use disorder that includes giving a controlled substance for medical detoxification or maintenance treatment, which may be combined with other treatment	<del>"Medication Assisted Treatment" means any treatment for a substance use disorder that includes giving a controlled substance for medical detoxification or maintenance treatment, which may be combined with other treatment services including medical, and shall be combined in all</del>	This definition is a duplicate of language in Chapter 1.	No

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			services including medical, and shall be combined in all circumstances with psychosocial services,	circumstances with psychosocial services		
21.300.1	13.1	Amend language and move to new section	"Medical Detoxification" means the process through which a person who is physically dependent on alcohol, illicit drugs, prescription medications, or a combination of these substances is over a period of time withdrawn from the substances of dependence and the process may include the use of controlled substances to alleviate the symptoms of withdrawal under the supervision of a licensed practitioner	<del>"Medical Detoxification"</del> <b>"MEDICALLY SUPERVISED WITHDRAWAL"</b> means the process through which <del>a person</del> <b>AN INDIVIDUAL</b> who is physically dependent on alcohol, illicit drugs, prescription medications, or a combination of these substances is over a period of time withdrawn from the substances of dependence and the process may include the use of controlled substances to <del>alleviate</del> <b>MANAGE</b> the symptoms of withdrawal under the supervision of a <del>licensed</del> qualified practitioner.	"Medically Supervised Withdrawal" is the preferred nomenclature to "Medical Detoxification" in clinical practice and BHA rule.	This proposed change did not receive opposition during formal stakeholder sessions

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21.300.1	13.1	Amend language and move to new section	“Office-based opioid treatment” or “OBOT” means the prescribing of buprenorphine products for the treatment of opioid use disorders by a federally authorized (DATA 2000 Waiver) primary care or general health care provider outside of programs required to be licensed pursuant to 27-80-200, et seq., C.R.S.	“Office-based opioid treatment” or “OBOT” means the prescribing of <del>buprenorphine products</del> <b>MEDICATIONS</b> for the treatment of opioid use disorders by a federally authorized ( <del>DATA 2000 Waiver</del> ) primary care or general health care provider outside of programs required to be licensed pursuant to <del>27-80-200</del> , <b>27-80-204(1(a))</b> , et seq., C.R.S.	Expands definition to include other potential approved medications outside of buprenorphine and corrects statute number.	This proposed change did not receive opposition during formal stakeholder sessions
21.300.1	NA	Delete language	“Practitioner” means: A. A physician or other person licensed, registered or otherwise permitted to distribute, dispense, or to administer a controlled substance in the course of professional practice. B. A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, or to administer a controlled substance in the	<del>“Practitioner” means: A. A physician or other person licensed, registered or otherwise permitted to distribute, dispense, or to administer a controlled substance in the course of professional practice. B. A pharmacy, hospital or other institution licensed, registered, or otherwise permitted to distribute, dispense, or to administer a controlled substance in the course of its professional practice in this state.</del>	This definition is a duplicate of language in Chapter 1.	No



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			course of its professional practice in this state			
21.300.1	NA	Delete language	"Substance use disorder" shall have the same meaning as defined in Section 27-80-203(23.3), C.R.S.	<del>"Substance use disorder" shall have the same meaning as defined in Section 27-80-203(23.3), C.R.S.</del>	This definition is a duplicate of language in Chapter 1.	No
21.300.1	NA	Delete language	"Ultimate User" means an individual who lawfully possesses a controlled substance for the individual's own use or for the use of a member of the individual's household.	<del>"Ultimate User" means an individual who lawfully possesses a controlled substance for the individual's own use or for the use of a member of the individual's household.</del>	The term is no longer used in clinical practice or BHA rule.	No

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NA	13.2.A	Add language	NA	THESE RULES ARE ESTABLISHED TO CREATE STANDARDS FOR AGENCIES SEEKING A CONTROLLED SUBSTANCE LICENSE.	Adds language to match BHE licensing standard and explain the applicability of the chapter.	This proposed change did not receive opposition during formal stakeholder sessions
NA	13.2.B	Add language	NA	ALL AGENCIES PROVIDING CONTROLLED SUBSTANCE LICENSED SERVICES AS DEFINED WITHIN 13.3 SHALL MEET THE STANDARDS IN THIS CHAPTER 13. CONTROLLED SUBSTANCE LICENSED AGENCIES SHALL REQUIRE A BHE LICENSE, AND THE AGENCY SHALL COMPLY WITH CHAPTER 2 AND CORRESPONDING CHAPTERS OF THESE RULES APPLICABLE TO LEVELS OF CARE PROVIDED.	Adds language to clarify a BHE license is also required by CSL agencies.	This proposed change did not receive opposition during formal stakeholder sessions
21.300.2(A)	13.3.A	Amend language and move to new section	Agencies shall apply for and obtain a controlled substance license if they dispense, compound, or administer (pursuant to Section 27-80-204, C.R.S.)	Agencies shall apply for and obtain a controlled substance license if they dispense, compound, or administer (pursuant to Section 27-80-204, C.R.S.) a controlled substance in	Clarifies "STOCK" medication as a central qualifier for the Controlled Substance License requirement.	Licensing managers often field questions from community and potential licensed agencies inquiring about core

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			a controlled substance in order to treat a substance use disorder or to treat the withdrawal symptoms of a substance use disorder. All applicants for a controlled substance license shall demonstrate compliance with these rules and all applicable state and federal statutes and regulations including, but not limited to those pertaining to controlled substances.	order to treat a substance use disorder or to <del>treat</del> <b>MANAGE</b> the withdrawal symptoms of a substance use disorder, <b>FROM STOCK MEDICATION</b> . All applicants for a controlled substance license <del>shall</del> <b>MUST</b> demonstrate compliance with these rules and all applicable state and federal statutes and regulations including, but not limited to <del>these</del> <b>THE 72-HOUR EMERGENCY RULE AND OTHERS</b> pertaining to controlled substances.		controlled substance licensing requirements. While not mentioned previously in rule, holding stock medication was and is the core element now defined in rule.
21.300.2 B	13.3.B	Amend language and move to new section	An office-based opioid treatment (OBOT) provider that does not dispense, compound, or administer a controlled substance on-site is not required to obtain a controlled substance license pursuant to this rule section 21.300.2.	An office-based opioid treatment (OBOT) provider that does not dispense, compound, or administer a controlled substance <b>FROM STOCK MEDICATION</b> on-site is not required to obtain a controlled substance license pursuant to <del>this rule section 21.300.2</del> <b>THIS PART 13.3.</b>	Clarifies "STOCK" medication as a central qualifier for the Controlled Substance License requirement and the reason that OBOT falls outside of that criteria.	Licensing managers often field questions from current and potential BHA-licensed agencies regarding this particular licensing requirement.
NA	13.3.C	Add language	NA	<b>IN ACCORDANCE WITH 21 CFR § 1306.07:</b>	Defines BHA CSL jurisdiction, encourages	Feedback and research provided to

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				ADMINISTERING OR DISPENSING OF NARCOTIC DRUGS: BHA CSL RULES ARE NOT INTENDED TO IMPOSE LIMITATIONS ON A PHYSICIAN OR AUTHORIZED HOSPITAL STAFF TO ADMINISTER OR DISPENSE NARCOTIC DRUGS IN A HOSPITAL TO MAINTAIN OR DETOXYIFY A PERSON AS AN INCIDENTAL ADJUNCT TO MEDICAL OR SURGICAL TREATMENT OF CONDITIONS OTHER THAN ADDICTION, OR TO ADMINISTER OR DISPENSE NARCOTIC DRUGS TO PERSONS WITH INTRACTABLE PAIN IN WHICH NO RELIEF OR CURE IS POSSIBLE OR NONE HAS BEEN FOUND AFTER REASONABLE EFFORTS.	improved MOUD (Medication for Opioid Use Disorder) access and supports medical providers making best treatment decisions available, which may include MOUD in settings outside of a CSL facility.	BHA by Colorado's Consortium for Prescription Drug Abuse Prevention, Johns Hopkins Medical School, Colorado's Department of Corrections, and The Colorado Organization for the Treatment of Opioid Dependence (COTOD) in support of this reminder of the current federal regulation; 21 CFR § 1306.07.C.
21.300.22	13.3.2. E	Amend language and move to new section.	Initial applicants that have submitted satisfactory policies and procedures and other required documentation shall be	Initial applicants that have submitted satisfactory policies and procedures and other required documentation shall be granted a <del>six (6) month</del> <b>ONE</b>	Other BHA licensing timelines are measured in the number of days, not months. This is changed from 6 months to 180	This proposed change did not receive opposition during formal stakeholder

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			granted a six (6) month provisional license.	<b>HUNDRED AND EIGHTY (180) DAY</b> provisional license.	days for consistency.	sessions
21.300.22	13.3.2.F	Amend language and move to new section	The Department may conduct a site visit to determine that the provisionally licensed agency is in compliance with these controlled substance license rules, treatment rules, and all state and federal statutes and regulations. If after the first provisional license an agency has not demonstrated full compliance, a second six (6) month provisional license may be granted if substantial progress continues to be made, and it is likely compliance can be achieved by the date of expiration of the second provisional license. If at the end of the first provisional license an agency demonstrates compliance, a	The <del>Department</del> <b>BHA</b> may conduct a site visit to determine that the provisionally licensed agency is in compliance with these controlled substance license rules, treatment rules, and all state and federal statutes and regulations. If after the first provisional license an agency has not demonstrated full compliance, a second <del>six (6) month</del> <b>ONE HUNDRED AND EIGHTY (180) DAY</b> provisional license may be granted if substantial progress continues to be made, and it is likely compliance can be achieved by the date of expiration of the second provisional license. If at the end of the first provisional license an agency demonstrates compliance, a full controlled substance license shall be issued. <b>THE BHA WILL NOT ISSUE A THIRD OR</b>	Clarifies that a third provisional will not be issued, which is consistent with standards for BHEs and aligns with 180 day versus 6 months language.	This proposed change did not receive opposition during formal stakeholder sessions

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			full controlled substance license shall be issued.	<b>SUBSEQUENT PROVISIONAL LICENSE TO THE APPLICANT.</b>		
21.300.23 A	13.3.3.A	Amend language and move to new section	A controlled substance license shall expire one year from the date the license is granted.	A controlled substance license shall expire one year from the date the license is granted. <b>A TERM SHORTER THAN ONE YEAR MAY BE ISSUED IF AGREED UPON BETWEEN THE AGENCY AND THE BHA.</b>	Adds language to align with BHE rules to support an agency's ability to align licensing dates, including CSL.ohh	This proposed change did not receive opposition during formal stakeholder sessions
NA	13.3.3 A .1	Add language	NA	<b>IF A TERM SHORTER THAN ONE YEAR IS ISSUED, FEES MAY BE PRORATED TO REFLECT THE TIME PERIOD OF THE LICENSE TERM.</b>	Adds language to align with BHE rules to support an agency's ability to align licensing dates, including CSL.	This proposed change did not receive opposition during formal stakeholder sessions
21.300.25	13.3.5 A.5	Amend language and move to new section	Has failed to provide for adequate supervision of treatment staff as outlined in addiction counselor certification and licensure standards (Section 21.330);	Has failed to provide for adequate supervision of treatment <del>staff</del> <b>PERSONNEL</b> as outlined in <del>addiction counselor certification and licensure standards (Section 21.330)</del> <b>PART 2.5.1 OF THESE RULES AND DEFINED BY THE SUPERVISOR'S PROFESSIONAL PRACTICE BOARD.</b>	This language aligns with verbiage and citation in the current rule volume.	No
21.300.3	13.4	Amend	Medication Assisted	<del>Medication Assisted Treatment</del>	Clarifies that controlled	COTOD in support

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		language and move to new section	Treatment Provisions	Provisions <b>UNDER A CONTROLLED SUBSTANCE LICENSE</b>	substance licensing encompasses more clinical service delivery than just medication assisted treatment (MAT), which has been a point of confusion with providers in the past.	of the change
21.300.3.A	13.4.1.A	Amend language and move to new section	Agency Policies and Procedures Agencies shall develop and implement policies and procedures, as defined in this section that address the use of controlled substances in the treatment of substance use disorders or the withdrawal symptoms of a substance use disorder. These policies shall include, but are not limited to, how individuals are assessed to be appropriate to receive a controlled substance to treat their SUD or the withdrawal symptoms of a substance use disorder. These policies	<del>Agency Policies and Procedures</del> Agencies shall develop and implement policies and procedures, as defined in this <del>section</del> <b>PART 13.4.1</b> , that address the use of controlled substances in the treatment of substance use disorders or the withdrawal symptoms of a substance use disorder. These policies shall include, but are not limited to, how individuals are assessed to be appropriate to receive a controlled substance to treat their <del>SUD</del> <b>SUBSTANCE USE DISORDER</b> or the withdrawal symptoms of a substance use disorder. These policies shall meet the	Separates the section subtitle "Agency Policies and Procedures" from the body of text in previous requirement 21.300.3.A while also adding reference to the new CSL chapter system (13.4.1).	This proposed change did not receive opposition during formal stakeholder sessions

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			shall meet the requirements of all federal, state, and local laws pertaining to controlled substances.	requirements of all federal, state, and local laws pertaining to controlled substances.		
21.300.3.B	13.4.1.B	Amend language and move to new section	Medication assisted treatment using a controlled substance shall be provided to individuals who are physically dependent on alcohol, illicit drugs, prescription medications, or a combination of these substances to alleviate the individual's physical withdrawal symptoms and cravings, to help stabilize behavior, to increase productivity, and to reduce the risk of contracting and transmitting infectious diseases.	Medication assisted treatment using a controlled substance shall be provided to individuals who are physically dependent on alcohol, <del>illicit drugs</del> <b>AND OTHER DRUG TYPES INCLUDING OPIOIDS, ILLICIT OR</b> prescription medications, or a combination of these substances to <del>alleviate the individual's physical withdrawal symptoms and cravings, to help stabilize behavior, to increase productivity, and to reduce the risk of contracting and transmitting infectious diseases</del> <b>MANAGE SYMPTOMS OF PHYSICAL AND PSYCHOLOGICAL WITHDRAWAL AND CRAVINGS, AND TO REDUCE RISK ASSOCIATED WITH DRUG USE INCLUDING</b>	Includes opioid category as that substance use disorder makes up more than half of all CSLs and also this change underscores that the primary focus of MAT is to reduce risk of substance use, overdose, and death.	This proposed change was supported during formal stakeholder sessions.



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				<b>OVERDOSE, DEATH, AND THE SPREAD OF INFECTIOUS DISEASE.</b>		
21.300.3 D	13.41.D	Amend language and move to new section	Approved agencies that dispense, compound, or administer, controlled substances must also have a current registration from the Drug Enforcement Administration.	Approved agencies that dispense, compound, or administer, controlled substances must also have a current registration from the Drug Enforcement Administration <b>FOR THE STATE IN WHICH THEY ARE LICENSED.</b>	Further accounts for multi-state DEA- registered clinical care provided by national agencies operating in Colorado.	No
21.300.3	13.4.1. I	Amend language and move to new section	Each approved treatment facility shall provide formal training and testing on an annual basis to all employees on the Department's rules, the pharmacology of the substances dispensed and state and federal requirements regarding controlled substances and confidentiality.	Each approved treatment facility shall provide formal training and testing on an annual basis to all <del>employees on the Department's rules, the pharmacology of the substances dispensed and state and federal requirements regarding controlled substances and confidentiality</del> <b>PERSONNEL FOR THE FOLLOWING: 1. STATE AND FEDERAL REQUIREMENTS REGARDING CONTROLLED SUBSTANCES AND CONFIDENTIALITY, INCLUDING BHA RULES 2.</b>	Clarifies training requirements and adds additional pharmacology training to improve care standards, also aligning with Opioid Treatment Programming (OTP) requirement.	No

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				PHARMACOLOGY OF CONTROLLED SUBSTANCES DISPENSED, INCLUDING BUT NOT LIMITED TO LOSS OF TOLERANCE, DANGEROUS DRUG OR ALCOHOL INTERACTIONS, SIGNS AND SYMPTOMS OF OVERDOSE, PURPOSE OF ITS USE.		
21.300.3.J	13.4.2	Amend language and move to new section	In addition to the provisions of Section 21.140, theft, loss, or diversion of a controlled substance shall also be considered a critical incident and the Department critical incident reporting policy shall be followed. The Department must be notified verbally within twenty-four (24) hours of the critical incident and a written report must be submitted to the Department within three (3) business days.	<del>In addition to the provisions of Section 21.140, theft, loss, or diversion of a controlled substance shall also be considered a critical incident and the Department critical incident reporting policy shall be followed. The Department must be notified verbally within twenty- four (24) hours of the critical incident and a written report must be submitted to the Department within three (3) business days.</del> PART 2.16 OF THESE RULES, THEFT, LOSS, MISUSE, OR ILLICIT DISTRIBUTION OF AGENCY- DISPENSED OR PRESCRIBED	Corrects current discrepancy between updated Critical Incident BHE rule and CSL: From 3 business days to 1 business days to file report. Additionally, the proposed change includes medication "misuse" as diversion.	Provider feedback has requested clarity on the matter of misuse being considered diversion. The standard within the community is that misuse is diversion, which allows BHA to investigate instances of medication misuse more through its critical incident response system.

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				CONTROLLED SUBSTANCE MEDICATION SHALL ALSO BE CONSIDERED A CRITICAL INCIDENT AND THE BHA CRITICAL INCIDENT REPORTING POLICY SHALL BE FOLLOWED. CRITICAL INCIDENTS MUST BE REPORTED TO THE BHA WITHIN ONE (1) BUSINESS DAY OF WHEN THE AGENCY DETERMINES THAT A REPORTABLE INCIDENT HAS OCCURRED OR UPON BHA REQUEST.		
21.300.4 A	13.4.3 A .1	Amend language and move to new section	A medical history that includes a detailed and comprehensive account of substance use history that includes all substances of abuse;	A medical history that includes a detailed and comprehensive account of substance use history <del>that</del> <b>WHICH</b> includes all substances of <del>abuse</del> <b>MISUSE</b> ;	Removes “abuse” from the rule volume, recognized in contemporary practice as stigmatizing language to describe a substance use disorder.	This proposed change was supported during formal stakeholder sessions.
21.300.4 B	13.4.3 A .2	Amend language and move to new section	Evidence of current physiological dependence; and,	Evidence of current <del>physiological</del> <b>PHYSICAL</b> dependence ( <b>FOR OTPS, SEE 13.8.1.C.2</b> ); and,	Adds additional diagnostic enrollment considerations allowed under OTP modality	No

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21.300.4 C	13.4.3 A .3	Amend language and move to new section	A pregnancy screen for females of childbearing age.	A pregnancy screen for <del>females</del> <b>PREGNANCY-CAPABLE INDIVIDUALS</b> of childbearing age.	Adds requirements for serving the population in accordance with best practice and to improve treatment effectiveness and retention.	This proposed change was supported during formal stakeholder sessions.
21.300.5	13.4.4	Amend language and move to new section	Informed Consent	Informed Consent <b>TO RECEIVE A CONTROLLED SUBSTANCE</b>	Clarifies informed consent to specifically receive a controlled substance versus general BHE treatment consent.	No
21.300.5	13.4.4.A	Amend language and move to new section	All individuals receiving medication assisted treatment shall sign informed consent that they are voluntarily agreeing to treatment with a controlled substance. The individual shall be informed of what controlled substance they are receiving and the expected benefits and risks of medication assisted treatment. All individuals receiving controlled substances must also be informed of the risks of	All individuals receiving <del>medication assisted treatment</del> <b>A DISPENSED CONTROLLED SUBSTANCE</b> shall sign informed consent <del>that</del> <b>INDICATING</b> they are voluntarily agreeing to treatment with a controlled substance. The individual shall be informed of what controlled substance they are receiving and the expected benefits and risks <del>of medication assisted treatment</del> <b>ASSOCIATED WITH THAT CONTROLLED SUBSTANCE OVER THE COURSE OF</b>	Clarifies that each controlled substance being dispensed or prescribed requires its own informed consent to ensure that, among other things, individuals are informed of unique risks and benefits associated with each medication.	No

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			using other substances in combination with a controlled substance.	<b>TREATMENT.</b> All individuals receiving controlled substances must also be informed of the risks of using other substances in combination with a controlled substance. <b>SHOULD AN INDIVIDUAL CHANGE CONTROLLED SUBSTANCE MEDICATIONS OVER THE COURSE OF TREATMENT, THE INDIVIDUAL MUST SIGN A NEW INFORMED CONSENT SPECIFIC TO THE EACH CONTROLLED SUBSTANCE THEY ARE RECEIVING UNDER THE CARE OF THE CONTROLLED SUBSTANCE LICENSE.</b>	

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NA	13.4.8 A.5	Add language	NA	HOW THE AGENCY INCORPORATES HARM REDUCTION, TRAUMA-INFORMED PRACTICES, AND RESPECT FOR THE GENDER IDENTITY OF THE INDIVIDUALS BEING SCREENED.	Adds requirement to ensure trauma-informed and culturally competent care with focus on improved treatment outcomes. BHA auditors have observed recipients of care complain of this particular mistreatment in CSL facilities and those CSL facilities have not had protocols to address these issues.	No
NA	13.5.A	Add language	NA	THESE PARTS 13.5 THROUGH 13.8 ARE APPLICABLE TO AGENCIES LICENSED AS AN OPIOID TREATMENT PROGRAM (OTP).	Clarifies the applicability of this section of rule.	No
21.320.1	13.5.1	Amend language and move to new section	“Administrative Discharge” means a process where it has been determined that a person in OTP needs to be discharged immediately for reasons including but not limited to non-payment of	“Administrative Discharge” <del>means a process where it has been determined that a person in OTP needs to be discharged immediately for reasons including but not limited to non-payment of fees, disruptive</del>	Clarifies reasons for discharge and encourages MOUD treatment transfer when administrative discharge becomes necessary to reduce overdose risk as	No

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			fees, disruptive conduct or behavior, violent conduct or threatening behaviors, or incarceration or other confinement that does not permit continuation of an individual's medication-assisted treatment. The timeframe for this typically involves a taper at a rate set forth by the program.	<del>conduct or behavior, violent conduct or threatening behaviors, or incarceration or other confinement that does not permit continuation of an individual's medication-assisted treatment. The timeframe for this typically involves a taper at a rate set forth by the program.</del> <b>MEANS A PROCESS WHEREBY AN OTP HAS DETERMINED IMMEDIATE TREATMENT DISCHARGE IS THE MOST APPROPRIATE PATHWAY FOR AN INDIVIDUAL FOR CAUSES SUCH AS SAFETY CONCERNS FOR THE INDIVIDUAL OR OTHERS, INCARCERATION OR OTHER CONFINEMENT WHICH DOES NOT PERMIT THE INDIVIDUAL'S TREATMENT CONTINUATION, OR FOR NON-PAYMENT OF FEES. THE TIMEFRAME FOR THIS TYPICALLY INVOLVES A TREATMENT TRANSFER</b>	opposed to medication taper. This is an OTP industry standard already.

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				AND/OR TAPER AT A RATE SET FORTH BY THE PROGRAM.		
21.320.1	13.5.1	Amend Language language and move to new section	“Administrative Transfer” means a process whereby a person in OTP is determined unsafe or has violated a behavioral agreement and a program is looking to transfer to another clinic of the person’s choice. This person is to be transferred at a time frame that is determined by agreement with the other programs.	“Administrative Transfer”” means <del>a process whereby a person in OTP is determined unsafe or has violated a behavioral agreement and a program is looking to transfer to another clinic of the person’s choice. This person is to be transferred at a time frame that is determined by agreement with the other programs.</del> MEANS A PROCESS WHEREBY AN OTP HAS DETERMINED TREATMENT CONTINUATION FOR AN INDIVIDUAL IS UNSAFE FOR THE INDIVIDUAL RECEIVING TREATMENT OR OTHERS AND A PROGRAM DECIDES TO TRANSFER CARE TO ANOTHER CLINIC OF THE INDIVIDUAL’S CHOICE. TO AVOID UNNECESSARY MEDICATION TAPER, THIS INDIVIDUAL IS TO BE TRANSFERRED AT A TIME FRAME THAT IS DETERMINED BY AGREEMENT WITH THE	Revises definition to focus on risk mitigation and medication continuation.	This proposed change was supported during formal stakeholder sessions.



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				<del>RECEIVING OTP. "Authorized OTP practitioner" means a physician or advanced practice registered nurse, nurse practitioner, physician assistant, or pharmacist clinician with approval from SAMHSA and the state to operate within their scope of practice within an OTP.</del>		
21.320.1	NA	Delete language	"Authorized OTP practitioner" means a physician or advanced practice registered nurse, nurse practitioner, physician assistant, or pharmacist clinician with approval from SAMHSA and the state to operate within their scope of practice within an OTP.	<del>"Authorized OTP practitioner" means a physician or advanced practice registered nurse, nurse practitioner, physician assistant, or pharmacist clinician with approval from SAMHSA and the state to operate within their scope of practice within an OTP.</del>	Aligns with "Qualified Practitioner" definition and scope in Chapter 1. There is no additional standard that is missed removing this definition.	No
NA	13.5.1	Add language	NA	<b>"COMPREHENSIVE METABOLIC PANEL" MEANS A BLOOD TEST THAT MEASURES PROTEINS, ENZYMES, ELECTROLYTES, MINERALS AND OTHER SUBSTANCES IN THE BODY. A</b>	Revises care standard of the OTP physical examination to replace "Liver function tests" to match contemporary medical language and best practice.	Feedback given by a roundtable of OTP Medical Directors on 9/17/24 along with follow up communication.

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				QUALIFIED PRACTITIONER CAN USE THE RESULTS TO DIAGNOSE, SCREEN FOR OR MONITOR HEALTH CONDITIONS OR SIDE EFFECTS OF MEDICATIONS, AND MAKE APPROPRIATE MEDICAL REFERRALS.		
NA	13.5.1	Add language	NA	“DIVERSION CONTROL PLAN” OR “DCP” MEANS A WRITTEN DOCUMENT THAT CONTAINS SPECIFIC MEASURES TO REDUCE THEFT, LOSS, MISUSE, OR ILLICIT DISTRIBUTION OF AGENCY- DISPENSED OR PRESCRIBED CONTROLLED SUBSTANCE MEDICATION.	Adds language to ensure OTPs appropriately assign leadership responsibility for the implementation and monitoring of the care environment to prevent dispensed or prescribed controlled substance medications being diverted into the community. The term and concept reflect SAMHSA's current OTP standards.	No
NA	13.5.1	Add language	NA	“HISTORY OF PRESENT ILLNESS” MEANS A CHRONOLOGICAL DESCRIPTION OF THE	Revises care standard of the OTP physical examination to replace: "Examinations of organ	Feedback given by a roundtable of OTP Medical Directors on 9/17/24 along with

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				DEVELOPMENT OF THE INDIVIDUAL'S PRESENT ILLNESS FROM THE FIRST SIGN AND/OR SYMPTOM OR FROM THE PREVIOUS ENCOUNTER TO THE PRESENT. IT SHALL INCLUDE THE FOLLOWING ELEMENTS: LOCATION, QUALITY, SEVERITY, DURATION, TIMING, CONTEXT, MODIFYING FACTORS, AND ASSOCIATED SIGNS AND SYMPTOMS AS APPLICABLE.	systems for possible infectious diseases and pulmonary, liver, and cardiac abnormalities" and "Inspections of head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses) and "Evaluations of individuals' general appearance" to reflect medical best practice.	follow up communication.

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NA	13.5.1	Add language	NA	“MEDICAL DIRECTOR” MEANS A PHYSICIAN, LICENSED TO PRACTICE MEDICINE IN THE JURISDICTION IN WHICH THE OTP IS LOCATED AND SHALL ASSUME RESPONSIBILITY FOR ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES PERFORMED BY THE OTP, INCLUDING THEIR ADMINISTRATION, IN ACCORDANCE WITH 42 CFR § 8.2.	Aligns language with 42 CFR Part 8, which asserts the position of medical director as holding key decision-making responsibility both clinically and administratively within the OTP.	No
NA	13.5.1	Add language	NA	“MEDICATION UNIT” MEANS AN ENTITY THAT IS ESTABLISHED AS PART OF, BUT GEOGRAPHICALLY SEPARATE FROM, AN OTP FROM WHICH APPROPRIATELY LICENSED OTP PRACTITIONERS, CONTRACTORS WORKING ON BEHALF OF THE OTP, OR COMMUNITY PHARMACISTS MAY DISPENSE OR ADMINISTER MOUD, COLLECT SAMPLES FOR DRUG TESTING OR ANALYSIS, OR	Clarifies services BHA already licenses, defined by SAMHSA.	No

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				PROVIDE OTHER OTP SERVICES. MEDICATION UNITS CAN PROVIDE THE SAME SERVICES AS AN OTP, AS USED IN 42 C.F.R. PART 8.		
NA	13.5.1	Add language	NA	“MOBILE OPIOID TREATMENT UNIT” FOR THE PURPOSE OF THIS CHAPTER 13 HAS THE SAME MEANING AS “MOBILE NARCOTIC TREATMENT PROGRAM” AS USED IN 21 C.F.R. PART 1300.01: AN OTP OPERATING FROM A MOTOR VEHICLE THAT SERVES AS A MOBILE COMPONENT (CONVEYANCE) AND IS OPERATING UNDER THE REGISTRATION OF THE OTP AND ENGAGES IN MAINTENANCE AND/OR DETOXIFICATION TREATMENT WITH NARCOTIC DRUGS IN SCHEDULES II-V, AT A LOCATION OR LOCATIONS REMOTE FROM, BUT WITHIN THE SAME STATE AS, ITS REGISTERED	Adds definition for a service BHA already licenses, defined by SAMHSA.	No

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				LOCATION. OPERATING A MOBILE OTP IS A COINCIDENT ACTIVITY OF AN EXISTING OTP, AS LISTED IN § 1301.13(E).		
NA	13.5.1	Add language	NA	“MOTOR VEHICLE” MEANS A VEHICLE PROPELLED UNDER ITS OWN MOTIVE POWER AND LAWFULLY USED ON PUBLIC STREETS, ROADS, OR HIGHWAYS WITH MORE THAN THREE WHEELS IN CONTACT WITH THE GROUND. THIS TERM DOES NOT INCLUDE A TRAILER, AS USED IN 21 C.F.R. PART 1300.01.	Clarifies element within definition for Mobile Opioid Treatment Unit as defined by Title 21 of CFR.	No
NA	13.5.1	Add language	NA	“REVIEW OF SYSTEMS” MEANS AN INVENTORY OF BODY SYSTEMS OBTAINED BY ASKING A SERIES OF QUESTIONS TO IDENTIFY SIGNS AND/OR SYMPTOMS THE INDIVIDUAL MAY BE EXPERIENCING OR HAS EXPERIENCED.	Revises care standard of the OTP physical examination to replace: "Examinations of organ systems for possible infectious diseases and pulmonary, liver, and cardiac abnormalities" and "Inspections of head, ears, eyes, nose, throat (thyroid), chest (including	Feedback given by a roundtable of OTP Medical Directors on 9/17/24 along with follow up communication.

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					heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses) "Evaluations of individuals' general appearance" and Neurological assessments; altered mental status" to reflect medical best practice.	
21.320.1	13.5.1	Amend language and move to a new section	"Special Exception Requests" are requests that must be sent to the state authority for final approval. These requests are for take home bottles above and beyond what is allowed for the person who is on Methadone at the time of the request.	<del>"Special Exception Requests"</del> <del>are requests that must be sent to</del> <del>the state authority for final</del> <del>approval. These requests are for</del> <del>take home bottles above and</del> <del>beyond what is allowed for the</del> <del>person who is on Methadone at</del> <del>the time of the request. FOR</del> <b>TAKE-HOME DOSES BEYOND</b> <b>WHAT IS ALLOWED FOR AN</b> <b>INDIVIDUAL WHO IS</b> <b>PRESCRIBED A CONTROLLED</b> <b>SUBSTANCE AT THE TIME OF</b> <b>THE REQUEST. REQUESTS</b> <b>MUST BE SENT TO THE</b> <b>STATE AUTHORITY FOR</b>	Changes "bottles" to "doses" to standardize terminology across the ruleset and recognize "take-home dose" as that standard.	No

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				FINAL APPROVAL.		
NA	13.5.1	Add language	NA	"SPLIT DOSING" MEANS, IN ACCORDANCE WITH SAMHSA, THE DISPENSING OF A SINGLE DOSE OF MOUD AS SEPARATE PORTIONS TO BE TAKEN WITHIN A 24-HOUR PERIOD. SPLIT DOSING IS INDICATED AMONG, BUT NOT LIMITED TO, THOSE INDIVIDUALS WHO: POSSESS A GENETIC VARIANT WHICH INCREASES METHADONE METABOLISM; CONCURRENTLY TAKE OTHER MEDICATIONS OR DRINK ALCOHOL THAT ALSO INDUCE HEPATIC ENZYMES LEADING TO MORE RAPID METABOLISM OF METHADONE; WHO ARE PREGNANT; OR FOR WHOM METHADONE OR BUPRENORPHINE ARE BEING USED TO TREAT A CONCURRENT PAIN INDICATION IN ADDITION TO	Adds definition, as "split dosing" is mentioned in the current state and federal rules without current definition in state rules. Also adds clarity for take-home dose dispensation; a dose can be divided into multiple bottles if deemed appropriate by the qualified practitioner.	No



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				THE DIAGNOSIS OF OUD. THIS LEADS TO MORE STABLE, STEADY-STATE MEDICATION LEVELS.		
21.320.1	13.5.1	Amend language and move to new section	"Take-Home Bottle" is a prescription of individually labeled bottle or bottles of Methadone that is determined to be allowed for each particular phase of treatment. Each bottle or bottles is labeled with proper required DEA information.	"Take-Home <del>bottle</del> DOSE" is a prescription of individually labeled <del>bottle</del> or bottles <b>OR</b> <b>CONTAINERS</b> of Methadone <b>AND OTHER CONTROLLED</b> <b>SUBSTANCES, DOSE AND</b> <b>QUANTITY DETERMINED BY</b> <b>PRESCRIBING QUALIFIED</b> <b>PRACTITIONER, AND</b> <b>DISPENSED TO THE</b> <b>INDIVIDUAL</b> <del>that is determined</del> <del>to be allowed for each particular</del> <del>phase of treatment.</del> Each bottle or <del>bottles</del> <b>CONTAINER</b> is labeled with proper required dea information."	Changes "bottles" to "doses" to standardize terminology across the ruleset and recognize take-home dose as that standard.	No
NA	13.5.1	Add language	NA	<b>"TAKE-HOME DOSE CALLBACK" MEANS A MEASURE OF DISPENSED CONTROLLED SUBSTANCE DIVERSION CONTROL WHEREIN THE OTP CONTACTS AND REQUESTS</b>	Aligns the minimum take home dose callback interval standard in Colorado with HHS TIP 43: Medication-Assisted Treatment For Opioid Addiction in Opioid	No

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				THE INDIVIDUAL TO REPORT BACK TO THE OTP WITHIN A REASONABLE PERIOD (E.G., 24 TO 36 HOURS) WITH ALL TAKE-HOME DOSES DISPENSED BY THE OTP. THIS PRACTICE MAY BE A RESULT OF RANDOMIZED INDIVIDUAL SELECTION OR FOR-CAUSE (WHEN CONCERNS OF DIVERSION ARE PRESENT) IN NATURE. THE NUMBER OF TAKE-HOME DOSES REMAINING MUST CORRESPOND TO THE NUMBER EXPECTED BASED ON PRESCRIBED INGESTION.	Treatment Programs.	
21.320.2	13.6	Amend language and move to new section	GENERAL PROVISIONS	OPIOID TREATMENT PROGRAM GENERAL PROVISIONS	Adds "Opioid Treatment Program" for clarification.	No
21.320.2.A	13.6.A	Amend language and move to new section	Opioid Treatment Programs (OTP) shall provide treatment to individuals meeting criteria for opioid use disorder according to the American Psychiatric	Opioid Treatment Programs (OTP)- <del>shall</del> <b>MUST</b> provide treatment to individuals meeting criteria for opioid use disorder according to the American Psychiatric Association's	Replaces language to refer to the latest version of the "Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision," or	No

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			<p>Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013), which is hereby incorporated by reference. No later editions or amendments are incorporated. You may obtain a copy of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) from the American Psychiatric Association, 1000 Wilson Boulevard, Arlington, VA 22209-3901. You may inspect a copy of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) at the Colorado Department of Human Services, Office of</p>	<p>Diagnostic and Statistical Manual Of Mental Disorders, Fifth Edition (<del>DSM-5</del>) (<del>2013</del>) (<del>DSM-5-TR</del>) (<del>2022</del>), which is hereby incorporated by reference. No later editions or amendments are incorporated. You may obtain a copy of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) from the American Psychiatric Association, 1000 Wilson Boulevard, Arlington, VA 22209-3901. You may inspect a copy of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) at the Colorado Department of Human Services, Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, during regular business hours.</p>	<p>"DSM-5-TR." Deleted language is included in the Chapter 1 definition of "DSM-5-TR."</p>	

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			Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, during regular business hours.			
21.320.2.C	13.6.C	Amend language and move to new section	Agencies shall provide admission to pregnant individuals within forty-eight (48) hours of request for services or provide interim services until an admit date is available.	<del>Agencies shall provide admission to pregnant individuals within forty-eight (48) hours of request for services or provide interim services until an admit date is available.</del> <b>IN ADDITION TO OTP PROVISIONS BEGINNING WITH 13.16, OTPS SHALL ADHERE TO REQUIREMENTS LISTED WITHIN 13.1 THROUGH 13.15.</b>	Clarifies which rule sections are pertinent.	No
NA	13.6.1	Add language	NA	<b>SERVICES FOR PREGNANT AND POSTPARTUM INDIVIDUALS</b>	Adds section to align with changes in 42 CFR Part 8, which describes best practice for OTPs serving pregnant and postpartum individuals.	Received support when presented to industry stakeholders, including OTP Directors during formal stakeholder sessions, Fall 2024.
NA	13.6.1.A	Add language	NA	<b>WHEN PROSPECTIVE OR CURRENTLY ENROLLED</b>	Adds requirements for serving the population in	No

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				INDIVIDUALS ARE PREGNANT OR POSTPARTUM, THE FOLLOWING CONSIDERATIONS SHALL BE CARED FOR THROUGH POLICIES, PROCEDURES, AND CLINICAL DOCUMENTATION:	accordance with best practice and to improve treatment effectiveness and retention.	
NA	13.6.1.A.2	Add language	NA	CONFIRMATION OF PREGNANCY FOR PREGNANCY-CAPABLE INDIVIDUALS UPON OTP ENROLLMENT;	Adds requirements for serving the population in accordance with best practice and to improve treatment effectiveness and retention.	No
NA	13.6.1.A.4	Add language	NA	PRENATAL CARE AND OTHER SEX-SPECIFIC SERVICES, INCLUDING REPRODUCTIVE HEALTH SERVICES, FOR PREGNANT AND POSTPARTUM INDIVIDUALS SHALL BE PROVIDED AND DOCUMENTED EITHER BY THE OTP OR BY REFERRAL TO APPROPRIATE HEALTHCARE PRACTITIONERS;	Adds requirements for serving the population in accordance with best practice and to improve treatment effectiveness and retention.	.No

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NA	13.6.1.A.5	Add language	NA	EVIDENCE-BASED TREATMENT PROTOCOLS FOR THE PREGNANT INDIVIDUAL, SUCH AS SPLIT DOSING REGIMENS, MAY BE INSTITUTED AFTER ASSESSMENT BY A QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP	Adds requirements for serving the population in accordance with best practice and to improve treatment effectiveness and retention.	No
21.320.41	13.6.2	Amend language and move to new section	ADMISSION CRITERIA AND PROCEDURES	ADMISSION CRITERIA AND PROCEDURES	Clarifies purpose of rule section.	No
21.320.41.A	13.6.2.A	Amend language and move to new section	Agencies shall follow all federal requirements in accordance with 42 CFR Part 8 (2019), which are hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services	Agencies shall <del>shall</del> <b>MUST</b> follow all federal requirements in accordance with 42 CFR Part 8 <del>(2019)</del> <b>(2024)</b> , which are hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration, Office of Communications, 5600 Fishers Lane, Rockville, MD 20857 or at	Revises language to reflect date of updated federal regulations and correct address of the Behavioral Health Administration.	No

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			Administration, Office of Communications, 5600 Fishers Lane, Rockville, MD 20857 or at <a href="https://www.ecfr.gov/">https://www.ecfr.gov/</a> . These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, during regular business hours.	<a href="https://www.ecfr.gov/">https://www.ecfr.gov/</a> . These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236 <b>BEHAVIORAL HEALTH ADMINISTRATION, 710 ASH ST. SUITE C140, DENVER, CO 80236</b> during regular business hours.		
21.320.41.B	NA	Delete language	Individuals shall be admitted to opioid medication assisted treatment if OTP medical directors or authorized OTP practitioners determine, and subsequently document in individual records, that such individuals are currently physiologically dependent on opioid drugs or were physiologically dependent	<del>Individuals shall be admitted to opioid medication assisted treatment if OTP medical directors or authorized OTP practitioners determine, and subsequently document in individual records, that such individuals are currently physiologically dependent on opioid drugs or were physiologically dependent on opioid drugs, continuously or</del>	Removes requirement that individuals presenting for treatment have one year of opioid use disorder to enter OTP care. This standard has been in place for four years through state-supported waivers to rule; a recent federal OTP rule removed the requirement officially in 2024.	Wide-spread support for rule change in formal BHA rule stakeholdering events occurring in Fall 2024 as well as with OTP leadership.

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			on opioid drugs, continuously or episodically for most of the year immediately preceding admission.	<del>episodically for most of the year immediately preceding admission.</del>		
21.320.41.C	NA	Delete language	In the case of individuals for whom the exact date on which physiological dependence began cannot be ascertained, OTP medical directors or authorized OTP practitioners may, using reasonable clinical judgment, admit such individuals to opioid replacement treatment if from the evidence presented and recorded in individual records it is reasonable to conclude that such individuals were physiologically dependent on opioid drugs approximately one year prior to admission.	<del>In the case of individuals for whom the exact date on which physiological dependence began cannot be ascertained, OTP medical directors or authorized OTP practitioners may, using reasonable clinical judgment, admit such individuals to opioid replacement treatment if from the evidence presented and recorded in individual records it is reasonable to conclude that such individuals were physiologically dependent on opioid drugs approximately one year prior to admission.</del>	Removes requirement that individuals presenting for treatment have one year of opioid use disorder to enter OTP care. This standard has been in place for four years through state-supported waivers to rule; a recent federal OTP rule removed the requirement officially in 2024.	Wide-spread support for rule change in formal BHA rule stakeholding events occurring in Fall 2024 as well as with OTP leadership.



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21.320.41.D	NA	Delete language	OTP medical directors or authorized OTP practitioners may waive the one-year history of opioid use requirement, if clinically appropriate, for the following: 1. Persons released from penal institutions if admitted to treatment within six (6) consecutive months following release; 2. Pregnant individuals, if OTP physicians certify pregnancy; or 3. Persons formerly receiving treatment within two (2) consecutive years after discharge.	<del>OTP medical directors or authorized OTP practitioners may waive the one-year history of opioid use requirement, if clinically appropriate, for the following: 1. Persons released from penal institutions if admitted to treatment within six (6) consecutive months following release; 2. Pregnant individuals, if OTP physicians certify pregnancy; or 3. Persons formerly receiving treatment within two (2) consecutive years after discharge.</del>	Improves care standard and aligns with SAMHSA 42 CFR Part 8: "To expand access to care, the Department proposed to update OTP admission criteria as described in 42 CFR part 8. This included removal of the one-year requirement for opioid addiction before admission to an OTP, in favor of consideration of problematic patterns of opioid use."	Received support when presented to industry stakeholders Fall 2024.
21.320.41.E	NA	Delete language	Persons under age eighteen (18) shall have at least two unsuccessful attempts at short-term detoxification or drug-free treatment documented within a twelve-month period.	<del>Persons under age eighteen (18) shall have at least two unsuccessful attempts at short-term detoxification or drug-free treatment documented within a twelve-month period.</del>	Aligns with SAMHSA 42 CFR Part 8 and removes barriers to treatment.	Received support when presented to industry stakeholders Fall 2024.
21.320.41.G	NA	Delete Language	OTPs shall not admit persons for more than two	<del>OTPs shall not admit persons for more than two (2) detoxification</del>	Aligns with SAMHSA 42 CFR pt 8: "The final rule	No

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			(2) detoxification treatment episodes per year.	<del>treatment episodes per year.</del>	removes the requirement, previously at 8.12(e)(2), that minors are required to have had two documented unsuccessful attempts at short-term “detoxification”, or withdrawal management, or drug-free treatment within a 12-month period to be eligible for maintenance treatment, and that those seeking withdrawal management, previously under 8.12(e)(4), cannot initiate methadone treatment more than twice per year. Instead, OTPs shall ensure that patients are admitted to treatment by qualified personnel who have determined, using accepted medical criteria, that: the person meets diagnostic criteria for a	

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					moderate to severe OUD; the individual has an active moderate to severe OUD, or OUD in remission, or is at high risk for recurrence or overdose. There is nothing stated within the Federal regulations or statutes that limits the number of times a person can initiate treatment with methadone or any other medication."	
21.320.41	13.6.2.C.1	Amend language and move to new section	opioid replacement treatment	<del>opioid replacement treatment</del> <b>MEDICATION FOR OPIOID USE DISORDER.</b>	Updates rule language to modern practice verbiage.	No
21.320.41.H.4	13.6.2.C.4	Amend language and move to new section	Take-home dose privilege phase system	<del>Take home dose privilege phase system</del> <b>TREATMENT STRUCTURE ESTABLISHED BY THE OTP</b>	Removes the word "privileges" from requirement to reflect best practice and remove treatment stigma.	No
21.320.41.H.5	13.6.2.C.5	Amend language and move to	Special privilege requests.	<del>Special privilege requests.</del> <b>EXCEPTION</b>	Removes the word "privileges" from requirement to reflect	No

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		new section			best practice and remove treatment stigma.	
NA	13.6.2.D	Add language	NA	OTPS SHALL PROVIDE ALTERNATIVES TO ADMISSION DENIAL DUE TO LACK OF GOVERNMENT- ISSUED PHOTO IDENTIFICATION, INCLUDING BUT NOT LIMITED TO ACCEPTING VARIOUS FORMS OF SUITABLE IDENTIFICATION, COORDINATING WITH THE DEPARTMENT TO ESTABLISH UNIQUE TREATMENT IDENTIFIER WITHIN THE CENTRAL REGISTRY SYSTEM AND DIRECT REFERRAL TO ALTERNATIVE MOUD (MEDICATIONS FOR OPIOID USE DISORDER) TREATMENT OPTIONS.	Adds language to expand care access and reduce service denials. OTPs have cited interpretation of regulatory (state and DEA) pressure to deny service in the current state of service delivery. This addition also clarifies that the requirement for gov issued photo ID for service access does not exist.	OTP patients with lived experience expressed strong support for this rule addition.  OTPs support this addition as it expands their ability to immediately enroll and continue enrollment of patients.
21.320.42.A	NA	Delete Language	Individuals will bring in all personal prescription medications for review to the program. B. The program shall assess and	<del>Individuals will bring in all personal prescription medications for review to the program. B. The program shall assess and document the</del>	Aligns rule with best and contemporary practice, reduces stigma and increases trust. Consistent documented	No

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			document the appropriateness of use of personal medications. C. Programs will have a policy for the assessment of all prescription medication that an individual may bring in.	<del>appropriateness of use of personal medications. C. Programs will have a policy for the assessment of all prescription medication that an individual may bring in.</del>	use of PDMP will continue to be required of all OTPs. Language bolsters PDMP use and documentation.	
21.320.5.D	13.6.3.D	Amend language and move to new section	D. In circumstances where individuals must be administratively withdrawn from methadone due to inability or unwillingness to pay treatment fees, OTPs shall provide a safe medical taper if necessary. Pregnant individuals shall have the option to defer payment for treatment and continue to receive OTP.	D. In circumstances where individuals must be administratively withdrawn from methadone <del>due to inability or unwillingness to pay treatment fees</del> , OTPs shall provide a safe medical taper if necessary. <b>OR OTHER OTP-DISPENSED CONTROLLED SUBSTANCES, OTPS SHALL MAKE A GOOD FAITH DOCUMENTED EFFORT TO OBTAIN APPROPRIATE CONSENTS AND COORDINATE TRANSITION OF CARE TO NEARBY MOUD TREATMENT AND OTHER APPLICABLE SERVICES TO REDUCE THE RISK OF OPIOID WITHDRAWAL AND HARM. WHEN TRANSFER EFFORT IS</b>	Adds language to support best practice in discharging and transferring patients and mitigate risks of overdose and death.	No

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				<p>UNSUCCESSFUL, OTPS SHALL NOTIFY AND COORDINATE WITH BHA BEFORE PROVIDING A SAFE MEDICAL TAPER DUE TO INABILITY OR UNWILLINGNESS TO PAY.</p> <p>Pregnant individuals shall have the option to defer payment for treatment and continue to receive <del>OTP</del> MOUD.</p>		
NA	13.6.3.E	Add language	NA	<p>OTP MEDICAL DIRECTORS AND LEADERSHIP SHALL DEVELOP A MEDICATION INDUCTION PROTOCOL WHICH CONSIDERS, ON AN INDIVIDUALIZED BASIS AND AMONG OTHER FACTORS, RATE OF DOSE ADJUSTMENT AND WHEN INITIATION OF TAKE-HOME DOSE PROTOCOL WOULD BE SAFE AND APPROPRIATE.</p>	Adds language to transfer authority for decision-making and responsibility during induction/intake phase of treatment to the OTP provider, as the previous take-home phase structure is herein removed from rule.	Developed with COTOD and MD Director Leadership in Fall 2024; recognizing the potential gap of medical responsibility that could develop as rules reduce in structure on this element.
NA	13.6.3.F	Add language	NA	<p>IN AN EFFORT TO PREVENT MEDICATION DISRUPTION, OTPS SHALL MAKE A GOOD FAITH EFFORT TO PROVIDE</p>	Adds requirement for OTPs to be active partners in dose continuation in non-OTP	Longstanding feedback from OTP providers and service recipients

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				OR COORDINATE SERVICES FOR TREATMENT-ENROLLED INDIVIDUALS IN TREATMENT SETTINGS OUTSIDE OF THE AGENCY, INCLUDING CARCERAL SETTINGS.	settings, which is both the standard in our state and an occasional source of medication disruption.	that not all OTPs are responsive and effective in medication continuation through actual dose delivery or coordinating medical information which would support the dose from alternative means.
21.320.8	13.6.4	Amend language and move to new section	TAKE-HOME DOSE PRIVILEGES	TAKE-HOME DOSE PRIVILEGES GUIDANCE	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on take-home medication requirements; removes unclear "criminal" component, considers SUD beyond toxicology, relies more on prescriber judgement, focuses more on diversion risk and better practice.	Received general support. and acknowledgement that this shift is occurring nationally.
21.320.81.A	13.6.4.A	Amend language and move to new section	Individuals may qualify to self-administer methadone doses at locations other than OTPs if they meet all	<del>Individuals may qualify to self-administer methadone doses at locations other than OTPs if they meet all the criteria for each of</del>	Aligns BHA CSL rules with SAMHSA 42 CFR pt 8 on take-home medication requirements;	Received general support. and acknowledgement that this shift is

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			the criteria for each of six (6) phases of take-home dose privileges. Individuals shall qualify for each phase sequentially and must have the following, at minimum, in addition to length of time for each phase: 1. Most recent toxicology screen is negative; 2. Regular clinic attendance; 3. Compliance with OTP policies and procedures; 4. No known recent criminal activity; 5. Competence to safely handle take-home doses; 6. Absence of serious behavioral problems at the clinic; 7. Stable living environment; 8. Stable social relationships; 9. A clinical determination of a rehabilitative benefit the individual derives from decreasing the frequency of	<del>six (6) phases of take-home dose privileges. Individuals shall qualify for each phase sequentially and must have the following, at minimum, in addition to length of time for each phase: 1. Most recent toxicology screen is negative; 2. Regular clinic attendance; 3. ——— Compliance with OTP policies and procedures; 4. No known recent criminal activity; 5. Competence to safely handle take-home doses; 6. Absence of serious behavioral problems at the clinic; 7. ——— Stable living environment; 8. Stable social relationships; 9. A clinical determination of a rehabilitative benefit the individual derives from decreasing the frequency of clinic attendance outweighs the potential risk of diversion; and, 10. Prescription drug monitoring shall be used upon transition of each phase and documented in the chart.</del>	removes unclear "criminal" component, considers SUD beyond toxicology, relies more on prescriber judgement, focuses more on diversion risk and better practice.	occurring nationally.



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			<p>clinic attendance outweighs the potential risk of diversion; and, 10. Prescription drug monitoring shall be used upon transition of each phase and documented in the chart.</p>	<p>IN ACCORDANCE WITH 42 CFR § 8.12 (i)(2)(i-vi), OTP DECISIONS ON DISPENSING MOUD TO PATIENTS FOR UNSUPERVISED USE SHALL BE DETERMINED BY AN APPROPRIATELY LICENSED OTP MEDICAL PRACTITIONER OR THE MEDICAL DIRECTOR. IN DETERMINING WHICH PATIENTS MAY RECEIVE UNSUPERVISED MEDICATION DOSES, THE MEDICAL DIRECTOR OR PROGRAM MEDICAL PRACTITIONER SHALL CONSIDER, AMONG OTHER PERTINENT FACTORS THAT INDICATE THAT THE THERAPEUTIC BENEFITS OF UNSUPERVISED DOSES OUTWEIGH THE RISKS, THE FOLLOWING CRITERIA;</p> <p>1. ABSENCE OF ACTIVE SUBSTANCE USE DISORDERS, OTHER PHYSICAL OR BEHAVIORAL</p>	

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				<p>HEALTH CONDITIONS THAT INCREASE THE RISK OF PATIENT HARM AS IT RELATES TO THE POTENTIAL FOR OVERDOSE, OR THE ABILITY TO FUNCTION SAFELY;</p> <p>2. REGULARITY OF ATTENDANCE FOR SUPERVISED MEDICATION ADMINISTRATION;</p> <p>3. ABSENCE OF SERIOUS BEHAVIORAL PROBLEMS THAT ENDANGER THE PATIENT, THE PUBLIC OR OTHERS;</p> <p>4. ABSENCE OF KNOWN RECENT DIVERSION ACTIVITIES;</p> <p>5. WHETHER TAKE-HOME MEDICATION CAN BE SAFELY TRANSPORTED AND STORED; AND</p> <p>6. ANY OTHER CRITERIA THAT THE MEDICAL DIRECTOR OR MEDICAL PRACTITIONER CONSIDERS</p>		

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				RELEVANT TO THE PATIENT'S SAFETY AND THE PUBLIC'S HEALTH.		
NA	13.6.4.B	Add language	NA	BUPRENORPHINE PRODUCTS THAT ARE DISPENSED, COMPOUNDED, AND ADMINISTERED BY AN OTP DO NOT REQUIRE TIME IN TREATMENT REQUIREMENTS AS LISTED IN THIS PART 13.19.1. A.1. HOWEVER, AN OTP IS STILL RESPONSIBLE FOR INCLUDING ALL CONTROLLED SUBSTANCES DISPENSED, COMPOUNDED, AND ADMINISTERED IN THEIR DIVISION CONTROL PLAN, INCLUDING OTP DIRECTED BUPRENORPHINE TAKE- HOME PHASING.	Clarifies that buprenorphine is not required to follow a more stringent take-home protocol than methadone, as outlined in BHA, SAMHSA, DEA, and FDA rule.	No

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21.320.81.C	13.6.4.C	Amend language and move to new section	In addition to items 1-10 above, the following phase requirements must be followed based on time in treatment and negative toxicology screens/urine drug screens: 1. Phase 1 permits a take-home dose for Sunday and one (1) additional take-home dose per week on or after the first ninety (90) consecutive calendar days of treatment. 2. Phase 2 permits a take-home dose for Sunday and two (2) additional take-home doses per week when the individual has completed four (4) or more consecutive months in treatment, and the most recent two (2) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive calendar days of take-home doses. 3. Phase 3 permits a take-	<del>In addition to items 1-10 above, the following phase requirements must be followed based on time in treatment and negative toxicology screens/urine drug screens: 1. Phase 1 permits a take-home dose for Sunday and one (1) additional take-home dose per week on or after the first ninety (90) consecutive calendar days of treatment. 2. Phase 2 permits a take-home dose for Sunday and two (2) additional take-home doses per week when the individual has completed four (4) or more consecutive months in treatment, and the most recent two (2) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive calendar days of take-home doses. 3. Phase 3 permits a take-home dose for Sunday and three (3) additional take-home doses per week when the individual has completed six (6) or more consecutive months</del>	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on take-home medication scheduling; reduces time in treatment requirement, removes concept of structured phase, more heavily relies on prescriber judgement, and emphasises individualized care and medication decision-making.	Received general support. and acknowledgement that this shift is occurring nationally.
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			<p>home dose for Sunday and three (3) additional take-home doses per week when the individual has completed six (6) or more consecutive months in treatment, and the most recent three (3) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive days of take-home doses. 4. Individuals may qualify for Phase 4 when an individual has completed nine (9) or more months in treatment and the most recent four (4) consecutive toxicology screens/urine drug screens are negative. Phase 4 permits a take-home dose for Sunday and five (5) additional take-home doses per week. 5. Phase 5 permits thirteen (13) take-home doses per two-week period. Individuals may</p>	<p><del>in treatment, and the most recent three (3) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive days of take-home doses. 4. Individuals may qualify for Phase 4 when an individual has completed nine (9) or more months in treatment and the most recent four (4) consecutive toxicology screens/urine drug screens are negative. Phase 4 permits a take-home dose for Sunday and five (5) additional take-home doses per week. 5. Phase 5 permits thirteen (13) take-home doses per two-week period. Individuals may qualify for phase 5 when the individual has completed one (1) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative. 6. Phase 6 permits twenty-eight (28) to thirty (30) take-home doses per month. Individuals may qualify for Phase</del></p>		
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			<p>qualify for phase 5 when the individual has completed one (1) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative.</p> <p>6. Phase 6 permits twenty-eight (28) to thirty (30) take-home doses per month. Individuals may qualify for Phase 6 when the individual has completed two (2) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative.</p>	<p><del>6 when the individual has completed two (2) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative.</del></p> <p><b>IN ACCORDANCE WITH 42 CFR § 8.12 (I)(3)(I-III), SUCH DETERMINATIONS AND THE BASIS FOR SUCH DETERMINATIONS CONSISTENT WITH THE CRITERIA OUTLINED IN 13.19.1 OF THIS SECTION SHALL BE DOCUMENTED IN THE INDIVIDUAL'S MEDICAL RECORD. IF IT IS DETERMINED THAT A INDIVIDUAL IS SAFELY ABLE TO MANAGE UNSUPERVISED DOSES OF MOUD, THE DISPENSING RESTRICTIONS SET FORTH IN D.1 THROUGH D.3 OF THIS SECTION APPLY. THE DISPENSING RESTRICTIONS SET FORTH IN PARAGRAPHS D.1 THROUGH D.3 OF THIS SECTION DO NOT</b></p>	
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				<p>APPLY TO BUPRENORPHINE AND BUPRENORPHINE PRODUCTS.</p> <p>1. DURING THE FIRST 14 DAYS OF TREATMENT, TAKE-HOME DOSES ARE LIMITED TO A 7 DAY SUPPLY. IT REMAINS WITHIN THE OTP PRACTITIONER'S DISCRETION TO DETERMINE THE NUMBER OF TAKE-HOME DOSES UP TO 7 DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.</p> <p>2. FROM 15 DAYS OF TREATMENT, TAKE-HOME DOSES ARE LIMITED TO A 14 DAY SUPPLY. IT REMAINS WITHIN THE OTP PRACTITIONER'S DISCRETION TO DETERMINE THE NUMBER OF TAKE-HOME</p>		
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				<p>DOSES UP TO 14 DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.</p> <p>3. FROM 31 DAYS OF TREATMENT, TAKE-HOME DOSES PROVIDED TO AN INDIVIDUAL ARE NOT TO EXCEED A 28 DAY SUPPLY. IT REMAINS WITHIN THE OTP PRACTITIONER'S DISCRETION TO DETERMINE THE NUMBER OF TAKE-HOME DOSES UP TO 28 DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.</p>		
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NA	13.6.4.D	Add language	NA	IN DETERMINING A SAFE AMOUNT OF TAKE-HOME DOSES FOR INDIVIDUALS TRANSFERRING FROM ONE COLORADO OTP TO ANOTHER COLORADO OTP, THE RECEIVING OTP SHALL DETERMINE AND DOCUMENT, AMONG OTHER CRITERIA, CURRENT AMOUNT OF TAKE HOME DOSES PROVIDED BY PREVIOUS OTP.	Adds language to highlight OTP medical take-home dose decision-making and responsibility during induction/intake phase of treatment as the previous take-home phase structure is no longer in rule.	
21.320.81.C	13.6.4.E	Amend language and move to new section	Individuals transferring from out of state must meet the Colorado state requirements for the takehome phase they are requesting.	Individuals transferring from out of state must meet the Colorado state requirements for the take-home <del>phase</del> DOSES they are requesting.	Removes "phase" from take-home dose language, as the term is no longer applicable.	No
21.320.81.D	13.6.4.F	Amend language and move to new section	All phases must receive special state approval for take-outs beyond their approved week schedule.	<del>All phases must receive special state approval for take-outs beyond their approved week schedule</del> OTPS SHALL SEEK BHA AND SAMHSA APPROVAL PRIOR TO PROVIDING TAKE-HOME DOSES BEYOND LIMITS DEFINED BY 13.6.4 OF THIS RULESET AND 42 CFR §	Aligns language with change to take-home dose definition.	No

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				8.12 (I)(3)(I-III).		
21.320.81.I.4	13.6.4.K.4	Amend language and move to new section	Dose amounts, if not OTP physician-authorized blind doses;	Dose amounts, if not OTP physician <del>physician</del> <b>MEDICAL DIRECTOR</b> -authorized blind doses;	Supports blind dose protocol oversight by an OTP medical director.	
21.320.81.L	13.6.4.M	Amend language and move to new section	Take-home doses numbering seven (7) or more shall be transported in locked containers constructed of rigid materials that resist tampering.	Take-home doses numbering seven (7) or more shall be transported in locked, <b>WELL-CONSTRUCTED</b> containers <del>constructed of rigid materials</del> that resist tampering.	Removes "rigid" as it's not mentioned elsewhere in state or federal OTP rule or law, allows flexibility in using alternative safe containers, and serves to de-identify methadone take-home doses.	No
21.320.81.M.1	NA	Delete Language	Split doses with the exception of pregnant individuals;	<del>Split doses with the exception of pregnant individuals;</del>	Removes language, as SAMHSA no longer requires special considerations to allow for split dosing.	No
21.320.81.M.4	NA	Delete Language	Take-home medication doses for individuals with unacceptable toxicology screen/urine drug screen results within the last ninety (90) calendar days;	<del>Take-home medication doses for individuals with unacceptable toxicology screen/urine drug screen results within the last ninety (90) calendar days;</del>	Removes language to align with best practice and SAMHSA changes: take-home reductions are no longer tied to a phasing system and are now subject to	No

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					prescriber/patient decision.	
21.320.81.O	13.6.4.O.3	Amend language and move to new section	Take-home doses for OTP individuals admitted to extended health care agencies or licensed residential substance use disorder agencies.	Take-home doses for OTP individuals admitted to extended health care agencies, or licensed residential substance use disorder agencies, <b>OR CARCERAL SETTINGS.</b>	Adds language to support take-home dosing for those who find themselves in carceral settings during the course of OTP treatment to support best practice..	Formal feedback sessions OTP patients with lived experience occurred in July of 2024. Persons with lived experience reported disruptions with MOUD treatment in a carceral setting.
21.320.81.O	13.6.4.P	Amend language and move to new section	OTPs shall have policies and procedures for transporting methadone or other approved controlled substances to individuals in residential treatment or recovery agencies that include a secure plan for storage from the facility.	OTPs shall have policies and procedures for transporting methadone or other approved controlled substances to individuals in residential treatment, <b>CARCERAL SETTINGS</b> , or recovery agencies, that include <b>CHAIN-OF-CUSTODY DOCUMENTATION RETAINED BY THE OTP AND</b> a secure plan for storage from the facility.	Adds language to support the common practice of delivering medication to carceral settings which further supports Colorado Fentanyl Law MOUD requirements and best practice. Adds Chain-of-Custody requirement (common practice) to reinforce diversion prevention as standard practice.	No
21.320.81.N	13.6.4.Q	Amend	Individuals reporting loss or	<del>Individuals reporting loss or theft</del>	Amends requirements to	No

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		language and move to new section	theft of take-home doses shall not be provided replacement doses or daily doses, until the day after the last take-home dose would have been taken, unless there are extenuating circumstances or medical necessity.	<del>of take-home doses shall not be provided replacement doses or daily doses, until the day after the last take-home dose would have been taken, unless there are extenuating circumstances or medical necessity.</del> <b>IN THE EVENT OF TAKE-HOME MEDICATION THEFT, LOSS, OR DIVERSION, TAKE-HOME DOSE REPLACEMENT SHALL NOT BE PROVIDED UNTIL DOCUMENTED REVIEW AND APPROVAL IS GIVEN BY A QUALIFIED PRACTITIONER WITHIN THE OTP. IN-PERSON DOSING SHALL BE CONTINUED IN THE EVENT OF TAKE-HOME MEDICATION THEFT, LOSS, MISUSE OR DIVERSION.</b>	ensure continuity of access to medication while limiting risk to the community. Additionally, the rule includes the medical director as a key- decision maker when the consideration for additional take-homes is made.	

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NA	13.6.4.R	Add language	NA	<b>OTPS SHALL OFFER EITHER DIRECTLY OR THROUGH PRESCRIPTION, OPIOID ANTAGONISTS FOR ALL PATIENTS RECEIVING MOUD TAKE HOME DOSES.</b>	Adds evidence-based requirements to increase overdose prevention efforts within OTP care.	No
21.320.82.A	NA	Delete Language	Illicit positive toxicology screens and unexcused dosing and counseling absences shall result in thirty-day reductions in take-home dose privilege phases. B. Positive toxicology screens during thirty-day reduction periods shall result in further reductions in privilege phases. C. Privilege phases for which individuals qualified prior to reductions may be sequentially restored at a rate of one (1) phase every thirty (30) consecutive calendar days if toxicology screens remain negative and all other	<del>Illicit positive toxicology screens and unexcused dosing and counseling absences shall result in thirty-day reductions in take-home dose privilege phases. B. Positive toxicology screens during thirty-day reduction periods shall result in further reductions in privilege phases. C. Privilege phases for which individuals qualified prior to reductions may be sequentially restored at a rate of one (1) phase every thirty (30) consecutive calendar days if toxicology screens remain negative and all other requirements are met.</del>	Removes language to align with best practice and SAMHSA changes: take-home reductions are no longer tied to a phasing system and are now subject to prescriber/patient decision.	No

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			requirements are met.			
21.320.42	13.6.5	Amend language and move to new section	OTHER PRESCRIPTION MEDICATIONS Programs will make regular use of the prescription drug monitoring program as evidenced by documentation. In addition, they will refer to their policy on the PDMP for clinical decisions.	<del>OTHER PRESCRIPTION MEDICATIONS</del> <b>PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)</b> <del>Programs will make regular use of the prescription drug monitoring program as evidenced by documentation. In addition, they</del>	Aligns rule with best and contemporary practice, reduces stigma and increases trust. Consistent documented use of PDMP will continue to be required of all OTPs. Language bolsters PDMP use and documentation.	No

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				<p><del>will refer to their policy on the PDMP for clinical decisions.</del></p> <p>MEDICAL DIRECTORS AND OTHER QUALIFIED PRACTITIONERS WITHIN THE OTP SHALL UTILIZE THE INFORMATION OBTAINED FROM THE COLORADO STATE BOARD OF PHARMACY'S ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), DEVELOPED PURSUANT TO 12-280-403, C.R.S. THE PDMP SHALL BE UTILIZED AT KEY DECISION-MAKING POINTS, INCLUDING AT INTAKE AND TAKE-HOME DOSE CONSIDERATION. DOCUMENTATION SHOULD INCLUDE RELEVANT RECENT PRESCRIPTION HISTORY AND/OR COPY OF RESULTS UPLOADED TO THE CLINICAL CHART.</p>		
NA	13.6.6.A	Add language	NA	OTPS SHALL MAINTAIN A CURRENT DIVERSION	Adds a new requirement to bolster diversion	No



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				CONTROL PLAN WHICH ASSIGNS RESPONSIBILITY TO OTP MEDICAL AND ADMINISTRATIVE LEADERSHIP AND PERSONNEL FOR DEVELOPING, PERFORMING, AND MONITORING MEASURES AND FUNCTIONS DESCRIBED IN THE DIVERSION CONTROL PLAN.	prevention as statewide take-home dose supply increases.	
NA	13.6.6.B	Add language	NA	THE DIVERSION CONTROL PLAN SHALL INCLUDE, AT MINIMUM, THE FOLLOWING CATEGORIES:  PROGRAM ENVIRONMENT; DOSING; TAKE-HOMES DOSES; TAKE-HOME DOSE CALLBACKS; PREVENTION OF MULTIPLE PROGRAM ENROLLMENT; MISUSE OF PRESCRIPTION MEDICATION AS OUTLINED IN SAMHSA FEDERAL OTP GUIDELINES;	Provides clarity on the required elements of diversion control plans. This list is directly informed by federal OTP guidelines for Diversion Control and expands requirements on take- home dose callbacks.	Providers often ask BHA for additional guidance on what the elements required in diversion control plans.

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NA	13.6.6.C	Add language	NA	AS A CORE FUNCTION OF DIVERSION CONTROL, THE FOLLOWING MUST OCCUR: 1. RANDOMIZED TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED AND DOCUMENTED AT A MINIMUM OF TWO PER YEAR FOR INDIVIDUALS WHOSE TAKE- HOME DOSES EQUAL SEVEN OR GREATER AND MAY COINCIDE WITH RANDOM TOXICOLOGY SCREENS; 2. FOR-CAUSE TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED WHENEVER TAKE-HOME DOSE DIVERSION OR MISUSE IS SUSPECTED AND OTPS SHALL DEVELOP WRITTEN PROTOCOL TO DETERMINE CONSISTENTLY UNDER WHICH CIRCUMSTANCES AND HOW THOSE TAKE- HOME CALLBACKS WILL BE CONDUCTED AND DOCUMENTED.	Provides clarity on the required elements of diversion control plans. This list is directly informed by federal OTP guidelines for Diversion Control and expands requirements on take- home dose callbacks.	No

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21.320.9.A	13.6.6.D	Amend language and move to new section	OTPs shall prevent simultaneous enrollment of individuals in more than one clinic by fully participating in the Department Central Registry of opioid individuals, developed pursuant to 27- 80-215, C.R.S.	OTPs shall prevent simultaneous enrollment of individuals in more than one clinic by fully participating in the <del>Department</del> <b>BEHAVIORAL HEALTH ADMINISTRATION</b> Central Registry of opioid individuals, developed pursuant to 27- 80-215, C.R.S.	Replaces “Department” with “BHA”, strikes “of opioid individuals” to reduce stigma and confusion.	No
NA	13.6.6.E	Add language	NA	<b>BY DEFINITION, MOBILE OPIOID TREATMENT UNITS AND MEDICATION UNITS OPERATE UNDER THE LICENSE OF AN OTP AND THEREFORE DO NOT REQUIRE A CENTRAL REGISTRY ACCOUNT SEPARATE FROM THE HOME OTP. INDIVIDUALS RECEIVING SERVICES AT EITHER MOBILE OR MED UNITS MUST BE ENROLLED IN THE PRIMARY OTP'S CENTRAL REGISTRY. IT IS THE OTP'S RESPONSIBILITY TO PREVENT MEDICATION ERROR AND DIVERSION</b>	Provides clarification that Med Units and Mobile Units do not register separately as a controlled substance license or in the state's OTP Central Registry system but ensures that OTPs are solely responsible for preventing dosing error and dual enrollment in this service spectrum.	COTOD provided feedback which encouraged use of "for-cause" take-home dose callbacks, providing evidence as well. (2024)

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				ACROSS THAT SPECTRUM OF SERVICE DELIVERY.		
21.320.21	13.6.7	Amend language and move to new section	MOBILE OPIOID TREATMENT UNITS	MOBILE OPIOID TREATMENT UNITS <b>AND MEDICATION UNITS</b>	Clarifies difference between SAMHSA, DEA, and BHA recognized terms "Mobile Opioid Treatment Unit" and "Medication Unit".	No
21.320.21.A	NA	Delete Language	As used in this rule, "mobile opioid treatment unit" has the same meaning as "mobile narcotic treatment program" as used in 21 C.F.R. Part 1300.01.	<del>As used in this rule, "mobile opioid treatment unit" has the same meaning as "mobile narcotic treatment program" as used in 21 C.F.R. Part 1300.01.</del>	Removes redundant rule.	No
21.320.21.B	13.6.7.A	Amend language and move to new section	OTPs utilizing mobile opioid treatment units shall follow all applicable state and federal regulations including, 21 C.F.R. Part 1300, 1301, and 1304.	OTPs utilizing mobile opioid treatment units <b>OR MEDICATION UNITS</b> shall follow all applicable state and federal regulations including, 21 C.F.R. Part 1300, 1301, and 1304.	Adds language to include "Medication Unit".	No
21.320.21 C	13.6.7.B	Amend language and move to new section	OTPs are not required to obtain a separate substance use disorder license or controlled substance license for mobile opioid treatment	OTPs are not required to obtain a separate <del>substance use disorder</del> <b>BEHAVIORAL HEALTH ENTITY</b> license or controlled substance license for	Clarifies difference between SAMHSA, DEA, and BHA recognized terms "Mobile Opioid Treatment Unit" and	No

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			units.	<b>MEDICATION UNITS</b> or mobile opioid treatment units.	"Medication Unit".	
21.320.21 D	13.6.7.C	Amend language and move to new section	OTPs shall develop the following plans for mobile opioid treatment units: 1. Staffing plan; 2. Security plan; 3. Contingency plans for mobile opioid treatment unit closure including but not limited to, adverse weather events, human- induced disasters, and unit breakdown; and, 4. Vehicle maintenance plan.	OTPS shall develop the following plans for mobile opioid treatment units <b>OR MEDICATION UNITS</b> : 1. Staffing plan; 2. Security plan; 3. <b>ADEQUATE AND PROPER HANDLING AND STORAGE PLAN OF CONTROLLED SUBSTANCES</b> ; <del>3</del> 4. Contingency plans for mobile opioid treatment unit closure including but not limited to, adverse weather events, human- induced disasters, and unit breakdown <b>FOR MOBILE MEDICATION UNITS ONLY</b> ; and, 4 <b>5</b> . Vehicle maintenance plan <b>FOR MOBILE MEDICATION UNITS ONLY</b> .	Clarifies difference between SAMHSA, DEA, and BHA recognized terms "Mobile Opioid Treatment Unit" and "Medication Unit".	No
21.320.21 E	13.6.7.D	Amend language and move to new section	Mobile opioid treatment units shall comply with reporting requirements determined by the Department pursuant to Section 21.130.	Mobile opioid treatment units and medication units shall comply with reporting requirements determined by the <del>Department pursuant to Section 21.130</del> <b>BHA PURSUANT TO</b>	Updates language to move requirements for critical incident reporting from previous to current rule section.	No

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				PART 2.16 OF THESE RULES.		
NA	13.6.7.E	Add language	NA	OTPS SHALL SUBMIT CURRENT SCHEDULE OF PLANNED DOSING STOPS FOR MOBILE MEDICATION UNITS TO BHA PRIOR TO INITIATING CARE AT THOSE STOPS.	Adds requirements to address regulatory oversight/inspection gap and improve connection/referral to services.	Presented to the two OTP agencies performing this service and both were in support.
21.320.3	13.7	Amend language and move to new section	ADMINISTRATIVE AND MEDICAL RESPONSIBILITY	<del>ADMINISTRATIVE AND MEDICAL RESPONSIBILITY</del> PERSONNEL	Aligns language with BHE rules.	No

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21.320.32.C	13.7.1.C	Amend language and move to new section	The medical director and other medical healthcare providers shall currently possess and maintain licenses to practice medicine/nursing in compliance with the credentialing requirements of their own profession in Colorado as provided by Article 240, Title 12, C.R.S. OTP medical directors shall assure appropriate credentials and training for other OTP physicians and other qualified health care providers to dispense, compound or administer a controlled substance in an OTP.	The medical director, <b>QUALIFIED PRACTITIONERS</b> , and <b>ALL</b> other medical healthcare providers shall currently possess and maintain licenses to practice medicine/nursing in compliance with the credentialing requirements of their own profession in Colorado as provided by Article 240, Title 12, C.R.S. OTP medical directors shall assure appropriate credentials and training for other OTP physicians and other qualified health care providers to dispense, compound or administer a controlled substance in an OTP.	Adds other types of medical professionals that may be practicing in an OTP.	No
21.320.32.E	13.7.1.E	Amend language and move to new section	The medical director shall sign an acknowledgment of review of all controlled substance licensing violations.	The medical director shall sign an acknowledgment of review of all <del>controlled substance licensing violations.</del> <b>BHA- ISSUED BHE AND CONTROLLED SUBSTANCE LICENSING VIOLATIONS AND RECOMMENDATIONS CONNECTED TO THE OTP.</b>	Adds language to broaden scope of review for medical director and reinforce requirement for the position of medical director to be the key decision-maker in the OTPs quality improvement process.	No

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21.320.32.F	13.7.1.F	Amend language and move to new section	OTPs utilizing an authorized OTP practitioner shall have a plan that at minimum:	OTPs utilizing an <del>authorized</del> <b>QUALIFIED</b> practitioner shall have a plan that at minimum:		No
21.320.32.F.2	NA	Delete language	Ensures authorized OTP practitioners with prescriptive authority have a SAMHSA approved mid-level exemption (MLE);	<del>Ensures authorized OTP practitioners with prescriptive authority have a SAMHSA approved mid-level exemption (MLE);</del>	Data Waiver Act removed congressionally in 2022.	No
21.320.32.F.4	13.7.1.F.3	Amend language and move to new section	Establishes authorized OTP practitioner supervision requirements; and,	<del>Establishes authorized OTP practitioner supervision requirements; and,</del> <b>ESTABLISHES QUALIFIED PRACTITIONER SUPERVISION REQUIREMENTS INCLUDING REVIEW AND DOCUMENTATION OF ALL MEDICATION ORDERS FOR APPROVED CONTROLLED SUBSTANCES AND OTHER MEDICATIONS, WHICH ALSO INCLUDES SUBSEQUENT DOSE ADJUSTMENTS AND CHANGES TO TAKE-HOME DOSES ; AND,</b>	Clarifies circumstances when supervision is required.	No
21.320.61.B	13.7.1.G.5	Amend language and move	Other medical concerns shall be addressed by OTPS or referred to other medical agencies when	Other medical concerns shall be addressed by OTPS or referred to other medical agencies when appropriate as	Aligns language to reflect terminology change to “qualified practitioner.”	No



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		to new section	appropriate as determined by an OTP medical director or an authorized OTP practitioner. .	determined by an OTP medical director or <del>an authorized OTP</del> <b>A QUALIFIED</b> practitioner.		
21.320.32.G.5	13.7.1.G.6	Amend language and move to new section	All medical orders are properly signed or countersigned including initial orders for approved controlled substances and other medications, subsequent dose increases or decreases, changes in take-home dose privileges, emergency situations and other special circumstances by the medical director.	All medical orders are properly signed or countersigned including initial orders for approved controlled substances and other medications, subsequent dose increases or decreases, changes in take-home doseS <del>privileges</del> , emergency situations and other special circumstances by <del>the medical director</del> <b>A QUALIFIED PRACTITIONER IN AN OTP, OPERATING WITHIN SCOPE OF THEIR LICENSE.</b>	Reduces standard from MD Director sign off on all medication orders to Qualified Practitioner to align with federal standards/clarifications but also to increase medication access.	No

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NA	13.7.1.H	Add language	NA	MEDICAL DIRECTORS SHALL ENSURE THAT OTPS MAKE DOCUMENTED EFFORTS TO OUTREACH SERVICE RECIPIENTS WHO HAVE MISSED THREE OR MORE CONSECUTIVE DOSES.	Sets a minimum standard for outreach and re-engagement of treatment recipients to improve treatment retention, treatment outcomes, and reduce harm. This is an additional measure considering reduced take-home time-in-treatment requirement.	No
NA	13.7.2.A.1.c	Add language	NA	ENSURES AN ACTIVE MEDICAL DIRECTOR IS ASSIGNED TO THE OTP AND AVAILABLE FOR SUPERVISION;	Clarifies requirements for medical oversight of an OTP. BHA and SOTA have observed OTP staff turnover wherein OTP medical directors leave and are not immediately replaced yet medical care continues.	No
NA	13.7.2.A.1.i	Add language	NA	ALL REASONABLE AND CLINICALLY INDICATED EFFORTS ARE MADE TO COORDINATE TREATMENT WITH OTHER HEALTHCARE AND BEHAVIORAL HEALTH PROVIDERS. DOCUMENTATION		No

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				<b>INCLUDES OBTAINING INDIVIDUALS' CONSENT TO RELEASE INFORMATION TO COMMUNICATE WITH THOSE PRACTITIONERS.</b>		
21.320.31.A.10	13.7.2.A.1.k	Amend language and move to new section	Printed acknowledgements are signed by patients and kept in patient records stating that they have been informed of the United States Department of Transportation regulation against the use of OTP prescribed methadone by commercial drivers and the possible loss of commercial driver's license if taking methadone for an opioid use disorder is discovered.	Printed acknowledgements are signed by <del>patients</del> <b>INDIVIDUALS</b> and kept in <del>patient</del> <b>INDIVIDUALS</b> records stating that they have been informed of the United States Department of Transportation regulation against the use of OTP prescribed methadone by commercial drivers and the possible loss of commercial driver's license if taking methadone for an opioid use disorder is discovered.	Revises rule with person-centered language.	No
21.320.31.A.7	13.7.2.A.1.g	Amend language and move to new section	Written (OTP) policies and procedures are developed, implemented and maintained that are based on and in compliance with Department rules;	Written (OTP) policies and procedures are developed, implemented and maintained that are based on and in compliance with <del>Department</del> <b>BHA</b> rules;	Replaces "Department" with "BHA."	No
21.320.31.B	13.7.3	Amend language and move	TRAINING	<b>PERSONNEL TRAINING</b>	Clarifies section purpose.	No

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		to new section				
21.320.31.B.1	13.7.3.A	Amend language and move to new section	Training for new OTP staff is documented in personnel records including, but not limited to provisions of Section 21.160.1, A, 3, and:	Training for new OTP staff <b>PERSONNEL</b> is documented in personnel records including, but not limited to provisions of <del>Section 21.160.1, A, 3, and:</del> <b>PART 2.5.I OF THESE RULES AND THE FOLLOWING:</b>	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to the CSL auditing team in 2023-2024.
21.320.31.B.1.a	13.7.3.A.1	Amend language and move to new section	Federal opioid treatment program regulations;	<del>Federal opioid treatment program regulations;</del> <b>FEDERAL OTP LAWS AND REGULATIONS;</b>	Provides further clarity on specific training expectations.	No
21.320.31.B.1.b	13.7.3.A.2	Amend language and move to new section	OTP Treatment Rules;	<del>OTP treatment rules;</del> <b>STATE OTP LAWS AND REGULATIONS;</b>	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to CSL auditing team in 2023-2024.
21.320.31.B.1.c	13.7.3.A.3	Amend language and move to new section	OTP policies and procedures;	<del>OTP policies and procedures;</del> <b>AGENCY OTP POLICIES AND PROCEDURES;</b>	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to CSL auditing team in 2023-2024.

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21.320.31.B.1.d.2	13.7.3.A.4.b.	Amend language and move to new section	Phase level requests; and	<del>Phase level requests; and</del> <b>TAKE-HOME DOSE ADJUSTMENT REQUESTS; AND</b>	Revises language to reflect removal of the phase-level protocol.	Previous language was not clear based on previous provider feedback.
21.320.31.B.2	13.7.3.B	Amend language and move to new section	Annual training for OTP staff including, but not limited to:	Annual training for OTP <del>staff</del> <b>PERSONNEL</b> including, but not limited to:	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to CSL auditing team in 2023-2024.
21.320.31.B.2.b	13.7.3.B.2	Amend language and move to new section	Review of federal and state regulations and rules.	<b>REVIEW OF FEDERAL AND STATE REGULATIONS AND RULES</b>	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to CSL auditing team in 2023-2024.
21.320.31.B.1.c	13.7.3.B.3	Amend language and move to new section	Review of current OTP policies and procedures.	Review of current <b>AGENCY</b> OTP policies and procedures.	Provides further clarity on specific training expectations.	Previous language was not clear based on previous informal provider feedback given to CSL auditing team in 2023-2024.
21.320.62	13.8	Amend language and move to new section	Evaluations and assessments	<del>Evaluations and assessments</del> <b>SERVICE DELIVERY</b>	Aligns language throughout the larger BHE rule set.	No

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21.320.62.A	13.8.1.A	Amend language and move to new section	Individuals admitted to OTPs shall have medical evaluations conducted by a medical director, authorized OTP practitioner, nurse practitioner, or physician assistant prior to the first dose. Medical evaluations shall include, at minimum, the following:	Individuals admitted to OTPs shall have medical evaluations conducted by a medical director, <del>authorized OTP practitioner, nurse practitioner, or physician assistant</del> <b>OR QUALIFIED PRACTITIONER</b> prior to the first dose. Medical evaluations shall include, at minimum, the following:	Aligns language throughout the rule set.	No
NA	13.8.1.B	Add language	NA	<b>IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(II), IF THE PRACTITIONER IS NOT AN OTP PRACTITIONER, THE MEDICAL EVALUATION MUST BE COMPLETED NO MORE THAN SEVEN DAYS PRIOR TO OTP ADMISSION. WHERE THE EVALUATION IS PERFORMED OUTSIDE OF THE OTP, THE WRITTEN RESULTS AND NARRATIVE OF THE EXAMINATION, AS WELL AS AVAILABLE LAB TESTING RESULTS, MUST BE TRANSMITTED, CONSISTENT WITH APPLICABLE PRIVACY LAWS, TO THE OTP, AND VERIFIED BY AN OTP PRACTITIONER.</b>	Aligns with 42 CFR pt 8 change and clarifies best practice. Improves and expands access to medication by allowing OTP coordination with external qualified providers to initiate medical evaluation.	No

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21.320.62.A	13.8.1.C.1	Amend language and move to new section	Past medical history, past substance abuse history including required chronologies of opioid use and dependence, choice of opioid and route of administration;	Past medical history, past substance <del>abuse</del> <b>USE</b> history including required chronologies of opioid use and dependence, choice of opioid and route of administration;		No
21.320.62.B	13.8.1.C.2	Amend language and move to new section	Evidence of current physiological dependence;	<del>Evidence of current physiological dependence;</del> <b>CONFIRMATION OF EVIDENCE OF CURRENT PHYSICAL DEPENDENCE, OR DIAGNOSTIC CRITERIA FOR ACTIVE MODERATE TO SEVERE OPIOID USE DISORDER (OUD), OR OUD REMISSION, OR ARE AT HIGH RISK FOR DISEASE RECURRENCE OR OVERDOSE;</b>	Aligns with 42 CFR Part 8 and best practice. Places trust in patients to know their needs and trust in prescribers to practice within their scope to support better outcomes in OUD care.	No

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21.320.63.A	13.8.2.A	Amend language and move to new section	Thorough physical examinations shall be conducted, evaluated and documented in individual records by medical directors or authorized OTP practitioners practicing within their scope, within fourteen (14) consecutive calendar days following treatment admission and every two (2) consecutive years from date of admission.	<del>Thorough physical examinations, shall be conducted, evaluated and documented in individual records by medical directors or authorized OTP</del> <b>INFORMED BY THE RESULTS OF HISTORY OF PRESENT ILLNESS AND COMPREHENSIVE REVIEW OF SYSTEMS</b> , shall be conducted, evaluated and documented in individual records by medical directors or <del>authorized OTP</del> <b>QUALIFIED</b> practitioners practicing within their scope, within fourteen (14) consecutive calendar days following treatment admission and <del>every two (2) consecutive years</del> <b>ANNUALLY</b> from date of admission.	Aligns with 42 CFR Part 8, which requires annual physicals.	No
NA	13.8.2.B	Add language	NA	<b>IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(III), THE FULL EXAM CAN BE COMPLETED BY A NON-OTP PRACTITIONER, IF THE EXAM IS VERIFIED BY A LICENSED OTP PRACTITIONER AS BEING TRUE AND ACCURATE AND TRANSMITTED IN ACCORDANCE WITH APPLICABLE PRIVACY LAWS.</b>	Aligns with 42 CFR Part 8 and clarifies best practice. Improves quality of care and expands access to medication by allowing OTP coordination with external qualified providers to provide initial and annual physical exams.	No
21.320.63.B.1	13.8.2.C.1	Amend language	Examinations of organ systems for possible	<del>Examinations of organ systems for possible infectious diseases</del>	Revises rule language regarding OTP physical	Feedback given by roundtable of OTP



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		and move to new section	infectious diseases and pulmonary, liver, and cardiac abnormalities;	<del>and pulmonary, liver, and cardiac abnormalities;</del> <b>HISTORY OF PRESENT ILLNESS;</b>	examination to align with best medical practice.	Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
21.320.63.B.2	13.8.2.C.2	Amend language and move to new section	Checks for dermatologic indication of opioid use;	<del>Checks for dermatologic indication of opioid use;</del> <b>COMPREHENSIVE REVIEW OF SYSTEMS;</b>	Revises rule language regarding OTP physical examination to align with best medical practice.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
21.320.63.B.4	NA	Delete Language	Evaluations of individuals' general appearance;	<del>Evaluations of individuals' general appearance;</del>	Revises rule language regarding OTP physical examination to align with best medical practice.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
21.320.63.B.5	NA	Delete Language	Inspections of head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses);	<del>Inspections of head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses);</del>	Revises rule language regarding OTP physical examination to align with best medical practice.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.

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21.320.63.B.6	NA	Delete Language	Neurological assessments; altered mental status	<del>Neurological assessments; altered mental status</del>	Revises rule language regarding OTP physical examination to align with best medical practice.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
NA	13.8.2.D	Add language	NA	WHEN EXAM RESULTS INDICATE FURTHER TESTING OR MEDICAL FOLLOW UP, THE OTP SHALL MAKE DOCUMENTED EFFORTS TO EDUCATE THE INDIVIDUAL AND MAKE REFERRALS TO APPROPRIATE MEDICAL CARE.	Revises rule language regarding OTP physical examination to align with best medical practice.	Positive feedback received by COTOD on this change.
21.320.64.A	13.8.3.A	Amend language and move to new section	Admission laboratory tests shall be conducted either on-site or through referral, and results shall be evaluated and documented in individual records within fourteen (14) consecutive calendar days following treatment.	Admission laboratory tests shall be conducted either on- site or through referral, and results shall be evaluated and documented in individual records within fourteen (14) consecutive calendar days following treatment ADMISSION. WHEN UTILIZING LABORATORY TESTS PERFORMED OUTSIDE OF THE OTP TO COMPLY WITH RULE, THE OTP MUST ENSURE TESTS	Alignment with 42 CFR pt 8's inclusion of external test results to meet OTP laboratory requirements, assuming the test or draw occurs no more than 30 days prior to OTP admission.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.

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				ARE DRAWN NOT MORE THAN THIRTY (30) DAYS PRIOR TO ADMISSION TO THE OTP.		
21.320.64.B.1	13.8.3.B.1	Amend language and move to new section	Serological test for syphilis;	<del>Serological test for syphilis;</del> URINE TOXICOLOGY OR OTHER TESTS TO DETERMINE CURRENT SUBSTANCE USE;	Updates terminology and re-orders current rule.	No
21.320.64.B.2	13.8.3.B.2	Amend language and move to new section	Tuberculin skin test and/or other tests for tuberculosis;	<del>Tuberculin skin test and/or other tests for tuberculosis;</del> VIRAL HEPATITIS, SYPHILIS, TUBERCULOSIS, HIV/AIDS, SEXUALLY TRANSMITTED INFECTIONS AND OTHER INFECTIOUS DISEASES;	Elements of current laboratory rule combined into one with the additional required for syphilis assessment and possible testing.	No
21.320.64.B.4	13.8.3.B.3	Amend language and move to new section	Urine toxicology or other tests to determine current substance use;	<del>Urine toxicology or other tests to determine current substance use;</del> COMPLETE BLOOD COUNT AND DIFFERENTIAL;	Updates terminology and re-orders current rule.	No

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21.320.64.B.4	13.8.3.B.4	Amend language and move to new section	Complete blood count and differential;	<del>Complete blood count and differential;</del> <b>ROUTINE AND MICROSCOPIC URINALYSIS; AND,</b>	Updates terminology and re-orders current rule.	No
21.320.64.B.5	13.8.3.B.5	Amend language and move to new section	Routine and microscopic urinalysis;	<del>Routine and microscopic urinalysis;</del> <b>COMPREHENSIVE METABOLIC PANEL (CMP)</b>	Revises care standard in the OTP physical examination which replaces previous standards; "Liver function tests" to match contemporary medical language and best practice. Feedback given by roundtable of OTP Medical Directors.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
21.320.64.B.6	NA	Delete language	Liver function Tests;	<del>Liver function Tests;</del>	Amends language and moves to element to 13.8.3.B.5	No
21.320.64.B.7	NA	Delete language	Test for Hepatitis B,C, and Delta	<del>Test for Hepatitis B,C, and Delta</del>	Combined with previous element 13.8.3.B.2	No
21.320.64.B.8	NA	Delete language	Test for HIV/AIDS;	<del>Test for HIV/AIDS;</del>	Combined with previous element; 13.8.3.B.2	No
21.320.64.C.1	13.8.3.C.1	Amend language and move to new section	Tuberculin skin test and/or other tests for tuberculosis;	<del>Tuberculin skin test and/or other tests for tuberculosis;</del> <b>VIRAL HEPATITIS, SYPHILIS, TUBERCULOSIS, HIV/AIDS, SEXUALLY TRANSMITTED INFECTIONS AND OTHER INFECTIOUS DISEASES;</b>	Elements of current laboratory rule combined into one with the additional required for syphilis assessment and possible testing.	No

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21.320.64.C..	13.8.3.C.3	Amend language and move to new section	Liver Function Tests	<del>Liver Function Tests</del> COMPREHENSIVE METABOLIC PANEL (CMP)	Revised care standard in the OTP physical examination which replaces previous standards; "Liver function tests" to match contemporary medical language and best practice. Feedback given by roundtable of OTP Medical Directors.	Feedback given by roundtable of OTP Medical Directors on 9/17/24, CDHS CMO reviewed and agreed that this change aligns with best practice.
NA	13.8.3.D	Add language		WHEN LABORATORY TEST RESULTS INDICATE FURTHER TESTING OR MEDICAL FOLLOW UP, THE OTP SHALL MAKE DOCUMENTED EFFORTS TO EDUCATE THE INDIVIDUAL AND MAKE REFERRALS TO APPROPRIATE MEDICAL CARE.	Improved care standard added to ensure the overall laboratory requirements in rule serve the end purpose of treatment referral when necessary.	Positive feedback received by COTOD on this change during December 2024 feedback session.

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NA	13.8.3.E	Add language	NA	IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(III), A PATIENT'S REFUSAL TO UNDERGO LAB TESTING FOR CO-OCCURRING PHYSICAL HEALTH CONDITIONS SHOULD NOT PRECLUDE THEM FROM ACCESS TO TREATMENT, PROVIDED SUCH REFUSAL DOES NOT HAVE POTENTIAL TO NEGATIVELY IMPACT TREATMENT WITH MEDICATIONS.	Alignment with 42 CFR pt 8 and best practice which intends to remove as many barriers to life-saving MOUD as possible by meeting people where they are at. Laboratory tests outlined in rule are important in considering whole-person healthcare and also, historically refusal by a patient to participate has meant discharge from treatment services, increasing risk of harm to patients and the community.	No
21.320.7.A.2	13.8.4.A	Amend language and move to new section	OTPs shall develop and implement policies and procedures that ensure a random sample collection protocol that minimizes falsification and limits individuals' inability or refusal to provide specimens for testing.	OTPs shall develop and implement policies and procedures that ensure a random sample collection protocol that minimizes falsification and <b>RESPECTFULLY</b> limits individuals' inability or refusal to provide specimens for testing, <b>INCLUDING OFFERING ALTERNATIVE METHODS FOR TESTING.</b>	Language change away from punitive and toward solution-focused collaboration between providers and individuals.	Positive feedback received by COTOD on this change during December 2024 feedback session.

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21.320.7.B.2	13.8.4.B.2	Amend language and move to new section	Lack of OTP-administered controlled substances in toxicology screens, including Suboxone;	Lack of OTP-administered controlled substances in toxicology screens, including Suboxone;	Removes specific call-out for Suboxone, which is a brand-name for a drug that contains a controlled substance. Removing this does not change the requirement.	No
NA	13.8.4.B.5	Add language	NA	HOW THE AGENCY INCORPORATES HARM REDUCTION, TRAUMA-INFORMED PRACTICES, AND RESPECT FOR THE GENDER IDENTITY OF THE INDIVIDUALS BEING SCREENED.	The proposed requirement demonstrates BHA's commitment to ensure trauma-informed and culturally competent care with focus on improved treatment outcomes. BHA auditors have observed recipients of care complain of this mistreatment in CSL facilities and those CSL facilities have no protocols to manage the issue.	Received positively when presented to industry and public stakeholders Fall 2024.
21.320.7.C	NA	Delete Language	Procedures for toxicology screens shall be designed and implemented to ensure random sample collection in accordance with requirements for each phase of take-home dose privileges.	<del>Procedures for toxicology screens shall be designed and implemented to ensure random sample collection in accordance with requirements for each phase of take-home dose privileges.</del>	Rule removed due as it's directly tied to "phase of take-home dose privileges" which are being removed from rule as well.	No

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21.320.7.D.5	13.8.4.C.5	Amend language and move to new section	At least one (1) random toxicology screen during thirty (30) day reductions in take-home dose privileges.	At least one (1) random toxicology screen during thirty (30) day reductions in take-home dose <del>S privileges</del> <b>DUE TO DIVERSION OR OTHER FACTORS AS INDICATED IN 13.6.4 OF THIS CHAPTER.</b>	Removing the phrase "privileges" from rule requirement. The term reinforces non-therapeutic power dynamics between treatment providers and service recipients.	Lived Experience feedback in support of this rule change, shifting from privilege to receive best care to right to receive best care.
NA	13.8.4.C.6	Add language	NA	<b>IF TOXICOLOGY SCREENING FREQUENCY IS ABOVE STANDARDS LISTED IN 13.8.4.C 1-5, THE OTP SHALL DOCUMENT MEDICAL OR CLINICAL NECESSITY.</b>	Contemporary medical practice dictates all procedures should be as minimally invasive as medically necessary. As BHA has observed a wide-range of toxicology frequency, it has also observed instances where administrative and medical providers did not agree with frequency set forth by the OTP company, and it has also observed several instances where toxicology frequency,	Feedback provided by multiple OTP Administrative and MD directors that stated their OTPs required weekly UDS when not medically indicated which caused hardship to individuals in service, misaligned with the concept of reducing daily trips to medication in order to bolster



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					well above the 8 screen minimum set forth by SAMHSA, impacted patients' ability to stay out of the clinic at a frequency which aligned with their take-home medications.	treatment retention.

NA	13.8.4.G	Add language	NA	RESULTS OF OTP DRUG SCREENING SHALL BE UTILIZED AS A CLINICAL TOOL FOR MONITORING AN INDIVIDUAL'S SUBSTANCE USE PATTERNS BEFORE AND DURING TREATMENT. THE AGENCY'S MEDICAL DIRECTOR SHALL ENSURE THAT DRUG SCREEN RESULTS ARE NOT TO BE UTILIZED AS THE SOLE FACTOR IN THE ADMINISTRATIVE DISCHARGE OF AN INDIVIDUAL FROM TREATMENT IN CASES THAT DO NOT INVOLVE NEGATIVE DRUG SCREENS FOR METHADONE METABOLITE.	MOUD is harm reduction in practice and meeting people at various stages of recovery reduces risk of overdose and death. Colorado OTPs generally support this concept, but they've also cited fear of regulatory push back historically as a reason for discharging individuals who struggle to refrain from illicit drug use while in service. This new requirement allows for drug screens to be used in	MD Directors suggested adding caveat for Methadone Metabolite negative being a reason to administratively discharge a patient from treatment.
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					determining administrative discharge when individuals are diverting methadone to reduce risk to individual and community.	
NA	13.8.5	Add language	NA	<b>COUNSELING SERVICES</b>	New subsection of CSL rule in alignment with updated SAMHSA 42 CFR Part 8 counseling standards.	No
NA	13.8.5.A	Add language	NA	<b>IN ACCORDANCE WITH 42 CFR § 8.12 (F)(5)(I)(II) &amp; (III), OTPS OPERATING IN COLORADO SHALL FOLLOW THE FOLLOWING STANDARDS OF COUNSELING CARE:</b>	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on counseling service scope associated with OTP care. Additionally, agency feedback and inquiry received throughout multiple years of BHA site visits and conversations with OTP staff doing the work have also encouraged this change. New element provides enhanced clarity to support contemporary OTP	OTP providers gave BHA auditors feedback during many annual audits that current rules have lack of clarity with regard to OTP counseling expectation. This SAMHSA guidance comes at a great time to provide additional

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					<p>counseling expectation, increased focus on harm-reduction, encourages access to medication, and Individualization of service recipients counseling needs. Additionally, rule adds requirement for OTPs to track discharges and reasons for discharge as patient retention is a core area of concern for OTP care in our state (and in general). 12/22 thru 12/23 our state saw 8,483 admissions and 7,442 discharges. Focused improvement efforts on treatment retention will save lives.</p>	<p>support. Proposed changes introduced to OTP stakeholders and received either positive feedback and no specific negative feedback.</p>
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NA	13.8.5.A.1	Add language	NA	<p><b>OTPS MUST PROVIDE ADEQUATE SUBSTANCE USE DISORDER COUNSELING AND PSYCHOEDUCATION TO EACH INDIVIDUAL AS CLINICALLY NECESSARY AND MUTUALLY AGREED-UPON, INCLUDING HARM REDUCTION EDUCATION AND RECOVERY-ORIENTED COUNSELING. THIS COUNSELING SHALL BE PROVIDED BY A PROGRAM COUNSELOR, QUALIFIED BY EDUCATION, TRAINING, OR EXPERIENCE TO ASSESS THE PSYCHOLOGICAL AND SOCIOLOGICAL BACKGROUND OF INDIVIDUALS, AND ENGAGE WITH INDIVIDUALS, TO CONTRIBUTE TO THE APPROPRIATE CARE PLAN FOR THE INDIVIDUAL AND TO MONITOR AND UPDATE INDIVIDUAL PROGRESS;</b></p>	<p>Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on counseling service scope associated with OTP care. Additionally, agency feedback and inquiry received throughout multiple years of BHA site visits and conversations with OTP staff doing the work have also encouraged this change. New element provides enhanced clarity to support contemporary OTP counseling expectation, increased focus on harm-reduction, encourages access to medication, and Individualization of service recipients counseling needs. Additionally, rule adds requirement for OTPs to track discharges and reasons for discharge as patient retention is a core area of concern for OTP care in our state (and in general). 12/22</p>	<p>OTP providers gave BHA auditors feedback during many annual audits that current rules have lack of clarity with regard to OTP counseling expectation. This SAMHSA guidance comes at a great time to provide additional support. Proposed changes introduced to OTP stakeholders and received either positive feedback and no specific negative feedback.</p>
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					thru 12/23 our state saw 8,483 admissions and 7,442 discharges. Focused improvement efforts on treatment retention will save lives.	
NA	13.8.5.A.2	Add language	NA	OTPS MUST PROVIDE COUNSELING ON PREVENTING EXPOSURE TO, AND THE TRANSMISSION OF, HUMAN IMMUNODEFICIENCY VIRUS (HIV), VIRAL HEPATITIS, AND SEXUALLY TRANSMITTED INFECTIONS (STIS) AND EITHER DIRECTLY PROVIDE SERVICES AND TREATMENTS OR ACTIVELY LINK TO TREATMENT EACH PATIENT ADMITTED OR READMITTED TO TREATMENT WHO HAS RECEIVED POSITIVE TEST RESULTS FOR THESE CONDITIONS FROM INITIAL AND/OR PERIODIC MEDICAL EXAMINATIONS.	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on counseling service scope associated with OTP care. Additionally, agency feedback and inquiry received throughout multiple years of BHA site visits and conversations with OTP staff doing the work have also encouraged this change. New element provides enhanced clarity to support contemporary OTP counseling expectation, increased focus on	OTP providers gave BHA auditors feedback during many annual audits that current rules have lack of clarity with regard to OTP counseling expectation. This SAMHSA guidance comes at a great time to provide additional support. Proposed

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					harm-reduction, encourages access to medication, and Individualization of service recipients counseling needs. Additionally, rule adds requirement for OTPs to track discharges and reasons for discharge as patient retention is a core area of concern for OTP care in our state (and in general). 12/22 thru 12/23 our state saw 8,483 admissions and 7,442 discharges. Focused improvement efforts on treatment retention will save lives.	changes introduced to OTP stakeholders and received either positive feedback and no specific negative feedback.
NA	13.8.5.A.3	Add language	NA	OTPS MUST PROVIDE DIRECTLY, OR THROUGH REFERRAL TO ADEQUATE AND REASONABLY ACCESSIBLE COMMUNITY RESOURCES, VOCATIONAL TRAINING, EDUCATION, AND EMPLOYMENT SERVICES FOR INDIVIDUALS WHO REQUEST SUCH SERVICES OR FOR WHOM THESE NEEDS HAVE BEEN IDENTIFIED AND MUTUALLY AGREED-UPON AS BENEFICIAL BY	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on counseling service scope associated with OTP care. Additionally, agency feedback and inquiry received throughout multiple years of BHA site visits and conversations with OTP staff doing the work have also	OTP providers gave BHA auditors feedback during many annual audits that current rules have lack of clarity with regard to OTP counseling expectation. This SAMHSA

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				THE INDIVIDUAL AND PROGRAM STAFF;	encouraged this change. New element provides enhanced clarity to support contemporary OTP counseling expectation, increased focus on harm-reduction, encourages access to medication, and Individualization of service recipients counseling needs. Additionally, rule adds requirement for OTPs to track discharges and reasons for discharge as patient retention is a core area of concern for OTP care in our state (and in general). 12/22 thru 12/23 our state saw 8,483 admissions and 7,442 discharges. Focused improvement efforts on treatment retention will save lives.	guidance comes at a great time to provide additional support. Proposed changes introduced to OTP stakeholders and received either positive feedback and no specific negative feedback.
NA	13.8.5.A.4	Add language	NA	INDIVIDUAL REFUSAL OF COUNSELING SHALL NOT PRECLUDE THEM FROM RECEIVING MOUD. OTPS SHALL PERFORM RE-ASSESSMENT OF INDIVIDUAL'S INTEREST IN	Aligns BHA CSL rules with SAMHSA 42 CFR Part 8 on counseling service scope associated with OTP care. Additionally,	Formal feedback sessions OTP individuals with lived experience

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				<p><b>COUNSELING SERVICES AT LEAST EVERY ONE HUNDRED AND EIGHTY (180) DAYS AND DOCUMENT AS NECESSARY IN THE INDIVIDUAL'S SERVICE PLAN;</b></p>	<p>agency feedback and inquiry received throughout multiple years of BHA site visits and conversations with OTP staff also encouraged this change. New element provides enhanced clarity to support contemporary OTP counseling expectation, increased focus on harm-reduction, encourages access to medication, and Individualization of service recipients counseling needs. Additionally, rule adds requirement for OTPs to track discharges and reasons for discharge as patient retention is a core area of concern for OTP care in our state (and in general). 12/22 thru 12/23 our state saw 8,483 admissions and 7,442 discharges. Focused improvement efforts on treatment retention will save lives.</p>	<p>occurred in July of 2024. During these sessions multiple individuals had strong supportive reactions to this rule addition. Mentioned experience where they or others were forced to speak with counselors they didn't wish to speak to or be denied medication. They felt this was not trauma informed. Not everyone is ready when they walk in the door for therapy, and not every counselor is a good match.</p>
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NA	13.8.5.A.5	Add language	NA	AS PART OF QUALITY IMPROVEMENT PLANNING, OTPS SHALL TRACK IN ADDITION TO REQUIREMENTS OUTLINED IN CHAPTER 2.17, OTP DISCHARGES, REASONS FOR DISCHARGE, AND PROGRESS TO RETENTION IMPROVEMENT EFFORTS.		No
21.600	Chapter 14	Amend language and move to new section to match rule volume	Entirety of Part 21.600	Entirety of Chapter 14	Updates part of the rule to reflect the chapter formatting of the current rule volume	No feedback to this change was provided in community engagement sessions
21.600.2	14.2	Amend language and move to new section	<p>21.600.2 Definitions</p> <p>"Behavioral health" shall have the same definition as in Section 25-27.6-102, C.R.S.</p> <p>"Critical incident" shall have the same definition as in 2 CCR 502-1 Section 21.300.1.</p> <p>"Department" means the Colorado Department of Human Services.</p> <p>"Individual" means any individual who receives services from a Recovery Support Services Organization.</p>	<p><del>21.600.2</del> 14.2 DEFINITIONS</p> <p><del>"Behavioral health" shall have the same definition as in Section 25-27.6-102, C.R.S.</del></p> <p><del>"Critical incident" shall have the same definition as in 2 CCR 502-1 Section 21.300.1.</del></p> <p><del>"Department" means the Colorado Department of Human Services.</del></p> <p><del>"Individual" means any individual who receives services from a Recovery Support Services Organization.</del></p>	Removes duplicate definitions also found in Chapter 1.	No

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			<p>“Licensed mental health provider” means:</p> <p>A. A mental health professional licensed or certified pursuant to Section 12-245, C.R.S. except for unlicensed psychotherapists pursuant to Section 12-245, C.R.S.</p> <p>B. Advanced practice registered nurse registered pursuant to Section 12-255-111, C.R.S. with training in substance use disorders or mental health</p> <p>C. Physician assistant licensed pursuant to Section 12-240-113, C.R.S. with specific training in substance use disorders or mental health</p> <p>D. Psychiatric technician licensed pursuant to Section 12-295, C.R.S.</p> <p>E. Medical doctor or doctor of osteopathy licensed pursuant to Section 12-240, C.R.S.</p> <p>“Peer support professional” means a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate, or family systems</p>	<p>“LICENSED MENTAL HEALTH PROVIDER” MEANS:</p> <p>A. A MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO SECTION 12-245, C.R.S. EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS PURSUANT TO SECTION 12-245, C.R.S.</p> <p>B. ADVANCED PRACTICE REGISTERED NURSE REGISTERED PURSUANT TO SECTION 12-255-111, C.R.S. WITH TRAINING IN SUBSTANCE USE DISORDERS OR MENTAL HEALTH</p> <p>C. PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION 12-240-113, C.R.S. WITH SPECIFIC TRAINING IN SUBSTANCE USE DISORDERS OR MENTAL HEALTH</p> <p>D. PSYCHIATRIC TECHNICIAN LICENSED PURSUANT TO SECTION 12-295, C.R.S.</p> <p>E. MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY LICENSED PURSUANT TO SECTION 12-240, C.R.S.</p>		
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			<p>navigator who meets the qualifications described in Section 27-60-108(3)(a)(iii), C.R.S.</p> <p>"Peer support" shall have the same definition as in 2 CCR Section 21.400.1.</p> <p>"Recovery Support Services Organization" (RSSO) means an independent entity led and governed by representatives of local communities of recovery and approved by the executive director of the department</p> <p>"Substance use disorder" shall have the same meaning as defined in Section 27-80-203 (23.3), C.R.S.</p> <p>"Warm line" means a peer-run telephone hotline that provides early intervention with emotional support for the caller.</p>	<p><del>"Peer support professional" means a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate, or family systems navigator who meets the qualifications described in Section 27-60-108(3)(a)(iii), C.R.S.</del></p> <p><del>"Peer support" shall have the same definition as in 2 CCR Section 21.400.1.</del></p> <p><del>"Recovery Support Services Organization" (RSSO) means an independent entity led and governed by representatives of local communities of recovery and approved by the executive director of the department</del></p> <p><del>"Substance use disorder" shall have the same meaning as defined in Section 27-80-203 (23.3), C.R.S.</del></p> <p><del>"Warm line" means a peer-run telephone hotline that provides early intervention with emotional support for the caller.</del></p>		
21.600.42.C	14.5.2.C	Amend language and move	Recovery Support Services Organizations must employ or contract with peer support professionals who have	Recovery Support Services Organizations must employ or contract with peer support professionals who have successfully completed formal	Updates address of BHA headquarters	No

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		to new section	successfully completed formal training covering all content areas outlined in "Core Competencies for Peer Workers in Behavioral Health Services – 2018" established by United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and does not include any later amendments or editions. These regulations are available at no cost at <a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a> and are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, during regular business hours.	training covering all content areas outlined in "Core Competencies for Peer Workers in Behavioral Health Services – 2018" established by United States Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and does not include any later amendments or editions. These regulations are available at no cost at <a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a> and are also available for public inspection and copying at the <del>Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236,</del> <b>BEHAVIORAL HEALTH ADMINISTRATION, 710 S ASH ST, STE C-410, DENVER, CO 80246 DURING REGULAR BUSINESS HOURS.</b>		
21.600.42.E	14.5.2.E	Amend language and move to new section	All staff employed or contracted by a Recovery Support Services Organization must comply with background checks and employment verification processes outlined in 2 CCR Section 21.160.2. and be verified at least annually.	All staff employed or contracted by a Recovery Support Services Organization must comply with background checks and employment verification processes outlined in 2 CCR <del>Section 21.160.2.</del> <b>502-1 PART 2.5</b> and be verified at least annually.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.43.A	14.5.3.A	Amend language and move	Recovery Support Services Organizations shall comply with Release of Information	Recovery Support Services Organizations shall comply with Release of Information requirements pursuant to 2 CCR <del>Section 21.170.3.</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No

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		to new section	requirements pursuant to 2 CCR Section 21.170.3.	<del>502-1 PART 2.7.13.</del>		
21.600.43.B	14.5.3.B	Amend language and move to new section	Recovery Support Services Organizations shall comply with Consent requirements pursuant to 2 CCR Section 21.170.4.	Recovery Support Services Organizations shall comply with Consent requirements pursuant to 2 CCR Section 21.170.4. <del>Section 21.170.4.</del> <del>502-1 PART 2.7.A.7.</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.43.D.8	14.5.3.D.8	Amend language and move to new section	Reporting and reviewing critical incidents in accordance with 2 CCR Section 21.140.	Reporting and reviewing critical incidents in accordance with 2 CCR <del>Section 21.140.</del> <del>502-1 PART 2.16</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.43.D.10	14.5.3.D.10	Amend language and move to new section	Methods for recording information required by Section 21.600.43(C).	Methods for recording information required by <del>Section 21.600.43(C).</del> <del>2</del> <del>CCR 502-1 PART 14.5.3</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.6.E	14.6.E	Amend language and move to new section	Any conduct described in 2 CCR Section 21.120.8(C).	Any conduct described in 2 CCR <del>Section 21.120.8(C).</del> <del>502-1 PART</del> <del>2.24.</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.7.A	14.7.A	Amend language and move to new section	Critical incident reporting shall occur in accordance with 2 CCR Section 21.140.	Critical incident reporting shall occur in accordance with 2 CCR <del>Section 21.140.</del> <del>502-1 PART 2.16.</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.81.A	14.8.1.A	Amend language and move to new section	Applications for initial licenses for RSSOs shall be submitted and processed according to procedures outlined in 2 CCR Section 21.120.22.	Applications for initial licenses for RSSOs shall be submitted and processed according to procedures outlined in 2 CCR <del>Section 21.120.22</del> <del>502-1 PART 2.18.</del>	Updates citation to correct section in 2 CCR 502-1 Chapter format	No

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21.600.81.C	14.8.1.C	Amend language and move to new section	No initial license shall issue prior to Department inspection per 2 CCR Section 21.100.	No license shall issue prior to Department BHA inspection per 2 CCR Section 21.100-502-1 PART 2.18.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.82.	14.8.2.A	Amend language and move to new section	Provisional Licenses Provisional licenses may be granted under the circumstances and through the processes described in 2 CCR Section 21.120.23.	Provisional Licenses Provisional licenses may be granted under the circumstances and through the processes described in 2 CCR Section 21.120.23-502-1 PART 2.19.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.83	14.8.3.A	Amend language and move to new section	License Renewal License renewal shall be conducted according to processes outlined in 2 CCR Section 21.120.24.	License Renewal License renewal shall be conducted according to processes outlined in 2 CCR Section 21.120.24-502-1 PART 2.20.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.84	14.8.4.A	Amend language and move to new section	Probationary License Probationary licenses may be granted under the circumstances and through the processes described in 2 CCR Section 21.120.25.	Probationary CONDITIONAL License Probationary CONDITIONAL licenses may be granted under the circumstances and through the processes described in IN 2 CCR Section 21.120.25-502-1 PART 2.24.3.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No
21.600.85.A and B	14.8.5.A and B	Amend language and move	A license may be revoked, denied, suspended, limited, or modified according to 2 CCR Section 21.120.8.	A license may be revoked, denied, suspended, limited, or modified according to 2 CCR Section 21.120.8-502-1 PART 2.24.2.	Updates citation to correct section in 2 CCR 502-1 Chapter format	No

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		to new section	A license may be revoked, denied, suspended, limited, or modified if an individual providing services under the organization's auspices violates ethical standards outlined in 2 CCR Section 21.600.6.	A license may be revoked, denied, suspended, limited, or modified if an individual providing services under the organization's auspices violates ethical standards outlined in 2 CCR Section 21.600.6. <del>Section 21.600.6</del> <b>502-1 PART 2.24.2.A.</b>		
21.600.9	14.9.A	Amend language and move to new section	Appeal  Any licensee or designee adversely affected or aggrieved by these rules or by the Department's decisions in regard to implementation of these rules has the right to appeal a Department action in accordance with 2 CCR Section 21.105.	<del><b>21.600.9</b></del> <b>14.9 APPEAL</b>  A. Any licensee or designee <b>RECOVERY SUPPORT SERVICES ORGANIZATION</b> adversely affected or aggrieved by these rules or by the <del>Department</del> <b>BHA</b> 's decisions in regard to implementation of these rules has the right to appeal a <del>Department</del> <b>BHA</b> action in accordance with 2 CCR <del>Section 21.105</del> <b>502-1 PART 2.24.5.</b>	Updates language and citation to align with CCR 502-1 verbiage and format	No

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### **STAKEHOLDER COMMENT SUMMARY**

#### **Development**

*The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):*

OTP providers, persons with lived experience, Denver Health Center for Addiction Medicine, Colorado Consortium for Prescription Drug Abuse Prevention, Colorado Behavioral Health Administration, Drug Enforcement Administration, Colorado Department of Health Care Policy and Financing (HCPF), Department of Corrections, Colorado Managed Service Organizations, and The Colorado Organization for the Treatment of Opioid Dependence.

#### **This Rule-Making Package**

*The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:*

OTP providers, persons with lived experience, Colorado Hospital Association, Denver Health Center for Addiction Medicine, Department of Corrections, Colorado Consortium for Prescription Drug Abuse Prevention, Colorado Behavioral Health Administration, Drug Enforcement Administration, Colorado Department of Health Care Policy and Financing (HCPF), Colorado Managed Service Organizations, The Colorado Organization for the Treatment of Opioid Dependence (COTOD), SAMHSA, the general public.

#### **Other State Agencies**

Are other State Agencies (such as HCPF or CDPHE) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

☒ Yes ☐ No

If yes, who was contacted and what was their input?

Listed state agencies: HCPF and CDOC were supportive of these rule changes.

#### **Sub-PAC**

Have these rules been reviewed by the appropriate Sub-PAC Committee?

☐ Yes ☒ No

Name of Sub-PAC			
Date presented			
What issues were raised?			
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
If not presented, explain why.			

#### **PAC**

Have these rules been approved by PAC?

☐ Yes ☒ No

Date presented			
What issues were raised?			
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
If not presented, explain why.			



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Other Comments

Comments were received from stakeholders on the proposed rules:

☒ Yes ☐ No

*If “yes” to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.*

BHA offered extensive community engagement opportunities for these proposed changes to 2 CCR 502-1 BHA Provider rules. In total 662 attendees were present over 31 BHA stakeholder sessions held in 2024. These stakeholder sessions are broken into two categories. The first category is general rule stakeholdering that was offered to discuss the proposed Provider rule packet, in addition to other BHA System and Administrative rule proposals that are not included in this rule packet. The second stakeholder category was Controlled Substance Licensing (CSL) specific stakeholder opportunities to discuss the proposed changes to only the Controlled Substance Licensing, including Opioid Treatment Programs (OTPs), to align with federal changes and best practice standards.

A total of 18 general BHA proposed rule stakeholder sessions were conducted September 2024 through December 2024 with 469 community attendees. Stakeholders were able to register for sessions and provide feedback via the Rule Feedback Form on the BHA website: <https://bha.colorado.gov/resources/laws-rules>. The following summarizes the sessions held:

- Virtual session 9/18/2024 - 44 attendees
- Grand County (Fraser) in person 9/19/2024 - 0 attendees
- Montrose in person 9/23/2024 - 6 attendees
- Virtual session 10/01/2024 - 73 attendees
- Aurora in person 10/03/2024 - 8 attendees
- Colorado Springs in person 10/08/2024 - 5 attendees
- Virtual session 10/10/2024 - 82 attendees
- Virtual session 10/15/2024 - 64 attendees
- Greeley in person 10/22/2024 - 20 attendees
- Virtual session 11/7/2024 - 27 attendees
- Steamboat Springs in person 11/12/2024 - 3 attendees
- Summit County (Frisco) in person - 7 attendees
- Leadville in person - 9 attendees
- Lamar in person - 12 attendees
- Pueblo in person - 11 attendees
- Virtual session 11/21/2024 promoted by CDEC- 53 attendees
- Frisco in person - 3 attendees
- Virtual session 12/9/2024 for County Commissioners - 42 attendees

CSL-specific stakeholder events were also held for the proposed changes reflected in Chapter 13. A total of 13 CSL-focused events were attended starting March 2024 and were held monthly through October 2024. The total attendees for these CSL-focused sessions was 193.

In addition to the offered stakeholder sessions, stakeholders were able to provide thoughts and feedback through December 1, 2024 on the proposed rule updates through an online survey. There were 30 total submissions from 20 unique email addresses received September 18th through December 1, 2024. Additional feedback was received

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via email either directly to specific BHA personnel or through the cdhs\_bharulefeedback@state.co.us inbox. All survey and email feedback responses are included below.

A total of 147 comments/questions were received via the feedback form, stakeholder session, or via email and logged in the following sections as summarized below:

- General Comments/Feedback: 33
- Chapter 1 General Statutory Authority and Definitions: 6
- Chapter 2 General Behavioral Health Entity Licensing Standards: 32
- Chapter 3 Behavioral Health Recovery Supports: 4
- Chapter 4 Behavioral Health Outpatient and High Intensity Outpatient Services: 4
- Chapter 5 Behavioral Health Residential and Level - 3 Withdrawal Management Services: 0
- Chapter 6 Emergency and Crisis Behavioral Health Services: 6
- Chapter 7 Emergency and Involuntary Substance Use Disorder Commitment Services: 0
- Chapter 8 Services for Children and Families: 4
- Chapter 9 Women's and Maternal Behavioral Health Treatment: 0
- Chapter 10 Services for Criminal Justice-Involved Individuals: 3
- Chapter 11 Designation of Facilities for the Care and Treatment of Persons with Mental Health Disorders: 17
- Chapter 12 Behavioral Health Safety Net Provider Approval: 15
- Chapter 13 Controlled Substance Licensed Services: 21
- Chapter 14 Recovery Support Services Organizations: 2

Feedback	Response
<b>General Comments/Feedback</b>	
What are you _actually_ doing to minimize administrative burden? BHA keeps adding _more_ rules instead of simplifying them.	Thank you for your feedback. From the feedback received we realize that we need more time to make effective change when we open community engagement again later in 2025 for other rule changes that we need to make. However, we hope that these changes will make a positive impact. We want to engage in continued conversations about reducing admin burden. Two initial steps made to reduce admin burden are: <ul style="list-style-type: none"> <li>• Removing the COC requirement from Chapter 12, and</li> <li>• Removing the requirement of policy and procedure uploads into LADDERS.</li> </ul>
In general provider rules are so long... seems more content is related to SUD vs. serious mental illness. Does not seem to have specificity of psychotic disorders, as those get lumped with disorders like general anxiety. Provider rules need levels of serious mental health residential to be included in endorsement levels, not just lumped into a basic residential endorsement (specific example was for kids), but questions was presented as more general.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions. This is an area that we are continuing to make changes around reducing the siloed systems

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The BHA is supposed to have collaborations with dif agencies and entities to make it all work. Is there anything other than the provider section for working with correctional facilities, jails around alcohol. What is the connection with the criminal justice system?	Thank you for your feedback. Legislation was passed to allow incarcerated settings to provide methadone. Currently there are 55 county jails that provide some form of methadone delivery from Opioid Treatment Providers. There is also a push on education around harm reduction practices while receiving methadone care. County Sheriff Departments are championing this effort as they are seeing recidivism reduction in their counties through providing these services in their jails.
What is being done to protect individuals/families who are actively enrolled in the Address Confidentiality Program who need wrap around services (or any other BH services) that involve their physical living address & providers are required to log in & log out at their residence? Consider how many CO residents are in the Address Confidentiality Program due to severe & traumatic events & are in need of BH services that could involve their residential location or are in need of transportation from their address .. is there a way they can be assured their address will remain confidential?	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
If our community is looking for a crisis services "landing place" (such as peer respite, walk-in clinic, ATU) what would be the least restrictive in licensure with the best ability to provide care?	Thank you for your feedback. This information can be found in our Crisis Services chapter, Chapter 6 of 2 CCR 502-1.
In order to get funding for individual services outlined in rule, the entity has to be a BHASO?	Thank you for your feedback. State law states BHA works directly with the BHASOs - the BHASOs are responsible for setting up a network of providers to ensure service delivery. The BHASOs also have an ability to pay depending on who the individual is. The BHASO regions are the same as the RAE/Medicaid regions to align our systems. So if for example someone happens to get a job and is no longer eligible for Medicaid, they can still access services.
When we have clients who need services come to us, where do we send them? We typically send them to Building Hope. Do we send them to Vail Health?	Thank you for your feedback. Starting July 1, 2025, BHASOs will have a care coordination component. ASOs and MSOs provide this service currently. Medicaid members can seek care coordination through RAEs but it can be confusing to know which intermediary to go to.

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	OwnPath is being developed as a tool to allow individuals to find the services needed in their area.
<p><b>1.6. Behavioral Health Network Time Frame Standards</b></p> <p>This table, as attempt to standardize expectations, may be too general and ambitious beyond the system's credible ability to achieve this due to resource limitations, clinical need, workforce, and other complex factors. We recommend reconsidering including it rule, and publishing the metrics and targets as measurements which are periodically adjusted and published on BHA's website.</p> <p>With respect to specific metrics, some additional feedback:</p> <ul style="list-style-type: none"> <li>• Screening and Assessments: The intention of the timeframe is unclear here. 2 hours is unlikely to be adequate to complete and document most behavioral health assessments. Specifically, under programs like CYMHTA, it is not uncommon for assessments to take a week or more to schedule, perform, and document.</li> <li>• Care Coordination: what does the 72 hours mean in this context? The frequency of care coordination activities, the response of referral destinations, etc.? A different metric may be better than an access time frame as a measurement of care coordination's effectiveness.</li> <li>• Outreach and engagement: what does it mean for outreach to have 72-hour access?</li> <li>• Behavioral health inpatient services: Does this include the State Mental Health Institutes?</li> </ul>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
What are the considerations for folks who meet vulnerability criteria to overlay a risk matrix for mileage to decide whether or not someone needs transportation or other support in order to achieve equitable access?	Thank you for your feedback. BHA is researching this issue and will outreach CDPHE about GIS mapping for vulnerability index to consider for future rule revisions.
We would like the BHA to address different access issues that is not the location of the person or provider	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
There is a need to create SEPARATE levels of care, and separate facilities, for Serious Mental Illness in Chapter 4 and 5 -- because treatment for Serious Mental Illness is not the same as treatment for Substance Use Disorder.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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<p>There is a need to recognize that many people with Serious Mental Illness (especially psychotic-spectrum disorders) have anosognosia, and may need non-voluntary treatment options -- including court-ordered medication and an increased number of LOCKED facilities. Step-down options from these locked facilities must include an adequate number of beds to serve the population.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>There is a need to recognize that most Serious Mental Illness is chronic, and not everyone can be “cured” enough to participate in “community based services.” Thus, levels of care need to be designed to more thoroughly address long-term supported housing and inpatient treatment needs.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>Families need to be involved in care, irrespective of a signed ROI. Anosognosia is prevalent in this community. Families and caregivers of loved ones are the safe-keepers of any critical information involving care and MUST be kept informed.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>As a mother of a son with schizophrenia, I would like to offer feedback and kindly request that your team research programs across the United States that have successfully improved the lives of individuals with serious mental illness (SMI), as well as the families who are supporting their loved ones in navigating this challenging and often terrifying illness.</p> <p>In New York, <b>Outpatient Commitment Programs (OCPs)</b> are designed to support individuals with serious mental illnesses (SMI) who may not voluntarily seek treatment but who need structured support to avoid deteriorating into a crisis. These programs allow individuals to receive mandated treatment while preserving their legal rights and independence. The goal of these programs is to help individuals manage their conditions effectively, reduce the likelihood of</p>	<p>Thank you for your thorough feedback. BHA will hold your feedback and research to consider for future rule revisions.</p>

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hospitalization, and prevent legal or social consequences that could arise from untreated mental illness.

#### **Key Aspects of New York's Outpatient Commitment Programs**

##### **1. Kendra's Law:**

o One of the most notable components of outpatient commitment in New York is **Kendra's Law**, which was enacted in 1999. The law was named after Kendra Webdale, a woman who tragically lost her life after being pushed in front of a subway train by a man with untreated schizophrenia. The law allows courts to mandate outpatient treatment for individuals with serious mental illness who have a history of noncompliance with treatment or who pose a risk to themselves or others.

##### **2. Criteria for Kendra's Law:**

o To be eligible for an outpatient commitment order under Kendra's Law, an individual must meet the following criteria:

- The person must have a **serious mental illness** (e.g., schizophrenia, bipolar disorder).
- The individual must be unlikely to survive in the community without treatment.
- They must have a **history of treatment non-compliance**, resulting in repeated hospitalizations or acts of violence.
- The person must have **been unable to make decisions about their treatment** or is likely to refuse care voluntarily.

##### **3. Court-Mandated Treatment:**

o **Judicial Oversight:** A New York court decides whether an individual qualifies for outpatient commitment based on medical testimony. This decision mandates treatment, but it ensures that the person's civil rights are still respected.

o **Treatment Plan:** If the court issues an outpatient commitment order, the person is required to adhere to a specific treatment plan. This may include psychiatric medication, regular therapy sessions, and monitoring by healthcare professionals.

o **Provider Coordination:** The outpatient commitment order typically works in tandem with a case manager or mental health professional, ensuring that the individual receives services such as medication

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management, counseling, and other community-based mental health support.

4. **Rights of the Individual:**

o **Legal Protections:** Even though an individual is required to comply with an outpatient commitment plan, they retain certain rights. For example, they have the right to refuse treatment under certain conditions, and they can challenge the court order through the judicial system if they believe their rights are being violated.

o **Voluntary Participation:** The goal of outpatient commitment is to support the individual's voluntary participation in treatment as much as possible. While the program is court-mandated, it encourages individuals to work with providers to improve their well-being and avoid hospitalization.

5. **Monitoring and Enforcement:**

o The program provides regular follow-up and monitoring to ensure that the individual is adhering to the treatment plan. If they fail to follow the prescribed treatment or exhibit behaviors that indicate worsening symptoms, they may be hospitalized for more intensive care.

6. **Outcomes and Goals:**

o The main goal of Kendra's Law and other outpatient commitment programs is to reduce the frequency of hospitalization and emergency interventions, improve compliance with mental health treatment, and provide greater stability in the community. Research has shown that Kendra's Law has been somewhat successful in reducing hospital admissions and improving overall quality of life for many participants.

7. **Supportive Services:**

o These programs often include additional support services such as **housing assistance, employment services, and peer support groups** to help individuals reintegrate into the community and lead more independent lives while managing their condition.

8. **Limitations and Criticisms:**

o Critics of outpatient commitment programs, including Kendra's Law, argue that they may infringe on personal freedoms by requiring individuals to receive treatment against their will, especially when they might not fully understand their need for it. Some also contend

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that the law is not always effectively implemented or adequately funded, leading to challenges in meeting the needs of individuals with complex conditions.

o Proponents counter that it is a necessary intervention for individuals who are often unable to make decisions about their care due to the severity of their mental illness and that it can prevent further deterioration or dangerous behavior.

#### **Conclusion**

New York's Outpatient Commitment Programs, particularly Kendra's Law, offer an important balance between ensuring that individuals with serious mental illnesses receive the necessary care while maintaining their legal rights. These programs aim to reduce the burden on emergency services, improve treatment outcomes, and enhance the quality of life for individuals with SMI, all while attempting to minimize involuntary institutionalization. However, like any legal and healthcare initiative, these programs are subject to ongoing discussion regarding their effectiveness and ethical implications.

The **California Mental Health Services Act (MHSA)** is a significant initiative designed to improve mental health care in California by promoting a holistic approach to mental health services, focusing on prevention, early intervention, treatment, and recovery. The MHSA was passed in 2004 as a **statewide initiative** and is funded by a **1% tax on incomes exceeding \$1 million**. The goal is to expand access to mental health services, reduce disparities, and improve the overall well-being of individuals affected by mental health challenges.

#### **Key Aspects of the Mental Health Services Act (MHSA)**

##### **1. Funding and Purpose:**

o **Funding Mechanism:** The MHSA generates funding primarily through the 1% tax on incomes over \$1 million. This tax is projected to raise hundreds of millions of dollars annually, which is allocated to local counties to fund mental health programs.

o **Program Goals:** The overall goal of the MHSA is to create a **comprehensive mental health system** that includes prevention, early intervention, access to care, and support services. It seeks to enhance services and improve outcomes for individuals with serious mental health conditions.



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2. **Core Components of MHSA:** The MHSA provides funding for a wide range of programs. Some of its core components include:

- o **Community Services and Supports (CSS):** This component aims to serve individuals with severe mental illnesses, particularly those from underserved populations. It focuses on providing mental health care services within the community to reduce hospitalizations and institutionalization. CSS funds programs that offer housing, employment, and peer support services to help individuals with serious mental illnesses reintegrate into their communities.
- o **Prevention and Early Intervention (PEI):** This part of the MHSA focuses on preventing the onset of mental health conditions and providing early interventions for individuals at risk. It includes programs that target youth, families, and communities to reduce the stigma surrounding mental health and increase awareness of mental health issues. Early intervention is particularly crucial for individuals with conditions like anxiety, depression, and psychosis, where early treatment can improve long-term outcomes.
- o **Innovation (INN):** The Innovation component funds new, experimental projects aimed at improving mental health services and addressing gaps in the system. These projects often include new methods for care delivery, integration of services, or models that serve high-need populations. The goal is to promote creative approaches to mental health care that can be replicated and expanded throughout the state.
- o **Workforce Education and Training (WET):** The WET program aims to increase the number of qualified mental health professionals in California by providing training, career development opportunities, and financial incentives for those entering the mental health field. The program also focuses on enhancing cultural competence among mental health providers to better serve California's diverse population.
- o **Capital Facilities and Technological Needs (CFTN):** This component provides funding for the development of mental health facilities and technology systems. This includes upgrading mental health clinics and ensuring that service providers have the technology

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and infrastructure needed to provide modern, efficient, and accessible care.

3. **Prevention and Reducing Stigma:**

o A central element of the MHSA is **mental health stigma reduction**. The act aims to promote public education campaigns to change public attitudes toward mental health, reduce discrimination, and encourage individuals to seek help when needed. This is particularly important in a state as diverse as California, where cultural barriers often play a significant role in limiting access to care.

o The **Prevention and Early**

**Intervention** programs often focus on outreach to children, adolescents, and young adults to provide early services and help prevent the escalation of mental health issues. For example, programs target students in schools, focusing on building mental wellness, offering counseling, and raising awareness about mental health challenges.

4. **Integrated Care and Support Services:**

o The MHSA emphasizes the integration of mental health care with other community services, such as **housing, employment, and medical care**, to provide a comprehensive treatment plan for individuals.

This **holistic approach** acknowledges that mental health challenges are often intertwined with issues such as housing instability, substance use, and poverty.

o Programs supported by the MHSA often offer a **team-based care model**, bringing together therapists, case managers, medical professionals, and peer support specialists to address the needs of individuals in a more coordinated way.

5. **Targeted Populations:**

o The MHSA targets **vulnerable and underserved populations**, including low-income individuals, individuals from various ethnic and cultural backgrounds, youth, older adults, and individuals with serious mental health conditions like schizophrenia and bipolar disorder. Special attention is given to addressing the mental health needs of **homeless individuals**, people involved with the criminal justice system, and those who are at risk for or affected by **substance abuse**.

6. **County-Level Administration:**

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o While the MHSA is a state-wide program, the distribution and administration of funds are carried out by local counties. Each county is required to develop its own **mental health services plan** that aligns with the goals of the MHSA while also addressing local needs and priorities. This decentralized approach allows for services that are tailored to the unique demographic and community needs of each region.

**7. Outcomes and Impact:**

o The MHSA has led to significant improvements in mental health care in California. Some of the key benefits include increased access to mental health services, reduced rates of hospitalization, improved stability for individuals with serious mental illnesses, and better outcomes in schools for children at risk of mental health issues.

o The **Innovation** projects funded by the MHSA have allowed the state to test new models of care, such as integrating mental health services into primary care settings or using telehealth to reach remote communities.

**8. Challenges and Criticism:**

o Although the MHSA has been successful in many ways, there are challenges related to its implementation, including concerns over **inconsistent service quality** across different counties, **limited funding** for some programs, and **long waiting lists** for services in some areas.

o Critics also argue that some funds intended for innovation and new programs have been diverted to cover operational costs or used for projects with unclear outcomes. Despite these challenges, the MHSA remains one of the most comprehensive mental health initiatives in the United States.

**Conclusion**

The **California Mental Health Services Act** has made significant strides in improving mental health care by funding a wide range of services and programs that focus on prevention, early intervention, treatment, and recovery. Through its innovative approach, it has worked to reduce the stigma surrounding mental health, increase access to care, and support individuals with serious mental health conditions. Although challenges remain, the MHSA has made a profound impact on the way mental health services are delivered in California, serving as a model for

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other states seeking to address mental health care needs in a comprehensive and community-oriented manner.

**Vermont's Integrated Family Services (IFS) Program** is an innovative initiative designed to provide comprehensive support to individuals, including those with serious mental illnesses (SMI), by integrating a variety of social services into a coordinated, individualized care plan. The IFS program aims to address the complex needs of families and individuals, especially those facing challenges related to mental health, housing, employment, and other social determinants of well-being.

#### **Key Components of the Integrated Family Services Program**

##### **1. Holistic Approach:**

o The IFS program takes a **holistic, family-centered approach**, focusing not just on treating mental health conditions, but also on supporting the broader needs of individuals and families. This means addressing social, economic, and environmental factors that influence mental health, such as access to stable housing, employment opportunities, and community support.

##### **2. Coordinated Care:**

o One of the hallmark features of the IFS program is its ability to **coordinate services across various sectors**, ensuring that clients receive the necessary support from a network of providers. This includes **mental health care, substance use treatment, child welfare services, public assistance, and family support**. By linking services in a coordinated manner, individuals and families are more likely to receive the comprehensive care they need to achieve stability and improve their quality of life.

##### **3. Mental Health Services:**

o For individuals with **serious mental illness (SMI)**, the IFS program offers a range of **mental health services** that may include therapy, counseling, medication management, and crisis intervention. Mental health care is provided in a way that integrates with other services, ensuring that care is not fragmented but instead tailored to the individual's overall needs.

o The program encourages early **screening and intervention**, aiming to prevent more severe mental health issues down the line and improve long-term outcomes for individuals with mental health conditions.

##### **4. Housing Support:**

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o **Stable housing** is a critical component of the IFS program, particularly for individuals with SMI, as homelessness or housing instability can exacerbate mental health issues. The program assists individuals in accessing **affordable housing**, providing both short-term and long-term housing support. This may include **emergency housing**, housing vouchers, or assistance in locating stable living arrangements.

o The program also focuses on **housing retention**, helping individuals maintain housing through various supports, such as financial assistance, case management, and landlord-tenant mediation services.

5. **Employment Assistance:**

o Recognizing that employment is a key factor in maintaining stability and fostering a sense of purpose, the IFS program also offers **employment support services**. This includes help with job training, resume building, interview preparation, and finding suitable job placements for individuals with mental health challenges. These services are designed to help individuals achieve **economic self-sufficiency**, which can contribute to improved mental health and well-being.

6. **Family and Social Support:**

o The IFS program offers **family-focused services**, which may include counseling, parenting support, and assistance navigating social services. Since mental health conditions often impact family dynamics, providing support to families can strengthen their ability to care for loved ones with SMI and improve the overall family environment.

o The program also emphasizes the importance of **community engagement**, encouraging individuals to build strong social networks that provide ongoing emotional support, reducing isolation and fostering resilience.

7. **Child and Family Services:**

o The IFS program is not just for adults but also includes services tailored to **children and families**. For children with behavioral health challenges, the program provides access to appropriate mental health care, family therapy, and support services that help families navigate the often complex systems of care. Services may also involve collaboration with **schools** to ensure that

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children's emotional and behavioral needs are met in both the home and school environments.

8. **Crisis Intervention and Stabilization:**

- o The program provides **crisis intervention** services to individuals who may be experiencing mental health emergencies, aiming to prevent more acute psychiatric crises that would require hospitalization. The crisis intervention component includes **24/7 access to care**, ensuring that individuals in need can receive support at any time.
- o It also involves **crisis stabilization** programs that help individuals regain stability and avoid unnecessary hospitalizations, which can be costly and disruptive to their lives.

9. **Focus on Rural Communities:**

- o Vermont, with its rural population, faces unique challenges related to mental health and social service access. The IFS program takes into account the **rural context**, working to ensure that individuals in remote areas have access to integrated services. This may involve outreach efforts, telehealth services, and partnerships with community-based organizations to bring services directly to individuals and families in rural communities.

10. **Person-Centered, Strengths-Based Approach:**

- o The IFS program is committed to a **person-centered, strengths-based approach**, meaning it tailors care plans to the individual's strengths, preferences, and unique needs. The focus is on empowering individuals, rather than simply managing their symptoms. The aim is to enhance the person's quality of life, build coping skills, and help them achieve their personal goals.

**Collaboration with Other Systems:**

The Integrated Family Services program in Vermont emphasizes **collaboration across systems**, such as the **Department of Mental Health, Department of Children and Families, and Department of Disabilities, Aging, and Independent Living**. By bringing together these various entities, the program works to reduce fragmentation of services and improve outcomes for individuals with complex needs.

**Impact and Successes:**

The IFS program has been recognized for its ability to create a **system of care** that is more effective, responsive, and individualized than traditional, siloed

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<p>approaches. Key outcomes for participants include improved access to mental health care, reduced rates of <b>hospitalization, homelessness, and criminal justice involvement</b>, and increased <b>employment and housing stability</b>. Additionally, families and individuals report feeling more supported and empowered in navigating the complexities of care.</p> <p><b>Conclusion:</b> Vermont's <b>Integrated Family Services</b> program exemplifies an integrated and community-based approach to mental health care. By combining mental health services with social supports such as housing and employment assistance, the IFS program ensures that individuals and families have the resources they need to thrive. This model helps people with serious mental illness achieve greater stability, improve their quality of life, and access the care and services they need to succeed in their communities.</p>	
Question about training and cultural and linguistic informed care when removing requirements. Concerns about the 25% ratio and how will clients know if their provider is licensed, or a candidate or a provider in training.	Thank you for your feedback. BHA has received both similar and conflicting feedback about this issue and intends to review and explore further in a future rule revision.
Are any of the proposed changes touching on access to non-emergency and non-substance use access to behavioral health care for adults?	Thank you for your feedback. These specific rule changes are not reflective of changes towards non-emergency/non-substance use access to the behavioral health system for adults. BHA will accept further feedback you may have for consideration during future rule changes.
What accountability measures are in place to assure implementation when many providers use services waivers?	Thank you for your feedback. Provider waivers are approved after statutory and regulatory considerations are reviewed. If the waiver is approved, it has a specific time period that the waiver is effective for. If the agency is found out of compliance during times of future investigations or audits without an active waiver approval, adverse action or intermediate restrictions may be taken, or a plan of action may be required.
Thanks, all, for this discussion. I do want to offer that Telehealth is a very valid way to deliver care. It may not be the best for any individual given their preferences (or procedure that needs to be done) and may not be	Thank you for your feedback.

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possible in areas given the internet infrastructure but it is a validated mechanism for many forms of healthcare delivery. And has increased healthcare for many across our country.	
I recently had a loved one at the Glenwood Springs Withdrawal Management Facility. It was excellent to be able to have this option so close to home. The staff was very kind and compassionate. I recently heard that the facility will need to be closing because of rules being promulgated at the BHA level because they do not have a crisis services unit on-site. This is a devastating blow and is very upsetting since this facility just opened in June of 2024. How are rural and small communities supposed to live up to standards promulgated for metro jurisdictions? It seems unfair and discriminatory against rural areas. I hope the BHA reconsiders this rule and permits the withdrawal management facility to remain up and running.	Thank you for your feedback. Federal standard of care changes will require stand alone withdrawal management facilities to transition their services into another level of care or service type. These changes are being discussed in work group formats currently with providers and community engagement opportunities will be coming this summer to further discuss the proposed rules to comply with the federal changes. Please monitor our BHA Laws and Rules webpage for future feedback and community engagement opportunities.
There is disparity in Medicaid reimbursement rates across the state. In El Paso and Teller County the rates are so low that providers lose money on each hour of service. Due to that there is very limited support for mental and behavioral health in these areas. There are even less services for children and some are placed in Zeb Pike detention center because there are no services. Teller County is Rural and some people must navigate one or two mountain passes to get services. The closest city is Colorado Springs where there are limited services and most people have to go to Denver for services which is much further than 60 miles away.	Thank you for your feedback. Reimbursement rates are outside the scope of BHA. We recommend sharing your feedback about reimbursement with Colorado Health Care Policy and Financing through their Member Contacts at <a href="https://hcpf.colorado.gov/contact-hcpf">https://hcpf.colorado.gov/contact-hcpf</a> .
<p>HERE ARE THE ISSUES EXPLAINED A LENGTH IN A SEPARATE EMAIL:</p> <p>1) Definitions of “priority populations” and “continuum of care” in Chapter 1. BHA rules do not adequately prioritize patients with Serious Mental Illness</p> <p>2) There is a need to create SEPARATE levels of care, and separate facilities, for Serious Mental Illness in Chapter 4 and 5 -- because treatment for Serious Mental Illness is not the same as treatment for Substance Use Disorder.</p> <p>3) There is a need to recognize that many people with Serious Mental Illness (especially psychotic-spectrum disorders) have anosognosia, and may need non-</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.



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<p>voluntary treatment options -- including an increased number of LOCKED facilities.</p> <p>4) There is a need to recognize that most Serious Mental Illness is chronic, and not everyone can be “cured” enough to participate in “community based services.” Thus, levels of care need to be designed to more thoroughly address long-term supported housing and inpatient treatment needs.</p>	
<p>According to the current rules, a prescriber is not someone who can complete an assessment. Given the training of our prescribers (and the shortage of clinicians), it would serve our communities and our services well if we included prescribers (which include our physicians/psychiatrists) among those who can perform those initial/intake assessments.</p>	<p>Thank you for your feedback. BHA intends to address this in the Fall of 2025 rule revision. Your feedback will be held to be considered at that time.</p>
<p>1. Highlight Workforce Realities While staffing transparency is important, rigid staffing ratios may be unrealistic, especially in rural and frontier areas. Flexibility is necessary to adapt to local workforce conditions and maintain continuous care.</p> <p>2. Support for Telehealth Telehealth has proven essential in expanding care access, particularly in underserved areas. Strengthening telehealth infrastructure can bridge gaps and ensure consistent service delivery.</p> <p>3. Balanced Approach to Staffing Requirements The requirement for in-person staff should be balanced with strategic support for recruitment and retention, including incentives for providers in underserved regions.</p> <p>4. Support for Educational Institutions BHA is encouraged to collaborate with educational institutions to incorporate specialized community training into curricula. This ensures new providers are prepared to meet evolving community needs and can</p> <p>5. Learning Collaboratives and Data Sharing BHA is encouraged to support learning collaboratives and data-sharing efforts that provide agencies with actionable community insights, especially for treating individuals with IDD and behavioral health issues.</p> <p>6. Addressing Fragmentation in 27-65 Support BHA is encouraged to reduce fragmentation under 27-65 by facilitating knowledge sharing and collaboration among community partners through regular workshops and</p>	<p>Thank you for your feedback. It will be held for consideration to future rule revisions.</p>

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resource hubs focused on integrated care. Not all non-Comprehensive Provider agencies are aware of these rule changes.

7. Increasing Billing Codes for Outreach Services  
BHA work with HCPF in expanding billing codes for care coordination services which will allow providers to engage individuals not fully enrolled in outpatient treatment, offering them necessary support and linking them to care.

8. Improving Access to Care  
To improve access, providers would benefit from additional service codes (Encourage BHA to coordinate with HCPF on assessing this), interpretation resources to support language needs, and telehealth flexibility.

9. Emphasis on Individualized, Medically Necessary Care (4.3.4.G)  
It is important to emphasize the necessity of individualized, medically necessary care rather than arbitrary timelines. We should prioritize treatment plans tailored to the specific needs of the individual, focusing on clinical relevance and compliance with broader state and federal regulatory frameworks. Introducing a mandatory six-month documentation cycle could conflict with these principles, as it may enforce unnecessary administrative burdens that detract from patient care quality. Additionally, such a change could increase operational strain on providers without clear evidence of improving outcomes. Current federal guidelines, including Medicaid-related regulations from the Department of Health Care Policy and Financing (HCPF) and Centers for Medicare & Medicaid Services (CMS), prioritize efficiency and reducing unnecessary documentation where it does not directly enhance care quality. Aligning state requirements with these federal priorities is critical for cohesive regulatory compliance and streamlined operations for providers.

Recommendations: Rule should allow for annual service plan updates rather than every 6 months for PSO.

10. Currently, there is a conflict between the Behavioral Health Administration (BHA) and Health Care Policy and Finance (HCPF) regarding the role of Registered Nurses (RNs) licensing. While BHA expects treatment plans to be signed by licensed behavioral health professionals, HCPF recognizes RNs as licensed providers according to the

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<p>State Behavioral Health Services Billing Manual as the manual defines a registered nurse as having graduated from an approved program of professional nursing and is licensed as a Professional Nurse by the CO Board of Nursing CRS 12-38-103</p> <p>We recommend expanding the role of RNs to include signing behavioral health treatment plans, which would align both BHA and HCPF expectations, improve access to care, and reduce delays, particularly in underserved areas.</p>	
<p>BHE designation rules add a significant and unfunded administrative burden to providers. This can only have an adverse impact on access, rather than broadening access throughout the state which is the purported goal of the BHA in the first place.</p>	<p>Thank you for your feedback. From the feedback received we realize that we need more time to make effective change when we open community engagement again later in 2025 for other rule changes that we need to make. However, we hope that these changes will make a positive impact. If anyone has any ideas and how we can continue to reduce admin burden, we want to engage in those conversations. Two initial steps made to reduce admin burden are:</p> <ul style="list-style-type: none"> <li>• Removing the COC requirement from Chapter 12 will help reduce admin burden</li> <li>• Understanding uploading policies and procedures to ladders is one of the most burdensome requirements and have removed that requirement</li> </ul>
<p>It can be difficult to navigate when standards are set by Medicaid, MSO's (soon to change), BHA, specific clinical designations, and the state and they can all be a little different.</p>	<p>Thank you for your feedback.</p>
<p>First I would like to applaud the work that is being done to provide additional support for children and youth, a population that lacks adequate resources. These resources are certainly needed and it seems very likely that with these reformation efforts there will be an improvement in appropriate services.</p> <p>My concern comes from the perspective of individual providers, particularly those in small private practices who are providing single services. It seems to me that providers in the best position to benefit from these initiatives are big agencies that already have the infrastructure and programming in place to provide multiple wraparound services. Should private</p>	<p>Thank you for your feedback.</p>

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practitioners who share the same vision as BHA want to support these efforts, they are faced with either contracting with bigger institutions, which potentially comes with significant financial impact, or faced with building their own agency that can compete with bigger institutions.

Again, I applaud the work being done, but the skeptic in me views this as an example of how legislation and rule serves corporations and big agencies, leaving the individuals and small private practices, who no doubt have the knowledge and skills to further BHA's vision, with little hope of reaping the financial benefits of reformations such as these.

Autism ASD individualized mental health treatment

Thank you for your feedback.

When we held stakeholder discussions during the last rule rewrite, a number of stakeholders recommended that we create a BHE-Lite or some other way to ensure that small providers have to meet some standards but not the full chapter 2 rule volume that is not really oriented to small providers. While this might introduce additional rules for small providers serving people with mental health conditions only, it would reduce the burden for very small providers who are or want to serve people with SUD. The current requirement for full BHE licensing discourages small providers in rural areas from serving people with SUD and results in pretty large provider organizations that only serve mental health conditions from having any organizational regulatory requirements. It seems to me that you could introduce an additional "approval" without statutory change. I recognize that this may not occur in this revision but believe it needs to be a priority for the next revision.

Thank you for your feedback. BHA is currently exploring this option and will hold your feedback and consider it for future rule revisions.

I would very much like to discuss the arena of integrated care, specifically when physical health is integrated in a behavioral health (BHE) setting. It is a significant challenge to get paid for the physical health care that is provided in the behavioral health setting. This is important for a number of reasons, the most important of which is that our clients with SMI and severe SUD, in general, die 18-20 years earlier than their age-matched counterparts. And they don't die of their behavioral health issues; they die from their physical health needs that did

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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get met, e.g., the lung cancer that was missed, the cervical cancer that was never diagnosed because no one did a Pap smear, etc. By way of example, when caring for folks in withdrawal management (and the CSU), we often have a need to address the physical health issues that are attendant to that person as a result of their BH condition. To name just a few, these include blood pressure issues with alcohol use, metabolic issues with anti-psychotic meds, wound care issues for those with SUD and experiencing homelessness. It is very important for behavioral health care providers with the appropriate physical health providers be allowed to deliver this care and not force people to go to yet another provider to address these issues. Would love to talk offline about these issues. Thank you so much!

RE: INTEGRATED CARE. I wanted to provide evidence re: the premature death of our SMI/SUD patients/clients and support for the need for a meaningful pathway for ensuring a reimbursement/payment pathway when integrated care is provided in the behavioral health setting.

The Milbank Report - Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015

Their unhealthy behaviors further contribute to their high rates of chronic medical conditions and substantial reductions in life expectancy. They die early—not from their behavioral health disorder, but because of chronic medical conditions, infections, or suicide.

The Milbank Report - Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015

Fragmentation of mental health, substance use, and medical services results in inadequate care for those with mental illness

People with mental disorders also have high rates of adverse health behaviors, including tobacco and other substance use, physical inactivity, and poor diet...and require preventive services they often do not receive.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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There is also a great infographic prepared by SAMHSA and the Center for Integrated Health Solutions titled "Can We Live Longer - Integrated Health Care's Promise" that provides great digestible data. Try this link...[https://uncprimecare.sites.unc.edu/wp-content/uploads/sites/654/2017/11/Integration\\_Infographic\\_8\\_5x30\\_final-1.pdf](https://uncprimecare.sites.unc.edu/wp-content/uploads/sites/654/2017/11/Integration_Infographic_8_5x30_final-1.pdf).

Last post, promise! Thank you for reading. -Lesley

The proposed occurrence reporting language appears to dramatically expand the requirements to mandate reporting for any occurrence of abuse towards any individual involved at the facility, including verbal abuse of clients to personnel members. This would create significant administrative burden beyond the existing requirements in place and that of those through CDPHE. For example, this would appear to include episodes where a patient is having a psychotic episode and screaming at staff, an unfortunately frequent occurrence. We request that the language be updated to specifically refer to required reporting of abuse of "a client" "by another client, an employee of the licensee or a visitor of the facility or agency." Furthermore, we greatly appreciate the BHA's work to minimize provider administrative burden and would welcome continued conversation about strategies to streamline regulatory requirements.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

Thank you for the opportunity to share feedback on the updated provider rules.

2.24.3, 7.2.1, 7.3.1.D.6, 12.6.1.K: We appreciate these clarifications.  
4.3.2.A.6.a, 4.6.2.A.6.a, 4.7.2.A.6.a: We appreciate the removal of this ratio for SUD providers. This change brings these requirements into sync with those for mental health providers, thus further reducing the bifurcation between mental health and substance use treatment. All community behavioral health providers face ongoing workforce challenges, and it is important to ensure that they have flexibility in their staffing arrangements in order to best serve community needs and patient demand.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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These safety net organizations are an essential training ground for new providers of all types; counselors in training, like other candidates, are an essential part of the behavioral health workforce, working under supervision of licensed professionals. One-size-fits-all ratios of licensed/unlicensed clinicians can decrease access to care at a time when the need for substance use disorder treatment, as well as for other mental healthcare, is growing.

We look forward to continuing to work with BHA on future evolutions of this rule volume to ensure the regulatory structure enhances safety net providers' ability to best serve community needs, especially for those individuals with serious mental illness and children/youth with severe emotional disturbance, while safeguarding clients' safety.

#### **Chapter 1 - General Authority and Definitions**

1.2 Crisis assessment definition; also references at 6.3.3.A.1, 6.5.3.C, 6.5.3.F, and 11.7.3.C.

##### **Concerns:**

- Defined as being only the BHA-developed form. Existing crisis assessments cannot be used.
- While the details of the form are not spelled out in the rule, the form that has been promulgated is not strengths-based, trauma-informed or client-centered. Some of the questions can generate secondary trauma.
- The assessment is very time-consuming. Crisis care team leads have told us their staff are setting aside 1 hour/client to complete the new form. The goal of crisis stabilization is to increase the individual's functioning at that moment; completing a lengthy assessment before beginning treatment works against that.
- o **Proposed change:** Require providers to conduct a crisis assessment and document it in the record; audit to performance.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.



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<p><b>1.2C. Behavioral health service population means...</b></p> <p>Comment: This section seems to narrow the population of service far beyond the Governor's Behavioral Health Task Force (which was, effectively, everyone in Colorado). Additionally, it seems to miss including:</p> <ul style="list-style-type: none"> <li>• Federal or State priority populations.</li> <li>• In the past, BHA safety net funding has made economic means a significant factor in prioritizing covering care.</li> <li>• Priority populations, as defined in 27-50-101(17)(b).</li> </ul> <p>Reviewing this definition, and with the above factors of concern, we wonder if the only issue was the "and's" at the end of 1.2C(1), and 1.2C(2) and replacing them with "or's" to make it inclusive, rather than limiting.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>Definitions of "priority populations" and "continuum of care" in Chapter 1. BHA rules do not adequately prioritize patients with Serious Mental Illness</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>The definition of "licensee" does not include RNs, APRNs, or Docs. We want to be able to have this level of staff that are meeting with the patients to sign service plans for our medication/psychiatric service patients.</p>	<p>Thank you for your feedback. This is being addressed by proposing to change the definition of licensee in Part 1.3 to "“Licensee” means aN AUTHORIZED PRACTITIONER, psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S”</p>
<p>The definition of "licensee" does not include psychiatrists.</p>	<p>Thank you for your feedback. This is being addressed by proposing to change the definition of licensee in Part 1.3 to "“Licensee” means aN AUTHORIZED PRACTITIONER, psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S”</p>
<p>A definition of "owner" is proposed to be added to Rule 1.2. The proposed definition is: "Owner" means a</p>	<p>Thank you for your feedback. This is an item that we intend to address in the Fall of 2025 rule package.</p>



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shareholder in a corporation, a partner in a partnership or limited

partnership, member in a limited liability company, a sole proprietor, or a person with a similar interest in a BHE, who has a twenty-five (25) percent ownership interest in the

BHE." I recognize that this definition is being taken from the CDPHE BHE rules. The definition will be a problem in the BHA rules for the same reason it was a problem in the CDPHE rules. Mental Health Center of Denver d/b/a WellPower, like many other organizations applying for BHE licensure, is a nonprofit corporation. Nonprofit (or not-for-profit) corporations do not have owners. The definition does not take nonprofits into consideration. Yet the license application asks for the facility's owner. Rule 2.21.C.5.a says, "The transfer of at least fifty percent (50%) of the controlling interest in the nonprofit is considered a change of ownership." Even this is not clear because there is no "controlling interest" in a nonprofit to be transferred. Nonprofit organizations need to be taken into account when rules are made around "owners" and "ownership" and those concepts are used elsewhere, such as license applications.

Your feedback will be held for consideration of this future rule revision.

## **Chapter 2 - General Behavioral Health Entity Licensing Standards**

2.5.1 Clinical supervision requirements

- o **Concern:** We appreciate the language in this section that refers to DORA requirements for individual license types. We would like to also ensure that it enables appropriate flexibility for providers to develop supervision approaches within DORA guidelines.
- o **Proposed change:** Add language clarifying that the quality of supervision (e.g., who provides, what it entails, etc.) must match what is defined by DORA for each license type but that the quantity (i.e., the number of hours) will be determined by the BHE based on their client population, system of care, clinical practices, etc.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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<p>2.5.1 and 2.5.B Concern: A policy and procedure should explain how the organization 1) has enough licensed staff to provide supervision to candidates and 2) provides the BHA, clients, and the public a ratio of licensed staff to unlicensed staff for each DORA licensed professional listed in 2 CCR 502-1.3.</p> <p>Solution: Add a new <b>2 CCR 502-1:2.4.D.2.d</b> and renumber the subsequent list items. "Maintain the ratio of licensed and unlicensed staff within the DORA licensed professions listed in 2 CCR 502.1.3 to ensure that they provide the endorsed services, meet the clinical needs of the individuals, and offer adequate candidate supervision per part 2.5.1 and 2.5.B of this Chapter."</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>2.5.B Language: "The BHE shall maintain a sufficient number of qualified personnel for each endorsement and at each physical location to provide the endorsed services, meet the clinical needs of the individuals, and comply with state and federal requirements. The BHE shall ensure personnel are only assigned duties they are competent to perform adequately and safely."</p> <p>Concern: Consistent with this rule, as well as the requirement of 2 CCR 502-1:2.7.A.5 to know the credentials of the individuals providing services to the individual, the BHA should require each Essential Behavioral Health Safety Net Providers (2 CCR 502-1:12.4) and each Comprehensive Community Behavioral Providers ((2 CCR 502-1:12.4) to report to the BHA and the public the ratio of licensed to unlicensed (including "candidates" as defined in 2 CCR 5021.3.A-E) to licensed personal defined in the same section: psychologists social workers clinical social workers marriage and family therapists, professional counselors licensed addiction counselors</p> <p>Solutions: "Agencies shall ensure the required training for contracted personnel includes health, safety, welfare, trauma-informed care, cultural competency, and linguistically</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>

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appropriate services.”	
<p>2.7.A.7 Give informed consent for all treatment and services.</p> <p>o <b>Concerns:</b></p> <ul style="list-style-type: none"> <li>▪ Much too prescriptive for safety net populations, who often begin treatment too psychotic/depressed etc. to give informed consent and may refuse to sign any documents. Per 2.7.A.7.b, if a person is unwilling to sign a Consent for Treatment, the provider must have them sign a refusal instead—but if the client is not willing to sign a consent they are generally unwilling to sign any paperwork, even a refusal.</li> <li>▪ The use of “informed consent” instead of “consent” in this rule is problematic. Informed consent should be used only in specific situations. Many of the rules already specifically require informed consent when it is appropriate (e.g., for psychiatric medications, ECT, etc.).</li> </ul> <p>o <b>Proposed changes:</b></p> <ul style="list-style-type: none"> <li>▪ Change the definition of “Informed Consent” in Chapter 1 from “Informed Consent means an informed assent that is freely given. It is always preceded by the following” to “Informed Consent means an informed assent that is freely given and preceded by the following as applicable.”</li> <li>▪ Change “informed consent” to “consent” throughout 2.7.A.7.</li> <li>▪ Rewrite 2.7.A.7.B to: “Individual consents must include consent to treatment. If the individual is refusing treatment or an aspect of treatment, the BHE must have the individual sign a form to confirm their refusal document the reason for refusal and plan for accommodation(s).”</li> <li>▪ Add 2.7.A.7.c “Informed consent must be obtained prior to the administration of a therapy or treatment using special procedures, or as specifically required by these rules.”</li> <li>▪ For the sake of consistency, repeat the definition of “Therapy or treatments using special procedures” that is currently in 11.2 to the</li> </ul>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>

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Chapter 1 definitions section of the rules (omit the language “for the purposes of this part 11.10”).

2.12  
Volume of data needed to meet requirements for Screening/Initial & Comprehensive assessment, regardless of relevancy. All are now reportable data points.

o **Concerns:**

- Many clients have language or technology barriers, meaning that information must be collected verbally. In some cases, it must be collected from referral sources. Combined, this data collection can take hours in total. Even the most efficient comprehensive assessment with a compliant patient takes 30 minutes longer than before, in addition to the invasiveness of potentially irrelevant information collection. Providers report clients dropping out of treatment because of the invasiveness of the questions and the gaps to actually starting treatment.
- Some of the questions are invasive, inequitable, not person-centered or extraneous, e.g.: pregnancy status/desire to become pregnant, questions for older adults about mobility and strength, infectious disease screen. The infectious disease screen is inappropriate for youth.
- Lots of feedback from staff and people in services as to distrust with this data collection, particularly concern with how data could be exploited in the future under a different administration in the White House or deregulation of PHI/healthcare exchanges/CURES Act regulations. (Note that the CURES Act requires that progress summaries, assessments, etc. are all readily available in the patient portal. Reading these detailed assessments can re-traumatize individuals.)

Thank you for your feedback. BHA intends to review this section of rule in comparison with federal assessment standards of the Certified Community Behavioral Health Clinic (CCBHC) model for possible adoption into the Fall 2025 rule package. This change would reduce administrative burden while utilizing federal best practice standards for the screening and assessment process.

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- As a result of the time required to complete the screenings and assessments, and the invasiveness of many questions, centers report clients are dropping out of services.
  - o **Proposed immediate changes:**
    - Eliminate 2.12.2.B.11 Initial assessment requirement to inquire re: pregnancy/post-partum status.
    - Revise 2.12.3.F ("The assessment must be documented in the individual's record and, at minimum, include the following information, if available and applicable") to include a provision that people in services are not required to answer all questions as a condition of being seen by a safety net provider.
    - Eliminate infectious disease questions required in 2.12.3.F.5 so that the rule would now read simply "Physical and dental health status."
    - Limit 2.12.3.G (requiring providers to advise clients of risk factors associated with and providing testing/referrals for infectious diseases) only to persons in an ASAM level or program where this information is relevant.
  - o **Proposed longer-term changes:**
    - Revisit all requirements for screenings, initial assessments and comprehensive assessments in consultation with client and provider focus groups to identify additional ways to streamline the number of required data elements and ensure that all are directly applicable to care planning.
- 2.12.2.A Initial assessment and 2.12.3.A Requirement that comprehensive assessment must be completed or signed by licensee.
- o **Concerns:**
    - The rules allow unlicensed masters' level clinicians to do assessments, and the BHE is already responsible for any unlicensed provider's work. Accordingly, a requirement for a licensee to sign off on assessments is unnecessary.

Thank you for your feedback. We are proposing to change the definition of licensee in Part 1.3 to "Licensee" means aN AUTHORIZED PRACTITIONER, psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S." This change should address the issues with personnel documentation signage. Additional changes will be

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<ul style="list-style-type: none"> <li>▪ Adds time and impedes access to care by taking licensees away from other patients.</li> <li>▪ Creates potential additional liability for individual licensees: “I didn’t see this client, I can’t attest this is correct.”</li> </ul> <p>o <b>Proposed change:</b> Remove the language in 2.12.2.A and 2.12.3.A for additional signatures/approval beyond that of the person who conducted the assessment.</p>	<p>proposed by BHA Fall 2025 and your feedback will be held and reviewed for these future recommendations.</p>
<p>2.16.A.2 Critical incident reporting in the case of a death.</p> <p>a. Concerns:</p> <p>i. BHA staff are following up on all death-related CIRs to request the entire patient chart. This violates the HIPAA “minimum necessary” rule. Bear in mind that the CIR must be filed within 24 hours but autopsies and police investigations take considerably longer. It would make sense to wait for the results of any 3rd party investigations and then determine if there is need to request additional information.</p> <p>ii. Having to manually submit each and every CIR is arduous – takes 15-30 minutes depending on the incident type and details provided because of the number of submission requirements.</p> <p>iii. The form seems to be changed at random (adding questions, changing questions). This causes increased administrative burden as providers need to change processes and procedures.</p> <p>iv. There is still confusion about how to interpret “while an individual is receiving services” in this section.</p> <p>b. <b>Proposed BHA process changes:</b></p> <p>i. Issue internal policy guidance to BHA staff to a) wait until an autopsy report or police investigation has been conducted before determining if they see a need to see the patient record; b) contact the BHE for clarification if they have questions before that.</p> <p>ii. Automate the CIR submission process.</p> <p>c. <b>Proposed rule changes:</b></p> <p>i. Limit the number of reportable incidents.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>

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ii. Clarify that “while an individual is receiving services” means “while engaged in active treatment.”	
Will critical incidents involving personnel have the same reporting timeline?	Thank you for your feedback. At this point, yes. BHA hopes to discuss this further and determine if there is a need for different timelines while ensuring there are no negative effects on the individual receiving services.
2.5j <b>Training</b> , when mentioned, should be specified.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2.5J Language: Agencies can limit the required training for contracted personnel to only health, safety & welfare. Concern: How can BHE meet the BHA's commitment to providing its overall goal if all youth and adult-facing staff do not have complete training? Per the BHA “About” web page: “BHA impacts the behavioral health system by continuously improving the access to, and quality of, affordable care; reducing stigma so that the people of Colorado feel confident and comfortable seeking support and/or treatment for their mental health and substance use disorder; providing ways to find care that are free and confidential; engaging with diverse community groups and providers to expand services; and recruiting and retaining the workforce to support the people of Colorado.” Solutions: “Agencies shall ensure the required training for contracted personnel includes health, safety, welfare, trauma-informed care, cultural competency, and linguistically appropriate services.”	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2 CCR 502-1:2.7.A.2 Language: “Be informed of, at minimum, the first names and credentials of the personnel providing services to the individual. Full names and qualifications of the service providers must be provided upon request to the individual . . . in compliance with DORA.” Concern: Individuals must be provided with the full names and qualifications of the service providers, regardless of	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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whether they ask explicitly for that information.  
Solutions:  
"Be informed of the full name and credentials of the personnel providing services to the individual, with that information provided in writing upon request of the individual or the individual or the individual's designated representative or when required by the Department of Regulatory Agencies."

2 CCR 502-1:2.5.1.B.4  
Language:  
"The BHE will develop policies and procedures for supervision that address the following: . . . Maximum number of supervisees a supervisor oversees."  
Concern: SAMSHA, the American Psychological Association, and the National Association of Social Workers provide "best practices" for clinical supervision that  
This serves three goals: 1) ensuring licensed staff who supervise candidates have adequate time and focus to "balance protection of the client/patient with the secondary responsibility of increasing supervisee competence and professional development." (Grus & Morris, 2014)  
2) "Advocate for the agency, counselor, and client" while serving "as the primary link between the administration and front-line staff, interpreting and monitoring compliance with agency goals, policies, and procedures. ("Clinical Supervision and Professional Development of the Substance Abuse Counselor," 2009)  
3) Serve as gatekeepers for their profession. (Id.)  
Solutions:  
"The maximum number of supervisees a supervisor can oversee per accepted best practices, balancing the primary responsibility of providing adequate time and focus on caring for individuals with the secondary requirement of ensuring candidates' development into licensed behavioral health professionals."

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

2 CCR 502- 1:2.7.A.6  
Language:  
"Receive, upon request:" information regarding billing and the services' cost.  
Concern:  
Per the above suggestion for 2 CCR 502-1:2.7.A.2, all BHEs must provide this information upon the request of the individual or their designated representative.  
Solutions:  
Proposed 2 CCR 502- 1:2.7.A.6.d "The ratio of licensed to

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<p>unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-1:1.3 and a total licensed to unlicensed staff and contractor ratio for that BHE during the last quarter.</p>	
<p>2 CCR 502- 1:2.8.A Language: “Each BHE shall post a clear and unambiguous notice of dispute and grievance procedures in each physical location in an area open to the public and on the BHE’s website. The notice must also be provided in writing and/or electronically upon admission to services.” Concerns: If the BHA terminates the requirement that only 25% of licensable staff described in the comment on 2 CCR 502-1:2.7.A.6, to ensure quality and transparency, the ratio of licensed to unlicensed staff should be posted and provided on the BHE’s website if they are designated an essential behavioral health safety net provider (2 CCR 502-1:12.4) or a comprehensive community behavioral health provider (2 CCR 502-1:12.5).  A similar model can be found in Medicare’s Care Compare tool for nursing homes at <a href="https://www.medicare.gov/care-compare/">https://www.medicare.gov/care-compare/</a>. This tool includes a “staffing” rating for all nursing homes in a geographic area. In this case, only the percentage of licensed to unlicensed personnel is reported per category, along with an overall percentage of licensed to unlicensed personnel.  Both these suggestions in the Medicare Compare tool aim to provide transparency, accountability, and informed choice of an individual to receive care at a particular provider who can receive enhanced funding under 2 CCR 502-1:12. Solutions: “The ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-1:1.3, and a total licensed to unlicensed staff and contractor ratio for that BHE during the last quarter shall be posted in each physical location in an area open to the public and on the BHE’s website if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-1:12.4) or a comprehensive community behavioral health provider (2 CCR 501-1:12.5).”</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>

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2 CCR 502-1: 1.10.A.5.e

Language:

“Information and documentation to be provided to the individual upon discharge, unless clinically contradicted, including, but not limited to:”

Concern:

The unprecedented loss of Medicaid coverage for qualifying Colorado individuals during the PHE Unwind means BHEs can support individuals and the entire behavioral health system by providing basic information on qualifying and applying to Health First Colorado. This can be as simple as giving a Health First Colorado like the current #Keep Colorado Covered.

Further, it must be provided in an accessible format.

Although it may be assumed BHEs would know the requirements of the ADA, even counties and agencies often fail to provide materials in braille or an electronic format accessible to a computer screen reader.

Solutions:

“Information and documentation to be provided in an accessible format to the individual upon discharge, unless clinically contradicted, including, but not limited to:”

Proposed 2 CCR 502- 1:10.A.5.e.7 “written notification of how to find more information and resources to apply for Health First Colorado, CHP+, and Connect for Health.”

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

2 CCR 502- 1:2.10.A.6

Language:

“Requirements for a discharge summary that must be completed after the discharge of an individual to facilitate continuity of individual care”

“no more than 15 calendar days after discharge

Concern:

One of the most significant barriers for individuals with behavioral health needs to access Medicaid through the Medicaid Buy-In programs, or Medicaid Home and Community-Based Service Waivers, is to quickly transmit necessary medical records to Arbor Resources Group (ARG). BHA should partner with HCPF to determine a standardized format for such medical records

ARG evaluates all Colorado Medicaid Disability Determination applications for individuals who do not already have an SSI or SSDI disability determination.

A recent administrative complaint filed by CCLP and NeHelp has noted that as of September 2024, ARG “has over 1,000 cases pending beyond the legally required 90 days.” This is attributed to a failure of providers to offer records promptly and a lack of capacity at ARG and throughout the CO Medicaid system. (DiAntonio, 2024)

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2 CCR 501-2:2.11.E does not remedy this problem.  
Solutions:  
Proposed 2 CCR 502- 1:2.10.A.6.b: "Information is accessible to the individual upon request without prior review by the provider listing the individual's diagnosis, medications, and services required. This can be in a narrative or abbreviated format to meet the medical records requirements for Health First Colorado's disability determination application."

2 CCR 502- 1:2.13.1.A.3  
Language:  
The Service Plan must: a. Meet the developmental and cultural needs of the individual.  
b. Specify goals based on the initial and/or comprehensive assessment in a manner understandable to the individual.  
c. Identify the type, frequency, and duration of services.  
d. Be individually directed, including the individual's strengths and identities.  
e. Include involvement of other identified family and/or supportive individuals, when appropriate.  
Concern:  
Home and Community-Based Services allow more individuals with mental health and co-occurring substance use challenges to remain housed. In the community, the need for such services and how individuals and families can apply for such services should be included in every care coordination plan, discharge summaries, and notes.  
Solutions:  
Proposed 2 CCR 502- 1:2.13.1.A.3.f: "Identify community resources, including Medicaid and HCBS Waiver benefits, that can assist the individual in remaining or returning to the larger community."

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

2 CCR 502- 2:1.19.B.4  
Language:  
Provisional Endorsements  
Concern:  
This information should be available to the public, legislators, and other agencies as required in 2 CCR 502- 1:2.8.A  
Solutions:  
Proposed 2 CCR 502- 1:2.19.B.4 (add number): "During the terms of the provision endorsement, the BHE will "post a clear and unambiguous notice of its program with provision endorsement in each physical location in an area open to the public and on the BHE's website."

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<p>2 CCR 502-1:1.22</p> <p>Language: "The BHA may specify terms and conditions under which any waiver is granted, including which terms and conditions must be met in order for the waiver to remain effective. The term for which each waiver granted will remain effective must be specified at the time of the issuance but may not exceed the term of the current license."</p> <p>Concern:</p> <p>This information should be available to the public, legislators, and other agencies as required in 2 CCR 502-1:2.8.A.</p> <p>Solutions:</p> <p>"The BHA may specify terms and conditions under which any waiver is granted, including which terms and conditions must be met in order for the waiver to remain effective. The term for which each waiver granted will remain effective must be specified at the time of the issuance but may not exceed the term of the current license. The BHE must post an unambiguous notice of each approved waiver of regulations related to BHE licensing and all terms and conditions that must be met for the waiver to remain effective in each physical location in an area open to the public and on the BHE's website."</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>
<p>2 CCR 502- 1:24.3.F</p> <p>Language:</p> <p>"If a BHE holds a conditional license or endorsement on a license, it shall post a clearly legible copy of the license conditions in a conspicuous place in the BHE.</p> <p>Concern:</p> <p>This information should be provided in each physical location of a BHE.</p> <p>Solutions:</p> <p>The BHE shall post a clearly legible copy of the license conditions in each physical location in an area open to the public and on the BHE's website."</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions</p>
<p>2 CCR 502-2:2.5.B</p> <p>"The BHE shall maintain a sufficient number of qualified personnel for each endorsement and at each physical location to provide the endorsed services, meet the clinical needs of the individuals, and comply with state and federal requirements. The BHE shall ensure personnel are only assigned duties they are competent to perform adequately and safely."</p> <p>Consistent with this rule, as well as the requirement of 2 CCR 502-2:2.7.A.5 to know the credentials of the individuals providing services to the individual, the BHA should require each Essential Behavioral Health Safety</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions</p>

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<p>Net Providers (2 CCR 502-1:12.4) and each Comprehensive Community Behavioral Providers ((2 CCR 502-1:12.4) to report to the BHA and the public the ratio of licensed to unlicensed (including “candidates” as defined in 2 CCR 5021.3.A-E) to licensed personal defined in the same section:</p> <ul style="list-style-type: none"> <li>• psychologists</li> <li>• social workers</li> <li>• clinical social workers</li> <li>• marriage and family therapists,</li> <li>• professional counselors</li> <li>• licensed addiction counselors</li> </ul> <p>Solution suggested Create <b>2 CCR 502-2:2.5.C.4:</b> “The BHE shall track the ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-1.3 and a total licensed to unlicensed staff and contractor ratio for that BHE every quarter.</p>	
<p>2 CCR 502-2:5.J Agencies can limit the required training for contracted personnel to only health, safety &amp; welfare. Does this require some cultural competency for the BHA Admin rules? Are we assuming all contractors are licensed providers with such requirements built into their jobs? Further, how does it relate to Culturally and Linguistically Appropriate Services? Solution suggested “Agencies must ensure the required training for contracted personnel includes health, safety, welfare, and cultural competency.”</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions
<p>2 CCR 502- 2:2.7.A.2 “Be informed of, at minimum, the first names and credentials of the personnel providing services to the individual. Full names and qualifications of the service providers must be provided upon request to the individual . . . in compliance with DORA.” Individuals must be provided with the full names and qualifications of the service providers, regardless of whether they ask explicitly for that information. Solution suggested “Be informed of the full name and credentials of the personnel providing services to the individual, with that information provided in writing upon request of the individual or the individual or the individual’s designated representative or when required by the Department of Regulatory Agencies.”</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions
<p>2 CCR 502- 2:2.7.A.6 “Receive, upon request:” information regarding billing and the services’ cost. Per the above suggestion for 2 CCR 502- 2:2.7.A.2, all</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions

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BHEs must provide this information upon the request of the individual or their designated representative if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-2:12.4) or a comprehensive community behavioral health provider (2 CCR 502-2:12.5)  
Solution suggested  
**Proposed 2 CCR 502- 2:2.7.A.6.d** "The ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-2:1.3 and a total licensed to unlicensed staff and contractor ratio for that BHE during the last quarter if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-2:12.4) or a comprehensive community behavioral health provider (2 CCR 502-2:12.5)."

2.8.A  
"Each BHE shall post a clear and unambiguous notice of dispute and grievance procedures in each physical location in an area that is open to the public and on the BHE's website. The notice must also be provided in writing and/or electronically upon admission to services."  
If the BHA terminates the requirement that only 25% of licensable staff described in the comment on 2 CCR 502-2:2.7.A.6, to ensure quality and transparency, the ratio of licensed to unlicensed staff should be posted and provided on the BHE's website if they are designated an essential behavioral health safety net provider (2 CCR 502-2:12.4) or a comprehensive community behavioral health provider (2 CCR 502-2:12.5).

A similar model can be found in Medicare's Care Compare tool for nursing homes at <https://www.medicare.gov/care-compare/>. This tool includes a "staffing" rating for all nursing homes in a geographic area. In this case, only the percentage of licensed to unlicensed is reported per category, along with an overall percentage of licensed to unlicensed personnel.

The goal of both these suggestions in the Medicare Compare tool is to provide transparency, accountability, and informed choice of an individual to receive care at a particular provider who can receive enhanced funding under 2 CCR 502-2:12).

Solution suggested

"The ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions

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<b>CDHS Tracking #:</b>	23-01-26-01	
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2:1.3 and a total licensed to unlicensed staff and contractor ratio for that BHE during the last quarter should be in each physical location in an area that is open to the public and on the BHE's website if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-2:12.4) or a comprehensive community behavioral health provider (2 CCR 502-2:12.5)."	
In 2.3.B.5: At risk of placement outside the home due to serious emotional or behavioral health challenges; Does this mean placement in services?	Thank you for your feedback. BHA could not locate this citation or language for review.
<p>The rule for TB testing staff needs to be updated to allow for blood tests:</p> <p>2.5(E)(9) reads (emphasis added):</p> <p>9. Policies requiring all personnel to be free of communicable disease that can be readily transmitted in the BHE.</p> <p>a. All personnel that have direct contact with individuals must be required to have a <b>tuberculin skin test</b> prior to direct contact with individuals. In the event of a positive reaction to the skin test, evidence of a chest x-ray and other appropriate follow-up may be required in accordance with community standards of practice.</p> <p>I do not believe that this rule was intentionally written to exclude blood tests; it was likely just an oversight. Regardless, this rule is now overly prescriptive. CDPHE<sup>(1)</sup> and CDC<sup>(2, 3)</sup> approve blood testing, and it is encouraged by national task force recommendations<sup>(4, 5)</sup>. It's worth noting that the TB skin test is not even available at Denver Health's TB clinic.<sup>(6)</sup></p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions
At the in-person proposed rule feedback session in Greeley it was shared that the requirement for intakes to be completed in-person unless clinically contraindicated was based, in part, on mountain community economic advocacy, the results-based inaccuracy that in-person care is more effective, and the lack of internet connectivity in rural areas. Can some clarity be offered on the reason for clients across the state being required to present in-person due to internet shortfalls and community goals in specific regions? Northeast Colorado, for example, has areas of some of the strongest broadband connectivity in	Thank you for your feedback. This 2.12.1.E states "E. Screenings should be conducted in-person unless contraindicated. If contraindicated, screenings may be conducted via audio-visual or audio only telehealth. Clinical rationale must be documented in the case of a telehealth screening." The reason why in-person may be contraindicated can be due to a need for telehealth to remove barriers to service and the expectation is that is documented in the individual's file. BHA will hold your feedback and consider it for future rule revisions.

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the state combined with some of the greatest geographic spread between population centers. Requiring clients to attend in-person intake appointments, while helpful in other communities, is a distinct barrier for most of our communities and results in a delay in the intake process. Telehealth services are a distinct advantage for many rural communities. We believe in allowing our clients to determine the most appropriate path to their own care and would encourage consideration for client selection of in-person versus telehealth options when initiating services.

2.16.A.8

8. Any instance involving physical, sexual, or verbal abuse of an individual, as described in Sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-404, 18-3-405, 18-3-405.3, 18-3-405.5, and 18-9-111 (exempting however, the phrase “intended to harass”), C.R.S. by another individual, personnel, or a visitor to the BHE.

Below from my members re CDPHE:

CDPHE’s rules state: “Any occurrence involving physical, sexual, or verbal abuse of a client, as described in sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-403, as it existed prior to July 1, 2000, 18-3-404, or 18-3-405, C.R.S., by another client, an employee of the licensee or a visitor to the facility or agency;...” [4.2 Occurrence Reporting; emphasis added]. Moreover, we would like clarity about BHA’s definition of “verbal abuse” and recommend that BHA make modifications to align with CDPHE reporting requirements as noted above. Finally, it is not uncommon among our patient population for a patient to bite a team member without causing serious harm so clarity on this language is warranted.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revision.

With respect to 2.12.1.D, 2.12.2.A, 2.12.3.A, and 2.13.1.A.5

I have worked as an integrated behavioral health therapist in community mental health and now in a hospital setting for over 10 years; I previously worked as a counselor in other mental health settings. One of my core values related to integrated behavioral health is addressing health inequities/disparities. My work has a specialized focus of supporting people with chronic gynecologic conditions, genital pain conditions; I also have worked in community mental health exclusively with refugee population of Aurora where I worked with many people

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revision.



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with health/sexual health conditions secondary to female genital mutilation. I have significant concerns about writing elaborate service plans that have to be signed by all including the individual and/or their guardian. Often my assessment notes and service plans, are intentionally and with the consent and strong preference of the individual, brief and coded to protect the integrity of the individual. Having these plans signed and dispensed is concerning from a safety perspective. Furthermore, from my work with the refugee committee, I have the view that we should be striving to reduce barriers to access and burdens of documentation. Informed consent to the treatment plan should be an ongoing process and not a singular exercise so the signing of a treatment plan moves against that intention. I also have concerns about literacy and patients/individuals signing documents that they are not fully understanding or agreeing to. Furthermore, this can reduce willingness to engage with behavioral health when there is fear about behavioral health within historically marginalized communities.

The proposed occurrence reporting language appears to dramatically expand the requirements to mandate reporting for any occurrence of abuse towards any individual involved at the facility, including verbal abuse of clients to personnel members. This would create significant administrative burden beyond the existing requirements in place and that of those through CDPHE. For example, this would appear to include episodes where a patient is having a psychotic episode and screaming at staff, an unfortunately frequent occurrence. We request that the language be updated to specifically refer to required reporting of abuse of "a client" "by another client, an employee of the licensee or a visitor of the facility or agency." Furthermore, we greatly appreciate the BHA's work to minimize provider administrative burden and would welcome continued conversation about strategies to streamline regulatory requirements.

2.18.E "The BHA will not issue or renew a BHE license unless it has received a certificate of compliance as defined in Chapter 1 of these rules for each physical location where services are provided" Need to further define what this means. If, in addition to an outpatient clinic, the BHE offers services in a school building or co

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

Thank you for your feedback. BHA intends to clarify this in the Fall of 2025 rule revision. Your feedback will be held to consider in this future revision.

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locates services in a human services office, housing site or other community location, do they have to get a CoC? We should be encouraging providers to go where clients are located in order to reduce access barriers and this has the effect of discouraging access.	
I don't understand why we are requiring a Certificate of Compliance for every outpatient BHE location. This is a huge burden. Providers are waiting for public safety to review them, and it introduces significant costs to providers and thus the system. By lifting the requirements for non-BHE essential providers, you just further penalize the providers who offer SUD services (once again). We should be encouraging providers to serve people with SUD and create quality standards but having a single licensed provider who offers SUD services have to be a BHE and get a COC for every location where they provide service disincentivizes the availability of SUD services. I understand that this is a clean-up rule revision, and you are likely trying to leverage the "approval" language in statute, but can't you just add a definition of "approval" that includes small providers offering SUD or even outpatient only locations until you are able to address the burden in the chapter 2 rules or deal with the COC requirement.	Thank you for your feedback. The requirement for a BHE to hold a Certificate of Compliance is from 27-50-501(3)(a), C.R.S. However, we are looking at ways to support our telehealth only and small providers in the Fall of 2025 rule revision. Your feedback will be held to consider in this future revision.
<b>Chapter 3 - Behavioral Health Recovery Supports</b>	
FYI: wrong citation in chapter 3 sending back to 2.6.E which is about Fire and Emergency procedures...not submitting job descriptions to BHA. I didn't notice this citation being corrected in the updates--but I may have missed it!!	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2 CCR 502-1Chapter 3 Language: Peer support professional designations Concern: For HCPF and the Medical Services Board: While the BHA provides descriptions and placements of Peer Support Professionals, HCPF does not have mirroring regulations explaining how Peer Support Professionals are different from volunteer "Peers" discussed in other HCBS waivers for Brain Injury and Community Mental Health Supports.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
3.2.D "Agencies endorsed pursuant to this Chapter 3 must submit job descriptions of all peer support professional positions in accordance with part 2.6.E of	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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these rules." It does not appear that the reference to 2.6.E is correct. There are no references to job descriptions in chapter 2 that I can find. The way I read the rule, is that only PSPs need job descriptions which I suspect is an oversight. Section 2.6 is Building and Fire Safety rules.

3.3 Peer qualifications - it seems that all peer providers should, at a minimum, be working toward certification. They have a tremendous amount of autonomy and with that risk. They way C is written, the certified peers have to live up to a higher standard than peers that just complete training. Additionally, there is no on-ramp for organizations who are wanting to add peer services. I would change 3.3.A to read - "Peer support professionals providing peer recovery support services must have successfully completed formal training that covers all the content areas.... AND HOLD OR BE ACTIVELY PURSUING peer support certification. "

Additionally, somewhere in either the training or supervision sections, state that peers who have not yet completed certification must have supervision by a licensed professional monthly as is required in RSSO rule. This supervision could be done in a group of 5 or fewer peers to reduce the provider burden but shouldn't just be provided by a peer support professional during the initial training period.

There also need to be an upper limit on the number of peer support professionals that a peer supervisor or licensed professional can oversee. Perhaps no more than 10. We are setting up peer support providers, organizations, and clients by not providing more structure in this area. Peer support services is one area where there is a lot of risk for fraud, waste and abuse and we want to protect the ethical providers from losing these benefits altogether because others are acting unethically.

I also would suggest aligning the RSSO personnel and supervision sections with these where it makes sense. I understand that there may be a higher standard for independent RSSOs but right now the differences don't always appear to be reflective of anything other than that

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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the rules were written at different times. I would also add a group supervision allowance, with an upper limit to those rules.

#### **Chapter 4 - Behavioral Health Outpatient and High Intensity Outpatient Services**

2 CCR 502-1: 4.2.4.E.4

Language:

“Follow-up plan including care coordination and documentation needs.”

Concern:

Home and Community-Based Services allow more individuals with mental health and co-occurring substance use challenges to remain housed. In the community, the need for such services and how individuals and families can apply for such services should be included in every care coordination plan, discharge summaries, and notes.

Solutions:

“Follow-up plan including care coordination and documentation needs, including notation of a need for Medicaid, CHP+, and Home and Community Based Services if appropriate.”

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

2 CCR 502-1:4.2.6.a

Language:

Clinical supervision must be provided to counselors-in-training and/or interns in accordance with Part 2.5.1.

Concern:

This is both a cultural and a transparency issue. When you go to a physical doctor, they ask you if it is okay to have a student participate. You can say “no” even if Medicaid pays your services. You can also look up if particular places—say nursing homes—have certain kinds of professionals on staff. Why shouldn’t mental health clients have that same transparency? Yes, DORA requires the client to sign a waiver if the person is not licensed, but that doesn’t allow consumers to know how much of the staff is licensed and how much is not when deciding to go to a BHE.

If this is done, more transparency regarding the ratio of licensed to unlicensed individuals must be made available to the public and legislators—the recommended language for 2 CCR 502-1:1.5.1.B.4 and 2 CCR 502-1:2.8.A.

Solutions:

The recommended language for 2 CCR 502-1:1.5.1.B.4. “The maximum number of supervisees a supervisor can oversee per accepted best practices, balancing the primary responsibility of providing adequate time and focus on caring for individuals with the secondary requirement of ensuring candidates’ development into licensed behavioral health

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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professionals.”  And supplemented by the recommended language in 2 CCR 502- 2:1.8.A. “The ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-1:1.3, and a total licensed to unlicensed staff and contractor ratio for that BHE during the last quarter shall be posted in an area that is open to the public and on the BHE’s website if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-1:1-12.4) or a comprehensive community behavioral health provider (2 CCR 502-1:12.5)	
2 CCR 502-1:4.6.2.A.6 Concern: See comments for 2 CCR 502-1:4.2.6.a.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2 CCR 502-1:4.7.2.a Language: “Placement Facility” means a public or private behavioral health provider that has a written agreement with a designated facility to provide care and treatment to any individual undergoing mental health evaluation or treatment by a designated facility. A placement facility may be but is not limited to, a general hospital, nursing care facility, adult residential facility or licensed residential child care facility. Concern: See comments for 2 CCR 502-1:4.2.6.a.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
<b>Chapter 5 - Behavioral Health Residential and Level 3-Withdrawal Management Services</b>	
No public comments were received for feedback on this chapter.	N/A
<b>Chapter 6 - Emergency and Crisis Behavioral Health Services</b>	
The risk of withdrawal or acute withdrawal barrier is major barrier to care (ATU rule) - the requirement for withdrawal first without co-occurring disease treatment (detox first, then additional care) is problematic	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions, especially with the changes coming to withdrawal management and crisis systems as behavioral health services align with the American Society of Addiction Medicine (ASAM) Criteria 4th Edition in 2026.
2 CCR 502-6:2.1.B “Pursuant to Section 27-64.5-102(2), C.R.S., BHA is required to promulgate rules for the administration and implementation of the system of care for children and youth.” 1. How can BHA and HCPF comply with the requirements of Colo. Rev. Stat. § 27-64.5-102 to develop a system of care for children and youth by July 1, 2025, when the BHA has no quality oversight over a county’s “Residential Child Care Facility (RCCF)s” as described in CDHS—12 C.C.R 2509-5 (7.4)? Current RCCFs provide “overflow”	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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beds for youth when there are not enough in QRTPs, and sometimes PRTFs with behavioral health needs. How many RCCF beds are currently being used to care for children who should be in QRPT or PRTF placements, but there are no beds?

2. See also Colo. Rev. Stat. § 26-6-923 (3): “No later than July 1, 2025, the state department shall develop a system to establish and monitor quality standards for residential child care providers, including clinical care for children and youth in residential treatment settings, and ensure the quality standards are implemented into all levels of care that serve children and youth in out-of-home placement.”

**Add to 2 CCR 502-6”2.1.B** “Pursuant to Section 27-64.5-102(2) C.R.S., BHA is required to promulgate rules for the administration and implementation of the system of care for children and youth. This includes developing a system to establish and monitor quality standards for residential behavioral health care within County Department of Human Services QRPT, PRTF, and RCCF facilities serving children with Serious Emotional Disturbances.”

2 CCR 502-6:2.4  
 “Residential Treatment Providers participating in the System of Care for Children and Youth must obtain cultural competency related to the provision of services by requiring applicable treatment staff to receive certification from the Residential Child Care Provider Training Academy established in 26-6-923 C.R.S.”  
 The BHA should provide approval of the training curriculum used, specifically determining the required training on cultural competency, ACEs, and trauma informed care. This training should be clinical in nature.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

Our mobile crisis team is not allowed to do EC hold or withdrawal management. It feels counter to “access to appropriate services” because now the providers in a mobile crisis team can’t write the hold. We used to just be able to take someone on a ride to a facility.

Thank you for your feedback. BHA intends to review this issue in the Fall of 2025 rule revision, focused on alignment with ASAM 4th Ed. standards.

Mobile crisis teams are no longer able to do the assessment or response in facilities. They were able to do this before the rule changes.  
 ○ This similar issue was brought up in SLV with SLVBHG and SLVRMC.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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Would also appreciate the ability to talk about the crisis assessment and ensuring that we as providers can rely upon our electronic health record to capture and record assessment information without having to change our EHR every time there is a change to the assessment. For example, the new assessment asks 3-4 questions about domestic violence and sex trafficking. Our (and most) EHR's provide the ability to capture DV/Trafficking information though the question may not be asked with the exact words chosen by the BHA/Crisis Contract administrators and yet is a validated way to inquire and explore this area of a patient's risk profile. It is administratively burdensome to have to either change the EHR, especially when the change does not add medical/behavioral health value.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
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#### **Chapter 7 - Emergency and Involuntary Substance Use Disorder Commitment Services**

No public comments were received for feedback on this chapter.	N/A
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#### **Chapter 8 - Services for Children and Families**

8.2.1 <b>The FBI requirement</b> for checks needs to be coordinated; folks who have been doing this work for a long time, and/or someone who already has provided fingerprints, for example should not be required to do this multiple times; this is adding burden.	Thank you for your feedback. There is not a timeline attached to this yet. BHA will hold and consider your feedback as this rule is revised in the future.
In reference to 8.2.1, will the background checks be required annually for current employees or what will that look like? <ul style="list-style-type: none"> <li>On the changes to FBI background check requirement- can you clarify if that applies to both comprehensive and essential providers?</li> </ul>	Thank you for your feedback. This applies to all providers holding a Children and Family Services Endorsement. It requires the background check to be completed but does not address repeat or annual requirements. BHA intends to revisit this in future rule updates, to ensure this applies to all staff instead of new hires only.
Where does the age cutoff of 21 come from? <ul style="list-style-type: none"> <li>Most children's programming cuts off at 21 except with insurance carriers which cuts off at 24. The critical access shortfall is seen more in the under 21 population.</li> </ul>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
Provider rule chapter 8: 12 year old consent and family involvement contradictions between new laws versus (8.3.1 was the example) 12 year old can refuse even if parents consent. (page 74 and 78, 8.3.1, 8.4.1 & 8.5). Wording could be the issue.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

#### **Chapter 9 - Women's and Maternal Behavioral Health Treatment**

No public comments were received for feedback on this chapter.	N/A
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#### **Chapter 10 - Services for Criminal Justice-Involved Individuals**

10.5.3.D.4.a: Change "Refer the individual back to an ADES" to "Refer the individual back to their assigned	Thank you for your feedback. BHA intends to address this in the Fall of 2025 rule revision. Your
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<p>ADES." The way this is worded presently indicates that the individual can be referred back to any ADES, and that it is the obligation of the provider to identify who might be an ADES staff.</p> <p>10.5.5.A.1: Re: "Receive the 'Understanding the ADDS Evaluation' training" please place updated information that is publicly available to providers seeking BHE licensure that this training has been replaced.</p>	<p>feedback will be held for consideration to this revision.</p>
<p>Update the website for DUI service providers:</p> <ol style="list-style-type: none"> <li>1. Information about how to access trainings required by rule</li> <li>2. Information about when current procedures contradict the current rule (ie, ADDS evaluation training being paused)</li> <li>3. Update this document about track placement as it references OBH:</li> </ol> <p><a href="https://drive.google.com/file/d/1M79RYuRvWEIwZw9EiUW8--9MJL5ga8Hf/view">https://drive.google.com/file/d/1M79RYuRvWEIwZw9EiUW8--9MJL5ga8Hf/view</a></p>	<p>Thank you for your feedback. BHA intends to address this in the Fall of 2025 rule revision. Your feedback will be held for consideration to this revision.</p>
<p>We have significant concerns as a BHE that exclusively provides treatment to criminal justice-involved clients regarding 10.4 regulations which require the BHE to follow the supervising entities recommendations for placement. Specifically, we provide clinical services delivered by providers registered with DORA. What is the State's recommendation for handling referrals from agencies whose referring agents are not trained clinicians, have limited knowledge/awareness of RNR or best practices in the field of SUD treatment, and make recommendations for treatment that are clinically contraindicated, could be considered over-treatment or under-treatment, and/or are not suitable for our clients' current presenting needs as determined by clinical assessment and evaluation? The way the standards read, it appears BHEs are required, if there is disagreement in treatment recommendations, the supervising/referring agent's decision overrides the clinical recommendation. This is alarming given that supervising agents/agencies do not have to adhere to clinical ethical guidelines nor professional guidelines as outlined by DORA, however, providers do have to, regardless of what a supervising agent dictates. In the event of a grievance or lawsuit where a client cites placement in an inappropriate ASAM level of care, the individual provider would not be able to clinically defend their decision if clinical assessments and best practices were ignored in order to follow the directive of a supervising agency. Depending on the severity of the discrepancy, this could be tantamount to medical malpractice, placing the individual provider's license to practice at risk.</p>	<p>Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.</p>



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<b>Chapter 11 - Designation of Facilities for the Care and Treatment of Persons with Mental Health Disorders (Title 27, Article 65, C.R.S.)</b>
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Thanks again for the discussion about the applicability of the BHA's current NG tube regulations and the difficulty in interpreting the consent language because there is not an age specified. This means that we could be going to court for 10 year olds diagnosed with anorexia nervosa, for example, even if a parent consents to treatment. As you may recall, we worked with Mental Health Colorado on language to amend SB 24-117 (see page 4 of the bill) this year to try and remedy the fact that BHA rules are silent on age regarding consent for NG tubes. We worked within the existing legal framework for minors to consent to mental health treatment at age 15 to aim for consistency and standardization.

As I shared on our call last week, we would like to respectfully advocate that during this time when the BHA is opening rules to implement the ECT changes under HB 24-1417 and other technical changes in the rules, the BHA should also update the rules to provide more clarity regarding the age of consent for NG tubes. Additionally, we think a reference to "designated facility" would help provide regulatory clarity for providers to understand the scope of the rules. We are concerned that waiting to update the rules until the 2026 go-live date of new eating disorder facility designation could mean that patients, families, and providers will have significant ambiguity, and this could impact how care is delivered and what processes are followed. Our suggested language is below.

Are the current draft rules still able to be updated since they have not gone through a stakeholder process yet? We look forward to your feedback and we're happy to discuss in more detail if helpful.

**Requested rule change - 11.10.1 Informed Consent for Therapy/Treatment Using Special Procedures**

Therapies using stimuli such as electroconvulsive therapy (ECT), use of feeding tubes for eating disorder treatment, and transcranial magnetic stimulation (TMS), require special procedures for

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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consent and shall be governed by this part 11.10 of these rules.

~~Prior to the administration of a therapy, listed in part 11.10.1.A of these rules~~ FEEDING TUBE FOR EATING DISORDER TREATMENT IN A DESIGNATED FACILITY, written informed consent shall be obtained and documented in the clinical record reflecting agreement by both the individual being treated IF THE PATIENT IS FIFTEEN YEARS OF AGE OR OLDER, and their PARENT OR legal guardian; if one has been appointed or alternative decision maker if one exists. ~~If the individual's undergoing treatment using special procedures is a minor, the clinical record shall reflect informed consent by both the minor and their guardian(s).~~ IF THE PATIENT IS FOURTEEN YEARS OF AGE OR UNDER IN A DESIGNATED FACILITY, WRITTEN INFORMED CONSENT SHALL BE OBTAINED AND DOCUMENTED IN THE CLINICAL RECORD REFLECTING AGREEMENT BY THE PARENT OR LEGAL GUARDIAN IF ONE HAS BEEN APPOINTED OR ALTERNATIVE DECISION MAKER IF ONE EXISTS.

1. IF A PATIENT IS FIFTEEN YEARS OF AGE OR OLDER AND DOES NOT CONSENT TO OR OBJECTS TO THE CONTINUED USE OF AN INVOLUNTARY FEEDING TUBE, THE PATIENT MAY SEEK REVIEW PURSUANT TO SECTION 27-65-104(6).

In the proposed rule changes to 2.14.6.B; 2.1 4.7.C; 11.9.6. B; 11.9.7.C; 2.14.11; and 11.9.11.D

I have no comment re: allowing registered nurse in addition to authorized practitioner to keep consistency with definition of authorized practitioner.

However, I believe an **additional change** will be required to rule 2.14.12.B.1 and 11.9.12.B.1

In the administrative review, this currently states:  
Documentation that the authorized practitioner ordering the continuous use of seclusion/restraint in excess of four (4) hours has conducted a face-to-face evaluation of the individual within the previous four (4) hours;

Since registered nurses are now allowed also to do face to face evaluations, they should be included as allowable examiners when performing the administrative review.

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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11.2 <b>Evaluating professionals (specifically NPs)</b> - being able to evaluate for a short-term cert; is there a statutory roadblock to the lower-level providers, especially in rural communities? This is likely a statutory (maybe regulatory) change	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
Chapter 11.2, Evaluating professional blurb. How or why the BHA has decided to leave off the Licensed addiction counselor (used to allow LCD to evaluate and diagnose in the mental health realm).	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
11.2 Definitions <ul style="list-style-type: none"> <li>Evaluating professional: While we understand that the use of “evaluating professional” in Chapter 11 was developed per House Bill 22-1256, we want to share our concerns that the varied definitions of provider types with different scopes of practice when authorizing or releasing a mental health hold present opportunities for confusion in implementation. Additionally, in light of current workforce shortages, including requirements for experience will present operational challenges in the organizations implementing these rules. In subsequent rulemaking and legislative development, we urge the BHA to consider future simplification of the various provider regulatory categories.</li> </ul>	Thank you for your feedback. We’ve heard this concern also. In order to help address the workforce issue and still meet the statutory requirements, we’ve added a co-signer line to the M-7.5. This will allow individuals that don’t meet the “evaluating professional” statutory definition to complete the evaluation. It will still require the review and signature of someone who meets the evaluating professional definition.
Objects to hospitalization: Based on the reference in the definition, we seek clarity about the intent to broadly include all children under age 18 under the “minor” definition. For consistency with applicable consent laws, notably at CRS 27-65-104, we would like to seek clarity about whether this definition should actually reference the age of 15 to align with hospitalization consent language for minors who are age 15 and above. Additionally, the rules reference a new form regarding objections for hospitalizations. Can BHA clarify where providers can access this form?	Thank you for your feedback. This is a statutory requirement. Minors 14 years old and younger have the right to object to hospitalization or an aspect of the hospitalization under 27-65-104(6), C.R.S. “Minor” is also defined in statute as any person under the age of 18. The form in reference is M-8.5. BHA is working to clarify this further in the 27-65 Provider Manual. Additionally, BHA added language clarifying informed consent with involuntary feeding tubes. The new proposed language is “I. FEEDING TUBES FOR EATING DISORDER TREATMENT MAY BE USED WITHIN A DESIGNATED FACILITY WHEN: <ol style="list-style-type: none"> <li>INFORMED WRITTEN CONSENT IS REQUIRED PURSUANT TO THIS SECTION 11.10 FROM BOTH PATIENT AND PATIENT’S PARENT</li> </ol>

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	<p>OR LEGAL GUARDIAN IF THE PATIENT IS FIFTEEN (15) YEARS OF AGE OR OLDER.</p> <p>a. IF THE PATIENT, FIFTEEN (15) YEARS OF AGE OR OLDER, DOES NOT CONSENT OR OBJECTS TO CONTINUED USE OF AN INVOLUNTARY FEEDING TUBE, PATIENT MAY SEEK REVIEW PURSUANT 27-65-104(6) C.R.S.</p> <p>2. IF THE PATIENT IS FOURTEEN (14) YEARS OF AGE OR YOUNGER ONLY WRITTEN INFORMED CONSENT FROM THE PARENT OR LEGAL GUARDIAN IS REQUIRED.”</p>
Can you elaborate on the changes in age of consent language in 11.1?	Thank you for your feedback. Information for this question was provided in the community engagement session and more information can be found in Chapter 11. If you have additional questions or would like to further discuss this section, please contact us at <a href="mailto:cdhs_bharulefeedback@state.co.us">cdhs_bharulefeedback@state.co.us</a> .
<p>Question: Re: 2.14.13.H and 11.9.13.H: If under no circumstances may the total order time exceed(s) the following durations, the facility must evaluate the individual to determine whether they should be moved to a HLOC, unless the facility is a hospital: If a restraint/seclusion order exceeds these durations, eval for appropriateness of a HLOC should be conducted.</p> <p>Assuming “unless the facility is a hospital” means that we do not have to worry about conducting evaluations for patients in restraints? Would like that clarity.</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
<p>Chapter 11.2,</p> <p>Evaluating professional blurb - How or why the BHA has decided to leave off the Licensed addiction counselor (used to allow LCD to evaluate and diagnose in the mental health realm).</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
<p>11.3.2</p> <p>Critical Incident Reporting</p> <p>We interpret that there will be a significant administrative impact with the addition of the new requirements to report verbal abuse of personnel and respectfully, we would appreciate more information about the statutory authority for this language. As a comparison, this is currently not required reporting within CDPHE health facility licensure requirements. CDPHE’s rules state: “Any occurrence involving physical, sexual, or verbal abuse of a client, as</p>	Thank you for your feedback. The rule is interpreted as the reportable abuse is for those receiving care and not the caregiver. BHA will hold your feedback and consider it for future rule revisions.

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described in sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-403, as it existed prior to July 1, 2000, 18-3-404, or 18-3-405, C.R.S., by another client, an employee of the licensee or a visitor to the facility or agency;..." [4.2 Occurrence Reporting; emphasis added]. Moreover, we would like clarity about BHA's definition of "verbal abuse" and recommend that BHA make modifications to align with CDPHE reporting requirements as noted above. Finally, it is not uncommon among our patient population for a patient to bite a team member without causing serious harm so clarity on this language is warranted.

11.10 Therapy or Treatment Using Special Procedures

- Thank you for being responsive to our feedback on age of consent processes that needed to be updated for nasogastric feeding tubes in the treatment of eating disorders for minors in Section 11.10 Therapy or Treatment Using Special Procedures. We look forward to working with the BHA on further rules in 2025 to implement the new designation for providers who care for pediatric patients with eating disorders.
- In that same section, Section 11.10.1 Informed Consent for Therapy/Treatment Using Special Procedures of the Provider Rules, we encourage the Administration to clarify that a diagnosis of catatonia is not required for a patient 16 years or older, but under eighteen years of age to receive electroconvulsive treatment (ECT). While a diagnosis of life-threatening malignant catatonia is a requirement for ECT of those under the age of 16, the rules should be explicit that there is not a diagnostic requirement for a minor aged 16 to 18.

Thank you for your feedback. BHA is updating the language for this section to match the statute. The new language being proposed is "D. Electroconvulsive treatment (ECT) may be performed on a minor who is sixteen (16) years of age or older, but under eighteen (18) years of age only if two individuals licensed to practice medicine in Colorado and specializing in psychiatry approve the treatment, and the parent or guardian of the minor consents to treatment."

11.13.2  
Individual Rights for Emergency Mental Health Holds – Cell Phones

- We appreciate the legislature's intent regarding access for individuals to communicate with friends and family during treatment, and we appreciate the conversations that we have had to date with the BHA regarding the implementation of this new mandate. The recently released BHA provider guidance is helpful in clarifying some flexibilities to ensure the safety and wellbeing of patients as well as our providers and team members. We remain vigilant about potential patient privacy issues associated with implementation of this rule. Additionally, given the overwhelming evidence about social media addiction among young people and other associated mental health impacts such as disordered eating, disrupted sleep, bullying, and anxiety, we would strongly encourage the BHA to incorporate more

Thank you for your feedback. Without a change to statute, this will have to remain.

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flexibilities (including “tech times”) for providers who work with the pediatric patient population to model appropriate boundaries with technology. As more and more school districts in Colorado and nationally adopt cell phone policies to limit access to cell phones during school hours, we believe a similar approach could be applicable in treatment settings that balance appropriate.	
11.14.3 “medical practitioner language” clarify language to ensure all prescribers, as “medical practitioner” could be limiting (ie RNs are not considered medical practitioners under definition but would be considered qualified practitioners for the purpose of prescribing MOUD)	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
Diversion criteria is confusing as most folks outside of behavioral health/substance treatment associate diversion with the criminal/justice system.	Thank you for your feedback. Medication Diversion is defined in Part 1.2
For 11.2, removal of the word “behavioral” for the placement facility seems to be referring to the general establishment not needing to be behavioral (i.e. a general medical hospital, nursing home, etc). But when I saw that I just wondered if it had any implication of who had to do the yearly trainings as a placement facility.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
I request reconsideration or separation of the addition of 'personnel' to 11.3.2.8. As designated facilities are only treating individuals displaying imminent signs of harm to self or others, verbal abuse is commonly endured by personnel. Reporting every instance is not feasible. A separate workplace violence reporting workflow may be more appropriate than including this with critical incident reporting and could mirror CDHS expectations for workplace violence incident reporting. Including personnel in this rule would exponentially increase critical incident reports and may not have a relation to improved care for the patient.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
11.2 Definitions • Evaluating professional: While we understand that the use of “evaluating professional” in Chapter 11 was developed per House Bill 22-1256, we want to share our concerns that the varied definitions of provider types with different scopes of practice when authorizing or releasing a mental health hold present opportunities for confusion in implementation. Additionally, in light of current workforce shortages, including requirements for experience will	Thank you for your feedback. BHA is proposing changes to Part 11.10 to add clarity and align with statutory changes for electroconvulsive treatment (ECT) from HB 24-1471. The remaining feedback will be held for consideration in future rule revisions.

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present operational challenges in the organizations implementing these rules. In subsequent rulemaking and legislative development, we urge the BHA to consider future simplification of the various provider regulatory categories.

- Objects to hospitalization: Based on the reference in the definition, we seek clarity about the intent to broadly include all children under age 18 under the “minor” definition. For consistency with applicable consent laws, notably at CRS 27-65-104, we would like to seek clarity about whether this definition should actually reference the age of 15 to align with hospitalization consent language for minors who are age 15 and above. Additionally, the rules reference a new form regarding objections for hospitalizations. Can BHA clarify where providers can access this form?

#### 11.3.2 Critical Incident Reporting

- We interpret that there will be a significant administrative impact with the addition of the new requirements to report verbal abuse of personnel and respectfully, we would appreciate more information about the statutory authority for this language. As a comparison, this is currently not required reporting within CDPHE health facility licensure requirements. CDPHE’s rules state: “Any occurrence involving physical, sexual, or verbal abuse of a client, as described in sections 18-3-202, 18-3-203, 18-3-204, 18-3-206, 18-3-402, 18-3-403, as it existed prior to July 1, 2000, 18-3-404, or 18-3-405, C.R.S., by another client, an employee of the licensee or a visitor to the facility or agency;...” [4.2 Occurrence Reporting; emphasis added]. Moreover, we would like clarity about BHA’s definition of “verbal abuse” and recommend that BHA make modifications to align with CDPHE reporting requirements as noted above. Finally, it is not uncommon among our patient population for a patient to bite a team member without causing serious harm so clarity on this language is warranted.

#### 11.10 Therapy or Treatment Using Special Procedures

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• In that same section, Section 11.10.1 Informed Consent for Therapy/Treatment Using Special Procedures of the Provider Rules, we encourage the Administration to clarify that a diagnosis of catatonia is not required for a patient 16 years or older, but under eighteen years of age to receive electroconvulsive treatment (ECT). While a diagnosis of life-threatening malignant catatonia is a requirement for ECT of those under the age of 16, the rules should be explicit that there is not a diagnostic requirement for a minor aged 16 to 18.

11.13.2 Individual Rights for Emergency Mental Health Holds – Cell Phones

• We appreciate the legislature's intent regarding access for individuals to communicate with friends and family during treatment, and we appreciate the conversations that we have had to date with the BHA regarding the implementation of this new mandate. The recently released BHA provider guidance is helpful in clarifying some flexibilities to ensure the safety and wellbeing of patients as well as our providers and team members. We remain vigilant about potential patient privacy issues associated with implementation of this rule. Additionally, given the overwhelming evidence about social media addiction among young people and other associated mental health impacts such as disordered eating, disrupted sleep, bullying, and anxiety, we would strongly encourage the BHA to incorporate more flexibilities (including "tech times") for providers who work with the pediatric patient population to model appropriate boundaries with technology. As more and more school districts in Colorado and nationally adopt cell phone policies to limit access to cell phones during school hours, we believe a similar approach could be applicable in



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treatment settings that balance appropriate access to communication devices while supporting a healing environment.	
It seems that people that are placed in in-patient hospitals leave that level of care with very poor discharge plans. Are there plans to help support with this transition and connection to providers in rural communities?	Thank you for your feedback. Discharge plan and care coordination instruction requirements may be found in Part 11.7.3.G of 2 CCR 502-1.
<b>Chapter 12 - Behavioral Health Safety Net Provider Approval</b>	
<p>2 CCR 502-1: 12.3.1.B.1 Language: “Appropriate personnel, including but not limited to authorized practitioners, licensees, peer support professionals, and others, with qualifications, responsibilities and experience that corresponds to the size and capacity of the provider.” Concern: If the BHA terminates the requirement that only 25% of licensable staff described in the comment on 2 CCR 502-1:2.7.A.6, to ensure quality and transparency, the ratio of licensed to unlicensed staff should be posted and provided on the BHE’s website if they are designated an essential behavioral health safety net provider (2 CCR 502-1:12.4) or a comprehensive community behavioral health provider (2 CCR 502-1:12.5). A similar model can be found in Medicare’s Care Compare tool for nursing homes at <a href="https://www.medicare.gov/care-compare/">https://www.medicare.gov/care-compare/</a>. This tool includes a “staffing” rating for all nursing homes in a geographic area. In this case, only the percentage of licensed to unlicensed is reported per category, along with an overall percentage of licensed to unlicensed personnel. Both these suggestions in the Medicare Compare tool aim to provide transparency, accountability, and informed choice of an individual to receive care at a particular provider who can receive enhanced funding under 2 CCR 502-1:12. Solutions: Add to 12.3.1.B.1a. This includes a precise determination of the maximum number of supervisees a supervisor can oversee per accepted best practices, balancing the primary responsibility of providing adequate time and focus on caring for individuals with the secondary requirement of ensuring candidates’ development into licensed behavioral health professionals.”</p> <p>b. “The ratio of licensed to unlicensed staff and contractors for each DORA licensed professional listed in 2 CCR 502-1:1.3, and a total licensed to unlicensed staff</p>	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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and contractor ratio for that BHE during the last quarter shall be posted in an area that is open to the public and on the BHE's website if the entity is licensed as an essential behavioral health safety net provider (2 CCR 502-1:12.4) or a comprehensive community behavioral health provider (2 CCR 502-1:12.5)."	
12.3.1.D.1 Language: "Proactively engaging priority populations with adequate care coordination throughout the care Continuum." Concern: This ties in with the need to connect eligible clients to MAGI Medicaid, Medicaid LTSS, and Medicaid Buy-In to ensure the provision of needed services.	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2 CCR 502-1:12.3.2.1.A.5 Language: "Be informed of, at a minimum, the first names and credentials of the personnel that are providing services to the individual. Full names and qualifications of the service providers must be provided upon request to the individual or the individual's designated representative or when required by DORA," Concern: See comments for 2 CCR 502-1:2.7.A.2. Solutions: "Be informed of the full name and credentials of the personnel providing services to the individual, with that information provided in writing upon request of the individual or the individual or the individual's designated representative or when required by the Department of Regulatory Agencies."	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.
2 CCR 502-1:12.3.2.B.8.b.1 Language: "The agency must ensure that all personnel providing behavioral health services, with the exception of peer support professionals, receive clinical supervision, as defined in this part 12.3.2.B.8.b. The agency will develop policies and procedures for supervision that address the following:" Concern: See comments to 2 CCR 502-1:2.5.1.B.4 Solutions: Add to 2 CCR 502-1:12.3.2.B.8.b.1 "The maximum number of supervisees a supervisor can oversee per accepted best practices, balancing the primary responsibility of providing adequate time and focus on caring for individuals with the secondary requirement of ensuring candidates' development into licensed behavioral health professionals."	Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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2 CCR 502-1: 12.4.3.E.1

Language:

“Essential behavioral health safety net providers must also provide warm handoffs for individuals who have health-related social needs that require alternative services outside the scope of the behavioral health safety net system, such as services for housing, food insecurity, and transportation. The essential behavioral health safety net provider shall connect the individual to appropriate resources to initiate those services.”

Concern:

Stakeholder input and coordination with HCPF, Counties, REAs, and Case Management Agencies will be required to ensure Medicaid, Medicaid Buy-In, and Home and Community-Based Waiver financial eligibility, functional eligibility, and the actual start of needed services happens.

The language here is fine, but in conversations with BHA staff, HCPF staff, and advocates, including CCDC’s advocacy team, there is currently a gap between the HCPF entities charged with getting individuals on Medicaid and CHP+ services and an understanding of the culture, language, and needs of this population. Will BASHOs be responsible for filling this gap? How will stakeholders know this will happen?

Solutions:

“Essential behavioral health safety net providers must also provide warm handoffs for individuals who have health-related social needs that require alternative services outside the scope of the behavioral health safety net system, such as Medicaid, CHP+, and Home and Community Based Services if appropriate, housing, educational services for housing, food insecurity, and transportation. The essential behavioral health safety net provider shall connect the individual to appropriate resources to initiate those services.”

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

2 CCR 502-1: 12.5.7

Language:

“Care management may include, as necessary to address the assessed needs of an individual, and in alignment with the expressed preferences of the individual:

1. Convening persons involved in the individual’s services, including health care and community-based service providers, family members, and other persons identified by the individual, to work collaboratively with the individual for the purpose of service planning and coordination, in order to facilitate wellness, self-management, and recovery of the whole person.”

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions.

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**Concern:**

Stakeholder input and coordination with HCPF, Counties, REAs, and Case Management Agencies will be required to ensure Medicaid, Medicaid Buy-In, and Home and Community-Based Waiver financial eligibility, functional eligibility, and the actual start of needed services happens. The language here is fine, but in conversations with BHA staff, HCPF staff, and advocates, including CCDC's advocacy team, there is currently a gap between the HCPF entities charged with getting individuals on Medicaid and CHP+ services and an understanding of the culture, language, and needs of this population. Will BASHOs be responsible for filling this gap? How will stakeholders know this will happen?

**Solutions:**

"Care management may include, as necessary to address the assessed needs of an individual, and in alignment with the expressed preferences of the individual:

1. Convening persons involved in the individual's services, including insurance, Medicaid, CHP+, and Home and Community-Based Services if appropriate, and other health care and community-based service providers, family members, and other persons identified by the individual, to work collaboratively with the individual for the purpose of service planning and coordination, to facilitate wellness, self-management, and recovery of the whole person."

**Care Coordination/Case Management.**

**o Concerns:**

- No Care Coordination/Case Management billing codes allowable without a diagnosis, meaning that all work done pre-intake to refer folks to their RAE/BHA/outside services and/or coordinate hospital discharges etc. is time we are not being reimbursed. (While H0023/Outreach covers responding to referrals it does not allow for care coordination.) Additionally, the proactive outreach needed to meet regs to keep people in services requires staff to do multiple outreaches that often do not lead to a service being provided (e.g. searching in the community without locating the person/multiple unreturned phone calls, letters and showing up to bring people to their appointments who are not there). While we recognize that such billing is a HCPF issue, the fact that BHA requires this additional work which HCPF does not reimburse adds financial pressure on providers.
- Additionally, many care coordination requirements are overly prescriptive: (See 5.4.3 B.6: "(2) Provide proactive and intentional outreach and engagement with the individual and their identified support persons to build

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necessary trust and support.”; 12.2.2 requirements; 12.5.7, including B.1: “Convening persons involved in

the individual’s services, including health care and community-based service providers, family members and other persons identified by the individual, to work collaboratively with the individual for the purpose of service planning and coordination, in order to facilitate wellness, self-management, and recovery of the whole person... (a) This must occur when the individual is assessed to be at rising risk of adverse outcomes, or when the individual experiences a significant change in status, which may include a behavioral health crisis, change in health or housing status, etc.”

o **Proposed changes:**

- Make explicit that passive outreach/outreach without a recipient is reimbursable.
- Work with HCPF to create a T1016/Care Coordination code, allowable without a diagnosis so that providers can accommodate all of the handoffs needed to get people started in treatment or refer out.
- Conduct a focus group with providers to walk through what is required to comply with all the care coordination/case management requirements and identify ways to streamline them while still ensuring comprehensive outreach and services for clients.

12.5.3.D “No refusal” requirements

o **Representative concerns:**

- 12.5.3.D.1 “Insurance coverage, lack of insurance coverage, or ability to pay” – Even though safety net providers have always had and used sliding fee scales for uninsured individuals, the only way to require them to take all comers is to ensure there will be sufficient funding from the state to cover the cost of care provided to uninsured individuals. There is no such guarantee. Historically, BHA (formerly OBH) funded “indigent” clients who met the following criteria: 1) SMI (severe mental illness) or SPMI (severe and persistent mental illness) diagnosis; 2) Household income may not exceed 300% of the United States poverty level. The absence of such guardrails means that the amount and cost of uncompensated care provided by comprehensive providers will increase. In addition, we recognize that this language, per the enabling statute also applies to the “underinsured” as well as the uninsured. Parity laws notwithstanding, commercial insurance and Medicare simply do not cover a large number of behavioral health services and clinicians in the safety net—meaning that,

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for all intents and purposes, every commercially insured individual is underinsured for behavioral health.

- 12.5.3.D.6 "...physical disability, or intellectual or developmental disability, irrespective of primary diagnosis..." Safety net behavioral health providers serve individuals with IDD so long as their presenting issue is behavioral health-related. They do not have the skills and expertise needed to serve individuals with IDD who do not have a behavioral health condition as primary. This language goes beyond the statute, which simply requires provision of services to this population.
- 12.5.3.D.6.A "Comprehensive community behavioral health providers shall not deny services to individuals who exhibit inappropriate sexual behavior" – This description is not defined.
- 12.5.3.D.7 "Displays of aggressive behavior, or history of aggressive behavior, as a symptom of a diagnosed mental health disorder or substance use disorder" – Safety net behavioral health providers encounter many situations in which clients make active, credible threats of aggression, display aggression and, in some cases, physically attack staff, resulting in serious bodily injury. This section of rule is contradictory to OSHA guidelines for employers' responsibility to provide a safe work environment for their employees.

o **Proposed changes:**

- Revise 12.5.3.D.1 to reflect previous OBH guardrails.
- Partner with CBHC on advocacy to the General Assembly to revisit and eliminate or narrow the "underinsured" requirement in CRS 27-50-302 and which 12.5.3.D.1 explicates.
- Revise 12.5.3.D.6 to reflect that comprehensive providers shall not refuse to treat individuals with IDD with a primary behavioral health diagnosis.
- Eliminate or narrow 12.5.3.D.6.A to ensure alignment with federal employee safety requirements.
- Eliminate or narrow 12.5.3.D.7 to ensure alignment with federal employee safety requirements.

12.5.3.D "No refusal" requirements

o **Representative concerns:**

- 12.5.3.D.1 "Insurance coverage, lack of insurance coverage, or ability to pay" – Even though safety net providers have always had and used sliding fee scales for uninsured individuals, the only way to require them to take all comers is to ensure there will be sufficient funding from the state to cover the cost of care provided to uninsured individuals. There is no such guarantee. Historically, BHA (formerly OBH) funded "indigent" clients who met the following criteria: 1) SMI (severe mental illness) or SPMI (severe and persistent mental illness)

Thank you for your feedback. BHA will hold your feedback and consider it for future rule revisions to ensure compliance with both federal and statutory requirements.

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diagnosis; 2) Household income may not exceed 300% of the United States poverty level. The absence of such guardrails means that the amount and cost of uncompensated care provided by comprehensive providers will increase. In addition, we recognize that this language, per the enabling statute also applies to the “underinsured” as well as the uninsured. Parity laws notwithstanding, commercial insurance and Medicare simply do not cover a large number of behavioral health services and clinicians in the safety net—meaning that, for all intents and purposes, every commercially insured individual is underinsured for behavioral health.

- 12.5.3.D.6 “...physical disability, or intellectual or developmental disability, irrespective of primary diagnosis...” Safety net behavioral health providers serve individuals with IDD so long as their presenting issue is behavioral health-related. They do not have the skills and expertise needed to serve individuals with IDD who do not have a behavioral health condition as primary. This language goes beyond the statute, which simply requires provision of services to this population.

- 12.5.3.D.6.A “Comprehensive community behavioral health providers shall not deny services to individuals who exhibit inappropriate sexual behavior” – This description is not defined.

- 12.5.3.D.7 “Displays of aggressive behavior, or history of aggressive behavior, as a symptom of a diagnosed mental health disorder or substance use disorder” – Safety net behavioral health providers encounter many situations in which clients make active, credible threats of aggression, display aggression and, in some cases, physically attack staff, resulting in serious bodily injury. This section of rule is contradictory to OSHA guidelines for employers’ responsibility to provide a safe work environment for their employees.

**o Proposed changes:**

- Revise 12.5.3.D.1 to reflect previous OBH guardrails.
- Partner with CBHC on advocacy to the General Assembly to revisit and eliminate or narrow the “underinsured” requirement in CRS 27-50-302 and which 12.5.3.D.1 explicates.
- Revise 12.5.3.D.6 to reflect that comprehensive providers shall not refuse to treat individuals with IDD with a primary behavioral health diagnosis.
- Eliminate or narrow 12.5.3.D.6.A to ensure alignment with federal employee safety requirements.
- Eliminate or narrow 12.5.3.D.7 to ensure alignment with federal employee safety requirements.

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Do digital discharge instructions count? Or it must be printed and handed out?	Thank you for your feedback. BHA does not specifically require one or the other, and would expect the delivery to be responsive to the individual's preference and needs. Proof of discharge plan completion and delivery is required for audits and can be satisfied in the individual's paper or digital file.
CSU/ATU change means the comprehensive providers currently doing this would need to get an essential SN approval?	Thank you for your feedback. This change is to align with HCPF reimbursement models as they cannot reimburse ATU/CSUs at the PPS rate. Current Comprehensive providers are aware of this and those that have the CSU/ATU services hold the Essential approval to receive the appropriate reimbursement.
We tend to think about how we set up families for success. I'm curious how BHA is thinking about how the BH safety net is going to operate for families with children under 21 in supporting the full family health and wellness (supporting parents of youth who are eligible for safety net services)?	Thank you for your feedback. The creation of safety net approval, not the safety net system, were designed to expand the network of services and providers, including those specific to children, youth, and family services. We continue to process applications to grow this new approval type.
I am happy to see you remove the residential crisis requirements (CSU/ATU) from the Comprehensive Safety Net provider requirements. However rather than expand the definition of emergency/crisis services, you have narrowed it to just WIC and MCR. In effect, this undermines the statewide crisis system by requiring Comprehensive providers to offer services that are defined as part of the crisis system and build this into their rates. Don't we want the BHASOs to define how and where MCR and WIC services are provided? We have had cases where the comprehensive provider is not the best provider to offer MCR but then you would be funding two MCR providers or WICs in a subregion since the Comprehensive provider is required to offer this. Why not require one of a fuller array of emergency/crisis services such as 24-hour access to clinical care for enrolled crisis, urgent access to prescribers for med changes, urgent access to MAT and/or withdrawal management services. This would also level the playing field a bit for comprehensive providers that have historically served the SUD system and clean up some of the incentives that tilt the crisis system toward the historical comprehensive providers (CMHCs) in favor of specialty providers who have developed a business model around going where clients need care rather than office or tele-based care.	Thank you for your feedback. This change is to align with HCPF reimbursement models as they cannot reimburse ATU/CSUs at the Prospective Payment System (PPS) rate. Changes to the crisis system will be proposed in the Fall of 2025 rule revision to align with federal changes to substance use disorder treatment standards. Your feedback will be held to be considered for this future rule revision.



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12.4.D.1 addresses the ability of safety net providers to meet the requirement for extended hours by telehealth alone. In my opinion, safety net providers should be able and willing to provide services in -person outside of regular business hours if that is what the client/family prefers.	Thank you for your feedback. This is addressed in 12.4.1.E "E. Essential behavioral health safety net providers offering outpatient behavioral health services must have in-person service offerings in addition to any telehealth services the agency may elect to provide."
Point 12.5.1.E.1.f states: Comprehensive community behavioral health providers must be designated to provide services to individuals on involuntary outpatient certifications pursuant to part 11.18 of these rules.  There is no part 11.18; citation should be "part 11.17 of these rules."	Thank you for your feedback. BHA intends to address this in the Fall of 2025 rule revision. Your feedback will be held for consideration of this revision.
<b>Chapter 13 - Controlled Substance Licensed Services</b>	
Throughout the audit cycle, over several years now, providers have raised questions and suggestions about the inclusion of "medication misuse" under the BHA (and SAMHSA, DEA) definition of diversion.	Thank you for your feedback. BHA expanded the "Diversion" definition to include all realistic forms of medication being used for purposes other than medically intended, potentially posing harm to prescribed individual or the community: 13.1 "DIVERSION" MEANS THE THEFT, LOSS, MISUSE, OR ILLICIT DISTRIBUTION OF AGENCY-DISPENSED OR PRESCRIBED CONTROLLED SUBSTANCE MEDICATION.
Over the last 2 years, local and national research, advocacy, and professional groups have advocated for both clarification of state interpretation and also expansion of regulatory concept into medical facilities, particularly carceral settings in order to address opioid use disorder more readily, particularly where resources are not available to establish behavioral health licensing. Some of these groups include Colorado's Consortium for Prescription Drug Abuse Prevention, Johns Hopkins Bloomberg School of Public Health, Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel, and Department of Corrections medical leadership.	Thank you for your feedback. BHA added reference to 21 CFR § 1306.07(c) in order to better define BHA CSL jurisdiction, intended to encourage improved MOUD (medication for Opioid Use Disorder) access and support medical providers making best treatment decisions available which may include MOUD in settings outside of CSL facility: 13.3.C CONTROLLED SUBSTANCE LICENSE REQUIREMENT - IN ACCORDANCE WITH 21 CFR § 1306.07(c): ADMINISTERING OR DISPENSING OF NARCOTIC DRUGS: BHA CSL RULES ARE NOT INTENDED TO IMPOSE LIMITATIONS ON A PHYSICIAN OR AUTHORIZED HOSPITAL STAFF TO ADMINISTER OR DISPENSE NARCOTIC DRUGS IN A HOSPITAL TO MAINTAIN OR DETOXYIFY A PERSON AS AN INCIDENTAL ADJUNCT TO MEDICAL OR SURGICAL TREATMENT OF CONDITIONS OTHER THAN ADDICTION, OR TO ADMINISTER OR DISPENSE NARCOTIC DRUGS TO PERSONS WITH

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	INTRACTABLE PAIN IN WHICH NO RELIEF OR CURE IS POSSIBLE OR NONE HAS BEEN FOUND AFTER REASONABLE EFFORTS.
Collective feedback given during a Colorado OTP Medical Directors and BHA SOTA roundtable occurring on 9/17/24 which basically insisted BHA replace outdated physical examination language "liver function tests" in current rule with a more accurate and medically accepted term "Comprehensive Metabolic Panel".	Thank you for your feedback. BHA revised care standard in the OTP physical examination to replace the previous standard; "Liver function tests" to match contemporary medical language and best practice: 13.5.1 & 13.8.3.B.5: "COMPREHENSIVE METABOLIC PANEL" MEANS A BLOOD TEST THAT MEASURES PROTEINS, ENZYMES, ELECTROLYTES, MINERALS AND OTHER SUBSTANCES IN THE BODY. A QUALIFIED PRACTITIONER CAN USE THE RESULTS TO DIAGNOSE, SCREEN FOR OR MONITOR HEALTH CONDITIONS OR SIDE EFFECTS OF MEDICATIONS, AND MAKE APPROPRIATE MEDICAL REFERRALS.
Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel (COTOD) provided collaboration with SOTA to create this concept in state rule that, in principle, reflects SAMHSA's OTP regulatory guidance.	Thank you for your feedback. BHA added the term and concept in proposed rule: 13.5.1 "DIVERSION CONTROL PLAN" OR "DCP" MEANS A WRITTEN DOCUMENT THAT MUST CONTAIN SPECIFIC MEASURES TO REDUCE DIVERSION OF CONTROLLED SUBSTANCES FROM LEGITIMATE TREATMENT USE.
Collective feedback given during a Colorado OTP Medical Directors and BHA SOTA roundtable occurring on 9/17/24 which requested BHA replace outdated physical examination language around organ system review and body inspection in current rule with the more accurate and medically accepted term and practice of "History of Present Illness".	Thank you for your feedback. BHA added the definition and requirement in proposed rule: 13.5.1 & 13.8.2.C.1: "HISTORY OF PRESENT ILLNESS" MEANS A CHRONOLOGICAL DESCRIPTION OF THE DEVELOPMENT OF THE INDIVIDUAL'S PRESENT ILLNESS FROM THE FIRST SIGN AND/OR SYMPTOM OR FROM THE PREVIOUS ENCOUNTER TO THE PRESENT. IT SHALL INCLUDE THE FOLLOWING ELEMENTS: LOCATION, QUALITY, SEVERITY, DURATION, TIMING, CONTEXT, MODIFYING FACTORS, AND ASSOCIATED SIGNS AND SYMPTOMS AS APPLICABLE.

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Collective feedback given during a Colorado OTP Medical Directors and BHA SOTA roundtable occurring on 9/17/24 which requested BHA replace outdated physical examination language around organ system review and body inspection in current rule with the more accurate and medically accepted term and practice of "Review of Systems".	Thank you for your feedback. BHA added the definition and requirement in proposed rule: 13.5.1 & 13.8.2.C.2: "REVIEW OF SYSTEMS" MEANS AN INVENTORY OF BODY SYSTEMS OBTAINED BY ASKING A SERIES OF QUESTIONS TO IDENTIFY SIGNS AND/OR SYMPTOMS THE INDIVIDUAL MAY BE EXPERIENCING OR HAS EXPERIENCED.
Entire section received positively when presented to industry (OTP) stakeholders during multiple stakeholder presentations occurring Fall of 2024.	Thank you for your feedback. BHA proposes section of rule: 13.6.1 SERVICES FOR PREGNANT AND POSTPARTUM INDIVIDUALS to encapsulate both existing BHA requirement to urgently admit and hesitate to discharge pregnant people with new concepts that reflect SAMHSA's newly published OTP regulatory standards.
Various feedback received from OTP leaders throughout annual audit cycles and also through feedback sessions occurring summer of 2024 which indicated confusion that the requirement exists but is not clearly stated in current rule.	Thank you for your feedback. BHA proposes 13.6.2.E: IN ADDITION TO OTP PROVISIONS BEGINNING WITH 13.16, OTPS SHALL ADHERE TO REQUIREMENTS LISTED WITHIN 13.1 THROUGH 13.15.
Several feedback sessions were held with OTP patients with lived-experience occurred in July of 2024. During these sessions multiple patients had strong supportive reactions to this rule addition. Several mentioned experiences where either they or others were denied care for the reason of not presenting with a valid government-issued photo ID.	Thank you for your feedback. BHA proposes 13.6.2.D: OTPS SHALL PROVIDE ALTERNATIVES TO ADMISSION DENIAL DUE TO LACK OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION, INCLUDING BUT NOT LIMITED TO ACCEPTING VARIOUS FORMS OF SUITABLE IDENTIFICATION, COORDINATING WITH THE DEPARTMENT TO ESTABLISH UNIQUE TREATMENT IDENTIFIER WITHIN THE CENTRAL REGISTRY SYSTEM AND DIRECT REFERRAL TO ALTERNATIVE MOUD (MEDICATIONS FOR OPIOID USE DISORDER) TREATMENT OPTIONS.
Developed with Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel and OTP MD Director Leadership Roundtable in Fall 2024; recognizing the potential gap of medical responsibility that could develop as rules reduce in structure on this element.	Thank you for your feedback. BHA proposes 13.6.3.E: OTP MEDICAL DIRECTORS AND LEADERSHIP SHALL DEVELOP A MEDICATION INDUCTION PROTOCOL WHICH CONSIDERS, ON AN INDIVIDUALIZED BASIS AND AMONG OTHER FACTORS, RATE OF DOSE ADJUSTMENT AND WHEN INITIATION OF TAKE-HOME DOSE PROTOCOL WOULD BE SAFE AND APPROPRIATE.
This element was shared extensively with industry stakeholders during formal stakeholder, email communications, SOTA/OTP directors meetings, and with	Thank you for your feedback. BHA proposes 13.6.4 TAKE-HOME DOSE GUIDANCE which aligns BHA CSL rules with SAMHSA 42 CFR pt 8 on take-home

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Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel and OTP MD director leadership Roundtable and individual communication sessions. Folks are generally supportive of this change as it's occurring nationally and acknowledge it's a significant change from regulation dictating best medical practice to providers occupying that role. It should be acknowledged that flexibilities to these rules have been offered and practiced in various forms for the last 5 years already.	medication requirements. Intentions behind this change include removing unclear "criminal" components, considering the spectrum of SUD science beyond toxicology, bolstering reliance on prescriber judgement, and focusing more on diversion risk and most contemporary practice.
Formal feedback sessions OTP patients with lived experience occurred in July of 2024. During these sessions multiple patients mentioned that the OTP connection to jails (MOUD dose delivery) claim some jails and OTPs blame regulations for restricting best practice and the flow of medication. SOTA confirms DEA and SAMHSA have more recently added clarifying language in support of this practice continuance whereas before COVID-19, this practice was considered an exception reserved only for pregnant individuals.	Thank you for your feedback. BHA proposes the inclusion of take-home dose support for those who find themselves in carceral settings during the course of OTP treatment: 13.6.4.O.3: TAKE-HOME DOSES FOR OTP INDIVIDUALS ADMITTED TO EXTENDED HEALTH CARE AGENCIES, LICENSED RESIDENTIAL SUBSTANCE USE DISORDER AGENCIES, OR CARCERAL SETTINGS.
Throughout audit cycles, OTP providers often ask BHA for additional guidance on what elements their diversion control plans (required by SAMHSA) should focus on as BHA language has to this point been unclear on the matter.	Thank you for your feedback. BHA proposes addition of rules 13.6.6.B: THE DIVERSION CONTROL PLAN SHALL INCLUDE, AT MINIMUM, THE FOLLOWING CATEGORIES:  PROGRAM ENVIRONMENT; DOSING; TAKE-HOMES DOSES; TAKE-HOME DOSE CALLBACKS; PREVENTION OF MULTIPLE PROGRAM ENROLLMENT; MISUSE OF PRESCRIPTION MEDICATION AS OUTLINED IN SAMHSA FEDERAL OTP GUIDELINES;
Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel provided feedback in Fall of 2024 which encouraged use of "for-cause" take-home dose callbacks, providing formal research evidence as well.	Thank you for your feedback. BHA proposes addition of rules 13.6.6.C AS A CORE FUNCTION OF DIVERSION CONTROL, THE FOLLOWING MUST OCCUR: 1. RANDOMIZED TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED AND DOCUMENTED AT A MINIMUM OF TWO PER YEAR FOR INDIVIDUALS WHOSE TAKE-HOME DOSES EQUAL SEVEN OR GREATER AND MAY

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	COINCIDE WITH RANDOM TOXICOLOGY SCREENS. 2. FOR-CAUSE TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED WHENEVER TAKE-HOME DOSE DIVERSION OR MISUSE IS SUSPECTED AND OTPS SHALL DEVELOP WRITTEN PROTOCOL TO DETERMINE CONSISTENTLY UNDER WHICH CIRCUMSTANCES AND HOW THOSE TAKE-HOME CALLBACKS WILL BE CONDUCTED AND DOCUMENTED.
In Summer of 2024, this element was presented formally with the two OTP agencies who perform this service in Summer of 2024. Both agencies agreed this element is helpful and not much of an administrative burden to comply with. Fall 2024. This element will likely remain limited to larger agencies with the financial resources to absorb this high cost, low revenue activity.	Thank you for your feedback. BHA proposes addition of rule 13.6.7.E OTPS SHALL SUBMIT CURRENT SCHEDULE OF PLANNED DOSING STOPS FOR MOBILE MEDICATION UNITS TO BHA PRIOR TO INITIATING CARE AT THOSE STOPS.
In discussions around disallowing OTPs from discharging patients based on toxicology screens alone in Fall of 2024, OTP MD Directors suggested adding a caveat for Methadone Metabolite negative being a reason to administratively discharge a patient from treatment. Otherwise, the MD Directors agreed with the proposed change.	Thank you for your feedback. BHA proposes changes to its proposed new 13.17.1.H rule: H. RESULTS OF OTP DRUG SCREENING SHALL BE UTILIZED AS A CLINICAL TOOL FOR MONITORING AN INDIVIDUAL'S SUBSTANCE USE PATTERNS BEFORE AND DURING TREATMENT. THE AGENCY'S MEDICAL DIRECTOR SHALL ENSURE THAT DRUG SCREEN RESULTS ARE NOT TO BE UTILIZED AS THE SOLE FACTOR IN THE ADMINISTRATIVE DISCHARGE OF AN INDIVIDUAL FROM TREATMENT IN CASES THAT DO NOT INVOLVE NEGATIVE DRUG SCREENS FOR METHADONE METABOLITE.
Received positively when presented to industry (OTP) stakeholders in Fall 2024.	Thank you for your feedback. 13.8.4.B.5 & 13.4.8.A.5: HOW THE AGENCY INCORPORATES HARM REDUCTION, TRAUMA-INFORMED PRACTICES, AND RESPECT FOR THE GENDER IDENTITY OF THE INDIVIDUALS BEING SCREENED.
Lived-experience feedback received in stakeholder sessions occurring in summer of 2024 in support of this rule change, shifting from the philosophy of privilege to receive best care (take-home medication) to the inherent right to receive best care.	Thank you for your feedback. BHA proposes to remove the phrase "privileges" from rule requirement. The term may reinforce non-therapeutic power dynamics between treatment providers and service recipients and is not in alignment with best practice.

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Contemporary medical practice dictates all procedures should be as minimally invasive and medically necessary. As BHA has observed a wide-range of toxicology frequency, it has also observed instances where medical providers did not agree with frequency set forth by the OTP, and it has also observed several instances where toxicology frequency, well above the 8 screen minimum set forth by SAMHSA, impacted patients' ability to stay out of the clinic at a frequency which aligned with their take-home medications. Feedback provided by multiple MD directors that stated their OTPs required weekly UDS when not medically indicated.	Thank you for your feedback. BHA proposes addition of rule 13.8.4.C.6: IF TOXICOLOGY SCREENING FREQUENCY IS ABOVE STANDARDS LISTED IN 13.8.4.C 1-5, THE OTP SHALL DOCUMENT MEDICAL OR CLINICAL NECESSITY.
Feedback presented to BHA auditors throughout audit cycles shows that lack of clarity exists with regard to counseling expectation in the OTP modality. SAMHSA has now published clear guidance on counseling expectations and in response to proposing state-level rule change to better reflect federal OTP guidance, both OTP directors and Colorado's AATOD (American Association for the Treatment of Opioid Dependence) Chapter executive counsel (COTOD) have been in support.	Thank you for your feedback. BHA proposes addition of ruleset 13.8.5.A COUNSELING SERVICES
Formal feedback sessions OTP patients with lived experience occurred in July of 2024. During these sessions multiple patients had strong supportive reactions to this rule addition. Mentioned experience where they or others were forced to speak with counselors they didn't wish to speak to or be denied medication. They felt this was not trauma informed. Not everyone is ready when they walk in the door for therapy, and not every counselor is a good match.	Thank you for your feedback. BHA proposes addition of rule 13.8.5.A.4: PATIENT REFUSAL OF COUNSELING SHALL NOT PRECLUDE THEM FROM RECEIVING MOUD. E. AS PART OF QUALITY IMPROVEMENT PLANNING, OTPS SHALL TRACK, IN ADDITION TO REQUIREMENTS OUTLINED IN CHAPTER 2.17, OTP DISCHARGES, REASONS FOR DISCHARGE AND PROGRESS TO RETENTION IMPROVEMENT EFFORTS.
<b>Chapter 14 - Recovery Support Services Organizations</b>	
21.600.42 The rules states that peer clinical supervision must be completed on an individual basis. I cannot find this "individual" language in statute. The real-world differences between individual vs group supervision is that individual supervision will greatly increase the costs for RSSOs and further prevent access to needed services.	Thank you for your feedback. It will be held to be considered for future rule revisions.
RSSO rule in general. While I understand that this may not happen in the current rule revisions, there are mismatches between HCPF's operationalization of the RSSO provider and the licensing requirements. In particular, HCPF requires that there be a covered	Thank you for your feedback. It will be held to be considered for future rule revisions.

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diagnosis, which includes an assessment, for billing of peer support by an RSSO and peer support services must be part of the service plan. The RSSO rule do not include any assessment or screening requirements or service planning. It seems like there is a need to better coordinate these sets of requirements. For example, having a requirement that the peer support provider identify the service plan goals that they are working on with the client related to the larger service plan or that there be some communication with the diagnosing professional about the service plan goals. The RSSO rule is written as though the RSSOs are working in a vacuum and since the only reason anyone can even pursue and RSSO license if for the purpose of Medicaid billing, it seems like there is an opportunity to better align these requirements.



**[PUBLISHER'S NOTE, NOT FOR PUBLICATION WITH RULE: Proposed changes represented below are the only parts of 2 CCR 502-1 BHA is proposing to change. Parts of Chapter not provided will remain in current state at this time. The below revisions also include a reorganization of existing rule. Pre-existing rule language that has only been reorganized without content changes are highlighted below for users' clarity as they are still capitalized due to being moved to a new section of rule.]**

**[PUBLISHER'S NOTE, NOT FOR PUBLICATION WITH RULE: This definition is from Chapter 1, Part 1.2]**

"Two (2) Generational Approach" means focusing on both children and parents' and/or legal guardians' needs at the same time. This approach focuses on breaking down barriers by strengthening education, economic supports, social capital and health and well-being. The core principles of the Two Generational Approach are:

- A. Measure and account for outcomes for both children and their parents and/or legal guardians;
- B. Engage and listen to the voices of families;
- C. Foster innovation and evidence together;
- D. Align and link systems and funding streams; and
- E. Ensure ~~equity~~ ACCESS.

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**[PUBLISHER'S NOTE, NOT FOR PUBLICATION WITH RULE: This definition is from Chapter 1, Part 1.3]**

"Licensee" means aN AUTHORIZED PRACTITIONER, psychologist, social worker, clinical social worker, marriage and family therapist, licensed professional counselor, or addiction counselor licensed as defined in 12-245-202(8), C.R.S.

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### 11.3.1 27-65 Designation General Standards

- A. The 27-65 designated facility shall only provide services for which it holds/has a 27-65 designation, approval, and/or another BHA license.
- B. Facility designation applies only to the physical location(s) listed on the 27-65 designation certificate from the BHA and not to any other non-designated physical locations operated by the facility.
  - 1. Psychiatric units within a medical hospital and units that are separate from a main building must be designated separately for involuntary services.





2. LOCATIONS SERVING INDIVIDUALS UNDER CERTIFICATION ON AN OUTPATIENT BASIS PURSUANT 27-65-111 C.R.S. MUST ALSO BE DESIGNATED.

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**11.8.3 Involuntary Psychiatric Medications**

A. These rules for involuntary psychiatric medications do not apply to refusal of non-psychiatric medications or medical emergencies. If an individual refuses medications intended to treat general medical conditions and that refusal is likely to cause or precipitates a medical emergency, those professionals who are authorized to order and administer medications may take action in accordance with generally accepted medical practice in an emergency situation.

B. Psychiatric emergency conditions: individuals who are detained pursuant to Sections 27-65-106, -107, -108.5 [effective July 1, 2024], -109, or -110, C.R.S., and refuse psychiatric medication may be administered psychiatric medication(s) ordered up to twenty-four (24) hours without consent under a psychiatric emergency condition. The least intrusive means should be used to address the psychiatric emergency.

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**11.8.4 Non-Emergency Involuntary Medications (Court Ordered Medications)**

A. In non-emergency situations in which an individual who is detained pursuant to Sections 27-65-106, -107, -108.5 [effective July 1, 2024], -109, -110, or -111 C.R.S., would benefit from the administration of a psychiatric medication, but the individual does not consent, the facility shall petition the court to obtain permission to administer such medication. The following conditions must be documented in the petition:

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**11.9.6 Use of Seclusion**

A. If an order for seclusion is verbal, the verbal order must be received by a registered nurse or other trained licensed personnel, such as a licensed practical nurse while the emergency safety intervention is being initiated by personnel or immediately after the emergency safety situation begins.

1. The physician or other authorized practitioner permitted to order seclusion must verify the verbal order in a signed written form in the individual's record. Signatures must be entered into the record no more than twenty-four (24) hours after the event.

2. The physician or other authorized practitioner to order seclusion must be available to personnel for consultation, at least by telephone, throughout the period of the emergency safety intervention.

B. Within one (1) hour of the initiation of the original order of seclusion an authorized practitioner, such as a registered nurse or physician assistant, trained in the use of emergency safety interventions and permitted to assess the physical and psychological well-being of the individual, shall conduct a face-



to-face assessment of the physical and psychological well-being of the individual including but not limited to:

1. The individual's physical and psychological status;
  2. The individual's behavior;
  3. The appropriateness of the intervention measures; and
  4. Any complications resulting from the intervention.
- C. When the one (1) hour assessment described in this part 11.9.6.B is conducted by a registered nurse or a physician assistant, that personnel must consult with the attending physician when the assessment is completed.
- D. Results of the one (1) hour assessment must determine if continued emergency interventions need to be re-ordered by the authorized practitioner.
1. Assessment results and continuation order, if applicable, must be contained in the clinical record.
- E. Seclusion occurs any time an individual is placed alone in a room and not allowed to leave.
- F. Seclusion must be used only when other less restrictive methods have failed.
1. Documentation of less restrictive methods and the outcome must be contained in the clinical record.
- G. Seclusion must not be used for punishment, for the convenience of personnel, or as a substitute for a program of care and treatment.
- H. Seclusion rooms must be lighted, clean, safe, and have a window for personnel to observe.
- I. Seclusion rooms must be a minimum of 100 square feet, UNLESS THE FACILITY IS LICENSED AS A HOSPITAL AND THE SECLUSION ROOM SIZE IS IN COMPLIANCE WITH APPLICABLE CDPHE REGULATIONS.

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## **11.10 Therapy or Treatment Using Special Procedures**

### **11.10.1 Informed Consent for Therapy/Treatment Using Special Procedures**

- A. Therapies using stimuli such as electroconvulsive therapy (ECT), use of feeding tubes for eating disorder treatment, and transcranial magnetic stimulation (TMS), require special procedures for consent and shall be governed by this part 11.10 of these rules.
- B. Prior to the administration of a therapy listed in part 11.10.1.A of these rules, written informed consent shall be obtained and documented in the clinical record reflecting agreement by both the



individual being treated and their legal guardian, if one has been appointed or alternative decision maker if one exists. If the individual undergoing treatment using special procedures is a minor, the clinical record shall reflect informed consent by both the minor and their guardian(s).

C. In the case of electroconvulsive therapy (ECT), a consent form shall be used, and procedures set forth in Sections 13-20-401 through 13-20-403, C.R.S. shall be followed. An informed consent for ECT means:

1. It is freely and knowingly given and expressed in writing.
2. The consent agreement entered into by the individual or other person(s) shall not include exculpatory language through which the individual or other person(s) is made to waive, or appear to waive, any of their legal rights, or to release the facility or any other party from liability for negligence.

~~D. No one under the age of sixteen (16) shall undergo electroconvulsive treatment (ECT).~~

D. ELECTROCONVULSIVE TREATMENT (ECT) MAY BE PERFORMED ON A MINOR WHO IS SIXTEEN (16) YEARS OF AGE OR OLDER, BUT UNDER EIGHTEEN (18) YEARS OF AGE ONLY IF TWO INDIVIDUALS LICENSED TO PRACTICE MEDICINE IN COLORADO AND SPECIALIZING IN PSYCHIATRY APPROVE THE TREATMENT, AND THE PARENT OR GUARDIAN OF THE MINOR CONSENTS TO THE TREATMENT.

1. THE MINOR AGES SIXTEEN (16) TO EIGHTEEN (18) YEARS OF AGE MUST HAVE A DIAGNOSIS CONSISTENT WITH ECT BEST PRACTICES.

E. ECT MAY BE PERFORMED ON A MINOR WHO IS FIFTEEN (15) YEARS OF AGE OR YOUNGER WHEN:

1. TWO INDIVIDUALS LICENSED TO PRACTICE MEDICINE IN COLORADO, AND SPECIALIZING IN PSYCHIATRY, APPROVE THE TREATMENT;
2. OTHER LESS INVASIVE TREATMENTS HAVE FAILED;
3. ECT IS MEDICALLY NECESSARY TO TREAT LIFE-THREATENING MALIGNANT CATATONIA;
4. ECT IS PERFORMED BY AT LEAST ONE (1) PHYSICIAN, OR PHYSICIAN'S DESIGNEE, WHO IS TRAINED AND CREDENTIALLED IN ECT; AND
5. A PARENT OR GUARDIAN OF THE MINOR CONSENTS TO THE TREATMENT.

~~E. F.~~ F. Electroconvulsive treatment (ECT) requires a concurring consultation by a licensed psychiatrist prior to administration of the treatment. Such consultation shall be noted in the clinical record.

~~F. G.~~ G. The facility shall document that the following has been explained to the individual:

1. The reason for such treatment information;



2. The nature of the procedures to be used in such treatment, including their probable frequency and duration;
  3. The probable degree and duration of improvement or remission expected with or without such treatment;
  4. The nature, degree, duration, and probability of the side effects and significant risks of such treatment commonly known by the medical profession, the possible degree and duration of memory loss, the possibility of permanent irrevocable memory loss, and the remote possibility of death;
  5. The reasonable alternative treatments, if any, and why the professional person is recommending the specific treatment;
  6. That the individual has the right to refuse or accept the proposed treatment and has the right to revoke their consent for any reason at any time, either orally or in writing;
  7. That there is a difference of opinion within the medical profession on the use of some treatments;
  8. An offer to answer any inquiries concerning the recommended special procedures; and
  9. The number of treatments expected over a specified period of time to achieve maximum benefit.
- G. H. Informed consent for the special procedure shall be renewed each time the maximum number of treatments determined through clinical assessment have been completed or the specified amount of time has expired. ~~No informed consent for special procedures shall be valid for more than thirty (30) days.~~

I. FEEDING TUBES FOR EATING DISORDER TREATMENT MAY BE USED WITHIN A DESIGNATED FACILITY WHEN:

1. INFORMED WRITTEN CONSENT IS REQUIRED PURSUANT TO THIS SECTION 11.10 FROM BOTH PATIENT AND PATIENT'S PARENT OR LEGAL GUARDIAN IF THE PATIENT IS FIFTEEN (15) YEARS OF AGE OR OLDER.
  - a. IF THE PATIENT, FIFTEEN (15) YEARS OF AGE OR OLDER, DOES NOT CONSENT OR OBJECTS TO CONTINUED USE OF AN INVOLUNTARY FEEDING TUBE, PATIENT MAY SEEK REVIEW PURSUANT 27-65-104(6) C.R.S.
2. IF THE PATIENT IS FOURTEEN (14) YEARS OF AGE OR YOUNGER ONLY WRITTEN INFORMED CONSENT FROM THE PARENT OR LEGAL GUARDIAN IS REQUIRED.

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### 11.13 Procedures for Involuntary Transportation Holds

- A. This section 11.13 is meant to provide a summary of the obligations and standards set forth in Section 27-65-101 through -131, C.R.S., with regard to involuntary transportation holds. This section is only enforceable with regard to designated facilities.



B. An individual may be placed on an involuntary transportation hold pursuant to Section 27-65-107, C.R.S. if the certified peace officer or emergency medical services provider believes the individual is experiencing a behavioral health crisis or is gravely disabled, and as a result, without professional intervention, the individual may be a danger to self or others.

1. The certified peace officer or emergency medical services provider may then take the individual into protective custody and transport the individual to an outpatient mental health facility, or a facility designated by the commissioner or other clinically appropriate facility designated by the commissioner.

2. If such a service is not available, the individual may be taken to an emergency medical services facility.

C. The involuntary transportation form to be completed in full (on the BHA provided M 0.54 form available on the BHA website) prior to transportation shall include:

1. The circumstances under which the individual's condition was called to the certified peace officer's or emergency medical services (EMS) provider's attention and further stating sufficient facts obtained from personal observations or obtained from others whom the certified peace officer or emergency medical services provider reasonably believes to be reliable, to establish that the individual is experiencing a behavioral health crisis or is gravely disabled and, as a result it is believed that without professional intervention the individual may be a danger to the individual's self or others;

2. The name of the individual and date and time the individual was placed on the involuntary transportation hold;

3. The name of the facility to which the individual will be transported; and

4. The signature of the certified peace officer or EMS provider placing the involuntary transportation hold.

D. A copy of the involuntary transportation form must be given to the individual who was placed on the involuntary transportation hold.

E. A copy of the involuntary transportation form must be given to the facility and made part of the individual's medical record.

F. An individual may not be placed on a transportation hold if an intervening professional or certified peace officer has assessed the individual during the same emergency event and determined the individual does not meet the criteria for an emergency mental health hold.

G. If a behavioral health crisis response team is known to be available in a timely manner, the certified peace officer or emergency medical services provider shall access the behavioral health crisis response team prior to transporting an individual involuntarily.

H. Individuals may not be transported involuntarily for longer than six (6) hours.



I. Once the individual is presented to an outpatient mental health facility or facility designated by the commissioner, an intervening professional shall screen the individual immediately. If an intervening professional is not immediately available, the individual must be screened within immediately, but no more than eight (8) hours pursuant to Section 27-65-107(4)(a)(I), C.R.S., after the individual's arrival at the facility to determine if the individual meets criteria for an emergency mental health hold.

J. Once the screening is completed and if the individual meets criteria, the intervening professional shall first pursue voluntary treatment and evaluation. If the individual refuses or the intervening professional has reasonable grounds to believe the individual will not remain voluntarily, the intervening professional may place the individual under an emergency mental health hold pursuant to Section 27-65-106, C.R.S.

~~K. Whenever it appears to the court, by reason of a report by the treating professional person or the BHA or any other report satisfactory to the court, that an individual detained for evaluation and treatment or certified for short-term treatment should be transferred to another facility for treatment and the safety of the individual or the public requires that the individual be transported by a secure transportation provider or a law enforcement facility, the court may issue an order directing the law enforcement facility where the individual resides or secure transportation provider to deliver the individual to the designated facility.~~

~~L. A juvenile, as defined in Chapter one (1) of these rules, committed to the Department of Human Services may be transferred temporarily to any state treatment facility for individuals with behavioral or mental health disorders or intellectual and developmental disabilities for purposes of diagnosis, evaluation, and emergency treatment; except that a juvenile may not be transferred to a state treatment facility for individuals with mental health disorders until the juvenile has received a mental health hospital placement prescreening resulting in a recommendation that the juvenile be placed in a facility for evaluation pursuant to Section 27-65-106, C.R.S.~~

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## **21.300 LICENSING OF SUBSTANCE USE DISORDER PROGRAMS USING CONTROLLED SUBSTANCES**

### **CHAPTER 13: CONTROLLED SUBSTANCE SERVICES**

#### **21.300.1 13.1 DEFINITIONS**

"Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means to the body of an individual.

"Approved Private Treatment Facility" means a private agency meeting the definition set forth in section 27-81-102(2), c.r.s., and standards prescribed and approved under section 27-81-106, c.r.s., and shall be referred to as "approved treatment facility".

"Approved Public Treatment Facility" means an agency operating under the direction and control of or approved by the behavioral health administration and meeting the definition set forth in section 27-81-102(3), C.R.S., and standards prescribed and approved under section 27-81-106, c.r.s., and shall be referred to as "approved treatment facility."

"Compound" means to produce or create by combining two or more substances.

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“Controlled Substance” means a drug whose general availability is restricted or any substance that is strictly regulated or outlawed because of its potential for abuse or dependence. Controlled substances include narcotics, stimulants, depressants, hallucinogens, and cannabis.

“Corrective Action” means a time limited remedial measure applied to agencies that are out of compliance during a ~~two~~ ONE year licensing period.

~~“Critical Incident” means a significant event or condition, which may be of public concern, which jeopardizes the health, safety, and/or welfare of staff and/or individuals including individual deaths on or off agency premises and theft or loss of controlled substances prescribed for individuals and dispensed, administered, and/or monitored by licensed agencies.~~

~~“DATA 2000 Waiver” means the federal waiver allowing qualified practitioners to use buprenorphine products for the treatment of opioid use disorders. The DATA 2000 Waiver is issued pursuant to the registration requirements of the Controlled Substance Act found at 21 U.S.C. § 823(g)(2) (November 2020), which is hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Health & Human Services, Substance Abuse & Mental Health Services Administration, Office of Communications, 5600 Fishers Lane, Rockville, MD 20857 or at <https://uscode.house.gov/>. These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, during regular business hours.~~

~~“Department” means the Colorado Department of Human Services.~~

~~“Dispense” means to interpret, evaluate, and implement a prescription drug order or chart order, including the preparation of a drug for an individual OR INDIVIDUAL’S AGENT in a suitable container appropriately labeled for subsequent administration to or use by an individual.~~

“Diversion” means the transfer of any controlled substance from a licit to an illicit channel of distribution or use.

~~“Individual” means any individual who receives a controlled substance for the purpose of substance use disorder treatment or to treat withdrawal symptoms of a substance use disorder.~~

“maintenance treatment” means the dispensing of a controlled substance, such as methadone or buprenorphine, at stable dosage levels for a period in excess of twenty-one (21) days in the supervised treatment of an individual for opioid use disorder.

~~“Medication Assisted Treatment” means any treatment for a substance use disorder that includes giving a controlled substance for medical detoxification or maintenance treatment, which may be combined with other treatment services including medical, and shall be combined in all circumstances with psychosocial services.”~~

“Medical Detoxification” “MEDICALLY SUPERVISED WITHDRAWAL” means the process through which ~~a person~~ AN INDIVIDUAL who is physically dependent on alcohol, illicit drugs, prescription medications, or a combination of these substances is over a period of time withdrawn from the substances of dependence and the process may include the use of controlled substances to ~~alleviate~~ MANAGE the symptoms of withdrawal under the supervision of a ~~licensed~~ QUALIFIED practitioner.

“Office-based opioid treatment” or “OBOT” means the prescribing of ~~buprenorphine products~~ MEDICATIONS for the treatment of opioid use disorders by a federally authorized (~~DATA 2000 Waiver~~) primary care or general health care provider outside of programs required to be licensed pursuant to ~~27-80-200, 27-80-201 et seq., C.R.S.~~





"Physical dependence" means a state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist.

~~"Substance use disorder" shall have the same meaning as defined in Section 27-80-203(23.3), C.R.S~~

~~"Ultimate User" means an individual who lawfully possesses a controlled substance for the individual's own use or for the use of a member of the individual's household.~~

### 13.2 AUTHORITY AND APPLICABILITY

A. THESE RULES ARE ESTABLISHED TO CREATE STANDARDS FOR AGENCIES SEEKING A CONTROLLED SUBSTANCE LICENSE.

B. ALL AGENCIES PROVIDING CONTROLLED SUBSTANCE LICENSED SERVICES AS DEFINED WITHIN 13.3 SHALL MEET THE STANDARDS IN THIS CHAPTER 13. CONTROLLED SUBSTANCE LICENSED AGENCIES SHALL REQUIRE A BHE LICENSE, AND THE AGENCY SHALL COMPLY WITH CHAPTER 2 AND CORRESPONDING CHAPTERS OF THESE RULES APPLICABLE TO LEVELS OF CARE PROVIDED.

### ~~21.300.2~~ 13.3 CONTROLLED SUBSTANCE LICENSE REQUIREMENT

A. Agencies shall apply for and obtain a controlled substance license if they dispense, compound, or administer (pursuant to Section 27-80-204, C.R.S.) a controlled substance in order to treat a substance use disorder or to ~~treat~~ MANAGE the withdrawal symptoms of a substance use disorder, FROM STOCK MEDICATION. All applicants for a controlled substance license ~~shall~~ MUST demonstrate compliance with these rules and all applicable state and federal statutes and regulations including, but not limited to ~~those~~ THE 72-HOUR EMERGENCY RULE AND OTHERS pertaining to controlled substances.

B. An office-based opioid treatment (OBOT) provider that does not dispense, compound, or administer a controlled substance FROM STOCK MEDICATION on-site is not required to obtain a controlled substance license pursuant to ~~this rule section 21.300.2~~ THIS PART 13.3.

C. IN ACCORDANCE WITH 21 CFR § 1306.07(c) ADMINISTERING OR DISPENSING OF NARCOTIC DRUGS: BHA CSL RULES ARE NOT INTENDED TO IMPOSE LIMITATIONS ON A PHYSICIAN OR AUTHORIZED HOSPITAL STAFF TO ADMINISTER OR DISPENSE NARCOTIC DRUGS IN A HOSPITAL TO MAINTAIN OR DETOXYIFY A PERSON AS AN INCIDENTAL ADJUNCT TO MEDICAL OR SURGICAL TREATMENT OF CONDITIONS OTHER THAN ADDICTION, OR TO ADMINISTER OR DISPENSE NARCOTIC DRUGS TO PERSONS WITH INTRACTABLE PAIN IN WHICH NO RELIEF OR CURE IS POSSIBLE OR NONE HAS BEEN FOUND AFTER REASONABLE EFFORTS.

### ~~21.300.21~~ 13.3.1 LICENSING PROCEDURES

A. Treatment facilities meeting all the requirements of Colorado Revised Statutes ~~Title 12, Article 280, Part 1; Title 18, Article 18, Part 3; PART 1 OF ARTICLE 280 OF TITLE 12; PART 3 OF ARTICLE 18 OF TITLE 18; Section 27 81-106, C.R.S.~~; the requirements of the controlled substance license rules; and, all applicable state and federal regulations including those that apply to controlled substances shall be issued a controlled substance license.





~~A.B.~~ A controlled substance license issued by the ~~Department~~BHA shall be obtained annually for each approved treatment facility that dispenses, compounds, or administers a controlled substance to treat substance use disorders or the withdrawal symptoms of a substance use disorder.

~~B.C.~~ A separate controlled substance license is required for each approved treatment facility site where controlled substances are dispensed, compounded, or administered, in order to treat substance use disorders or the withdrawal symptoms of a substance use disorder.

~~C.D.~~ Any approved treatment facility that receives a controlled substance license may dispense, compound, or administer controlled substances only to the extent authorized by their license and in conformity with Colorado Revised Statutes ~~Title 12, Article 280, Part 1 and Title 18, Article 18~~ PART 1 OF ARTICLE 280 OF TITLE 12, AND ARTICLE 18 OF TITLE 18.

~~D.E.~~ Routine Monitoring: Controlled substance licensing visits shall be scheduled and conducted by the ~~Department~~BHA during the approved agencies' normal business hours to the extent possible.

~~E.F.~~ The ~~Department~~BHA shall conduct unscheduled site visits for specific monitoring purposes and investigation of complaints or critical incidents involving approved agencies that have a controlled substance license. These unscheduled visits shall be in accordance with the:

1. ~~Controlled s~~Substance ~~l~~License ~~r~~Rules;
2. ~~Department~~BHA policies and procedures;
3. ~~Department~~BHA ~~substance use disorder~~Rules;
4. Any statutes and regulations that protect the confidentiality of individual identifying information.

~~F.G.~~ The ~~Department~~BHA shall have access to all individual, agency, and ~~staff~~PERSONNEL records and any other relevant documentation required to determine compliance with these rules and to coordinate individual placement and care.

~~G.H.~~ A controlled substance license shall not be granted to an agency unless there is documentation that the medical director or ~~health care practitioner~~-QUALIFIED PRACTITIONER dispensing, compounding or administering controlled substances has not been convicted within the last two (2) years of a willful violation of ~~Title 12, Article 280, Part 1~~-PART 1 OF ARTICLE 180 OF TITLE 12 of the Colorado Revised Statutes or any other state or federal law regulating controlled substances.

### ~~21.300.22~~ 13.3.2 INITIAL LICENSE

A. Applicants for an initial controlled substance license to dispense, compound, or administer controlled substances to treat a substance use disorder or to ~~treat~~-MANAGE the withdrawal symptoms of a substance use disorder shall submit a controlled substance license application that has been affirmed and signed by a ~~physician~~-QUALIFIED PRACTITIONER, a copy of current policies and procedures addressing the use of controlled substances to treat substance use disorders or withdrawal symptoms of a substance use disorder, and the application fee of five hundred dollars (\$500).

~~A.B.~~ No approved treatment facility that is required to be licensed shall engage in any activity for which a controlled substance license is required until the facility's application is granted and a license is issued to the facility by the ~~Department~~BHA.

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~~B.C.~~ Initial controlled substance license applications received by the ~~Department~~BHA that are not completed according to instructions, do not include the application fee, or do not include the required policies and procedures shall be returned to the applicant by certified mail with the submitted application fee and a written explanation as to why their application is being returned.

~~G.D.~~ The ~~Department~~BHA shall review complete initial applications that have the required fee and appropriate policies and procedures and the ~~Department~~BHA shall conduct an on-site inspection to determine that the applicant is in compliance with these controlled substance license rules, treatment rules, and all state and federal statutes and regulations. If the Governor or local government declares an emergency or disaster the ~~Department~~BHA has discretion to modify the requirement for on-site inspections. If the ~~Department~~BHA modifies the requirement for on-site inspections, the requirement shall only be modified as necessary because of circumstances related to the disaster or emergency.

~~D.E.~~ Initial applicants that have submitted satisfactory policies and procedures and other required documentation shall be granted a ~~six (6) month~~ ONE HUNDRED AND EIGHTY (180) DAY-provisional license.

~~E.F.~~ The ~~Department~~BHA may conduct a site visit to determine that the provisionally licensed agency is in compliance with these controlled substance license rules, treatment rules, and all state and federal statutes and regulations. If after the first provisional license an agency has not demonstrated full compliance, a second ~~six (6) month~~ ONE HUNDRED AND EIGHTY (180) DAY provisional license may be granted if substantial progress continues to be made, and it is likely compliance can be achieved by the date of expiration of the second provisional license. If at the end of the first provisional license an agency demonstrates compliance, a full controlled substance license shall be issued. THE BHA WILL NOT ISSUE A THIRD OR SUBSEQUENT PROVISIONAL LICENSE TO THE APPLICANT.

~~F.G.~~ The ~~Department~~BHA shall conduct a site visit to determine compliance with all applicable state and federal laws and regulations at the end of the second provisional license period. If at the end of the second provisional license an agency demonstrates compliance, a full controlled substance license shall be issued.

~~G.H.~~ An applicant for licensure pursuant to these rules and regulations shall also be considered an applicant for registration pursuant to section 18-18-302, C.R.S.

~~H.I.~~ Initial applicants that are found not to be in full compliance shall have their license applications returned by certified mail with a written explanation as to why their application is being returned and notification that their controlled substance license application has been denied as of ten (10) days from the date the denial letter was mailed. Application fees shall not be refunded. If an applicant disagrees with the decision, they may appeal (~~see Section 21.105-PART 2.24.5 OF THESE RULES~~); or upon remedying the noted deficiencies, may re-apply for an initial license in accordance with ~~Section 21.300-CHAPTER 13~~ of these rules.

### ~~21.300.23~~ 13.3.3 LICENSE RENEWAL

A. A controlled substance license shall expire one year from the date the license is granted. A TERM SHORTER THAN ONE YEAR MAY BE ISSUED IF AGREED UPON BETWEEN THE AGENCY AND THE BHA.

1. IF A TERM SHORTER THAN ONE YEAR IS ISSUED, FEES MAY BE PRORATED TO REFLECT THE TIME PERIOD OF THE LICENSE TERM.



A.B. Agencies wishing to continue their controlled substance license shall submit a license renewal application to the ~~Department~~ BHA thirty (30) days prior to the expiration date of their current controlled substance license along with the required fee of five hundred dollars (\$500). A copy of the ~~licensee's~~ AGENCY'S DEA narcotic treatment program registration and SAMHSA accreditation or certification as applicable shall also be submitted with each annual renewal application for this program type.

B.C. Any treatment facility that currently has a controlled substance license issued by the ~~Department~~ BHA may not apply for renewal more than sixty (60) days before the expiration date of the current controlled substance license.

C.D. A controlled substance license renewal application that is received by the ~~Department~~BHA fewer than thirty (30) calendar days prior to the expiration of their existing license may fail to receive their new license prior to the expiration of their existing license. An agency that submits its renewal application fewer than thirty (30) days prior to the expiration of the current license and does not receive a new license prior to the current license expiration may reapply for an initial license in accordance with ~~section 21.300~~ CHAPTER 13 of these rules.

D.E. A controlled substance license renewal application that is received by the ~~Department~~BHA after the current license expiration date shall be returned by certified mail with written notification that the license is no longer in effect. Applicants may reapply for an initial license in accordance with ~~section 21.300~~ CHAPTER 13 of these rules.

E.F. If the Governor or local government declares an emergency or disaster the ~~Department~~BHA has discretion to modify the requirement for on-site inspections. If the ~~Department~~BHA modifies the requirement for on-site inspections, the requirement shall only be modified as necessary because of circumstances related to the disaster or emergency.

~~F.G. A licensee~~ AN AGENCY that is in full compliance shall be granted renewal of their annual controlled substance license that shall be effective for one (1) year from the prior license's expiration date.

### ~~21.300.24~~ 13.3.4 Probationary License

A. At the ~~Department~~BHA's discretion, a probationary license may be issued to an agency out of compliance with applicable ~~Department~~BHA, state or federal regulations prior to issuance of a renewal license or during a current license term. ~~‡~~The agency will be notified in writing of non-compliance areas and the need for a plan of action (see ~~Section 21.120.6~~ PART 2.23.i.2 OF THESE RULES).

B. A probationary license will replace the current license for a period not to exceed ninety(90) calendar days.

C. Administrative and treatment activities may be limited by a probationary license while the agency addresses corrective actions.

D. A second probationary license may be issued for a period not to exceed ninety (90) calendar days if substantial progress continues to be made and it is likely that compliance can be achieved by the date of expiration of the second probationary license.

E. If the ~~licensee~~ AGENCY fails to comply with or complete a plan of action in the time or manner specified, or is unwilling to consent to the probationary license, the ~~Department~~BHA shall revoke the license and the agency shall be notified by certified mail that the agency's license is revoked as of ten



(10) days from the date the letter was mailed. If an agency disagrees with the decision, the agency may appeal (see ~~Section 21.405~~ PART 2.24.5 OF THESE RULES).

F. Upon remedying the noted deficiencies, an agency may re-apply for an initial license in accordance with ~~Section 21.300.22~~ PART 13.5 of these rules.

### ~~21.300.25~~ 13.3.5 LICENSE DENIAL, REVOCATION, OR SUSPENSION

A. A controlled substance license may be denied, suspended, or revoked in accordance with ~~Section 21.420.8~~ PART 2.24 OF THESE RULES and upon finding that the licensee AGENCY:

1. Is not in compliance with the controlled substance license rules;
2. Has violated any provision of ~~Title 12, Article 280, Part 1, and Title 18, Article 18~~ PART 1 OF ARTICLE 280 OF TITLE 12, AND ARTICLE 18 OF TITLE 18 of the Colorado Revised Statutes;
3. Has failed to implement the ~~Department~~ BHA imposed corrective actions;
4. Has been negligent resulting in risk to individual and/or ~~staff~~ PERSONNEL health or safety;
5. Has failed to provide for adequate supervision of treatment ~~staff~~ PERSONNEL as outlined in ~~addiction counselor certification and licensure standards (Section 21.330)~~ PART 2.5.1 OF THESE RULES AND DEFINED BY THE SUPERVISOR'S PROFESSIONAL PRACTICE BOARD.
6. Has furnished false or fraudulent information in an application;
7. Has, as a practitioner, been convicted of, or has had accepted by a court a plea of guilty or *nolo contendere* to a felony under any state or federal law relating to a controlled substance;
8. Has had their federal registration to manufacture, conduct research on, distribute, or dispense a controlled substance suspended or revoked.

B. The ~~Department~~ BHA may limit revocation or suspension of a controlled substance license to the particular controlled substance, which was the basis for revocation or suspension.

C. If the ~~Department~~ BHA denies, suspends or revokes a controlled substance license, all controlled substances owned or possessed by the licensee AGENCY at the time of the denial or suspension or on the effective date of the revocation order ~~may~~ MUST be placed under seal. No disposition may be made of substances under seal until the time for making an appeal has elapsed or until all appeals have concluded unless a court orders otherwise or orders the sale of any perishable controlled substances and the deposit of the proceeds with the court, OR IF BHA ORDERS OTHERWISE. Upon a revocation order's becoming final, all controlled substances may be forfeited to the state.

D. The ~~Department~~ BHA shall promptly notify the Drug Enforcement Administration and the appropriate professional licensing agencies, if any, of all charges and the final disposition thereof and of all forfeitures of a controlled substance.

### ~~21.300.3~~ MEDICATION ASSISTED TREATMENT PROVISIONS 13.4 TREATMENT PROVISIONS UNDER A CONTROLLED SUBSTANCE LICENSE

#### ~~A13.4.1~~ AGENCY POLICIES AND PROCEDURES

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A. ~~Agency Policies and Procedures~~

Agencies shall develop and implement policies and procedures, as defined in this ~~section~~ PART 13.4.1, that address the use of controlled substances in the treatment of substance use disorders or the withdrawal symptoms of a substance use disorder. These policies shall include, but are not limited to, how individuals are assessed to be appropriate to receive a controlled substance to treat their ~~SUD~~ SUBSTANCE USE DISORDER or the withdrawal symptoms of a substance use disorder. These policies shall meet the requirements of all federal, state, and local laws pertaining to controlled substances.

B. Medication assisted treatment using a controlled substance shall be provided to individuals who are physically dependent on alcohol, ~~illicit drugs,, prescription medications, or a combination of these substances to alleviate the individual's physical withdrawal symptoms and cravings, to help stabilize behavior, to increase productivity, and to reduce the risk of contracting and transmitting infectious diseases.~~ AND OTHER DRUG TYPES INCLUDING OPIOIDS, ILLICIT OR PRESCRIPTION MEDICATIONS, OR A COMBINATION OF THESE SUBSTANCES TO MANAGE SYMPTOMS OF PHYSICAL AND PSYCHOLOGICAL WITHDRAWAL AND CRAVINGS, AND TO REDUCE RISK ASSOCIATED WITH DRUG USE INCLUDING OVERDOSE, DEATH, AND THE SPREAD OF INFECTIOUS DISEASES.

C. Approved agencies ~~shall~~ MUST only dispense, compound, or administer, controlled substances by or on the order of a ~~physician~~ A QUALIFIED PRACTITIONER who currently possesses and maintains a license to practice medicine in the State of Colorado as provided by Article 240, OF Title 12, C.R.S. The ~~physician's medical order shall~~ QUALIFIED PRACTITIONER'S medical order ~~shall~~ MUST be documented in the individual's treatment record.

D. Approved agencies that dispense, compound, or administer, controlled substances must also have a current registration from the Drug Enforcement Administration FOR THE STATE IN WHICH THEY ARE LICENSED.

E. All controlled substances ~~shall~~ MUST be dispensed, compounded, or administered, according to applicable state and federal statutes, regulations and rules, controlled substance license rules, and ~~Department~~ BHA rules.

F. Controlled substances ~~shall~~ MUST be dispensed, compounded, or administered, in accordance with the manufacturer's specifications found on product labels and/or in printed instructions accompanying the product.

G. ~~Licenses~~ AGENCIES shall maintain an individual dispensing record on each individual that receives controlled substances at their facility. The dispensing record shall include:

1. Complete name of individual receiving the controlled substance;
2. Name of the controlled substance, strength, and dosage form;
3. Amount consumed;
4. Amount dispensed;
5. Date dispensed;
6. Amount and dosage form taken home by individual (if applicable); AND,



7. First initial and last name and the credentials of the individual who dispensed the controlled substance medication.

H. ~~Licenses~~ AGENCIES shall ensure that all personnel are working within their scope of practice and shall only allow licensed medical personnel to dispense, compound, or administer, controlled substances.

I. Each approved treatment facility shall provide formal training and testing on an annual basis to all ~~employees on the Department's rules, the pharmacology of the substances dispensed and state and federal requirements regarding controlled substances and confidentiality~~ PERSONNEL FOR THE FOLLOWING:

1. STATE AND FEDERAL REQUIREMENTS REGARDING CONTROLLED SUBSTANCES AND CONFIDENTIALITY, INCLUDING BHA RULES;

2. PHARMACOLOGY OF CONTROLLED SUBSTANCES DISPENSED, INCLUDING BUT NOT LIMITED TO LOSS OF TOLERANCE, DANGEROUS DRUG OR ALCOHOL INTERACTIONS, SIGNS AND SYMPTOMS OF OVERDOSE, PURPOSE OF ITS USE.

#### ~~21.300.3~~ 13.4.2 CRITICAL INCIDENT REPORTING

A. **IN ADDITION TO THE PROVISIONS OF** SECTION 21.140-PART 2.16 OF THESE RULES, THEFT, LOSS, MISUSE, DIVERSION, OR ILLICIT DISTRIBUTION OF AGENCY-DISPENSED OR PRESCRIBED CONTROLLED SUBSTANCE MEDICATION SHALL ALSO BE CONSIDERED A CRITICAL INCIDENT AND THE BHA CRITICAL INCIDENT REPORTING POLICY SHALL BE FOLLOWED. CRITICAL INCIDENTS MUST BE REPORTED TO THE BHA WITHIN ONE (1) BUSINESS DAY OF WHEN THE AGENCY DETERMINES THAT A REPORTABLE INCIDENT HAS OCCURRED OR UPON BHA REQUEST.

#### ~~21.300.4~~ 13.4.3 MEDICAL EVALUATIONS

A. Individuals who wish to receive medication assisted treatment shall have medical evaluations conducted by a ~~physician, physician's assistant, or nurse practitioner~~ QUALIFIED PRACTITIONER to determine physical dependence and to determine that such individuals are appropriate for treatment with a controlled substance. Evaluations shall include, but are not limited to:

~~A.1.~~ A medical history that includes a detailed and comprehensive account of substance use history ~~that WHICH~~ includes all substances of ~~abuse~~ MISUSE;

~~B.2.~~ Evidence of current ~~physiological dependence~~; PHYSICAL DEPENDENCE (FOR OTPS, SEE PART 13.8.1.C.2); AND,

~~C.3.~~ A pregnancy screen for females AND PREGNANCY-CAPABLE INDIVIDUALS of childbearing age.

#### ~~21.300.5~~ 13.4.4 INFORMED CONSENT TO RECEIVE A CONTROLLED SUBSTANCE

A. All individuals receiving medication-assisted treatment A DISPENSED CONTROLLED SUBSTANCE shall sign informed consent ~~that~~ INDICATING they are voluntarily agreeing to treatment





with a controlled substance. The individual shall be informed of what controlled substance they are receiving and the expected benefits and risks of medication-assisted treatment ASSOCIATED WITH THAT CONTROLLED SUBSTANCE OVER THE COURSE OF TREATMENT. All individuals receiving controlled substances must also be informed of the risks of using other substances in combination with a controlled substance. SHOULD AN INDIVIDUAL CHANGE CONTROLLED SUBSTANCE MEDICATIONS OVER THE COURSE OF TREATMENT, THE INDIVIDUAL MUST SIGN A NEW INFORMED CONSENT SPECIFIC TO EACH CONTROLLED SUBSTANCE THEY ARE RECEIVING UNDER THE CARE OF THE CONTROLLED SUBSTANCE LICENSE.

#### **~~21.300.6~~ 13.4.5 SECURITY CONTROLS AND OPERATING PROCEDURES**

A. All ~~licensees~~ AGENCIES must follow the standards of physical security controls and operating procedures required by the ~~f~~Federal Drug Enforcement Administration necessary to prevent diversion as outlined in Title 21, Food and Drugs, Chapter II, Code of Federal Regulations, Sections 1301.71 through 1301.77 (~~November 2020~~ SEPTEMBER 2022), which are hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control, 2401 Jefferson Davis Highway, Alexandria, VA 22301; or, the ~~Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236~~ BEHAVIORAL HEALTH ADMINISTRATION, 710 S. ASH STREET, UNIT C140, DENVER, CO 80246; or at any state publications depository library, during regular business hours..

#### **~~21.300.7~~ 13.4.6 RECORD KEEPING**

A. ~~Licensees shall~~ AGENCIES MUST follow the record keeping requirements of the federal Drug Enforcement Administration, Code of Federal Regulations (Title 21, Food and Drugs, Part 1304) to ensure compliance with the requirements in ~~Title 12, Article 280, Part 1, C.R.S. (November 2020), PART 1 OF ARTICLE 280 OF TITLE 12, C.R.S. (SEPTEMBER 2021)~~, which are hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Justice, Drug Enforcement Administration, Office of Diversion Control, 2401 Jefferson Davis Highway, Alexandria, VA 22301; or the ~~Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236~~; BEHAVIORAL HEALTH ADMINISTRATION, 710 S ASH ST C140, DENVER, CO 80246; or at any state publications depository library, during regular business hours.

B. ~~Licensees shall~~ AGENCIES MUST also keep inventories, records, and reports that are required by any other state or federal law or standard regulating controlled substances.

#### **~~21.300.8~~ 13.4.7 HANDLING AND STORAGE**

A. All ~~licensees~~ AGENCIES shall have adequate and proper facilities for the handling and storage of controlled substances. All ~~licensees~~ AGENCIES must maintain proper control over such controlled substances to ensure against their being illegally dispensed or distributed. Access to the storage area shall be restricted to ~~individuals~~ PERSONNEL specifically authorized to handle controlled substances. This includes restricting the number and accessibility of keys or passwords.

B. ~~licensees~~ AGENCIES shall also develop and implement policies on how controlled substances will be obtained, stored, and accounted for. These policies shall include, but are not limited to:



- A. 1. What controlled substance the ~~licensee~~ AGENCY will be using for the substance use disorder they are treating and how these controlled substances will be dispensed, compounded, or administered, as well as who will be responsible for ordering the controlled substances;
- B. 2. Where the controlled substances will be stored;
- C. 3. How the controlled substances will be accounted for; and,
- D. 4. Who will have access to the controlled substances.

#### **~~21.300.9~~ 13.4.8 TOXICOLOGY SCREENING REQUIREMENTS**

- A. ~~Licensed~~ AGENCIES shall develop and implement toxicology screen policies and procedures that specify a random sample collection protocol and these policies ~~shall include, but not be limited to:~~ MUST INCLUDE, BUT ARE NOT LIMITED TO:
  - A.1. How appropriate and approved samples for drug testing shall be collected and analyzed in accordance with applicable state and federal statutes and regulations.
  - B. 2. How toxicology screens shall be used to detect the presence of the approved controlled substance, that is being dispensed, and its metabolite, for which laboratory analyses are available.
  - C. 3. How all individuals entering medication assisted treatment shall provide a toxicology screen at time of admission and then as clinically indicated throughout the treatment episode.
  - D. 4. How a ~~licensee~~ AN AGENCY shall address an individual having illicit substances in a toxicology screen, including unauthorized prescription medication.
- 5. HOW THE AGENCY INCORPORATES HARM REDUCTION, TRAUMA-INFORMED PRACTICES, AND RESPECT FOR THE GENDER IDENTITY OF THE INDIVIDUALS BEING SCREENED.

#### **~~21.320~~ 13.5 OPIOID TREATMENT PROGRAMS (OTP)**

- A. THESE PARTS 13.5 THROUGH 13.8 ARE APPLICABLE TO AGENCIES LICENSED AS AN OPIOID TREATMENT PROGRAM (OTP).

#### **~~21.320.1~~ 13.5.1 DEFINITIONS**

"21 C.F.R. Part 1300, 1301, AND 1304" means the federal regulations issued by the Drug Enforcement Administration of the U.S. Department of Justice found at 21 C.F.R. Part 1301, 1302, and 1304 (Oct. 2021), which are hereby incorporated by reference. No later editions or amendments are incorporated. These regulations are available at no cost from the U.S. Department of Justice, Drug Enforcement Administration, Liaison and Policy Section, 8701 Morrisette Drive, Springfield, VA 22152 or at <https://www.ecfr.gov/>. These regulations are also available for public inspection and copying at the Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236 BEHAVIORAL HEALTH ADMINISTRATION, 710 S Ash St C140, Denver, CO 802463824 WEST PRINCETON CIRCLE, DENVER, COLORADO 80236, during regular business hours.





~~"Administrative Discharge" means a process where it has been determined that a person in OTP needs to be discharged immediately for reasons including but not limited to non-payment of fees, disruptive conduct or behavior, violent conduct or threatening behaviors, or incarceration or other confinement that does not permit continuation of an individual's medication-assisted treatment. The timeframe for this typically involves a taper at a rate set forth by the program.~~ MEANS A PROCESS WHEREBY AN OTP HAS DETERMINED IMMEDIATE TREATMENT DISCHARGE IS THE MOST APPROPRIATE PATHWAY FOR AN INDIVIDUAL FOR CAUSES SUCH AS SAFETY CONCERNS FOR THE INDIVIDUAL OR OTHERS, INCARCERATION OR OTHER CONFINEMENT WHICH DOES NOT PERMIT THE INDIVIDUAL'S TREATMENT CONTINUATION, OR FOR NON-PAYMENT OF FEES. THE TIMEFRAME FOR THIS TYPICALLY INVOLVES A TREATMENT TRANSFER AND/OR TAPER AT A RATE SET FORTH BY THE PROGRAM.

~~"Administrative Transfer" means a process whereby a person in OTP is determined unsafe or has violated a behavioral agreement and a program is looking to transfer to another clinic of the person's choice. This person is to be transferred at a time frame that is determined by agreement with the other programs.~~ MEANS A PROCESS WHEREBY AN OTP HAS DETERMINED TREATMENT CONTINUATION FOR AN INDIVIDUAL IS UNSAFE FOR THE INDIVIDUAL RECEIVING TREATMENT OR OTHERS AND A PROGRAM DECIDES TO TRANSFER CARE TO ANOTHER CLINIC OF THE INDIVIDUAL'S CHOICE. TO AVOID UNNECESSARY MEDICATION TAPER, THIS INDIVIDUAL IS TO BE TRANSFERRED AT A TIME FRAME THAT IS DETERMINED BY AGREEMENT WITH THE RECEIVING OTP. ~~"Authorized OTP practitioner" means a physician or advanced practice registered nurse, nurse practitioner, physician assistant, or pharmacist clinician with approval from SAMHSA and the state to operate within their scope of practice within an OTP.~~

"COMPREHENSIVE METABOLIC PANEL" MEANS A BLOOD TEST THAT MEASURES PROTEINS, ENZYMES, ELECTROLYTES, MINERALS AND OTHER SUBSTANCES IN THE BODY. A QUALIFIED PRACTITIONER CAN USE THE RESULTS TO DIAGNOSE, SCREEN FOR OR MONITOR HEALTH CONDITIONS OR SIDE EFFECTS OF MEDICATIONS, AND MAKE APPROPRIATE MEDICAL REFERRALS.

"Dilute urinalysis" for the purposes of these rules means a creatinine level less than twenty (20) milligrams.

"DIVERSION CONTROL PLAN" OR "DCP" MEANS A WRITTEN DOCUMENT THAT CONTAINS SPECIFIC MEASURES TO REDUCE THEFT, LOSS, MISUSE, OR ILLICIT DISTRIBUTION OF AGENCY-DISPENSED OR PRESCRIBED CONTROLLED SUBSTANCE MEDICATION.

~~"Guest Dosing" means a process where a person~~ AN INDIVIDUAL in an OTP may be able to dose at another clinic; either in the state, or out of state to maintain the continuity of care for their OTP.

"HISTORY OF PRESENT ILLNESS" MEANS A CHRONOLOGICAL DESCRIPTION OF THE DEVELOPMENT OF THE INDIVIDUAL'S PRESENT ILLNESS FROM THE FIRST SIGN AND/OR SYMPTOM OR FROM THE PREVIOUS ENCOUNTER TO THE PRESENT. IT SHALL INCLUDE THE FOLLOWING ELEMENTS: LOCATION, QUALITY, SEVERITY, DURATION, TIMING, CONTEXT, MODIFYING FACTORS, AND ASSOCIATED SIGNS AND SYMPTOMS AS APPLICABLE.

"Lock In" means a process where a program along with the State authority determine that ~~a person~~ is best served clinically at one program. This determines where the ~~person~~ INDIVIDUAL is to go for their OTP.



"Lock Out" means a process where a program along with the State authority determine that it is in a ~~person's~~ AN INDIVIDUAL'S best interest to be locked out of a program due to concerns of this ~~person~~ INDIVIDUAL not being safe to themselves or others in a program and/or could be a threat to that program due to diversion or other items.

"MEDICAL DIRECTOR" MEANS A PHYSICIAN, LICENSED TO PRACTICE MEDICINE IN THE JURISDICTION IN WHICH THE OTP IS LOCATED AND SHALL ASSUME RESPONSIBILITY FOR ALL MEDICAL AND BEHAVIORAL HEALTH SERVICES PERFORMED BY THE OTP, INCLUDING THEIR ADMINISTRATION, IN ACCORDANCE WITH 42 CFR § 8.2.

"MEDICATION UNIT" MEANS AN ENTITY THAT IS ESTABLISHED AS PART OF, BUT GEOGRAPHICALLY SEPARATE FROM, AN OTP FROM WHICH QUALIFIED PRACTITIONERS, CONTRACTORS WORKING ON BEHALF OF THE OTP, OR COMMUNITY PHARMACISTS MAY DISPENSE OR ADMINISTER MOUD, COLLECT SAMPLES FOR DRUG TESTING OR ANALYSIS, OR PROVIDE OTHER OTP SERVICES. MEDICATION UNITS CAN PROVIDE THE SAME SERVICES AS AN OTP, AS USED IN 42 C.F.R. PART 8.

"MOBILE OPIOID TREATMENT UNIT" FOR THE PURPOSE OF THIS CHAPTER 13 HAS THE SAME MEANING AS "MOBILE NARCOTIC TREATMENT PROGRAM" AS USED IN 21 C.F.R. PART 1300.01: AN OTP OPERATING FROM A MOTOR VEHICLE THAT SERVES AS A MOBILE COMPONENT (CONVEYANCE) AND IS OPERATING UNDER THE REGISTRATION OF THE OTP AND ENGAGES IN MAINTENANCE AND/OR DETOXIFICATION TREATMENT WITH NARCOTIC DRUGS IN SCHEDULES II-V, AT A LOCATION OR LOCATIONS REMOTE FROM, BUT WITHIN THE SAME STATE AS, ITS REGISTERED LOCATION. OPERATING A MOBILE OTP IS A COINCIDENT ACTIVITY OF AN EXISTING OTP, AS LISTED IN § 1301.13(E).

"MOTOR VEHICLE" MEANS A VEHICLE PROPELLED UNDER ITS OWN MOTIVE POWER AND LAWFULLY USED ON PUBLIC STREETS, ROADS, OR HIGHWAYS WITH MORE THAN THREE WHEELS IN CONTACT WITH THE GROUND. THIS TERM DOES NOT INCLUDE A TRAILER, AS USED IN 21 C.F.R. PART 1300.01.

"OTP" means opioid treatment program.

~~"Special Exception Requests" are requests that must be sent to the state authority for final approval. These requests are for take home bottles above and beyond what is allowed for the person who is on Methadone at the time of the request."~~

~~"Take Home Bottle" is a prescription of individually labeled bottle or bottles of Methadone that is determined to be allowed for each particular phase of treatment. Each bottle or bottles is labeled with proper required DEA information."~~

"REVIEW OF SYSTEMS" MEANS AN INVENTORY OF BODY SYSTEMS OBTAINED THROUGH A SERIES OF QUESTIONS TO IDENTIFY SIGNS AND/OR SYMPTOMS THE INDIVIDUAL MAY BE EXPERIENCING OR HAS EXPERIENCED.

~~"Special Exception Requests" are requests that must be sent to the state authority for final approval. These requests are for take home bottles above and beyond what is allowed for the person who is on Methadone at the time of the request. FOR TAKE-HOME DOSES BEYOND WHAT IS ALLOWED FOR~~



AN INDIVIDUAL WHO IS PRESCRIBED A CONTROLLED SUBSTANCE AT THE TIME OF THE REQUEST. REQUESTS MUST BE SENT TO THE STATE AUTHORITY FOR FINAL APPROVAL.

~~"Take-Home Bottle" is a prescription of individually labeled bottle or bottles of Methadone that is determined to be allowed for each particular phase of treatment. Each bottle or bottles is labeled with proper required DEA information.~~

"SPLIT DOSING" MEANS, IN ACCORDANCE WITH SAMHSA, THE DISPENSING OF A SINGLE DOSE OF MOUD AS SEPARATE PORTIONS TO BE TAKEN WITHIN A 24-HOUR PERIOD. SPLIT DOSING IS INDICATED AMONG, BUT NOT LIMITED TO, THOSE INDIVIDUALS WHO: POSSESS A GENETIC VARIANT WHICH INCREASES METHADONE METABOLISM; CONCURRENTLY TAKE OTHER MEDICATIONS OR DRINK ALCOHOL THAT ALSO INDUCE HEPATIC ENZYMES LEADING TO MORE RAPID METABOLISM OF METHADONE; WHO ARE PREGNANT; OR FOR WHOM METHADONE OR BUPRENORPHINE ARE BEING USED TO TREAT A CONCURRENT PAIN INDICATION IN ADDITION TO THE DIAGNOSIS OF OUD. THIS LEADS TO MORE STABLE, STEADY-STATE MEDICATION LEVELS.

~~"Take-Home bottle DOSE" is a prescription of individually labeled bottle or bottles OR CONTAINERS of Methadone AND OTHER CONTROLLED SUBSTANCES, DOSE AND QUANTITY DETERMINED BY PRESCRIBING QUALIFIED PRACTITIONER, AND DISPENSED TO THE INDIVIDUAL that is determined to be allowed for each particular phase of treatment. Each bottle or bottles CONTAINER is labeled with proper required dea information."~~

"TAKE-HOME DOSE CALLBACK" MEANS A MEASURE OF DISPENSED CONTROLLED SUBSTANCE DIVERSION CONTROL WHEREIN THE OTP CONTACTS AND REQUESTS THE INDIVIDUAL TO REPORT BACK TO THE OTP WITHIN A REASONABLE PERIOD (E.G., 24 TO 36 HOURS) WITH ALL TAKE-HOME DOSES DISPENSED BY THE OTP. THIS PRACTICE MAY BE A RESULT OF RANDOMIZED INDIVIDUAL SELECTION OR FOR-CAUSE (WHEN CONCERNS OF DIVERSION ARE PRESENT) IN NATURE. THE NUMBER OF TAKE-HOME DOSES REMAINING MUST CORRESPOND TO THE NUMBER EXPECTED BASED ON PRESCRIBED INGESTION.

"Taper" refers to when an individual is being reduced on ~~his/her~~ THEIR dose for any reason either of their own accord or due to concerns that the medical director raises. Tapers are started with a medical order and monitored by the medical ~~staff~~ PERSONNEL.

"Torsades de Pointes" or simply Torsades, is a French term that literally means "twisting of the spikes." It refers to a specific, rare variety of ventricular tachycardia that exhibits distinct characteristics on the electrocardiogram (ECG).

"Transfer" is when an individual transfers from one program to another without a break in treatment.

## **~~21.320.2~~ 13.6 OPIOID TREATMENT PROGRAM GENERAL PROVISIONS**

~~Opioid Treatment Programs (OTP) shall provide treatment to individuals meeting criteria for opioid use disorder according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013), which is hereby incorporated by reference. No later editions or amendments are incorporated. You may obtain a copy of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) from the American Psychiatric Association, 1000 Wilson Boulevard, Arlington, VA 22209-3901. You may inspect a copy of~~

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~~the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) at the Colorado Department of Human Services, Office of Behavioral Health, 3824 W. Princeton Circle, Denver, CO 80236, during regular business hours.~~

A. OPIOID TREATMENT PROGRAMS (OTP) MUST PROVIDE TREATMENT TO INDIVIDUALS MEETING CRITERIA FOR OPIOID USE DISORDER ACCORDING TO THE AMERICAN PSYCHIATRIC ASSOCIATION'S DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION (DSM-5-TR) (2022)

B. Agencies applying to be licensed as an OTP ~~shall~~MUST have the following:

1. Controlled substance license;
2. Drug Enforcement Administration (DEA) registration;
3. Substance Use and Mental Health Services Administration (SAMHSA) certification; and,
4. Federal accreditation, when applicable.

C. ~~Agencies shall provide admission to pregnant individuals within forty-eight (48) hours of request for services or provide interim services until an admit date is available.~~ IN ADDITION TO OTP PROVISIONS BEGINNING WITH 13.16, OTPS SHALL ADHERE TO REQUIREMENTS LISTED WITHIN 13.1 THROUGH 13.15.

~~D. Agencies shall not detoxify pregnant individuals receiving methadone or other approved controlled substances without the approval of the Office of Behavioral Health.~~

#### 21.320.21 — MOBILE OPIOID TREATMENT UNITS

A. ~~As used in this rule, "mobile opioid treatment unit" has the same meaning as "mobile narcotic treatment program" as used in 21 C.F.R. Part 1300.01.~~

B. ~~OTPs utilizing mobile opioid treatment units shall follow all applicable state and federal regulations including, 21 C.F.R. Part 1300, 1301, and 1304.~~

C. ~~OTPs are not required to obtain a separate substance use disorder license or controlled substance license for mobile opioid treatment units.~~

D. ~~OTPs shall develop the following plans for mobile opioid treatment units:~~

1. ~~Staffing plan;~~
2. ~~Security plan;~~
3. ~~Contingency plans for mobile opioid treatment unit closure including but not limited to, adverse weather events, human-induced disasters, and unit breakdown; and,~~
4. ~~Vehicle maintenance plan.~~

E. ~~Mobile opioid treatment units shall comply with reporting requirements determined by the Department pursuant to Section 21.130.~~

#### 21.320.3 — ADMINISTRATIVE AND MEDICAL RESPONSIBILITY

##### 21.320.31 — OTP Sponsors

~~OTP sponsors are responsible for the following:~~

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A. Overall operation of the program including, but not limited to:

1. Compliance with all applicable state and federal laws, rules, and regulations;
2. Medical and counseling personnel are qualified to provide opioid replacement treatment;
3. Individuals are enrolled on their own volition;
4. Full disclosure is made to individuals about opioids and their use in treatment.
5. Written, informed consents for opioid replacement treatment are signed by individuals eighteen (18) years of age and older;
6. Written, informed consents for all aspects of opioid replacement treatment are signed by parents, legal guardians or other responsible adults designated by appropriate state authorities for individuals under age eighteen (18) years old; depart
7. Written (OTP) policies and procedures are developed, implemented and maintained that are based on and in compliance with Department rules;
8. All reasonable and clinically indicated efforts are made to coordinate treatment with other healthcare and behavioral health providers. Documentation includes obtaining individuals' consent to release information to communicate with those practitioners.
9. Methadone and other controlled substances are disposed of in accordance with the federal regulations.
10. Printed acknowledgements are signed by patients and kept in patient records stating that they have been informed of the United States Department of Transportation regulation against the use of OTP prescribed methadone by commercial drivers and the possible loss of commercial driver's license if taking methadone for an opioid use disorder is discovered.

B. Training

1. Training for new OTP staff is documented in personnel records including, but not limited to provisions of Section 21.160.1, A, 3, and:
  - a. Federal opioid treatment program regulations;
  - b. OTP treatment rules;
  - c. OTP policies and procedures;
  - d. Clinical practices including, but not limited to:
    - 1) Protocols around special exception requests;
    - 2) Phase level requests; and
    - 3) Any take-home protocol such as holiday dosing, weekend dosing, hold doses, hospitalization of individuals, incarceration, nursing home stays, and guest dosing.
  - e. Pharmacology of methadone including, but not limited to, loss of tolerance to opioids, dangerous drug or alcohol interactions, signs and symptoms of overdose, purpose of its use.
2. Annual training for OTP staff including, but not limited to:

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- ~~a. Most current pharmacology of medications used, and clinical practices applicable to OTP, including problems with interactions of medications.~~
- ~~b. Review of federal and state regulations and rules.~~
- ~~c. Review of current OTP policies and procedures.~~
- ~~d. Infectious disease risks and screening.~~

~~21.320.32 — OTP Medical Directors~~

- ~~A. An OTP shall have designated a medical director who shall authorize and oversee other physicians, other appropriately licensed and/or certified medical personnel and all medical services provided.~~
- ~~B. The medical director shall be available to the OTP for service provision or consultation.~~
- ~~C. The medical director and other medical healthcare providers shall currently possess and maintain licenses to practice medicine/nursing in compliance with the credentialing requirements of their own profession in Colorado as provided by Article 240, Title 12, C.R.S. OTP medical directors shall assure appropriate credentials and training for other OTP physicians and other qualified health care providers to dispense, compound or administer a controlled substance in an OTP.~~
- ~~D. The medical director shall complete an annual review of federal and state guidelines and rules to ensure that the OTP agency is in compliance with all state and federal rules and regulations regarding medical treatment for opioid use disorder.~~
- ~~E. The medical director shall sign an acknowledgment of review of all controlled substance licensing violations.~~
- ~~F. OTPs utilizing an authorized OTP practitioner shall have a plan that at minimum:~~
  - ~~1. Identifies all practitioners with prescriptive authority;~~
  - ~~2. Ensures authorized OTP practitioners with prescriptive authority have a SAMHSA approved mid-level exemption (MLE);~~
  - ~~3. Identifies the number of hours practitioners with prescriptive authority are onsite weekly;~~
  - ~~4. Establishes authorized OTP practitioner supervision requirements; and,~~
  - ~~5. Addresses consultation requirements for when medical directors are not onsite.~~
- ~~G. OTP medical directors, other OTP physicians and authorized OTP practitioners shall ensure the following:~~
  - ~~1. Medical evaluations are completed, including evidence of current physiological dependence and/or history of opioid use or exceptions to admission criteria that are documented prior to initial dosing;~~
  - ~~2. These medical evaluations are done at admission prior to initial dose.~~
  - ~~3. The physical examinations and all appropriate laboratory tests are performed and reviewed within fourteen (14) calendar days following treatment admission;~~
  - ~~4. All medical professionals shall educate individuals regarding risks and benefits of OTP and document that individuals are entering voluntarily.~~

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~~5. All medical orders are properly signed or countersigned including initial orders for approved controlled substances and other medications, subsequent dose increases or decreases, changes in take-home dose privileges, emergency situations and other special circumstances by the medical director.~~

~~H. Medical directors and other qualified health care professionals shall utilize the information obtained from the Colorado State Board of Pharmacy's electronic Prescription Drug Monitoring Program (PDMP), developed pursuant to 12-280-403, C.R.S., as clinically appropriate upon intake.~~

#### **21.320.4 — INDIVIDUAL PLACEMENTS**

##### **13.6.1 SERVICES FOR PREGNANT AND POSTPARTUM INDIVIDUALS**

A. WHEN PROSPECTIVE OR CURRENTLY ENROLLED INDIVIDUALS ARE PREGNANT OR POSTPARTUM, THE FOLLOWING CONSIDERATIONS SHALL BE CARED FOR THROUGH POLICIES, PROCEDURES, AND CLINICAL DOCUMENTATION:

1. AGENCIES MUST PROVIDE ADMISSION TO PREGNANT INDIVIDUALS WITHIN FORTY-EIGHT (48) HOURS OF REQUEST FOR SERVICES OR PROVIDE INTERIM SERVICES UNTIL AN ADMIT DATE IS AVAILABLE;
2. CONFIRMATION OF PREGNANCY FOR PREGNANCY-CAPABLE INDIVIDUALS UPON OTP ENROLLMENT;
3. AGENCIES MUST NOT MEDICALLY WITHDRAW PREGNANT INDIVIDUALS RECEIVING METHADONE OR OTHER APPROVED CONTROLLED SUBSTANCES WITHOUT THE APPROVAL OF THE BEHAVIORAL HEALTH ADMINISTRATION;
4. PRENATAL CARE AND OTHER SEX-SPECIFIC SERVICES, INCLUDING REPRODUCTIVE HEALTH SERVICES, FOR PREGNANT AND POSTPARTUM INDIVIDUALS SHALL BE PROVIDED AND DOCUMENTED EITHER BY THE OTP OR BY REFERRAL TO APPROPRIATE HEALTHCARE PRACTITIONERS;
5. EVIDENCE-BASED TREATMENT PROTOCOLS FOR THE PREGNANT INDIVIDUAL, SUCH AS SPLIT DOSING REGIMENS, MAY BE INSTITUTED AFTER ASSESSMENT BY A QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP;

#### **21.320.41 — 13.6.2 ADMISSION CRITERIA and Procedures**

A. AGENCIES shall MUST FOLLOW ALL FEDERAL REQUIREMENTS IN ACCORDANCE WITH 42 CFR PART 8 (2019-2024), WHICH ARE HEREBY INCORPORATED BY REFERENCE. NO LATER EDITIONS OR AMENDMENTS ARE INCORPORATED. THESE REGULATIONS ARE AVAILABLE AT NO COST FROM THE U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES, SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION, OFFICE OF COMMUNICATIONS, 5600 FISHERS LANE, ROCKVILLE, MD 20857 OR AT [HTTPS://WWW.ECFR.GOV/](https://www.ecfr.gov/). THESE REGULATIONS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AND COPYING AT THE COLORADO DEPARTMENT OF HUMAN SERVICES, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, BEHAVIORAL HEALTH ADMINISTRATION, 710 ASH ST. SUITE C140, DENVER, CO 80236, DURING REGULAR BUSINESS HOURS.

B. Individuals shall be admitted to opioid medication-assisted treatment if OTP medical directors or authorized OTP practitioners determine, and subsequently document in individual records, that such



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~~individuals are currently physiologically dependent on opioid drugs or were physiologically dependent on opioid drugs, continuously or episodically for most of the year immediately preceding admission.~~

~~C. In the case of individuals for whom the exact date on which physiological dependence began cannot be ascertained, OTP medical directors or authorized OTP practitioners may, using reasonable clinical judgment, admit such individuals to opioid replacement treatment if from the evidence presented and recorded in individual records it is reasonable to conclude that such individuals were physiologically dependent on opioid drugs approximately one year prior to admission. CODE OF COLORADO REGULATIONS 2 CCR 502-1 Behavioral Health 454~~

~~D. OTP medical directors or authorized OTP practitioners may waive the one-year history of opioid use requirement, if clinically appropriate, for the following: 1. Persons released from penal institutions if admitted to treatment within six (6) consecutive months following release; 2. Pregnant individuals, if OTP physicians certify pregnancy; or 3. Persons formerly receiving treatment within two (2) consecutive years after discharge.~~

~~E. Persons under age eighteen (18) shall have at least two unsuccessful attempts at short-term detoxification or drug-free treatment documented within a twelve-month period.~~

**B. OTPS OFFERING SHORT-TERM OR LONG-TERM DETOXIFICATION TREATMENT SHALL FOLLOW ALL APPLICABLE STATE AND FEDERAL LAWS, RULES AND REGULATIONS REGARDING ADMISSION CRITERIA.**

~~G. OTPs shall not admit persons for more than two (2) detoxification treatment episodes per year.~~

**H.C. AT TIME OF ADMISSION, INDIVIDUALS SHALL BE ORIENTED TO OTP POLICIES AND PROCEDURES INCLUDING, BUT NOT LIMITED TO:**

1. **BENEFITS AND RISKS OF** ~~opioid replacement treatment~~ **MEDICATION FOR OPIOID USE DISORDER.**
2. **FEE STRUCTURE AND PAYMENT OPTIONS. THIS POLICY shall MUST INCLUDE WRITTEN ACKNOWLEDGEMENT OF UNDERSTANDING FROM THE INDIVIDUAL. THE INDIVIDUAL WILL BE PROVIDED WITH A COPY OF THIS DOCUMENT AND A COPY WILL BE PLACED IN THE CLINICAL RECORD.**
3. **CONDITIONS FOR DOSING, COUNSELING AND TOXICOLOGY SAMPLE COLLECTION. THE POLICY shall MUST INCLUDE PROVISIONS FOR HOLDING DOSES, EVALUATION OF THE "IMPAIRED" INDIVIDUAL, TREATMENT STIPULATIONS AND AGREEMENTS, "REFUSAL" OR "INABILITY" TO PROVIDE SPECIMENS FOR TOXICOLOGY TESTING AND UNACCEPTABLE/UNSAFE BEHAVIOR THAT LIMITS THE INDIVIDUAL'S ABILITY TO PARTICIPATE IN OTP.**
4. ~~Take home dose privilege phase system.~~ **TAKE HOME TREATMENT STRUCTURE ESTABLISHED BY THE OTP.**
5. **SPECIAL** ~~privilege~~ **EXCEPTION REQUESTS.**
6. **CONSEQUENCES FOR VIOLATING POLICIES; AND,**
7. **WRITTEN PROCEDURES AND SIGNED ACKNOWLEDGEMENTS AROUND THE FOLLOWING SHALL INCLUDE, BUT NOT BE LIMITED TO:**



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- a. BEHAVIORAL AGREEMENTS;
  - b. OFFICE TREATMENT LOCK-IN;
  - c. OFFICE TREATMENT LOCK-OUT;
  - d. REDUCTION IN TAKE-HOME DOSES;
  - e. ADMINISTRATIVE DISCHARGES;
  - f. ADMINISTRATIVE TRANSFERS;
  - g. GUEST DOSING;
  - h. OTP TRANSFER POLICY;
  - i. TAPER PROTOCOL FOR ANY AND ALL CIRCUMSTANCES INCLUDING INABILITY TO PAY;
  - j. HOSPITALIZATION WHILE IN OTP INSTRUCTIONS INCLUDING CLINIC AFTER HOURS INFORMATION;
  - k. EMERGENCY PROCEDURES IN CASE OF A NATURAL DISASTER, HUMAN-INDUCED DISASTER, OR EMERGENT CLOSING OF THE CLINIC;
  - l. USE OF PRESCRIPTION DRUG MONITORING PROGRAM IN TREATMENT;
  - m. USE OF OTHER PRESCRIPTION MEDICATIONS IN TREATMENT; AND,
  - n. PROVISIONS AROUND CONDITIONS FOR DOSING.
- D. OTPS SHALL PROVIDE ALTERNATIVES TO ADMISSION DENIAL DUE TO LACK OF GOVERNMENT-ISSUED PHOTO IDENTIFICATION. THIS IS INCLUDING BUT NOT LIMITED TO ACCEPTING VARIOUS FORMS OF SUITABLE IDENTIFICATION, COORDINATING WITH THE BHA TO ESTABLISH A UNIQUE TREATMENT IDENTIFIER WITHIN THE CENTRAL REGISTRY SYSTEM AND DIRECT REFERRAL TO ALTERNATIVE MOUD (MEDICATIONS FOR OPIOID USE DISORDER) TREATMENT OPTIONS.
- E. INDIVIDUALS RE-ADMITTED TO TREATMENT FOLLOWING TREATMENT ABSENCES OF SIX (6) MONTHS OR MORE MUST UNDERGO MEDICAL EVALUATIONS, PHYSICAL EXAMINATIONS, AND/OR LABORATORY TESTS AS DEEMED APPROPRIATE BY AN OTP MEDICAL DIRECTOR OR ~~authorized OTP-QUALIFIED PRACTITIONER.~~

#### **21.320.42 — Other Prescription Medications**

- ~~A. Individuals will bring in all personal prescription medications for review to the program.~~
- ~~B. The program shall assess and document the appropriateness of use of personal medications.~~
- ~~C. Programs will have a policy for the assessment of all prescription medication that an individual may bring in.~~
- ~~D. Programs will make regular use of the prescription drug monitoring program as evidenced by documentation. In addition, they will refer to their policy on the PDMP for clinical decisions~~



### **21.320.5-13.6.3 PRESCRIBING, DISPENSING, AND ADMINISTERING APPROVED CONTROLLED SUBSTANCES**

- A. **AN OTP MEDICAL DIRECTOR OR** ~~an authorized otp practitioner~~ **A QUALIFIED PRACTITIONER SHALL ORDER APPROVED CONTROLLED SUBSTANCES AND DOCUMENT ORDERS IN INDIVIDUAL RECORDS.**
- B. **EXCEPTIONS TO DOSING REGIMENS OUTLINED IN FEDERAL REGULATIONS SHALL REQUIRE APPROVAL BY THE** ~~department~~ **BHA PRIOR TO DOSING.**
- C. **APPROVED CONTROLLED SUBSTANCES MUST BE ADMINISTERED BY OTPS ACCORDING TO MANUFACTURER'S SPECIFICATIONS FOUND ON PRODUCT LABELS AND/OR IN PRINTED INSTRUCTIONS ACCOMPANYING THE PRODUCT.**
- D. **IN CIRCUMSTANCES WHERE INDIVIDUALS MUST BE ADMINISTRATIVELY WITHDRAWN FROM METHADONE** ~~due to inability or unwillingness to pay treatment fees, OTPs shall provide a safe medical taper if necessary~~ **OR OTHER OTP-DISPENSED CONTROLLED SUBSTANCES, OTPS SHALL MAKE A GOOD FAITH DOCUMENTED EFFORT TO OBTAIN APPROPRIATE CONSENTS AND COORDINATE TRANSITION OF CARE TO NEARBY MOUD TREATMENT AND OTHER APPLICABLE SERVICES TO REDUCE THE RISK OF OPIOID WITHDRAWAL AND HARM. WHEN TRANSFER EFFORT IS UNSUCCESSFUL, OTPS SHALL NOTIFY AND COORDINATE WITH BHA BEFORE PROVIDING A SAFE MEDICAL TAPER DUE TO INABILITY OR UNWILLINGNESS TO PAY. PREGNANT INDIVIDUALS SHALL HAVE THE OPTION TO DEFER PAYMENT FOR TREATMENT AND CONTINUE TO RECEIVE** ~~OTP MOUD.~~
- E. OTP MEDICAL DIRECTORS AND LEADERSHIP SHALL DEVELOP A MEDICATION INDUCTION PROTOCOL WHICH CONSIDERS, ON AN INDIVIDUALIZED BASIS AND AMONG OTHER FACTORS, RATE OF DOSE ADJUSTMENT AND WHEN INITIATION OF TAKE-HOME DOSE PROTOCOL WOULD BE SAFE FOR THE INDIVIDUAL AND COMMUNITY.
- F. IN AN EFFORT TO PREVENT MEDICATION DISRUPTION, OTPS SHALL MAKE A GOOD FAITH EFFORT TO PROVIDE OR COORDINATE SERVICES FOR TREATMENT-ENROLLED INDIVIDUALS IN TREATMENT SETTINGS OUTSIDE OF THE AGENCY, INCLUDING CARCERAL SETTINGS.

### **21.320.6 — EVALUATIONS AND ASSESSMENTS**

#### **21.320.61 General Provisions**

- A. ~~Individuals re-admitted to treatment following treatment absences of six (6) months or more shall undergo medical evaluations, physical examinations, and/or laboratory tests as deemed appropriate by an OTP medical director or authorized OTP practitioner.~~
- B. ~~Other medical concerns shall be addressed by OTPs or referred to other medical agencies when appropriate as determined by AN OTP medical director or an authorized OTP practitioner.~~

#### **21.320.62 Medical Evaluations**

~~Individuals admitted to OTPs shall have medical evaluations conducted by a medical director, authorized OTP practitioner, nurse practitioner, or physician assistant prior to the first dose. Medical evaluations shall include, at minimum, the following:~~

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- ~~A. Past medical history, past substance abuse history including required chronologies of opioid use and dependence, choice of opioid and route of administration;~~
- ~~B. Evidence of current physiological dependence;~~
- ~~C. Cardiovascular assessment for the risk of Torsades de Pointes; and,~~
- ~~D. Other co-occurring conditions.~~

#### ~~21.320.63 Physical Examinations~~

~~A. Thorough physical examinations shall be conducted, evaluated and documented in individual records by medical directors or authorized OTP practitioners practicing within their scope, within fourteen (14) consecutive calendar days following treatment admission and every two (2) consecutive years from date of admission.~~

~~B. At a minimum, physical examinations shall consist of:~~

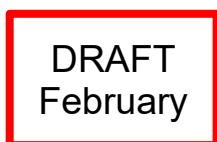
- ~~1. Examinations of organ systems for possible infectious diseases and pulmonary, liver, and cardiac abnormalities;~~
- ~~2. Checks for dermatologic indication of opioid use;~~
- ~~3. Vital signs (temperature, pulse, blood pressure and respiratory rate);~~
- ~~4. Evaluations of individuals' general appearance;~~
- ~~5. Inspections of head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses);~~
- ~~6. Neurological assessments; altered mental status.~~

#### ~~21.320.64 Laboratory Tests~~

~~A. Admission laboratory tests shall be conducted either on-site or through referral, and results shall be evaluated and documented in individual records within fourteen (14) consecutive calendar days following treatment.~~

~~B. Screening for the following shall be documented and laboratory tests shall be completed when clinically indicated:~~

- ~~1. Serological test for syphilis;~~
- ~~2. Tuberculin skin test and/or other tests for tuberculosis;~~
- ~~3. Urine toxicology or other tests to determine current substance use;~~
- ~~4. Complete blood count and differential;~~
- ~~5. Routine and microscopic urinalysis;~~
- ~~6. Liver function tests;~~



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~~7. Test for Hepatitis B, C, and Delta;~~

~~8. Test for HIV/AIDS.~~

~~C. The following laboratory tests shall be conducted with consent, every two (2) consecutive years from date of admission when clinically indicated.~~

~~1. Tuberculin skin test and/or other tests for tuberculosis;~~

~~2. Complete blood count and differential;~~

~~3. Liver function profile.~~

#### ~~21.320.7 TOXICOLOGY SCREENS/URINE DRUG SCREENS~~

~~A. OTPs shall develop and implement policies and procedures that ensure a random sample collection protocol that minimizes falsification and limits individuals' inability or refusal to provide specimens for testing.~~

~~1. Individuals shall have no notification prior to the day they are required to give a sample.~~

~~2. Individuals shall not be allowed to give a sample on days they normally attend the clinic unless those days are coincidentally randomly assigned sample days.~~

~~B. OTPs shall develop and implement policies and procedures that establish treatment responses to the following:~~

~~1. Evidence of unauthorized drugs in toxicology screens, including prescription medications;~~

~~2. Lack of OTP-administered controlled substances in toxicology screens, including Suboxone;~~

~~3. Dilute urine analysis;~~

~~4. Use of the prescription drug monitoring program.~~

~~C. Procedures for toxicology screens shall be designed and implemented to ensure random sample collection in accordance with requirements for each phase of take-home dose privileges.~~

~~D. Toxicology screens shall occur with the following frequencies:~~

~~1. One (1) toxicology screen at admission;~~

~~2. Minimum of eight (8) annual random toxicology screens;~~

~~3. An initial toxicology screen for individuals undergoing short-term detoxification;~~

~~4. An initial toxicology screen and at least one (1) random toxicology screen per month for individuals undergoing long-term detoxification;~~

~~5. At least one (1) random toxicology screen during thirty (30) day reductions in take-home dose privileges.~~



~~E. Refusal to provide samples for toxicology screens shall be considered to be positive toxicology screens.~~

~~F. Dilute urinalysis will be reviewed and assessed.~~

~~G. The state authority will monitor drug trends and may require testing for additional substances that pose a risk to health and safety of individuals receiving OTP services.~~

#### ~~21.320.8 TAKE-HOME DOSE PRIVILEGES~~

##### ~~21.320.81 Take-Home Dose Protocols~~

~~A. Individuals may qualify to self-administer methadone doses at locations other than OTPs if they meet all the criteria for each of six (6) phases of take-home dose privileges. Individuals shall qualify for each phase sequentially and must have the following, at minimum, in addition to length of time for each phase:~~

- ~~1. Most recent toxicology screen is negative;~~
- ~~2. Regular clinic attendance;~~
- ~~3. Compliance with OTP policies and procedures;~~
- ~~4. No known recent criminal activity;~~
- ~~5. Competence to safely handle take-home doses;~~
- ~~6. Absence of serious behavioral problems at the clinic;~~
- ~~7. Stable living environment;~~
- ~~8. Stable social relationships;~~
- ~~9. A clinical determination of a rehabilitative benefit the patient derives from decreasing the frequency of clinic attendance outweighs the potential risk of diversion; and,~~
- ~~10. Prescription drug monitoring shall be used upon transition of each phase and documented in the chart.~~

~~B. In addition to items 1-10 above, the following phase requirements must be followed based on time in treatment and negative toxicology screens/urine drug screens:~~

- ~~1. Phase 1 permits a take-home dose for Sunday and one (1) additional take-home dose per week on or after the first ninety (90) consecutive calendar days of treatment.~~
- ~~2. Phase 2 permits a take-home dose for Sunday and two (2) additional take-home doses per week when the individual has completed four (4) or more consecutive months in treatment, and the most recent two (2) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive calendar days of take-home doses.~~
- ~~3. Phase 3 permits a take-home dose for Sunday and three (3) additional take-home doses per week when the individual has completed six (6) or more consecutive months in treatment, and the most recent three (3) consecutive toxicology screens/urine drug screens are negative. Individuals shall receive no more than two (2) consecutive days of take-home doses.~~

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~~4. Individuals may qualify for Phase 4 when an individual has completed nine (9) or more months in treatment and the most recent four (4) consecutive toxicology screens/urine drug screens are negative. Phase 4 permits a take-home dose for Sunday and five (5) additional take-home doses per week.~~

~~5. Phase 5 permits thirteen (13) take-home doses per two-week period. Individuals may qualify for Phase 5 when the individual has completed one (1) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative.~~

~~6. Phase 6 permits twenty-eight (28) to thirty (30) take-home doses per month. Individuals may qualify for Phase 6 when the individual has completed two (2) or more years in treatment, and the most recent eight (8) consecutive toxicology screens/urine drug screens are negative.~~

~~C. Individuals transferring from out of state must meet the Colorado state requirements for the take-home phase they are requesting.~~

~~D. All phases must receive special state approval for take-outs beyond their approved week schedule.~~

~~E. Take-home doses may be approved by OTPs for days clinics are closed, including Sundays and state and federal holidays.~~

~~F. Take-home doses shall not be approved for individuals undergoing short-term detoxification.~~

~~G. Written agreements shall be developed and implemented for individuals approved for take-home doses. Agreements shall be part of the service plan and shall explain the rationale for approving take-home dose privilege phases, stipulate dose amounts and set consequences for violating agreement conditions.~~

~~H. Take-home doses shall be dispensed in medication containers that conform to state and federal poison prevention packaging requirements, including childproof lids.~~

~~I. Labels shall be affixed to containers with the following information:~~

- ~~1. OTP names, addresses, and telephone numbers;~~
- ~~2. Individual names;~~
- ~~3. Drug types;~~
- ~~4. Dose amounts, if not physician-authorized blind doses;~~
- ~~5. Directions for use.~~

~~J. Take-home doses numbering six (6) or less shall be transported in a discrete and secure manner agreed upon by OTPs and individuals.~~

~~K. Take-home doses numbering seven (7) or more shall be transported in locked containers constructed of rigid materials that resist tampering.~~

~~L. Take-home doses shall be securely and discretely stored in a manner that reduces the risk for access by children and unauthorized individuals.~~

~~M. OTPs shall submit and obtain Department approval for the following:~~



- ~~1. Split doses with the exception of pregnant individuals;~~
  - ~~2. Take home doses for individual detoxification lasting less than thirty (30) consecutive calendar days;~~
  - ~~3. Take home doses that do not conform to take home dose phase requirements;~~
  - ~~4. Take home medication doses for individuals with unacceptable toxicology screen/urine drug screen results within the last ninety (90) calendar days;~~
  - ~~5. Take home doses for OTP individuals admitted to extended health care agencies or licensed residential substance use disorder agencies.~~
- ~~N. Individuals reporting loss or theft of take home doses shall not be provided replacement doses or daily doses, until the day after the last take home dose would have been taken, unless there are extenuating circumstances or medical necessity.~~
- ~~O. OTPs shall have policies and procedures for transporting methadone or other approved controlled substances to individuals in residential treatment or recovery agencies that includes a secure plan for storage from the facility.~~
- ~~21.320.82 Reductions in Take Home Dose Privilege Phases~~**
- ~~A. Illicit positive toxicology screens and unexcused dosing and counseling absences shall result in thirty-day reductions in take home dose privilege phases.~~
- ~~B. Positive toxicology screens during thirty day reduction periods shall result in further reductions in privilege phases.~~
- ~~C. Privilege phases for which individuals qualified prior to reductions may be sequentially restored at a rate of one (1) phase every thirty (30) consecutive calendar days if toxicology screens remain negative and all other requirements are met.~~

#### **~~21.320.81~~ 13.6.4 TAKE-HOME DOSE GUIDANCE**

- A. IN ACCORDANCE WITH 42 CFR § 8.12 (i)(2)(i-vi), OTP DECISIONS ON DISPENSING MOUD TO INDIVIDUALS FOR UNSUPERVISED USE SHALL BE DETERMINED BY AN APPROPRIATELY LICENSED OTP MEDICAL PRACTITIONER OR THE MEDICAL DIRECTOR. IN DETERMINING WHICH INDIVIDUALS MAY RECEIVE UNSUPERVISED MEDICATION DOSES, THE MEDICAL DIRECTOR OR PROGRAM MEDICAL PRACTITIONER SHALL CONSIDER, AMONG OTHER PERTINENT FACTORS THAT INDICATE THAT THE THERAPEUTIC BENEFITS OF UNSUPERVISED DOSES OUTWEIGH THE RISKS, THE FOLLOWING CRITERIA:
1. ABSENCE OF ACTIVE SUBSTANCE USE DISORDERS, OTHER PHYSICAL OR BEHAVIORAL HEALTH CONDITIONS THAT INCREASE THE RISK OF INDIVIDUAL HARM AS IT RELATES TO THE POTENTIAL FOR OVERDOSE, OR THE ABILITY TO FUNCTION SAFELY;
  2. REGULARITY OF ATTENDANCE FOR SUPERVISED MEDICATION ADMINISTRATION;
  3. ABSENCE OF SERIOUS BEHAVIORAL PROBLEMS THAT ENDANGER THE INDIVIDUAL, THE PUBLIC OR OTHERS;
  4. ABSENCE OF KNOWN RECENT DIVERSION ACTIVITIES;





5. WHETHER TAKE-HOME MEDICATION CAN BE SAFELY TRANSPORTED AND STORED; AND

6. ANY OTHER CRITERIA THAT THE MEDICAL DIRECTOR OR MEDICAL PRACTITIONER CONSIDERS RELEVANT TO THE INDIVIDUAL'S SAFETY AND THE PUBLIC'S HEALTH.

B. BUPRENORPHINE PRODUCTS THAT ARE DISPENSED, COMPOUNDED, AND ADMINISTERED BY AN OTP DO NOT REQUIRE TIME IN TREATMENT REQUIREMENTS AS LISTED IN THIS PART 13.19.1. A.1. HOWEVER, AN OTP IS STILL RESPONSIBLE FOR INCLUDING ALL CONTROLLED SUBSTANCES DISPENSED, COMPOUNDED, AND ADMINISTERED IN THEIR DIVISION CONTROL PLAN, INCLUDING OTP DIRECTED BUPRENORPHINE TAKE-HOME DOSES.

C. IN ACCORDANCE WITH 42 CFR § 8.12 (I)(3)(I-III), SUCH DETERMINATIONS AND THE BASIS FOR SUCH DETERMINATIONS CONSISTENT WITH THE CRITERIA OUTLINED IN 13.19.1 OF THIS SECTION SHALL BE DOCUMENTED IN THE INDIVIDUAL'S MEDICAL RECORD. IF IT IS DETERMINED THAT AN INDIVIDUAL IS SAFELY ABLE TO MANAGE UNSUPERVISED DOSES OF MOUD, THE DISPENSING RESTRICTIONS SET FORTH IN D.1 THROUGH D.3 OF THIS SECTION APPLY. THE DISPENSING RESTRICTIONS SET FORTH IN PARAGRAPHS D.1 THROUGH D.3 OF THIS SECTION DO NOT APPLY TO BUPRENORPHINE AND BUPRENORPHINE PRODUCTS.

1. DURING THE FIRST FOURTEEN (14) CALENDAR DAYS OF TREATMENT, TAKE-HOME DOSES ARE LIMITED TO A SEVEN (7) DAY SUPPLY. IT REMAINS WITHIN THE DISCRETION OF THE QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP TO DETERMINE THE NUMBER OF TAKE-HOME DOSES UP TO 7 DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.

2. FROM FIFTEEN (15) CALENDAR DAYS OF TREATMENT, TAKE-HOME DOSES ARE LIMITED TO A FOURTEEN (14) DAY SUPPLY. IT REMAINS WITHIN THE DISCRETION OF THE QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP TO DETERMINE THE NUMBER OF TAKE-HOME DOSES UP TO FOURTEEN (14) CALENDAR DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.

3. FROM THIRTY ONE (31) CALENDAR DAYS OF TREATMENT, TAKE-HOME DOSES PROVIDED TO AN INDIVIDUAL ARE NOT TO EXCEED A TWENTY EIGHT (28) DAY SUPPLY. IT REMAINS WITHIN THE DISCRETION OF THE QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP TO DETERMINE THE NUMBER OF TAKE-HOME DOSES UP TO TWENTY EIGHT (28) DAYS, BUT DECISIONS MUST BE BASED ON THE CRITERIA LISTED IN A.1-6. THE RATIONALE UNDERLYING THE DECISION TO PROVIDE UNSUPERVISED DOSES OF METHADONE MUST BE DOCUMENTED IN THE INDIVIDUAL'S CLINICAL RECORD.

D. IN DETERMINING A SAFE AMOUNT OF TAKE-HOME DOSES FOR INDIVIDUALS TRANSFERRING FROM ONE COLORADO OTP TO ANOTHER COLORADO OTP, THE RECEIVING OTP SHALL DETERMINE AND DOCUMENT THE AMOUNT OF TAKE-HOME DOSES PROVIDED BY THE PREVIOUS OTP.

E. INDIVIDUALS TRANSFERRING FROM OUT OF STATE MUST MEET THE COLORADO STATE REQUIREMENTS FOR THE TAKE-HOME phase DOSES THEY ARE REQUESTING.

F. ~~All phases must receive special state approval for take-outs beyond their approved week schedule~~ OTPS SHALL SEEK BHA AND SAMHSA APPROVAL PRIOR TO PROVIDING TAKE-HOME DOSES BEYOND LIMITS DEFINED BY 13.6.4 OF THIS RULESET AND 42 CFR § 8.12 (I)(3)(I-III).





G. TAKE-HOME DOSES MAY BE APPROVED BY OTPS FOR DAYS CLINICS ARE CLOSED, INCLUDING SUNDAYS AND STATE AND FEDERAL HOLIDAYS.

H. TAKE-HOME DOSES SHALL NOT BE APPROVED FOR INDIVIDUALS UNDERGOING SHORT-TERM SUPERVISED WITHDRAWAL.

I. WRITTEN AGREEMENTS SHALL BE DEVELOPED AND IMPLEMENTED FOR INDIVIDUALS APPROVED FOR TAKE-HOME DOSES. AGREEMENTS MUST BE PART OF THE SERVICE PLAN AND SHALL EXPLAIN THE RATIONALE FOR APPROVING TAKE-HOME ~~privilege phases~~ MEDICATION, STIPULATE DOSE AMOUNTS AND SET CONSEQUENCES FOR VIOLATING AGREEMENT CONDITIONS.

J. TAKE-HOME DOSES SHALL BE DISPENSED IN MEDICATION CONTAINERS THAT CONFORM TO STATE AND FEDERAL POISON PREVENTION PACKAGING REQUIREMENTS, INCLUDING CHILDPROOF LIDS.

K. LABELS MUST BE AFFIXED TO CONTAINERS WITH THE FOLLOWING INFORMATION:

1. OTP NAMES, ADDRESSES, AND TELEPHONE NUMBERS;
2. INDIVIDUAL NAMES;
3. DRUG TYPES;
4. DOSE AMOUNTS, IF NOT ~~physician authorized~~ OTP MEDICAL DIRECTOR-AUTHORIZED BLIND DOSES;
5. DIRECTIONS FOR USE.

L. TAKE-HOME DOSES NUMBERING SIX (6) OR LESS SHALL BE TRANSPORTED IN A DISCRETE AND SECURE MANNER AGREED UPON BY OTPS AND INDIVIDUALS.

M. TAKE-HOME DOSES NUMBERING SEVEN (7) OR MORE SHALL BE TRANSPORTED IN LOCKED, WELL-CONSTRUCTED CONTAINERS ~~constructed of rigid materials~~ THAT RESIST TAMPERING.

N. TAKE-HOME DOSES SHALL BE SECURELY AND DISCRETELY STORED IN A MANNER THAT REDUCES THE RISK FOR ACCESS BY CHILDREN AND UNAUTHORIZED PERSONS.

O. OTPS MUST SUBMIT AND OBTAIN ~~Department~~ BHA APPROVAL FOR THE FOLLOWING:

1. TAKE-HOME DOSES FOR INDIVIDUAL SUPERVISED WITHDRAWAL LASTING LESS THAN THIRTY (30) CONSECUTIVE CALENDAR DAYS;
2. TAKE-HOME DOSES THAT DO NOT CONFORM TO TAKE-HOME DOSE REQUIREMENTS;
3. TAKE-HOME DOSES FOR OTP INDIVIDUALS ADMITTED TO EXTENDED HEALTH CARE AGENCIES, ~~or~~ LICENSED RESIDENTIAL SUBSTANCE USE DISORDER AGENCIES, OR CARCERAL SETTINGS.

P. OTPS SHALL HAVE POLICIES AND PROCEDURES FOR TRANSPORTING METHADONE OR OTHER APPROVED CONTROLLED SUBSTANCES TO INDIVIDUALS IN RESIDENTIAL TREATMENT, CARCERAL SETTINGS, OR RECOVERY AGENCIES, THAT INCLUDE CHAIN-OF-CUSTODY DOCUMENTATION RETAINED BY THE OTP AND A SECURE PLAN FOR OTP ENROLLSTORAGE FROM THE FACILITY.



Q. ~~Individuals reporting loss or theft of take-home doses shall not be provided replacement doses or daily doses, until the day after the last take-home dose would have been taken, unless there are extenuating circumstances or medical necessity.~~ IN THE EVENT OF TAKE-HOME MEDICATION THEFT, LOSS, OR DIVERSION, TAKE-HOME DOSE REPLACEMENT SHALL NOT BE PROVIDED UNTIL DOCUMENTED REVIEW AND APPROVAL IS GIVEN BY A QUALIFIED PRACTITIONER WITHIN THE OTP. IN-PERSON DOSING SHALL BE CONTINUED IN THE EVENT OF TAKE-HOME MEDICATION THEFT, LOSS, MISUSE OR DIVERSION.

R. OTPS SHALL OFFER EITHER DIRECTLY OR THROUGH PRESCRIPTION, OPIOID ANTAGONISTS FOR ALL INDIVIDUALS RECEIVING MOUD TAKE HOME DOSES.

#### **13.6.5 PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)**

A. MEDICAL DIRECTORS AND OTHER QUALIFIED HEALTH CARE PROFESSIONALS WITHIN THE OTP SHALL UTILIZE THE INFORMATION OBTAINED FROM THE COLORADO STATE BOARD OF PHARMACY'S ELECTRONIC PRESCRIPTION DRUG MONITORING PROGRAM (PDMP), DEVELOPED PURSUANT TO 12-280-403, C.R.S. THE PDMP SHALL BE UTILIZED AT KEY DECISION-MAKING POINTS, INCLUDING AT INTAKE AND TAKE-HOME DOSE CONSIDERATION. DOCUMENTATION SHOULD INCLUDE RELEVANT RECENT PRESCRIPTION HISTORY AND/OR COPY OF RESULTS UPLOADED TO THE CLINICAL CHART.

#### **~~21.320.9~~ 13.6.6 DIVERSION CONTROL AND CENTRAL REGISTRY**

A. OTPS SHALL MAINTAIN A CURRENT DIVERSION CONTROL PLAN WHICH ASSIGNS RESPONSIBILITY TO OTP MEDICAL AND ADMINISTRATIVE LEADERSHIP AND PERSONNEL FOR DEVELOPING, PERFORMING, AND MONITORING MEASURES AND FUNCTIONS DESCRIBED IN OTPS DIVERSION CONTROL PLAN.

B. THE DIVERSION CONTROL PLAN SHALL INCLUDE, AT MINIMUM, THE FOLLOWING CATEGORIES:

1. PROGRAM ENVIRONMENT;
2. DOSING;
3. TAKE-HOME DOSES;
4. TAKE-HOME DOSE CALLBACKS;
5. PREVENTION OF MULTIPLE PROGRAM ENROLLMENT;
6. MISUSE OF PRESCRIPTION MEDICATION AS OUTLINED IN SAMHSA FEDERAL OTP GUIDELINES;

C. AS A CORE FUNCTION OF DIVERSION CONTROL, THE FOLLOWING MUST OCCUR:

1. RANDOMIZED TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED AND DOCUMENTED AT A MINIMUM OF TWO PER YEAR FOR INDIVIDUALS WHOSE TAKE-HOME DOSES EQUAL SEVEN OR GREATER AND MAY COINCIDE WITH RANDOM TOXICOLOGY SCREENS;
2. FOR-CAUSE TAKE-HOME DOSE CALLBACKS SHALL BE PERFORMED WHENEVER TAKE-HOME DOSE DIVERSION OR MISUSE IS SUSPECTED AND OTPS SHALL DEVELOP WRITTEN



PROTOCOL TO DETERMINE CONSISTENTLY UNDER WHICH CIRCUMSTANCES AND HOW THOSE TAKE-HOME CALLBACKS WILL BE CONDUCTED AND DOCUMENTED.

A.D. OTPS SHALL PREVENT SIMULTANEOUS ENROLLMENT OF INDIVIDUALS IN MORE THAN ONE CLINIC BY FULLY PARTICIPATING IN THE BEHAVIORAL HEALTH ADMINISTRATION CENTRAL REGISTRY, DEVELOPED PURSUANT TO 27-80-215, C.R.S.

1. PRIOR TO ADMITTING APPLICANTS TO TREATMENT, OTPS SHALL INITIATE A CLEARANCE INQUIRY TO THE BHA'S CENTRAL REGISTRY OF OTP-ENROLLED INDIVIDUALS BY SUBMITTING APPLICANT INFORMATION IN BHA PRESCRIBED FORMATS.

2. APPLICANT INFORMATION shall MUST INCLUDE:

A. NAME;

B. DATE OF BIRTH;

C. PROPOSED DATE OF ADMISSION; AND,

D. OTHER INFORMATION REQUIRED BY THE INDIVIDUAL CLEARANCE PROCEDURE.

3. APPLICANTS SHALL NOT BE ADMITTED TO TREATMENT WHEN THE department's-BHA's CENTRAL REGISTRY SHOWS THEM AS CURRENTLY ENROLLED IN ANOTHER OTP.

4. IN THE EVENT THAT THE CENTRAL REGISTRY IS INACCESSIBLE, NOT FUNCTIONING, OR THE department-BHA IS CLOSED, AN OTP SHALL CONTACT OTHER OTP WITHIN THEIR GEOGRAPHIC AREA TO VERIFY AN INDIVIDUAL'S ENROLLMENT STATUS.

5. OTPS shall MUST REPORT CLINIC DISCHARGES TO THE department's-BHA'S CENTRAL REGISTRY WITHIN THREE (3) BUSINESS DAYS OR IMMEDIATELY UPON TRANSFER.

E. BY DEFINITION, MOBILE OPIOID TREATMENT UNITS AND MEDICATION UNITS OPERATE UNDER THE LICENSE OF AN OTP AND THEREFORE DO NOT REQUIRE A CENTRAL REGISTRY ACCOUNT SEPARATE FROM THE HOME OTP. INDIVIDUALS RECEIVING SERVICES AT EITHER MOBILE OR MED UNITS MUST BE ENROLLED IN THE PRIMARY OTP'S CENTRAL REGISTRY. IT IS THE OTP'S RESPONSIBILITY TO PREVENT MEDICATION ERROR AND DIVERSION ACROSS THAT SPECTRUM OF SERVICE DELIVERY.

#### **~~21.320.21~~ 13.6.7 MOBILE OPIOID TREATMENT UNITS AND MEDICATION UNITS**

A. As used in this rule, "mobile opioid treatment unit" has the same meaning as "mobile narcotic treatment program" as used in 21 C.F.R. Part 1300.01.

A. OTPS UTILIZING MOBILE OPIOID TREATMENT UNITS OR MEDICATION UNITS SHALL FOLLOW ALL APPLICABLE STATE AND FEDERAL REGULATIONS INCLUDING THESE BHA OTP RULES AND 21 C.F.R. PART 1300, 1301, AND 1304.

B. OTPS ARE NOT REQUIRED TO OBTAIN A SEPARATE BEHAVIORAL HEALTH ENTITY LICENSE OR CONTROLLED SUBSTANCE LICENSE FOR MEDICATION UNITS OR MOBILE OPIOID TREATMENT UNITS.

C. OTPS SHALL DEVELOP THE FOLLOWING PLANS FOR MOBILE OPIOID TREATMENT UNITS OR MEDICATION UNITS:

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1. STAFFING PLAN;
  2. SECURITY PLAN;
  3. ADEQUATE HANDLING AND STORAGE PLAN OF CONTROLLED SUBSTANCES;
  4. CONTINGENCY PLANS FOR MOBILE OPIOID TREATMENT UNIT CLOSURE INCLUDING BUT NOT LIMITED TO, ADVERSE WEATHER EVENTS, HUMAN-INDUCED DISASTERS, AND UNIT BREAKDOWN FOR MOBILE MEDICATION UNITS ONLY; AND,
  5. VEHICLE MAINTENANCE PLAN FOR MOBILE MEDICATION UNITS ONLY.
- D. MOBILE OPIOID TREATMENT UNITS AND MEDICATION UNITS SHALL COMPLY WITH REPORTING REQUIREMENTS DETERMINED BY THE BHA PURSUANT TO ~~Section 21.130~~ PART 2.16 OF THESE RULES.
- E. OTPS SHALL SUBMIT CURRENT SCHEDULE OF PLANNED DOSING STOPS FOR MOBILE MEDICATION UNITS TO BHA PRIOR TO INITIATING CARE AT THOSE STOPS.

### **13.7 PERSONNEL**

#### **~~21.320.32~~ 13.7.1 OTP MEDICAL DIRECTORS**

- A. AN OTP ~~shall~~ MUST HAVE A DESIGNATED MEDICAL DIRECTOR WHO SHALL AUTHORIZE AND OVERSEE OTHER ~~physicians~~ QUALIFIED PRACTITIONERS, OTHER APPROPRIATELY LICENSED AND/OR CERTIFIED MEDICAL PERSONNEL AND ALL MEDICAL SERVICES PROVIDED.
- B. THE MEDICAL DIRECTOR ~~shall~~ MUST BE AVAILABLE TO THE OTP FOR SERVICE PROVISION OR CONSULTATION.
- C. THE MEDICAL DIRECTOR, QUALIFIED PRACTITIONERS, AND ALL OTHER MEDICAL HEALTHCARE PROVIDERS SHALL CURRENTLY POSSESS AND MAINTAIN LICENSES TO PRACTICE MEDICINE/NURSING IN COMPLIANCE WITH THE CREDENTIALING REQUIREMENTS OF THEIR OWN PROFESSION IN COLORADO AS PROVIDED BY ARTICLE 240, TITLE 12, C.R.S. OTP MEDICAL DIRECTORS SHALL ASSURE APPROPRIATE CREDENTIALS AND TRAINING FOR OTHER OTP PHYSICIANS AND OTHER QUALIFIED HEALTH CARE PROVIDERS TO DISPENSE, COMPOUND OR ADMINISTER A CONTROLLED SUBSTANCE IN AN OTP.
- D. THE MEDICAL DIRECTOR ~~shall~~ MUST COMPLETE AN ANNUAL REVIEW OF FEDERAL AND STATE GUIDELINES AND RULES TO ENSURE THAT THE OTP AGENCY IS IN COMPLIANCE WITH ALL STATE AND FEDERAL RULES AND REGULATIONS REGARDING MEDICAL TREATMENT FOR OPIOID USE DISORDER.
- E. THE MEDICAL DIRECTOR SHALL SIGN AN ACKNOWLEDGMENT OF REVIEW OF ALL ~~controlled substance licensing violations~~. BHA-ISSUED BHE AND CONTROLLED SUBSTANCE LICENSING VIOLATIONS AND RECOMMENDATIONS CONNECTED TO THE OTP.
- F. OTPS UTILIZING ~~an authorized OTP~~ QUALIFIED PRACTITIONER SHALL HAVE A PLAN THAT AT MINIMUM:
1. IDENTIFIES ALL QUALIFIED PRACTITIONERS WITH PRESCRIPTIVE AUTHORITY;

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~~2. Ensures authorized OTP practitioners with prescriptive authority have a SAMHSA approved mid-level exemption (MLE);~~

3. 2. IDENTIFIES THE NUMBER OF HOURS PRACTITIONERS WITH PRESCRIPTIVE AUTHORITY ARE ONSITE WEEKLY;

4. 3. ESTABLISHES ~~authorized OTP practitioner supervision requirements; and,~~ QUALIFIED PRACTITIONER SUPERVISION REQUIREMENTS INCLUDING REVIEW AND DOCUMENTATION OF ALL MEDICATION ORDERS FOR APPROVED CONTROLLED SUBSTANCES AND OTHER MEDICATIONS, WHICH ALSO INCLUDES SUBSEQUENT DOSE ADJUSTMENTS AND CHANGES TO TAKE-HOME DOSES ; AND,

5. 4. ADDRESSES CONSULTATION REQUIREMENTS FOR WHEN MEDICAL DIRECTORS ARE NOT ONSITE.

G. OTP MEDICAL DIRECTORS AND ~~authorized OTP practitioners~~ QUALIFIED PRACTITIONERS shall MUST ENSURE THE FOLLOWING:

1. MEDICAL EVALUATIONS ARE COMPLETED, INCLUDING EVIDENCE OF CURRENT PHYSICAL DEPENDENCE AND/OR HISTORY OF OPIOID USE OR EXCEPTIONS TO ADMISSION CRITERIA THAT ARE DOCUMENTED PRIOR TO INITIAL DOSING;

2. THESE MEDICAL EVALUATIONS ARE DONE AT ADMISSION PRIOR TO INITIAL DOSE.

3. THE PHYSICAL EXAMINATIONS AND ALL APPROPRIATE LABORATORY TESTS ARE PERFORMED AND REVIEWED WITHIN FOURTEEN (14) CALENDAR DAYS FOLLOWING TREATMENT ADMISSION;

4. ALL MEDICAL PROFESSIONALS MUST EDUCATE INDIVIDUALS REGARDING RISKS AND BENEFITS OF OTP AND DOCUMENT THAT INDIVIDUALS ARE ENTERING VOLUNTARILY.

5. OTHER MEDICAL CONCERNS SHALL BE ADDRESSED BY OTPS OR REFERRED TO OTHER MEDICAL AGENCIES WHEN APPROPRIATE AS DETERMINED BY AN OTP MEDICAL DIRECTOR OR ~~an OTP authorized~~ QUALIFIED PRACTITIONER.

5. 6. ALL MEDICAL ORDERS ARE PROPERLY SIGNED OR COUNTERSIGNED INCLUDING INITIAL ORDERS FOR APPROVED CONTROLLED SUBSTANCES AND OTHER MEDICATIONS, SUBSEQUENT DOSE INCREASES OR DECREASES, CHANGES IN TAKE-HOME DOSES ~~privileges,~~ EMERGENCY SITUATIONS AND OTHER SPECIAL CIRCUMSTANCES BY ~~the medical director~~ A QUALIFIED PRACTITIONER IN AN OTP, OPERATING WITHIN SCOPE OF THEIR LICENSE.

~~H. Medical directors and other qualified health care professionals shall utilize the information obtained from the Colorado State Board of Pharmacy's electronic Prescription Drug Monitoring Program (PDMP), developed pursuant to 12-280-403, C.R.S., as clinically appropriate upon intake.~~

H. MEDICAL DIRECTORS SHALL ENSURE THAT OTPS MAKE DOCUMENTED EFFORTS TO OUTREACH INDIVIDUALS ACTIVELY ENROLLED AT THE OTP WHO HAVE MISSED THREE OR MORE CONSECUTIVE DOSES.

#### ~~21.320.31~~ 13.7.2 OTP SPONSORS

A. OTP SPONSORS ARE RESPONSIBLE FOR THE FOLLOWING:



- A-1. OVERALL OPERATION OF THE PROGRAM INCLUDING, BUT NOT LIMITED TO:
4. a. COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS;
- 2-b. MEDICAL AND COUNSELING PERSONNEL ARE QUALIFIED TO PROVIDE OPIOID REPLACEMENT TREATMENT;
- c. ENSURES AN ACTIVE MEDICAL DIRECTOR IS ASSIGNED TO THE OTP AND AVAILABLE FOR SUPERVISION;
- 3-d. INDIVIDUALS ARE ENROLLED ON THEIR OWN VOLITION;
- 4-e. FULL DISCLOSURE IS MADE TO INDIVIDUALS ABOUT OPIOIDS AND THEIR USE IN TREATMENT.
- 5-f. WRITTEN, INFORMED CONSENTS FOR OPIOID REPLACEMENT TREATMENT ARE SIGNED BY INDIVIDUALS EIGHTEEN (18) YEARS OF AGE AND OLDER;
- 6-g. WRITTEN, INFORMED CONSENTS FOR ALL ASPECTS OF OPIOID REPLACEMENT TREATMENT ARE SIGNED BY PARENTS, LEGAL GUARDIANS OR OTHER RESPONSIBLE ADULTS DESIGNATED BY APPROPRIATE STATE AUTHORITIES FOR INDIVIDUALS UNDER AGE EIGHTEEN (18) YEARS OLD;
- 7-h. WRITTEN (OTP) POLICIES AND PROCEDURES ARE DEVELOPED, IMPLEMENTED AND MAINTAINED THAT ARE BASED ON AND IN COMPLIANCE WITH ~~Department~~ BHA RULES;
- 8-i. ALL REASONABLE AND CLINICALLY INDICATED EFFORTS ARE MADE TO COORDINATE TREATMENT WITH OTHER HEALTHCARE AND BEHAVIORAL HEALTH PROVIDERS. DOCUMENTATION INCLUDES OBTAINING INDIVIDUALS' CONSENT TO RELEASE INFORMATION TO COMMUNICATE WITH THOSE PRACTITIONERS.
- 9-j. METHADONE AND OTHER CONTROLLED SUBSTANCES ARE DISPOSED OF IN ACCORDANCE WITH THE FEDERAL REGULATIONS.
- j.k. PRINTED ACKNOWLEDGEMENTS ARE SIGNED BY ~~patients~~ INDIVIDUALS AND KEPT IN ~~patient~~ INDIVIDUAL RECORDS STATING THAT THEY HAVE BEEN INFORMED OF THE UNITED STATES DEPARTMENT OF TRANSPORTATION REGULATION AGAINST THE USE OF OTP PRESCRIBED METHADONE BY COMMERCIAL DRIVERS AND THE POSSIBLE LOSS OF COMMERCIAL DRIVER'S LICENSE IF TAKING METHADONE FOR AN OPIOID USE DISORDER IS DISCOVERED.

#### **B. 13.7.3 PERSONNEL TRAINING**

4. A. TRAINING FOR NEW OTP ~~staff~~ PERSONNEL IS DOCUMENTED IN PERSONNEL RECORDS INCLUDING, BUT NOT LIMITED TO PROVISIONS OF ~~Section 21.160.1, A, 3-PART 2.5.I~~ OF THESE RULES AND THE FOLLOWING:
- a-1. ~~Federal opioid treatment program regulations;~~ FEDERAL OTP LAWS AND REGULATIONS;
- b. 2. ~~OTP treatment rules;~~ STATE OTP LAWS AND REGULATIONS;

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- e. 3. AGENCY OTP POLICIES AND PROCEDURES;
- d. 4. CLINICAL PRACTICES INCLUDING, BUT NOT LIMITED TO:
  - 1. a. PROTOCOLS AROUND SPECIAL EXCEPTION REQUESTS;
  - 2. b. ~~Phase level requests; and~~ TAKE-HOME DOSE ADJUSTMENT REQUESTS; AND,
  - 3. c. ANY TAKE-HOME PROTOCOL SUCH AS HOLIDAY DOSING, WEEKEND DOSING, HOLD DOSES, HOSPITALIZATION OF INDIVIDUALS, INCARCERATION, NURSING HOME STAYS, AND GUEST DOSING.
- e. 5. PHARMACOLOGY OF METHADONE AND OTHER CONTROLLED SUBSTANCES INCLUDING, BUT NOT LIMITED TO, LOSS OF TOLERANCE TO OPIOIDS, DANGEROUS DRUG OR ALCOHOL INTERACTIONS, SIGNS AND SYMPTOMS OF OVERDOSE, PURPOSE OF ITS USE.
- 2. B. ANNUAL TRAINING FOR OTP ~~staff~~ PERSONNEL INCLUDING, BUT NOT LIMITED TO:
  - A. 1. MOST CURRENT PHARMACOLOGY OF MEDICATIONS USED, AND CLINICAL PRACTICES APPLICABLE TO OTP, INCLUDING PROBLEMS WITH INTERACTIONS OF MEDICATIONS.
  - B. 2. REVIEW OF FEDERAL AND STATE REGULATIONS AND RULES.
  - C. 3. REVIEW OF CURRENT AGENCY OTP POLICIES AND PROCEDURES.
  - D. 4. INFECTIOUS DISEASE RISKS AND SCREENING.

### 13.8 SERVICE DELIVERY

#### ~~21.320.62~~ 13.8.1 MEDICAL EVALUATIONS

- A. INDIVIDUALS ADMITTED TO OTPS SHALL HAVE MEDICAL EVALUATIONS CONDUCTED BY A MEDICAL DIRECTOR ~~authorized OTP practitioner, nurse practitioner, or physician assistant OR QUALIFIED PRACTITIONER~~ PRIOR TO THE FIRST DOSE. ~~Medical evaluations shall include, at minimum, the following:~~
- B. IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(II), IF THE PRACTITIONER IS NOT A QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP, THE MEDICAL EVALUATION MUST BE COMPLETED NO MORE THAN SEVEN DAYS PRIOR TO OTP ADMISSION. WHERE THE EVALUATION IS PERFORMED OUTSIDE OF THE OTP, THE WRITTEN RESULTS AND NARRATIVE OF THE EXAMINATION, AS WELL AS AVAILABLE LAB TESTING RESULTS, MUST BE TRANSMITTED, CONSISTENT WITH APPLICABLE PRIVACY LAWS, TO THE OTP, AND VERIFIED BY AN A QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP.
- C. MEDICAL EVALUATIONS MUST INCLUDE, AT MINIMUM, THE FOLLOWING:
  - A. 1. PAST MEDICAL HISTORY, PAST SUBSTANCE ~~abuse~~ USE HISTORY INCLUDING REQUIRED CHRONOLOGIES OF OPIOID USE AND DEPENDENCE, CHOICE OF OPIOID AND ROUTE OF ADMINISTRATION;
  - B. 2. ~~Evidence of current physiological dependence;~~ CONFIRMATION OF EVIDENCE OF CURRENT PHYSICAL DEPENDENCE, OR DIAGNOSTIC CRITERIA FOR ACTIVE MODERATE TO SEVERE OPIOID USE DISORDER (OUD), OR OUD REMISSION, OR ARE AT HIGH RISK FOR DISEASE RECURRENCE OR OVERDOSE;



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- ~~C. 3. CARDIOVASCULAR ASSESSMENT FOR THE RISK OF TORSADES DE POINTES; AND,~~
- ~~D. 4. OTHER CO-OCCURRING CONDITIONS.~~

#### **~~21.320.63~~ 13.8.2 PHYSICAL EXAMINATIONS**

A. ~~Thorough~~ PHYSICAL EXAMINATIONS, INFORMED BY THE RESULTS OF HISTORY OF PRESENT ILLNESS AND COMPREHENSIVE REVIEW OF SYSTEMS, SHALL BE CONDUCTED, EVALUATED AND DOCUMENTED IN INDIVIDUAL RECORDS BY MEDICAL DIRECTORS OR AUTHORIZED OTP PRACTITIONERS PRACTICING WITHIN THEIR SCOPE, WITHIN FOURTEEN (14) CONSECUTIVE CALENDAR DAYS FOLLOWING TREATMENT ADMISSION AND ~~every two (2) consecutive years~~ ANNUALLY FROM DATE OF ADMISSION.

B. IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(III), THE FULL EXAM CAN BE COMPLETED BY A QUALIFIED PRACTITIONER OPERATING OUTSIDE OF THE OTP, IF THE EXAM IS VERIFIED BY A QUALIFIED PRACTITIONER OPERATING WITHIN THE OTP AS BEING TRUE AND ACCURATE AND TRANSMITTED IN ACCORDANCE WITH APPLICABLE PRIVACY LAWS.

~~B. C.~~ AT A MINIMUM, PHYSICAL EXAMINATIONS SHALL CONSIST OF:

- ~~1. Examinations of organ systems for possible infectious diseases and pulmonary, liver, and cardiac abnormalities; HISTORY OF PRESENT ILLNESS;~~
- ~~2. Checks for dermatologic indication of opioid use; COMPREHENSIVE REVIEW OF SYSTEMS;~~
3. VITAL SIGNS (TEMPERATURE, PULSE, BLOOD PRESSURE AND RESPIRATORY);
- ~~4. Evaluations of individuals' general appearance;~~
- ~~5. Inspections of head, ears, eyes, nose, throat (thyroid), chest (including heart and lungs), abdomen, extremities, and skin (tracks, scarring, abscesses);~~
- ~~6. Neurological assessments; altered mental status.~~

D. WHEN EXAM RESULTS INDICATE FURTHER TESTING OR MEDICAL FOLLOW UP, THE OTP SHALL MAKE DOCUMENTED EFFORTS TO EDUCATE THE INDIVIDUAL AND MAKE REFERRALS TO APPROPRIATE MEDICAL CARE.

#### **~~21.320.64~~ 13.8.3 LABORATORY TESTS**

A. ADMISSION LABORATORY TESTS SHALL BE CONDUCTED EITHER ON-SITE OR THROUGH REFERRAL, AND RESULTS SHALL BE EVALUATED AND DOCUMENTED IN INDIVIDUAL RECORDS WITHIN FOURTEEN (14) CONSECUTIVE CALENDAR DAYS FOLLOWING TREATMENT ADMISSION. WHEN UTILIZING LABORATORY TESTS PERFORMED OUTSIDE OF THE OTP TO COMPLY WITH RULE, THE OTP MUST ENSURE TESTS ARE DRAWN NOT MORE THAN THIRTY (30) DAYS PRIOR TO ADMISSION TO THE OTP.

B. SCREENING FOR THE FOLLOWING SHALL BE DOCUMENTED AND THE FOLLOWING LABORATORY TESTS SHALL BE COMPLETED WHEN CLINICALLY INDICATED:



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1. ~~Serological test for syphilis;~~ URINE TOXICOLOGY OR OTHER TESTS TO DETERMINE CURRENT SUBSTANCE USE;
2. ~~Tuberculin skin test and/or other tests for tuberculosis;~~ VIRAL HEPATITIS, SYPHILIS, TUBERCULOSIS, HIV/AIDS, SEXUALLY TRANSMITTED INFECTIONS AND OTHER INFECTIOUS DISEASES;
3. ~~Urine toxicology or other tests to determine current substance use;~~
- 4-3. **COMPLETE BLOOD COUNT AND DIFFERENTIAL;**
5. 4. ROUTINE AND MICROSCOPIC URINALYSIS; AND,
5. COMPREHENSIVE METABOLIC PANEL (CMP).
6. ~~Liver function tests;~~
7. ~~Test for Hepatitis B, C, and Delta;~~
8. ~~Test for HIV/AIDS.~~

**C. THE FOLLOWING LABORATORY TESTS SHALL BE CONDUCTED WITH CONSENT, EVERY TWO (2) CONSECUTIVE YEARS FROM DATE OF ADMISSION WHEN CLINICALLY INDICATED:**

1. ~~Tuberculin skin test and/or other tests for tuberculosis;~~ VIRAL HEPATITIS, SYPHILIS, TUBERCULOSIS, HIV/AIDS, SEXUALLY TRANSMITTED INFECTIONS AND OTHER INFECTIOUS DISEASES;
2. **COMPLETE BLOOD COUNT AND DIFFERENTIAL;**
3. ~~Liver function profile.~~ COMPREHENSIVE METABOLIC PANEL (CMP).

D. WHEN LABORATORY TEST RESULTS INDICATE FURTHER TESTING OR MEDICAL FOLLOW UP, THE OTP SHALL MAKE DOCUMENTED EFFORTS TO EDUCATE THE INDIVIDUAL AND MAKE REFERRALS TO APPROPRIATE MEDICAL CARE.

E. IN ACCORDANCE WITH 42 CFR § 8.12 (F)(2)(B)(III), AN INDIVIDUAL'S REFUSAL TO UNDERGO LAB TESTING FOR CO-OCCURRING PHYSICAL HEALTH CONDITIONS SHOULD NOT PRECLUDE THEM FROM ACCESS TO TREATMENT, PROVIDED SUCH REFUSAL DOES NOT HAVE POTENTIAL TO NEGATIVELY IMPACT TREATMENT WITH MEDICATIONS.

**~~21.320.7~~ 13.8.4 TOXICOLOGY SCREENS/URINE DRUG SCREENS**

A. **OTPS SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES THAT ENSURE A RANDOM SAMPLE COLLECTION PROTOCOL THAT MINIMIZES FALSIFICATION AND RESPECTFULLY LIMITS individuals' inability or REFUSAL TO PROVIDE SPECIMENS FOR TESTING, INCLUDING OFFERING ALTERNATIVE METHODS FOR TESTING.**

1. **INDIVIDUALS SHALL HAVE NO NOTIFICATION PRIOR TO THE DAY THEY ARE REQUIRED TO GIVE A SAMPLE.**

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2. INDIVIDUALS SHALL NOT BE ALLOWED TO GIVE A SAMPLE ON DAYS THEY NORMALLY ATTEND THE CLINIC UNLESS THOSE DAYS ARE COINCIDENTALLY RANDOMLY ASSIGNED SAMPLE DAYS.

B. OTPS SHALL DEVELOP AND IMPLEMENT POLICIES AND PROCEDURES THAT ESTABLISH TREATMENT RESPONSES TO THE FOLLOWING:

1. EVIDENCE OF UNAUTHORIZED DRUGS IN TOXICOLOGY SCREENS, INCLUDING PRESCRIPTION MEDICATIONS;

2. LACK OF ALL OTP-ADMINISTERED CONTROLLED SUBSTANCES IN TOXICOLOGY SCREENS including Suboxone;

3. DILUTE URINE ANALYSIS; AND,

4. USE OF THE PRESCRIPTION DRUG MONITORING PROGRAM.

5. HOW THE AGENCY INCORPORATES HARM REDUCTION AND TRAUMA-INFORMED PRACTICES, AND RESPECT FOR THE GENDER IDENTITY OF THE INDIVIDUALS BEING SCREENED.

~~C. Procedures for toxicology screens shall be designed and implemented to ensure random sample collection in accordance with requirements for each phase of take-home dose privileges.~~

~~D.~~ C. TOXICOLOGY SCREENS SHALL OCCUR WITH THE FOLLOWING FREQUENCIES:

1. ONE (1) TOXICOLOGY SCREEN AT ADMISSION;

2. Minimum of EIGHT (8) ANNUAL RANDOM TOXICOLOGY SCREENS;

3. AN INITIAL TOXICOLOGY SCREEN FOR INDIVIDUALS UNDERGOING SHORT-TERM detoxification-SUPERVISED WITHDRAWAL;

4. AN INITIAL TOXICOLOGY SCREEN AND AT LEAST ONE (1) RANDOM TOXICOLOGY SCREEN PER MONTH FOR INDIVIDUALS UNDERGOING LONG-TERM detoxification-SUPERVISED WITHDRAWAL;

5. AT LEAST ONE (1) RANDOM TOXICOLOGY SCREEN DURING THIRTY (30) DAY REDUCTION IN TAKE-HOME DOSES privileges DUE TO DIVERSION OR OTHER FACTORS AS INDICATED IN 13.6.4 OF THIS CHAPTER.

6. IF TOXICOLOGY SCREENING FREQUENCY IS ABOVE STANDARDS LISTED IN 13.8.4.C 1-5, THE OTP SHALL DOCUMENT MEDICAL OR CLINICAL NECESSITY.

~~E.~~ D. REFUSAL TO PROVIDE SAMPLES FOR TOXICOLOGY SCREENS SHALL BE CONSIDERED TO BE POSITIVE TOXICOLOGY SCREENS.

~~F.~~ E. DILUTE URINALYSIS WILL BE REVIEWED AND ASSESSED.

~~G.~~ F. THE STATE AUTHORITY WILL MONITOR DRUG TRENDS AND MAY REQUIRE TESTING FOR ADDITIONAL SUBSTANCES THAT POSE A RISK TO HEALTH AND SAFETY OF INDIVIDUALS RECEIVING OTP SERVICES.

G. RESULTS OF OTP DRUG SCREENING SHALL BE UTILIZED AS A CLINICAL TOOL FOR MONITORING AN INDIVIDUAL'S SUBSTANCE USE PATTERNS BEFORE AND DURING TREATMENT. THE AGENCY'S MEDICAL DIRECTOR SHALL ENSURE THAT DRUG SCREEN



RESULTS ARE NOT TO BE UTILIZED AS THE SOLE FACTOR IN THE ADMINISTRATIVE DISCHARGE OF AN INDIVIDUAL FROM TREATMENT IN CASES THAT DO NOT INVOLVE NEGATIVE DRUG SCREENS FOR METHADONE METABOLITE.

### 13.8.5 COUNSELING SERVICES

A. IN ACCORDANCE WITH 42 CFR § 8.12 (F)(5)(I)(II) & (III), OTPS OPERATING IN COLORADO SHALL FOLLOW THE FOLLOWING STANDARDS OF COUNSELING CARE;

1. OTPS MUST PROVIDE ADEQUATE SUBSTANCE USE DISORDER COUNSELING AND PSYCHOEDUCATION TO EACH INDIVIDUAL AS CLINICALLY NECESSARY AND MUTUALLY AGREED-UPON, INCLUDING HARM REDUCTION EDUCATION AND RECOVERY-ORIENTED COUNSELING. THIS COUNSELING SHALL BE PROVIDED BY A PROGRAM COUNSELOR, QUALIFIED BY EDUCATION, TRAINING, OR EXPERIENCE, TO ASSESS THE PSYCHOLOGICAL AND SOCIOLOGICAL BACKGROUND OF INDIVIDUALS, AND ENGAGE WITH INDIVIDUALS, TO CONTRIBUTE TO THE APPROPRIATE CARE PLAN FOR THE INDIVIDUAL AND TO MONITOR AND UPDATE INDIVIDUAL PROGRESS;
2. OTPS MUST PROVIDE COUNSELING ON PREVENTING EXPOSURE TO, AND THE TRANSMISSION OF, HUMAN IMMUNODEFICIENCY VIRUS (HIV), VIRAL HEPATITIS, AND SEXUALLY TRANSMITTED INFECTIONS (STIS) AND EITHER DIRECTLY PROVIDE SERVICES AND TREATMENTS OR ACTIVELY LINK TO TREATMENT EACH INDIVIDUAL ADMITTED OR READMITTED TO TREATMENT WHO HAS RECEIVED POSITIVE TEST RESULTS FOR THESE CONDITIONS FROM INITIAL AND/OR PERIODIC MEDICAL EXAMINATIONS;
3. OTPS MUST PROVIDE DIRECTLY, OR THROUGH REFERRAL TO ADEQUATE AND REASONABLY ACCESSIBLE COMMUNITY RESOURCES, VOCATIONAL TRAINING, EDUCATION, AND EMPLOYMENT SERVICES FOR INDIVIDUALS WHO REQUEST SUCH SERVICES OR FOR WHOM THESE NEEDS HAVE BEEN IDENTIFIED AND MUTUALLY AGREED-UPON AS BENEFICIAL BY THE INDIVIDUAL AND PROGRAM STAFF;
4. INDIVIDUAL REFUSAL OF COUNSELING SHALL NOT PRECLUDE THEM FROM RECEIVING MOUTD. OTPS SHALL PERFORM RE-ASSESSMENT OF INDIVIDUAL'S INTEREST IN COUNSELING SERVICES AT LEAST EVERY ONE HUNDRED AND EIGHTY (180) DAYS AND DOCUMENT AS NECESSARY IN THE INDIVIDUAL'S SERVICE PLAN;
5. AS PART OF QUALITY IMPROVEMENT PLANNING, OTPS SHALL TRACK, IN ADDITION TO REQUIREMENTS OUTLINED IN CHAPTER 2.17, OTP DISCHARGES, REASONS FOR DISCHARGE, AND PROGRESS TO RETENTION IMPROVEMENT EFFORTS.

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### **21.600 Recovery Support Services Organizations**

### **CHAPTER 14: RECOVERY SUPPORT SERVICES ORGANIZATIONS**

### **21.600.1-14.1 AUTHORITY AND APPLICABILITY**

A. HOUSE BILL 21-1021 PROVIDES THAT IT IS IN THE BEST INTEREST OF THE STATE TO SUPPORT THE PEER SUPPORT PROFESSIONAL WORKFORCE THROUGH THE CREATION OF PEER-RUN RECOVERY SUPPORT SERVICES ORGANIZATIONS.

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B. THE GENERAL ASSEMBLY AUTHORIZED THE COLORADO DEPARTMENT OF HUMAN SERVICES, IN COLLABORATION WITH THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING, TO PROMULGATE RULES ESTABLISHING MINIMUM STANDARDS THAT RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST MEET. § 27-60-108(3)(A), (C) C.R.S.

#### **21.600.2-14.2 DEFINITIONS**

~~"Behavioral health" shall have the same definition as in Section 25-27.6-102, C.R.S.~~

~~"Critical incident" shall have the same definition as in 2 CCR 502-1 Section 21.300.1.~~

~~"Department" means the Colorado Department of Human Services.~~

~~"Individual" means any individual who receives services from a Recovery Support Services Organization.~~

#### **"LICENSED MENTAL HEALTH PROVIDER" MEANS:**

A. A MENTAL HEALTH PROFESSIONAL LICENSED OR CERTIFIED PURSUANT TO SECTION 12-245, C.R.S. EXCEPT FOR UNLICENSED PSYCHOTHERAPISTS PURSUANT TO SECTION 12-245, C.R.S.

B. ADVANCED PRACTICE REGISTERED NURSE REGISTERED PURSUANT TO SECTION 12-255-111, C.R.S. WITH TRAINING IN SUBSTANCE USE DISORDERS OR MENTAL HEALTH

C. PHYSICIAN ASSISTANT LICENSED PURSUANT TO SECTION 12-240-113, C.R.S. WITH SPECIFIC TRAINING IN SUBSTANCE USE DISORDERS OR MENTAL HEALTH

D. PSYCHIATRIC TECHNICIAN LICENSED PURSUANT TO SECTION 12-295, C.R.S.

E. MEDICAL DOCTOR OR DOCTOR OF OSTEOPATHY LICENSED PURSUANT TO SECTION 12-240, C.R.S.

~~"Peer support professional" means a peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate, or family systems navigator who meets the qualifications described in Section 27-60-108(3)(a)(iii), C.R.S.~~

~~"Peer support" shall have the same definition as in 2 CCR Section 21.400.1.~~

~~"Recovery Support Services Organization" (RSSO) means an independent entity led and governed by representatives of local communities of recovery and approved by the executive director of the department~~

~~"Substance use disorder" shall have the same meaning as defined in Section 27-80-203 (23.3), C.R.S.~~

~~"Warm line" means a peer-run telephone hotline that provides early intervention with emotional support for the caller.~~

#### **21.600.3-14.3 LICENSE REQUIREMENT**



A. ORGANIZATIONS SHALL APPLY FOR AND OBTAIN A RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE IF:

1. THEY ARE A PEER-RUN ORGANIZATION PROVIDING PEER SUPPORT TO INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDER, AND

2. THE ORGANIZATION IS SEEKING REIMBURSEMENT THROUGH MEDICAID.

B. ALL APPLICANTS FOR A RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE SHALL DEMONSTRATE COMPLIANCE WITH THESE RULES AND ALL APPLICABLE STATE AND FEDERAL REGULATIONS AND STATUTES.

#### **~~21.600.31~~ 14.4 ANNUAL LICENSE**

A. EACH APPROVED RECOVERY SUPPORT SERVICES ORGANIZATION THAT PROVIDES PEER SUPPORT AND SEEKS REIMBURSEMENT THROUGH MEDICAID SHALL OBTAIN A ~~Department BHA~~-ISSUED RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE ANNUALLY.

B. PEER-RUN SERVICE PROVIDERS ARE NOT REQUIRED TO SEEK RSSO LICENSURE TO PROVIDE SERVICES UNLESS THEY SEEK MEDICAID REIMBURSEMENT FOR PEER SUPPORT SERVICES RENDERED UNDER A PEER-RUN SERVICE PROVIDER.

#### **~~21.600.4~~ 14.5 GENERAL PROVISIONS**

##### **~~21.600.41~~ 14.5.1 SERVICE PROVISIONS**

A. RECOVERY SUPPORT SERVICES ORGANIZATIONS MAY PROVIDE A VARIETY OF NONCLINICAL, RECOVERY-FOCUSED SERVICES AND SUPPORTS. THESE SERVICES SHALL INCLUDE ENGAGING INDIVIDUALS IN PEER-TO-PEER RELATIONSHIPS THAT SUPPORT HEALING, PERSONAL GROWTH, LIFE SKILLS DEVELOPMENT, SELF-CARE, AND CRISIS-STRATEGY DEVELOPMENT TO HELP ACHIEVE RECOVERY, WELLNESS, AND LIFE GOALS. THESE SERVICES MAY INCLUDE, BUT ARE NOT LIMITED TO:

1. PEER-RUN DROP IN CENTERS

2. RECOVERY AND WELLNESS CENTERS

3. EMPLOYMENT SERVICES

4. PREVENTION AND EARLY INTERVENTION ACTIVITIES

5. PEER MENTORING FOR CHILDREN AND ADOLESCENTS

6. WARM LINES

7. ADVOCACY SERVICES

B. A PEER SUPPORT PROFESSIONAL MAY PROVIDE SERVICES ON BEHALF OF A RECOVERY SUPPORT SERVICES ORGANIZATION IN A VARIETY OF CLINICAL AND NONCLINICAL SETTINGS, THAT MAY INCLUDE BUT ARE NOT LIMITED TO:

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**1. JUSTICE-INVOLVED SETTINGS**

**2. PHYSICAL HEALTH SETTINGS, SUCH AS PEDIATRICIAN OR OBSTETRIC AND GYNECOLOGICAL HEALTH CARE OFFICES**

**3. EMERGENCY DEPARTMENTS**

**4. SERVICES DELIVERED VIA TELEHEALTH**

**5. AGENCIES SERVING HOMELESS COMMUNITIES**

**6. PEER RESPITE HOMES**

**7. SCHOOL-BASED HEALTH CENTERS**

**8. HOME AND COMMUNITY-BASED SETTINGS**

**C. RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST HAVE AN ESTABLISHED PROCESS BY WHICH THE ORGANIZATION COORDINATES ITS SERVICES WITH THOSE RENDERED BY OTHER AGENCIES, INCLUDING TREATMENT AGENCIES, TO ENSURE AN UNINTERRUPTED CONTINUUM OF CARE TO PERSONS WITH BEHAVIORAL HEALTH DISORDERS.**

**~~21.600.42~~ 14.5.2 STAFF REQUIREMENTS AND TRAINING**

**A. RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST EMPLOY OR CONTRACT WITH A LICENSED MENTAL HEALTH PROVIDER PURSUANT TO §12-245, C.R.S. TO ADMINISTER ON-GOING SUPERVISION OF PEER SUPPORT PROFESSIONALS EMPLOYED OR CONTRACTED BY RECOVERY SUPPORT SERVICES ORGANIZATIONS. THE LICENSED MENTAL HEALTH PROVIDER MUST BE IN GOOD STANDING WITH THEIR CREDENTIALING BODY AND MUST DEMONSTRATE IN A MANNER DETERMINED BY THE BEHAVIORAL HEALTH COMMISSIONER HAVING RECEIVED FORMAL TRAINING SPECIFIC TO:**

**1. PROVISION OF PEER SUPPORT SERVICES**

**2. SUPERVISION OF PEER SUPPORT PROFESSIONALS**

**3. ROLE OF PEER SUPPORT PROFESSIONALS**

**B. FOR PEER SUPPORT PROFESSIONALS WITH LESS THAN 12 MONTHS EXPERIENCE, INDIVIDUAL SUPERVISION BY THE LICENSED MENTAL HEALTH PROVIDER OF SUFFICIENT LENGTH TO ADDRESS NEEDS FOR A MINIMUM OF 30 MINUTES, TWO TIMES PER MONTH IS REQUIRED. FOR PEER SUPPORT PROFESSIONALS WITH MORE THAN 12 MONTHS EXPERIENCE, INDIVIDUAL SUPERVISION BY THE LICENSED MENTAL HEALTH PROVIDER OF SUFFICIENT LENGTH TO ADDRESS NEEDS FOR A MINIMUM OF 30 MINUTES, ONCE PER MONTH IS REQUIRED. SUPERVISORS SHALL MAINTAIN DOCUMENTATION OF ALL SUPERVISORY SESSIONS.**

**C. RECOVERY SUPPORT SERVICES ORGANIZATIONS MUST EMPLOY OR CONTRACT WITH PEER SUPPORT PROFESSIONALS WHO HAVE SUCCESSFULLY COMPLETED FORMAL TRAINING COVERING ALL CONTENT AREAS OUTLINED IN "CORE COMPETENCIES FOR PEER WORKERS IN**



BEHAVIORAL HEALTH SERVICES – 2018” ESTABLISHED BY UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES’ SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND DOES NOT INCLUDE ANY LATER AMENDMENTS OR EDITIONS. THESE REGULATIONS ARE AVAILABLE AT NO COST AT [HTTPS://WWW.SAMHSA.GOV/](https://www.samhsa.gov/) AND ARE ALSO AVAILABLE FOR PUBLIC INSPECTION AND COPYING AT THE Colorado Department of Human Services, Office of Behavioral Health, 3824 West Princeton Circle, Denver, Colorado 80236, BEHAVIORAL HEALTH ADMINISTRATION, 710 S ASH ST, STE C-410, DENVER, CO 80246 DURING REGULAR BUSINESS HOURS.

D. PEER SUPPORT PROFESSIONALS MUST OBTAIN A CERTIFICATION AS A PEER SUPPORT PROFESSIONAL AND BE IN GOOD STANDING WITH THEIR CERTIFYING BODY.

E. ALL STAFF EMPLOYED OR CONTRACTED BY A RECOVERY SUPPORT SERVICES ORGANIZATION MUST COMPLY WITH BACKGROUND CHECKS AND EMPLOYMENT VERIFICATION PROCESSES OUTLINED IN 2 CCR ~~Section 21.160.2~~ 502-1 PART 2.5 AND BE VERIFIED AT LEAST ANNUALLY.

#### **~~21.600.43~~ 14.5.3 DOCUMENTATION REQUIREMENTS**

A. RECOVERY SUPPORT SERVICES ORGANIZATIONS SHALL COMPLY WITH RELEASE OF INFORMATION REQUIREMENTS PURSUANT TO 2 CCR ~~Section 21.170.3~~ 502-1 PART 2.7.13.

B. RECOVERY SUPPORT SERVICES ORGANIZATIONS SHALL COMPLY WITH CONSENT REQUIREMENTS PURSUANT TO 2 CCR ~~Section 21.170.4~~ 502-1 PART 2.7.A.7.

C. RECOVERY SUPPORT SERVICES ORGANIZATIONS SHALL MAINTAIN RECORDS OF THE SERVICES PROVIDED TO INDIVIDUALS BY THE RSSOS. THE RECORD SHALL BE SHARED WITH THE ~~Department BHA~~ PURSUANT TO A PROCEDURE DETERMINED BY THE BEHAVIORAL HEALTH COMMISSIONER. FOR EACH ENCOUNTER IN WHICH SERVICES ARE PROVIDED, THE RECORD SHALL CONTAIN:

1. DATE OF SERVICE
2. TOTAL CONTACT TIME WITH PERSON
3. SESSION SETTING/PLACE OF SERVICE
4. REASON FOR THE ENCOUNTER AND DESCRIPTION OF SERVICES PROVIDED
5. PROVIDER’S DATED SIGNATURE AND RELEVANT QUALIFYING CREDENTIAL.

D. RECOVERY SUPPORT SERVICES ORGANIZATIONS SHALL HAVE POLICIES AND PROCEDURES THAT ADDRESS AT A MINIMUM:

1. EXPERIENCE AND HIRING REQUIREMENTS FOR PEER SUPPORT PROFESSIONALS AND LICENSED MENTAL HEALTH PROVIDERS
2. THE PROGRAM’S STANDARDS OF PRACTICE AND CODE OF ETHICS

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3. TRAINING FOR PEER SUPPORT PROFESSIONALS RELATED TO PROVIDING SUPPORT SERVICES

4. TRAINING FOR LICENSED MENTAL HEALTH PROVIDERS RELATED TO THE SUPERVISION OF PEERS

5. A DESCRIPTION OF EACH ASPECT OF THE PROGRAM, INCLUDING STAFF ROLES AND RESPONSIBILITIES AND HOW THE ORGANIZATION MEETS THE DESCRIPTION OF "PEER RUN"

6. THE PROGRAM'S CARE COORDINATION POLICY, INCLUDING REFERRAL PROCEDURES

7. THE HANDLING OF GRIEVANCES AND COMPLAINTS BY INDIVIDUALS RECEIVING SERVICES

8. REPORTING AND REVIEWING CRITICAL INCIDENTS IN ACCORDANCE WITH 2 CCR Section 21.140.502-1 PART 2.16

9. COMPLIANCE WITH CONFIDENTIALITY, HIPAA, AND 42 C.F.R. PART 2

10. METHODS FOR RECORDING INFORMATION REQUIRED BY Section 21.600.43(C)-2 CCR 502-1 PART 14.5.3

#### **~~21.600.5~~ 14.5.4 SITE VISITS**

A. ROUTINE MONITORING: RECOVERY SUPPORT SERVICES ORGANIZATION LICENSING VISITS SHALL BE SCHEDULED AND CONDUCTED BY THE Department-BHA DURING THE RSSO'S NORMAL BUSINESS HOURS TO THE EXTENT POSSIBLE.

B. THE Department-BHA SHALL CONDUCT UNSCHEDULED SITE VISITS FOR SPECIFIC MONITORING PURPOSES AND INVESTIGATION OF COMPLAINTS OR CRITICAL INCIDENTS INVOLVING APPROVED ORGANIZATIONS THAT HAVE A RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE. THESE UNSCHEDULED VISITS SHALL BE IN ACCORDANCE WITH THE:

1. RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE RULES;

2. Department-BHA POLICIES AND PROCEDURES;

3. ANY STATUTES AND REGULATIONS THAT PROTECT THE CONFIDENTIALITY OF INDIVIDUAL IDENTIFYING INFORMATION, INCLUDING HIPAA AND 42 C.F.R. PART 2.

C. THE Department-BHA SHALL HAVE ACCESS TO ALL INDIVIDUAL, ORGANIZATION, AND STAFF RECORDS AND ANY OTHER RELEVANT DOCUMENTATION REQUIRED TO DETERMINE COMPLIANCE WITH THESE RULES AND TO COORDINATE INDIVIDUAL SERVICES.

D. SITE INSPECTION MAY BE REQUIRED AT THE SOLE DISCRETION OF THE Department-BHA .

#### **~~21.600.6~~ 14.6 ETHICAL STANDARD**



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RECOVERY SUPPORT SERVICES ORGANIZATIONS SHALL ENSURE THAT PEER SUPPORT PROFESSIONALS ADHERE TO ETHICAL STANDARDS. VIOLATIONS OF ETHICAL STANDARDS INCLUDE:

A. PERFORMING DUTIES OUTSIDE OF THE SCOPE OF PRACTICE OF A PEER SUPPORT PROFESSIONAL

B. ANY BREACH OF PROFESSIONAL BOUNDARIES BETWEEN A PEER SUPPORT PROFESSIONAL AND AN INDIVIDUAL RECEIVING SERVICES, INCLUDING RELATIONSHIPS OF A SEXUAL OR ROMANTIC NATURE BETWEEN THE PEER SUPPORT PROFESSIONAL AND INDIVIDUAL RECEIVING SERVICES

C. FRAUDULENT ACTIVITY, INCLUDING BUT NOT LIMITED TO MISREPRESENTING CREDENTIALS AND FALSIFYING RECORDS

D. FAILURE TO MEET GENERALLY ACCEPTED STANDARDS OF PEER SUPPORT PROFESSIONAL PRACTICE

E. ANY CONDUCT DESCRIBED IN 2 CCR ~~Section 21.120.8(C)~~-502-1 PART 2.24.

#### **~~21.600.7~~ 14.7 CRITICAL INCIDENT REPORTING**

A. CRITICAL INCIDENT REPORTING SHALL OCCUR IN ACCORDANCE WITH 2 CCR ~~Section 21.140~~502-1 PART 2.16.

#### **~~21.600.8~~ 14.8 LICENSING PROCEDURES**

##### **~~21.600.81~~ 14.8.1 INITIAL LICENSES**

A. APPLICATIONS FOR INITIAL LICENSES FOR RSSOS SHALL BE SUBMITTED AND PROCESSED ACCORDING TO PROCEDURES OUTLINED IN 2 CCR ~~Section 21.120.22~~ 502-1 PART 2.18.

B. THE APPLICATION FEE FOR AN RSSO LICENSE SHALL BE TWO HUNDRED DOLLARS (\$200).

C. NO INITIAL LICENSE SHALL ISSUE PRIOR TO ~~Department~~ BHA INSPECTION PER 2 CCR ~~Section 21.100~~ 502-1 PART 2.18.

##### **~~21.600.82~~ 14.8.2 PROVISIONAL LICENSES**

A. PROVISIONAL LICENSES MAY BE GRANTED UNDER THE CIRCUMSTANCES AND THROUGH THE PROCESSES DESCRIBED IN 2 CCR ~~Section 21.120.23~~ 502-1 PART 2.19.

##### **~~21.600.83~~ 14.8.3 LICENSE RENEWAL**

A. LICENSE RENEWAL SHALL BE CONDUCTED ACCORDING TO PROCESSES OUTLINED IN 2 CCR ~~Section 21.120.24~~ 502-1 PART 2.20.

##### **~~21.600.84~~ 14.8.4 PROBATIONARY CONDITIONAL LICENSE**



A. ~~Probationary~~ CONDITIONAL LICENSES MAY BE GRANTED UNDER THE CIRCUMSTANCES AND THROUGH THE PROCESSES DESCRIBED IN 2 CCR ~~Section 21.120.25-502-1~~ PART 2.24.3.

#### **~~21.600.85-14.8.5~~ LICENSE REVOCATION, DENIAL, SUSPENSION, LIMITATION OR MODIFICATION**

A. A LICENSE MAY BE REVOKED, DENIED, SUSPENDED, LIMITED, OR MODIFIED ACCORDING TO 2 CCR ~~Section 21.120.8-502-1~~ PART 2.24.2.

B. A LICENSE MAY BE REVOKED, DENIED, SUSPENDED, LIMITED, OR MODIFIED IF AN INDIVIDUAL PROVIDING SERVICES UNDER THE ORGANIZATION'S AUSPICES VIOLATES ETHICAL STANDARDS OUTLINED IN 2 CCR ~~Section 21.600.6-502-1~~ PART 2.24.2.A.

C. A RECOVERY SUPPORT SERVICES ORGANIZATION THAT HAS A LIMITED, SUSPENDED, OR MODIFIED LICENSE WILL MAINTAIN THAT LICENSURE STATUS EVEN IF THE RECOVERY SUPPORT SERVICES ORGANIZATION CHANGES ITS NAME BUT RETAINS THE SAME SUPERVISING LICENSED MENTAL HEALTH PROVIDER.

#### **~~21.600.86-14.8.6~~ INACTIVATION OR SURRENDER OF A LICENSE**

A. NO RECOVERY SUPPORT SERVICES ORGANIZATION LICENSE SHALL BE INACTIVATED EXCEPT WITH THE ~~Department~~ BHA'S APPROVAL. A RECOVERY SUPPORT SERVICES ORGANIZATION MAY REQUEST INACTIVATION AT ANY TIME. APPROVAL TO INACTIVATE A LICENSE WILL NOT BE UNREASONABLY DENIED. INACTIVATION OR SURRENDER OF A LICENSE WILL NOT AVOID DISCIPLINE IF OTHERWISE JUSTIFIED.

#### **~~21.600.9-14.9~~ APPEAL**

A. ~~ANY licensee or designee~~ RECOVERY SUPPORT SERVICES ORGANIZATION ADVERSELY AFFECTED OR AGGRIEVED BY THESE RULES OR BY THE ~~Department~~ BHA'S DECISIONS IN REGARD TO IMPLEMENTATION OF THESE RULES HAS THE RIGHT TO APPEAL A ~~Department~~ BHA ACTION IN ACCORDANCE WITH 2 CCR ~~Section 21.105-502-1~~ PART 2.24.5.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00143

**Department**

700 - Department of Regulatory Agencies

**Agency**

702 - Division of Insurance

**CCR number**

3 CCR 702-4 Series 4-2

**Rule title**

LIFE, ACCIDENT AND HEALTH, Series 4-2 Accident and Health (General)

**Rulemaking Hearing****Date**

04/30/2025

**Time**

11:00 AM

**Location**

Webinar or 1560 Broadway, STE 850, Denver CO 80202

**Subjects and issues involved**

The purpose of this regulation is to promulgate rules applicable to the filing of new and/or revised policy forms, new policy form listings, annual reports of policy forms, and certifications of policy forms and contracts, other than health benefit plan forms.

**Statutory authority**

§§ 10-1-109(1), 10-3-1110, 10-16-107.2(1),(2),(3), 10-16-107.3(4), 10-16-109, C.R.S., and § 8-13.3-501, and 8-13.3-521(2)(c) C.R.S.

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# DEPARTMENT OF REGULATORY AGENCIES

## Division of Insurance

### 3 CCR 702-4

#### LIFE, ACCIDENT AND HEALTH

##### Proposed Amended Regulation 4-2-40

##### CONCERNING THE ELEMENTS OF CERTIFICATION FOR CERTAIN LIMITED BENEFIT HEALTH PLANS, CREDIT LIFE AND HEALTH, PRENEED FUNERAL CONTRACTS, EXCESS/STOP-LOSS INSURANCE FORMS, SICKNESS AND ACCIDENT INSURANCE, PAID FAMILY AND MEDICAL LEAVE INSURANCE PLANS, AND OTHER LIMITED BENEFIT HEALTH PLANS

Section 1	Authority
Section 2	Scope and Purpose
Section 3	Applicability
Section 4	Definitions
Section 5	Rules for Form Filings
Section 6	Rules for Form Filings and Annual Form Filings for Certain Limited Benefit Health Plans, Sickness and Accident Insurance, and other Limited Benefit Health Plans
Section 7	Required Attestations and Notices for Limited Benefit Health Coverage
Section 8	Rules for Form Filings and Annual Reports for Credit Life and Health Products
Section 9	Rules for Form and Annual Report Filings for Preneed Funeral Contracts
Section 10	Rules for Filing Excess/Stop-Loss Insurance Forms
<u>Section 11</u>	<u>Rules for Paid Family and Medical Leave Insurance (FAMLI) Forms</u>
Section <del>12</del> 4	Wellness Benefits
Section <del>13</del> 2	Prohibited Practices
Section <del>14</del> 3	Readability
Section <del>15</del> 4	Severability
Section <del>16</del> 5	Enforcement
Section <del>17</del> 6	Effective Date
Section <del>18</del> 7	History
Appendix A	Form Health – Colorado Health Coverage Certification Form for Listings of New and/or Revised Policy Forms
Appendix B	Form Health Annual – Colorado Health Coverage Certification Form for Annual Reports
<u>Appendix C</u>	<u>Colorado Fixed Indemnity Policy Notice</u>
Appendix <del>D</del> G	Form CI – Colorado Credit Insurance Policy Certification Form for Annual Reports and Listings of New and/or Revised Policy Forms
Appendix <del>E</del> D	Form PN – Colorado Preneed Certification Form for Annual Reports and Listings of New and/or Revised Contracts
Appendix <del>F</del> E	Form Colorado Health Excess/Stop-Loss - Colorado Health Excess/Stop-Loss Insurance for Self-Insured Employer Benefit Plans Under ERISA Certification Form
<u>Appendix G</u>	<u>Form Paid Family Medical Leave – Colorado Paid Family Medical Leave Coverage Certification Form for Listings of New and/or Revised Policy Forms</u>

##### **Section 1 Authority**

This regulation is promulgated and adopted by the Commissioner of Insurance (Commissioner) under the authority of §§ 10-1-109(1), 10-3-1110, 10-16-107.2(1),(2),(3), 10-16-107.3(4), ~~and~~ 10-16-109, C.R.S., and § 8-13.3-501, and 8-13.3-521(2)(c) C.R.S.

## **Section 2      Scope and Purpose**

The purpose of this regulation is to promulgate rules applicable to the filing of new and/or revised policy forms, new policy form listings, annual reports of policy forms, and certifications of policy forms and contracts, other than health benefit plan forms.

## **Section 3      Applicability**

This regulation applies to all insurers and other entities authorized to conduct business in Colorado who ~~are required to fully execute and file a certification form and complete the Form Schedule Tab in the System for Electronic Rate and Form Filing (SERFF). This includes insurers and other entities who~~ provide insurance for sickness accident, credit disability, credit -health, credit - life, accident-only, specified disease, intensive care, organ and tissue transplant, dental, and disability income. This also includes insurers and other entities who provide hospital indemnity, travel, vision, long-term care, preneed funeral contracts, accidental death and dismemberment, hospital/surgical/medical, and prescription drug. This also includes excess/stop-loss insurance used in conjunction with self-insured employer benefit plans under the federal "Employee Retirement Income Security Act" (ERISA). This regulation also applies to short-term disability policies issued as part of compliance with the Colorado Paid Family and Medical Leave Insurance Act found in Title 8, Article 13.3, Part 5 of the Colorado Revised Statutes. This regulation does not change the certification requirements for preneed funeral contract sellers who utilize Colorado's prototype preneed funeral contracts. This rule does not apply to health benefit plans, including student health insurance coverage, short-term limited duration health insurance policies, or to Medicare supplement plans.

## **Section 4      Definitions**

- A. "ACA" means, for the purposes of this regulation, The Patient Protection and Affordable Care Act, Pub. L. 111-148 and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152.
- B. "Accident-only" means, for the purposes of this regulation, coverage for death, dismemberment, disability, or hospital and medical care caused by or necessitated as the result of an accident or specified kinds of accidents.
- C. "Annual Report for credit insurance" means, for the purposes of this regulation, completing the Form Schedule Tab in SERFF and including the documents and information listed in Section 8.B. of this regulation.
- D. "Annual Report for health coverage plans" means, for the purposes of this regulation, completing the Form Schedule Tab in SERFF, including the documents and information listed in Section 6.B. of this regulation.
- E. "Annual Report for preneed contracts" means, for the purposes of this regulation, completing the Form Schedule Tab in SERFF, including the documents and information listed in Section 9.B. of this regulation.
- F. "Certification" means, for the purposes of this regulation, the form that contains the necessary elements of certification, as determined by the Commissioner, which has been signed by the designated officer of the entity.
- G. "Contract seller" must have the same meaning as found at § 10-15-102(6), C.R.S.
- H. "Covered person" must have the same meaning as found at § 10-16-102(15), C.R.S.
- I. "Credit Insurance" must have the same meaning as found at § 10-10-103(2), C.R.S.

- J. "Disability income policy" means, for the purposes of this regulation, a policy that provides periodic payments to replace income lost when the insured is unable to work as the result of a sickness or injury.
- K. "Effective date" means, for the purposes of this regulation, the specific date that the filed or approved forms can be offered to an individual or a group.
- L. "Entity" means, for the purposes of this regulation, any organization that provides sickness and accident insurance, credit insurance, preneed funeral contracts, or excess/stop-loss coverage in this state. For the purpose of this regulation, "entity" includes insurers providing health coverage through fraternal benefit societies, health maintenance organizations, nonprofit hospital and health service corporations, sickness and accident insurance companies, and any other entities providing a plan of health insurance or health benefits subject to Colorado insurance laws and regulations.
- h insurance or health benefits subject to Colorado insurance laws and regulations.
- M. "Excess/stop-loss insurance" means, for the purposes of this regulation, the excess/stop-loss insurance provided in conjunction with self-insured employer benefit plans under ERISA, which comply with the requirements set forth in § 10-16-119, C.R.S.
- N. "Health benefit plan" must have the same meaning as found at § 10-16-102(32), C.R.S.
- O. "Health coverage" means, for the purposes of this regulation, services included in furnishing to any individual medical, mental, dental, optometric care or hospitalization or nursing home care or incident to the furnishing of such care or hospitalization, as well as the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human physical or mental illness or injury, other than health benefit plans.
- or injury, other than health benefit plans.
- P. "Health coverage plan" must have the same meaning as found at § 10-16-102(34), C.R.S. For the purposes of this regulation, the term "health coverage plan" does not include health benefit plans.
- Q. "Hospital indemnity policy" means, for the purposes of this regulation, a supplemental policy that provides a stated daily, weekly or monthly payment while the covered person is "hospitalized" regardless of expenses incurred and regardless of whether or not other insurance is in force.
- R. "Limited benefit health coverage" means, for the purposes of this regulation, any type of health coverage that is not a health benefit plan.
- S. "New policy form or new product" means, for the purposes of this regulation, a policy form that has "substantially different new benefits" or unique characteristics associated with risk or cost that ~~differare different~~ from existing policy forms. For example: A guaranteed issue policy form is different ~~fromthan~~ an underwritten policy form; a managed care policy form is different than a non-managed care policy form; and a direct written policy form is different from a policy sold ~~throughusing~~ producers.
- T. "Officer of the entity" means, for the purposes of this regulation, the president, vice-president, assistant vice-president, corporate secretary, assistant corporate secretary, chief executive officer (CEO), chief financial officer (CFO), chief operating officer (COO), funeral director, general counsel or actuary who is a corporate officer, or any officer appointed by the Board of Directors.

- U. "Paid Family and Medical Leave" Insurance (FAMLI) program means, for the purposes of this regulation, the program created in Colorado Paid Family and Medical Leave Insurance Act. § 8-13.3-501~~546~~ et seq., C.R.S.
- VU. "Plan" means, for the purposes of this regulation, the specific benefits and cost-sharing provisions available to a covered person.
- WV. "Policy of sickness and accident insurance" must have the same meaning as found at § 10-16-102(50), C.R.S.
- XW. "Pre-existing condition" means, for the purposes of this regulation, an injury, sickness, or pregnancy for which a person has incurred charges, received medical treatment, consulted a health care professional or taken prescription drugs within the 12 months preceding the coverage effective date under a limited benefit health plan.
- YX. "Product(s)" means, for the purposes of this regulation, the services covered as a package under a policy form by an entity, which may have several cost-sharing options and riders as options.
- ZY. "Program" means, for the purposes of this regulation, the title of an entity's insurance program, product or preneed funeral contract.
- AAZ. "Revised policy form" means, for the purposes of this regulation, an existing form previously submitted to the Division, which has been revised or modified. Entities may be required to submit a redlined version highlighting changes~~redline copies~~.
- ABA. "SERFF" means, for the purpose of this regulation, the NAIC System for Electronic Rate and Form Filing.
- ACB. "Signature" includes an electronic signature as found at § 24-71.3-102(8), C.R.S.
- ADG. "Specified disease or illness coverage" means, for the purposes of this regulation, the payment of benefits for the diagnosis and treatment of a specifically named disease, illness, or diseases. Benefits can be paid as expense incurred, per diem, or principal sum.
- AED. "Substantially different new benefit" means, for the purposes of this regulation, a new benefit offering that results in a change in the original policy. The offering of additional cost-sharing options (i.e. deductibles and copayments) to what is offered on an existing product does not create a new benefit.
- AFE. "Wellness benefits" means, for the purposes of this regulation, health benefits offered outside of the specifically defined line of coverage, such as annual preventive care and health screening, including laboratory services, x-ray services and similar services.

## **Section 5      Rules for Form Filings**

Any new and/or revised policies, riders, contracts, application forms, certificates or other evidences of coverage associated with all limited benefit health plans, credit, life and health, preneed funeral contracts, excess/stop-loss insurance, Paid Family and Medical Leave Insurance (FAMLI), sickness and accident insurance, and other limited benefit health plans must be filed with the Division of Insurance (Division) prior to issuance of the policy, rider, contract, application form, certificate, or other evidence of coverage. All form filings must be submitted electronically by licensed entities. Failure to supply the information required in this Section 5 will render the filing incomplete. All form filings submitted shall be considered public and shall be open to public inspection, unless the information may be considered confidential pursuant to § 24-72-204, C.R.S.

New plan designs under an existing product or policy form must be filed and must identify the difference in benefits and state if the benefits have been previously offered under the policy form and then later removed. Entities must not represent an existing policy form to be a new policy form, if the policy form is not being issued in connection with a substantially different new benefit. For entities who have opted to discontinue a previous form, new policy forms cannot have similar names or form numbers to any discontinued plan forms.

All form filings must be submitted electronically in SERFF by licensed entities. This section summarizes the general SERFF requirements for all form filings and the standardized format for the certification of all forms. This section must apply to each new product form introduced, to an existing form that is being modified or amended, and to the submission of form certifications. A separate filing must be submitted for each "Type of Insurance Code (TOI)" that best describes the product line. If a filing is submitted under an incorrect TOI code or Sub-TOI code, it will be rejected or disapproved as this field cannot be changed after submission in SERFF.

Each TOI code for dental, vision, and hearing must be filed separately unless the products are inseparable by design. Riders must also be submitted under their respective TOI codes unless bundled into a primary policy that does not offer standalone options.

A. SERFF General Information Tab

1. SERFF Effective Date Requested: This date must be at least thirty-one (31) days after the submission date of the filing and must be reflected in "MM/DD/YYYY" format. For excess/stop-loss insurance and preneed forms, entities may use the filing submission date. The SERFF pre-populated "On Approval" term shall not be used.
2. SERFF Requested Filing Mode: "File and Use" ("Informational" filings are not allowed in Colorado and may be rejected).
3. SERFF Filing Type: Use "Form" for all form filings and "Annual" for annual form certifications.
4. SERFF Group Market Type: If identified as an association, blanket, discretionary group, trust or labor union, the Division requires that ALL non-employer groups must be approved by the Division prior to the group becoming involved with the solicitation of the product form being filed. The By-laws and Articles of Incorporation or Articles of Association, trust agreement, and any other documentation that would help the Division determine the validity of the group, must be submitted with the filing prior to solicitation of association members and issuance of coverage. These documents, for the potential groups, must be submitted for review by the Division through SERFF using the SERFF TOI code "H21 Health – Other" and filing type – "Other". Additional information may be requested by the Division during the review process.

B. SERFF Form Schedule Tab

Identify all forms that pertain to the filing and complete all fields including the "Readability Score," demonstrating compliance with § 10-16-107.3, C.R.S. The actual forms must be attached for Hospital Indemnity and other Indemnity products, filed using TOI codes H14 and H23, H25G – Similar Supplemental Coverage, Paid Family and Medical Leave Insurance (FAMLI) Forms filed under H11G and for health excess/stop-loss insurance. A separate "Forms List" under the "Supporting Documentation" Tab is not required.

C. SERFF Supporting Documentation Tab



1. Letter of authority. When an entity uses a third-party to submit a form filing on its behalf, a letter of authority must be filed.
2. Red-lined copies of revised forms. For products that require the filing of the actual forms, or when red-lined copies are requested, all changes to previously filed forms should include a red-lined copy of the original document(s) and include revised form numbering and edition dating to distinguish the new revised form from the previously filed form.
3. Colorado certification form. A fully-executed Colorado certification form specific to the product and filing type as specified in Sections 6, 8, 9, ~~and 10~~ and 11 must be filed. Applicable Colorado certification forms are attached in the appendices of this regulation.

The elements of certification as determined by the Commissioner, which must be included in the "Colorado - Certification Form" and "Colorado - Certification Form for Annual Reports" applicable to the product being certified, are as follows:

- a. The name of the entity or contract seller;
- b. A statement that the officer signing the certification form has carefully reviewed items being certified and identified on the Form Schedule Tab in SERFF;
- c. A statement that the officer signing the certification form has read and understands each applicable law, regulation, and bulletin;
- d. A statement that the officer signing the certification form is aware of applicable penalties for certification of a noncompliant form or contract;
- e. The name and title of the officer signing the certification form and the date the certification form was signed. Signatures must be dated within the sixty (60) days prior to the submission of the filing;
- f. The original or valid electronic signature of the officer. Signature stamps, photocopies, or a signature on behalf of the officer are not acceptable. Electronic signatures must be in compliance with § 24-71.3-101 et seq., C.R.S., and applicable regulations; and
- g. If the individual signing the certification is other than the president, vice-president, assistant vice-president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included which documents that this individual has been appointed as an officer of the organization by the Board of Directors. This documentation must be submitted with every filing.

## **Section 6      Rules for Form Filings and Annual Form Filings for Certain Limited Benefit Health Plans, Sickness and Accident Insurance, and other Limited Benefit Health Plans**

### **A.      Form Filings**

All new and revised policies, riders, contracts, application forms, certificates or other evidence of coverage associated with all limited benefit plans, sickness and accident insurance, and other limited benefit health plans must be filed with the Division. All form filings must be submitted electronically by licensed entities as specified in Section 5, with the following specific requirements:

1. The SERFF “Effective Date Requested” field must be completed and must be at least thirty-one (31) days after the filing submission date.
2. The Filing Description on the General Information tab must identify which forms are being revised and a general explanation of the revisions being made. The explanation must include if revised forms are replacing existing forms, and what will happen to policies using existing forms.
32. Entities must file a fully-executed “Colorado Health Coverage Certification Form for Listing of New and/or Revised Policy Forms (Form Health),” described in Section 5.C.2 of this regulation. An officer of the entity must sign and date the Certification Form provided in Appendix A.

**B. Annual Form Certifications**

No later than December 31 of each year, each entity subject to the provisions of this regulation must file an annual report of policy forms as specified in Section 5, with the following additional specific requirements:

1. Insurance entities must use SERFF TOI code “H21 – Health – Other” and Health Maintenance Organizations must use “HOrg03 Health – Other.” All health lines of business should be submitted in one (1) Annual Form Certification filing. Paid Family and Medical Leave Insurance (FAMLI) annual certifications must be submitted separately and cannot be combined with other annual certifications.
2. The SERFF Filing Type must be “Annual Certification.”
3. The SERFF “Effective Date Requested” field is not required to be completed.
4. The Form Schedule Tab must list all policy forms, application forms (to include any health questionnaires used as part of the application process), endorsements, riders, and/or health insurance policy, contract, certificate, or other evidence of coverage currently in use and issued or delivered to any policyholder, certificate holder, enrollee, subscriber, or member in Colorado, including the titles of the programs or products affected by the forms. This must include all forms for policies for which premiums were collected during the year ending on December 31 of the reporting year. The Form Schedule Tab must be completed as follows:
  - a. Form Name;
  - b. Form Number;
  - c. Form Type, select the appropriate form type;
  - d. Action, select “Other”; and
  - e. Action Specific Data, select “Other” and list “Annual Form Certification.”
5. Listing of the readability score and attaching the actual forms is not required.
6. Entities must file a fully-executed “Colorado Health Coverage Certification Form for Annual Reports (Form Health Annual),” described in Section 5.C.2. of this regulation. An officer of the entity must sign and date the Certification Form provided in Appendix B.

**Section 7 Required Attestations and Notices for Limited Benefit Health Coverage**

- A. All entities issuing limited benefit health coverage must include the following statement in BOLD type on the policy's and certificate's face page, and on the front page of the application:

**"THIS IS A LIMITED BENEFIT HEALTH COVERAGE POLICY AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES."**

- B. In addition to the notice in Section 7.A above, all entities issuing limited benefit health coverage for hospital indemnity or other fixed indemnity policies, filed using SERFF TOI codes H14 and H23, shall display prominently on the first page (in either paper or electronic form, including on a website) of any marketing, application, and enrollment materials (including re-enrollment materials) that are provided to participants at or before the time participants are given the opportunity to enroll in the coverage, in at least 14-point font, the language in Appendix C. For fixed indemnity coverage periods beginning on or after January 1, 2015, and prior to the adoption date of this Regulation, the issuer continues to use only the notice in Section 7.A above.

- BC. All entities issuing dental policies that do not provide pediatric dental coverage as mandated by the ACA, must include the following statement in BOLD type on the policy's and certificate's face page, and on the front page of the application:

**"THIS POLICY DOES NOT INCLUDE COVERAGE OF PEDIATRIC DENTAL SERVICES AS REQUIRED UNDER THE ACA. COVERAGE OF PEDIATRIC DENTAL SERVICES IS AVAILABLE FOR PURCHASE IN THE STATE OF COLORADO AND CAN BE PURCHASED AS A STAND-ALONE PLAN. PLEASE CONTACT YOUR INSURANCE CARRIER, AGENT, OR CONNECT FOR HEALTH COLORADO TO PURCHASE EITHER A PLAN THAT INCLUDES PEDIATRIC DENTAL COVERAGE OR AN EXCHANGE-QUALIFIED STAND-ALONE DENTAL PLAN THAT INCLUDES PEDIATRIC DENTAL COVERAGE."**

This notice requirement does not apply to large group stand-alone dental plans.

## **Section 8 Rules for Form Filings and Annual Reports for Credit Life and Health Products**

- A. Form Filings

Any new and/or revised forms for credit life and health products must be filed at least thirty-one (31) days prior to use as specified in Section 5. with the following additional specific requirements:

1. The SERFF TOI code beginning with "CR" appropriate for the credit health product being presented must be used.
2. The SERFF "Effective Date Requested" field must be completed.
3. Entities must file a fully-executed "Colorado Credit Insurance Policy Certification Form for Annual Reports and Listings of New and/or Revised Policy Forms (Form CI)" available in Appendix DE of this regulation.

An officer of the entity must sign and date the certification provided on the Form provided in Appendix DE.

- B. Annual Reports

No later than July 1 of each year, each credit insurer must file an annual report for credit insurance, listing policy forms as specified in Section 5, with the following specific requirements:

1. SERFF TOI code "CR07.000 - Credit Other" must be used.
2. The SERFF Filing Type must be "Annual Certification."
3. The SERFF "Effective Date Requested" field is not required to be completed.

## **Section 9 Rules for Form and Annual Report Filings for Preneed Funeral Contracts**

### **A. Form Filings**

Preneed funeral contract sellers must file compliant forms, prior to, or concurrently with, the use of the form by a contract seller, as specified in Section 5, with the following specific requirements:

1. Use SERFF TOI codes "ML02 Multi-Line - Other"
2. The SERFF "Effective Date Requested" field must be completed. Use the submission date of the filing on preneed forms which are filed concurrently to the date of use.
3. The actual forms to be used must be attached to the Form Schedule Tab in SERFF. Red-lined versions of any revised forms must be attached to the Supporting Documentation Tab in SERFF.
4. Contract sellers must file a fully-executed "Colorado Preneed Certification Form for Annual Reports and Listings of New and/or Revised Contracts (Form PN)" described in Section 5.C.2 of this regulation.

An officer of the entity must sign and date the Certification Form provided in Appendix [ED](#).

### **B. Annual Reports**

No later than July 1 of each year, each preneed contract entity must file an annual report for preneed contracts, listing policy forms as specified in Section 5, with the following additional specific requirements:

1. SERFF TOI code "ML02 Multi-Line - Other" must be used.
2. The SERFF Filing Type must be "Annual Certification."
3. The SERFF "Effective Date Requested" field is not required to be completed.

## **Section 10 Rules for Filing Excess/Stop-Loss Insurance Forms**

Excess/stop-loss insurance, used in conjunction with self-insured employer benefit plans under ERISA, does not require the filing of an annual form certification.

Any new and/or revised forms for excess/stop-loss insurance must be filed prior to use as specified in Section 5, with the following additional specific requirements:

- A. Use SERFF TOI code "H12 Health – Excess/Stop-Loss"
- B. The SERFF "Effective Date Requested" field must be completed. Use the submission date of the filing on forms which are filed concurrently to the date of use.

- C. The actual forms to be used-must be attached to the Form Schedule Tab in SERFF. Red-lined versions of any revised forms must be attached to the Supporting Documentation Tab in SERFF.
- D. Entities must file a fully-executed "Colorado Health Excess/Stop-Loss Insurance for Self-Insured Employer Benefit Plans Under ERISA Certification Form (Form Colorado Health Excess/Stop-Loss)," described in Section 5.C.2 of this regulation, for each form filing.

An officer of the entity must sign and date the Certification Form provided in Appendix FE.

## **Section 11 Rules for Paid Family and Medical Leave (FAMLI) Insurance Forms**

### **A. Form Filings**

All new and revised policies, riders, contracts, application forms, certificates or other evidence of coverage associated with all Paid Family and Medical Leave Insurance (FAMLI) plans must be filed with the Division. All form filings must be submitted electronically by licensed entities as specified in Section 5, with the following specific requirements:

1. Use SERFF TOI codes: H11G Group Health - Disability Income; Sub-TOI: H11G.006 Paid Family Leave - Group
2. The SERFF "Effective Date Requested" field must be completed and must be at least thirty-one (31) days after the filing submission date.
3. The actual forms to be used must be attached to the Form Schedule Tab in SERFF. Red-lined versions of any revised forms must be attached to the Supporting Documentation Tab in SERFF.
4. Entities must file a fully-executed "Colorado Paid Family Medical Leave Coverage certification form" for listings of new and/or revised policy forms described in Section 5.C.2 of this regulation. An officer of the entity must sign and date the Certification Form provided in Appendix G.
5. On an annual basis, by the date specified in Bulletin by the Division, all carriers must submit a mandatory policy update. Details of the requirements of this update filing will be provided in the Bulletin prior to the due date.

### **B. Annual Form Certifications**

No later than December 31 of each year, Paid Family and Medical Leave Insurance (FAMLI) annual certifications must be submitted by each entity subject to the provisions of this regulation must file an annual report of policy forms as specified in Section 5,B above. FAMLI annual certifications must be submitted separately and cannot be combined with other annual certifications.

## **Section 142 Wellness Benefits**

- A. Wellness benefits must be paid to the insured and shall be paid on an indemnity basis. These benefits may only be included in accident-only coverage, disability income coverage, or hospital indemnity coverage. If the policy includes wellness benefits, they must be fully disclosed and properly labeled on the front page of the policy and the certificate.
- B. Wellness benefits-may only be included in the following types of coverage:

1. Accident-only coverage: If wellness benefits are included, the coverage must be labeled "Accident-only policy with wellness benefits". Accident-only coverage and accident-only coverage with wellness benefits must not include medical expense benefits. This coverage must not include a coordination of benefits provision or any other provision that allows the policy to reduce its benefits with respect to any other coverage its covered person may have.
2. Disability income coverage: If wellness benefits are included, the coverage must be labeled "Disability income policy with wellness benefits". Disability income policies and disability income policies with wellness benefits must not include annual doctor visits or outpatient coverage. If additional benefits are provided, such benefits must be periodic payment to replace income lost when the insured is unable to work as the result of a sickness or injury. Loan payment and mortgage expense benefits must be filed as credit disability insurance.
3. Hospital indemnity coverage: If wellness benefits are included, the coverage must be labeled "Hospital indemnity policy with wellness benefits". Hospital indemnity coverage and hospital indemnity coverage with wellness benefits must not include a coordination of benefits provision or any other provision that allows the coverage to reduce its benefits with respect to any other coverage its covered person may have.

### **Section 123 Prohibited Practices**

Policies must not misrepresent their benefits by including coverages that are not specifically included benefits for that type of product. Consumers must be notified that some types of policies must not coordinate benefits with health coverage policies.

- A. Carriers shall not apply pre-existing condition limitations to any insured that is more restrictive than a twelve month look back period.
- B. Policies that are not health coverage plans (such as accidental death and dismemberment (AD&D) coverage, accident-only, credit, and travel) must not coordinate benefits with any other policies.
- C. Accident-only policies must not include "sickness" benefits. If additional accident-related benefits are provided, such benefits must be accident-related medical benefits, and must be fully disclosed and properly labeled. Accident-only policies must not include a coordination of benefits provision or any other provision that allows it to reduce its benefits with respect to any other coverage its covered person may have.
- D. Disability income policies must not include annual doctor visits or outpatient coverage. If additional benefits are provided, such benefits must be periodic payments to replace income lost when the insured is unable to work as the result of a sickness or injury, and must be fully disclosed and properly labeled. Policies must not misrepresent the benefits of an insurance policy by including coverages that are not specifically defined by the line of business. Loan payments and mortgage expense benefits must be filed as credit disability insurance. Group disability income policies must comply with § 10-16-214(3)(a)(V)(C), C.R.S.
- E. Hospital Indemnity policies must not include medical expense coverage. If additional indemnity benefits are provided they must be indemnity benefits provided while the covered person is confined to a hospital, and must be fully disclosed and properly labeled. Outpatient benefits and other non-hospital-related coverages do not meet this definition. Hospital indemnity policies must not include a coordination of benefits provision, or any other provision that allows the policy to reduce its benefits with respect to any other coverage the covered person may have. Hospital indemnity products must be filed using the H14 TOI code in SERFF. Carriers wishing to offer

indemnity products that include other permissible benefits such as hospital indemnity, accident, sickness, and outpatient benefits must specifically identify the benefits covered in the policy title and must be filed using the H23 TOI code in SERFF.

- F. Specified disease or illness (such as cancer-only) policies, hospital indemnity, or other fixed indemnity insurance must not coordinate benefits with any other policies and must be provided under a separate policy or certificate.
- G. Policies that include limited-scope vision or dental benefits, and benefits for long-term care, nursing home care, home health care, or community-based care must not coordinate benefits with any other policies. However, limited scope vision and dental benefits may coordinate benefits with each other.
- H. Entities must not represent any policy form as compliant with the ACA, and the Health Care and Education Reconciliation Act of 2010, Pub. L. 111-152. Entities must not use similar names or form numbers as plans that are compliant with the ACA. Using terms such as, but not limited to, Health Savings Account (HSA), High Deductible Health Plan (HDHP) or any reference to a metal level, are not permitted. Use of metal-level terms in plan names, or in the marketing and advertising of plans that do not provide “minimum essential coverage,” is prohibited.
- I. Any entity selling any type of limited benefit health coverage, with or without bundled coverages or coordination of benefits, that is marketed as a substitute for, an alternative to, a replacement of, or as equivalent to an ACA-compliant health benefit plan, or including services that do not meet the definition for the line of business for that product, is prohibited.

#### **Section 134**    **Readability**

- A. Pursuant to § 10-16-107.3, C.R.S., entities writing health coverage plans, limited benefit health insurance, dental plans, or long-term care plans, must include the Flesch-Kincaid grade level or the Flesch Read Ease score in the SERFF filing. The Flesch-Kincaid grade level must not exceed the tenth (10<sup>th</sup>) grade level or the Flesch Read Ease score must not be less than fifty (50).
- B. Entities may choose either the Flesch-Kincaid grade level formula or the Flesch Read Ease formula to generate a readability score. However, once a formula has been selected from these two (2) formulas, the selected formula must be used consistently for all text being scored for that particular policy.
- C. All policies, as well as riders, amendments, endorsements, applications, and other forms that are made a part of the policy, evidence of coverage, or certificate of coverage, must comply with the readability score and must either be scored as a separate form, or as part of the policy with which they may be used.
- D. Cancellation notices, renewal notices, disclosure forms, and notices of reductions in coverage do not require a readability score.
- E. Entities must provide all policy forms in a manner that is accessible and timely to individuals living with disabilities, or with limited English proficiency.

#### **Section 145**    **Severability**

If any provision of this regulation or the application of it to any person or circumstance is for any reason held to be invalid, the remainder of this regulation shall not be affected.

#### **Section 156**    **Enforcement**



Noncompliance with this regulation may result in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance, or other laws, which include the imposition of civil penalties, issuance of cease and desist orders, and/or suspensions or revocation of license, subject to the requirements of due process.

#### **Section 167 Effective Date**

This regulation shall become effective on ~~June 14, 2022~~ Month, Day, Year ~~June 30, 2025~~.

#### **Section 178 History**

Originally issued as Final Regulation 1-1-6 effective June 1, 1994.  
Amended Regulation 1-1-6 effective February 1, 2002.  
Amended Regulation 1-1-6 effective June 1, 2003.  
Sections 1, 2, 3, 8 and 9 amended effective February 1, 2004.  
Amended Regulation effective January 1, 2012.  
Regulation 1-1-6 repealed in full October 1, 2013.  
Regulation effective October 1, 2013.  
Repealed and Repromulgated regulation effective September 1, 2018.  
Amended regulation effective June 14, 2022.  
Amended regulation effective Month, Day, Year ~~June 30, 2025~~.



## Appendix A - FORM HEALTH

### COLORADO HEALTH COVERAGE CERTIFICATION FORM FOR LISTINGS OF NEW AND/OR REVISED POLICY FORMS

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_.

(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE FORM SCHEDULE TAB IN SERFF WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS, AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING FORM OR CONTRACT; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THE NEW POLICY FORMS, REVISED FORMS, APPLICATION FORMS (TO INCLUDE ANY HEALTH QUESTIONNAIRES USED AS PART OF THE APPLICATION PROCESS), ENDORSEMENTS AND RIDERS FOR ANY SICKNESS, ACCIDENT, AND/OR HEALTH INSURANCE POLICY, CONTRACT, CERTIFICATE, OR OTHER EVIDENCE OF COVERAGE ISSUED OR DELIVERED TO ANY POLICYHOLDER, CERTIFICATE HOLDER, ENROLLEE, SUBSCRIBER, OR MEMBER IN COLORADO PROVIDE ALL APPLICABLE MANDATED COVERAGES IDENTIFIED IN THE FORM SCHEDULE TAB IN SERFF AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS, AND COPIES OF THE RATES AND THE CLASSIFICATION OF RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation shall be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

FORM REVISED 6-14-2022

**Appendix B - FORM HEALTH ANNUAL**

**COLORADO HEALTH COVERAGE CERTIFICATION FORM FOR ANNUAL REPORTS**

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_,  
(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH COVERAGES; HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATION FORMS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF HEALTH CARE COVERAGE IDENTIFIED ON THE FORM SCHEDULE TAB IN SERFF WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS, AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT FOR THE ANNUAL REPORT OF ALL POLICY FORMS (TO INCLUDE ANY HEALTH QUESTIONNAIRES USED AS PART OF THE APPLICATION PROCESS), ENDORSEMENTS OR RIDERS FOR ANY SICKNESS, ACCIDENT, LIMITED BENEFIT PLAN AND/OR HEALTH INSURANCE POLICY, CONTRACT, CERTIFICATE, OR OTHER EVIDENCE OF COVERAGE CURRENTLY IN USE AND ISSUED OR DELIVERED TO ANY POLICYHOLDER, CERTIFICATE HOLDER, ENROLLEE, SUBSCRIBER, OR MEMBER IN COLORADO, INCLUDING THE TITLES OF THE PROGRAMS OR PRODUCTS AFFECTED BY THE FORMS IDENTIFIED IN THE FORM SCHEDULE TAB IN SERFF, PROVIDE ALL APPLICABLE MANDATED COVERAGES AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS, AND COPIES OF THE RATES AND THE CLASSIFICATION OF RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation must be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

FORM REVISED 6-14-2022

## Appendix C – COLORADO FIXED INDEMNITY POLICY NOTICE

**IMPORTANT: This is a fixed indemnity policy.**

**NOT comprehensive health coverage insurance found in ACA-compliant plans**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance major medical health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance ACA-compliant health benefit plans.

### **Looking for comprehensive health insurance ACA-compliant health benefit plans?**

- Visit [Connectforhealthco.com](http://Connectforhealthco.com) or call 1-855-752-6749 (TTY: 1-855-695-5935) to find health coverage options.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.

### **Questions about this policy?**

- For questions or complaints about this policy, contact your agent or broker.
- For complaints about the policy, contact Colorado Division of Insurance, Customer Services Team, 303-894-7490, 800- 930-3745.
- To find out if you can get health insurance through your employer, or a family member's employer, contact the employer.

FORM REVISED XXXXX XX, 2025

APPENDIX **DC** - FORM CI

COLORADO **CREDIT INSURANCE** POLICY CERTIFICATION FORM

FOR ANNUAL REPORTS AND LISTINGS OF NEW AND/OR REVISED POLICY FORMS

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_,  
(Name of Entity)

AM KNOWLEDGEABLE OF CREDIT INSURANCE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE NEW AND/OR REVISED POLICIES FOR CREDIT INSURANCE, CERTIFICATES OF INSURANCE, NOTICES OF PROPOSED INSURANCE, APPLICATIONS FOR INSURANCE, ENDORSEMENTS, AND RIDERS IDENTIFIED ON THE FORM SCHEDULE TAB IN SERFF WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS, AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THE POLICY FORMS IDENTIFIED ON THE FORM SCHEDULE TAB IN SERFF OR ANNUAL REPORT FILED WITH THIS CERTIFICATION, POLICY FORM, CERTIFICATE OF INSURANCE, NOTICE OF PROPOSED INSURANCE, APPLICATION FOR INSURANCE, ENDORSEMENT, OR RIDER IN USE ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS, AND COPIES OF THE RATES AND THE CLASSIFICATION OF RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation shall be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

FORM REVISED 6-14-2022

**COLORADO PRENEED CERTIFICATION FORM**

**FOR ANNUAL REPORTS AND LISTINGS OF NEW AND/OR REVISED CONTRACTS**

**NOTE: PROTOTYPE CONTRACTS ARE EXCLUDED FROM THIS REQUIREMENT**

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_,  
(Name of Contract Seller)

AM KNOWLEDGEABLE OF PRENEED FUNERAL CONTRACTS;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE CONTRACTS IDENTIFIED ON THE FORM  
SCHEDULE TAB IN SERFF WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF  
INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS,  
AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING CONTRACT; AND

CERTIFY THAT, TO THE BEST OF THE CONTRACT SELLER'S GOOD FAITH KNOWLEDGE AND  
BELIEF, EACH PRENEED FUNERAL CONTRACT OR FORM OF ASSIGNMENT IDENTIFIED ON THE  
FORM SCHEDULE TAB IN SERFF IS IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE  
LAWS AND REGULATIONS AND THAT COPIES OF THE RATES AND THE CLASSIFICATION OF  
RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(**Original** Signature of Authorized Representative\*)

\_\_\_\_\_  
(Title of Authorized Representative\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation shall be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

APPENDIX FE - FORM COLORADO Health EXCESS/Stop-LOSS

COLORADO HEALTH EXCESS/STOP-LOSS INSURANCE FOR SELF-INSURED

EMPLOYER BENEFIT PLANS UNDER ERISA CERTIFICATION FORM

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_,

(Name of Entity)

AM KNOWLEDGEABLE OF HEALTH EXCESS/STOP-LOSS INSURANCE FOR SELF-INSURED EMPLOYER BENEFIT PLANS UNDER ERISA;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS ATTACHED TO THIS CERTIFICATION, TOGETHER WITH THE EXCESS/STOP-LOSS FOR ERISA PLAN GUIDES, COPIES OF WHICH ARE HEREBY PLACED ON FILE WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS, AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING FORM; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THE NEW POLICY FORMS, APPLICATION FORMS (TO INCLUDE ANY HEALTH QUESTIONNAIRES USED AS PART OF THE APPLICATION PROCESS), ENDORSEMENTS AND RIDERS FOR ANY SICKNESS, ACCIDENT, AND/OR HEALTH INSURANCE POLICY, CONTRACT, CERTIFICATE, OR OTHER EVIDENCE OF COVERAGE ISSUED OR DELIVERED TO ANY POLICYHOLDER, CERTIFICATE HOLDER, ENROLLEE, SUBSCRIBER, OR MEMBER IN COLORADO, PROVIDE ALL APPLICABLE MANDATED COVERAGES AND ARE IN FULL COMPLIANCE WITH ALL COLORADO INSURANCE LAWS AND REGULATIONS, AND COPIES OF THE RATES AND THE CLASSIFICATION OF RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(**Original** Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation shall be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

**Appendix G - FORM PAID FAMILY MEDICAL LEAVE**

**COLORADO PAID FAMILY MEDICAL LEAVE COVERAGE CERTIFICATION FORM FOR LISTINGS  
OF NEW AND/OR REVISED POLICY FORMS**

I, THE UNDERSIGNED OFFICER OF \_\_\_\_\_

(Name of Entity)

AM KNOWLEDGEABLE OF PAID FAMILY MEDICAL LEAVE COVERAGE;

HAVE CAREFULLY REVIEWED THE CONTENTS OF THE POLICY FORMS, APPLICATIONS, SUBSCRIPTION CERTIFICATES, MEMBERSHIP CERTIFICATES OR OTHER EVIDENCES OF PAID FAMILY MEDICAL LEAVE CARE COVERAGE IDENTIFIED ON THE FORM SCHEDULE TAB IN SERFF WHICH IS HEREBY FILED WITH THE COLORADO COMMISSIONER OF INSURANCE;

HAVE READ AND UNDERSTAND EACH OF THE APPLICABLE COLORADO LAWS, REGULATIONS, AND BULLETINS;

AM AWARE OF THE PENALTIES FOR CERTIFICATION OF A NONCOMPLYING FORM OR CONTRACT; AND

CERTIFY, TO THE BEST OF MY GOOD FAITH KNOWLEDGE AND BELIEF, THAT THE NEW POLICY FORMS, REVISED FORMS, APPLICATION FORMS (TO INCLUDE ANY HEALTH QUESTIONNAIRES USED AS PART OF THE APPLICATION PROCESS), ENDORSEMENTS AND RIDERS FOR ANY PAID FAMILY MEDICAL LEAVE COVERAGE INSURANCE POLICY, CONTRACT, CERTIFICATE, OR OTHER EVIDENCE OF COVERAGE ISSUED OR DELIVERED TO ANY POLICYHOLDER, CERTIFICATE HOLDER, ENROLLEE, SUBSCRIBER, OR MEMBER IN COLORADO; PROVIDE ALL APPLICABLE MANDATED PAID FAMILY MEDICAL LEAVE COVERAGES IDENTIFIED IN THE FORM SCHEDULE TAB IN SERFF AND ARE IN FULL COMPLIANCE WITH ALL COLORADO LAWS AND REGULATIONS, AND COPIES OF THE RATES AND THE CLASSIFICATION OF RISKS OR SUBSCRIBERS PERTAINING THERETO ARE FILED WITH THE COMMISSIONER.

\_\_\_\_\_  
(Original Signature of Officer\*)

\_\_\_\_\_  
(Title of Officer\*)

\_\_\_\_\_  
(Printed Name of Officer\*)

\_\_\_\_\_  
(Date)

*\*If the individual signing the certification is other than the president, vice president, assistant vice president, corporate secretary, assistant corporate secretary, CEO, CFO, COO, general counsel, or an actuary that is also a corporate officer, documentation shall be included that shows that this individual has been appointed as an officer of the organization by the Board of Directors. Electronic signatures are not acceptable UNLESS provided through a signature verification provider such as VeriSign.*

# Notice of Proposed Rulemaking

**Tracking number**

2025-00145

**Department**

700 - Department of Regulatory Agencies

**Agency**

702 - Division of Insurance

**CCR number**

3 CCR 702-5

**Rule title**

PROPERTY AND CASUALTY

## Rulemaking Hearing

**Date**

04/30/2025

**Time**

11:00 AM

**Location**

Webinar or 1560 Broadway, STE 850, Denver CO 80202

**Subjects and issues involved**

Under § 10-4-1809(1)(b), C.R.S. and § 10-4-1809(2)(b), member insurers may, but are not required to, recoup fees paid to the Colorado FAIR Plan directly from their policyholders. If a member insurer chooses to recoup the fee, this regulation establishes the process for the recoupment levied on member insurers participating in the Colorado FAIR Plan, ensuring financial stability while maintaining transparency and fairness to policyholders, pursuant to § 10-4-1809, C.R.S.

**Statutory authority**

§§ 10-1-109, 10-4-1803, 10-4-1804, 10-4-1807, 10-4-1809, 10-4-1810, and 10-4-1812, C.R.S.

## Contact information

**Name**

Daisy Zoll

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# DEPARTMENT OF REGULATORY AGENCIES

## Division of Insurance

### 3 CCR 702-5

#### PROPERTY AND CASUALTY

#### DRAFT Proposed New Regulation 5-4-XX

#### RECOUPMENT OF FAIR PLAN FEES BY MEMBER INSURERS

Section 1	Authority
Section 2	Scope and Purpose
Section 3	Applicability
Section 4	Definitions
Section 5	Rules
Section 6	Severability
Section 7	Enforcement
Section 8	Effective Date

#### **Section 1 Authority**

This regulation is promulgated and adopted by the Commissioner of Insurance under the authority of §§ 10-1-109, 10-4-1803, 10-4-1804, 10-4-1807, 10-4-1809, 10-4-1810, and 10-4-1812, C.R.S.

#### **Section 2 Scope and Purpose**

Under § 10-4-1809(1)(b), C.R.S. and § 10-4-1809(2)(b), member insurers may, but are not required to, recoup fees paid to the Colorado FAIR Plan directly from their policyholders. If a member insurer chooses to recoup the fee, this regulation establishes the process for the recoupment levied on member insurers participating in the Colorado FAIR Plan, ensuring financial stability while maintaining transparency and fairness to policyholders, pursuant to § 10-4-1809, C.R.S.

#### **Section 3 Applicability**

This regulation applies to all member insurers of the Colorado FAIR Plan.

#### **Section 4 Definitions**

- A. "Fee" means, for the purposes of this regulation, the monetary contribution required to be paid by member insurers to cover the costs of operating the FAIR Plan, assessed by the Board.
- B. "Board" has the same meaning as found in § 10-4-1803(1), C.R.S.
- C. "Commercial Property Insurance" has the same meaning as found in § 10-4-1803(2), C.R.S.
- D. "FAIR Plan" or "Plan" has the same meaning as found in § 10-4-1803(3), C.R.S.
- E. "FAIR Plan Association" or "Association" has the same meaning as found in § 10-4-1803(4), C.R.S.
- F. "Member Insurer" has the same meaning as found in § 10-4-1803(5), C.R.S.
- H. "Property Insurance" has the same meaning as found in § 10-4-1803(6), C.R.S.
- I. "Recoupment" means, for the purposes of this regulation, the process by which member insurers recover the fee from their policyholders through a premium surcharge.
- J. "Surcharge" means, for the purposes of this regulation, an additional charge applied to a policyholder's premium to recoup a fee paid by a member insurer to the FAIR Plan Association.

## **Section 5      Rules**

- A. If a member insurer elects to recoup a fee assessed by and paid to the FAIR Plan Association, the member insurer must apply a fair and equitable premium surcharge over a five year period to all lines of property and commercial property insurance policies at issuance or renewal. A member insurer may opt not to recoup the assessment if the costs of doing so outweigh the benefits of recoupment. The surcharge must be disclosed on the policy's declaration page in 12 point font.
- B. The surcharge amount shall be calculated in accordance with § 10-4-1807, C.R.S., and must be applied fairly and equitably across all applicable policies.
- C. If the surcharge is minimal, a member insurer may request to use a recoupment period of less than five years but at least 2 years, subject to review and approval by the Commissioner.
- D. Insurers must submit a filing in SERFF indicating the proposed recoupment surcharge at least 90 days before applying it to any policy and receive approval from the Commissioner. The filing must include a detailed explanation of the surcharge calculation and the proposed duration, if less than five years. The filing shall include supporting documentation, including the fee notice the member insurer received from the FAIR Plan Association.
- E. Member insurers must maintain detailed records of the fees paid and the corresponding recoupment surcharges applied to policies and make the records available upon request by the Commissioner.
- F. Any refund of fees to member insurers by the FAIR Plan Association shall be subject to the approval by the Commissioner and shall be limited to the portion of fees that have not been recouped. Any excess fees received by the carrier as a result of this refund process shall be returned to the individual policyholders in a manner approved by the Commissioner.

## **Section 6      Severability**

If any provision of this regulation or the application of it to any person or circumstances is for any reason held to be invalid, the remainder of this regulation shall not be affected.

## **Section 7      Enforcement**

Noncompliance with this regulation may result in the imposition of any of the sanctions made available in the Colorado statutes pertaining to the business of insurance, or other laws, which include the imposition of civil penalties, issuance of cease and desist orders, and/or suspensions or revocation of license, subject to the requirements of due process.

## **Section 8      Effective Date**

This regulation shall become effective Month, Day, Year.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00125

**Department**

700 - Department of Regulatory Agencies

**Agency**

709 - Division of Professions and Occupations - Colorado Dental Board

**CCR number**

3 CCR 709-1

**Rule title**

DENTISTS, DENTAL THERAPISTS & DENTAL HYGIENISTS RULES AND REGULATIONS

**Rulemaking Hearing****Date**

05/01/2025

**Time**

01:00 PM

**Location**

Via Webinar Only

**Subjects and issues involved**

The purpose of this Rulemaking Hearing is to allow stakeholders an opportunity to testify before the Board related to proposed changes to the following sections: 1.9(D)(1)(a); 1.9(D)(2)(a); 1.9(D)(2)(g); 1.14(I)(3); 1.14(J)(1)(a); 1.14(J)(2)(a); and 1.14(K)(2). The purpose is to correct a deficiency in the incorporation by reference provisions.

**Statutory authority**

These regulations are adopted pursuant to the authority in sections 12-20-204, 12-220-105(3), and 12-220-106, C.R.S., and are intended to be consistent with the requirements of the State Administrative Procedures Act, section 24-4-101 et seq. (the APA), C.R.S., and the Dental Practice Act, sections 12-220-101 et seq. (the Practice Act), C.R.S.

**Contact information****Name**

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## DEPARTMENT OF REGULATORY AGENCIES

### Colorado Dental Board

## DENTISTS, DENTAL THERAPISTS & DENTAL HYGIENISTS RULES AND REGULATIONS

### 3 CCR 709-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 1.9 Record Keeping Requirements

This Rule is promulgated pursuant to sections 12-20-204, 12-220-105(3), and 12-220-106, C.R.S.

##### A. Treatment Provider Identification

1. Patient records shall note at the time of the treatment or service the name of any dentist, dental therapist, dental hygienist, or dental assistant who performs any treatment or service upon a patient.
2. When patient treatment or service is performed which requires supervision, the patient record must also note the name of the supervising dentist for the treatment or service performed on the patient.

##### B. Access to Patient Records

1. A patient's record in the custody of a dentist, dental therapist or dental hygienist, dental or dental hygiene practice (treatment provider no longer works there), or other entity (treatment provider no longer has access to the records through bankruptcy, foreclosure, eviction, etc.), shall be available to a patient, the patient's designated representative ("representative"), or any former treatment provider during normal business hours within seven calendar days. The custodian of the record shall make a copy of the record available or make the record available for inspection within seven calendar days.
2. The patient record does not include a "doctor's office notes" as defined in Rule 1.4(E).
3. A patient, representative, or any former treatment provider may inspect or obtain a copy of the patient record after submitting a signed and dated request to the custodian of the patient record. The provider or the custodian of record shall acknowledge in writing the patient's, representative's, or any former treatment provider's request. If an inspection of the record occurred, the patient, representative, or any former treatment provider shall sign and date the record to acknowledge inspection.
4. A patient, representative, or any former treatment provider may not be charged for inspection of records.
5. Records may not be withheld for past due fees relating to dental treatment.
6. The patient, representative, or any former treatment provider shall pay for the reasonable cost of obtaining a copy of the patient record, not to exceed the actual cost of the medium and shall not be charged any labor fees. Actual postage costs may also be charged.

7. Pursuant to section 25-1-802(1)(b)(I)(B), C.R.S., if the patient's original records are stored and readily producible in electronic format and the patient, representative, or any former treatment provider requests it in that format, then the custodian of records must provide it electronically.
8. If the patient, representative, or any former treatment provider so approves, the custodian may supply a written interpretation by the attending provider or representative of patient records, such as radiographs, diagnostic casts, or non-written records which cannot be reproduced without special equipment. If the requestor prefers to obtain a copy of such patient records, the requestor must pay the actual cost of such reproduction.
9. If changes, corrections, deletions, or other modifications are made to any portion of a patient record, the person must note in the record date, time, nature, reason, correction, deletion, or other modification, and the licensee's name. If records are electronic they must be date-stamped without the ability to be subsequently altered.
10. Nothing in this Rule shall be construed to limit a right to inspect patient records that is otherwise granted by state statute to the patient, representative, or any former treatment provider.
11. Nothing in this Rule shall be construed to waive the responsibility of a custodian of records to maintain confidentiality of those records in the possession of the custodian.

**C. Evaluation Diagnosis, and Documentation**

1. Prior to initiating a dental exam, a licensee must establish and document the reason for the patient's visit in order to clearly identify an appropriate type of exam.
2. All relevant findings and periodontal diagnosis must be documented, if applicable, including a finding of WNL (within normal limits), indicating that an evaluation took place. The periodontal examination may not be applicable to certain dental subspecialty examinations.
3. The comprehensive evaluation – if the patient desires a comprehensive evaluation, then the following components are required to be documented in order to appropriately evaluate the patient's dental status
  - a. Obtaining a relevant medical and dental history;
  - b. Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures;
  - c. Oral cancer screening;
  - d. Assessment of any prosthesis; and
  - e. Complete periodontal charting for adult patients.
4. The limited evaluation – if a referring dentist, dental therapist, dental hygienist, other health care professional, or the patient is requesting an evaluation for an emergency condition or specific area of concern including dental subspecialty evaluations, then the examination can be limited to the specific problem and the following components are required to be documented in order to appropriately evaluate the patient's dental status:
  - a. Obtaining a relevant medical and dental history;

- b. Conducting a thorough clinical and radiographic evaluation (within ALARA guidelines) of the area of concern and evaluation of extraoral and intraoral structures in the area of concern;
  - c. Assessment of any prosthesis as it relates to the area of concern; and
  - d. Periodontal charting in the area of concern, unless not clinically indicated.
- 5. The periodic evaluation – if treating a patient for follow-up/maintenance care, then the following components are required to be documented in order to appropriately evaluate the patient's dental status:
  - a. Obtaining a relevant medical and dental history;
  - b. Conducting a thorough clinical and radiographic examination (within ALARA guidelines) with evaluation of extraoral and intraoral structures as clinically indicated;
  - c. Oral cancer screening;
  - d. Assessment of any prosthesis; and
  - e. Periodontal charting, including a full periodontal charting (evaluation) every twelve to eighteen months.
- 6. Periodontal evaluation/diagnosis – a licensee is required to document the following components in the patient record:
  - a. At a minimum, the following current diagnostic information is required in order to diagnose the periodontal condition of the patient:
    - (1) Periodontal measurements for the teeth to be treated.
    - (2) Radiographs, which demonstrate the crestal bone.
    - (3) Bleeding upon probing data for the areas to be treated.
  - b. If periodontal therapy has been performed, a licensee is required to conduct a follow-up exam to evaluate and inform the patient of the patient's response to the therapy, and to discuss any further treatment that may be necessary, including but not limited to, the referral to a dentist qualified and trained to treat advanced periodontal disease.
- 7. Root canal therapy procedure – if performing one, a licensee is required to document use of a rubber dam.
- 8. A licensee must document in the patient's record:
  - a. Discussion of recommended treatment as well as alternatives, risks, benefits, and prognosis.
  - b. Timely referral for any needed specialist care.
  - c. Patient's election for treatment. If the treatment elected by the patient differs from the recommended treatment and/or sequence, then the licensee must document

the reason for the deviation of the recommended course of treatment and/or sequence. If proceeding with the patient's elected deviation does not cause harm, then the licensee must retain documentation supporting the request to deviate from the recommended course of treatment and/or sequence.

- d. If a patient declines recommended treatment.
- e. A rationale for omission of or exception from any required component.
- f. If verbal consent is obtained prior to treatment.

9. All prescriptions shall bear:

- a. Full name and date of birth of patient;
- b. Drug name, strength, and dosage form;
- c. Quantity prescribed;
- d. Directions for use;
- e. Authorized refills, if applicable; and
- f. Name and address of prescribing dentist.

D. Controlled Substances

Every dentist, including one issued an academic license, with a current registration issued by the United States Drug Enforcement Administration (DEA) is required to register and maintain a user account with the Prescription Drug Monitoring Program (PDMP) in compliance with section 12-280-403(2)(a), C.R.S. If the dentist fails to register and maintain a PDMP user account, then the dentist's administering, dispensing, or prescribing a controlled substance pursuant to sections 12-220-305(1)(p) and (2), and 12-220-306, C.R.S., falls outside the course of legitimate professional practice and violates section 12-220-201(1)(c), C.R.S.

1. Controlled Substance Prescribing

- a. The prescribing dentist shall follow all laws and regulations pursuant to the Federal Controlled Substance Act (CSA), 21 USC 801-890; and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316.

(1) This Rule incorporates these federal regulations as they existed on January 1, 2025 and does not incorporate any later amendments or editions of these federal rules;

(2) Copies of these rules are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.

- b. All prescriptions for controlled substances shall bear:

- (1) Full name and address of the patient;
- (2) Drug name, strength, and dosage form;

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- (3) Quantity prescribed (numeric and written);
    - (4) Directions for use;
    - (5) Authorized refills, if applicable; and
    - (6) Name, address, and DEA registration number of the prescribing dentist.
  - c. In addition to the information in section (D)(1)(b) of this Rule, the following shall be recorded on the patient's record:
    - (1) Date of prescribing;
    - (2) Name of authorized practitioner dispensing drug; and
    - (3) Medical purpose, diagnosis, condition being treated or services performed.
  - d. All prescriptions for controlled substances shall be dated as of, and signed on, the day when issued.
  - e. Electronic prescription orders must include an individualized, electronic and unalterable electronic signature from the prescribing dentist. The prescribing dentist must use an electronic prescription application that retains a digitally signed record of the information required in this subsection. The electronic prescription application must retain an internal audit trail that complies with applicable DEA regulations. A prescribing dentist must retain any security incident reports filed with the DEA related to electronic prescriptions for at least two years.
  - f. On or before July 1, 2023, when an oral order or electronic prescription is not permitted, prescriptions shall be written or digitally printed in ink or indelible pencil and manually signed by the dentist in the same manner as the dentist would sign a check or legal document (e.g. J. H. Smith or John H. Smith). Written prescription orders must include original signatures from the prescribing dentist. Prescriptions may be prepared by an assigned agent or staff member prior to the prescribing dentist's signature, but the prescribing dentist assumes full responsibility in the case the prescription does not conform to all aspects of the law and regulations. Prescribing dentists may not make use of rubber stamped, pre-printed, or pre-signed prescriptions.
2. Controlled Substance Dispensing and Administration – every dentist shall maintain records in the dentist's office regarding such dentist's ordering, dispensing, administration, and inventory of controlled substances for a period of at least two years. The dispensing and administration records kept by the dentist must be legible, comprehensive, and organized in a manner that accurately tracks inventory and renders them capable of objective review for compliance.
- a. A dentist dispensing and/or administering any controlled substance shall follow all laws and regulations pursuant to the Federal Controlled Substance Act (CSA), 21 USC 801-890; and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316.



- (1) This Rule incorporates these federal regulations as they existed on January 1, 2025 and does not incorporate any later amendments or editions of the federal rules;
  - (2) Copies of these rules are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.
- b. When a dentist dispenses and/or administers any controlled substance, the following shall be recorded in the patient's record:
  - (1) Name and address of the patient;
  - (2) Medical purpose, diagnosis, and condition being treated or services performed;
  - (3) Name and strength of drug(s) dispensed and/or administered;
  - (4) Quantity of drug(s) dispensed and/or administered;
  - (5) Date of dispensing and/or administering of such drugs; and
  - (6) Name of authorized practitioner dispensing and/or administering the drug.
- c. With respect to drugs listed in Schedule II, III, IV, and V of the Federal Controlled Substance Act and the Rules and Regulations adopted pursuant thereto, the dentist shall maintain a record of dispensing or administration which shall be separate from the individual patient's record. This separate record shall include the following information:
  - (1) Name of the patient;
  - (2) Name and strength of the drug;
  - (3) Quantity of the drug dispensed or administered;
  - (4) Date such drug was administered or dispensed; and
  - (5) Name of the authorized practitioner dispensing the drug.
- d. A dentist dispensing and/or administering any controlled substance shall keep a complete and accurate inventory of all stocks of controlled substances on hand in the dentist's office. Every two years, in accordance with the DEA inventory requirements, the dentist shall conduct a new inventory of all such controlled substances. The inventory must include drug manufacturer samples.
- e. A dentist dispensing and/or administering any controlled substance must comply with applicable DEA storage and security requirements (Title 21, CFR Section 1301.71(a) requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances), including but not limited to a securely locked, substantially constructed cabinet with limited access to ensure the safe management of controlled substances. The physical location

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of the secure storage must match the registered location that is present on the dentist's DEA registration.

- f. A dentist shall maintain a record of any controlled substance(s) lost, destroyed, or stolen, and the record shall include the kind and quantity of such controlled substance(s) and the date of such loss, destruction, or theft. In addition, the dentist must report such loss or theft to the DEA District Office.
- g. Expired or unwanted drugs must be disposed of in accordance with applicable DEA regulations (Title 21, CFR Section 1317) and Colorado Department of Public Health & Environment (CDPHE) regulations (6 CCR 1007-2, hazardous waste pharmaceuticals, and 6 CCR 1007-3, non-hazardous, non DEA pharmaceuticals).

(1) This Rule incorporates these federal regulations as they existed on January 1, 2025 and does not incorporate any later amendments or editions of the federal rules;

(2) Copies of these rules are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.

- 3. Records must be available for inspection and copying by authorized DEA and Board representatives.

4. Electronic Prescribing of Controlled Substances

Pursuant to section 12-30-111(1)(b), C.R.S., and effective on and after July 1, 2023, a prescriber shall prescribe a controlled substance as set forth in section 12-30-111(1)(a), C.R.S., only by electronic prescription transmitted to a pharmacy unless an exception in section 12-30-111(1)(a), C.R.S., applies.

- a. A "temporary technological failure," for purposes of section 12-30-111(1)(a)(I), C.R.S., is when a necessary business software programs is inaccessible or otherwise not operational, required technology fails to start, or when a virus has put patient data and transmission at risk for at least forty-eight hours or two consecutive business days.
- b. A "temporary electrical failure," for purposes of section 12-30-111(1)(a)(I), C.R.S., is a short-term loss of electrical power at the place of business that lasts no more than forty-eight hours or two consecutive business days.
- c. An "economic hardship," for purposes of section 12-30-111(1)(a)(XI), C.R.S., is a measurement of relative need taking into consideration the individual gross receipts and net profits, cost of compliance, and type of software upgrade required. In order for a prescriber to demonstrate economic hardship, the prescriber must submit to the Board for a final determination:

- (1) A written statement explaining the economic hardship, including supporting documentation to demonstrate economic hardship. Supporting documentation must include the most recent tax return or other business records that show gross receipts and net profits. The request must also include the requested duration of the economic hardship.

- (2) If the Board determines there should be an economic hardship exception for the prescriber, then the Board will determine the duration of the economic hardship exception, which shall not exceed one year from the date the exception was granted.
- (3) In order to renew a request for an economic hardship exception, the prescriber must submit a request to renew the exception in writing to the Board no less than two months prior to the expiration of the economic hardship exception. The prescriber must provide a written statement explaining the need to renew the economic hardship, including supporting documentation.

E. Patient Records Retention

1. Records for minors shall be kept for a minimum of seven years after the patient reaches the age of majority (age eighteen).
2. Records for adult patients shall be kept for a minimum of seven years after the last date of dental treatment or examination, whichever occurs at the latest date.
3. This Rule does not apply to records kept by educational, not-for-profit, and/or public health programs, which are subject to CDPHE statutes (section 25-1-802, C.R.S.).
4. When the destruction cycle is imminent, written notice to the patient's last known email address, mailing address, or notice by publication, must be made sixty days prior to destruction. Destruction cannot take place until a thirty day period has elapsed wherein the patient may claim the records.
5. Notice by publication may be accomplished by publishing or posting online in a major newspaper and a newspaper broadly circulated in the local community one day per week for four consecutive weeks.
6. When the destruction cycle is imminent, records will be provided to the patient or legal guardian at no charge; however, reasonable postage and handling costs are permitted or actual costs associated with the electronic medium, if applicable.
7. Destruction shall be accomplished by a means which renders the records unable to be identified or read. Examples include, but are not limited to:
  - a. For paper records, by:
    - (1) Incinerating; or
    - (2) Shredding.
  - b. For electronic records, by:
    - (1) Clearing (using software or hardware products to overwrite media);
    - (2) Purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains); or
    - (3) Destroying (disintegrating, pulverizing, melting, incinerating, or shredding).

- F. Anesthesia – refer to Rule 1.14(O) for these documentation requirements.
- G. Pediatric Case Management and Protective Stabilization – refer to Rule 1.15(A)(1) and Rule 1.15(E) for these documentation requirements.
- H. Use of Lasers – refer to Rule 1.22(F) for these documentation requirements.

(Promulgated as Emergency Rule XXVIII on July 7, 2004; Amended January 21, 2010, Effective March 30, 2010; Re-numbered December 30, 2011; Amended April 28, 2016, Effective June 30, 2016; Amended and Re-numbered November 5, 2020; Effective December 30, 2020; Amended November 4, 2021; Effective December 30, 2021; Amended November 3, 2022; Effective December 30, 2022))

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#### **1.14 Anesthesia**

(Amended February 1, 1998, August 1, 2000; August 11, 2004; October 27, 2004; October 26, 2006; July 9, 2009, Effective December 31, 2006; Amended January 21, 2010, Effective March 30, 2010; Amended April 30, 2015, Effective June 30, 2015; Amended April 28, 2016, Effective June 30, 2016)

- A. Introduction
  - 1. This Rule 1.14 is authorized by the Dental Practice Act including, but not limited to, sections 12-220-106(1)(a)(II-III), and (f), 12-220-305(1)(p) and (q), 12-220-306, 12-220-504(1)(c), 12-220-501(3)(a)(V), 12-220-201(1)(cc) and (II), 12-220-411 and 12-220-508(1)(c)(VI), C.R.S.
  - 2. The purpose of this Rule 1.14 is to make the process for obtaining an anesthesia permit well defined, transparent, and consistent for the dental professionals while at the same time protecting and promoting patient safety.
- B. The Anesthesia Continuum
  - 1. The anesthesia continuum represents a spectrum encompassing analgesia, local anesthesia, sedation, and general anesthesia along which no single part can be simply distinguished from neighboring parts. It is not the route of administration that determines or defines the level of anesthesia administered. The location on the continuum defines the level of anesthesia administered.



Local Anesthesia  
Analgesia  
Medication prescribed/  
administered for the relief  
of anxiety or  
apprehension

Minimal  
Sedation

Moderate  
Sedation

Deep  
Sedation

General  
Anesthesia

**Privileges  
included in  
Colorado  
Dental  
Licensure**

**Minimal  
Sedation  
Permit**

**Moderate  
Sedation  
Permit**

**Deep  
Sedation/General  
Anesthesia Permit**

2. The level of anesthesia on the continuum is determined by the definitions listed under section (C) of this Rule 1.14. Elements used to determine the level of anesthesia include the level of consciousness and the likelihood of anesthesia provider intervention(s), based upon the following patient parameters:
  - a. Responsiveness;
  - b. Airway;
  - c. Respiratory (breathing); and
  - d. Cardiovascular.

C. Definitions Related to Anesthesia

1. Anesthesia - The art and science of managing anxiety, pain, and awareness. It includes analgesia, local anesthesia, minimal sedation, moderate sedation, deep sedation, and general anesthesia.
2. Analgesia - The diminution or elimination of pain.
3. Local Anesthesia - The elimination of sensation, especially pain, in one part of the body by the topical application or regional injection of a drug.
4. Minimal Sedation - A minimally depressed level of consciousness produced by a pharmacological method, that retains the patient's ability to independently and continuously maintain an airway and respond normally to tactile stimulation and verbal command. Although cognitive function and coordination may be modestly impaired, ventilatory and cardiovascular functions are unaffected.

5. Moderate Sedation - A drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.
6. Deep Sedation - A drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.
7. General Anesthesia - A drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.
8. Monitoring - Evaluation of patients to assess physical condition and level of anesthesia.
9. Peri-anesthesia Period - The time from the beginning of the pre-anesthesia assessment until the patient is discharged from anesthesia care.
10. Anesthesia Provider - The licensed and legally authorized individual responsible for administering medications that provide analgesia, local anesthesia, minimal, moderate or deep sedation, or general anesthesia.
11. Pediatric Designation – Board-granted designation required, in addition to an anesthesia permit, if administering minimal sedation, moderate sedation, or deep sedation/general anesthesia to a patient under twelve years old.

**D. General Rules for the Safe Administration of Anesthesia**

1. The anesthesia provider's education, training, experience, and current competence must correlate with the progression of a patient along the anesthesia continuum.
2. The anesthesia provider must be prepared to manage deeper than intended levels of anesthesia as it is not always possible to predict how a given patient will respond to anesthesia.
3. The anesthesia provider's ultimate responsibility is to protect the patient. This includes, but is not limited to, identification and management of any complication(s) occurring during the peri-anesthesia period.
4. No dentist shall administer or employ any agent(s) with a narrow margin for maintaining consciousness including, but not limited to, ultra-short acting barbiturates, propofol, parenteral ketamine, and similarly acting drugs, or quantity of agent(s), or technique(s), or any combination thereof that would likely render a patient deeply sedated, generally anesthetized or otherwise not meeting the conditions of the definition of minimal sedation or moderate sedation in section C of this Rule 1.14, unless he/she holds a valid Deep Sedation/General Anesthesia Permit issued by the Colorado Dental Board.

**E. Anesthesia Privileges Included in Colorado Dental Licensure**

1. The following anesthesia privileges are included with a Colorado issued dentist license and academic license:
  - a. Local Anesthesia;
  - b. Analgesia;
  - c. Medication prescribed/administered for the relief of anxiety or apprehension to non-pediatric patients, limited to the following:
    - (1) A dose of a single drug (no more than the maximum recommended dose) that can be prescribed for unmonitored home use; or
    - (2) The above plus nitrous oxide; and
  - d. Nitrous Oxide/Oxygen Inhalation Analgesia in compliance with section G of this Rule 1.14.
2. A dentist who elects to engage the services of another anesthesia provider in order to provide anesthesia in his/her dental office is responsible for ensuring that the office meets the requirements outlined in this Rule 1.14.

**F. Anesthesia Permits**

1. Local Anesthesia Permit for dental therapists and dental hygienists -
  - a. To administer local anesthetic or local anesthetic reversal agents under the indirect supervision of a dentist, a dental therapist and a dental hygienist shall obtain a Local Anesthesia Permit.
  - b. A Local Anesthesia Permit will be issued once and will remain valid as long as the licensee maintains an active license to practice, except as otherwise provided in section 12-220-411, C.R.S., or this Rule 1.14.
  - c. In order to initially apply for, renew, or reinstate a Local Anesthesia Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.
2. Inspection Permit -
  - a. A dentist will be issued an Inspection Permit upon meeting the educational and/or experience requirements for a Moderate Sedation Permit or for a Deep Sedation/General Anesthesia Permit as outlined in this Rule 1.14 prior to successfully completing his/her clinical onsite inspection.
  - b. Unless otherwise authorized by the Board, the Inspection Permit will be issued once and will remain valid for a maximum of ninety days.
  - c. An Inspection Permit can only be used to administer anesthesia for purposes of a Board authorized inspection.

3. Minimal Sedation Permit -

- a. To administer minimal sedation, a dentist shall have a Minimal Sedation Permit, Moderate Sedation Permit, or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
- b. A Minimal Sedation Permit shall be valid for a period of five years, after which such permit may be renewed upon reapplication.
- c. In order to initially apply for, renew, or reinstate a Minimal Sedation Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.

4. Moderate Sedation Permit -

- a. To administer moderate sedation, a dentist shall have a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
- b. A Moderate Sedation Permit shall be valid for a period of five years after which such permit may be renewed upon reapplication.
- c. In order to initially apply for, renew, or reinstate a Moderate Sedation Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.

5. Deep Sedation/General Anesthesia Permit -

- a. To administer deep sedation/and or general anesthesia, a dentist shall have a Deep Sedation/General Anesthesia Permit issued in accordance with this Rule 1.14.
- b. A Deep Sedation/General Anesthesia Permit shall be valid for a period of five years after which such permit may be renewed upon reapplication.
- c. In order to initially apply for, renew, or reinstate a Deep Sedation/General Anesthesia Permit pursuant to this Rule 1.14, an applicant must pay a fee established by the Director of the Division of Professions and Occupations pursuant to section 12-20-105, C.R.S.

G. Nitrous Oxide/Oxygen Inhalation Requirements

- 1. A dentist may delegate under direct supervision the monitoring and administration of nitrous oxide/oxygen inhalation to appropriately trained dental personnel, pursuant to sections 12-220-305(1)(p) and (q), 12-220-501(3)(c), and 12-220-411(4), C.R.S.
- 2. The supervising dentist is responsible for determining and documenting the maximum percent-dosage of nitrous oxide administered to the patient. Documentation shall include the length of time nitrous oxide was delivered.
- 3. It is the responsibility of the supervising dentist to ensure that dental personnel who administer and/or monitor nitrous oxide/oxygen inhalation are appropriately trained.



4. If nitrous oxide is used in the practice of dentistry, then the supervising dentist shall provide and ensure the following:
  - a. Fail safe mechanisms in the delivery system and an appropriate scavenging system;
  - b. The inhalation equipment must be evaluated for proper operation and delivery of inhalation agents;
  - c. Any administration or monitoring of nitrous oxide/oxygen inhalation to patients by dental personnel is performed in accordance with generally accepted standards of dental, dental therapy or dental hygiene practice.

H. Local Anesthesia Permit for Dental Therapists and Dental Hygienists

1. A dental therapist and a dental hygienist may obtain a Local Anesthesia Permit after submitting a Board-approved application and upon successful completion of courses conducted by a school accredited by the Commission on Dental Accreditation (CODA) or was developed prior to February 6, 2015, and at the time of graduation was accredited by the Minnesota Board of Dentistry or certified by the Alaska Community Health Aide Program Certification Board.
2. Courses must meet the following requirements:
  - a. Twelve hours of didactic training, including but not limited to:
    - (1) Anatomy;
    - (2) Pharmacology;
    - (3) Techniques;
    - (4) Physiology; and
    - (5) Medical Emergencies.
  - b. Twelve hours of clinical training that includes the administration of at least six infiltration and six block injections.

I. Minimal Sedation Permit - A dentist may obtain a Minimal Sedation Permit after submitting a Board-approved application and upon successful completion of the educational requirements, or by endorsement of authorized administration in another state/jurisdiction set forth below:

1. A specialty residency or general practice residency recognized by the Commission on Dental Accreditation (CODA) that includes comprehensive and appropriate training to administer and manage minimal sedation; or
2. Educational criteria for a Moderate Sedation Permit or for a Deep Sedation/General Anesthesia Permit; or
3. A minimum of sixteen hours of Board-approved coursework completed within the past 5 years that provides training in the administration and induction of minimal sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) [2012-2016](#) "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".

a. This Rule does not incorporate any later amendments or editions of the ADA guidelines.

b. Copies of these guidelines are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.

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a-c. The coursework must contain an appropriate combination of didactic instruction and practical skills training.

b-d. The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.

c-e. Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the sixteen hours of classroom and clinical instruction.

4. At its discretion, the Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Minimal Sedation Permit in Colorado. At a minimum, the applicant must demonstrate that he/she has successfully administered minimal sedation in twenty cases within the last two years prior to applying, and has had no discipline, morbidity to a patient requiring hospital admission, or patient mortality associated with the administration of sedation.

5. Pediatric Designation - A dentist is only eligible for a Pediatric Designation on his/her Minimal Sedation Permit by successfully completing one of the following:

a. Completing a pediatric residency pursuant to paragraph (1)(a) of Rule 1.14(J) below.

b. Meeting the educational criteria pursuant to paragraph (1)(b) of Rule 1.14(J) below, or

c. Completing:

(1) A minimum of thirty hours of education specific to pediatric patients in addition to or as part of the residency pursuant to paragraph (1)(a), or the sixty hours of education pursuant to paragraph (2)(a) of Rule 1.14(J) below; and

(2) Ten pediatric cases in addition to or as part of the residency pursuant to paragraph (1)(a), or the twenty cases of experience pursuant to paragraph (2)(b) of Rule 1.14(J) below.

J. Moderate Sedation Permit - A dentist may obtain a Moderate Sedation Permit after submitting a Board-approved application and upon successful completion of education only, or a combination of approved education and experience, or by endorsement of authorized administration in another state or jurisdiction as set forth below:

1. Education Only Route - Must submit proof of having successfully completed one of the following:
  - a. A specialty residency or general practice residency recognized by the Commission on Dental Accreditation (CODA) that at a minimum includes:
    - (1) Sixty hours of training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) [2012 2016](#) "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students"; and
    - (2) Sedation cases performed by the applicant on twenty unique patients that were completed as part of the residency where the applicant is both the primary provider of the sedation and direct provider of dental care; or
  - b. Educational criteria for a Deep Sedation/General Anesthesia Permit.
2. Education/Experience Route - Must submit proof of successfully completing moderate sedation course(s) and acceptable sedation cases as follows:
  - a. Education
    - (1) Sixty hours of Board-approved coursework completed within the past five years that provides training in the administration and induction of moderate sedation techniques and management of complications and emergencies associated with sedation commensurate with the American Dental Association (ADA) [2012 2016](#) "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students".
      - (i) [This Rule does not incorporate any later amendments or editions of the ADA guidelines;](#)
      - (ii) [Copies of these guidelines are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.](#)
    - (2) Such coursework must include an appropriate combination of didactic instruction and practical skills training. Coursework must also include documented training in parenteral techniques in order to perform parenteral sedation once a Moderate Sedation Permit is issued.
    - (3) The applicant must submit for Board approval documentation of the training course(s) to include, but not be limited to, a syllabus or course outline of the program and a certificate or other documentation from course sponsors or instructors indicating the number of course hours, content of such courses and date of successful completion.
    - (4) Course content leading to current Basic Life Support (BLS) and/or Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) cannot be considered as part of the sixty hours of classroom and clinical instruction.
  - b. Experience

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- (1) Sedation cases performed by the applicant on twenty unique patients that were completed as part of or separate from the Board-approved sedation training course.
  - (2) If completed as part of a Board-approved sedation training course, then time spent on cases does not count towards the sixty-hour course requirement.
  - (3) If completed separate from the course, then all cases must be completed during the one year period immediately after completion of the approved training program.
  - (4) All of the cases must be performed and documented under the on-site instruction and supervision of a person qualified to administer anesthesia at a deep sedation/general anesthesia level.
  - (5) Pursuant to section 12-220-411(4)(b), C.R.S., the applicant must both be the primary provider of the sedation and directly provide dental care for all required casework.
  - (6) Cases may be performed on live patients or as part of a hands-on high-fidelity sedation simulation center or program; however, a maximum of five hands-on high fidelity simulation cases may be accepted as part of the required twenty sedation cases.
  - (7) Cases must meet the documentation and monitoring requirements for moderate sedation set forth in sections (O) and (P) of Rule 1.14. The cases must meet generally accepted standards for the provision and documentation of moderate sedation in Colorado, regardless of where the cases occurred.
3. Endorsement Route – At its discretion, the Board may consider qualifications accepted in another state or jurisdiction that resulted in a comparable permit to be issued by that state or jurisdiction which is substantially equivalent to the requirements for a Moderate Sedation Permit in Colorado. At a minimum, the applicant must demonstrate that he/she has successfully administered moderate sedation in twenty cases within the last two years prior to applying, and has had no discipline, morbidity to a patient requiring hospital admission, or patient mortality associated with the administration of sedation.
4. Pediatric Designation - A dentist is only eligible for a Pediatric Designation on his/her Moderate Sedation Permit by successfully completing one of the following:
  - a. Completing a pediatric residency pursuant to paragraph (1)(a) of this Rule 1.14(J).
  - b. Meeting the educational criteria pursuant to paragraph (1)(b) of this Rule 1.14(J), or
  - c. Completing:
    - (1) A minimum of thirty hours of education specific to pediatric patients in addition to or as part of the residency pursuant to paragraph (1)(a), or the sixty hours of education pursuant to paragraph (2)(a) of this Rule 1.14(J); and

- (2) Ten pediatric cases in addition to or as part of the residency pursuant to paragraph (1)(a), or the twenty cases of experience pursuant to paragraph (2)(b) of this Rule 1.14(J).
- K. Deep Sedation/General Anesthesia Permit - A dentist may obtain a Deep Sedation/General Anesthesia Permit after submitting a Board-approved application and upon successful completion of one of the following educational requirements:
  - 1. A residency program in general anesthesia that is approved by the Commission on Dental Accreditation (CODA), the Accreditation Council for Graduate Medical Education, or any successor organization to any of the foregoing; or
  - 2. An acceptable post-doctoral training program (e.g. oral and maxillofacial surgery or dental anesthesiology) that affords comprehensive and appropriate training necessary to administer and manage deep sedation and general anesthesia commensurate with the American Dental Association (ADA) 2016 "Guidelines for Teaching Pain Control and Sedation to Dentists and Dental Students" and "Guidelines for the Use of Sedation and General Anesthesia by Dentists".
    - a. [This Rule does not incorporate any later amendments or editions of the ADA guidelines.](#)
    - b. [Copies of these guidelines are available for public inspection, with additional copies being made available for a reasonable charge, at the office of the Department of Regulatory Agencies, located at 1560 Broadway, Denver, CO 80202.](#)
  - 3. A dentist issued a Deep Sedation/General Anesthesia Permit is automatically eligible to obtain a Pediatric Designation.
- L. Clinical On-Site Inspection for Obtaining, Renewing, or Reinstating a Moderate Sedation or Deep Sedation/General Anesthesia Permit
  - 1. Applications for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit
    - a. Any dentist applying for a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must successfully complete a clinical on-site inspection as a condition of obtaining a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit.
    - b. Upon satisfying the requirements of section (J) or (K) of Rule 1.14, the dentist applying for a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit will initially be issued an Inspection Permit. The dentist must then undergo a clinical on-site inspection. The Inspection Permit may only be utilized for purposes of undergoing the Board-approved clinical on-site inspection.
    - c. Upon issuance, an Inspection Permit is effective for ninety days, and unless otherwise authorized by the Board, the clinical on-site inspection must be successfully completed within those ninety days while the Inspection Permit is in effect.
  - 2. Applications for Renewing (only available to those licensed dentists actively administering anesthesia in Colorado) or Reinstating a Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit

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- a. Any dentist applying to renew or reinstate a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must submit an updated clinical on-site inspection as required pursuant to section 12-220-411(5), C.R.S.
  - b. Any dentist who has his/her dental office inspected pursuant to paragraphs (4) and (8)(b)(3) of Rule 1.14(L) must submit an updated clinical on-site inspection every five years.
  - c. To renew an active permit a clinical on-site inspection must be completed within the three months before the expiration date of the permit or within a three month grace-period after the expiration date of the permit; otherwise the permit will expire and the dentist will no longer be authorized to administer any level of anesthesia requiring a permit.
  - d. Any dentist whose Moderate Sedation Permit or Deep Sedation/General Anesthesia Permit has expired is required to first obtain an Inspection Permit before proceeding with a clinical on-site inspection.
3. A separate clinical on-site inspection is not required for dentists who receive a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit pursuant to this Rule 1.14 for one dental office and travel to other dental office locations in Colorado to administer anesthesia. However, it is the responsibility of the anesthesia provider to ensure that each dental office where moderate sedation and/or deep sedation/general anesthesia is administered meets the requirements outlined in this Rule. This responsibility also extends to a dentist without a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit who elects to engage the services of another anesthesia provider to provide such anesthesia in his/her dental office.
4. All dentists utilizing a contracted anesthesia provider shall be familiar with all patient safety and emergency response coordination provisions listed in 12-220-441 C.R.S. & this Board Rule 1.14, prior to any anesthesia/sedation administration from a contracted dentist or non-dentist anesthesia provider. All dentists utilizing a contracted anesthesia provider shall maintain current basic life support certification.
5. A clinical on-site inspection is not required for dentists administering only in a hospital setting.
6. In the case of a dentist who practices exclusively from a mobile or portable facility, a clinical on-site inspection shall be conducted in the office of a Colorado licensed dentist. A written list of all monitors, emergency equipment, and other materials which the mobile anesthesia provider agrees to have available at all times while administering in multiple locations shall be provided to the inspector, who in turn will provide it with his/her inspection report to the Board.
7. The dentist requiring the clinical on-site inspection is responsible for all fees associated with and must bear the cost of the inspection. The dentist must pay any fee incurred directly to the approved inspector. The inspector may charge a reasonable inspection fee, plus actual travel expenses for lodging, meals, and mileage at the current United States Internal Revenue Service (IRS) rate per mile. An inspection fee up to \$500 is reasonable.
8. The clinical on-site inspection shall consist of the following parts:
  - a. Review of the office equipment, records, and emergency medications required in sections (M), (N), (O), (P)(3), and (P)(4) of Rule 1.14.

- b. Surgical/Anesthetic Techniques.
  - (1) The inspector shall observe at least one case while the dentist administers anesthesia at the level for which he/she is making application to the Board. The inspector may require additional cases to observe at his/her discretion.
  - (2) Any dentist requesting a Pediatric Designation that is applying for, renewing, or reinstating a Moderate Sedation Permit and is eligible for the designation through completion of a pediatric specialty training program or a combination of acceptable pediatric education (thirty hours) and experience (ten pediatric cases) is required to have at least one pediatric case observed as part of his/her inspection.
  - (3) If the dentist is undergoing a clinical on-site inspection pursuant to paragraph (4) of Rule 1.14(L), then he/she is not required to have his/her surgical/anesthetic techniques evaluated in accordance to paragraph (8)(b) of Rule 1.14(L). Rather, a separate on-site inspection form will be used to review the facility, office equipment, and emergency medications available; and the on-site inspection will be completed with both the dentist and an anesthesia provider of his/her choice participating with the goal of facilitating communications between the non-anesthetizing dentist and his/her staff in case of an anesthetic emergency.

- c. Simulated Emergencies. The dentist and his/her team must demonstrate adequately managing a minimum of eight emergencies.

- d. Discussion Period.

- 9. The inspector shall be a Board-approved Colorado licensed physician or certified registered nurse anesthetist (CRNA) trained in dental outpatient deep sedation/general anesthesia and moderate sedation, or a dentist issued a Deep Sedation/General Anesthesia Permit pursuant to section 12-220-411(5)(a), C.R.S. A dentist issued a Moderate Sedation Permit may perform the clinical on-site inspection for another dentist renewing a Moderate Sedation Permit only.
- 10. The inspector shall not have an unethical agreement or conflict of interest with an applicant.
- 11. Inspectors shall be considered consultants for the Board and shall be immune from liability in any civil action brought against him/her occurring while acting in this capacity as set forth in section 12-20-402, C.R.S.
- 12. The documentation of the anesthesia inspection must be completed on Board-approved forms and submitted for review along with the anesthesia record(s).

**M. Office Facilities and Equipment for Provision of Minimal Sedation, Moderate Sedation, Deep Sedation and/or General Anesthesia**

- 1. Any dentist whose practice includes the administration of minimal sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:

- (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - (2) Oral and nasopharyngeal airways;
    - (3) Appropriate emergency medications; and
    - (4) An external defibrillator - manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - (1) A continuous pulse oximeter; and
    - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
- 2. Any dentist whose practice includes the administration of moderate sedation by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:
    - (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - (2) Oral and nasopharyngeal airways;
    - (3) Appropriate emergency medications; and
    - (4) An external defibrillator - manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - (1) A continuous pulse oximeter; and
    - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
  - d. Back-up suction equipment.
  - e. Back-up lighting system.
  - f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
  - g. Electrocardiograph, if clinically indicated.
  - h. End-tidal carbon dioxide monitor (capnography) by July 1, 2016.



3. Any dentist whose practice includes the administration of deep sedation and/or general anesthesia by any anesthesia provider must provide the following office facilities and equipment, which are required to be functional at all times:
  - a. Emergency equipment and facilities, including:
    - (1) An appropriate size bag-valve-mask apparatus or equivalent with an oxygen hook-up;
    - (2) Oral and nasopharyngeal airways;
    - (3) Appropriate emergency medications; and
    - (4) An external defibrillator - manual or automatic.
  - b. Equipment to monitor vital signs and oxygenation/ventilation, including:
    - (1) A continuous pulse oximeter; and
    - (2) A blood pressure cuff of appropriate size and stethoscope, or equivalent blood pressure monitoring devices.
  - c. Oxygen, suction, and a pulse oximeter must be immediately available during the recovery period.
  - d. Back-up suction equipment.
  - e. Back-up lighting system.
  - f. Parenteral access or the ability to gain parenteral access, if clinically indicated.
  - g. Electrocardiograph.
  - h. End-tidal carbon dioxide monitor (capnography) by July 1, 2016.
  - i. Additional emergency equipment and facilities, including:
    - (1) Endotracheal tubes suitable for patients being treated;
    - (2) A laryngoscope with reserve batteries and bulbs,
    - (3) Endotracheal tube forceps (i.e. magill); and
    - (4) At least 1 additional airway device.

**N. Anesthesia Gas Delivery Systems - Shall include:**

1. Capability to deliver oxygen to a patient under positive pressure, including a back-up oxygen system;
2. Gas outlets that meet generally accepted safety standards preventing accidental administration of inappropriate gases or gas mixture;
3. Fail-safe mechanisms for inhalation of nitrous oxide analgesia;

4. The inhalation equipment must have an appropriate scavenging system if inhalation anesthetics are used; and
  5. Gas storage facilities, which meet generally accepted safety standards.
- O. Documentation - Shall include, but is not limited to:
1. For administration of local anesthesia and analgesia -
    - a. Pertinent medical history, including weight; and
    - b. Medication(s) administered and dosage(s).
  2. For administration of minimal sedation, moderate sedation, deep sedation or general anesthesia
    - a. Medical History - current and comprehensive, to include current medications;
    - b. Informed Consent - for the administration of anesthesia;
    - c. Anesthesia Record, which includes:
      - (1) Height and Weight of the patient to allow for the calculation of Body Mass Index (BMI) and dosage of emergency medications;
      - (2) American Society of Anesthesiology (ASA) Classification;
      - (3) NPO status;
      - (4) Dental Procedure(s);
      - (5) Time anesthesia commenced and ended;
      - (6) Parenteral access site and method, if utilized;
      - (7) Medication(s) administered - medication (including oxygen), dosage, route, and time given;
      - (8) Vital signs before and after anesthesia is utilized, to include heart rate, blood pressure, respiratory rate and oxygen saturation for all patients, and to include temperature for pediatric patients;
      - (9) Intravenous fluids, if utilized;
      - (10) Response to anesthesia, including any complications; and
      - (11) Condition of patient at discharge.
  3. In addition, for administration of minimal sedation (pediatric only), moderate sedation, deep sedation or general anesthesia -
    - a. Airway assessment (day of procedure for pediatric patients); and
    - b. Anesthesia record, which includes:

- (1) At least every five minutes – oxygen saturation (SpO2), blood pressure, and heart rate.
- (2) At least every fifteen minutes - respiratory rate.
- (3) At least every fifteen minutes - electrocardiograph (ECG) rhythm for the administration of deep sedation/general anesthesia.
- (4) At least every fifteen minutes - electrocardiograph (ECG) rhythm for the administration of moderate sedation, if clinically indicated by patient history, medical condition(s), or age.
- (5) At least every fifteen minutes – ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway).
- (6) At least every fifteen minutes – temperature for the administration of volatile anesthesia gases or medications which are known triggers of Malignant Hyperthermia (MH); otherwise the ability to measure temperature should be readily available.

P. Patient Monitoring - Shall include, but is not limited to the following for the administration of:

1. Local Anesthesia and Analgesia - General state of the patient.
2. Minimal Sedation
  - a. Continuous heart rate and respiratory rate;
  - b. Continuous oxygen saturation (SpO2);
  - c. Pre and post procedure blood pressure; and
  - d. Level of anesthesia on the continuum.
3. Moderate Sedation
  - a. Continuous heart rate, respiratory rate, and oxygen saturation;
  - b. Intermittent blood pressure every five minutes or more frequently;
  - c. Continuous electrocardiograph, if clinically indicated by patient history, medical condition(s), or age;
  - d. End-tidal carbon dioxide monitoring (capnography) by July 1, 2016; and
  - e. Level of anesthesia on the continuum.
4. Deep Sedation or General Anesthesia -
  - a. Continuous heart rate, respiratory rate, and oxygen saturation;

- b. Continuous ventilatory status (spontaneous, assisted, controlled) for the administration of general anesthesia to a patient with an advanced airway in place (e.g. endotracheal tube or laryngeal mask airway);
  - c. Intermittent blood pressure every five minutes or more frequently;
  - d. Continuous electrocardiograph;
  - e. Continuous temperature for the administration of volatile anesthesia gases or medications which are known triggers of Malignant Hyperthermia (MH); otherwise the ability to measure temperature should be readily available;
  - f. End-tidal carbon dioxide monitoring (capnography) by July 1, 2016; and
  - g. Level of anesthesia on the continuum.
5. When the level of cooperation in the pediatric or special needs patient does not reasonably allow for full compliance with some monitoring requirements, the treating dentist shall use professional judgment and shall document available monitoring parameters to the best of his/her ability.

**Q. Miscellaneous Requirements**

**1. Life Support Certification(s)**

- a. Successful completion and continuous certification of Basic Life Support (BLS) training for health care providers that meets the requirements of Rule 1.6(H) is required for:
  - (1) All dentists and dental personnel utilizing, administering, or monitoring local anesthesia, analgesia (including nitrous oxide), minimal sedation, moderate sedation, deep sedation, or general anesthesia; and
  - (2) All dental therapists and dental hygienists utilizing, administering, or monitoring local anesthesia.
- b. Additionally, any dentist applying for or maintaining a Moderate Sedation Permit or a Deep Sedation/General Anesthesia Permit must have successfully completed current Advanced Cardiac Life Support (ACLS) or Pediatric Advanced Life Support (PALS), as appropriate for the dentist's practice, and maintain continuous certification.
- c. Successful completion of PALS training and continuous certification is required for a dentist that applies for and/or maintains a Pediatric Designation.

**2. Personnel**

- a. Minimal/Moderate Sedation - During the administration of minimal or moderate sedation, the supervising dentist and at least one other individual who is experienced in patient monitoring and documentation must be present.
- b. Deep sedation/general anesthesia - During the administration of deep sedation or general anesthesia, the supervising dentist and at least two other individuals, one of whom is experienced in patient monitoring and documentation, must be present.

3. Monitoring and medication administration - The supervising dentist retains full accountability, but delegation to trained dental personnel may occur under:
  - a. Direct supervision by the dentist when a patient is being monitored; or
  - b. Direct, continuous, and visual supervision by the dentist when medication, excluding local anesthetic, is being administered to a patient.
4. Discharge - Patient discharge after sedation and/or general anesthesia must be specifically authorized by the anesthesia provider.

**R. Additional Requirements for Permits: Demonstration of Continued Competency and Reinstatement of Expired Permits**

1. An applicant for a Local Anesthesia Permit, Minimal Sedation Permit, Moderate Sedation Permit, or a Deep Sedation/General Anesthesia Permit shall demonstrate to the Board that he/she has maintained the professional ability and knowledge required to perform anesthesia when the applicant has not completed a residency program or the coursework set forth in this Rule 1.14 within the past five years immediately preceding the application. The applicant may demonstrate competency as follows:
  - a. Submit proof satisfactory to the Board that he/she has engaged in the level of administration of anesthesia within generally accepted standards of dental, dental therapy, or dental hygiene practice and in compliance with sections (O) and (P) of this Rule at or above the level for which the applicant is pursuing a permit for at least one of the five years immediately preceding the application; or
  - b. Submit proof satisfactory to the Board of an evaluation, completed within one year preceding the application by a person or entity approved by the Board that certifies the applicant's ability to administer anesthesia within generally accepted standards of dental, dental therapy, or dental hygiene practice and in compliance with sections (O) and (P) of this Rule at or above the level for which he/she is requesting a permit. The proposed procedure for the evaluation and the proposed evaluating person or entity must be submitted and be pre-approved by the Board.
2. If a dentist allows his/her Colorado dental license to expire then his/her Minimal Sedation Permit, Moderate Sedation Permit, or Deep Sedation/General Anesthesia Permit shall also expire. The dentist may apply for reinstatement of his/her Minimal Sedation Permit, Moderate Sedation Permit, or Deep Sedation/General Anesthesia Permit simultaneously with or subsequent to application for reinstatement of licensure.
3. If a dental therapist or a dental hygienist allows his/her Colorado license to expire then his/her Local Anesthesia Permit shall also expire. The dental therapist or dental hygienist may apply for reinstatement of his/her Local Anesthesia Permit simultaneously with or subsequent to application for reinstatement of licensure.
4. If a dentist, dental therapist or dental hygienist has not had a permit within the two years immediately preceding an application for reinstatement of his/her permit, he/she shall demonstrate to the Board the same competency requirements set forth in section (R)(1) of this Rule.
5. Effective March 1, 2016, a dentist renewing his/her permit is required to complete seventeen hours of Board-approved continuing education credits specific to anesthesia

or sedation administration during the five-year permit renewal period as a condition of renewing it.

- a. These credits may also be applied to the thirty continuing education hours required every two years as part of licensure renewal. However, they may only apply to the license renewal period in which they were earned and cannot be re-applied towards a subsequent license renewal period.
- b. A dentist permitted to administer either minimal sedation, moderate sedation, or deep sedation/general anesthesia may not apply time spent maintaining current BLS, ACLS, or PALS towards this requirement.
- c. Board-approved continuing education credits in anesthesia or sedation administration are limited to any course or program recognized by the (or successor organization):
  - (1) American Dental Association (ADA) Continuing Education Recognition Program (CERP);
  - (2) Academy of General Dentistry (AGD) Program Approval for Continuing Education (PACE);
  - (3) American Medical Association (AMA); or
  - (4) Commission on Dental Accreditation (CODA) accredited institution.

S. Anesthesia Morbidity/Mortality Reporting Requirements - A complete written report shall be submitted to the Board by the anesthetizing dentist or dental therapist/dental hygienist and his/her supervising dentist, or the dentist contracting with an anesthesia provider that is not subject to the rules and regulations of the Colorado Dental Board in order to anesthetize patients in his/her dental office within fifteen days of any anesthesia related incident resulting in morbidity to a patient requiring hospital admission or patient mortality. A morbidity or mortality report shall include:

1. The complete anesthesia record for the patient at issue;
2. The anesthetizing dentist's, dental therapist's or dental hygienist's narrative of all events, or a narrative of all events provided by the dentist contracting with an anesthesia provider that is not subject to the rules and regulations of the Colorado Dental Board; and
3. All records related to the incident.

T. Effect of Pediatric Designation Requirements

1. Any dentist whose Board-issued permit to perform deep sedation/general anesthesia is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit.
2. Any dentist whose Board-issued permit to perform moderate sedation is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit for one year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with section (J)(4) of this Rule.
3. Any dentist whose Board-issued permit to perform minimal sedation is active on June 30, 2015, may elect to automatically obtain a Pediatric Designation on his/her permit for one

year. In order to continue or regain that designation, he/she will be required to apply for and obtain a Pediatric Designation in accordance with section (I)(5) of this Rule.

**U. Board Reserved Rights**

1. Dentists, dental therapists or dental hygienists utilizing anesthesia that requires a permit shall be responsible for practicing within generally accepted standards of dental, dental therapy, or dental hygiene practice in administering anesthesia and complying with the terms of this Rule, pursuant to section 12-220-201(1), C.R.S.
2. Dentists, dental therapists or dental hygienists utilizing anesthesia that requires a permit, under this Rule without first obtaining the required permit, or utilizing such anesthesia with an expired permit, may be disciplined pursuant to section 12-220-201(1)(cc) and (II), C.R.S.
3. Upon a specific finding of a violation of this Rule, and/or upon reasonable cause, the Board may require a supervising dentist to submit proof demonstrating that applicable staff has the appropriate education/training in order to administer nitrous oxide/oxygen and/or are otherwise acting in compliance with this Rule.
4. The Board may discipline a license or deny an application for a violation of this Rule, unprofessional conduct, and/or any other grounds pursuant to section 12-220-201(1), C.R.S.
5. In addition to the remedies set forth above, nothing in this Rule shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of an anesthesia permit pursuant to section 24-4-104(4), C.R.S.
6. In addition to the remedies set forth above, nothing in this Rule shall limit the authority of the Board, upon objective and reasonable grounds, to order summary suspension of a license to practice dentistry, dental therapy or dental hygiene, pursuant to section 24-4-104(4), C.R.S.
7. Upon review of a morbidity/mortality report and/or upon reasonable concern regarding the use of anesthesia, the Board may require an on-site inspection of the dental office utilized by the anesthesia provider in administering anesthesia.
8. The Board reserves all other powers and authorities set forth in the Dental Practice Act, Article 220 of Title 12, C.R.S. and the Administrative Procedure Act, Article 4 of Title 24, C.R.S.

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**Editor's Notes**

**History**

Rules XVII, XXVI eff. 07/01/2007.  
Rules XXVI, XXIX, XXX eff. 12/31/2007.  
Rule XXVI eff. 11/30/2008.  
Rule III eff. 05/30/2009.  
Rule III eff. 12/30/2009.  
Rules III, XIV-XXX eff. 03/30/2010.  
Rules I-IX, XI-XIII, XV-XXII eff. 12/30/2011.  
Rules I-III, IX, XI-XIII, XXIII-XXIV eff. 03/30/2015. Rule XVI repealed eff. 03/30/2015.  
Rules XIII, XIV, XXIV eff. 06/30/2015.  
Rule XXIII eff. 03/16/2016.  
Rules I, III, IV, V, IX, X, XIV, XV, XVI, XVIII, XX, XXI, XXIII, XXIV, XXV eff. 06/30/2016. Rules VI, VII, VIII, XIX, XXII repealed eff. 06/30/2016.  
Rule XVII eff. 09/14/2016.  
Rule XIII eff. 03/17/2018.  
Rule XXIV eff. 07/03/2018.  
Rule XXVI eff. 08/14/2018.  
Rules III, XXVI eff. 07/01/2019.  
Rule 1.3 J eff. 12/30/2019.  
Rule 1.27 emer. rule eff. 05/01/2020; expired 08/29/2020.  
Rule 1.28 emer. rule eff. 05/11/2020; expired 09/08/2020.  
Rule 1.27 emer. rule eff. 08/30/2020.  
Rule 1.28 emer. rule eff. 09/09/2020.  
Rules 1.27, 1.28 emer. rules eff. 12/28/2020.  
Rules 1.1-1.13, 1.15-1.18, 1.21, 1.22, 1.29, Appendix A eff. 12/30/2020. Rules 1.19, 1.22 repealed eff. 12/30/2020.  
Rule 1.31 emer. rule eff. 01/11/2021.  
Rule 1.32 emer. rule eff. 03/02/2021; expired 06/30/2021.  
Rules 1.27, 1.28 emer. rules eff. 04/27/2021.  
Rule 1.31 emer. rule eff. 05/11/2021.  
Rule 1.30 E-F eff. 06/30/2021.  
Rules 1.27, 1.28 emer. rules eff. 07/12/2021.  
Rules 1.27, 1.28 emer. rules eff. 08/17/2021.  
Rules 1.25, 1.26 eff. 09/14/2021.  
Rules 1.27, 1.28 emer. rules eff. 11/02/2021.  
Rule 1.31 emer. rule eff. 11/04/2021.  
Rules 1.6 A.5.b, 1.6 A.11, 1.6 B.2.a, 1.6 E.2.a, 1.6 F.1, 1.6 H.1.a, 1.6 I.1.a, 1.9 H, 1.13, 1.17 C.2-4, 1.21, 1.29, 1.30 A, 1.31 eff. 12/30/2021.  
Rules 1.27, 1.28 emer. rules eff. 03/02/2022.  
Rules 1.27, 1.28 emer. rules eff. 06/28/2022.  
Rules 1.32, 1.33 emer. rules eff. 10/04/2022.  
Rules 1.27, 1.28 emer. rules eff. 10/26/2022.



Rules 1.27, 1.28 emer. rules eff. 11/16/2022.

Rules 1.2, 1.3, 1.4 E, 1.5, 1.6, 1.7 A, 1.8, 1.9, 1.10 E, 1.13 A, 1.14-1.19, 1.21, 1.22 C, 1.25, 1.26, 1.29 A, 1.31-1.36, Appendix B eff. 12/30/2022.

Rules 1.27, 1.28 emer. rules eff. 01/09/2023; expired 05/09/2023.

Rules 1.29-1.31 renumbered as 1.27-1.29, rules 1.34-1.36 renumbered as 1.30-1.32 eff. 12/30/2023.

Rules 1.32, 1.33 repealed eff. 12/30/2023.

Rules 1.6 A.10, 1.14 K.2, 1.14 L.4 eff. 03/02/2025.

#### **Annotations**

Rules 1.33 B. and 1.33 C. were to be expired by Senate Bill 23-102. However, these rules were not adopted on or after November 1, 2021 and before November 1, 2022 pursuant to section 24-4-103(8)(c), C.R.S., and therefore were not removed.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00119

**Department**

700 - Department of Regulatory Agencies

**Agency**

713 - Division of Professions and Occupations - Colorado Medical Board

**CCR number**

3 CCR 713-1

**Rule title**

MEDICAL RULES AND REGULATIONS

**Rulemaking Hearing****Date**

05/22/2025

**Time**

11:00 AM

**Location**

Webinar only - See below

**Subjects and issues involved**

The Colorado Medical Board will hold a Rulemaking Hearing on Thursday, May 22, 2025 at 11:00 A.M. to allow stakeholders a final opportunity to testify before the Board decides on proposed revisions to Rule 1.5 - RULES AND REGULATIONS RELATING TO THE UNITED STATES MEDICAL LICENSING EXAMINATION, THE COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION-USA, AND THE FEDERAL LICENSURE EXAMINATION, Rule 1.9 - DEMONSTRATION OF CONTINUED COMPETENCY BY PHYSICIAN ASSISTANT APPLICANTS FOR LICENSURE, LICENSURE PURSUANT TO THE OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM, REINSTATEMENT OF AN EXPIRED LICENSE, OR REACTIVATION OF A LICENSE, and Rule 1.15 - RULES AND REGULATIONS REGARDING THE LICENSURE OF AND PRACTICE BY PHYSICIAN ASSISTANTS. The purpose is to make changes to the Board's rules to reflect the statutory changes of Colorado Senate Bill 23-083 and a correction for licensing examination.

**Statutory authority**

12-20-204(1), 12-240-106(1)(a) and 24-4-103, C.R.S.

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## DEPARTMENT OF REGULATORY AGENCIES

### Colorado Medical Board

#### 3 CCR 713-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 1.5 RULES AND REGULATIONS RELATING TO THE UNITED STATES MEDICAL LICENSING EXAMINATION, THE COMPREHENSIVE OSTEOPATHIC MEDICAL LICENSING EXAMINATION-USA, AND THE FEDERAL LICENSURE EXAMINATION

- A. Basis: The authority for the promulgation of these rules and regulations by the Colorado Medical Board ("Board") is set forth in sections 12-20-204(1) and 12-240-106(1)(a), 12-240-115, and 12-240-110(1)(a), (b) and (c), C.R.S.
- B. Purpose: The purpose of the rules and regulations is to set forth administrative guidelines for eligibility and acceptance of examinations as required by section 12-240-110(1), C.R.S. These Rules are not meant to preclude acceptance of any licensing exam previously approved by the board.
- C. The Board authorizes the following examinations as satisfying the required examinations identified in section 12-240-110(1)(b), C.R.S.
  - 1. The United States Medical Licensing Examination ("USMLE"), administered by the National Board of Medical Examiners;
  - 2. The Comprehensive Osteopathic Medical Licensing Examination-USA ("COMLEX-USA"), administered by the National Board of Osteopathic Medical Examiners;
  - 3. The Federal Licensure Examination ("FLEX"), administered by the Federation of State Medical Boards.
- D. Additional examinations approved by the Board, for the purpose of satisfying the required examinations identified in Section 12-240-110(1)(a), C.R.S. include:
  - 1. Medical Council of Canada Qualifying Examination ("MCCQE"), Parts I and II, along with conferral of the Licentiate of the Medical Council of Canada ("LMCC"). To be eligible for USMLE Step 3 or COMLEX-USA Level 3, applicant must have: 1. Obtained the degree of Medical Doctor ("M.D.") or Doctor of Osteopathic Medicine ("D.O."); and,
  - 2. Successfully completed both USMLE Steps 1 and 2 or COMLEX-USA Level 1 and 2.
- E. To be eligible to sit for the USMLE Step 3 or COMLEX-USA Level 3, an applicant must be serving in, or have completed, one year of postgraduate training in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education ("ACGME") of the American Medical Association ("AMA") or the American Osteopathic Association ("AOA").
- F. An examinee who fails USMLE Step 3 or COMLEX-USA Level 3 may be reexamined at any subsequent examination upon payment of the required fee.
- G. In order to be eligible for licensure, an applicant must successfully complete USMLE Steps 1, 2, and 3 or COMLEX-USA Levels 1, 2, 3, within seven years of the date the applicant first sat for

any step of the USMLE or any level of the COMLEX, irrespective of whether the applicant passed said step or level.

1. This paragraph (G) shall not apply to applicants who are enrolled in a Ph.D. degree program from a regionally accredited university simultaneously with an LCME accredited medical degree program or an AOA accredited osteopathic degree program. However, such Ph.D./M.D./D.O. applicants must have successfully completed USMLE Steps 1, 2, and 3 or COMLEX-USA Levels 1, 2, and 3 within ten years of the date the applicant first sat for any step of the USMLE or any level of the COMLEX, irrespective of whether the applicant passed said step or level.
  2. Upon applicant's showing of good cause, the Board may waive the time requirements set forth in this paragraph (G). Any such waiver shall be based upon the circumstances relating to the particular individual's application. The decision to grant or deny such a waiver shall be in the sole discretion of the board.
- H. A failure of any USMLE step or COMLEX-USA level, regardless of the jurisdiction in which the examination was administered, shall be considered a failure of that step for purposes of Colorado licensure and shall be considered for purposes of determining compliance with the requirements of paragraph (D) above.
- I. The USMLE examination is designed to supersede and replace the FLEX over time.
1. For those medical students and physicians who may have already successfully completed part of the FLEX or National Board Examination sequence, the Board designates the following combinations of examinations, and passing score for each, which shall be considered comparable to the existing examinations. In order to meet the examination requirement for licensure, the examination sequence combinations illustrated above must be successfully completed no later than January 1, 2000.

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

NBME Part II (passing score = 75) or USMLE Step 2 (passing score = 75)

NBME Part III (passing score = 75) or USMLE Step 3 (passing score = 75)

**Or**

FLEX Component 1 (passing score = 75)

**plus**

USMLE Step 3 (passing score = 75)

**Or**

NBME Part I (passing score = 75) or USMLE Step 1 (passing score = 75)

**plus**

NBME Part II (passing score = 75) or USMLE Step 2 (passing score = 75)

**plus**

FLEX Component 2 (passing score = 75)

2. For those applicants who successfully completed the FLEX, the Board finds the following minimum scores required to meet the requirements of section 12-240-110(1), C.R.S.:

<b>DATE OF EXAM</b>	<b>ACCEPTED SCORES</b>
Before June 1985	75% weighted average; passed in one sitting; no scrambling or replacement of scores.
Between June 1985 and December 1993	75 each component; both components must be passed within 7 years

Effective: 5/30/93; Revised: 1/30/95; Revised: 5/30/95; Revised: 12/1/95; Revised: 9/30/98; Revised 6/30/00; Revised 12/30/00; Revised 11/15/02, Effective 1/30/03; Revised 8/19/10, Effective 10/15/10; Revised 5/22/14, Effective 7/15/14; Revised 8/20/15, Effective 10/15/15

**1.9 DEMONSTRATION OF CONTINUED COMPETENCY BY PHYSICIAN ASSISTANT APPLICANTS FOR LICENSURE, LICENSURE PURSUANT TO THE OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM, REINSTATEMENT OF AN EXPIRED LICENSE, OR REACTIVATION OF A LICENSE**

- A. Basis: The authority for promulgation of these rules and regulations by the Colorado Medical Board ("Board") is set forth in sections 24-4-103, 12-20-204(1), 12-240-119, 12-240-106(1)(a), 12-240-120(1)(d), 12-20-202(2)(c)(II), and 12-240-141(5), C.R.S.
- B. Purpose: The purpose of these rules and regulations is to set forth the process by which a physician assistant may demonstrate continued competency for the purpose of complying with the statutory sections referenced above to obtain a Colorado physician assistant license; demonstrate qualifications substantially equivalent for licensure by endorsement in this state pursuant to the Occupational Credential Portability Program as set forth in section 12-20-202, C.R.S.; demonstrate at least one year of having practiced as a physician assistant in another jurisdiction with a scope of practice substantially similar to the scope of practice in this state for licensure by endorsement pursuant to the Occupational Credential Portability Program as set forth in section 12-20-202, C.R.S.; reinstate an expired license; or reactivate an existing Colorado physician assistant license. The Board finds that if a physician assistant has ceased clinical practice for two or more years, the nature of the physician assistant/physician collaborating relationship in and of itself cannot compensate for potential knowledge and clinical deficiencies, which may exist due to the lack of practice experience for an extended period of time.
- C. **LICENSURE BY ENDORSEMENT PURSUANT TO THE OCCUPATIONAL CREDENTIAL PORTABILITY PROGRAM PURSUANT TO SECTION 12-20-202(3), C.R.S.**
1. For the purpose of licensure by endorsement through the occupational credential portability program, "substantially equivalent experience or credentials" means the applicant holds a current, valid, and unrestricted license in another U.S. jurisdiction that requires qualifications substantially equivalent to the qualifications for licensure in this state; the applicant submits written verification they have actively practiced as a physician assistant in another jurisdiction for the last two years or has otherwise maintained continued competency as determined by the Board; and submits proof satisfactory to the Board and attests that they have not been and are not subject to final or pending disciplinary or other action by any state or jurisdiction in which the applicant is or has been previously licensed except that, if the applicant is or has been subject to action, the

Board may review the action to determine whether the underlying conduct warrants refusal of a license pursuant to section 12-240-120, C.R.S.

2. To demonstrate continued competency for purposes of complying with section 12-20-202(3), C.R.S., a physician assistant may:
  - a. Submit proof satisfactory to the Board of active practice as a physician assistant in another jurisdiction for the one-year period immediately preceding the filing of the application. If the physician assistant has practiced as a physician assistant only for a portion of the one-year period immediately preceding the filing of the application, the Board may determine on a case by case basis in its discretion whether the physician assistant has adequately demonstrated continued competency to practice as a physician assistant;
  - a. Submit proof satisfactory to the Board of having held for at least one year a current and valid physician assistant license in another jurisdiction with a scope of practice that is substantially similar to the scope of practice for physician assistants as specified in section 12-240-107, C.R.S.
  - c. Submit to the Board the following: (a) proof satisfactory to the Board that the physician assistant has been out of practice as a physician assistant for less than two years; (b) proof of current certification by the National Commission on Certification of Physician Assistants, Inc. ("NCCPA"); (c) proof of 100 hours of continuing medical education within the past two years, including twenty-five hours of category I continuing medical education in the past twelve months; and (d) a written plan satisfactory to the Board, documenting the nature, extent, and duration of collaboration that will be undertaken by the physician assistant with a collaborating physician as the physician assistant makes the transition back into clinical practice; or
  - d. Submit to the Board proof of participation in numerous professional activities, including but not limited to: maintenance of certification (MOC) activities; successful completion of the National Commission on Certification of Physician Assistants (NCCPA); category 1 approved CME educational courses with relevance to practice; teaching/lecturing/mentoring activities; non-patient care hospital or organization committee participation, including quality, safety, pharmacy and therapeutics, peer review, tumor board or other clinically relevant activities; clinically applicable research; surveying on behalf of accreditation organizations; or volunteer medical care provided overseas or in other jurisdictions. The Board's Licensing Panel shall have discretion to consider an applicant's activities on a case-by-case basis and may determine an applicant has met continued competency through a combination of any of the above activities or other relevant professional activities.

#### D. REENTRY LICENSE

For those physician assistants who have been out of practice as a physician assistant for two or more years, (a) submit to the Board a personalized competency evaluation report prepared by a program approved by the Board, and (b) complete any education and/or training recommended by the program as a result of the evaluation prior to obtaining a license. In the discretion of the Board, the physician assistant may be able to receive a re-entry license prior to completing the education and/or training recommended by the program for the purpose of facilitating the completion of such education and/or training. All expenses resulting from the evaluation and/or any recommended education and/or training are the responsibility of the physician assistant and not of the Board.

The Board will consider an applicant to be ineligible for a reentry license if their period of inactive practice resulted from disciplinary action or unprofessional conduct. If a reentry license is issued, such a license is valid only for three years from the date of issue and is not renewable. Failure to complete the training requirements before the end of the three-year period will result in the reentry license being administratively inactivated.

In the discretion of the Board, the physician assistant may be issued a re-entry license for the specific purpose of completing the education and/or training requirements. The re-entry license is valid for a single period of time not greater than three (3) years from the date of issue. Failure to complete the education and/or training requirements before the end of the three (3) year period for the re-entry license will result in the re-entry license being administratively inactivated.

**E. CONVERSION OF REENTRY LICENSE**

When an applicant has timely and successfully completed the training requirements, the applicant shall apply to the Licensing Panel of the Board to convert the reentry license to full licensure by submitting a letter to the Licensing Panel with documents that clearly establish timely and successful completion of the training requirements. If the Board determines that the applicant is competent and qualified to practice as a physician assistant, the Board will convert the reentry license to a full license to practice as a physician assistant. If the Board determines that the applicant is not competent nor qualified to practice as a physician assistant, the Board may require further assessment, training, or period of supervised practice in its discretion.

**F. EXPENSES**

All expenses resulting from the assessment and/or any training requirements are the responsibility of the applicant and not of the Board.

**G. REINSTATEMENT OR REACTIVATION OF A LICENSE**

In support of any application for reinstatement or reactivation of a license to practice as a physician assistant, for the purpose of complying with sections 12-20-202(2)(c)(II), 12-240-120(1)(d), or 12-240-141(5), C.R.S., a physician assistant may demonstrate continued competency in accordance with the methods identified in Rule 1.9(C)(2), identified above.

- H.** Where appropriate, the Board may determine that demonstration of continued competency requires an additional or different approach. For example, due to the length of time the physician assistant has been out of practice, the Board may require a written plan documenting the nature, extent, and duration of supervision that will be provided by the supervising physician to the physician assistant as the physician assistant makes the transition back into clinical practice. This written plan may be in addition to the personalized competency evaluation and/or recommended education and/or training. The decision as to the method of determining continued competency shall be at the discretion of the Board.

Adopted 8/15/02, Effective 10/30/02, Revised 2/13/03, Effective 4/30/03, Revised 4/14/05, Effective 6/30/05, Revised 5/17/07, Effective July 30, 2007; Revised 08/19/10; Effective 10/15/10; Revised \_\_\_\_; Effective \_\_\_\_.

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**1.15 RULES AND REGULATIONS REGARDING THE LICENSURE OF AND PRACTICE BY PHYSICIAN ASSISTANTS**

- A. Basis: The authority for promulgation of Rule 1.15 (“these Rules”) by the Colorado Medical Board (“Board”) is set forth in sections 24-4-103, 12-240-106(1)(a), 12-240-107(6) and 12-240-113, C.R.S.
- B. Purpose: The purpose of these rules and regulations is to implement the requirements of sections 12-240-113 and 12-240-107(6), C.R.S., and provide clarification regarding the application of these Rules to various practice settings.
- C. EXTENT AND MANNER IN WHICH A PHYSICIAN ASSISTANT MAY PERFORM ACTS CONSTITUTING THE PRACTICE OF MEDICINE WITH A COLLABORATIVE AGREEMENT IN PLACE
  - 1. The requirements for a Collaborative Agreement applies to all collaborating physicians and physician assistants as of August 7, 2023.
  - 2. Responsibilities of the Physician Assistant
    - a. Compliance with these Rules. A physician assistant is responsible for implementing and complying with statutory requirements and the provisions of these Rules.
    - b. License. A physician assistant shall ensure that the individual's license to practice as a physician assistant is active and current prior to performing any acts requiring a license.
    - c. Collaborative Agreement. A physician assistant must keep on file their Collaborative Agreement at their primary location of practice and make it available to the Board upon request.
    - d. Identification As A Physician Assistant. While performing acts defined as the practice of medicine, a physician assistant shall clearly identify both visually (e.g. by nameplate or embroidery on a lab coat) and verbally as a physician assistant.
    - e. Chart Note. A physician assistant shall make a chart note for every patient for whom the physician assistant performs any act defined as the practice of medicine in section 12-240-107(1), C.R.S. When a physician assistant consults with any physician about a patient, the physician assistant shall document in the chart note the names of any physician consulted and the date of the consultation.
    - f. Documentation. A physician assistant shall keep such documentation as necessary to assist a collaborating or other physician in performing an adequate performance assessment as set forth below in Section (C)(3)(b) of this Rule.
    - g. Emergency Department Settings
      - (1) Collaborative Agreements entered into by physician assistants in emergency departments in hospitals with Level I or II trauma center settings shall take the form of a supervisory agreement as identified in section 12-240-114.5(2)(b)(IV)(A), C.R.S.
      - (2) For Collaborative Agreements entered into by physician assistants in emergency departments in hospitals other than with Level I or II trauma center settings, a supervising physician or physician group may increase the number of hours for which the Collaborative Agreement is a



supervisory agreement, pursuant to section 12-240-114.5(2)(b)(IV)(B), C.R.S.

3. Requirements for Physicians and Physician Groups Entering into Collaborating Agreements
  - a. Physicians must be actively practicing medicine in Colorado by means of a regular and reliable physical presence in Colorado. For purposes of this Rule, to practice medicine based primarily on telecommunication devices or other telehealth technologies does not constitute “actively practicing medicine in Colorado.”
  - b. Performance Evaluation
    - (1) A physician or physician group who has entered into a Collaborating Agreement with a physician assistant shall develop and carry out a periodic Performance Evaluation as required by these Rules and section 12-240-114.5(1)(c), C.R.S. The Performance Evaluation should include domains of competency relevant to the particular practice and utilize more than one modality of assessment to evaluate those domains of competency. The Performance Evaluation should take into account the education, training, experience, competency, and knowledge of the individual physician assistant for whatever practice area in which the physician assistant is engaged.
    - (2) The statutory relationship between the physician or physician group and physician assistant is by its nature a team relationship. The purpose of the Performance Evaluation is to enhance the collaborative nature of the team relationship, promote public safety, clarify expectations, and facilitate the professional development of an individual physician assistant.
    - (3) The domains of competency may be dependent upon the type of practice the physician assistant is engaged in and may include but are not limited to:
      - (a) Medical knowledge;
      - (b) Ability to perform an appropriate history and physical examination;
      - (c) Ability to manage, integrate and understand objective data, such as laboratory studies, radiographic studies, and consultations;
      - (d) Clinical judgment, decision-making and assessment of patients;
      - (e) Accurate and appropriate patient management;
      - (f) Communication skills (patient communication and communication with other care providers);
      - (g) Documentation and record keeping; (h) Collaborative practice and professionalism;
      - (i) Procedural and technical skills appropriate to the practice.

- (4) The modalities of assessment to evaluate domains of competency may include but are not limited to:
  - (a) Co-management of patients;
  - (b) Direct observation;
  - (c) Chart review with identification of charts reviewed;
  - (d) Feedback from patients and other identified providers.
- (5) Performance evaluations must occur with at least the minimum frequency required in section 12-240-114.5(2)(b)(I)(C), C.R.S.
- (6) A physician or physician group must maintain accurate records and documentation of the Performance Evaluations, including the initial Performance Evaluation and periodic Performance Evaluations for each physician assistant with whom they have entered into a Collaborative Agreement.
- (7) The Board may audit a physician's or physician group's performance assessment records. Upon request, the physician or physician group shall produce records of the performance assessments as required by the Board.

#### 4. Waiver of Provisions of these Rules

##### a. Criteria for Obtaining Waivers.

- (1) Upon a showing of good cause, the Board may permit waivers of any provision of these Rules.
- (2) Factors to be considered in granting such waivers include, but are not limited to: whether the physician assistant is located in an underserved or rural area; the quality of protocols setting out the responsibilities of a physician assistant in the particular practice; any disciplinary history on the part of the physician assistant or the physician entering into a Collaborating Agreement; and whether the physician assistant in question works less than a full schedule.
- (3) All such waivers shall be in the sole discretion of the Board. All waivers shall be strictly limited to the terms provided by the Board. No waivers shall be granted if in conflict with state law.

##### b. Procedure for Obtaining Waivers.

- (1) Applicants for waivers must submit a written application on forms approved by the Board detailing the basis for the waiver request.
- (2) The written request should address the pertinent factors listed in Section (C)(4)(a)(2) of this Rule and include a copy of any written protocols in place for the supervision of physician assistants.
- (3) Upon receipt of the waiver request and documentation, the matter will be considered at the next available Board meeting.

D. PRESCRIPTION AND DISPENSING OF DRUGS.

1. Prescribing Provisions:

- a. A physician assistant may issue a prescription order for any drug or controlled substance provided that:

- (1) Each prescription and refill order is entered on the patient's chart.
- (2) For each written prescription issued by a physician assistant, the prescription shall contain, in legible form imprinted on the prescription, the physician assistant's name and the address of the health facility where the physician assistant is practicing.
  - (a) If the health facility is a multi-specialty organization, the name and address of the specialty clinic within the health facility where the physician assistant is practicing must be imprinted on the prescription.
- (3) A physician assistant may not issue a prescription order for any controlled substance unless the physician assistant has received a registration from the United States Drug Enforcement Administration.
- (4) For the purpose of this Rule electronic prescriptions are considered written prescription orders.
- (5) The dispensing of prescription medication by a physician assistant is subject to section 12-280-120(6)(a), C.R.S.

2. Obtaining Prescription Drugs or Devices to Prescribe, Dispense, Administer or Deliver

- a. No drug that a physician assistant is authorized to prescribe, dispense, administer, or deliver shall be obtained by said physician assistant from a source other than a collaborating physician, pharmacist, or pharmaceutical representative.
- b. No device that a physician assistant is authorized to prescribe, dispense, administer, or deliver shall be obtained by said physician assistant from a source other than a collaborating physician, pharmacist, or pharmaceutical representative.

E. REPORTING REQUIREMENTS

1. Collaborative Agreements.

- a. A Collaborative Agreement must be in writing and maintained at the main practice location for the physician assistant.
- b. The Collaborative Agreement must include the requirements set forth in section 12-240-114.5(2)(a), C.R.S.
- c. The form shall be signed by the physician and the physician assistant.
- d. Collaborative Agreements for physician assistants with fewer than five thousand practice hours, or for physician assistants changing practice areas with fewer than three thousand hours in the new practice area shall be a supervisory

agreement and include the additional requirements set forth in section 12-240-114.5(2)(b), C.R.S.

Effective 12/30/83; Revised 05/30/85; Revised 12/30/85; Revised 8/30/92; Revised 11/30/94; Revised 12/1/95; Revised 12/14/95; Revised 3/30/96; Revised 3/30/97; Revised 9/30/97; Revised 3/30/98; Revised 9/30/98; Revised 06/30/00; Revised 12/30/01; Revised 9/30/04; Revised 2/9/06, Effective 3/31/06; Emergency Rule Revised and Effective 7/01/10; Revised 08/19/10, Effective 10/15/10; Revised 11/15/12, Effective 01/14/2013; Revised 5/22/14, Effective 7/15/14; Revised 8/20/15, Effective 10/15/15; Emergency Rule Revised And Effective 8/18/16; Permanent Rule Revised 8/18/16; Effective 10/15/16; Permanent Rule Revised 2/15/18; Emergency Rule Revised 8/17/23 and Effective 8/17/23; Permanent Rule Revised 8/17/23 and Effective 10/15/23;

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# Notice of Proposed Rulemaking

**Tracking number**

2025-00138

**Department**

100,800 - Department of Personnel and Administration

**Agency**

801 - State Personnel Board and State Personnel Director

**CCR number**

4 CCR 801-1

**Rule title**

STATE PERSONNEL BOARD RULES AND PERSONNEL DIRECTOR'S  
ADMINISTRATIVE PROCEDURES

**Rulemaking Hearing****Date**

04/30/2025

**Time**

02:00 PM

**Location**

Zoom webinar (attendees must register in advance)

[https://us06web.zoom.us/webinar/register/WN\\_U5lQVNcXTyemXnORBkdvaA#/registration](https://us06web.zoom.us/webinar/register/WN_U5lQVNcXTyemXnORBkdvaA#/registration)

**Subjects and issues involved**

To modify rule 4 CCR 801-1, Chapters 1-8 and Chapter 11. Chapter 1: modify various definitions, Chapter 2: modify requirements for job descriptions, Chapter 3: replace merit pay with step pay, modify other premium pay and break periods, Chapter 4: clarify substitution appointments, Chapter 5: add union leave and modify other types of leave, Chapter 6: modify performance management and ratings, Chapter 7: modify requirements for layoff ranking tie breakers, Chapter 8: remove merit pay and clarify other reasons for directors appeals, Chapter 11: clarify when benefit premiums should be paid for extended leave. The general basis of the State Personnel Director in exercising their rulemaking authority is to align Directors Procedures with the step pay system, the newest Partnership Agreement dated Sept. 23, 2024, Healthy Families and Workplaces Act (HFWA), Family and Medical Leave Insurance (FAMLI), and to comport with contemporary practices.

**Statutory authority**

One or more of the following: Article XII of the Colorado Constitution, Partnership Agreement/Collective Bargaining Agreement effective Sept. 23, 2024 through July 31, 2027, USDOL Opinion Letter FMLA2025-01-A, §24-50-104, C.R.S. (HB24-1467).

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## DEPARTMENT OF PERSONNEL AND ADMINISTRATION

### State Personnel Board and State Personnel Director

## STATE PERSONNEL BOARD RULES AND PERSONNEL DIRECTOR'S PROCEDURES

### 4 CCR 801-1

[Note: Amendments to the rules are within [brackets]. Deletions are noted “[Deleted: ]” or “[Repealed: ]”.]

## Chapter 1 Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions

Authority for rules promulgated in Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions, is found in State of Colorado Constitution Article XII, Sections 13, 14 and 15, State of Colorado Revised Statutes (C.R.S.) §§24-50-103, 24-50-104(8), 24-50-112.5, 24-50-116, 24-50-117, 24-50-124, 24-50-128, 24-50-129, 24-50-130, 24-50-132, 24-50-145, 24-2-103, 24-6-402, 24-31-301-104, 24-30-2103, 24-30-2105, 24-50.3-105, 24-50.3-105, 24-50.5-103, 24-72-201, -204.5, 25-75-112, and 24-18-101 through 205, Title 24 Article 18, Part 1, Code of Ethics, Title 24, Article 50: 24-50-101, 24-50-102, 24-50-103, 24-50-104, 24-50-109.5, 24-50-112.5, 24-50-114, 24-50-116, 24-50-123, 24-50-124, 24-50-125, 24-50-125.3, 24-50-125.4, 24-50-126, 24-50-128, 24-50-129, 24-50-130, 24-50-134, 24-50-135, 24-50-137, 24-50-141, 24-50-203, 24-50-503, 24-50-507, [24-50-1104]. Board rules are identified by cites beginning with “Board Rule.” (01/01/2021)

- 1-11. All appointing authorities, managers, and supervisors are accountable for compliance with these rules and all applicable laws, including implementation of policy directives, [Delete: and] executive orders, [the Partnership Agreement, and State Entity Agreement, if applicable]. (074/01/20250)

### Employee Activities

- 1-15. Employment with more than one (1) department is commonly referred to as dual employment. An employee may be employed by and receive compensation from more than one (1) department with advance written approval of both appointing authorities. There shall be a written agreement between the appointing authorities that specifies the terms and conditions of the arrangement, including any overtime considerations, [prior to the start of any work assignment outside of the first department]. For further information, refer to Chapter 3, Compensation. (074/01/20250)

### Records

- 1-22. [Personnel files must be shared with other departments when requested for a reference check of a former or current employee no later than five (5) business days from the date of request.] When an employee transfers or reinstates to a different department, all official employee records shall be forwarded to the new department within ten (10) business days [of the date of the request]. Failure to forward these records may result in liability for violation of these rules and any applicable laws. (074/01/20250)

### Definitions

1-47.1. Fair Labor Standards Act (FLSA). The Fair Labor Standards Act (FLSA) [is a federal law that establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments] ~~[Delete: includes but is not limited to, the establishment of minimum wage, overtime pay, recordkeeping, and child labor standards affecting full-time and part-time workers in the private sector and in Federal, State, and local governments]~~. Special rules apply to State and local government employment, including but not limited to: (a) compensatory time off instead of cash overtime pay, (b) fire protection and law enforcement activities, and (c) volunteer services. (074/01/20250)

[1-51.1. In-Range Salary Movements. Permanent, base building pay adjustments that include discretionary in-range salary movements, cost of living adjustments, step pay, and structure adjustments. (07/01/2025)]

1-52. Job Description. The official document summarizing the primary duties and responsibilities assigned to a position by the appointing authority. [Also referred to as a position description. (07/01/2025)]

1-54. Laid Off. Involuntary non-disciplinary separation from a position in the state personnel system ~~[or the reduction of a certified employee's position from full-time to part-time,]~~ and, if applicable, the offer of retention rights and/or placement on a reemployment list. (073/301/202513)

1-55. Layoff. Process of involuntarily separating an employee ~~[Delete: from a position]~~ in the state personnel system due to abolishment of the ~~[employee's]~~ position ~~[based on the]~~ ~~[Delete: for]~~ lack of work, lack of funds, reorganization, or displacement by another ~~[certified]~~ employee exercising retention rights; ~~[or reducing a certified employee's full-time position to part-time due to an involuntary, permanent reduction of the work hours of the employee's position]~~. (073/301/202513)

1-55.01. Minimum Qualification. The type and level of education, experience, licensure, certification, and/or any applicable substitutions required for entry into a defined state personnel system job class. Minimum Qualifications are established by the Director. (04/01/2020)

1-55.02. Nonexempt Employee. Employee in a position that is eligible for overtime under the FLSA. (04/01/2020)

1-56.2. Partnership Agreement. An agreement between the state and the certified employee organization regarding wages, hours, and terms and conditions of employment for employees covered by the Colorado Partnership for Quality Jobs and Services Act, C.R.S. § 24-50-1101 et seq. (07/01/2025)

A. State Entity Agreements are agreements covering matters impacting covered employees in a single state entity (department) and are included as addendums to the Partnership Agreement. (07/01/2025)]

~~[Delete: Part-Time. A position scheduled for less than 2080 hours per fiscal year. (04/01/2020)]~~

[1-56.3. Part-Time. A position scheduled and budgeted for less than 2080 hours per fiscal year. (07/01/2025)]

1-60.1. Performance Cycle. The state's performance cycle is from August 1 through July 31.

The performance cycle for Institutions of Higher Education and the Colorado School for the Deaf and Blind is September 1 through August 31 as approved by the Director.  
(07/01/2025)]

- 1-73.1. Substitute Appointment. An [~~Delete: temporary~~] appointment that is made to perform the duties of a filled position during a leave or for training purposes [not to exceed nine (9) months. Also, referred to as a s-position.] (073/015/202511)
- 1-74.1. Temporary Appointee. This refers to a qualified person who is appointed to a position or positions for a period not to exceed nine (9) months in any twelve (12) month period inclusive of all temporary appointments with any state employer. Temporary appointees include temporary, conditional, [and] provisional [~~Delete:; and substitute~~] appointments.  
(074/01/20250)



## Chapter 2    Jobs

Authority for rules promulgated in this chapter is found in §24-50-101(3)(d), 24-50-104(1)(b), 24-50-104(5)(c), 24-50-104(6)(a) and (b), 24-50-104(9)(b), 24-50-109.5, and 24-50-135(2), C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### Job Evaluation System

- 2-2.    System maintenance studies create, amend, or abolish classes and/or include pay grade assignments. A study may include the review of all affected positions ~~[in a class or classes]~~ for placement in the ~~[current or]~~ proper new class. No allocation or appointment may be made to a proposed class until it is approved as final on a date determined by the Director. The results are not subject to appeal but are subject to “meet and confer” if requested. (07/01/2025)

### Individual Position Review

- 2-5.    New ~~[and vacant]~~ positions must be allocated to the proper class before any further personnel action is taken. (07/01/2025)
- 2-7.    Each position shall have an accurate official (signed by the appointing authority) job description. Appointing authorities are responsible for providing an accurate official job description for each position to the department’s human resources office and a copy to the employee. Only an accurate official job description is used to allocate a position to the proper class by ~~[a]~~ ~~[Delete: the department’s]~~ human resources ~~[professional certified in job evaluation]~~ ~~[Delete: office]~~. (07/01/2025)
- A.    An appointing authority must submit the accurate official job description and any evaluation request to the department’s human resources office ~~[Delete: within six months]~~ when permanent changes are made to a position’s assignment ~~[or the employee has been performing the duties for six (6) months or more and they are expected to be permanent.]~~ (07/01/2025)
1.    An employee may request an evaluation of ~~[Delete: his or her]~~ ~~[their]~~ position ~~[if the job description does not reflect the]~~ permanent ~~[Delete: changes are made and the]~~ job ~~[Delete: description]~~ ~~[duties and]~~ has not been evaluated or updated within the previous ~~[twelve]~~ (12) months. (07/01/2025)
2.    The employee’s request must be made ~~[in writing]~~ to the appointing authority who shall submit the request, along with the accurate official job description, to the department’s human resources office. (07/01/2025)
- 2-8.    Positions shall be reviewed as expeditiously as possible according to the department’s established procedures and practices. If the evaluation takes longer than ~~[twelve]~~ (12) months from receipt by the proper evaluator and the position is allocated upward, the department must pay the difference in base pay for the period beyond the ~~[twelve]~~ (12) months. (07/01/2025)

## Chapter 3 Compensation

Authority for rules promulgated in Chapter 3, Compensation, is found in State of Colorado Constitution Article XII, Section 13, State of Colorado Revised Statutes (C.R.S.) §§24-50-104 (1) (a), (b), (c), (e), (f), (4), (5), (6), (9), and 24-50-104.5(1), 24-50-109.5, 24-50-136, 24-50-137, and 24-50-208, C.R.S. Board rules are identified by cites beginning with "Board Rule." (01/01/2021)

### General Principles

- 3-1. The [Director] ~~[Delete: Department of Personnel]~~ shall establish rules governing compensation for the state personnel system. Compensation practices shall provide ~~[Delete: for equitable treatment of similarly situated employees.]~~ [an equitable pay structure that provides consistent and predictable salary increases in compliance with state and federal laws]. (07/01/2025)
- 3-2. Pay grades shall reflect ~~[Delete: prevailing]~~ [competitive] labor market compensation and any other pertinent considerations. No individual employee's base pay shall be less than the minimum of the grade or exceed a statutory lid. In the case of disciplinary action, base pay may be less than the minimum of the grade for a period not to exceed twelve (12) months, subject to the FLSA requirements. (07/01/2025)

### ~~[Delete: Annual]~~ Compensation Survey ~~[and Report]~~ (07/01/2025)

- 3-3. ~~[Delete: The Department of Personnel shall conduct the annual compensation survey.]~~ [Annually,] ~~the~~ Director shall ~~[submit recommendations and estimated costs for base salaries, state contributions for group benefits, and step pay, and]~~ establish and publish the distribution of ~~[annual]~~ compensation changes among ~~[base]~~ salaries;~~[Delete:- including establishment of statewide priority groups and group benefit contributions,]~~ which shall be effective as provided by law. ~~[Quadrennially (every four (4) years), the Director shall establish and publish a compensation report based on the analysis of the State's labor market, group benefit contributions, and step pay.]~~ (07/01/2025)

### Pay Rates

- 3-6. The [Director] ~~[Delete: Department of Personnel]~~ shall publish the annual pay plan. Departments shall use an hourly rate based on an annual salary to compensate employees who do not work a predetermined or full schedule. ~~(07/01/2025)~~
- 3-8. Unless authorized by the Director, the rate resulting from multiple actions effective on the same date shall be computed in the following order. The Director may withhold salary adjustments for any employee with a final overall rating of needs improvement, except as provided in Rule 3-4.
  - A. System ~~[changes due to system]~~ maintenance studies ~~[including creation of new classes, new pay grades or pay grade adjustments. Base pay of impacted employees adjusted to new grade minimum.]~~ (07/01/2025)
  - B. Upward, downward, or lateral movements ~~[for individual employees]~~. (07/01/2025)
  - C. Repealed. (8/1/08)
  - D. ~~[System]~~ ~~E~~changes in pay grade minimums and maximums to implement approved annual compensation changes to the pay structure. (07/01/2025)
  - E. ~~[Adjustments to employee base pay for cost of living adjustments (also known as]~~

~~A~~across-the-board increases), [subject to the new pay grade maximum authorized by the General Assembly. The remaining portion of the base building cost of living adjustment that would cause employees' base pay to exceed the pay grade maximum shall be paid as non-base building one-time lump sum.] (071/01/202518)

- F. Adjustments to ~~[Delete: the]~~ [individual base pay if the employee's] base pay [is lower than] ~~[Delete: of employees due to merit pay in approved annual compensation changes, subject to]~~ the new grade [minimum maximum and Rule-3-19(C)(1)(a) or step base pay rate, except in disciplinary actions for pay reductions]. (071/01/202518)
  - G. ~~[Repealed. (07/01/2025) Bring salaries to the new grade minimum as a result of compensation survey pay grade changes, except in disciplinary actions. (1/1/18)]~~
  - H. ~~[Repealed. (07/01/2025) Non-base merit payments (based on new annual salary). (1/1/18)]~~
- 3-9. The appointing authority, [in consultation with human resources,] shall determine the [base pay] ~~[Delete: hiring salary]~~ within the pay grade for an ~~[Delete: new]~~ employee. [Base pay for new hires], including one returning after resignation, ~~[Delete: which]~~ is typically the grade minimum unless recruitment difficulty or other unusual conditions exist. (07/01/20256)
- A. ~~[The appointing authority's determination shall consider such factors as, but are not limited to, labor market supply, recruitment efforts, nature of the assignment and required experience, competencies, skills, job qualifications and salary expectations of the best candidate, base pay of current and recently hired employees in similar positions in the department, the step pay program, available funds, and the long-term impact on personal services budgets of hiring above the minimum of the pay grade. (07/01/2025)]~~  
  
~~Recruitment difficulty means difficulty in obtaining qualified applicants or an inadequate number of candidates to promote competition despite recruitment efforts. ]~~
  - B. ~~[Repealed. (07/01/2025) Unusual conditions exist when the position requires experience and competencies beyond the entry level or the best candidate cannot be obtained by hiring at the minimum of the pay grade. (1/1/18)]~~
  - C. ~~[Repealed. (07/01/2025) The appointing authority's determination shall consider such factors as, but not limited to, labor market supply, recruitment efforts, nature of the assignment and required competencies, qualifications and salary expectations of the best candidate, salaries of current and recently hired employees in similar positions in the department, available funds and the long-term impact on personal services budgets of hiring above the minimum of the pay grade.]~~
- 3-11. When an unclassified position is brought into the state personnel system, the base pay for an employee appointed to the position shall be computed in accordance with [law and] the [Director's] ~~[Delete: Department of Personnel's]~~ directives that shall ensure that total compensation is preserved to the greatest extent possible, except that base pay shall not exceed the grade maximum. (071/01/202518)

#### **Downward Movements ~~[Delete: Adjustments]~~ (07/01/2025)**

- 3-12. Downward movement [or downward allocation] is a change to a different class with a lower range maximum (e.g., non-disciplinary or disciplinary demotions, individual allocations, system maintenance studies including class placement, or the annual compensation survey). (07/01/2025)

#### Upward Movements [Delete: Adjustments] (07/01/2025)

- 3-15. Upward movement [or upward allocation] is a change to a different class with a higher range maximum (e.g., promotions, individual allocations, system maintenance studies including class placement, or the annual compensation survey). (07/01/2025)
- 3-17. In the case of other upward movements, the employee's base pay may increase or remain the same, in which case the employee would receive the economic opportunity by moving to the new grade. In no case shall the new base rate be lower than the minimum [or their step pay rate], except in disciplinary actions, or higher than the maximum of the new grade. Continuation of a salary increase is subject to satisfactory completion of the trial service period. (07/01/2025)
- A. When conditional employees move upward, the base pay shall be computed based on the certified class.

#### Lateral Adjustments

- 3-18. Lateral movement is a change to a different class or position with the same range maximum (e.g., transfers, individual allocations, system maintenance studies including class placement), or an in-range salary movement in the same class and position. Base pay can be offered at a rate that falls within the pay range of the class and does not exceed the grade maximum. In addition, [discretionary] in-range salary movements are subject to the provisions below. (071/01/202514)

In-Range Salary Movements. A department may use these discretionary movements to increase base salaries of permanent employees who remain in their current classes and positions when there is a critical need not addressed by any other pay mechanism. [If granted, there shall be an individual written agreement between the employee and the appointing authority that stipulates the terms and conditions of the movement.] The use of in-range salary movements is not guaranteed and shall be funded within existing budgets [and in accordance with these rules. In-range salary movements shall not be applied as a substitute for cost of living adjustments or the step pay program]. These movements shall not be retroactive [Delete: and unless specifically noted in these rules, frequency is limited to one (1) in-range salary movement in a twelve (12) month period]. No aspect of granting these movements is subject to grievance or appeal, except for alleged discrimination; however, an alleged violation of the department's [policy or] plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Once granted, a reduction in base salary is subject to appeal. Departments shall develop a written [policy or] plan addressing appropriate criteria for the use of any movement based on sound business practice and needs, e.g., eligibility, funding sources, approval requirements, and measures to ensure consistent use. The [policy or] plan shall be communicated within the department and a copy provided to the Director [upon request] [Delete: prior to implementation. If granted, there shall be an individual written agreement between the employee and the appointing authority that stipulates the terms and conditions of the movement.] Records of any aspect of these movements shall be provided to the Director when requested. (072/01/202517)

- A. Salary Range Compression. Used as a salary leveling increase where longer-term or more experienced employees are paid lower in the range for the class than new

hires or less experienced employees over a period of time resulting in documented retention difficulties. Thus, there is a valid need to increase one (1) or more employee's base salary in the class to recognize contributions equal to or greater than the newly hired or less experienced employees. Justification shall be required based on facts. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase [is] ~~[Delete: may be up to ten percent (10%) or the maximum permitted by the department's policy on hiring salaries, whichever is greater, and]~~ subject to the pay grade maximum. (079/01/12025)

- B. Counteroffer. Used when an employee with critical, strategic skills receives a higher salary offer from another department or outside employer and the appointing authority needs to increase the employee's base salary for retention purposes. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. Written confirmation of the other entity's salary offer is required. The increase [is] ~~[Delete: may be up to ten percent (10%) or the maximum permitted by the department's policy on promotional pay, whichever is greater, and]~~ subject to the pay grade maximum.
- C. Delayed Transfer or Promotional Pay Increase. Used when a transfer or promotion is made with no salary increase or partial salary increase because performance expectations are unproven and/or funds may be unavailable at the time of transfer or promotion. This is a one (1) time base salary increase within twelve (12) months of the date of transfer or promotion when funds become available and the employee's contributions are fulfilled. The intent to provide a later salary increase shall be documented at the time of the transfer or promotion. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase [is] ~~[Delete: may be up to ten percent (10%) or the maximum amount permitted in the department's policy on transfer or promotional pay increases, whichever is greater, and]~~ subject to the pay grade maximum. Transfer, promotion, demotion, or separation of the employee will negate the delayed increase. (071/01/202518)
- D. New Hires. Used at the time an employee is hired when performance expectations are unproven and/or funds may be unavailable. This is a one (1) time base salary increase ~~[to be provided after the employee's hire date and]~~ within twelve (12) months of hire. The intent to provide a later salary increase ~~[with training objectives]~~ shall be documented at the time of hire. To be eligible, ~~[Delete: early]~~ satisfactory completion of ~~[the]~~ specified training objectives shall be ~~[met]~~ ~~[Delete: documented]~~. This is limited to a one (1) time increase, ~~[Delete: up to ten percent (10%) or the maximum permitted by the department's policy on promotional pay increases, whichever is greater, and]~~ subject to the pay grade maximum. Transfer, promotion, demotion, or separation of the employee will negate the delayed increase. (072/07/202517)
- E. Competency-Based Increase. Used when an employee applies the complete set, or a subset, of competencies required to successfully perform the work of a specific position. ~~[New]~~ ~~[Delete: Required]~~ competencies shall be specifically defined with deadlines and evaluation criteria for achievement, and shall be communicated in writing to the employee ~~[Delete: prior to granting an increase]~~. ~~[To be eligible, satisfactory completion and demonstration of the competencies shall be met.]~~ Competencies that are the basis for this increase shall be required to perform permanent, essential functions assigned to the position. The intent of this increase is to promote career development by aligning pay increases with



achieving all required competencies to fully perform the job. Increases are limited to no more than two ~~[(2)]~~ per twelve (12) month period ~~[and are subject to the pay grade maximum]. [Delete: This type of increase shall not be applied as a substitute for Merit Pay. To be eligible, an employee shall demonstrate required competencies as evidenced by a written evaluation by the appointing authority. The increase may be up to ten percent (10%) or the maximum permitted by the department's policy, whichever is greater, and subject to the pay grade maximum.]~~ (07/01/2025)

- F. Equity Adjustment. An appointing authority has the ability to grant an equity adjustment or put a plan in place to address pay inequities between employees who perform substantially similar work, ~~[if an allowable factor does not account for the difference in pay]~~. An equity adjustment shall not include the reduction of any employee's pay. The in-range salary adjustment shall be effective the first day of the next pay period after the appointing authority grants an equity adjustment. (07/01/2025)

**[Step] ~~[Delete: Merit] Pay [Program] (079/01/12025)~~**

- 3-19. ~~[Step] [Delete: Merit] pay [Delete: consists of both [provides periodic] base and non-base building adjustments [pay increases based on salary placement within the appropriate salary range up to the pay range maximum]. Any permanent employee is eligible for merit [step pay, except [for employees of the state auditor, in the classifications of the medical pay plan, and the chief and any commissioned or noncommissioned officer and trooper of the Colorado State Patrol] [Delete: as provided below and as otherwise provided in Chapter 3, Compensation]. Prior to the payment of [Delete: merit] [step] pay, the Director shall specify and publish the [annual pay plan] [Delete: percentage for any merit pay increase for applicable priority groups]. Adjustments are effective on July 1. The employee shall be employed on July 1 to receive payment. The employee's current department as of July 1 is responsible for payment, unless arrangements are made whereas the transferring department will provide full payment of a portion of [the] [Delete: any non-base building merit] [step] pay increase. (071/01/202518)~~

- A. ~~[If an employee has a current disciplinary action resulting in a temporary base pay reduction as of July 1, pay shall be restored to the appropriate step and cost of living adjustment upon completion of the disciplinary action.] (07/01/2025)~~

~~[Delete: If the final overall rating is needs improvement, the employee is ineligible for any merit pay. Merit pay shall not be denied because of a corrective or disciplinary action issued for an incident after the close of the previous performance cycle. (9/1/12)]~~

- B. ~~[Departments must ensure that the employee's pay is calculated following procedures provided by the Director.] (07/01/2025)~~

~~[Delete: Employees hired into the state personnel system during the performance evaluation cycle shall receive a prorated portion of any base or non-base building merit pay. The proration shall be based on the number of calendar months worked. (1/1/18)]~~

- C. ~~[Repealed. (07/01/2025) Base building merit pay shall be based on final performance evaluation and salary position within the pay range on June 1. (1/1/18)]~~

1. ~~[Repealed. (07/01/2025) Payment of base building merit pay shall not~~

~~cause an employee's base pay to exceed the grade maximum, and is paid as regular salary. (9/1/12)}~~

- a. ~~[Repealed. (07/01/2025) The payment of any remaining portion of base building merit pay that would cause base pay to exceed grade maximum shall be paid as a one-time, non-base building lump-sum in the July payroll. The statutory salary lid does not apply to such a payment. (1/1/14)]~~
2. ~~[Repealed. (07/01/2025) Payment of base building market pay shall be a comparison of state personnel system salaries to market salaries for the purpose of measuring competitiveness. Market shall result in base building increases to pay, only when an employee's salary is below a newly-adjusted pay range minimum. (9/1/12)]~~
- D. ~~[Repealed. (07/01/2025) Non-base building merit pay shall be a non-base building or one (1) time lump sum payment and shall be calculated after any annual compensation adjustments, including base building merit pay. (1/1/18)]~~
  1. ~~[Repealed. (07/01/2025) Non-base building merit pay shall be earned each year and shall be paid as a one-time lump sum in the July payroll. The grade maximum and statutory lid do not apply to non-base building merit pay. (9/1/12)]~~
  2. ~~[Repealed. (07/01/2025) An employee shall be employed on the date of the payment in order to be eligible to receive a non-base building merit payment. (9/1/12)]~~
- E. ~~[Delete: Base building or non-base building merit pay]~~ [Compensation] may be provided to employees, at a department's discretion if approved by the Governor's Office of State Planning and Budgeting, when funded from a department's state employee reserve fund using department reversions. These discretionary ~~[Delete: merit]~~ payments shall only be paid to certified employees, ~~[Delete: in order of priority grouping]~~ [as] established by the Director. (07/01/2025~~18~~)
  1. ~~[Repealed. (07/01/2025) Base building merit pay increases funded from a department's state employee reserve fund shall be provided only if the department can justify sustainability as determined by the Governor's Office of State Planning and Budgeting. (9/1/12)]~~
  2. ~~[Repealed. (07/01/2025) Merit pay increases funded from a department's state employee reserve fund shall not be provided more than one (1) time in a twelve (12) month period per employee. 9/1/12)]~~
  3. Repealed. (1/1/18)
  4. Repealed. (1/1/18)

### **Incentives, [Rewards, and Recognition (07/01/2025)]**

3-20. Departments are strongly encouraged to use incentives. (7/1/06)

3-21. An appointing authority may grant an immediate non-base [building] cash or non-cash incentive award to an employee in recognition of [performance,] special accomplishments or contributions throughout the year ~~[Delete: or to augment merit pay]~~, e.g., on-the-spot

cash awards, work-life options, or administrative leave, in accordance with a department's established incentive plan. ~~[Delete: Other than augmenting merit pay]; it~~ [Incentives] shall not be used to supplement or substitute for annual compensation adjustments or other base pay movements. The statutory salary lid does not apply to these incentives. (079/01/12025)

A. Departments shall have an incentive plan prior to the use of incentives. Such plans shall include eligibility criteria, the types of incentives allowed, cash amounts or limits and payment methods, and a communication plan. ~~[Delete: Other than augmenting merit pay]; it~~ [Incentives] shall not be used to supplement or substitute for annual compensation adjustments or other base pay movements. The statutory salary lid does not apply to these incentives. (079/01/12025)

1. If a department uses a type of incentive that shares cost savings from innovations, the following applies.

- a. Employees are ineligible if they are wholly responsible for control and operation of a division (or equivalent), the primary assignment includes responsibility for identifying efficiencies and cost reductions, or the position has statewide program or budget authority.
- b. Savings are the result of innovative ideas that increase productivity and service levels while decreasing costs. Savings are not the result of normal progressive business evolution, obvious solutions to mandated budget cuts, cost avoidance or revenue enhancement, nor do they have adverse cost impact on other departments.
- c. Savings are the difference between anticipated expenditures prior to implementation and actual expenditures following implementation for a full twelve (12) month period. The complete award amount shall be no more than five percent (5%) of the savings, not to exceed a total of five thousand dollars (\$5,000) per employee or group of employees.

### Medical [Pay] Plan (07/01/2025)

3-24. Employees in the medical pay plan shall be compensated based solely on performance as established in the required annual contract to be negotiated by July 1 of the contract year, or within thirty (30) days of hire or movement within the medical pay plan for the remainder of the contract year. Employees are not eligible for any pay adjustments, such as ~~[Delete: merit [step pay]]~~ [cost of living adjustments or] ~~[Delete: merit [step pay]]~~. Current performance contracts may be modified during the contract year but not compensation. Change in compensation shall only occur at the end of a contract period, unless an employee moves to another position, and may increase, decrease, or remain unchanged from the previous year. In the case of upward or downward movement in the medical pay plan, compensation shall be no lower than the minimum or higher than the maximum rates of the new grade and a new contract shall be negotiated for the remainder of the contract year. (079/01/12025)

A. If no contract is negotiated, the existing contract continues and base pay stays the same until a new contract is negotiated. Employees in the medical pay plan may grieve the rate unless it is lower, which is then subject to appeal. If the employee moves into ~~[Delete: or out of]~~ the medical pay plan into another open-range class, the base pay shall be negotiated subject to the grade maximum of the new class. (07/01/2025)



## FLSA and Overtime

3-27. Overtime is the actual hours worked by a nonexempt employee in excess of the forty (40) hours during a standard FLSA workweek or in excess of established work hours in adopted work periods for law enforcement, healthcare, and fire protection employees. Such excess hours are paid at one and one-half (1 ½) times the employee's regular hourly base pay rate, including applicable premium pay [in accordance with the "regular rate" calculation under the FLSA]. Nonexempt employees paid on a biweekly or monthly pay cycle shall be paid overtime on the employee's next regularly scheduled payroll following the period the overtime was earned. Biweekly employees shall be paid on the biweekly payroll and monthly employees shall be paid on the monthly payroll. (0711/01/202519)

- A. Overtime for nonexempt employees shall be approved in accordance with a department's procedure. A department head shall establish a policy to address unauthorized overtime work; however, prohibition of unauthorized overtime does not avoid the requirement to pay if it is actually worked.
- B. Compensatory time in lieu of monetary payment is allowed if there is a written agreement between the department and any employee hired after April 15, 1986. Written agreements for those hired prior to April 15, 1986, are unnecessary provided that the department had a regular practice in place for granting compensatory time. Acceptance of compensatory time may be a condition of employment for new employees. Appointing authorities shall ensure that compensatory time is scheduled as soon as practical. [Compensatory time is banked at one and one-half hours (1 ½) for each overtime hour worked. An employee may bank up to forty (40) hours or the amount set forth in the department's policy, whichever is greater, but] [Delete: ~~Compensatory time~~] shall not exceed two hundred and forty (240) hours (or four hundred and eighty (480) hours [for law enforcement, fire protection, emergency response and employee engaged in seasonal activities] – see the FLSA) and any additional overtime shall be paid as indicated in Rule 3-27. If a department wants to place limits on the accrual or payment of compensatory time up to two hundred and forty (240) hours (or four hundred and eighty (480) hours – see the FLSA), a policy shall be developed and communicated prior to use and on an ongoing basis. Unused compensatory time at termination or transfer to another department, [at the end of the fiscal year, or upon mutual agreement between the employee and the department] shall be paid at that time. [There is no carryover of accrued compensatory time to the next fiscal year. Departments shall have a policy that is communicated and available to employees.] (0711/01/202519)

## Eligibility

3-29. An exempt employee's pay is not subject to reduction except as follows: (04/01/2020)

- A. Deductions in increments of one (1) day are allowed for a major workplace rule violation.
- B. Deductions are allowed for any amount of time if:
  - 1. A leave of absence was not requested or was denied and accrued leave is not used;
  - 2. The time is covered by the Family and Medical Leave Act (FMLA); or the state family medical leave; [Family and Medical Leave Insurance (FAMLI),

or short-term or long-term disability;] (074/01/20250)

3. Accrued leave is exhausted;
4. The time is a voluntary furlough; or
5. The time is a mandatory furlough for budgetary reasons. (04/01/2020)

## Work Hours

- 3-39. Ordinary travel to and from work is not work time. Travel from work site to work site is work time. When an employee is required to travel a substantial distance to perform a job away from the regular work site, the travel is work time. [Mileage reimbursement applies in accordance with 1 CCR 101-1, State of Colorado Fiscal Rules. (07/01/2025)]
- 3-40. Mandatory training or meetings are work time. Voluntary training during work hours, as approved by the appointing authority, which is directly related to an employee's job and is designed to enhance performance, is work time. Voluntary training [is not considered work time when the training occurs outside of the employee's regular working hours, attendance at the training is in fact voluntary, the training is not directly related to the employee's job, and the employee does not perform any productive work during the training] [Delete: after hours to gain additional skill or knowledge is not work time, even if it is job-related]. (07/01/2025)

## Other Premium Pay

- 3-43. Shift Differential is additional pay beyond base pay for employees working shifts. Eligible classes [and the shift differential rate] are published in the annual pay plan. Department heads may designate eligibility for individual positions in classes not published and shall maintain records for such cases. [If an eligible employee is required to report to work before the start or after the end of a scheduled shift with no release from work between the regular shift and call back hours, it is a continuation of a shift.] Shift differential does not apply to any periods of paid leave. Second shift rate applies [for all hours worked] when half or more of the scheduled work hours fall between 4:00 p.m. and 11:00 p.m., [Monday through Thursday.] Third shift rate applies [for all hours worked] when half or more of the scheduled work hours fall between 11:00 p.m. and 6:00 a.m. If hours are evenly split between shifts, the higher shift differential rate applies to all hours worked during the shift. [Weekend shift applies for all hours worked when half or more of the scheduled shift hours fall between 4:00 p.m. Friday evening through 6:00 a.m. Monday morning.] (071/01/202518)
- 3-44. Call Back applies when an eligible [nonexempt] employee is required to report to work before the start or after the end of a scheduled shift. [An eligible nonexempt employee does not have to be on call eligible to receive call back pay.] If there is no release from work between the call back hours and regular shift, it is considered a continuation of the shift and call back does not apply; [instead, if applicable, the nonexempt employee may earn overtime or compensatory time]. When [a nonexempt employee is called] back [Delete: applies], [they are entitled to] a minimum of two (2) hours of their [Delete: employee's] regular base pay [(call back pay) or pay for the actual amount of time spent responding to the call, whichever is greater] [Delete: is guaranteed. Eligible employees are those who are eligible for overtime, and any e][Call] back time is counted as work time. [Delete: Employees exempt from overtime are also eligible when approved by a department head]. (071/01/202518)
- 3-45. On Call is additional pay beyond base pay for [eligible, nonexempt] employees [who are]

specifically ~~[scheduled to be on call. Employees are entitled to on-call pay only when they are not working but are scheduled to be available to respond to communications or report to a worksite within a reasonable period of time. Employees who are on call are able to use their personal time effectively]~~ ~~[Delete: assigned, in advance, to be accessible outside of normal work hours and where freedom of movement and use of personal time is significantly restricted]~~. Eligible classes and the ~~[hourly]~~ rate are published in the annual pay plan. A department head may designate eligibility for individual ~~[nonexempt]~~ positions in classes not published and maintain records of such on-call designations. Only time while actually on call shall be paid at the ~~[on call] special~~ rate. In call back situations, employees eligible for both on call and call back pay shall receive call back pay only. (071/01/202518)

3-49. Discretionary Pay Differentials. A department may use non-base building discretionary pay differentials on a temporary basis, which shall be funded within existing budgets. Use of these pay differentials is at the discretion of the appointing authority and shall not be used as a substitute for annual compensation adjustments, other pay policies, or promotions. No differential is guaranteed and, if granted, may be discontinued at any time. No aspect of any discretionary pay differential is subject to grievance or appeal, except for discrimination; however, an alleged violation of the department's plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Departments shall develop and communicate a written plan addressing appropriate criteria for the use of any differential based on sound business practice and needs. If granted, there shall be an individual written agreement between the employee and appointing authority that stipulates the terms and conditions of the differential, including the dates the differential will begin and end. Records of any aspect of these differentials shall be provided to the Director when requested. (8/1/08)

A. Counteroffer to a verifiable job offer may be used when an employee with critical strategic skills receives a higher salary offer from another department or outside employer and the appointing authority needs to retain the employee. The sum of a non-base building differential and current base pay cannot exceed a statutory lid in any given month and may be paid in one (1) or more payments. (8/1/08)

B. Signing bonus is a non-base building lump sum that may be used to attract new permanent employees into the state personnel system. It may be paid in one (1) or several payments; however, the sum of the bonus and current base pay cannot exceed a statutory lid in any given month. Signing bonuses may be used for the following reasons:

1. To fill positions in critical occupations where there is a documented shortage in the labor market and recruitment or retention difficulty in the department that jeopardizes its mission; or,
2. When the applicant possesses a unique, critical skill in relation to the job market.

C. Referral award is a non-base building lump sum that may be granted to a current employee for the referral and subsequent hire of a new employee into the state personnel system where the position requires a unique, specialized skill and there is a documented shortage in the labor market and recruitment or retention difficulty in the department. This award is to be used for permanent employees unless the Director grants an exception. Employees who influence or are responsible for hiring and those performing recruitment as part of their regular assignments are ineligible. The sum of the award and current base pay cannot exceed a statutory lid in any given month.

- D. Temporary pay differential is a non-base building award that may be granted to a current permanent employee in the same position. The sum of the temporary award and current base pay shall not exceed a statutory lid in any given month and is paid through regular payroll. This differential shall not be used as a substitute for the promotional or allocation process. Temporary pay differentials may be used for the following reasons:
1. Acting assignment where the employee assumes the [majority] [Delete: full set] of duties [Delete: -(not "in absence of")] of a [Delete: higher-level] position that is vacant or the incumbent is on extended leave for a period longer than thirty (30) days but less than nine (9) months. The differential shall not exceed nine (9) months for any given acting assignment; (07/01/2025)
  2. Long-term project assignment that is not an expected or customary part of the regular assignment and is critical to the mission and operations of the department as defined by the purpose of the project, its time frame, and the critical nature and expected results;
  3. Retain a unique, specialized set of skills or knowledge that is critical to the mission and productivity of the department. The loss would result in documented severe adverse effect on the department's mission and productivity; or
  4. During the declaration of a state of emergency by the Governor, as defined in the Colorado Disaster Emergency Act, when it is necessary to assign employees work to maintain continuity of operations and appropriate staffing levels critical to the mission and operations of the organization. (08/01/2020)
  5. [Other temporary pay differentials for reasons listed in the applicable Partnership Agreement, and applicable State Entity Agreement, if any. (07/01/2025)]

#### **Postemployment Compensation (9/1/12)**

- 3-52. Any total postemployment compensation payment and other benefits shall not exceed an amount equal to one (1) week of an employee's salary for every year of [Delete: his or her] [their] service, up to eighteen (18) weeks. Any additional limitations shall be established and published by the ~~d~~Director, taking into consideration [Delete: prevailing] market practice and other factors. (07~~1~~/01/2025~~18~~)
- 3-54. The employee and department shall execute a written contract before payment of any post employment compensation. The contract shall include the following provisions. (1/1/14)
- A. A statement that the employee is required to pay all applicable taxes on the payment;
  - B. The employee's acknowledgement that the state will withhold taxes according to law before payment;
  - C. The employee's agreement to waive retention and reemployment rights, if applicable, along with a statement that the contract is voluntary and not coerced or obtained through means other than the terms of the contract; (9/1/12)

- D. The date of the employee's last day of work;
- E. An acknowledgement that no payment will be made until after the last day of work and compliance with other provisions of the contract; and,
- F. Upon signature, a copy of each contract shall be provided to the ~~[Delete: state-personnel-d]~~Director. (079/01/12025)
- G. The employee's agreement to waive any and all claims they may have or assert against the employer, relative to their employment prior to the execution of this agreement. (9/1/12)

## Chapter 4      Employment and Status

Authority for the rules promulgated in Chapter 4, Employment and Status, is found in State of Colorado Constitution Article XII, Sections 13, 14 and 15, and § § 24-50-109.5, 24-50-112.5, 24-50-114, 24-50-132, 24-50-136 and 24-50-137, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

Definitions for many of the terms utilized in this chapter may be found in Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions. Board rules are identified by cites beginning with “Board Rule”.

### Determining How to Fill a Vacancy / Eligible List

- 4-14. ~~[An] [The duration of an open competitive or promotional eligible list shall be a minimum of thirty (30) days, and that]~~ eligible list may be extended by the appointing authority for up to twelve (12) months, unless further extended as follows: (07/01/2025)
- A. The Director shall have the discretion to extend a current eligible list.
  - B. The Director shall have the discretion to resurrect an expired eligible list within one (1) year of the initial expiration date of the list.
  - C. An appointing authority shall have the discretion to appropriate a qualified applicant pool for identical or highly similar positions justified through competent job analyses. (01/01/2021)

### Comparative Analysis / Eligible List

- 4-24. Comparative analysis shall consist of professionally accepted assessments of job-related qualifications, competencies, knowledge, skills, abilities, and job fit, including but not limited to structured interviews, application/resume review, oral examinations, written objective tests, written narrative tests, performance tests, training and/or experience evaluations, and physical capacity tests. ~~[Performance evaluations may be used as part of a promotional comparative analysis.]~~ Assessment tools and/or examinations shall be developed, administered, and scored in compliance with professional guidelines and state and federal law. If multiple components are used to assess qualifications, the applicant may be required to pass one step before proceeding to the next. All examination materials and scores are confidential except as provided by the Colorado Open Records Act. (073/301/202513)

### Employment Status

- 4-47. A temporary appointment refers to a qualified person who is appointed to a position or positions for a period not to exceed nine (9) months in any twelve (12) month period. The nine (9) month limitation shall be inclusive of all temporary appointments and departments. Temporary appointments include appointments to temporary positions, conditional, ~~[and]~~ provisional ~~[Delete: and substitute]~~ appointments. (073/301/202513)

## Chapter 5 Time Off

Authority for rules promulgated in Chapter 5, Time Off, is found in:

State of Colorado Constitution Article XII, Section 13, The Family Medical Leave Act (FMLA), Colorado Paid Family and Medical Leave Insurance (FAMLI) Act, Americans with Disabilities Act (ADA), Family Care Act (FCA), Uniformed Services Employment and Reemployment Rights Act (USERRA), The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), Healthy Families and Workplace Act, the Public Health Emergency Whistleblower Act and 26 U.S.C. 63.

State of Colorado Revised Statutes (C.R.S.) §1-6-115, 1-6-122, 1-7-102, 8-13.3-401, 8-13.3-501, 8-40-101, 14-2-101, 14-15-103, 24-11-101, 24-11-112, 24-18-102, 24-33.5-825, 24-50-104, 24-50-109.5, 24-50-401, ~~[Delete: 24-50-1104,]~~ 28-1-104, 28-3-601, 28-6-602, 28-3-607, 28-3-609, and 28-3-610.

### General Principles

5-1. Employees are required to work their established work schedule unless on approved

leave. Employees are responsible for requesting leave as far in advance as possible. The leave request shall provide sufficient information to determine the type of leave. (5/1/10)

- A. The appointing authority shall respect the employee's privacy rights when requesting adequate information to determine the appropriate type of leave. (02/2017)
- B. Appointing authorities are responsible for approving all leave requests and for determining the type of leave granted, subject to these rules and any additional departmental leave procedures. Departmental procedures shall be provided to employees. (02/2017)
- C. Except for paid sick leave, ~~[Family Medical Leave (FML), state FML, leave under the FAMLI (Family and Medical Leave Insurance) program, short-term disability leave]~~ or public health emergency leave, use of any other leave that is not approved by the appointing authority may result in the denial of paid leave and/or corrective or disciplinary action. (01/01/2021)
- D. Mandates to maintain a minimum balance of annual leave is not permitted except under a leave sharing program or a corrective or disciplinary action. (12/1/2023)
  - 1. ~~[Repealed. (07/01/2025) Paid-sick leave, Family Medical Leave (FML) or public health emergency leave cannot be counted as an absence that may lead to corrective or disciplinary action against an employee, unless the employee uses the leave for purposes other than the allowable reason. (09/2022)]~~

5-2. Paid leave is to be exhausted before an employee is placed on unpaid leave, unless the reason for leave does not qualify for the type of leave available, ~~[Delete: or]~~ during a mandatory or voluntary furlough, ~~[or if prohibited by state or federal law]. (072/01/202517)~~



## Accrued Paid Leave

- 5-5. Sick leave is for health reasons, including mental or physical illness, injury, a health condition, diagnostic and preventative examinations, treatment, and recovery. Sick leave may also be used for safety reasons and after the death of a family member. [Sick leave is not to be used for bonding with a newborn child or a child newly placed for adoption or foster care]. Accrued sick leave may be used for the following: (07/01/2025)
- A. The employee or the employee's family members (related by blood, adoption, marriage, or civil union) including a child to whom the employee stands *in loco parentis* or a person who *stood in loco parentis* to the employee when the employee was a minor, domestic partners, in-laws, step relatives and for a person for whom the employee is responsible for providing or arranging health or safety-related care. Special consideration will also be given to any other person whose association with the employee is similar to a family member. (01/01/2021)
  - B. An injured military service member as established under Rule 5-20 (F), legal dependent, or a person in the household for whom the employee is the primary caregiver. (04/01/2020)
  - C. Appointing authorities may use discretion to send employees home for an illness or injury that impacts the employee's ability to perform the job or the safety of others.
    - 1. Sick leave shall be charged first;
    - 2. Annual leave shall be charged if sick leave is exhausted; then
    - 3. Unpaid leave if both annual and sick leave are exhausted. (01/01/2021)
  - D. Employees shall provide the State's authorized form (or other official document containing the same information) from a health care provider for an absence of more than three (3) consecutive full working days for any health reason or the use of sick leave shall be denied. Appointing authorities have the discretion to require the State's authorized form (or other official document containing the same information) for absences of less than three (3) days when the appointing authority has a reasonable basis for suspecting abuse of sick leave. (02/2017)
    - 1. The completed official form or document shall be returned within fifteen (15) days from the appointing authority's request. (02/2017)
    - 2. Failure to provide the State's authorized form (or other official document containing the same information) may result in corrective/disciplinary action. Appointing authorities have the discretion to approve other forms of leave if sick leave is denied. (02/2017)
  - E. When an employee or employee's family member is a victim of domestic abuse, stalking, sexual assault, harassment or any other crime related to domestic violence and needs to seek medical attention, mental health care or other counseling, or victim services including legal services or relocation. (05/15/2022)
  - F. Due to inclement weather, power/heat/water loss, or other unexpected occurrence, the employee needs to either (a) evacuate their residence, or (b) care for a family member whose school or place of care was closed. (12/1/2023)



- G. When the employee needs to grieve, attend funeral services or a memorial, or deal with financial and legal matters that arise after the death of a family member. This reason for sick leave does not supplant an employee's eligibility and use of approved bereavement leave under Rule 5-12. (12/1/2023)

### **Exhaustion of Leave and Administrative Discharge**

- 5-6. If an employee has exhausted all credited paid leave and is unable to return to work, unpaid leave may be granted or the employee may be administratively discharged by written notice following a good faith effort to communicate with the employee. Administrative discharge applies only to exhaustion of leave. (11/1/2019)
  - A. The notice of administrative discharge shall inform the employee of appeal rights and the need to contact the employee's retirement plan on eligibility for retirement.
  - B. An employee cannot be administratively discharged if FML, [state family medical leave, or] employment protection under [FAMLI][Delete: amily Medical Leave-Insurance, state family medical leave,] or short-term disability leave (includes the thirty (30) day waiting period) apply, or if the employee is a qualified individual with a disability under the ADA who can reasonably be accommodated without undue hardship. (0711/01/202519)
  - C. A certified employee who has been discharged under this rule and subsequently recovers has reinstatement privileges.

## General Provisions

Employees shall be at work or on paid leave to earn monthly leave. Leave is credited on the last day of the month in which it is earned and is available for use on the first day of the next month, subject to any limitations elsewhere in Chapter 5, Time Off. A terminating employee shall be compensated for annual leave earned through the last day of employment.

Part-time employees who work regular, non-fluctuating schedules earn leave on a prorated basis based on the percentage of the regular appointment, rounded to the nearest one, one hundredth (1/100) of an hour. Leave for part-time employees who work irregular, fluctuating schedules and full-time employees who work or are on paid leave less than a full month is calculated by dividing the number of hours paid by the number of work hours in the monthly pay period. The percentage is then multiplied by the employee's leave earning rate to derive the leave earned. Overtime hours are not included in leave calculations.

Leave payouts at separation are calculated using the annualized hourly rate of pay (annual salary divided by two thousand eighty (2080) hours for full-time employees). ~~[Delete: ; and e] Employees are only eligible for the sick leave payout one (1) time, [upon retirement separation from state employment or death] [Delete: -initial eligibility- for retirement.] (07/01/2025)~~

Forfeiture of leave as a disciplinary action or a condition of promotion, demotion, or transfer is not allowed.

Borrowing against any leave that may be earned in the future or "buying back" leave already used is not allowed, except during a declaration of a state of emergency by the Governor, as defined in the Colorado Disaster Emergency Act, as indicated above.

Use of annual leave cannot be required for an employee being laid off.

~~[Make whole is the use of accrued paid leave in an amount that is closest to the difference between an employee's wage replacement benefit (e.g., FAMI, short or long-term disability, and/or workers' compensation) and their gross base pay, excluding any pay differentials. Sick leave is used first, then annual leave and/or compensatory time. As the leave must be accrued, negative sick leave cannot be used to be made whole. Leave earning is not prorated when an employee is making whole. (07/01/2025)]~~

~~FAMI Make Whole: When an employee is receiving FAMI wage replacement benefit payments, they may elect in writing to use accrued paid leave to supplement the benefit and make their salary whole. (07/01/2025)~~

~~Disability Make Whole: If FML, state family medical leave, and/or FAMI are not running concurrently, an employee must use accrued paid leave to make their salary whole. If FML, state family medical leave, and/or FAMI are running concurrently, an employee may elect to use accrued paid leave during the thirty (30) day waiting period for short-term disability and to make their salary whole once they begin receiving disability wage replacement benefits. (07/01/2025)~~

~~Workers' Compensation Make Whole: If FML or state family medical leave is not running concurrently, an employee must use accrued paid leave to make their salary whole. If FML or state family medical leave is running concurrently, an employee may elect to use accrued paid leave to supplement the workers' compensation wage replacement benefits and make their salary whole. (07/01/2025)]~~

~~[Delete: Make Whole: When an employee is receiving workers' compensation payments, accrued paid leave is used to make the employee's salary whole in an amount that is closest to the difference between the temporary compensation payment and the employee's gross base pay, excluding any pay differentials. Leave earning is not prorated when an employee is being made whole.]~~

~~Short and Long Term Disability: Employees are required to use accrued paid leave during the thirty (30) day waiting period for short-term disability benefits, including the use of accrued annual leave and/or compensatory time once accrued sick leave has been exhausted. When an employee begins receiving disability payments, the employee may choose to use accrued paid leave to make their salary whole in an amount that is closest to the difference between the disability benefit payment and the employee's gross base pay, excluding any pay differentials. Employees who elect to be made whole will use accrued sick leave first, then annual leave or compensatory time as available. Employees shall not use negative sick leave to be made whole. Leave earning is not prorated when an employee is being made whole.]~~

5-7. A. Table (071/01/20251)

Factor Rate Earning, Accrual, Payout, and Restoration for Temporary Employees			
Sick Leave			
Hourly Accrual / Biweekly Pay	Cap*	Restoration	Payout
<p>.033/hour 30 hours x .033 = 1 hour</p> <p>Biweekly Pay Period 80 hours x .033 = 2.64 hours</p>	48 Hours	Previously accrued sick leave up to forty-eight (48) hours is restored when eligible for temporary rehire or hired permanently.	Not applicable.
<p>* Up to a cap of 48 hours of paid leave may be accrued in the fiscal year. Leave is no longer accrued once the cap is reached.</p>			
<p><b>General Provisions:</b> Temporary employees shall be at work or on paid leave to earn paid sick leave. Leave is credited on the last day of the biweekly pay period in which it is earned and is available for use on the first day of the following biweekly pay period. Sick leave may be requested and used, subject to the general principles, sick leave, <del>Family Medical Leave Act</del>, <del>FAMLI</del>, and public health emergency leave rules of this Chapter 5, Time Off.</p>			

## Leave Sharing

- 5-9. Employees shall have at least one (1) year of state service to be eligible. Leave sharing is not an entitlement even if the individual case is qualified. Donated leave is not part of the leave payout upon termination or death. (5/1/10)
- A. Donated leave is allowed for a qualifying event for the employee or the employee's immediate family member as defined under Rule 5-5. In order to use donated leave, the employee shall first exhaust all applicable paid leave and compensatory time and shall not be receiving short-term disability, ~~or~~ long-term disability, [FAMLI or Workers' Compensation] benefit payments. If all leave is exhausted, donated leave may be used to cover the leave necessary during the thirty (30) day waiting period for short-term disability benefit payments. The transfer of donated leave between departments is allowed only with the approval of both department heads. (072/01/202547)

## Holiday Leave

- 5-10. Permanent full-time employees employed by the state when the holiday is observed are granted eight (8) hours of paid holiday leave (prorated for permanent part-time employees) to observe each legal holiday designated by law, the Governor, or the President. [Holiday leave may be granted on a biweekly basis for biweekly paid employees.] Appointing authorities may designate alternative holiday schedules for the fiscal year. If a holiday occurs when an employee is on short or long-term disability, [continuous FAMLI,] and is being paid for the [Delete: disability] [wage replacement] benefit, the employee will be paid through those benefits and not be granted eight (8) hours of holiday leave. (074/01/20259)
- A. Employees may submit a request to their appointing authorities to observe another day off in lieu of any of the legal holidays in the same fiscal year.
1. Department heads have the discretion to grant employee requests to observe César Chávez day, March 31, in lieu of another holiday in the same fiscal year. The department shall be open and at least minimally operational for both days and the employee shall have work to perform.
- B. Each department shall establish an equitable and consistent policy to ensure that all permanent employees are granted their full complement of holidays earned each fiscal year.
1. If an employee is unable to take the alternate holiday off due to business necessity, they shall be paid out eight (8) hours of holiday leave (prorated for permanent part-time employees) at the end of the same fiscal year.
- C. To ensure any employee that is required to work, including voluntarily scheduled to work and approved by a department head, on any legal holiday described in §24-11-101, C.R.S. receives their full complement of holidays, the department shall apply the following alternatives:
1. Exempt employees required to work on the observed legal holiday shall be granted an alternate day off in the same fiscal year.
2. Non-exempt employees required to work on the observed legal holiday shall receive one of the following alternatives:

- i. An alternate day off in the same fiscal year, as requested by the employee; or
- ii. Pay at one and one-half (1 ½) times their base salary's hourly rate; or
- iii. Corresponding compensatory time for all hours worked.

### Other Employer-Provided Leaves

5-13. Military leave provides up to ~~[three (3) weeks of paid leave,] [Delete: one hundred twenty (120) hours based on the employee's work schedule,]~~ in a fiscal year to permanent employees who are members of the National Guard, military reserves, or National Disaster Medical Service to attend the annual encampment or equivalent training or who are called to active service, including declared emergencies. Unpaid leave is granted in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) after exhaustion of the ~~[three weeks of paid leave] [Delete: one hundred twenty (120) hours]~~. The employee may request the use of annual leave before being placed on unpaid leave. (074/01/20259)

A. Notice may be written or verbal and should be in advance of the leave unless unreasonable or precluded by military necessity. Required documentation shall be submitted in advance of the leave or upon the return to work in the form of military orders, estimates of military entitlements, military leave earning statements, correspondence from a commanding officer, or other forms that may be verified. (01/01/2021)

B. In the case of a state emergency, the employee shall return upon release from active duty. In the case of federal service, the employee shall notify the appointing authority of the intent to return to work, return to work, or may need to apply to return, and is entitled to the same position or an equivalent position, including the same pay, benefits, location, work schedule, and other working conditions. This leave is not a break in service. (02/2017)

5-15. Administrative leave may be used to grant paid time when the appointing authority wishes to release employees from their official duties for the good of the state. In determining what is for the good of the state, an appointing authority shall consider prudent use of taxpayer and personal services dollars and the business needs of the department. ~~[Additional reasons for granting the use of administrative leave follow:] (072/01/202517)~~

A. Administrative leave shall be granted for the following: (072/202517)

- 1. Two (2) hours to participate in general elections if the employee does not have three (3) hours of unscheduled work time during the hours the polls are open. (02/2017)
- 2. Up to two (2) days per fiscal year for organ, tissue, or bone donation for transplants. (02/2017)
- 3. To serve as an uncompensated election judge unless a supervisor determines that the employee's attendance on Election Day is essential. The employee shall provide evidence of service. (02/2017)
- 4. Up to fifteen (15) days in a fiscal year when qualified volunteers or

members of the Civil Air Patrol are directed to serve during a declared local disaster, provided the employee returns the next scheduled workday once relieved from the volunteer service. (02/2017)

5. [Union Leave shall be authorized by an appointing authority pursuant to the negotiated terms of the applicable Partnership Agreement. No time spent on Union Leave may be used to engage in political activity. (07/01/2025)]

~~[Delete: Activities performed in an official employment capacity, including job-related training and meetings, voluntary training, conferences, participation in hearings or settlement conferences at the direction of the Board or Director, and job-related testimony in court or official government hearings required by an appointing authority or subpoena are work time and not administrative leave. Administrative leave is not intended to be a substitute for corrective or disciplinary action or other benefits and leave. (02/2017)]~~

B. Administrative leave may be granted for the following: (02/2017)

1. Up to five (5) days for local or fifteen (15) days for national emergencies per fiscal year to employees who are certified disaster service volunteers of the American Red Cross. (02/2017)
2. One (1) period of administrative leave for the initial call up to active military service in the war against terrorism of which shall not exceed ninety (90) days and applies after exhaustion of paid military leave. Administrative leave is only used to make up the difference between the employee's base salary (excluding premiums) and total gross military pay and allowances. The employee shall furnish proof of military pay and allowances. This leave does not apply to regular military obligations such as the annual encampment and training. (02/2017)
3. Volunteering in community or school activities. A department shall adopt and communicate a policy regarding the amount of leave available, employee eligibility, and process for requesting and approving leave. (04/01/2020)
4. Employee recognition for special accomplishments or contributions in accordance with the department's established incentive plan. (02/2017)

C. ~~[Activities performed in an official employment capacity, including mandatory job-related training and meetings, voluntary job-related training, conferences, participation in hearings or settlement conferences at the direction of the Board or Director, and job-related testimony in court or official government hearings required by an appointing authority or subpoena are work time and not administrative leave. Administrative leave is not intended to be a substitute for corrective or disciplinary action or other benefits and leave. (07/01/2025)]~~

~~[Delete: Administrative leave shall be granted for the following: (02/2017)]~~

1. ~~Two (2) hours to participate in general elections if the employee does not have three (3) hours of unscheduled work time during the hours the polls are open. (02/2017)~~

- ~~2. Up to two (2) days per fiscal year for organ, tissue, or bone donation for transplants. (02/2017)~~
- ~~3. To serve as an uncompensated election judge unless a supervisor determines that the employee's attendance on Election Day is essential. The employee shall provide evidence of service. (02/2017)~~
- ~~4. Up to fifteen (15) days in a fiscal year when qualified volunteers or members of the Civil Air Patrol are directed to serve during a declared local disaster, provided the employee returns the next scheduled workday once relieved from the volunteer service. (02/2017)}~~

- D. ~~[Department heads are responsible for tracking the use of] A~~administrative leave ~~[Delete: that exceeds twenty (20) consecutive working days] [and] shall [provide] [Delete: be ]reported~~ to the ~~[Delete: department head and ]~~the Director ~~[upon request]. (071/01/20251)~~

5-16. Paid family medical leave (PFML) provides permanent full-time employees up to one hundred sixty (160) hours of paid leave (prorated for permanent part-time employees) per rolling twelve (12) month period when employees are eligible and qualify for unpaid, job protected Family Medical Leave (FML). PFML supplements and runs concurrently with FML and the short-term disability waiting period. The exception is the qualifying reasons for victim protection leave as prescribed in C. of this rule. (01/01/2021)

- A. PFML shall be used before accrued paid leave except when an employee elects to use PFML to bond with their newborn child or for a newly placed adopted or foster child within twelve (12) months after the birth or placement as allowed under the Family Medical Leave Act (FMLA).
- B. Employees who work in the same department or division as ~~[Delete: his or her]~~ ~~[their]~~ spouse, partners in a civil union or domestic partnership are each entitled to PFML when they are eligible and qualify for FML.
- C. PFML may be used when an employee or an employee's family member is a victim of domestic abuse, stalking, sexual assault, harassment, or any other crime related to domestic violence and needs to seek medical attention, mental health care or other counseling, or victim services including legal services or relocation.
  1. An employee must meet the eligibility requirements for FML per rules 5-20 and 5-21, to qualify for PFML for domestic violence related reasons. However, the use of PFML for domestic violence related reasons does not automatically qualify an employee for FML.
  2. All information related to the leave shall be confidential and maintained in separate confidential files with limited access.
- D. Injury leave, leave under the make whole policy for workers compensation, and emergency public health leave are excluded from PFML.
- E. Retaliation against an employee is prohibited; however, this rule does not prohibit adverse employment action that would have otherwise occurred had the leave not been requested or used.



## Family/Medical Leave (FML)

5-20. FML is granted to eligible employees for the following conditions: (02/2017)

- A. Birth and care of a child and shall be completed within one (1) year of the birth; (02/2017)
- B. Placement and care of an adopted or foster child and shall be completed within one (1) year of the placement; (02/2017)
- C. Serious health condition of an employee's parent, child under the age of eighteen (18), an adult child who is disabled at the time of leave, spouse, partner in a civil union, or registered domestic partner for physical care or psychological comfort; see Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions, for the definition of serious health condition and ADA definition for disability; (02/2017)
- D. Employee's own serious health condition; (02/2017)
- E. Active duty military leave ~~[(exigency)]~~ when a parent, child, or spouse experiences a qualifying event directly related to being deployed to a foreign country; or ~~(07/012/202517)~~
- F. Military caregiver leave for a parent, child, spouse, or next of kin who suffered a serious injury or illness in the line of duty while on active duty. Military caregiver leave includes time for veterans who are receiving treatment within five (5) years of the beginning of that treatment. (02/2017)

5-23. All other types of leave, compensatory time, and make whole payments under ~~[FAMLI]~~, short-term disability and workers' compensation run concurrently with FML and state family medical leave and do not extend the time to which the employee is entitled. The employee ~~[Delete: shall]~~ ~~[may elect to]~~ use ~~[Delete: all]~~ accrued paid leave subject to the conditions for use of such leave before being placed on unpaid leave for the remainder of FML and state family medical leave. ~~[Delete: If the employee's FML and state family medical leave are running concurrently with wage replacement benefits (e.g., FAMLI, disability, and/or workers' compensation), the employee may elect to use their accrued paid leave to make whole their salary.]~~ An employee on FML or state family medical leave cannot be required to accept a temporary "modified duty" assignment even though workers' compensation benefits may be affected. ~~(078/01/20259)~~

5-28. Employees shall provide proper medical certification, including additional medical certificates and fitness-to-return certificates ~~[or the equivalent]~~ as prescribed in Rules 5-36 through 5-39. If the employee does not provide the required initial and additional medical certificates, the leave ~~[Delete: with]~~ ~~[may]~~ not qualify as FML and ~~[Delete: shall]~~ ~~[may]~~ be denied. ~~(07/012/202517)~~

## Family and Medical Leave Insurance (FAMLI) Program (01/01/2024)

5-32. All other types of leave, compensatory time, and make whole payments under short-term disability run concurrently with FAMLI and do not extend the time to which the employee is entitled. The employee may elect, in writing, to use their accrued paid leave, subject to the conditions for use of such leave, in order to make whole their FAMLI benefit. ~~(07/01/2025)~~



- A. Should the reason for FMLI leave also qualify under the Family and Medical Leave Act [(FMLA) and/or the Family Care Act (FCA), the leaves shall run concurrently. (07/01/2025)]
- B. Unpaid leave rules apply to any FMLI leave, except the state continues to pay its portion of insurance premiums. An employee's condition that also qualifies for short-term disability benefits shall comply with the requirements of that plan. (07/01/2025)]  
  
[Delete: (FMLA) and/or the Family Care Act (FCA), the leaves shall run concurrently.]
- C. Employees shall provide proper medical certification, including additional medical certificates and fitness-to-return certificates as prescribed in Rules 5-36 through 5-39. If the employee does not provide the required initial and additional medical certificates, the leave [may] [Delete: will] not qualify as FML and [Delete: shall] [may] be denied as such.
- D. [Repeal. (07/01/2025) Unpaid leave rules apply to any FMLI leave, except the state continues to pay its portion of insurance premiums. An employee's condition that also qualifies for short-term disability benefits shall comply with the requirements of that plan.]

5-33. Employer Requirements. The appointing authority, human resources director, or FMLA coordinator shall notify the employee of the [FMLI] program upon hire and upon learning of a condition under Rule 5-30, based on the information provided by the employee and in accordance with the program's requirements. The employer shall not take retaliatory personnel action or count paid FMLI leave taken as an absence that may lead to or result in discipline, discharge, demotion, suspension or any other adverse reaction. (07/01/2025)

- A. [An employee receiving] FMLI benefits [Delete: recipient] who has been employed with the state for at least 180 days prior to the commencement of FMLI leave, shall be restored to their position (or an equivalent position) upon return from leave. (07/01/2025)

#### **[FML] Medical Certificates (07/01/2025)**

5-36. Employees shall provide the State's authorized medical certification form (or other official document containing the same information) when initiating an FML leave request. Appointing authorities have the discretion to require periodic medical certification to determine if FML continues to apply or when the appointing authority has a reasonable basis for suspecting [FML] leave abuse. Medical certification for FML may be required for the first leave request in an employee's rolling twelve (12) month period. Additional medical certification may be required every thirty (30) days or the time period established in the initial certification, whichever is longer, unless circumstances change or new information is received. (07/01/2025)

- A. The medical certification shall be completed by a health care provider as defined in federal law. The completed medical certification shall be returned within fifteen (15) days from the appointing authority's request. If it is not practical under the particular circumstances to provide the requested medical certification within fifteen (15) days despite the employee's diligent, good faith efforts, the employee shall provide the medical certification within a reasonable period of time involved, but no later than thirty (30) calendar days after the initial date the appointing

authority requested such medical certification. (02/2017)

- B. Failure to provide the medical certification shall result in denial of leave and possible corrective/disciplinary action. (7/1/13)
- 5-39. If an absence is more than thirty (30) days for the employee's own condition, the employee shall provide a fitness-to-return certificate. The fitness-to-return certificate may be required for absences of thirty (30) days or less based on the nature of the condition in relation to the employee's job. The department may also require a fitness-to-return certificate from employees taking intermittent FML every thirty (30) days if there are reasonable safety concerns regarding the employee's ability to perform ~~[Delete: his or her]~~ [their] job duties. (07/012/2025~~17~~)
- A. When requested, employees shall present a completed fitness-to-return certificate before they will be allowed to return to work. Failure to provide a fitness-to-return certificate as instructed could result in delay of return, a requirement for new medical certification, or administrative discharge as defined in Rule 5-6. (7/1/13)
  - B. When an incomplete fitness-to-return certification is submitted, the employee shall be allowed seven (7) days to obtain complete information, absent reasonable extenuating circumstances. Following receipt of the information or the seven (7) days from which it was requested, the department's human resources director or FMLA coordinator may, with the employee's written permission, contact the health care provider for purposes only of clarification and authentication of the fitness-to-return certification. (02/2017)

## Injury Leave

5-45. Injury Leave. A permanent employee who suffers an injury or illness that is compensable under the Workers' Compensation Act shall be granted injury leave up to ninety (90) occurrences (whole day increments regardless of the actual hours absent during a day) with full pay if the temporary compensation is assigned or endorsed to the employing department. (5/1/10)

- A. If after ninety (90) occurrences of injury leave an employee still is unable to work, the employee is placed on leave under the "make whole" policy, **[unless FML or state family medical leave apply where the employee may elect to make whole]**. The employee will receive temporary disability benefits pursuant to the Colorado Workers' Compensation Act. The employing department will make up the difference between the temporary disability benefits and the employee's full pay using accrued sick leave first, then annual leave or compensatory time as available. Once all paid leave is exhausted, employees may be given unpaid leave. Workers' compensation payments after termination of injury leave shall be made to the employee as required by law. (072/01/202517)
- B. The appointing authority may invoke Rule 5-6 if the employee is unable to return to work after exhausting all accrued paid leave and applicable job protection. Termination of service under that rule will not affect continuation of payments under the Workers' Compensation Act.
- C. If the employee's temporary compensation payment is reduced because the injury or occupational disease was caused by willful misconduct or violation of rules or regulations, the employee shall not be entitled to or granted injury leave. **[If FML or state family medical leave does not apply,]** Any absence shall be charged using sick leave first, then annual leave or compensatory time on a "make whole basis" or, at the appointing authority's discretion, unpaid leave may be granted and the temporary compensation payments shall be made to the employee. (072/01/202517)
- D. The first three (3) regular working days missed as a result of a compensable work injury will be charged to the employee's sick leave, then annual leave or compensatory time, as available. Injury leave will only be granted once an eligible employee misses more than three (3) regular working days. Sick or annual leave for the first three (3) regular working days will be restored if the employee is off work for more than two (2) weeks. (02/2017)
- E. If a holiday occurs while an employee is on injury leave, the employee receives the holiday and the day is not counted as an injury leave occurrence.

## Chapter 6 Performance

Authority for rules promulgated in Chapter 6, Performance, is found in the Colorado Constitution Art. XII

§13 and §24-50-104, 24-50-125, and 27-90-111, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### Performance Management

- 6-4. The Director shall establish requirements governing the performance management system.

These requirements shall be applied by all appointing authorities and designated raters, including any person employed by the state who supervises an employee. The performance management system does not apply to employees in the ~~[Delete: senior-executive service or]~~ medical ~~[pay]~~ plan. (07/01/2025)

- 6-5. Designated raters shall be evaluated by their direct supervisor on their performance management and evaluation of employees. Absent extraordinary circumstances, failure to plan and evaluate in accordance with the department's established timelines ~~[may]~~ results in ~~[Delete: a]~~ corrective ~~[or disciplinary]~~ action ~~[Delete: -and ineligibility for merit pay. If the individual performance plan or evaluation is not completed within thirty (30) days of the corrective action, the designated rater shall be disciplinarily suspended in increments of one (1) workday following the pre-disciplinary meeting.]~~ (07/01/2025)

- A. A reviewer shall sign the rater's evaluation of an employee. If the rater fails to complete an individual performance plan or evaluation, the reviewer is responsible for completion. If the reviewer fails to complete the plan or evaluation, the reviewer's supervisor is responsible, on up the chain of command until the plan or evaluation is completed as required. If a rating is not given, the overall evaluation ~~[rating]~~ shall be ~~[effective]~~ ~~[Delete: satisfactory]~~ until a final rating is completed. (07/01/2025)

## Chapter 7     Separation

Authority for rules promulgated in Chapter 7, Separation, is found in the Colorado Constitution Art. XII, § 13, 14 and 15; and in C.R.S. §§ 24-50-109.5, 24-50-124, 24-50-126 and 24-50-136, C.R.S. Board rules

are identified by cites beginning with “Board Rule”. Chapter 7, Separations, revised as of 02/01/2021, unless otherwise noted.

7-8. Layoff Plan: After the department makes its business decisions for all layoffs and ten (10) days prior to issuing the first (1st) layoff notice, the department shall publish a Layoff Plan, signed by the department head or designee, both in a conspicuous place where all impacted parties have access to view the publication and on the department’s internet or intranet websites.

- A. The purpose of the Layoff Plan is to facilitate open and transparent strategic planning prior to the elimination of any positions and/or services.
- B. The Layoff Plan shall include the following:
  - 1. A description of the planned changes in the fundamental structure, positions, or functions accountable to one or more appointing authorities;
  - 2. If applicable, a list of the ranking factors and their relative weights, [including how ties will be broken]; (07/01/2025)
  - 3. An organizational chart setting out the planned changes in the fundamental structure, positions, or functions accountable to one or more appointing authorities;
  - 4. The reasons for the change;
  - 5. The anticipated benefits and results, including any cost savings;
  - 6. A general description of the expected changes and their effects on employees;
  - 7. If applicable, a description of how the work performed by the eliminated positions will be absorbed by the department;
  - 8. A listing of the classes in which positions will be eliminated as contemplated in the Layoff Plan; and
  - 9. If there have been any modifications to the special qualifications for positions affected by the Layoff Plan within sixty (60) days or less prior to publication of the Layoff Plan, a list of such positions.
- C. When a function and position are transferred to another department, the employee occupying the position transfers.

- 7-12. Layoff Ranking: If applicable, the department head shall establish the ranking formula for the affected area(s). The formula shall be consistently applied to any certified employee affected by the layoff process for the affected area(s). The formula shall be communicated to all employees within the layoff plan. Employees with lower rankings shall be separated before employees with higher rankings except as follows:
- A. As set forth in the Colorado Constitution Art. XII, Section 15, no veteran with equal or greater number of years of service can be displaced before a non-veteran regardless of rank.
  - B. If there is a tie under the department's formula, ~~[Delete: then]~~ the employee with ~~[more seniority]~~ ~~[Delete: the earliest start date of employment with the State of Colorado]~~ shall be the higher ranked employee. If the employees are still tied, then the ~~[department has the discretion to determine how to break the tie. This must be included in the layoff plan]~~ ~~[Delete: decision shall be made by taking into account any Equity, Diversity, and Inclusion program established by the Director or a department]~~. (07/01/2025)
  - C. Probationary employees shall be separated before certified employees.

## **Chapter 8     Resolution of Appeals and Disputes**

Authority for rules promulgated in Chapter 8, Resolution of Appeals and Disputes, is found in the Colorado Constitution Art. XII §13, § 24-34-402, 24-11-110, 24-50-101, 24-50-103, 24-50-104, 24-50-104.5, 24-50-123, 24-50-125, 24-50-125.3, 24-50-125.4, 24-50-125.5, 24-50-131, 24-50-132, and 24-50.5-101 to 107, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### **Chapter 8, Part B.     Director’s Review of Appeals.**

8-71. Chapter 8, Resolution of Appeals and Disputes, Part B, Director’s Review of Appeals, applies to applicants to and employees of the state personnel system. Chapter 8, Resolution of Appeals and Disputes, Part B, does not apply to positions or individuals outside of the state personnel system.

A. The Director's Review of Appeals is an impartial process.

1. The Director's Review of Appeals process is not a grievance and as such, no party has an absolute right to legal representation during the process, but may have an advisor present. The parties are expected to represent and speak for themselves.
2. [The Director shall not substitute their judgment for that of the appointing authority. (07/01/2025)]

### **Part B. Section I.     Filing Appeals with the Director**

8-75. The Director’s Appeal Filing. All appeals in the state personnel system are administratively processed through the Board using the Consolidated Appeal/Dispute Form. Appeals are forwarded with notice that the appeal has been dismissed by the Board and given to the Director for review.

- A. The Director’s Appeal. The Director’s Appeal shall use the Consolidated Appeal/Dispute Form found on the DPA/Division of Human Resources or the Board’s website.
- B. Contents of the Director’s Appeal. The Director’s Appeal contains the information according to Chapter 8, Resolution of Appeals and Disputes, Part A, Section I.,
- C. Filing the Director’s Appeal. The Director’s Appeal shall be filed according to Chapter 8, Resolution of Appeals and Disputes, Part A, Section I.
- D. The filing of a timely Director’s Appeal must meet the following criteria:
  1. The Director’s Appeal shall be filed with the Board within ten (10) days from when the employee knew or should have known of the alleged improper action. The first day of the count is the day after the date on the department’s notification and each calendar day thereafter.

2. If a deadline falls on a weekend, official state holiday, or by governor order the deadline is extended to the next regular business day.
  3. Any filing via facsimile or email that is received by the Board by 5:00 p.m. Colorado time shall be deemed to have been filed on that date.
  4. If the filing is through mail by the United States Postal Services, the date of filing is the postmark.
  5. If the filing is hand delivered to the Board, the date stamp is the official date of filing.
  6. Failure to timely file an appeal may result in the Director losing jurisdiction over the matter and the Director's Appeal being dismissed.
- E. [The Director will review the appeal based on the information provided by the appellant as submitted in the appeal. The Director retains the ability to request additional information from all parties. (07/01/2025)]
- 8-77. ~~[Delete: The Director shall not substitute their judgement for that of the appointing authority.]~~ The following procedural events are not subject to Director's Appeals and shall not be reviewed by the Director: (07/01/2025)
- A. [Hiring once an applicant has advanced to referral and an applicant received an offer to interview;
  - B. Personal services contracts;
  - C. Job evaluation system and actions;
  - D. Grievances;
  - E. Allegations of whistleblower, discrimination, or retaliation;
  - F. Corrective or disciplinary actions;
  - G. Any action that adversely affects pay, status, or tenure;
  - H. Performance management disputes that result in corrective and/or disciplinary action;
  - I. In-range salary movements;
  - J. Issues pertaining to leave sharing;
  - K. Discretionary pay differentials; and
  - L. Hazardous duty premium pay. (07/01/2025)]

## **Chapter 8, Part C. Department Internal and Director's External Performance Management Disputes.**

### **8-87.1 Summary of Chapter 8, Part C**

The summary is illustrative only. The language in the Director's Procedures are controlling. There are many parts of Chapter 8 that are not included in this summary.



<b>Filing with the State Personnel Director</b>
An employee wanting to file a performance dispute with the State Personnel Director shall follow the filing procedures in <b>Chapter 8, Part A, Section I</b> . The appeal shall use the standard Consolidated Appeal/Dispute Form found on the State Personnel Board's website. Disputes are timely if received by the State Personnel Board or postmarked no later than five (5) days after receipt of the written notice of the action, or if no notice was required, no later than five (5) days after the employee knew or should have known of the improper action.
<b>Types of performance disputes in Chapter 8, Part C</b>
Chapter 8, Part C includes the procedures for resolving external performance disputes by the State Personnel Director. Disputes proceed depending on the nature of the employee's claim. In general, the State Personnel Director reviews procedural events outlined in the department's performance management programs.
<b>1. State Personnel Director's External Performance Disputes</b>
<p>Only an applicant or a certified employee ("Appellant") who is directly affected as a result of an action by a department ("Respondent") may file an external dispute with the State Personnel Director under Chapter 8, Part C. Department Internal and Director's External Performance Management Disputes.</p> <p>These events include:</p> <ul style="list-style-type: none"> <li>• The individual final overall performance evaluation, including lack of a final overall evaluation; and</li> <li>• Application of a department's performance management program to the individual employee's final overall evaluation.</li> </ul> <p><b><i>Part C. Section I: Filing an Internal Dispute for Performance Management with the Department.</i></b></p>
<b>2. Exclusions</b>
<p>The State Personnel Director shall not review actions filed under the jurisdiction of the State Personnel Board which include grievances, discipline or any actions that impact pay, status, or tenure, or claims that allege whistleblower, discrimination or retaliation.</p> <p>The State Personnel Director shall not review the following actions:</p> <ul style="list-style-type: none"> <li>• The content of a department's performance management program;</li> <li>• Matters related to the funds appropriated; and</li> <li>• The performance evaluations <del>[Delete: and merit pay]</del> of other employees.</li> </ul> <p>(07/01/2025)</p>

8-89. The following performance management matters are not disputable:

- A. The content of a department's performance management program;
  - B. Matters related to the funds appropriated; and
  - C. The performance evaluations ~~[Delete: and merit pay]~~ of other employees.
- (07/01/2025)

## **Chapter 8. Part D. Director's Review of Coverage Designation Disputes.**

8-109. Where to file. The Covered/Non-covered Employee Designation Dispute Form and other documents may be filed by hand delivery, United States Postal Service, commercial delivery service, facsimile, or via email.

- A. The physical address for filing is State Personnel Director, 1525 Sherman Street, ~~[Delete: 5<sup>th</sup>]~~<sup>[3<sup>rd</sup>]</sup> Floor, Denver, Colorado 80203. (07/01/2025)

## Chapter 11 – State Benefits Plans

Authority for rules promulgated in this chapter is found in:

State of Colorado Constitution Article XII, Section 13; The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), and 26 United States Code (U.S.C.) 63; The Family Medical Leave Act (FMLA); Americans with Disabilities Act (ADA); Family Care Act (FCA); Uniformed Services Employment and Reemployment Rights Act (USERRA).

State of Colorado Revised Statutes (C.R.S.) §24-50-104, 24-50-109.5, and Part 6, 1-6-115, 1-6-122, 1-7-102, 8-40-101, 14-2-101, 14-15-103, 24-11-101, 24-11-112, 24-18-102, 24-33.5-825, 24-50-401, 28-1-104, 28-3-601, 28-6-602, 28-3-607, 28-3-609, and 28-3-610.

### General Principles

- 11-9. Employees are responsible for knowing, understanding, and adhering to these rules, plan documents for the terms and conditions of coverage, and eligibility and enrollment requirements in order to make timely and informed choices, including, but not limited to, the following:
- A. Employees shall enter all required information in the benefits administration system in a timely and accurate manner in order to comply with eligibility and enrollment requirements for themselves and eligible dependents;
  - B. Enrollment of employees and eligible dependents is restricted to initial hire, annual open enrollment, and Qualifying Life Events defined by law and plan documents. Elections are irrevocable for the plan year, except in limited circumstances specified by law or regulations.
    - 1. Any permitted enrollment, modification, or termination of enrollment shall be entered into the official benefits administration system within thirty-one (31) days before or after a Qualifying Life Event (sixty (60) days for Medicare and Medicaid Qualifying Life Events).
      - a. Coverage changes are effective the first of the month following the date the Qualifying Life Event is entered into the benefits administration system except for births/adoptions where coverage is retroactive to the date of birth/adoption.
      - b. Any supporting documentation required for the enrollment, modification, or termination of enrollment shall be submitted within forty-five (45) days of the qualifying event. (07/01/2025)
      - c. For open enrollment only, the transactions shall be entered into the official benefits administration system with accompanying documentation within the allotted time established. (07/01/2022)

### Payment of Contributions

- 11-18. Departments shall make prompt monthly payments based on enrollment in the official benefits administration system. (7/1/10)

- A. The employee's current department as of the last day of the month is responsible for payment. [In the event of a transfer where benefits have been paid (partial or full) by the prior department that is not responsible for the benefit, only the State contribution should be refunded by the prior department and deducted as a one-time catch-up by the current department responsible for the month. The employee contribution should be left untouched unless it is identified that there is a true over or under payment by the employee for the benefit at the state level, not department level. (07/01/2025)]
  - B. A department is liable for both state and employee contributions when failing to promptly enter an employee termination.
  - C. [Known uncollected benefits premiums of separated employees, and state and employee contributions, are required to be paid by the end of the fiscal year. Departments will need to pay both state and employee contributions with state funds and may create a receivable for the employee contributions to the department. (07/01/2025)]
- 11-21. When an employee is on leave, departments shall continue to pay the state contribution for [those benefits that do not require an employee election] [Delete: noncontributory, fully paid benefits] (e.g., basic life and short-term disability) as long as the employee remains on the payroll, regardless of status. The department shall contact the employee to arrange a payment plan for benefit contributions that will be owed for the duration of the employee's leave. (07/01/2025)
- A. During paid leave or mandatory furlough, the employee contribution continues to be paid through payroll deduction and the department continues to pay the state contribution.
  - B. During unpaid leave, the employee shall pay the total premium (employee and employer contributions) [for all elected benefits] to the department within the month of coverage, except as noted below [Delete: follows]. [If the employee fails to pay when due, coverage will be terminated but shall be reinstated on the first day of the month following their return to work with the exception of voluntary long-term disability coverage. Voluntary long-term disability coverage for unpaid leave for longer than 90 days will require late entrant underwriting for reinstatement. If the employee fails to return after the leave, any contributions due will be recovered as specified by federal regulations. (07/01/2025)]
    - 1. During unpaid leave pursuant to the Family Medical Leave Act of 1993, the department shall continue to pay the state contribution as long as the employee continues to pay the employee contribution by the due date specified in the family/medical leave notice. [Delete: If the employee fails to pay the employee contribution when due, coverage will be terminated but shall be reinstated upon return to work with the exception of any benefit that will require late entrant underwriting for reinstatement. In the event any contributions are owed upon the employee's return to work, such contributions shall be collected from the employee. If the employee fails to return after the leave, any contributions due will be recovered as specified by federal regulations.] (07/01/2025)
    - 2. While an employee is on voluntary furlough or short-term disability leave, the department shall continue to pay the state contribution [for all elected benefits] as long as the employee continues to pay the employee contribution [as agreed upon with their department] [Delete: in a timely-

manner. ~~If the employee fails to pay the employee contribution by the due date, coverage shall be terminated and the employee may reapply subject to late entrant underwriting.~~ (07/01/2025)

3. While an employee is on FMLI leave, the ~~[department shall]~~ ~~[Delete: state]~~ continues to pay ~~[Delete: its portion of insurance premiums]~~ ~~[for all elected benefits as long as]~~. ~~The employee~~ ~~[Delete: shall]~~ continues to pay the ~~[Delete: its share of the cost of benefits as required prior]~~ ~~[employee contribution by to the due date specified as agreed upon with the department]~~ ~~[Delete: commencement of leave]~~. (07/12/01/20253)

## Director's Review of Benefits Appeals

11-24. The Director's Benefits Appeal Filing. All Director's Benefits Appeals are administratively processed through the Division of Human Resources (DHR) Employee Benefits Unit using the *Colorado State Employees Group Benefits Eligibility Determination Appeal Form*.

- A. The Director's Benefits Appeal. The Director's Benefits Appeal shall use the *Colorado State Employees Group Benefits Eligibility Determination Appeal Form* found on the DHR website.
- B. Contents of the Director's Benefits Appeal. The Director's Benefits Appeal contains the information for denial of eligibility for the state benefits plan.
- C. The filing of a timely Director's Benefits Appeal must meet the following criteria:
  1. The Director's Benefits Appeal shall be filed with the DHR Employee Benefits Unit within thirty-one (31) days of the denial of eligibility for state benefits plans. The first day of the count is the day after the date on the notification and each calendar day thereafter.
  2. If a deadline falls on a weekend, official state holiday, or by governor order the deadline is extended to the next regular business day.
  3. Any filing via facsimile or email that is received by the DHR Employee Benefits Unit by 5:00 p.m. Colorado time shall be deemed to have been filed on that date.
  4. If the filing is through mail by the United States Postal Services, the date of filing is the postmark.
  5. Failure to timely file an appeal may result in the Director's Benefits Appeal being dismissed without a review.
- D. Where to File. Appeals and other documents may be filed by United States Postal Service, facsimile, or via email.
  1. The mailing address for filing is Department of Personnel and Administration, Division of Human Resources Employee Benefits Unit, 1525 Sherman Street, ~~[3<sup>rd</sup> Floor,]~~ Denver, Colorado 80203. (07/01/2025)
    - a. Normal business hours for the DHR Employee Benefits Unit are from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for official state holidays or days that state offices in Denver are closed due to weather or safety by governor order.

2. The facsimile number is 303-866-3879. Facsimile filings may not exceed ten (10) pages.
  3. The DHR Employee Benefits Unit's email address is state\_benefits@state.co.us.
- E. The Director will issue a final written decision within forty-five (45) days of receipt of the benefits appeal.
1. The ineligibility decision may be overturned only if found to be arbitrary, capricious or contrary to rule or law.

## **DEPARTMENT OF PERSONNEL AND ADMINISTRATION**

### **State Personnel Board and State Personnel Director**

## **STATE PERSONNEL BOARD RULES AND PERSONNEL DIRECTOR'S PROCEDURES**

### **4 CCR 801-1**

#### **Chapter 1      Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions**

Authority for rules promulgated in Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions, is found in State of Colorado Constitution Article XII, Sections 13, 14 and 15, State of Colorado Revised Statutes (C.R.S.) §§24-50-103, 24-50-104(8), 24-50-112.5, 24-50-116, 24-50-117, 24-50-124, 24-50-128, 24-50-129, 24-50-130, 24-50-132, 24-50-145, 24-2-103, 24-6-402, 24-31-301-104, 24-30-2103, 24-30-2105, 24-50.3-105, 24-50.3-105, 24-50.5-103, 24-72-201, -204.5, 25-75-112, and 24-18-101 through 205, Title 24 Article 18, Part 1, Code of Ethics, Title 24, Article 50: 24-50-101, 24-50-102, 24-50-103, 24-50-104, 24-50-109.5, 24-50-112.5, 24-50-114, 24-50-116, 24-50-123, 24-50-124, 24-50-125, 24-50-125.3, 24-50-125.4, 24-50-126, 24-50-128, 24-50-129, 24-50-130, 24-50-134, 24-50-135, 24-50-137, 24-50-141, 24-50-203, 24-50-503, 24-50-507, 24-50-1104. Board rules are identified by cites beginning with "Board Rule." (01/01/2021)

- 1-11. All appointing authorities, managers, and supervisors are accountable for compliance with these rules and all applicable laws, including implementation of policy directives, executive orders, the Partnership Agreement, and State Entity Agreement, if applicable. (07/01/2025)

#### **Employee Activities**

- 1-15. Employment with more than one (1) department is commonly referred to as dual employment. An employee may be employed by and receive compensation from more than one (1) department with advance written approval of both appointing authorities. There shall be a written agreement between the appointing authorities that specifies the terms and conditions of the arrangement, including any overtime considerations, prior to the start of any work assignment outside of the first department. For further information, refer to Chapter 3, Compensation. (07/01/2025)

#### **Records**

- 1-22. Personnel files must be shared with other departments when requested for a reference check of a former or current employee no later than five (5) business days from the date of request. When an employee transfers or reinstates to a different department, all official employee records shall be forwarded to the new department within ten (10) business days of the date of the request. Failure to forward these records may result in liability for violation of these rules and any applicable laws. (07/01/2025)

#### **Definitions**

- 1-47.1. Fair Labor Standards Act (FLSA). The Fair Labor Standards Act (FLSA) is a federal law that establishes minimum wage, overtime pay, recordkeeping, and youth employment standards affecting employees in the private sector and in Federal, State, and local governments. Special rules apply to State and local government employment, including but not limited to: (a) compensatory time off instead of cash overtime pay, (b) fire protection and law enforcement activities, and (c) volunteer services. (07/01/2025)

- 1-51.1. In-Range Salary Movements. Permanent, base building pay adjustments that include discretionary in-range salary movements, cost of living adjustments, step pay, and structure adjustments. (07/01/2025)
- 1-52. Job Description. The official document summarizing the primary duties and responsibilities assigned to a position by the appointing authority. Also referred to as a position description. (07/01/2025)
- 1-54. Laid Off. Involuntary non-disciplinary separation from a position in the state personnel system or the reduction of a certified employee's position from full-time to part-time, and, if applicable, the offer of retention rights and/or placement on a reemployment list. (07/01/2025)
- 1-55. Layoff. Process of involuntarily separating an employee in the state personnel system due to abolishment of the employee's position based on the lack of work, lack of funds, reorganization, or displacement by another certified employee exercising retention rights; or reducing a certified employee's full-time position to part-time due to an involuntary, permanent reduction of the work hours of the employee's position. (07/01/2025)
- 1-55.1. Minimum Qualification. The type and level of education, experience, licensure, certification, and/or any applicable substitutions required for entry into a defined state personnel system job class. Minimum Qualifications are established by the Director. (04/01/2020)
- 1-55.2. Nonexempt Employee. Employee in a position that is eligible for overtime under the FLSA. (04/01/2020)
- 1-56.2. Partnership Agreement. An agreement between the state and the certified employee organization regarding wages, hours, and terms and conditions of employment for employees covered by the Colorado Partnership for Quality Jobs and Services Act, C.R.S. § 24-50-1101 et seq. (07/01/2025)
- A. State Entity Agreements are agreements covering matters impacting covered employees in a single state entity (department) and are included as addendums to the Partnership Agreement. (07/01/2025)
- 1-56.3. Part-Time. A position scheduled and budgeted for less than 2080 hours per fiscal year. (07/01/2025)
- 1-60.1. Performance Cycle. The state's performance cycle is from August 1 through July 31. The performance cycle for Institutions of Higher Education and the Colorado School for the Deaf and Blind is September 1 through August 31 as approved by the Director. (07/01/2025)
- 1-73.1. Substitute Appointment. An appointment that is made to perform the duties of a filled position during a leave or for training purposes not to exceed nine (9) months. Also, referred to as a s-position. (07/01/2025)
- 1-74.1. Temporary Appointee. This refers to a qualified person who is appointed to a position or positions for a period not to exceed nine (9) months in any twelve (12) month period inclusive of all temporary appointments with any state employer. Temporary appointees include temporary, conditional, and provisional appointments. (07/01/2025)



## **Chapter 2     Jobs**

Authority for rules promulgated in this chapter is found in §24-50-101(3)(d), 24-50-104(1)(b), 24-50-104(5)(c), 24-50-104(6)(a) and (b), 24-50-104(9)(b), 24-50-109.5, and 24-50-135(2), C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### **Job Evaluation System**

- 2-2.     System maintenance studies create, amend, or abolish classes and/or include pay grade assignments. A study may include the review of all affected positions in a class or classes for placement in the current or proper new class. No allocation or appointment may be made to a proposed class until it is approved as final on a date determined by the Director. The results are not subject to appeal but are subject to “meet and confer” if requested. (07/01/2025)

### **Individual Position Review**

- 2-5.     New and vacant positions must be allocated to the proper class before any further personnel action is taken. (07/01/2025)
- 2-7.     Each position shall have an accurate official (signed by the appointing authority) job description. Appointing authorities are responsible for providing an accurate official job description for each position to the department’s human resources office and a copy to the employee. Only an accurate official job description is used to allocate a position to the proper class by a human resources professional certified in job evaluation. (07/01/2025)
  - A.     An appointing authority must submit the accurate official job description and any evaluation request to the department’s human resources office when permanent changes are made to a position’s assignment or the employee has been performing the duties for six (6) months or more and they are expected to be permanent. (07/01/2025)
    - 1.     An employee may request an evaluation of their position if the job description does not reflect the permanent job duties and has not been evaluated or updated within the previous twelve (12) months. (07/01/2025)
    - 2.     The employee’s request must be made in writing to the appointing authority who shall submit the request, along with the accurate official job description, to the department’s human resources office. (07/01/2025)
- 2-8.     Positions shall be reviewed as expeditiously as possible according to the department’s established procedures and practices. If the evaluation takes longer than twelve (12) months from receipt by the proper evaluator and the position is allocated upward, the department must pay the difference in base pay for the period beyond the twelve (12) months. (07/01/2025)

## **Chapter 3 Compensation**

Authority for rules promulgated in Chapter 3, Compensation, is found in State of Colorado Constitution Article XII, Section 13, State of Colorado Revised Statutes (C.R.S.) §§24-50-104 (1)(a), (b), (c), (e), (f), (4), (5), (6), (9), and 24-50-104.5(1), 24-50-109.5, 24-50-136, 24-50-137, and 24-50-208, C.R.S. Board rules are identified by cites beginning with "Board Rule." (01/01/2021)

### **General Principles**

- 3-1. The Director shall establish rules governing compensation for the state personnel system. Compensation practices shall provide an equitable pay structure that provides consistent and predictable salary increases in compliance with state and federal laws. (07/01/2025)
- 3-2. Pay grades shall reflect competitive labor market compensation and any other pertinent considerations. No individual employee's base pay shall be less than the minimum of the grade or exceed a statutory lid. In the case of disciplinary action, base pay may be less than the minimum of the grade for a period not to exceed twelve (12) months, subject to the FLSA requirements. (07/01/2025)

### **Compensation Survey and Report (07/01/2025)**

- 3-3. Annually, the Director shall submit recommendations and estimated costs for base salaries, state contributions for group benefits, and step pay, and establish and publish the distribution of compensation changes among base salaries which shall be effective as provided by law. Quadrennially (every four (4) years), the Director shall establish and publish a compensation report based on the analysis of the State's labor market, group benefit contributions, and step pay. (07/01/2025)

### **Pay Rates**

- 3-6. The Director shall publish the annual pay plan. Departments shall use an hourly rate based on an annual salary to compensate employees who do not work a predetermined or full schedule. (07/01/2025)
- 3-8. Unless authorized by the Director, the rate resulting from multiple actions effective on the same date shall be computed in the following order. The Director may withhold salary adjustments for any employee with a final overall rating of needs improvement, except as provided in Rule 3-4.
  - A. System changes due to system maintenance studies including creation of new classes, new pay grades or pay grade adjustments. Base pay of impacted employees adjusted to new grade minimum. (07/01/2025)
  - B. Upward, downward, or lateral movements for individual employees. (07/01/2025)
  - C. Repealed. (8/1/08)
  - D. System changes in pay grade minimums and maximums to implement approved annual compensation changes to the pay structure. (07/01/2025)
  - E. Adjustments to employee base pay for cost of living adjustments (also known as across-the-board increases), subject to the new pay grade maximum. The remaining portion of the base building cost of living adjustment that would cause employees' base pay to exceed the pay grade maximum shall be paid as non-base building one-time lump sum. (07/01/2025)

- F. Adjustments to individual base pay if the employee's base pay is lower than the new grade minimum or step base pay rate, except in disciplinary actions for pay reductions. (07/01/2025)
  - G. Repealed. (07/01/2025)
  - H. Repealed. (07/01/2025)
- 3-9. The appointing authority, in consultation with human resources, shall determine the base pay within the pay grade for an employee. Base pay for new hires, including one returning after resignation, is typically the grade minimum unless recruitment difficulty or other unusual conditions exist. (07/01/2025)
- A. The appointing authority's determination shall consider such factors as, but are not limited to, labor market supply, recruitment efforts, nature of the assignment and required experience, competencies, skills, job qualifications and salary expectations of the best candidate, base pay of current and recently hired employees in similar positions in the department, the step pay program, available funds, and the long-term impact on personal services budgets of hiring above the minimum of the pay grade. (07/01/2025)
  - B. Repealed. (07/01/2025)
  - C. Repealed. (07/01/2025)
- 3-11. When an unclassified position is brought into the state personnel system, the base pay for an employee appointed to the position shall be computed in accordance with law and the Director's directives that shall ensure that total compensation is preserved to the greatest extent possible, except that base pay shall not exceed the grade maximum. (07/01/2025)

#### **Downward Movements (07/01/2025)**

- 3-12. Downward movement or downward allocation is a change to a different class with a lower range maximum (e.g., non-disciplinary or disciplinary demotions, individual allocations, system maintenance studies including class placement, or the annual compensation survey). (07/01/2025)

#### **Upward Movements (07/01/2025)**

- 3-15. Upward movement or upward allocation is a change to a different class with a higher range maximum (e.g., promotions, individual allocations, system maintenance studies including class placement, or the annual compensation survey). (07/01/2025)
- 3-17. In the case of other upward movements, the employee's base pay may increase or remain the same, in which case the employee would receive the economic opportunity by moving to the new grade. In no case shall the new base rate be lower than the minimum or their step pay rate, except in disciplinary actions, or higher than the maximum of the new grade. Continuation of a salary increase is subject to satisfactory completion of the trial service period. (07/01/2025)
- A. When conditional employees move upward, the base pay shall be computed based on the certified class.

#### **Lateral Adjustments**

- 3-18. Lateral movement is a change to a different class or position with the same range

maximum (e.g., transfers, individual allocations, system maintenance studies including class placement), or an in-range salary movement in the same class and position. Base pay can be offered at a rate that falls within the pay range of the class and does not exceed the grade maximum. In addition, discretionary in-range salary movements are subject to the provisions below. (07/01/2025)

In-Range Salary Movements. A department may use these discretionary movements to increase base salaries of permanent employees who remain in their current classes and positions when there is a critical need not addressed by any other pay mechanism. If granted, there shall be an individual written agreement between the employee and the appointing authority that stipulates the terms and conditions of the movement. The use of in-range salary movements is not guaranteed and shall be funded within existing budgets and in accordance with these rules. In-range salary movements shall not be applied as a substitute for cost of living adjustments or the step pay program. These movements shall not be retroactive. No aspect of granting these movements is subject to grievance or appeal, except for alleged discrimination; however, an alleged violation of the department's policy or plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Once granted, a reduction in base salary is subject to appeal. Departments shall develop a written policy or plan addressing appropriate criteria for the use of any movement based on sound business practice and needs, e.g., eligibility, funding sources, approval requirements, and measures to ensure consistent use. The policy or plan shall be communicated within the department and a copy provided to the Director upon request. Records of any aspect of these movements shall be provided to the Director when requested. (07/01/2025)

- A. Salary Range Compression. Used as a salary leveling increase where longer-term or more experienced employees are paid lower in the range for the class than new hires or less experienced employees over a period of time resulting in documented retention difficulties. Thus, there is a valid need to increase one (1) or more employee's base salary in the class to recognize contributions equal to or greater than the newly hired or less experienced employees. Justification shall be required based on facts. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase is subject to the pay grade maximum. (07/01/2025)
- B. Counteroffer. Used when an employee with critical, strategic skills receives a higher salary offer from another department or outside employer and the appointing authority needs to increase the employee's base salary for retention purposes. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. Written confirmation of the other entity's salary offer is required. The increase is subject to the pay grade maximum.
- C. Delayed Transfer or Promotional Pay Increase. Used when a transfer or promotion is made with no salary increase or partial salary increase because performance expectations are unproven and/or funds may be unavailable at the time of transfer or promotion. This is a one (1) time base salary increase within twelve (12) months of the date of transfer or promotion when funds become available and the employee's contributions are fulfilled. The intent to provide a later salary increase shall be documented at the time of the transfer or promotion. To be eligible, an employee shall be performing satisfactorily as evidenced by the most recent final overall performance rating. The increase is subject to the pay grade maximum. Transfer, promotion, demotion, or separation of the employee will negate the delayed increase. (07/01/2025)

- D. New Hires. Used at the time an employee is hired when performance expectations are unproven and/or funds may be unavailable. This is a one (1) time base salary increase to be provided after the employee's hire date and within twelve (12) months of hire. The intent to provide a later salary increase with training objectives shall be documented at the time of hire. To be eligible, satisfactory completion of the specified training objectives shall be met. This is limited to a one (1) time increase, subject to the pay grade maximum. Transfer, promotion, demotion, or separation of the employee will negate the delayed increase. (07/07/2025)
- E. Competency-Based Increase. Used when an employee applies the complete set, or a subset, of competencies required to successfully perform the work of a specific position. New competencies shall be specifically defined with deadlines and evaluation criteria for achievement, and shall be communicated in writing to the employee. To be eligible, satisfactory completion and demonstration of the competencies shall be met. Competencies that are the basis for this increase shall be required to perform permanent, essential functions assigned to the position. The intent of this increase is to promote career development by aligning pay increases with achieving all required competencies to fully perform the job. Increases are limited to no more than two (2) per twelve (12) month period and are subject to the pay grade maximum. (07/01/2025)
- F. Equity Adjustment. An appointing authority has the ability to grant an equity adjustment or put a plan in place to address pay inequities between employees who perform substantially similar work, if an allowable factor does not account for the difference in pay. An equity adjustment shall not include the reduction of any employee's pay. The in-range salary adjustment shall be effective the first day of the next pay period after the appointing authority grants an equity adjustment. (07/01/2025)

### **Step Pay Program (07/01/2025)**

- 3-19. Step pay provides periodic base pay increases based on salary placement within the appropriate salary range up to the pay range maximum. Any permanent employee is eligible for step pay, except for employees of the state auditor, in the classifications of the medical pay plan, and the chief and any commissioned or noncommissioned officer and trooper of the Colorado State Patrol. Prior to the payment of step pay, the Director shall specify and publish the annual pay plan. Adjustments are effective on July 1. The employee shall be employed on July 1 to receive payment. The employee's current department as of July 1 is responsible for payment, unless arrangements are made whereas the transferring department will provide full payment of a portion of the step pay increase. (07/01/2025)
  - A. If an employee has a current disciplinary action resulting in a temporary base pay reduction as of July 1, pay shall be restored to the appropriate step and cost of living adjustment upon completion of the disciplinary action. (07/01/2025)
  - B. Departments must ensure that the employee's pay is calculated following procedures provided by the Director. (07/01/2025)
  - C. Repealed. (07/01/2025)
    - 1. Repealed. (07/01/2025)
      - a. Repealed. (07/01/2025)
    - 2. Repealed. (07/01/2025)

- D. Repealed. (07/01/2025)
  - 1. Repealed. (07/01/2025)
  - 2. Repealed. (07/01/2025)
- E. Compensation may be provided to employees, at a department's discretion if approved by the Governor's Office of State Planning and Budgeting, when funded from a department's state employee reserve fund using department reversions. These discretionary payments shall only be paid to certified employees, as established by the Director. (07/01/2025)
  - 1. Repealed. (07/01/2025)
  - 2. Repealed. (07/01/2025)
  - 3. Repealed. (1/1/18)
  - 4. Repealed. (1/1/18)

### **Incentives, Rewards, and Recognition (07/01/2025)**

- 3-20. Departments are strongly encouraged to use incentives. (7/1/06)
- 3-21. An appointing authority may grant an immediate non-base building cash or non-cash incentive award to an employee in recognition of performance, special accomplishments or contributions throughout the year, e.g., on-the-spot cash awards, work-life options, or administrative leave, in accordance with a department's established incentive plan. Incentives shall not be used to supplement or substitute for annual compensation adjustments or other base pay movements. The statutory salary lid does not apply to these incentives. (07/01/2025)
  - A. Departments shall have an incentive plan prior to the use of incentives. Such plans shall include eligibility criteria, the types of incentives allowed, cash amounts or limits and payment methods, and a communication plan. Departments shall have a plan that is communicated and available to employees. Such plans shall be developed with the input of employees and managers. (07/01/2025)
    - 1. If a department uses a type of incentive that shares cost savings from innovations, the following applies.
      - a. Employees are ineligible if they are wholly responsible for control and operation of a division (or equivalent), the primary assignment includes responsibility for identifying efficiencies and cost reductions, or the position has statewide program or budget authority.
      - b. Savings are the result of innovative ideas that increase productivity and service levels while decreasing costs. Savings are not the result of normal progressive business evolution, obvious solutions to mandated budget cuts, cost avoidance or revenue enhancement, nor do they have adverse cost impact on other departments.
      - c. Savings are the difference between anticipated expenditures prior to implementation and actual expenditures following implementation for a full twelve (12) month period. The complete

award amount shall be no more than five percent (5%) of the savings, not to exceed a total of five thousand dollars (\$5,000) per employee or group of employees.

### **Medical Pay Plan (07/01/2025)**

- 3-24. Employees in the medical pay plan shall be compensated based solely on performance as established in the required annual contract to be negotiated by July 1 of the contract year, or within thirty (30) days of hire or movement within the medical pay plan for the remainder of the contract year. Employees are not eligible for any pay adjustments, such as cost of living adjustments or step pay. Current performance contracts may be modified during the contract year but not compensation. Change in compensation shall only occur at the end of a contract period, unless an employee moves to another position, and may increase, decrease, or remain unchanged from the previous year. In the case of upward or downward movement in the medical pay plan, compensation shall be no lower than the minimum or higher than the maximum rates of the new grade and a new contract shall be negotiated for the remainder of the contract year. (07/01/2025)
- A. If no contract is negotiated, the existing contract continues and base pay stays the same until a new contract is negotiated. Employees in the medical pay plan may grieve the rate unless it is lower, which is then subject to appeal. If the employee moves into the medical pay plan into another open-range class, the base pay shall be negotiated subject to the grade maximum of the new class. (07/01/2025)

### **FLSA and Overtime**

- 3-27. Overtime is the actual hours worked by a nonexempt employee in excess of the forty (40) hours during a standard FLSA workweek or in excess of established work hours in adopted work periods for law enforcement, healthcare, and fire protection employees. Such excess hours are paid at one and one-half (1 ½) times the employee's regular hourly base pay rate, including applicable premium pay in accordance with the "regular rate" calculation under the FLSA. Nonexempt employees paid on a biweekly or monthly pay cycle shall be paid overtime on the employee's next regularly scheduled payroll following the period the overtime was earned. Biweekly employees shall be paid on the biweekly payroll and monthly employees shall be paid on the monthly payroll. (07/01/2025)
- A. Overtime for nonexempt employees shall be approved in accordance with a department's procedure. A department head shall establish a policy to address unauthorized overtime work; however, prohibition of unauthorized overtime does not avoid the requirement to pay if it is actually worked.
- B. Compensatory time in lieu of monetary payment is allowed if there is a written agreement between the department and any employee hired after April 15, 1986. Written agreements for those hired prior to April 15, 1986, are unnecessary provided that the department had a regular practice in place for granting compensatory time. Acceptance of compensatory time may be a condition of employment for new employees. Appointing authorities shall ensure that compensatory time is scheduled as soon as practical. Compensatory time is banked at one and one-half hours (1 ½) for each overtime hour worked. An employee may bank up to forty (40) hours or the amount set forth in the department's policy, whichever is greater, but shall not exceed two hundred and forty (240) hours (or four hundred and eighty (480) hours for law enforcement, fire protection, emergency response and employee engaged in seasonal activities – see the FLSA) and any additional overtime shall be paid as indicated in Rule 3-27.

If a department wants to place limits on the accrual or payment of compensatory time up to two hundred and forty (240) hours (or four hundred and eighty (480) hours – see the FLSA), a policy shall be developed and communicated prior to use and on an ongoing basis. Unused compensatory time at termination or transfer to another department, at the end of the fiscal year, or upon mutual agreement between the employee and the department shall be paid at that time. There is no carryover of accrued compensatory time to the next fiscal year. Departments shall have a policy that is communicated and available to employees. (07/01/2025)

## **Eligibility**

3-29. An exempt employee's pay is not subject to reduction except as follows: (04/01/2020)

- A. Deductions in increments of one (1) day are allowed for a major workplace rule violation.
- B. Deductions are allowed for any amount of time if:
  - 1. A leave of absence was not requested or was denied and accrued leave is not used;
  - 2. The time is covered by the Family and Medical Leave Act (FMLA); the state family medical leave; Family and Medical Leave Insurance (FAMLI), or short-term or long-term disability; (07/01/2025)
  - 3. Accrued leave is exhausted;
  - 4. The time is a voluntary furlough; or
  - 5. The time is a mandatory furlough for budgetary reasons. (04/01/2020)

## **Work Hours**

3-39. Ordinary travel to and from work is not work time. Travel from work site to work site is work time. When an employee is required to travel a substantial distance to perform a job away from the regular work site, the travel is work time. Mileage reimbursement applies in accordance with 1 CCR 101-1, State of Colorado Fiscal Rules. (07/01/2025)

3-40. Mandatory training or meetings are work time. Voluntary training during work hours, as approved by the appointing authority, which is directly related to an employee's job and is designed to enhance performance, is work time. Voluntary training is not considered work time when the training occurs outside of the employee's regular working hours, attendance at the training is in fact voluntary, the training is not directly related to the employee's job, and the employee does not perform any productive work during the training. (07/01/2025)

## **Other Premium Pay**

3-43. Shift Differential is additional pay beyond base pay for employees working shifts. Eligible classes and the shift differential rate are published in the annual pay plan. Department heads may designate eligibility for individual positions in classes not published and shall maintain records for such cases. If an eligible employee is required to report to work before the start or after the end of a scheduled shift with no release from work between the regular shift and call back hours, it is a continuation of a shift. Shift differential does not apply to any periods of paid leave. Second shift rate applies for all hours worked



when half or more of the scheduled work hours fall between 4:00 p.m. and 11:00 p.m., Monday through Thursday. Third shift rate applies for all hours worked when half or more of the scheduled work hours fall between 11:00 p.m. and 6:00 a.m. If hours are evenly split between shifts, the higher shift differential rate applies to all hours worked during the shift. Weekend shift applies for all hours worked when half or more of the scheduled shift hours fall between 4:00 p.m. Friday evening through 6:00 a.m. Monday morning. (07/01/2025)

- 3-44. Call Back applies when an eligible nonexempt employee is required to report to work before the start or after the end of a scheduled shift. An eligible nonexempt employee does not have to be on call eligible to receive call back pay. If there is no release from work between the call back hours and regular shift, it is considered a continuation of the shift and call back does not apply; instead, if applicable, the nonexempt employee may earn overtime or compensatory time. When a nonexempt employee is called back, they are entitled to a minimum of two (2) hours of their regular base pay (call back pay) or pay for the actual amount of time spent responding to the call, whichever is greater. Call back time is counted as work time. (07/01/2025)
- 3-45. On Call is additional pay beyond base pay for eligible, nonexempt employees who are specifically scheduled to be on call. Employees are entitled to on-call pay only when they are not working but are scheduled to be available to respond to communications or report to a worksite within a reasonable period of time. Employees who are on call are able to use their personal time effectively. Eligible classes and the hourly rate are published in the annual pay plan. A department head may designate eligibility for individual nonexempt positions in classes not published and maintain records of such on-call designations. Only time while actually on call shall be paid at the on call rate. In call back situations, employees eligible for both on call and call back pay shall receive call back pay only. (07/01/2025)
- 3-49. Discretionary Pay Differentials. A department may use non-base building discretionary pay differentials on a temporary basis, which shall be funded within existing budgets. Use of these pay differentials is at the discretion of the appointing authority and shall not be used as a substitute for annual compensation adjustments, other pay policies, or promotions. No differential is guaranteed and, if granted, may be discontinued at any time. No aspect of any discretionary pay differential is subject to grievance or appeal, except for discrimination; however, an alleged violation of the department's plan can be disputed. A department's decision in the dispute is final and no further recourse is available. Departments shall develop and communicate a written plan addressing appropriate criteria for the use of any differential based on sound business practice and needs. If granted, there shall be an individual written agreement between the employee and appointing authority that stipulates the terms and conditions of the differential, including the dates the differential will begin and end. Records of any aspect of these differentials shall be provided to the Director when requested. (8/1/08)
- A. Counteroffer to a verifiable job offer may be used when an employee with critical strategic skills receives a higher salary offer from another department or outside employer and the appointing authority needs to retain the employee. The sum of a non-base building differential and current base pay cannot exceed a statutory lid in any given month and may be paid in one (1) or more payments. (8/1/08)
- B. Signing bonus is a non-base building lump sum that may be used to attract new permanent employees into the state personnel system. It may be paid in one (1) or several payments; however, the sum of the bonus and current base pay cannot exceed a statutory lid in any given month. Signing bonuses may be used for the following reasons:

1. To fill positions in critical occupations where there is a documented shortage in the labor market and recruitment or retention difficulty in the department that jeopardizes its mission; or,
  2. When the applicant possesses a unique, critical skill in relation to the job market.
- C. Referral award is a non-base building lump sum that may be granted to a current employee for the referral and subsequent hire of a new employee into the state personnel system where the position requires a unique, specialized skill and there is a documented shortage in the labor market and recruitment or retention difficulty in the department. This award is to be used for permanent employees unless the Director grants an exception. Employees who influence or are responsible for hiring and those performing recruitment as part of their regular assignments are ineligible. The sum of the award and current base pay cannot exceed a statutory lid in any given month.
- D. Temporary pay differential is a non-base building award that may be granted to a current permanent employee in the same position. The sum of the temporary award and current base pay shall not exceed a statutory lid in any given month and is paid through regular payroll. This differential shall not be used as a substitute for the promotional or allocation process. Temporary pay differentials may be used for the following reasons:
1. Acting assignment where the employee assumes the majority of duties of a position that is vacant or the incumbent is on extended leave for a period longer than thirty (30) days but less than nine (9) months. The differential shall not exceed nine (9) months for any given acting assignment; (07/01/2025)
  2. Long-term project assignment that is not an expected or customary part of the regular assignment and is critical to the mission and operations of the department as defined by the purpose of the project, its time frame, and the critical nature and expected results;
  3. Retain a unique, specialized set of skills or knowledge that is critical to the mission and productivity of the department. The loss would result in documented severe adverse effect on the department's mission and productivity; or
  4. During the declaration of a state of emergency by the Governor, as defined in the Colorado Disaster Emergency Act, when it is necessary to assign employees work to maintain continuity of operations and appropriate staffing levels critical to the mission and operations of the organization. (08/01/2020)
  5. Other temporary pay differentials for reasons listed in the applicable Partnership Agreement, and applicable State Entity Agreement, if any. (07/01/2025)

### **Postemployment Compensation (9/1/12)**

- 3-52. Any total postemployment compensation payment and other benefits shall not exceed an amount equal to one (1) week of an employee's salary for every year of their service, up to eighteen (18) weeks. Any additional limitations shall be established and published by the Director, taking into consideration market practice and other factors. (07/01/2025)

- 3-54. The employee and department shall execute a written contract before payment of any post employment compensation. The contract shall include the following provisions. (1/1/14)
- A. A statement that the employee is required to pay all applicable taxes on the payment;
  - B. The employee's acknowledgement that the state will withhold taxes according to law before payment;
  - C. The employee's agreement to waive retention and reemployment rights, if applicable, along with a statement that the contract is voluntary and not coerced or obtained through means other than the terms of the contract; (9/1/12)
  - D. The date of the employee's last day of work;
  - E. An acknowledgement that no payment will be made until after the last day of work and compliance with other provisions of the contract; and,
  - F. Upon signature, a copy of each contract shall be provided to the Director. (07/01/2025)
  - G. The employee's agreement to waive any and all claims they may have or assert against the employer, relative to their employment prior to the execution of this agreement. (9/1/12)

## **Chapter 4     Employment and Status**

Authority for the rules promulgated in Chapter 4, Employment and Status, is found in State of Colorado Constitution Article XII, Sections 13, 14 and 15, and § § 24-50-109.5, 24-50-112.5, 24-50-114, 24-50-132, 24-50-136 and 24-50-137, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

Definitions for many of the terms utilized in this chapter may be found in Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions. Board rules are identified by cites beginning with “Board Rule”.

### **Determining How to Fill a Vacancy / Eligible List**

- 4-14. An eligible list may be extended by the appointing authority for up to twelve (12) months, unless further extended as follows: (07/01/2025)
- A. The Director shall have the discretion to extend a current eligible list.
  - B. The Director shall have the discretion to resurrect an expired eligible list within one (1) year of the initial expiration date of the list.
  - C. An appointing authority shall have the discretion to appropriate a qualified applicant pool for identical or highly similar positions justified through competent job analyses. (01/01/2021)

### **Comparative Analysis / Eligible List**

- 4-24. Comparative analysis shall consist of professionally accepted assessments of job-related qualifications, competencies, knowledge, skills, abilities, and job fit, including but not limited to structured interviews, application/resume review, oral examinations, written objective tests, written narrative tests, performance tests, training and/or experience evaluations, and physical capacity tests. Performance evaluations may be used as part of a promotional comparative analysis. Assessment tools and/or examinations shall be developed, administered, and scored in compliance with professional guidelines and state and federal law. If multiple components are used to assess qualifications, the applicant may be required to pass one step before proceeding to the next. All examination materials and scores are confidential except as provided by the Colorado Open Records Act. (07/01/2025)

### **Employment Status**

- 4-47. A temporary appointment refers to a qualified person who is appointed to a position or positions for a period not to exceed nine (9) months in any twelve (12) month period. The nine (9) month limitation shall be inclusive of all temporary appointments and departments. Temporary appointments include appointments to temporary positions, conditional, and provisional appointments. (07/01/2025)

## **Chapter 5     Time Off**

Authority for rules promulgated in Chapter 5, Time Off, is found in:

State of Colorado Constitution Article XII, Section 13, The Family Medical Leave Act (FMLA), Colorado Paid Family and Medical Leave Insurance (FAMLI) Act, Americans with Disabilities Act (ADA), Family Care Act (FCA), Uniformed Services Employment and Reemployment Rights Act (USERRA), The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), Healthy Families and Workplace Act, the Public Health Emergency Whistleblower Act and 26 U.S.C. 63.

State of Colorado Revised Statutes (C.R.S.) §1-6-115, 1-6-122, 1-7-102, 8-13.3-401, 8-13.3-501, 8-40-101, 14-2-101, 14-15-103, 24-11-101, 24-11-112, 24-18-102, 24-33.5-825, 24-50-104, 24-50-109.5, 24-50-401, 28-1-104, 28-3-601, 28-6-602, 28-3-607, 28-3-609, and 28-3-610.

### **General Principles**

- 5-1. Employees are required to work their established work schedule unless on approved leave. Employees are responsible for requesting leave as far in advance as possible. The leave request shall provide sufficient information to determine the type of leave. (5/1/10)
- A. The appointing authority shall respect the employee's privacy rights when requesting adequate information to determine the appropriate type of leave. (02/2017)
  - B. Appointing authorities are responsible for approving all leave requests and for determining the type of leave granted, subject to these rules and any additional departmental leave procedures. Departmental procedures shall be provided to employees. (02/2017)
  - C. Except for paid sick leave, Family Medical Leave (FML), state FML, leave under the FAMLI (Family and Medical Leave Insurance) program, short-term disability leave or public health emergency leave, use of any other leave that is not approved by the appointing authority may result in the denial of paid leave and/or corrective or disciplinary action. (01/01/2021)
  - D. Mandates to maintain a minimum balance of annual leave is not permitted except under a leave sharing program or a corrective or disciplinary action. (12/1/2023)
    - 1. Repealed. (07/01/2025)
- 5-2. Paid leave is to be exhausted before an employee is placed on unpaid leave, unless the reason for leave does not qualify for the type of leave available, during a mandatory or voluntary furlough, or if prohibited by state or federal law. (07/01/2025)

## Accrued Paid Leave

- 5-5. Sick leave is for health reasons, including mental or physical illness, injury, a health condition, diagnostic and preventative examinations, treatment, and recovery. Sick leave may also be used for safety reasons and after the death of a family member. Sick leave is not to be used for bonding with a newborn child or a child newly placed for adoption or foster care. Accrued sick leave may be used for the following: (07/01/2025)
- A. The employee or the employee's family members (related by blood, adoption, marriage, or civil union) including a child to whom the employee stands *in loco parentis* or a person who *stood in loco parentis* to the employee when the employee was a minor, domestic partners, in-laws, step relatives and for a person for whom the employee is responsible for providing or arranging health or safety-related care. Special consideration will also be given to any other person whose association with the employee is similar to a family member. (01/01/2021)
  - B. An injured military service member as established under Rule 5-20 (F), legal dependent, or a person in the household for whom the employee is the primary caregiver. (04/01/2020)
  - C. Appointing authorities may use discretion to send employees home for an illness or injury that impacts the employee's ability to perform the job or the safety of others.
    - 1. Sick leave shall be charged first;
    - 2. Annual leave shall be charged if sick leave is exhausted; then
    - 3. Unpaid leave if both annual and sick leave are exhausted. (01/01/2021)
  - D. Employees shall provide the State's authorized form (or other official document containing the same information) from a health care provider for an absence of more than three (3) consecutive full working days for any health reason or the use of sick leave shall be denied. Appointing authorities have the discretion to require the State's authorized form (or other official document containing the same information) for absences of less than three (3) days when the appointing authority has a reasonable basis for suspecting abuse of sick leave. (02/2017)
    - 1. The completed official form or document shall be returned within fifteen (15) days from the appointing authority's request. (02/2017)
    - 2. Failure to provide the State's authorized form (or other official document containing the same information) may result in corrective/disciplinary action. Appointing authorities have the discretion to approve other forms of leave if sick leave is denied. (02/2017)
  - E. When an employee or employee's family member is a victim of domestic abuse, stalking, sexual assault, harassment or any other crime related to domestic violence and needs to seek medical attention, mental health care or other counseling, or victim services including legal services or relocation. (05/15/2022)
  - F. Due to inclement weather, power/heat/water loss, or other unexpected occurrence, the employee needs to either (a) evacuate their residence, or (b) care for a family member whose school or place of care was closed. (12/1/2023)
  - G. When the employee needs to grieve, attend funeral services or a memorial, or deal

with financial and legal matters that arise after the death of a family member. This reason for sick leave does not supplant an employee's eligibility and use of approved bereavement leave under Rule 5-12. (12/1/2023)

### **Exhaustion of Leave and Administrative Discharge**

- 5-6. If an employee has exhausted all credited paid leave and is unable to return to work, unpaid leave may be granted or the employee may be administratively discharged by written notice following a good faith effort to communicate with the employee. Administrative discharge applies only to exhaustion of leave. (11/1/2019)
- A. The notice of administrative discharge shall inform the employee of appeal rights and the need to contact the employee's retirement plan on eligibility for retirement.
  - B. An employee cannot be administratively discharged if FML, state family medical leave, or employment protection under FAMLI, or short-term disability leave (includes the thirty (30) day waiting period) apply, or if the employee is a qualified individual with a disability under the ADA who can reasonably be accommodated without undue hardship. (07/01/2025)
  - C. A certified employee who has been discharged under this rule and subsequently recovers has reinstatement privileges.

## General Provisions

Employees shall be at work or on paid leave to earn monthly leave. Leave is credited on the last day of the month in which it is earned and is available for use on the first day of the next month, subject to any limitations elsewhere in Chapter 5, Time Off. A terminating employee shall be compensated for annual leave earned through the last day of employment.

Part-time employees who work regular, non-fluctuating schedules earn leave on a prorated basis based on the percentage of the regular appointment, rounded to the nearest one, one hundredth (1/100) of an hour. Leave for part-time employees who work irregular, fluctuating schedules and full-time employees who work or are on paid leave less than a full month is calculated by dividing the number of hours paid by the number of work hours in the monthly pay period. The percentage is then multiplied by the employee's leave earning rate to derive the leave earned. Overtime hours are not included in leave calculations.

Leave payouts at separation are calculated using the annualized hourly rate of pay (annual salary divided by two thousand eighty (2080) hours for full-time employees). Employees are only eligible for the sick leave payout one (1) time, upon retirement separation from state employment or death. (07/01/2025)

Forfeiture of leave as a disciplinary action or a condition of promotion, demotion, or transfer is not allowed.

Borrowing against any leave that may be earned in the future or "buying back" leave already used is not allowed, except during a declaration of a state of emergency by the Governor, as defined in the Colorado Disaster Emergency Act, as indicated above.

Use of annual leave cannot be required for an employee being laid off.

Make whole is the use of accrued paid leave in an amount that is closest to the difference between an employee's wage replacement benefit (e.g., FAMI, short or long-term disability, and/or workers' compensation) and their gross base pay, excluding any pay differentials. Sick leave is used first, then annual leave and/or compensatory time. As the leave must be accrued, negative sick leave cannot be used to be made whole. Leave earning is not prorated when an employee is making whole. (07/01/2025)

FAMI Make Whole: When an employee is receiving FAMI wage replacement benefit payments, they may elect in writing to use accrued paid leave to supplement the benefit and make their salary whole. (07/01/2025)

Disability Make Whole: If FML, state family medical leave, and/or FAMI are not running concurrently, an employee must use accrued paid leave to make their salary whole. If FML, state family medical leave, and/or FAMI are running concurrently, an employee may elect to use accrued paid leave during the thirty (30) day waiting period for short-term disability and to make their salary whole once they begin receiving disability wage replacement benefits. (07/01/2025)

Workers' Compensation Make Whole: If FML or state family medical leave is not running concurrently, an employee must use accrued paid leave to make their salary whole. If FML or state family medical leave is running concurrently, an employee may elect to use accrued paid leave to supplement the workers' compensation wage replacement benefits and make their salary whole. (07/01/2025)



5-7. A. Table (07/01/2025)

<b>Factor Rate Earning, Accrual, Payout, and Restoration for Temporary Employees</b>			
<b>Sick Leave</b>			
<b>Hourly Accrual / Biweekly Pay</b>	<b>Cap*</b>	<b>Restoration</b>	<b>Payout</b>
.033/hour 30 hours x .033 = 1 hour  Biweekly Pay Period 80 hours x .033 = 2.64 hours	48 Hours	Previously accrued sick leave up to forty-eight (48) hours is restored when eligible for temporary rehire or hired permanently.	Not applicable.
* Up to a cap of 48 hours of paid leave may be accrued in the fiscal year. Leave is no longer accrued once the cap is reached.			
<b>General Provisions:</b> Temporary employees shall be at work or on paid leave to earn paid sick leave. Leave is credited on the last day of the biweekly pay period in which it is earned and is available for use on the first day of the following biweekly pay period. Sick leave may be requested and used, subject to the general principles, sick leave, FML, FMLI, and public health emergency leave rules of this Chapter 5, Time Off.			

## Leave Sharing

- 5-9. Employees shall have at least one (1) year of state service to be eligible. Leave sharing is not an entitlement even if the individual case is qualified. Donated leave is not part of the leave payout upon termination or death. (5/1/10)
- A. Donated leave is allowed for a qualifying event for the employee or the employee's immediate family member as defined under Rule 5-5. In order to use donated leave, the employee shall first exhaust all applicable paid leave and compensatory time and shall not be receiving short-term disability, long-term disability, FAMI or Workers' Compensation benefit payments. If all leave is exhausted, donated leave may be used to cover the leave necessary during the thirty (30) day waiting period for short-term disability benefit payments. The transfer of donated leave between departments is allowed only with the approval of both department heads. (07/01/2025)

## Holiday Leave

- 5-10. Permanent full-time employees employed by the state when the holiday is observed are granted eight (8) hours of paid holiday leave (prorated for permanent part-time employees) to observe each legal holiday designated by law, the Governor, or the President. Holiday leave may be granted on a biweekly basis for biweekly paid employees. Appointing authorities may designate alternative holiday schedules for the fiscal year. If a holiday occurs when an employee is on short or long-term disability, continuous FAMI, and is being paid for the wage replacement benefit, the employee will be paid through those benefits and not be granted eight (8) hours of holiday leave. (07/01/2025)
- A. Employees may submit a request to their appointing authorities to observe another day off in lieu of any of the legal holidays in the same fiscal year.
1. Department heads have the discretion to grant employee requests to observe César Chávez day, March 31, in lieu of another holiday in the same fiscal year. The department shall be open and at least minimally operational for both days and the employee shall have work to perform.
- B. Each department shall establish an equitable and consistent policy to ensure that all permanent employees are granted their full complement of holidays earned each fiscal year.
1. If an employee is unable to take the alternate holiday off due to business necessity, they shall be paid out eight (8) hours of holiday leave (prorated for permanent part-time employees) at the end of the same fiscal year.
- C. To ensure any employee that is required to work, including voluntarily scheduled to work and approved by a department head, on any legal holiday described in §24-11-101, C.R.S. receives their full complement of holidays, the department shall apply the following alternatives:
1. Exempt employees required to work on the observed legal holiday shall be granted an alternate day off in the same fiscal year.
2. Nonexempt employees required to work on the observed legal holiday shall receive one of the following alternatives:

- i. An alternate day off in the same fiscal year, as requested by the employee; or
- ii. Pay at one and one-half (1 ½) times their base salary's hourly rate; or
- iii. Corresponding compensatory time for all hours worked.

### **Other Employer-Provided Leaves**

5-13. Military leave provides up to three (3) weeks of paid leave, based on the employee's work schedule, in a fiscal year to permanent employees who are members of the National Guard, military reserves, or National Disaster Medical Service to attend the annual encampment or equivalent training or who are called to active service, including declared emergencies. Unpaid leave is granted in accordance with the Uniformed Services Employment and Reemployment Rights Act (USERRA) after exhaustion of the three weeks of paid leave. The employee may request the use of annual leave before being placed on unpaid leave. (07/01/2025)

A. Notice may be written or verbal and should be in advance of the leave unless unreasonable or precluded by military necessity. Required documentation shall be submitted in advance of the leave or upon the return to work in the form of military orders, estimates of military entitlements, military leave earning statements, correspondence from a commanding officer, or other forms that may be verified. (01/01/2021)

B. In the case of a state emergency, the employee shall return upon release from active duty. In the case of federal service, the employee shall notify the appointing authority of the intent to return to work, return to work, or may need to apply to return, and is entitled to the same position or an equivalent position, including the same pay, benefits, location, work schedule, and other working conditions. This leave is not a break in service. (02/2017)

5-15. Administrative leave may be used to grant paid time when the appointing authority wishes to release employees from their official duties for the good of the state. In determining what is for the good of the state, an appointing authority shall consider prudent use of taxpayer and personal services dollars and the business needs of the department. Additional reasons for granting the use of administrative leave follow: (07/01/2025)

A. Administrative leave shall be granted for the following: (07/2025)

- 1. Two (2) hours to participate in general elections if the employee does not have three (3) hours of unscheduled work time during the hours the polls are open. (02/2017)
- 2. Up to two (2) days per fiscal year for organ, tissue, or bone donation for transplants. (02/2017)
- 3. To serve as an uncompensated election judge unless a supervisor determines that the employee's attendance on Election Day is essential. The employee shall provide evidence of service. (02/2017)
- 4. Up to fifteen (15) days in a fiscal year when qualified volunteers or members of the Civil Air Patrol are directed to serve during a declared

local disaster, provided the employee returns the next scheduled workday once relieved from the volunteer service. (02/2017)

5. Union Leave shall be authorized by an appointing authority pursuant to the negotiated terms of the applicable Partnership Agreement. No time spent on Union Leave may be used to engage in political activity. (07/01/2025)

B. Administrative leave may be granted for the following: (02/2017)

1. Up to five (5) days for local or fifteen (15) days for national emergencies per fiscal year to employees who are certified disaster service volunteers of the American Red Cross. (02/2017)
2. One (1) period of administrative leave for the initial call up to active military service in the war against terrorism of which shall not exceed ninety (90) days and applies after exhaustion of paid military leave. Administrative leave is only used to make up the difference between the employee's base salary (excluding premiums) and total gross military pay and allowances. The employee shall furnish proof of military pay and allowances. This leave does not apply to regular military obligations such as the annual encampment and training. (02/2017)
3. Volunteering in community or school activities. A department shall adopt and communicate a policy regarding the amount of leave available, employee eligibility, and process for requesting and approving leave. (04/01/2020)
4. Employee recognition for special accomplishments or contributions in accordance with the department's established incentive plan. (02/2017)

C. Activities performed in an official employment capacity, including mandatory job-related training and meetings, voluntary job-related training, conferences, participation in hearings or settlement conferences at the direction of the Board or Director, and job-related testimony in court or official government hearings required by an appointing authority or subpoena are work time and not administrative leave. Administrative leave is not intended to be a substitute for corrective or disciplinary action or other benefits and leave. (07/01/2025)

D. Department heads are responsible for tracking the use of administrative leave and shall provide reports to the Director upon request. (07/01/2025)

5-16. Paid family medical leave (PFML) provides permanent full-time employees up to one hundred sixty (160) hours of paid leave (prorated for permanent part-time employees) per rolling twelve (12) month period when employees are eligible and qualify for unpaid, job protected Family Medical Leave (FML). PFML supplements and runs concurrently with FML and the short-term disability waiting period. The exception is the qualifying reasons for victim protection leave as prescribed in C. of this rule. (01/01/2021)

A. PFML shall be used before accrued paid leave except when an employee elects to use PFML to bond with their newborn child or for a newly placed adopted or foster child within twelve (12) months after the birth or placement as allowed under the Family Medical Leave Act (FMLA).

B. Employees who work in the same department or division as their spouse, partners

in a civil union or domestic partnership are each entitled to PFML when they are eligible and qualify for FML.

- C. PFML may be used when an employee or an employee's family member is a victim of domestic abuse, stalking, sexual assault, harassment, or any other crime related to domestic violence and needs to seek medical attention, mental health care or other counseling, or victim services including legal services or relocation.
  - 1. An employee must meet the eligibility requirements for FML per rules 5-20 and 5-21, to qualify for PFML for domestic violence related reasons. However, the use of PFML for domestic violence related reasons does not automatically qualify an employee for FML.
  - 2. All information related to the leave shall be confidential and maintained in separate confidential files with limited access.
- D. Injury leave, leave under the make whole policy for workers compensation, and emergency public health leave are excluded from PFML.
- E. Retaliation against an employee is prohibited; however, this rule does not prohibit adverse employment action that would have otherwise occurred had the leave not been requested or used.

## **Family/Medical Leave (FML)**

5-20. FML is granted to eligible employees for the following conditions: (02/2017)

- A. Birth and care of a child and shall be completed within one (1) year of the birth; (02/2017)
- B. Placement and care of an adopted or foster child and shall be completed within one (1) year of the placement; (02/2017)
- C. Serious health condition of an employee's parent, child under the age of eighteen (18), an adult child who is disabled at the time of leave, spouse, partner in a civil union, or registered domestic partner for physical care or psychological comfort; see Chapter 1, Organization, Responsibilities, Ethics, Payroll Deduction, and Definitions, for the definition of serious health condition and ADA definition for disability; (02/2017)
- D. Employee's own serious health condition; (02/2017)
- E. Active duty military leave (exigency) when a parent, child, or spouse experiences a qualifying event directly related to being deployed to a foreign country; or (07/01/2025)
- F. Military caregiver leave for a parent, child, spouse, or next of kin who suffered a serious injury or illness in the line of duty while on active duty. Military caregiver leave includes time for veterans who are receiving treatment within five (5) years of the beginning of that treatment. (02/2017)

5-23. All other types of leave, compensatory time, and make whole payments under FAMLI, short-term disability and workers' compensation run concurrently with FML and state family medical leave and do not extend the time to which the employee is entitled. The employee may elect to use accrued paid leave subject to the conditions for use of such leave before being placed on unpaid leave for the remainder of FML and state family medical leave. If the employee's FML and state family medical leave are running concurrently with wage replacement benefits (e.g., FAMLI, disability, and/or workers' compensation), the employee may elect to use their accrued paid leave to make whole their salary. An employee on FML or state family medical leave cannot be required to accept a temporary "modified duty" assignment even though workers' compensation benefits may be affected. (07/01/2025)

5-28. Employees shall provide proper medical certification, including additional medical certificates and fitness-to-return certificates or the equivalent as prescribed in Rules 5-36 through 5-39. If the employee does not provide the required initial and additional medical certificates, the leave may not qualify as FML and may be denied. (07/01/2025)

## **Family and Medical Leave Insurance (FAMLI) Program (01/01/2024)**

5-32. All other types of leave, compensatory time, and make whole payments under short-term disability run concurrently with FAMLI and do not extend the time to which the employee is entitled. The employee may elect, in writing, to use their accrued paid leave, subject to the conditions for use of such leave, in order to make whole their FAMLI benefit. (07/01/2025)

- A. Should the reason for FAMLI leave also qualify under the Family and Medical Leave Act (FMLA) and/or the Family Care Act (FCA), the leaves shall run

concurrently. (07/01/2025)

B. Unpaid leave rules apply to any FAMLI leave, except the state continues to pay its portion of insurance premiums. An employee's condition that also qualifies for short-term disability benefits shall comply with the requirements of that plan. (07/01/2025)

C. Delete: Employees shall provide proper medical certification, including additional medical certificates and fitness-to-return certificates as prescribed in Rules 5-36 through 5-39. If the employee does not provide the required initial and additional medical certificates, the leave may not qualify as FML and may be denied as such.

D. Repeal. (07/01/2025)

5-33. Employer Requirements. The appointing authority, human resources director, or FMLA coordinator shall notify the employee of the FAMLI program upon hire and upon learning of a condition under Rule 5-30, based on the information provided by the employee and in accordance with the program's requirements. The employer shall not take retaliatory personnel action or count paid FAMLI leave taken as an absence that may lead to or result in discipline, discharge, demotion, suspension or any other adverse reaction. (07/01/2025)

A. An employee receiving FAMLI benefits who has been employed with the state for at least 180 days prior to the commencement of FAMLI leave, shall be restored to their position (or an equivalent position) upon return from leave. (07/01/2025)

#### **FML Medical Certificates (07/01/2025)**

5-36. Employees shall provide the State's authorized medical certification form (or other official document containing the same information) when initiating an FML leave request. Appointing authorities have the discretion to require periodic medical certification to determine if FML continues to apply or when the appointing authority has a reasonable basis for suspecting FML leave abuse. Medical certification for FML may be required for the first leave request in an employee's rolling twelve (12) month period. Additional medical certification may be required every thirty (30) days or the time period established in the initial certification, whichever is longer, unless circumstances change or new information is received. (07/01/2025)

A. The medical certification shall be completed by a health care provider as defined in federal law. The completed medical certification shall be returned within fifteen (15) days from the appointing authority's request. If it is not practical under the particular circumstances to provide the requested medical certification within fifteen (15) days despite the employee's diligent, good faith efforts, the employee shall provide the medical certification within a reasonable period of time involved, but no later than thirty (30) calendar days after the initial date the appointing authority requested such medical certification. (02/2017)

B. Failure to provide the medical certification shall result in denial of leave and possible corrective/disciplinary action. (7/1/13)

5-39. If an absence is more than thirty (30) days for the employee's own condition, the employee shall provide a fitness-to-return certificate. The fitness-to-return certificate may be required for absences of thirty (30) days or less based on the nature of the condition in relation to the employee's job. The department may also require a fitness-to-return certificate from employees taking intermittent FML every thirty (30) days if there are

reasonable safety concerns regarding the employee's ability to perform their job duties.  
(07/01/2025)

- A. When requested, employees shall present a completed fitness-to-return certificate before they will be allowed to return to work. Failure to provide a fitness-to-return certificate as instructed could result in delay of return, a requirement for new medical certification, or administrative discharge as defined in Rule 5-6. (7/1/13)
- B. When an incomplete fitness-to-return certification is submitted, the employee shall be allowed seven (7) days to obtain complete information, absent reasonable extenuating circumstances. Following receipt of the information or the seven (7) days from which it was requested, the department's human resources director or FMLA coordinator may, with the employee's written permission, contact the health care provider for purposes only of clarification and authentication of the fitness-to-return certification. (02/2017)



## **Injury Leave**

- 5-45. Injury Leave. A permanent employee who suffers an injury or illness that is compensable under the Workers' Compensation Act shall be granted injury leave up to ninety (90) occurrences (whole day increments regardless of the actual hours absent during a day) with full pay if the temporary compensation is assigned or endorsed to the employing department. (5/1/10)
- A. If after ninety (90) occurrences of injury leave an employee still is unable to work, the employee is placed on leave under the "make whole" policy, unless FML or state family medical leave apply where the employee may elect to make whole. The employee will receive temporary disability benefits pursuant to the Colorado Workers' Compensation Act. The employing department will make up the difference between the temporary disability benefits and the employee's full pay using accrued sick leave first, then annual leave or compensatory time as available. Once all paid leave is exhausted, employees may be given unpaid leave. Workers' compensation payments after termination of injury leave shall be made to the employee as required by law. (07/01/2025)
  - B. The appointing authority may invoke Rule 5-6 if the employee is unable to return to work after exhausting all accrued paid leave and applicable job protection. Termination of service under that rule will not affect continuation of payments under the Workers' Compensation Act.
  - C. If the employee's temporary compensation payment is reduced because the injury or occupational disease was caused by willful misconduct or violation of rules or regulations, the employee shall not be entitled to or granted injury leave. If FML or state family medical leave does not apply, any absence shall be charged using sick leave first, then annual leave or compensatory time on a "make whole basis" or, at the appointing authority's discretion, unpaid leave may be granted and the temporary compensation payments shall be made to the employee. (07/01/2025)
  - D. The first three (3) regular working days missed as a result of a compensable work injury will be charged to the employee's sick leave, then annual leave or compensatory time, as available. Injury leave will only be granted once an eligible employee misses more than three (3) regular working days. Sick or annual leave for the first three (3) regular working days will be restored if the employee is off work for more than two (2) weeks. (02/2017)
  - E. If a holiday occurs while an employee is on injury leave, the employee receives the holiday and the day is not counted as an injury leave occurrence.

## **Chapter 6     Performance**

Authority for rules promulgated in Chapter 6, Performance, is found in the Colorado Constitution Art. XII

§13 and §24-50-104, 24-50-125, and 27-90-111, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### **Performance Management**

- 6-4.     The Director shall establish requirements governing the performance management system.

These requirements shall be applied by all appointing authorities and designated raters, including any person employed by the state who supervises an employee. The performance management system does not apply to employees in the medical pay plan. (07/01/2025)

- 6-5.     Designated raters shall be evaluated by their direct supervisor on their performance management and evaluation of employees. Absent extraordinary circumstances, failure to plan and evaluate in accordance with the department’s established timelines may result in corrective or disciplinary action. (07/01/2025)

- A.       A reviewer shall sign the rater’s evaluation of an employee. If the rater fails to complete an individual performance plan or evaluation, the reviewer is responsible for completion. If the reviewer fails to complete the plan or evaluation, the reviewer’s supervisor is responsible, on up the chain of command until the plan or evaluation is completed as required. If a rating is not given, the overall evaluation rating shall be effective until a final rating is completed. (07/01/2025)

## Chapter 7     Separation

Authority for rules promulgated in Chapter 7, Separation, is found in the Colorado Constitution Art. XII, § 13, 14 and 15; and in C.R.S. §§ 24-50-109.5, 24-50-124, 24-50-126 and 24-50-136, C.R.S. Board rules

are identified by cites beginning with “Board Rule”. Chapter 7, Separations, revised as of 02/01/2021, unless otherwise noted.

7-8.    Layoff Plan: After the department makes its business decisions for all layoffs and ten (10) days prior to issuing the first (1st) layoff notice, the department shall publish a Layoff Plan, signed by the department head or designee, both in a conspicuous place where all impacted parties have access to view the publication and on the department’s internet or intranet websites.

A.     The purpose of the Layoff Plan is to facilitate open and transparent strategic planning prior to the elimination of any positions and/or services.

B.     The Layoff Plan shall include the following:

1.     A description of the planned changes in the fundamental structure, positions, or functions accountable to one or more appointing authorities;
2.     If applicable, a list of the ranking factors and their relative weights, including how ties will be broken; (07/01/2025)
3.     An organizational chart setting out the planned changes in the fundamental structure, positions, or functions accountable to one or more appointing authorities;
4.     The reasons for the change;
5.     The anticipated benefits and results, including any cost savings;
6.     A general description of the expected changes and their effects on employees;
7.     If applicable, a description of how the work performed by the eliminated positions will be absorbed by the department;
8.     A listing of the classes in which positions will be eliminated as contemplated in the Layoff Plan; and
9.     If there have been any modifications to the special qualifications for positions affected by the Layoff Plan within sixty (60) days or less prior to publication of the Layoff Plan, a list of such positions.

C.     When a function and position are transferred to another department, the employee occupying the position transfers.

- 7-12. Layoff Ranking: If applicable, the department head shall establish the ranking formula for the affected area(s). The formula shall be consistently applied to any certified employee affected by the layoff process for the affected area(s). The formula shall be communicated to all employees within the layoff plan. Employees with lower rankings shall be separated before employees with higher rankings except as follows:
- A. As set forth in the Colorado Constitution Art. XII, Section 15, no veteran with equal or greater number of years of service can be displaced before a non-veteran regardless of rank.
  - B. If there is a tie under the department's formula, the employee with more seniority shall be the higher ranked employee. If the employees are still tied, then the department has the discretion to determine how to break the tie. This must be included in the layoff plan. (07/01/2025)
  - C. Probationary employees shall be separated before certified employees.

## **Chapter 8      Resolution of Appeals and Disputes**

Authority for rules promulgated in Chapter 8, Resolution of Appeals and Disputes, is found in the Colorado Constitution Art. XII §13, § 24-34-402, 24-11-110, 24-50-101, 24-50-103, 24-50-104, 24-50-104.5, 24-50-123, 24-50-125, 24-50-125.3, 24-50-125.4, 24-50-125.5, 24-50-131, 24-50-132, and 24-50.5-101 to 107, C.R.S. Board rules are identified by cites beginning with “Board Rule”.

### **Chapter 8, Part B.      Director’s Review of Appeals.**

8-71. Chapter 8, Resolution of Appeals and Disputes, Part B, Director’s Review of Appeals, applies to applicants to and employees of the state personnel system. Chapter 8, Resolution of Appeals and Disputes, Part B, does not apply to positions or individuals outside of the state personnel system.

- A. The Director’s Review of Appeals is an impartial process.
  - 1. The Director’s Review of Appeals process is not a grievance and as such, no party has an absolute right to legal representation during the process, but may have an advisor present. The parties are expected to represent and speak for themselves.
  - 2. The Director shall not substitute their judgment for that of the appointing authority. (07/01/2025)

### **Part B. Section I.      Filing Appeals with the Director**

8-75. The Director’s Appeal Filing. All appeals in the state personnel system are administratively processed through the Board using the Consolidated Appeal/Dispute Form. Appeals are forwarded with notice that the appeal has been dismissed by the Board and given to the Director for review.

- A. The Director’s Appeal. The Director’s Appeal shall use the Consolidated Appeal/Dispute Form found on the DPA/Division of Human Resources or the Board’s website.
- B. Contents of the Director’s Appeal. The Director’s Appeal contains the information according to Chapter 8, Resolution of Appeals and Disputes, Part A, Section I.,
- C. Filing the Director’s Appeal. The Director’s Appeal shall be filed according to Chapter 8, Resolution of Appeals and Disputes, Part A, Section I.
- D. The filing of a timely Director’s Appeal must meet the following criteria:
  - 1. The Director’s Appeal shall be filed with the Board within ten (10) days from when the employee knew or should have known of the alleged improper action. The first day of the count is the day after the date on the department’s notification and each calendar day thereafter.

2. If a deadline falls on a weekend, official state holiday, or by governor order the deadline is extended to the next regular business day.
  3. Any filing via facsimile or email that is received by the Board by 5:00 p.m. Colorado time shall be deemed to have been filed on that date.
  4. If the filing is through mail by the United States Postal Services, the date of filing is the postmark.
  5. If the filing is hand delivered to the Board, the date stamp is the official date of filing.
  6. Failure to timely file an appeal may result in the Director losing jurisdiction over the matter and the Director's Appeal being dismissed.
- E. The Director will review the appeal based on the information provided by the appellant as submitted in the appeal. The Director retains the ability to request additional information from all parties. (07/01/2025)
- 8-77. The following procedural events are not subject to Director's Appeals and shall not be reviewed by the Director: (07/01/2025)
- A. Hiring once an applicant has advanced to referral and an applicant received an offer to interview;
  - B. Personal services contracts;
  - C. Job evaluation system and actions;
  - D. Grievances;
  - E. Allegations of whistleblower, discrimination, or retaliation;
  - F. Corrective or disciplinary actions;
  - G. Any action that adversely affects pay, status, or tenure;
  - H. Performance management disputes that result in corrective and/or disciplinary action;
  - I. In-range salary movements;
  - J. Issues pertaining to leave sharing;
  - K. Discretionary pay differentials; and
  - L. Hazardous duty premium pay. (07/01/2025)

## **Chapter 8, Part C. Department Internal and Director's External Performance Management Disputes.**

### **8-87.1 Summary of Chapter 8, Part C**

The summary is illustrative only. The language in the Director's Procedures are controlling. There are many parts of Chapter 8 that are not included in this summary.

<b>Filing with the State Personnel Director</b>
An employee wanting to file a performance dispute with the State Personnel Director shall follow the filing procedures in <b>Chapter 8, Part A, Section I</b> . The appeal shall use the standard Consolidated Appeal/Dispute Form found on the State Personnel Board's website. Disputes are timely if received by the State Personnel Board or postmarked no later than five (5) days after receipt of the written notice of the action, or if no notice was required, no later than five (5) days after the employee knew or should have known of the improper action.
<b>Types of performance disputes in Chapter 8, Part C</b>
Chapter 8, Part C includes the procedures for resolving external performance disputes by the State Personnel Director. Disputes proceed depending on the nature of the employee's claim. In general, the State Personnel Director reviews procedural events outlined in the department's performance management programs.
<b>1. State Personnel Director's External Performance Disputes</b>
<p>Only an applicant or a certified employee ("Appellant") who is directly affected as a result of an action by a department ("Respondent") may file an external dispute with the State Personnel Director under Chapter 8, Part C. Department Internal and Director's External Performance Management Disputes.</p> <p>These events include:</p> <ul style="list-style-type: none"><li>• The individual final overall performance evaluation, including lack of a final overall evaluation; and</li><li>• Application of a department's performance management program to the individual employee's final overall evaluation.</li></ul> <p><b><i>Part C. Section I: Filing an Internal Dispute for Performance Management with the Department.</i></b></p>
<b>2. Exclusions</b>
<p>The State Personnel Director shall not review actions filed under the jurisdiction of the State Personnel Board which include grievances, discipline or any actions that impact pay, status, or tenure, or claims that allege whistleblower, discrimination or retaliation.</p> <p>The State Personnel Director shall not review the following actions:</p> <ul style="list-style-type: none"><li>• The content of a department's performance management program;</li><li>• Matters related to the funds appropriated; and</li><li>• The performance evaluations of other employees. (07/01/2025)</li></ul>

8-89. The following performance management matters are not disputable:

- A. The content of a department's performance management program;
- B. Matters related to the funds appropriated; and
- C. The performance evaluations of other employees. (07/01/2025)

**Chapter 8. Part D. Director's Review of Coverage Designation Disputes.**

8-109. Where to file. The Covered/Non-covered Employee Designation Dispute Form and other documents may be filed by hand delivery, United States Postal Service, commercial delivery service, facsimile, or via email.

- A. The physical address for filing is State Personnel Director, 1525 Sherman Street, 3<sup>rd</sup> Floor, Denver, Colorado 80203. (07/01/2025)



## **Chapter 11 – State Benefits Plans**

Authority for rules promulgated in this chapter is found in:

State of Colorado Constitution Article XII, Section 13; The Patient Protection and Affordable Care Act (PPACA), commonly called the Affordable Care Act (ACA), and 26 United States Code (U.S.C.) 63; The Family Medical Leave Act (FMLA); Americans with Disabilities Act (ADA); Family Care Act (FCA); Uniformed Services Employment and Reemployment Rights Act (USERRA).

State of Colorado Revised Statutes (C.R.S.) §24-50-104, 24-50-109.5, and Part 6, 1-6-115, 1-6-122, 1-7-102, 8-40-101, 14-2-101, 14-15-103, 24-11-101, 24-11-112, 24-18-102, 24-33.5-825, 24-50-401, 28-1-104, 28-3-601, 28-6-602, 28-3-607, 28-3-609, and 28-3-610.

### **General Principles**

- 11-9. Employees are responsible for knowing, understanding, and adhering to these rules, plan documents for the terms and conditions of coverage, and eligibility and enrollment requirements in order to make timely and informed choices, including, but not limited to, the following:
- A. Employees shall enter all required information in the benefits administration system in a timely and accurate manner in order to comply with eligibility and enrollment requirements for themselves and eligible dependents;
  - B. Enrollment of employees and eligible dependents is restricted to initial hire, annual open enrollment, and Qualifying Life Events defined by law and plan documents. Elections are irrevocable for the plan year, except in limited circumstances specified by law or regulations.
    - 1. Any permitted enrollment, modification, or termination of enrollment shall be entered into the official benefits administration system within thirty-one (31) days before or after a Qualifying Life Event (sixty (60) days for Medicare and Medicaid Qualifying Life Events).
      - a. Coverage changes are effective the first of the month following the date the Qualifying Life Event is entered into the benefits administration system except for births/adoptions where coverage is retroactive to the date of birth/adoption.
      - b. Any supporting documentation required for the enrollment, modification, or termination of enrollment shall be submitted within forty-five (45) days of the qualifying event. (07/01/2025)
      - c. For open enrollment only, the transactions shall be entered into the official benefits administration system with accompanying documentation within the allotted time established. (07/01/2022)

### **Payment of Contributions**

11-18. Departments shall make prompt monthly payments based on enrollment in the official benefits administration system. (7/1/10)

- A. The employee's current department as of the last day of the month is responsible

for payment. In the event of a transfer where benefits have been paid (partial or full) by the prior department that is not responsible for the benefit, only the State contribution should be refunded by the prior department and deducted as a one-time catch-up by the current department responsible for the month. The employee contribution should be left untouched unless it is identified that there is a true over or under payment by the employee for the benefit at the state level, not department level. (07/01/2025)

- B. A department is liable for both state and employee contributions when failing to promptly enter an employee termination.
- C. Known uncollected benefits premiums of separated employees, and state and employee contributions, are required to be paid by the end of the fiscal year. Departments will need to pay both state and employee contributions with state funds and may create a receivable for the employee contributions to the department. (07/01/2025)

11-21. When an employee is on leave, departments shall continue to pay the state contribution for those benefits that do not require an employee election (e.g., basic life and short-term disability) as long as the employee remains on the payroll, regardless of status. The department shall contact the employee to arrange a payment plan for benefit contributions that will be owed for the duration of the employee's leave. (07/01/2025)

- A. During paid leave or mandatory furlough, the employee contribution continues to be paid through payroll deduction and the department continues to pay the state contribution.
- B. During unpaid leave, the employee shall pay the total premium (employee and employer contributions) for all elected benefits to the department within the month of coverage, except as noted below. If the employee fails to pay when due, coverage will be terminated but shall be reinstated on the first day of the month following their return to work with the exception of voluntary long-term disability coverage. Voluntary long-term disability coverage for unpaid leave for longer than 90 days will require late entrant underwriting for reinstatement. If the employee fails to return after the leave, any contributions due will be recovered as specified by federal regulations. (07/01/2025)
  - 1. During unpaid leave pursuant to the Family Medical Leave Act of 1993, the department shall continue to pay the state contribution as long as the employee continues to pay the employee contribution by the due date specified in the family/medical leave notice. (07/01/2025)
  - 2. While an employee is on voluntary furlough or short-term disability leave, the department shall continue to pay the state contribution for all elected benefits as long as the employee continues to pay the employee contribution as agreed upon with their department. (07/01/2025)
  - 3. While an employee is on FMLI leave, the department shall continue to pay for all elected benefits as long as the employee continues to pay the employee contribution by the due date specified as agreed upon with the department. (07/01/2025)

### **Director's Review of Benefits Appeals**

11-24. The Director's Benefits Appeal Filing. All Director's Benefits Appeals are administratively processed through the Division of Human Resources (DHR) Employee Benefits Unit

using the *Colorado State Employees Group Benefits Eligibility Determination Appeal Form*.

- A. The Director's Benefits Appeal. The Director's Benefits Appeal shall use the *Colorado State Employees Group Benefits Eligibility Determination Appeal Form* found on the DHR website.
- B. Contents of the Director's Benefits Appeal. The Director's Benefits Appeal contains the information for denial of eligibility for the state benefits plan.
- C. The filing of a timely Director's Benefits Appeal must meet the following criteria:
  - 1. The Director's Benefits Appeal shall be filed with the DHR Employee Benefits Unit within thirty-one (31) days of the denial of eligibility for state benefits plans. The first day of the count is the day after the date on the notification and each calendar day thereafter.
  - 2. If a deadline falls on a weekend, official state holiday, or by governor order the deadline is extended to the next regular business day.
  - 3. Any filing via facsimile or email that is received by the DHR Employee Benefits Unit by 5:00 p.m. Colorado time shall be deemed to have been filed on that date.
  - 4. If the filing is through mail by the United States Postal Services, the date of filing is the postmark.
  - 5. Failure to timely file an appeal may result in the Director's Benefits Appeal being dismissed without a review.
- D. Where to File. Appeals and other documents may be filed by United States Postal Service, facsimile, or via email.
  - 1. The mailing address for filing is Department of Personnel and Administration, Division of Human Resources Employee Benefits Unit, 1525 Sherman Street, 3<sup>rd</sup> Floor, Denver, Colorado 80203. (07/01/2025)
    - a. Normal business hours for the DHR Employee Benefits Unit are from 8:00 a.m. to 5:00 p.m., Monday through Friday, except for official state holidays or days that state offices in Denver are closed due to weather or safety by governor order.
  - 2. The facsimile number is 303-866-3879. Facsimile filings may not exceed ten (10) pages.
  - 3. The DHR Employee Benefits Unit's email address is [state\\_benefits@state.co.us](mailto:state_benefits@state.co.us).
- E. The Director will issue a final written decision within forty-five (45) days of receipt of the benefits appeal.
  - 1. The ineligibility decision may be overturned only if found to be arbitrary, capricious or contrary to rule or law.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00144

**Department**

500,1008,2500 - Department of Human Services

**Agency**

502 - Behavioral Health

**CCR number**

2 CCR 502-6

**Rule title**

BEHAVIORAL HEALTH ADMINISTRATIVE RULES

## Rulemaking Hearing

**Date**

05/09/2025

**Time**

08:30 AM

**Location**

1575 Sherman Street, Denver, CO 80203

**Subjects and issues involved**

The purpose of the proposed rules is to establish how programs, initiatives, and services overseen by BHA are applied for and accessed. Chapter 1 provides definitions for terms used throughout the rule volume to create clarity and consistency. Authority for each chapter is addressed below. Chapter 2 changes the title of the chapter that determines the form and manner a qualified public or private corporation; for-profit or not-for-profit organization; or public or private agency, organization, or institution may apply to be a behavioral health administrative services organization (BHASO). BHA is required to determine, through rule, the form and manner for how an organization applies to be a BHASO. Chapter 3 establishes the eligibility criteria for the children and youths system of care and cultural competency requirements for residential treatment providers. Section 27-64.5-102(2), C.R.S. requires BHA to promulgate these service-specific requirements that apply to the system of care comes from section 27-64.5-102(2), C.R.S. Chapter 4 removes service barriers, maximizes the available workforce, and brings the Children and Youth Mental Health Treatment Act into alignment with Medicaid billable diagnoses. Chapter 5 moves the educational requirements necessary for an individual to pursue licensure or certification as an addiction counselor from 2 CCR 502-1 to 2 CCR 502-6.

**Statutory authority**

26-1-107, C.R.S.; 26-1-109, C.R.S.; 27-50-402, C.R.S.; 27-64.5-102(2), C.R.S.; 27-67-106, C.R.S.; 27-67-107, C.R.S.; 27-80-108, C.R.S.

**Contact information****Name**

Matt Holtman

**Title**

Children and Youth Intergovernmental Liaison

**Telephone**

720-822-7834

**Email**

matt.holtman@state.co.us

<b>Title of Proposed Rule:</b>	<b>Behavioral Health Administrative Rules</b>		
<b>CDHS Tracking #:</b>	25-01-31-01		
Office, Division, & Program:	Rule Author: Matt Holtman	Phone: 720-822-7834	
	E-Mail: matt.holtman@state.co.us		

### RULEMAKING PACKET

**Type of Rule:** *(complete a and b, below)*

a. ☒ Board ☐ Executive Director

b. ☒ Regular ☐ Emergency

**This package is submitted to State Board Administration as:** *(check all that apply)*

<input type="checkbox"/> AG Initial Review	<input type="checkbox"/>	<input type="checkbox"/> Initial Board Reading	<input type="checkbox"/>	<input type="checkbox"/> AG 2 <sup>nd</sup> Review	<input type="checkbox"/>	<input type="checkbox"/> Second Board Reading / Adoption
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**This package contains the following types of rules:** *(check all that apply)*

Number	
X	Amended Rules
X	New Rules
	Repealed Rules
	Reviewed Rules

What month is being requested for this rule to first go before the State Board?	March 5, 2025
---	---------------

What date is being requested for this rule to be effective?	July 1, 2025
Is this date legislatively required?	No

I hereby certify that I am aware of this rule-making and that any necessary consultation with the Executive Director's Office, Budget and Policy Unit, and Office of Information Technology has occurred.

**Office Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### REVIEW TO BE COMPLETED BY STATE BOARD ADMINISTRATION

Comments:

Estimated Dates:      1st Board \_\_\_\_\_      2nd Board \_\_\_\_\_      Effective Date \_\_\_\_\_

<b>Title of Proposed Rule:</b>	<b>Behavioral Health Administrative Rules</b>	
<b>CDHS Tracking #:</b>	25-01-31-01	
Office, Division, & Program:	Rule Author: Matt Holtman	Phone: 720-822-7834
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### **STATEMENT OF BASIS AND PURPOSE**

**Summary of the basis and purpose for new rule or rule change.**

*Explain why the rule or rule change is necessary and what the program hopes to accomplish through this rule. **1500 Char max***

The purpose of the proposed rules is to establish how programs, initiatives, and services overseen by BHA are applied for and accessed.

Chapter 1 provides definitions for terms used throughout the rule volume to create clarity and consistency. Authority for each chapter is addressed below.

Chapter 2 changes the title of the chapter that determines the form and manner a qualified public or private corporation; for-profit or not-for-profit organization; or public or private agency, organization, or institution may apply to be a behavioral health administrative services organization (BHASO). BHA is required to determine, through rule, the form and manner for how an organization applies to be a BHASO [§ 27-50-402(1), C.R.S.].

Chapter 3 establishes the eligibility criteria for the children and youth's system of care and cultural competency requirements for residential treatment providers. Section 27-64.5-102(2), C.R.S. requires BHA to promulgate these service-specific requirements that apply to the system of care comes from section 27-64.5-102(2), C.R.S.

Chapter 4 removes service barriers, maximizes the available workforce, and brings the Children and Youth Mental Health Treatment Act (CYMHTA) into alignment with Medicaid billable diagnoses.

Chapter 5 moves the educational requirements necessary for an individual to pursue licensure or certification as an addiction counselor from 2 CCR 502-1 (Behavioral Health Provider Rules) to 2 CCR 502-6 (Behavioral Health Administrative Rules).

An emergency rule-making (which waives the initial Administrative Procedure Act noticing requirements) is necessary:

- ☐
to comply with state/federal law and/or

☐
to preserve public health, safety and welfare

Justification for emergency:

**State Board Authority for Rule:**

Code	Description
26-1-107, C.R.S. (2024)	State Board to promulgate rules
26-1-109, C.R.S. (2024)	State Board is the Type 1 board for promulgating, revising and repealing BHA rules.

**Program Authority for Rule:** *Give federal and/or state citations and a summary of the language authorizing the rule-making function AND authority.*

Code	Description
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Title of Proposed Rule:	Behavioral Health Administrative Rules		
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27-50-405(4), C.R.S. (2024)	BHA to promulgate rules as necessary to implement behavioral health administrative service organizations and care coordination services.
27-50-402, C.R.S. (2024)	At least once every five years, the commissioner shall solicit applications through a competitive bid process pursuant to the "Procurement Code", articles 101 to 112 of title 24, for entities to apply to be behavioral health administrative services organizations. Any qualified public or private corporation; for-profit or not-for-profit organization; or public or private agency, organization, or institution may apply in the form and manner determined by the BHA's rules. The BHA shall use competitive bidding procedures to encourage competition and improve quality of services
27-64.5-102(2), C.R.S. (2024)	BHA is required to promulgate rules for the administration and implementation of the system of care for children and youth.
27-67-106, C.R.S. (2024)	The state board of human services shall promulgate rules implementing a sliding scale for the payment of services.
27-67-107, C.R.S. (2024)	The state board of human services shall promulgate rules to assure that a grievance process is available to parents concerning the provision of mental health services and to assure that a dispute resolution process is available for disputes between the county departments and mental health agencies.
27-80-108, C.R.S.  (2024)	BHA shall promulgate rules to establish the education requirements for certified addiction technicians, certified addiction specialists, and licensed addiction counselors.

Does the rule incorporate material by reference?	X	Yes			No
Does this rule repeat language found in statute?	X	Yes			No
If yes, please explain.	This rule incorporate by reference: <ul style="list-style-type: none"> <li>The Child and Adolescent Needs and Strengths Tool</li> </ul> Definitions from related statute are cited.				

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## **REGULATORY ANALYSIS**

### **1. List of groups impacted by this rule.**

*Which groups of persons will benefit, bear the burdens or be adversely impacted by this rule?*

Groups impacted by these rules include: behavioral health providers, residential treatment providers, individuals receiving services, the Behavioral Health Services Organizations (BHASOs), and other state agencies including the Department of Health Care Policy & Financing (HCPF) and the Colorado Department of Human Services (CDHS).

### **2. Describe the qualitative and quantitative impact.**

*How will this rule-making impact those groups listed above? How many people will be impacted? What are the short-term and long-term consequences of this rule?*

**Behavioral health providers:** Providers interested in completing the Enhanced Standardized Assessment will be subject to additional training requirements to ensure the quality of care they are providing. Aligning CYMHTA fundable diagnoses with Medicaid billable diagnoses allows providers to use additional diagnoses to more accurately diagnose presenting concerns for children and youth under the age of 21.

**Residential treatment providers:** Residential treatment providers participating in the System of Care will be subject to additional training requirements to ensure services provided are culturally competent. BHA worked with the Office of Children, Youth, and Families (OCYF) to include these additional training requirements to the Residential Child Care Provider Training Academy established in 26-6-923, C.R.S. to decrease the administrative burden.

**Individuals receiving services:** Individuals receiving services will benefit from this rule change as these rules remove barriers around accessing community, residential, and transitional behavioral health services.

**BHASOs:** These recommended rule changes will allow the Behavioral Health Services Organizations (BHASOs) to maximize their use of available workforce and follow current best practices for clinical services.

**HCPF:** HCPF and BHA are co-designing a Children and Youth System of Care that will be governed by these rules.

**CDHS:** OCYF within CDHS will include cultural competency training to the Residential Child Care Provider Training Academy established in 26-6-923, C.R.S.

### **3. Fiscal Impact**

*For each of the categories listed below explain the distribution of dollars; please identify the costs, revenues, matches or any changes in the distribution of funds even if such change has a total zero effect for any entity that falls within the category. If this rule-making requires one of the categories listed below to devote resources without receiving additional funding, please explain why the rule-making is required and what consultation has occurred with those who will need to devote resources. **Answer should NEVER be just “no impact” answer should include “no impact because....”***

State Fiscal Impact (Identify all state agencies with a fiscal impact, including any Colorado Benefits Management System (CBMS) change request costs required to implement this rule change)



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Fiscal impacts to BHA, CDHS, and HCPF for program implementation required by these rules were covered under HB24-1038 appropriations.

#### County Fiscal Impact

There is no anticipated fiscal impact for counties because they will not be responsible for the administration of any parts of these rules.

#### Federal Fiscal Impact

There is a minimal federal fiscal impact anticipated with the implementation of these rules as under ACC 3.0 (July 1, 2025), HCPF is moving the Enhanced Standardized Assessment to the Behavioral Health Capitation Benefit, allowing for federal match.

#### Other Fiscal Impact (such as providers, local governments, etc.)

Providers will be required to take trainings related to the Enhanced Standardized Assessment, Child and Adolescent Needs and Strengths Tool, and cultural competency in residential care. These trainings will be provided free of charge. However, funding will not be available to reimburse providers for the required time spent in trainings.

#### **4. Data Description**

*List and explain any data, such as studies, federal announcements, or questionnaires, which were relied upon when developing this rule?*

Internal CYMHTA and high-acuity youth service data was used to inform regulatory recommendations.

#### **5. Alternatives to this Rule-making**

*Describe any alternatives that were seriously considered. Are there any less costly or less intrusive ways to accomplish the purpose(s) of this rule? Explain why the program chose this rule-making rather than taking no action or using another alternative. Answer should NEVER be just “no alternative” answer should include “no alternative because...”*

No alternatives were considered because statute requires the BHA to promulgate rules related to the items described in section 27-64.5-102(2), C.R.S., Section 27-67-106, C.R.S, Section 27-67-107, C.R.S., and Section 27-80-108, C.R.S.

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### **OVERVIEW OF PROPOSED RULE**

Compare and/or contrast the content of the current regulation and the proposed change.

<b>Rule section Number</b>	<b>Issue</b>	<b>Old Language</b>	<b>New Language or Response</b>	<b>Reason / Example / Best Practice</b>	<b>Public Comment No / Detail</b>
7.000	<i>Incorrect Statutory Reference</i>	<i>Section 26.5.103 C.R.S.</i>	<i>Section 26.5-101(3) C.R.S.</i>		
2 CCR 502-6 Chapter 1	Update title to reflect scope of rule volume	CHAPTER 1: STATUTORY AUTHORITY AND DEFINITIONS	General Statutory Authority	Updates language to reflect added content to the rule volume	
1.2	Provide current definition for facilities/ provider organizations licensed through BHA.	n/a	"Behavioral health entity" has the same meaning as defined in section 27-50-101(4), C.R.S.	References existing definition for entities licensed to provide community-based health services, found in 27-50-101.	
2 CCR 502-6 Chapter 2	Update chapter title to reflect updated content	BHA-ADMINISTERED PROGRAMS	BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REQUIREMENTS	Updates language to reflect added content to the rule volume	
2.1	Moves statutory authority for Chapter 2 from General authority	n/a	<b>2.1 Statutory Authority</b>  A. Pursuant to Section 27-50-405(4), C.R.S., the BHA may promulgate rules as necessary to implement behavioral health administrative service organizations and care coordination services.	Establishes the authority for BHA to create the rules in Chapter 2	
2 CCR 502-6 Chapter 3	Establish rules for the administration and implementation of the system of care for children and youth	n/a	<b>CHAPTER 3: ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH</b>		
3.1	Establishes statutory authority for Chapter 3	n/a	<b>3.1 Statutory Authority</b>  A. Pursuant to section 27-64.5-102(2), C.R.S., BHA is required to promulgate rules for	Establishes the authority for BHA to create the rules in Chapter 3	

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			the administration and implementation of the system of care for children and youth.		
3.2	Establishes definitions for Chapter 3	N/A	<p><b>3.2 Definitions</b></p> <p>A. “Child with Serious Emotional Disturbances (SED)” means a child or adolescent that has a mental, behavioral or emotional disorder, which: (1) has been diagnosed through the current Diagnostic and Statistical Manual of Mental Disorders; The DC 0 to 5; or International Classification of Diseases by a licensed mental health professional, and (2) has experienced functional impairments, which interferes with the child’s functioning in family, social relationships, school, or community, and (3) experienced the emotional disturbance over the past 12 months prior to application on a continuous or intermittent basis, as determined and documented by a licensed mental health professional. SED shall not include a primary diagnosis of substance-related disorders, or primary conditions or problems classified in the DSM as “other conditions that may be a focus of clinical attention.”</p> <p>B. “Colorado Child and Adolescent Needs and Strengths tool (CANS)” is an evidence-based, validated, decision-support tool designed to identify the strengths and needs of children, youth, and their families and facilitate the linkage between the process and the design of individualized service plans including the application of evidence-based practices. The CANS supports level-of-care decision-making, facilitates quality improvement initiatives, and allows for the monitoring of service outcomes.</p>	Creates definitions for terms used throughout the rule volume	

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			<p>C. "Complex Trauma" means exposure to either multiple or prolonged traumatic events, often invasive and interpersonal in nature, or a single episode traumatic experience, that have a profound and prolonged impact on normal emotional, neurological, or behavioral development, such as witnessing the death of a caregiver; or physical, sexual, or emotional abuse or neglect resulting in the individual's loss of a developmentally appropriate sense of a well-ordered and safe environment.</p> <p>D. "Enhanced Standardized Assessment" means an assessment process that includes a biopsychosocial assessment and the use of Child and Adolescent Needs and Strengths tool (CANS) used to make recommendations regarding the appropriate level of care and inform treatment planning necessary for children and youth with complex and unmet behavioral health treatment needs, developed pursuant to 27-64.5-102(1)(a), C.R.S.</p>		
3.3	Establishes eligibility and determination of eligibility for the children and youth system of care	n/a	<p><b>3.3 Eligibility and Determination of Eligibility</b></p> <p>A. The Enhanced Standardized Assessment developed pursuant to 27-64.5-102(1)(a), C.R.S.; shall be administered to determine eligibility for participating in the system of care services.</p> <p>1. All personnel conducting the Enhanced Standardized Assessment shall be certified by BHA to complete the Enhanced Standardized Assessment.</p>	Establishes an Enhanced Standardized Assessment process used to determine eligibility for the system of care	

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			<p>2. The Colorado Child and Adolescent Needs and Strengths tool (CANS) must be administered as part of the Enhanced Standardized Assessment.</p> <p>3. All personnel conducting the Enhanced Standardized Assessment shall maintain CANS certification.</p> <p>4. All personnel conducting the Enhanced Standardized Assessment shall use the BHA-designated Enhanced Standardized Assessment and CANS forms.</p> <p>B. The populations eligible for the system of care components established by 27-64.5-102(1), C.R.S. shall include individuals that are under the age of twenty-one years, determined eligible through the Enhanced Standardized Assessment process established in 27-64.5-102(1)(a), C.R.S., and may meet at least one of the following criteria:</p> <p>1. Meets the criteria to be considered a Child with Serious Emotional Disturbances (SED);</p> <p>2. Is experiencing complex trauma as determined and documented by a licensed mental health professional;</p> <p>3. Dual diagnosed with a mental health condition and a substance use disorder and/or intellectual/developmental disability;</p> <p>4. At risk of a psychiatric hospitalization</p>		
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			<p>due to serious emotional or behavioral health challenges;</p> <p>5. At risk of placement outside the home due to serious emotional or behavioral health challenges; and/or</p> <p>6. Is involved with one or more youth-serving systems or at risk of involvement in multiple youth-serving systems, including, but not limited to:</p> <ul style="list-style-type: none"> <li>a. Crisis services</li> <li>b. Emergency services</li> <li>c. Juvenile justice system</li> <li>d. County Department of Human or Social Services</li> <li>e. Special Education system</li> </ul>		
3.3	Establishes requirements for residential treatment providers	n/a	<p><b>3.3 Requirements for Residential Treatment Providers</b></p> <p>A. Residential Treatment Providers participating in the System of Care for Children and Youth must obtain cultural competency related to the provision of services by requiring applicable treatment staff to receive certification from the Residential Child Care Provider Training Academy established in 26-6-923, C.R.S.</p>	Sets cultural competency requirements for residential providers participating in the system of care	yes
2 CCR 502-6 Chapter 4	Moves rules for the administration of the Children and Youth Mental Health Treatment Act from 2 CCR 502-1 to	n/a	<b>CHAPTER 4: CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT</b>	Moves the rules to the Children and Youth Mental Health Treatment Act to the correct rule volume	no

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	2 CCR 502-6				
4.1	Strike and replace to update statutory citation.	Has been diagnosed as a person with a mental health disorder, as defined in Section 27-65-102(11.5), C.R.S.;	Has been diagnosed as a person with a mental health disorder, as defined in Section 27-65-102(22), C.R.S.;	Uses the proper statutory citation.	No
4.1	Repeal definition to align with 27-50-101.	"Community Mental Health Center" has the same meaning as defined in Section 27-66-101(2), C.R.S.	No new language	Repeals definition since Community Mental Health Centers are no longer facilities/ provider organizations licensed through BHA. Instead, BHA licenses Behavioral Health Entities.	No
4.1	Rule does not align with Medicaid billable codes for youth 21 and under.	Has been diagnosed as a person with a mental health disorder, as defined in Section 27-65-102(11.5), C.R.S.;	Has been diagnosed as a person with a mental health disorder, as defined in Section 27-65-102(22), C.R.S. or as a person suffering from social determinants of health, diagnosed with Z Codes in ICD-10-CM and the Diagnostic Statistical Manual of Mental Health Disorders;	Updates fundable diagnoses to align with Medicaid billable codes for youth 21 and under.	No
4.1	Reference to residential care is outdated and does not reflect existing options.	B. Requires a level of care that is provided in a residential child care facility pursuant to Section 25.5-5-306, C.R.S., or that is provided through community-based programs and who, without such care, is at risk of unwarranted child welfare involvement or other system involvement, as described in Section 27-67-102, C.R.S., in order to receive funding for treatment; C. If determined to be in need of placement in a residential child care facility or psychiatric residential treatment facility, a child or youth shall apply for supplemental security income, but any determination for supplemental security income must not be a criterion for a child or youth to receive funding;	B. Requires a level of care that is provided in a <b>qualified residential treatment program</b> , as defined in 26-5.4-102(2), C.R.S.; in a <b>psychiatric residential treatment facility</b> , as defined in 25.5-4-103(19.5), C.R.S.; or that is provided through community-based programs and who, without such care, is at risk of unwarranted child welfare involvement or other system involvement, as described in section 27-67-102, C.R.S., in order to receive funding for treatment; C. If determined to be in need of placement in a <b>qualified residential treatment facility</b> or psychiatric residential treatment facility, a child or youth shall apply for supplemental security income, but any determination for supplemental security income must not be a criterion for a child or youth to receive funding;	Establishes residential treatment options as QRTP and PRTE.	No
4.1	Includes gender specific language that omits children and youth who do not have a male or female gender.	The child or youth is younger than eighteen years of age at the time of applying, but he or she may continue to remain eligible for services until his or her twenty-first birthday.	The child or youth is younger than eighteen years of age at the time of applying, but <b>they</b> may continue to remain eligible for services until <b>their</b> twenty-first birthday.	Uses gender neutral language to encompass all CYMHTA children and youth.	No
4.1	Rule does not align with	"Face-to-Face clinical assessment" for	"Face-to-face clinical assessment" for this section, means	Allows for the use of video	Yes

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	<p>clinical best practices. Clinical best practices allow for interviews and assessments to be done remotely, if mediated through video technology.</p> <p>This change was recommended by the CYMHTA Advisory Board.</p>	<p>this Section 21.200.4, means a formal and continuous process of collecting and evaluating information about an individual for service planning, treatment, referral, and funding eligibility as outlined in 21.190, and takes place at a minimum upon a request from the responsible person for funded services through the Children and Youth Mental Health Treatment Act. This information establishes justification for services and Children and Youth Mental Health Treatment Act funding. The child or youth must be physically in the same room as the professional person during the Face-to-Face clinical assessment. If the child is out of state or otherwise unable to participate in a Face-to-Face assessment, video technology may be used. If the Governor or local government declares an emergency or disaster, telephone may be used. Telephone shall only be used as necessary because of circumstances related to the disaster or emergency.</p>	<p>a formal and continuous process of collecting and evaluating information about an individual for service planning, treatment, referral, and funding eligibility as outlined in <b>2 CCR 502-1-804</b>, and takes place at a minimum upon a request from the responsible person for funded services through the children and youth mental health treatment act. This information establishes justification for services and children and youth mental health treatment act funding. The child or youth must be <b>either physically in the same room as the licensed mental health professional or interviewed remotely using video technology</b> during the face-to-face clinical assessment. <b>If an in-person interview is clinically indicated or requested by a parent or guardian, the face-to-face clinical assessment must occur in-person.</b> If the governor or local government declares an emergency or disaster, telephone may be used. Telephone shall only be used as necessary because of circumstances related to the disaster or emergency.</p>	<p>technology to conduct assessment interviews, which aligns with current best practices and addresses regulatory recommendations made by the CYMHTA Advisory Board and community partner feedback.</p>	
4.1	Strike and replace to update statutory citation.	"Family advocate" has the same meaning as provided in Section 27-69-102 (5), C.R.S.	"Family advocate" has the same meaning as provided in Section <b>26-5-117</b> , C.R.S.	Uses the proper statutory citation.	No
4.1	Strike and replace to update statutory citation.	"Family systems navigator" has the same meaning as provided in Section 27-69-102 (5.5), C.R.S.	"Family systems navigator" has the same meaning as provided in Section <b>26-5-117</b> , C.R.S.	Uses the proper statutory citation.	No
4.1	<p>Existing workforce shortages impacts the availability of assessors for urgent assessments.</p> <p>This change was recommended by the CYMHTA Advisory Board.</p>	"Licensed Mental Health Professional" means a psychologist licensed pursuant to Section 12-43-301, et seq., C.R.S., a psychiatrist licensed pursuant to Section 12-36-101, et seq., C.R.S., a clinical social worker licensed pursuant to Section 12-43-401, et seq., C.R.S., a marriage and family therapist licensed pursuant to Section 12-43-501, et seq., a professional counselor	"Licensed mental health professional" means a psychologist licensed pursuant to section 12-43-301, C.R.S., <b>a psychologist candidate pursuant 12-245-304, C.R.S. that is supervised by a licensed psychologist</b> , a psychiatrist licensed pursuant to section 12-36-101, C.R.S., a clinical social worker licensed pursuant to section 12-43-401, C.R.S., a marriage and family therapist licensed pursuant to section 12-43-501, <b>C.R.S. a licensed marriage and family therapist candidate pursuant to 12-245-504, C.R.S., that is supervised by a licensed marriage</b>	Allows for licensure candidates working under the supervision of licensed clinicians to conduct clinical assessments, which aligns the rule with regulatory recommendations made by the CYMHTA advisory board.	Yes



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		licensed pursuant to Section 12-43-601, et seq., C.R.S., or a social worker licensed by pursuant to Section 12-43-401, et seq., C.R.S., that is supervised by a licensed clinical social worker.	and family therapist, a professional counselor licensed pursuant to section 12-43-601, C.R.S., a licensed professional counselor candidate pursuant to § 12-245-604, C.R.S. that is supervised by a licensed professional counselor, or a social worker licensed pursuant to section 12-43-401, C.R.S., that is supervised by a licensed clinical social worker.		
4.1	Strike and replace to update statutory citation.	"Mental Health Agency" means a behavioral health services contractor through the State Department of Human Services serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of 21.200.4 and 27-67-101, C.R.S.	"Mental health agency" means a behavioral health services contractor through the state department of human services serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of (CCR) 502-6, Chapter 4 and 27-67-101, C.R.S.	Uses the proper statutory citation.	No
4.1	Strike and replace to align with 27-50-101.	"Mental Health Agency" means a behavioral health services contractor through the State Department of Human Services serving children and youth statewide or in a particular geographic area, including but not limited to community mental health centers, and with the ability to meet all expectations of 21.200.4 and 27-67-101, C.R.S.	"Mental health agency" means a behavioral health services contractor through the state department of human services serving children and youth statewide or in a particular geographic area, including but not limited to behavioral health entities, and with the ability to meet all expectations of (CCR) 502-6, Chapter 4 and 27-67-101, C.R.S.	References designation in 27-50-101.	No
4.1	Reference to residential care is outdated and does not reflect existing options.	"Residential Treatment" means services provided by a residential child care facility or psychiatric residential treatment facility licensed as a residential child care facility pursuant to Section 26-6-102(8), C.R.S., which has been approved by the State Department to provide mental health treatment.	"Residential treatment" means services provided by a qualified residential treatment program, as defined in 26-5.4-102(2), C.R.S. or psychiatric residential treatment facility, as defined in 25.5-4-103(19.5), C.R.S.	Establishes residential treatment options as Q RTP and P R T F.	No
4.2	Includes gender specific language that omits parents/guardians who do not have a male or female gender.	The Children and Youth Mental Health Treatment Act allows parents or guardians to apply to a mental health agency on behalf of their minor child for mental health treatment services when the parents or guardians believe his or her child is at	The Children and Youth Mental Health Treatment Act allows parents or guardians to apply to a mental health agency on behalf of their minor child for mental health treatment services when the parents or guardians believe their child is at risk for out-of-home placement, as defined in section 4.1.	Uses gender neutral language to encompass all parents/guardians.	No

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		risk for out-of-home placement, as defined in Section 21.200.41.			
4.3	Includes gender specific language that omits parents who do not have a male or female gender.	A responsible person may apply to a mental health agency on behalf of his or her minor child for mental health treatment.	A responsible person may apply to a mental health agency on behalf of <b>their</b> minor child for mental health treatment.	Uses gender neutral language to encompass all parents/guardians.	No
4.3	Improper punctuation.	When completing a face to face clinical assessment for a child or youth, the mental health agency shall use one standardized risk stratification tool. The identification of and manner for which the standardized risk stratification tool will be used will be determined by the State Department and identified in contracts and available on the State Department's website. Determination of the assessment for level of care need and eligibility need will be completed jointly by the mental health agency and the State Department.	When completing a <b>face-to-face</b> clinical assessment for a child or youth, the mental health agency shall use one standardized risk stratification tool. The identification of and manner for which the standardized risk stratification tool will be used will be determined by the State Department and identified in contracts and available on the State Department's website. Determination of the assessment for level of care need and eligibility need will be completed jointly by the mental health agency and the State Department.	Uses correct punctuation.	No
4.3	Existing assessment timelines impact the availability of assessors for urgent and routine assessments.  This change was recommended by the CYMHTA Advisory Board.	<p>1. Urgent situation, defined as a condition that is likely to escalate to a situation in which the child may become a danger to themselves or others and require a clinical assessment within twenty-four (24) hours. Urgent situation evaluations shall be completed by the mental health agency within twenty-four (24) hours, one business day, of the initial assessment request by the responsible person(s). The mental health agency shall continue to provide care management while funded services are identified and provided.</p> <p>2. Routine situations, defined as all other situations, shall be completed within three (3) business days of the initial assessment request.</p> <p>3. If the mental health agency requires</p>	<p>1. Urgent situation, defined as a condition that is likely to escalate to a situation in which the child may become a danger to themselves or others and require a clinical assessment within <b>three (3) business days</b>. Urgent situation evaluations shall be completed by the mental health agency within <b>(3) business days</b> of the initial assessment request by the responsible person(s). The mental health agency shall continue to provide care management while funded services are identified and provided. <b>If a responsible person requests that the assessment be completed within three (3) business days, the assessment must be completed within three (3) business days.</b></p> <p>2. Routine situations, defined as all other situations, shall be completed within <b>ten (10)</b> business days of the initial assessment request.</p> <p>3. If the mental health agency requires additional time to make a decision following an assessment and the responsible person agrees, then the mental health</p>	Extends assessment timelines in accordance with the regulatory recommendations made by the CYMHTA advisory board and community partner feedback.	Yes

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		additional time to make a decision following an assessment and the responsible person agrees, then the mental health agency may take up to, but no more than, fourteen (14) calendar days to provide a decision. If the responsible person does not agree, the notification timelines referenced above remain in effect.	agency may take up to an additional five (5) business days. The initial extension may be extended for an additional five (5) business days at the request of the responsible person, but the request should take up to but no more than twenty (20) business days from the initial request. If the responsible person does not agree, the notification timelines referenced above remain in effect.		
4.4	Criteria for parental fee adjustments does not align with the definition of “ability to pay” in 21.200.41. The criteria for parental fee adjustments needs to be revised to include the amount of income and assets of the legally responsible person.  This change was recommended by the CYMHTA Advisory Board.	If the responsible person(s) is unable to pay the 7%, the mental health agency shall consider the responsible person(s) total number of dependents, the mental health needs of those dependents, all current outstanding medical liabilities, expected length of services, and the education costs for the dependents. The mental health agency shall receive approval or denial from the State Department for all fee adjustments;	If the responsible person(s) is unable to pay the 7%, the mental health agency shall consider the responsible person(s) “ability to pay” as defined in Section 4.1, total number of dependents, the mental health needs of those dependents, all current outstanding medical liabilities, expected length of services, and the education costs for the dependents. The mental health agency shall receive approval or denial from the state department for all fee adjustments;	Updates criteria for parental fee adjustment so it directly references the definition of “ability to pay” in 21.200.41 and aligns with regulatory recommendations made by the CYMHTA advisory board.	Yes
4.5	Section needs updating to align with updated statute.	A responsible person(s) may request an appeal of a decrease, increase, or denial of Children and Youth Mental Health Treatment Act fund services or a recommendation that a child is discharged from funded services, and the following shall apply:	A responsible person(s) may request an appeal of a decrease, increase, or denial of children and youth mental health treatment act fund services or a recommendation that a child or youth is discharged from funded services, and the following shall apply:	Aligns with updated statute.	No
4.5	Strike and replace to update statutory citation.  Strike and replace OBH with BHA since BHA is the state agency responsible for this program.	Within five (5) business days after the mental health agency’s final denial or reduction of requested services or recommendation that the child be discharged from treatment, the responsible person(s) may request a clinical review of the need for services by an objective third-party, at the State Department, who is an independent professional person as that term is defined	Within five (5) business days after the mental health agency’s final denial or reduction of requested services or recommendation that the child be discharged from treatment, the responsible person(s) may request a clinical review of the need for services by an objective third party, at the state department, who is an independent professional person as that term is defined in section 27-65-102(27), C.R.S., to review the action of the mental health agency. Such a request may be oral or in writing, but if completed orally it must be confirmed in writing, and shall be made to the director of behavioral health	Uses the proper statutory citation.  Replaces OBH with BHA since OBH is no longer the responsible state agency.	No

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		in Section 27-65- 102(11), C.R.S., to review the action of the mental health agency. Such a request may be oral or in writing, but if completed orally it must be confirmed in writing, and shall be made to the Director of the Office of Behavioral Health or the Office's consumer and family affairs specialist.	administration or the office's ombudsman.		
4.5	Improper punctuation.	A face to face evaluation of the child so long as the responsible person(s) arranges transportation of the child for the evaluation; and,	A face-to-face evaluation of the child, done either physically in the same room as the professional person or interviewed remotely using video technology; and,	Uses correct punctuation.	No
4.5	Rule does not align with clinical best practices. Clinical best practices allow for interviews and assessments to be done remotely, if mediated through video technology.  This change was recommended by the CYMHTA Advisory Board.	A face to face evaluation of the child so long as the responsible person(s) arranges transportation of the child for the evaluation; and,	A face-to-face evaluation of the child, done either physically in the same room as the professional person or interviewed remotely using video technology; and,	Allows for the use of video technology to conduct assessment interviews, which aligns with current best practices and addresses regulatory recommendations made by the CYMHTA Advisory Board.	Yes
4.5	This change was recommended by the CYMHTA Advisory Board to improve the appeals process.	Within three (3) business days of the receipt of the request for clinical review, a decision shall be communicated orally and in writing by the professional person to the responsible person(s), State Department, and the mental health agency. The written decision shall include the relevant criteria and factual basis. If the clinical review finds residential or community-based services to be necessary and that Children and Youth Mental Health Treatment Act funding is necessary, the mental health agency shall provide services to the child within twenty-four (24) hours of the said decision. If residential treatment is not available	Within three (3) business days of the receipt of the request for clinical review, a decision shall be communicated orally and in writing by the professional person to the responsible person(s), state department, and the mental health agency. The written decision shall include the relevant criteria and factual basis. If the clinical review finds residential or community-based services to be necessary and that children and youth mental health treatment act funding is necessary, the mental health agency shall provide services to the child within twenty-four (24) hours of the said decision. If mental health treatment providers are not available within twenty-four hours and community-based services are recommended, the state level review must recommend appropriate alternatives, up to and including emergency hospitalization if appropriate. If residential treatment is not available within twenty-four hours and placement in residential treatment is recommended, the state level	Approves the appeals process and aligns with regulatory recommendations made by the CYMHTA advisory board.	Yes

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		within twenty-four hours and placement in residential treatment is recommended, the state level review must recommend appropriate alternatives including emergency hospitalization, if appropriate, if the child is in need of immediate placement out of the home.	review must recommend appropriate alternatives including emergency hospitalization, if appropriate, if the child is in need of immediate placement out of the home.		
4.5	Uses improper punctuation.	If the professional person requires more than three (3) business days to complete the clinical review, or if the responsible person(s) requires more time to obtain evidence for the clinical review, the responsible person(s) may waive the three day deadline above, so long as said waiver is confirmed in writing. In any event, the face to face evaluation and the clinical review shall be completed within six (6) business days.	If the professional person requires more than three (3) business days to complete the clinical review, or if the responsible person(s) requires more time to obtain evidence for the clinical review, the responsible person(s) may waive the three day deadline above, so long as said waiver is confirmed in writing. In any event, the face-to-face evaluation and the clinical review shall be completed within six (6) business days.	Uses correct punctuation.	No
4.6	Unclear sentence with improper grammar.	A Medicaid child or youth, a responsible person may request an objective third-party clinical review within five (5) business days after all first-level Medicaid appeals processes are exhausted (in accordance with Section 8.057 or 8.209 of the Colorado Department of Health Care Policy and Financing's Medical Assistance Rules [10 CCR 2505-10]). The review must be conducted by a professional person as outlined in Section 21.200.45 within three (3) business days of the date of request. This review does not obligate funding of services.	A responsible person may request an objective third party clinical review for a Medicaid child or youth within five (5) business days after all first-level Medicaid appeals processes are exhausted (in accordance with section 8.057 or 8.209 of the Colorado department of health care policy and financing's medical assistance rules [10 CCR 2505-10]). The review must be conducted by a professional person as outlined in section 21.200.45 within three (3) business days of the date of request. This review does not obligate funding of services.	Uses correct grammar.	No
4.7	Strike and replace OBH with BHA since BHA is the state agency responsible for this program.	A. If a dispute exists between a mental health agency and a county department regarding whether mental health services should be funded under the Children and Youth Mental Health Treatment Act or by the county department, one or both may request the State Department's Office of	A. If a dispute exists between a mental health agency and a county department regarding whether mental health services should be funded under the Children and Youth Mental Health Treatment Act or by the county department, one or both may request the state department's Behavioral Health Administration, to convene a review panel consisting of family advocates, the State Department's Division of Child Welfare, the	Replaces OBH with BHA since OBH is no longer the responsible state agency.	No

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		Behavioral Health, to convene a review panel consisting of family advocates, the State Department's Division of Child Welfare, the State Department's Office of Behavioral Health, an independent mental health agency if available, an independent professional person, and an independent county department to provide dispute resolution. The State Department's Office of Behavioral Health shall obtain documentation from independent agencies and individuals that no conflict of interest exists pertaining to the specific child being reviewed.	State Department's Behavioral Health Administration, an independent mental health agency if available, a professional person, and an independent county department to provide dispute resolution. The State Department's Behavioral Health Administration shall obtain documentation from independent agencies and individuals that no conflict of interest exists pertaining to the specific child being reviewed.		
4.7	Strike and replace OBH with BHA since BHA is the state agency responsible for this program.	D. The State Department's Office of Behavioral Health shall provide notice to both the mental health agency and a county department that the State Department's Office of Behavioral Health will convene a review panel to resolve the dispute in writing.	D. The State Department's Behavioral Health Administration shall provide notice to both the mental health agency and a county department that the State Department's Behavioral Health Administration will convene a review panel to resolve the dispute in writing.	Replaces OBH with BHA since OBH is no longer the responsible state agency.	No
4.8.2	Uses improper punctuation.	The provision of technical assistance to Mental health agencies, residential treatment providers, families, advocacy organizations, county departments, mental health providers, and other stakeholders regarding the technical and financial aspects of the Children and Youth Mental Health Treatment Act;	The provision of technical assistance to mental health agencies, residential treatment providers, families, advocacy organizations, county departments, mental health providers, and other stakeholders regarding the technical and financial aspects of the Children and Youth Mental Health Treatment Act;	Uses correct punctuation.	No
4.8.2	Section needs updating to align with updated statute.  This change was recommended by the CYMHTA Advisory Board.	Oversight of the appropriateness of funded services, service standards, and service expectations of Child and Youth Mental Health Treatment Act funded services;	Oversight of the appropriateness of funded services, service standards, and service expectations of children and youth mental health treatment act funded services;	Aligns with updated statute and regulatory recommendations made by the CYMHTA advisory board.	Yes
2 CCR 502-6 Chapter 5	Moves rules for addiction counselor certification and licensure from 2 CCR 502-1 to 2 CCR 502-6	n/a	<b>CHAPTER 5: ADDICTION COUNSELOR CERTIFICATION AND LICENSURE</b>	Moves the rules for addiction counselor certification and licensure to the correct rule volume	No

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### **STAKEHOLDER COMMENT SUMMARY**

#### **Development**

*The following individuals and/or entities were included in the development of these proposed rules (such as other Program Areas, Legislative Liaison, and Sub-PAC):*

##### Behavioral Health Administration

Quality & Standards Division  
Statewide Programs Division  
Policy & External Affairs Division  
Health Information Technology

##### Department of Health Care Policy and Financing

Office of Medicaid & CHP Behavioral Health Initiatives & Coverage-Behavioral Health Systems Division  
Office of Community Living

Office of Children, Youth, and Families (CDHS)

Children and Youth Mental Health Services Standards Advisory Board

#### **This Rule-Making Package**

*The following individuals and/or entities were contacted and informed that this rule-making was proposed for consideration by the State Board of Human Services:*

All individuals subscribed to the BHA newsletter, which includes: substance use disorder providers; mental health providers; community mental health centers; community mental health clinics; hospitals; patient advocacy agencies; individuals and families with lived experience; and law enforcement.

Behavioral Health Administration Advisory Council (BHAAC)

Behavioral Health Planning and Advisory Council (BHPAC)

Colorado Association of Family and Children's Agencies

Colorado Behavioral Healthcare Council

Colorado Cross Disability Coalition

Colorado Counties, INC

Colorado's Hospital Association

Colorado Human Services Director Association

Colorado Youth Detention Continuum Board

County Commissioners and Directors

Family Voices

The ARC of Colorado

The Children and Youth Mental Health Services Standards Advisory Board,

Individuals involved with HCPF, RAE, CDHS, County, and BHA Collaborative

#### **Other State Agencies**

Are other State Agencies (such as HCPF or CDPHE) impacted by these rules? If so, have they been contacted and provided input on the proposed rules?

☒ Yes ☐ No

If yes, who was contacted and what was their input?

BHA and HCPF met regularly throughout the drafting and stakeholdering process to ensure alignment on the requirements and definitions for the Children and Youth System of Care. HCPF provided extensive



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feedback, which BHA worked with HCPF to incorporate. Additionally, BHA and HCPF continue to meet weekly to discuss the design and implementation of the Children and Youth System of Care.

BHA met regularly with the CDHS Office of Children, Youth, and Families (OCYF) to discuss the rules related to residential treatment providers to ensure alignment between current child welfare rules and the development of the Colorado Staff Training Academy.

BHA met with the Colorado Department of Education (CDE) to discuss the potential impact of incorporating Serious Emotional Disturbance (SED) into the Administrative Rule Volume due to its similarities to Serious Emotional Disability (SED) identified under the Exceptional Children's Educational Act. Ongoing work between BHA and CDE to communicate and issue guidance on these definitions is occurring.

### Sub-PAC

Have these rules been reviewed by the appropriate Sub-PAC Committee?

☐ Yes ☒ No

Name of Sub-PAC	Not applicable		
Date presented			
What issues were raised?			
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
If not presented, explain why.	Pursuant to PAC Bylaws, BHA's rules are not required to go through PAC.		

### PAC

Have these rules been approved by PAC?

☐ Yes ☒ No

Date presented	Not applicable		
What issues were raised?			
Vote Count	<i>For</i>	<i>Against</i>	<i>Abstain</i>
If not presented, explain why.	Pursuant to PAC Bylaws, BHA's rules are not required to go through PAC.		

### Other Comments

Comments were received from stakeholders on the proposed rules:

☒ Yes ☐ No

*If "yes" to any of the above questions, summarize and/or attach the feedback received, including requests made by the State Board of Human Services, by specifying the section and including the Department/Office/Division response. Provide proof of agreement or ongoing issues with a letter or public testimony by the stakeholder.*

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Due to the interconnectedness between the draft proposed provider rule volume (2 CCR 502-1), the proposed draft system rules volume (2 CCR 502-5), and the proposed draft administrative rules volume (2 CCR 502-6), BHA presented all three proposed rule volumes during each session. Between September 18, 2024, and February 25, 2025 a total of 20 public stakeholder sessions were conducted. To maximize attendance, and to allow for varying availability, stakeholder engagement were scheduled across morning, afternoon, and evening weekday sessions. Approximately 593 people participated in the listening sessions, with a mean average of 29.65 attendees per session. Although a few participants joined more than one session, most attendees were unique individuals. The stakeholder engagement opportunities included:

- Nine virtual listening sessions, one of which was hosted in collaboration with the Colorado Cross-Disability Coalition to target stakeholders with lived experience and one targeted towards County Commissioners and Directors
- Eleven in-person listening sessions held in Aurora, Colorado Springs, Fraser, Frisco, Greeley, Lamar, Leadville, Montrose, Pueblo, Steamboat Springs, and Winter Park

Each session began with a review of a PowerPoint presentation that was developed by the Colorado Behavioral Health Administration. The agenda consisted of host introductions, an overview of the proposed rule drafts for each volume, and time for questions and feedback on each rule volume. The amount of time spent covering each rule volume during each session was determined based on each audience's stated priorities and interests.

Each virtual session was held via Zoom videoconferencing technology and included two certified American Sign Language (ASL) interpreters. Participants were informed of the availability of closed captioning and Spanish interpretation, and guidance on how to use the Chat function was offered. Participants were notified that sessions and chats would be recorded.

Two in-person sessions included Spanish interpretation services.

Along with the stakeholder feedback sessions, BHA met with the Behavioral Health Planning and Advisory Council (BHPAC), the Behavioral Health Administration Advisory Council (BHAAC), and the Children and Youth Mental Health Services Standards Advisory Board. Furthermore, the Children and Youth Mental Health Services Standards Advisory Board made formal recommendations to amend the rules found in Chapter 4 of the draft Administrative Rule Volume. These recommendations can be found in the attached letter dated 4/15/2022.

In addition to the offered stakeholder sessions, stakeholders could also provide thoughts and feedback through March 5, 2025 on the proposed rule updates through an online survey. Furthermore, stakeholders were provided BHA staff email to send feedback to. Of the 68 submissions from 31 unique email addresses, 10 comments pertained to the proposed draft Administrative rules.

During this period of engagement, BHA received a total of 86 comments on the proposed Administrative Rule volume. This includes comments collected at meetings as well as through the feedback survey and emails. The comments are included below:

<b>Feedback</b>	<b>BHA Response</b>
<b>General</b>	
Has there been any collaboration with CDHS on the proposed rules?	Yes, BHA meets regularly with CDHS' Office of Children, Youth, and Families (OCYF) to ensure alignment between the proposed rules and the current child welfare rules and the development of the Colorado Staff Training Academy. CDHS staff also

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	attended and provided feedback during virtual and in-person sessions.
It looks like these rules are just meeting the letter of the law, is there a proposed timeline to update and add to these rules?	In collaboration with HCPF, BHA is partnering with local communities and consulting with national experts to design a system of care framework. BHA plans to update the rules in tandem with that work. BHA expects the next iteration of updating and adding to these rules within the next calendar year.
How will the administrative rules and the new child and youth benefit connect?	BHA and HCPF are working closely to align efforts to ensure similar services are offered in both. Due to Medicaid funding, those services may be available before non-medicaid services.
What are the impacts to education with out of district/home placements of youth?	Thank you for this question. While this rule package does not address the educational needs of children and school responsibility, BHA is working with CDE and CDHS to address the impacts to education when youth are in out of home placements.
How are the rules changing for C&F services? How is stakeholder information used to inform policy change? How are gaps addressed?	This rule package lays out the foundation for a system of care. Currently BHA, in collaboration with HCPF, are partnering with a variety of stakeholders (ex. ASOs, RAEs, providers, families with lived experience, advocates, counties, etc.) to design a children and youth system of care. Part of this work is focused on developing a workforce capacity center to increase the availability of high-quality behavioral health providers participating in the system of care. Furthermore, the recommended rule changes to CYMHTA will allow the Behavioral Health Services Organizations (BHASOs) to maximize their use of available workforce and follow current best practices for clinical services.
Will the children and youth rule volume align with the HCPF EPSDT settlement agreement?	Yes BHA is working closely with HCPF to ensure alignment between the system of care rules and HCPF's EPSDT settlement agreement.
Will you have youth and families informing the creation of the CANS screener?	Yes, HCPF, in collaboration with BHA, is convening a working group to develop the CANS screener that will include lived experience representatives.
Why will you continue to NOT regulate residential facilities? This is a safety issue that must be addressed.	Thank you for your comment. At this time, the statutory authority to regulate residential treatment facilities is under CDHS.
How are you locating the children and youth that will sit in on working groups?	BHA and HCPF are working with community partners, counties, and advocacy groups to help identify members to join the working groups related to the system of care.

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Where can I find more information about the waivers process and CHP Plus kids?	Please reach out to HCPF's Office of Community Living for more information. <a href="https://hcpf.colorado.gov/long-term-services-and-supports-programs">https://hcpf.colorado.gov/long-term-services-and-supports-programs</a>
How many day treatment/RTC are certified to provide education? Medicaid cannot pay for Ed portion and many centers don't have the ability/certification to provide education.	Thank you for your question. Licensed day treatments and RTCs that have approved Facility Schools through the Colorado Department of Education can be found here: <a href="https://cofamilyfirst.org/provider-services/child-placement-agencies/colorado-licensed-agencies-facilities-directory/">https://cofamilyfirst.org/provider-services/child-placement-agencies/colorado-licensed-agencies-facilities-directory/</a>
If we are restructuring why would it not be a potential requirement to have facilities provide the education?. How are we keeping students out of FERPA/HIPAA problems (how are we protecting children who aren't going to get much education in our state).	Thank you for your question. Unfortunately, BHA does not have the authority to require this. BHA is working with the CO Dept of Education and CDHS to address these issues but we recognize there's more work to do.
How will BHA facilitate evals in a timely manner? Will BHA assist with waiver applications? This seems to be targeted toward families who are social service involved. There are kids with Severe Mental Illness who are NOT from system-involved families. Is there a plan to address those kids?	BHA will continue to maintain a network of providers available to complete the Enhanced Standardized Assessment through the BHASOs. BHA's involvement with assisting waiver applications has not been determined yet. Access to the system of care is not dependent on system involvement.
Why are we sending all the kids to social services if they need BH care? Black, brown, and poor families are funneled into child welfare at alarming rates for BH care	BHA is working with CDHS and HCPF to increase access to BH care through a system of care framework for youth with complex and unmet BH needs outside of the child welfare system. BHA has also begun funding Q RTP room and board for Medicaid-eligible youth not in the custody of child welfare or DYS. This funding is to help prevent relying on child welfare to access Q RTP.
Will BHA have input in training of those providing services for children who are not in child welfare system?	While OCYF is the entity responsible for creating the residential child care provider training academy per C.R.S. 26-6-923, BHA is actively working with OCYF to support this work.
When will administrative rule go to state board?	BHA is projected to have the first read in March 2025. This could change based on feedback incorporation.
Will the documents needed to be completed in order to submit for the CHRP waiver be changed and provided to the RAE or will they be changed?	HCPF is responsible for determining what documents need to be completed to access Medicaid benefits
I would also love to see how BHA can ensure that crisis services, like our 988 and crisis services walk in centers, have adequate training to serve those with IDD. Families will tell you how these services cannot	Thank you for your comment. BHA is working internally and with our sister agencies (HCPF and CDHS) to identify ways to increase provider competency on working with youth experiencing both MH needs and IDD.

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help them, and then end up having police at their house in many parts of Colorado.	
Will teenager/adult autistic mental illness adequately be addressed for appropriate help for him?	Thank you for your comment. BHA is working internally and with our sister agencies (HCPF and CDHS) to identify ways to increase provider competency on working with youth experiencing both MH needs and IDD.
Youth cannot be awaiting placement for these extremely long wait periods in the acute psychiatric hospital setting. Ultimately, the hospital does have to discharge youth frequently before the next placement is secured. The youth do not meet criteria for imminent risk and eventually insurance coverage runs out. What is the long term plan to overcome these barriers?	Thank you for this comment. BHA is working with CDHS and HCPF to increase access to BH care through a system of care framework that will serve children and youth with complex behavioral health needs who require residential placement and intensive in-home behavioral health services. Through this work, we are working to build out provider networks and address the workforce shortage that contributes to access issues.
Difficulties in accessing supports in rural areas and crisis timeframes. Crisis services do not always take into consideration disability needs. I also heard that if a crisis is indicated that perhaps more community supports are needed along with HCBS supports. Not all providers are aware of HCBS and the duration it takes to access HCBS can be months which is not effective in supports for children in crisis. This is further complicated by a lack of facilities statewide equipped to provide supports to children with disabilities that are MH in nature (DMDD, ASD, PDA, ADHD, ODD, etc). If such a facility is found the distance is often hours away (3-6 hours for my child specifically) and that limits the ability for meaningful participation to ensure family supports and inclusion since the overall goal is for the child to be able to return home safely following a MH crisis.	Thank you for this comment. BHA is working internally and with our sister agencies (HCPF and CDHS) to build out provider networks and address the workforce shortage that contributes to access issues in frontier and rural communities.
Lack of services in frontier and rural: recently laid off due to challenges the state is experiencing for medicaid reimbursement. How will the BHA advocate for more fair reimbursement so rural areas can hire providers and compensate them with livable wages.	Thank you for this comment. BHA is working internally and with our sister agencies (HCPF and CDHS) to build out provider networks and address the workforce shortages that contribute to access issues in frontier and rural communities. We are also considering how we might use reimbursements to create access in rural communities. Rural, Mountain, and Frontier communities are all unique, so a singular solution will not address the issue. BHA is looking at how we might address unique problems at a local level based on local needs.

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Wanted to understand connection point between this system of care & Medicaid system of care. Is there a link to focused curriculum? Who can I contact about [CANS] "train the trainer" opportunities?	BHA is working with HCPF to increase access to behavioral health care through a system of care framework. Medicaid RAEs and BHA BHASOs will be a primary point of connection and will ensure a young person moves seamlessly between both sides of the system of care. The system of care is still in development so training on the system is not yet available.
Does CDHS or CYMHTA have any clout with hospitals for kids in extreme crisis to not be discharged, if they are still at risk, based on their own safety and the safety of others?	BHA is working internally and with our sister agencies (HCPF and CDHS) to address these needs. Currently, weekly multi-agency meetings are held to conduct case-consults for youth in hospital/inappropriate care settings.
Are there plans for increasing residential service options and intensive day treatment centers across the state?	Thank you for this question. Residential treatment facilities and day treatment centers are overseen by CDHS. However, BHA is working with CDHS and HCPF to identify ways to increase access and available options for these services across the state.
Llimited providers across the state and restoration in detention	BHA is working internally and with our sister agencies (HCPF and CDHS) to build out provider networks and address the workforce shortages that contribute to access issues in frontier and rural communities. We are also considering how we might use reimbursements to create access in rural communities. Rural, Mountain, and Frontier communities are all unique, so a singular solution will not address the issue. BHA is looking at how we might address unique problems at a local level based on local needs.
When will the decision on these changes be made and proposed rule change go into effect?	BHA is projected to have the first reading of this rule volume this month, March 2025. We anticipate that these rule changes will go into effect in August 2025, should the process go as planned

### **3.2- Definitions for the Administration and Implementation of the System of Care for Children and Youth**

Feedback that "Serious Emotional Disturbance" and other language is not used interchangeably in the mental health & education spheres - suggestion to work with educational system & advocates to ensure BHA knows what's happening on the ground	Thank you for your comment. We are working with the Colorado Department of Education to issue guidance and clarity on these definitions.
How does a youth receive a SED diagnosis?	A mental health provider

### **3.3 Eligibility and Determination of Eligibility for the the System of Care for Children and Youth**

How will we be making sure providers are consistent	We are beginning to put a contract in place (HCPF is working to get that in place) - which will develop a
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when completing the Enhanced Standardized Assessment?	Colorado-specific matrix model (it will not be just an algorithm that rules treatment decisions; it will be depend on clinical decision-making). We're seeking greater standardization but the clinic/provider will always be able to override the CANS assessment. Providers will also be required to be CANS certified and complete the Enhanced Standardized Assessment training currently being developed in partnership with HCPF.
Re: the CANS assessment piece - the level and quantity of assessments can be a real barrier for treatment. Asking for consideration for simpler care needs with respect to assessments and rules; we have more people who have simple anxiety and need treatment; adding required additional assessments can serve as a burden for providers and does not provide benefit to patients.	<p>The Enhanced Standardized Assessment (ESA) and CANS tool will only be required for youth needing to access intensive behavioral health services through a system of care framework. If a youth is only in-need of accessing traditional outpatient services, they would not be administered the ESA. BHA is also working with HCPF to create a CANS screener that will be utilized to help identify when a youth would need the full ESA. Per HCPF, services can be authorized before the ESA is finalized to ensure no gaps in treatment.</p> <p>Additional work to address admin burden that does not provide benefit to patients is being done through the Admin burden workgroup, looking for additional volunteers</p>
How will eligibility, length of stay, etc. be decided?	The Standardized Assessment will determine a youth's eligibility for services and level of care; Length of stay will be determined by each provider and the RAE, taking lifetime limits into consideration.
Requiring that the CANS be used for assessment on virtually all kids (based on the definitions in the rule) increases the assessment burden on both kids and providers. While I understand the need to have some more objective assessments, there may be some middle ground or possibly we need to look at some ways to narrow the applicability.	The Enhanced Standardized Assessment (ESA) and CANS tool will only be required for youth needing to access intensive behavioral health services through a system of care framework. If a youth is only in-need of accessing traditional outpatient services, they would not be administered the ESA. BHA is also working with HCPF to create a CANS screener that will be utilized to help identify which youth will likely require a higher level of care and need to complete a full CANS and Standardized Assessment.
Are young people 21 years old eligible for the system of care or are they only eligible up to their 21st birthday? Youth are only eligible until their 21st birthday to access CYMHTA and HCPF's standardized children's BH benefit and SOC. Q RTPs only serve youth until their 21st birthday.	No, individuals are only eligible to access the system of care until their 21st birthday.
On the clinical assessment, does the clinician have to	The clinician must have a license (or licensure

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be registered in Colorado, we are seeing out of state clinicians doing assessments.	candidacy) that is recognized by the state of Colorado
Will the CANS replace the CCAR in the CYF space?	Not at this time
Is there insight on what the standardized assessment will incorporate from other screeners?	<p>The Child and Adolescent Needs and Strengths (CANS) tool will be required.</p> <p>Others screeners can be used as well but are not required. Most assessors use the PHQ-9, GAD 7, Columbia, and UCLA PTSD index in the current form of the standardized assessment</p>
Will we be able to address the Evaluating Professional, and the absence of qualified Licensed Addiction Counselor not being able to complete the standardized mental health evaluations?	<p>Mental health professionals may complete the Enhanced Standardized Assessment if it is within their scope of practice as defined by DORA and they are:</p> <ul style="list-style-type: none"> <li>• CANS certified</li> <li>• Completes BHA's required ESA training</li> </ul> <p>Programs and funding sources who utilize the ESA may have additional requirements for who can complete the ESA based on the individual program/funder requirements.</p>
<p>Thank you for the opportunity to provide comments on this initial set of rules to begin implementing the system of care for high-acuity children and youth.</p> <p>3.3.A: We understand and appreciate the logic of wanting a uniform tool to assist with level of care decisions and reduce the likelihood of differing opinions. We note that there is overlap between the existing CANS instrument and the comprehensive assessment, which community safety net providers have spent many months programming into their EHRs. Accordingly, we wish to ensure that CSNPs retain the ability to administer the standardized assessment and comprehensive assessment in tandem, in order to eliminate duplication and frustration on the part of the children/families who need care. In addition, because the standardized assessment (as defined at 2.2.E) adds biopsychosocial questions to the CANS tool, that will add to the time required to administer the assessment. We encourage BHA to use the System of Care Implementation Committee for opinions and guidance about how to balance the desire for additional information with the data collection impact on the children/families entering the system.</p>	<p>Thank you for your comment. BHA is working with HCPF to develop the Enhanced Standardized Assessment process. The System of Care Implementation Committee will also be used for opinions and guidance on this process as this is an integral part of the System of Care. BHA's current version (currently called the Independent Assessment) meets criteria for the comprehensive assessment outlined in 2 CCR 502-1 21.200.14 (Assessment of Children and Adolescents). The CANS tool is designed to be the output of the comprehensive assessment. It helps frame the assessment in a measurable way to help to inform case planning, treatment decisions, and service delivery. The intent of using the Enhanced Standardized Assessment uniform process that can be used across systems, programs, and funding sources to eliminate the need for duplicate assessments (as well as having a uniform tool to assist with level of care decisions). As we begin implementing this process, we will continuously work with providers and families to ensure this process meets their needs.</p>



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3.3.A.1, 2.3.A.3: We recognize the need to ensure that all personnel using the standardized assessment are trained and certified in doing so, in order to minimize variation that could have unintended adverse impacts on care. We note there is a time and opportunity cost for such training. Training and testing on the current CANS tool takes two-three hours of clinician time. We anticipate that training/certification for the new assessment will require additional time. We encourage BHA to be thoughtful in identifying who must participate in the training. Again, the System of Care Implementation Committee is a valuable resource on this topic.	Thank you for your comment. We are working with HCPF to develop the Enhanced Standardized Assessment training and identifying who must participate in it. The System of Care Implementation Committee will also be used for opinions and guidance on this process as this is an integral part of the System of Care. The training will be on BHA's LMS and free of charge for providers. Our goal is to keep the training to 30 minutes or less (to qualify for CEUs it must be 30 minutes).
The proposed rules do not match the identified age range for the system of care in House Bill 24-1038 (C.R.S. 25.5-6-2001), which says the system of care is for youth less than 21 years of age and not inclusive of youth 21 years of age.	Thank you for pointing out that mistake. The system of care is for youth less than 21 years of age. We corrected that language in the proposed rules.
<b>3.3 Requirements for Residential Treatment Providers</b>	
How do these rules affect agencies and facilities licensed by DCW?	Residential treatment providers will be required to meet cultural competency training requirements by receiving certification from the Residential Child Care Provider Training Academy established in 26-6-923, C.R.S.
Who/what is validating the cultural competency requirement/ensuring that it encompasses the considerations that communities deserve?	BHA is working with CDHS to ensure that they meet those requirements. CDHS will also begin stakeholdering their proposed rules for the residential treatment provider academy in January 2025.
How are high acuity youth oversight and training happening with QRTPs,	The Office of Children, Youth, and Families (OCYF) within CDHS is responsible for the oversight and training of QRTP providers.
What is the basis for the provider training academy? Does it come from child welfare? This is problematic if it's being required for folks who are not child welfare involved or there are no concerns for the family	Thank you for your comment. Yes, this lives under CDHS - OCYF (from HB-1038) as they license & regulate licensed residential treatment providers. This training academy is being modeled after the child welfare training academy.
Cultural competency training - there is nothing about developmentally appropriate treatment/intervention & also 504	Thank you for your comment. The residential treatment provider training academy will include training on developmentally appropriate treatment/interventions and the Americans with Disabilities Act.
<b>4.1 Children and Youth Mental Health Treatment Act Definitions</b>	

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I have some concerns regarding the new changes in provider requirements for evaluating patients. In my opinion, a newly unlicensed therapist would not have the appropriate mastery of counseling and assessments skills to effectively evaluated a child and their family for a CMHTYA evaluation. I would strongly recommend a minimum experience requirement in addition to being evaluated by a licensed provider. For instance, all evaluators must have at least one full year of relevant clinical experience if they are unlicensed.	Thank you for this comment. Licensure candidates are trained clinicians who are under the authority of DORA. Although clinical training programs for mental health professionals vary in their required number of experience hours, all regulated mental health professions require a minimum of 9 months of clinical experience as a part of the masters or doctoral level curriculum. Upon graduation, licensure candidates continue to work under close supervision in order to earn licensure. During this time period, the licensure candidates have access to resources and supports that fully licensed clinicians often do not have. For this reason, the length of time a clinician has spent practicing is often an inaccurate metric of clinical mastery.
(1) I am in support of licensure candidates conducting assessments under the supervision of a licensed provider, (2) there needs to be greater consideration of the rules creating an environment where providers can't meet the dictated timelines because there is a lack of providers.	These proposed rule changes will not create a new circumstance where providers cannot meet assessment timelines. The longer timelines included in these proposed rules will give the BHASO additional days to identify available assessors and reduce demand on the CYMHTA provider network.
Do we expect challenges around telehealth--no longer permitted under medicare services; same under medicaid services	CYMHTA children and youth are not medicaid eligible. BHA has oversight on how those assessments can be conducted.
How many supervisors to licensed vs. unlicensed clinicians--ration of supervisor to supervisee	Supervision requirements for licensure candidates are set by State Licensing Boards and are regulated through DORA based on license type. Supervision ratios are different for different professions, so as long as assessors are in compliance with DORA, they will be within limits for BHA.
Section 2 - what is a Qualified Residential Treatment Facility?	There are currently only two existing types of licensed facilities in Colorado. <a href="#">Qualified Residential Treatment Facilities</a> , or QRTPs, are licensed facilities that provide residential treatment specifically designed to address the needs of children and youth with serious emotional or behavioral concerns.
Licensure candidates being able to do assessments is a positive change	Thank you for this comment.
Face to face clinical assessment feedback - I have been searching for assistance around emotional disturbance for a child. Three different therapists have not been able to get the child to open up and feel comfortable. A face to face assessment might even be difficult for a therapist to get youth to open up versus	Although existing practices and contractual policies require that an assessment happen in-person if it is determined to be clinically necessary or if it is requested by a parent or guardian, we see value in explicitly stating this requirement in CYMHTA rule. We have added this statement to this rule volume in 4.1.1.

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observing or seeing youth in their home environment.	
How are children being defined? An upper age range is stated, but a lower age range is not explicitly included.	CYMHTA does not include a lower age limit. Young people must access CYMHTA before their 18th birthday, but can remain in the program until they are 21. With this said, other CYMHTA eligibility requirements like a mental health diagnosis and risk for out of home placement must be met. Furthermore, there cannot be a pending or active dependency and neglect action. These other eligibility requirements mean that very young children often do enter the program.
<b>4.2 Children and Youth Mental Health Treatment Act Program Description</b>	
Will this have any impact in my business' setting (group practice, outpatient counseling services)?	We do not anticipate any impact on group practices or outpatient counseling settings specifically.
Impact on providers and how they'll have to build capacity to abide by the CYMHTA rules once implemented.	These rule changes do not change the scope of CYMHTA or its services.
will CYMHTA still exclude those who are in the assessment phase of child welfare (no active D&N yet) ?	Yes. To be eligible for CYMHTA, there cannot be a pending or active dependency or neglect case.
Why don't we include medicaid kids in CYMHTA?	CYMHTA was originally created to help families who were not eligible for Medicaid but who could not otherwise afford needed behavioral health services. If a family is Medicaid eligible, then they would need to access behavioral health services through the Medicaid system.
What do we need to know about consent and release of records for minors with divorced parents	CYMHTA requires that the request for an assessment and agreement to participate in the program comes from a parent/guardian who has medical decision making rights for a young person. For young people with divorced parents, CYMHTA follows Colorado's legal requirements and clinical best practices for obtaining consent from divorced parents based on medical decision making rights.
Would this fall under system of cares such as wrap around services during and after treatment	Yes. CYMHTA will be part of the system of care. Yes. If clinically recommended, CYMHTA is able to fund high fidelity wrap-around services.
How will the rules affect Providers?	These proposed rule changes will impact providers by allowing assessors to take additional time for an assessment when an urgent timeline is not clinically necessary or requested by a parent. The proposed rule changes will also allow the BHASOs to maximize their use of the existing workforce by allowing licensure

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	candidates to complete assessments.
Does this Act support youth in jail?	Juvenile justice involvement does not affect CYMHTA eligibility per se, but there cannot be a pending or active dependency and neglect case, which can sometimes happen with juvenile justice involvement. Furthermore, CYMHTA funded treatment includes community-based and residential services. CYMHTA does not fund behavioral health services provided by detention centers.
How does CYMHTA work with children of deported parents, especially when there is (or when there is not) a POA in place?	CYMHTA does not require legal citizenship in order to be eligible for services. CYMHTA requires that the request for an assessment come from a parent/guardian who has medical decision making rights for a young person.
why do you only offer these protections to families without medicaid?	CYMHTA was originally created to help families who were not eligible for Medicaid but who could not otherwise afford needed behavioral health services. If a family is Medicaid eligible, then they are able to access behavioral health services through the Medicaid system for their child or youth.
How will youth in foster care be addressed through this plan? How will CYMHTA support programs delivered in community & @home	CYMHTA is a family preservation and reunification program for youth at risk of out of home placement when there is not a pending or active dependency or neglect case. These proposed rule changes do not impact the programs and services currently provided through CYMHTA, so the program's impact on these supports will remain the same.
I support the proposed rule revisions and believe they will help ensure access for families.	Thank you for your comment.
Signal supports the proposed Rule changes for the Children and Youth Mental Health Treatment Act (CYMHTA). The proposed changes to assessment timelines align with the purpose and scope of work going into a comprehensive assessment and protects a family's right to timely access. Signal has operated under a Rule waiver using the proposed changes to the definition of mental health professionals allowed to complete assessment to include candidates and for use of televideo technology and have found that this allows for timely provision of assessment without compromising quality. The same standards of care for a thorough assessment have still been upheld, and we have had the ability to leverage Signal's entire contracted assessor network which can enhance the quality of care by allowing	Thank you for your comment

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Signal to match the best mental health professional to the presenting needs of the child and family rather than limit options due to availability. These changes will also align with standards for assessment in other systems, such as for youth with Medicaid and youth involved in child welfare/Family First. With expected growth in the number of assessments being completed for children and youth in the state of Colorado the ability to fully capitalize on workforce capacity of qualified clinicians for this work is even more important. Signal also supports the proposed change to allow a family's ability to pay to be taken into account in requesting a parental fee reduction, as this will allow us to best serve families with lower income who do not have the ability to pay a full 7% parental fee.

#### 4.3 Application for Funding From the Children and Youth Mental Health Treatment Act

Concern about the length of the proposed extended CYMHTA assessment time period and its implementation. There may need to be clarification about who decides a situation is urgent requiring the 3 day timeline and how families are informed of their ability to choose whether to extend the assessment timelines.

Appreciate the addition of telehealth as an option for appeals appointments (assume this applies to assessment as well as treatment) that will hopefully allow more universal access for children youth and families in rural and frontier areas.

The circumstance where an urgent timeline is required for a CYMHTA assessment is defined in existing CYMHTA rule 2 CCR 502-1 21.200.45 as "a condition that is likely to escalate to a situation in which the child may become a danger to themselves or others." The process by which an assessment timeline is selected will not be affected by these rule changes. It is only the timelines themselves that will be changing. Currently, the decision of which timeline to use is made during the initial screening conversation between the CYMHTA liaison and the parent/guardian. Although existing practices and contractual policies related to this decision prioritize a parent's perspective, we see value in explicitly stating a parent's right to request a 3-day timeline in CYMHTA rule. We have added this statement to this rule volume in 4.3.G.1.

Concerns around 3-day turnaround on some assessments. Length of time to do a thorough assessment and reimbursement rate.

These timelines are our attempt to balance speed with. The additional time allows for a more comprehensive understanding of a child or youth's presenting concerns so that an assessor can make well-informed clinical recommendations. With existing timelines, it can happen that an assessor is unable to get into contact with collateral sources of information before the timeline expires and they must make recommendations without a full picture. These proposed timelines are meant to reduce the likelihood of this happening. However, for circumstances that meet the definition of urgent in CYMHTA rule 2 CCR 502-1 21.200.45 ("a condition that is likely to escalate to a situation in which the child may become a danger to themselves or

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	others”), the 3 day timeline will be used. The proposed rules are written so that the 20 day timeline will occur in rare circumstances and only upon parent request. Otherwise, the standard timeline of 10 days will be used.
How are proposed CYMHTA rules contributing to the identification, early intervention, and resilience of behavioral health in CO?	Thank you for this comment. BHA is working with HCPF to increase access to BH care through a system of care framework that will serve children and youth with complex behavioral health needs who require residential placement and intensive in-home behavioral health services. These proposed rule changes do not specifically address identification, early intervention, and resilience beyond the existing impact that CYMHTA has and CYMHTA's involvement in the system of care.
Will the screening assessment be the same as the IA used by HCPF?	Yes. We are working alongside HCPF to develop the Enhanced Standardized Assessment (ESA) process, documents, quality review practices, and training resources.
4.3 - Extends the urgent and standard timelines. The 20 day timeline for an assessment is too long to address immediate needs.	These timelines are our attempt to balance speed with quality. The additional time allows for a more comprehensive understanding of a child or youth's presenting concerns so that an assessor can make well-informed clinical recommendations. With existing timelines, it can happen that an assessor is unable to get into contact with collateral sources of information before the timeline expires and they must make recommendations without a full picture. These proposed timelines are meant to reduce the likelihood of this happening. However, for circumstances that meet the definition of urgent in CYMHTA rule 2 CCR 502-1 21.200.45 (“a condition that is likely to escalate to a situation in which the child may become a danger to themselves or others”), the 3 day timeline will be used. The proposed rules are written so that the 20 day timeline will occur in rare circumstances and only upon parent request. Otherwise, the standard timeline of 10 days will be used.
How does BHA define “urgent”?	“Urgent” is defined in existing and proposed rule as “a condition that is likely to escalate to a situation in which the child may become a danger to themselves or others” CCR 502-1 21.200.45.
Do frontier and rural areas have the same timelines and how will this rule positively affect these services?	CYMHTA's timelines are the same across the State of Colorado. The proposed timelines will allow for a comprehensive understanding of a child or youth's presenting concerns so that the assessor can make well-informed clinical recommendations. With existing timelines, it can happen that an assessor is unable to

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	<p>get into contact with collateral sources of information before the timeline expires and they must make recommendations without a full picture. These proposed timelines are meant to reduce the likelihood of this happening. Correspondingly, the proposed rule changes will benefit children and youth in all regions.</p>
<p>The rules are creating a requirement that providers can't fulfill because of provider shortages or lack of network in rural areas. There are two different timelines - not all cases are being addressed in the timeframes. Are the rules creating a requirement that they cannot meet because there aren't enough providers? For parents in rural areas, when assessments aren't able to be completed in these timeframes, what are the parents' appeal rights or to whom do they escalate their cases?</p>	<p>These rule changes are not creating new requirements for providers. The requirements of which documents need to be reviewed and who must be interviewed during an assessment will remain the same. The extended timelines will, however, allow assessors to more completely address these assessment criteria. With existing timelines, it can happen that an assessor is unable to get into contact with collateral sources of information before the timeline expires and they must make recommendations without a full picture. These proposed timelines are meant to reduce the likelihood of this happening.</p> <p>CYMHTA's timelines are the same across the State of Colorado. The proposed timelines will allow for a comprehensive understanding of a child or youth's presenting concerns so that the assessor can make well-informed clinical recommendations.</p> <p>If a parent or guardian has concerns regarding their experience with the CYMHTA assessment process or CYMHTA services more broadly, they can submit a complaint through BHA's <a href="#">Behavioral Health Care Complaint/Grievance Process</a>.</p> <p>CYMHTA also has an appeals process that allows parents/guardians to contest service recommendations. Families are notified of these appeals rights, the appeals process, and relevant timelines in the CYMHTA notification letter that is sent during the assessment timeline.</p>
<p>Discussion of cases that have reached a level of urgency of providing more concise/abbreviated assessment focused on risk completed in a more appropriate timeline; most critical pieces submitted for approval and remaining pieces could follow after.</p>	<p>CYMHTA's purpose is to help children, youth, and their families access long-term but non-permanent services to address presenting concerns. CYMHTA is not meant to be a crisis response service. If a young person is in crisis, a crisis assessment should be used. Colorado's behavioral health crisis system is implemented by the ASOs/BHASOs, who can respond when someone is in crisis to ensure that the crisis is addressed. Following stabilization, CYMHTA can be used along with other resources for ongoing treatment.</p>
<p>how do you define 'urgent'?</p>	<p>"Urgent" is defined in existing and proposed rule as "a condition that is likely to escalate to a situation in which the child may become a danger to themselves or</p>

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	others" CCR 502-1 21.200.45.
3 day turnaround and reimbursement rate in light of time to complete a clinically accurate and thorough assessment, etc., who will give permission for 5 day extension? Especially on d day assessments?"	Currently, the decision of which timeline to use is made during the initial screening conversation between the CYMHTA liaison and the parent/guardian. If the assessor needs an extension beyond the 10 day standard assessment timeline, the parent can give permission to extend this timeline by 5 days. An additional 5 day extension can be requested by the parent, but the assessment cannot extend beyond 20 days total.
Will and if so, how does the proposed CYMHTA rules affect eligibility for children?	The proposed rule changes for CYMHTA do not affect program eligibility. Eligibility requirements are defined in statute (C.R.S 27-67-103) and will remain the same for CYMHTA.
How do navigators assess the mental health needs of children under the age of 6?	CYMHTA assessors follow clinical best practices for assessing the behavioral health needs of children at all ages. The CYMHTA assessor network includes providers who specialize in children, youth, and family focused work.
<b>4.4 Process of Determining Ability to Pay and Adjusted Charge for Treatment Services</b>	
The parental fee has always been a nightmare. I'm wondering what efforts BHA has made to address family and provider concerns.	The parental fee is required by statute (27-67-106). This requirement cannot be removed through rule revisions.
<b>4.5 Appeal of the Reduction, Termination, or Denial of Mental Health Services Funded By the Children and Youth Mental Health Treatment Act</b>	
on Section 4.5 - gap between emergency placement for youth who are 12 or 13 years old, saw compulsive behavior if social media/phones were taken away. What appropriate alternatives are there or additional resources?	Thank you for this question. Residential treatment facilities and day treatment centers are overseen by CDHS. However, BHA is working with CDHS and HCPF to identify ways to increase access and available options for these services across the state.
What prevents systems from reverting child welfare when placement is denied, decreased, discharged or delayed?	CYMHTA is a funding source for treatment. CYMHTA has an appeals process that provides checks and balances for service recommendations like discharges and decreases in services. This process allows parents/guardians to contest service recommendations. Families are notified of these appeals rights, the appeals process, and relevant timelines in the CYMHTA service notification letters that are sent ahead of changes in services. If it has been determined that they do not need a residential level of care, the young person will still receive clinically recommended community based services.



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<b>4.8.1 Responsibilities of Mental Health Agencies</b>	
As you look to secure appropriate resources for youth across the state, are you making sure providers understand resources like C-DOSS(?), Medicaid buy-in for children that may be under-utilized.	Yes. CYMHTA clinical care coordinators are updated on various funding resources and state-level options and work alongside families to help them access all of the services that are available.
When working with a client between the ages 2-21 who also have SUD, are we supposed to go through CYMHTA or MSO?	Under CYMHTA, a young person has to be diagnosed with a mental health diagnosis. Although it is sometimes the case that a young person enters CYMHTA with a mental health diagnosis and SUD concerns, SUD cannot be the primary issue. If SUD is the primary concern for a young person, funding should be through an MSO for SUD focused treatment.
Do they include SLP, OT, PT services?	CYMHTA funds a variety of different services based on the clinical recommendations of CYMHTA assessors and clinical care coordinators. This allows CYMHTA care coordinators to tailor services for each young person based on what will treat or ameliorate a behavioral health need. Should SLP, OT, or PT be recommended to treat or address a young person's behavioral health needs, these services would be funded.

(2 CCR 502-6)

## **BEHAVIORAL HEALTH ADMINISTRATIVE RULES**

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### **CHAPTER 1: GENERAL STATUTORY AUTHORITY AND DEFINITIONS**

#### **1.1 Statutory Authority**

A. Pursuant to Section 27-50-107, C.R.S., the State Board of Human Services, created pursuant to Section 26-1-107, C.R.S., is the type 1 board for promulgating, revising and repealing BHA rules.

#### **1.2 General Definitions**

- A. "Behavioral Health Administration" or "BHA" means the Behavioral Health Administration established in Section 27-50-102, C.R.S.
- B. "Behavioral health administrative services organization" or "BHASO" means a regionally based behavioral health organization that administers and maintains adequate networks of behavioral health safety-net services and care coordination as described in sections 27-50-301 through 304, C.R.S.
- C. "BEHAVIORAL HEALTH ENTITY" HAS THE SAME MEANING AS DEFINED IN SECTION 27-50-101(4), C. R.S.
- D. "Commissioner" means the commissioner of the Behavioral Health Administration appointed pursuant to Section 27-50-103, C.R.S.

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### **CHAPTER 2: BEHAVIORAL HEALTH ADMINISTRATIVE SERVICES ORGANIZATION REQUIREMENTS ~~STATUTORY AUTHORITY AND DEFINITIONS~~**

#### **2.1 Statutory Authority**

A. Pursuant to Section 27-50-405(4), C.R.S., the BHA may promulgate rules as necessary to implement behavioral health administrative service organizations and care coordination services.

#### **2.2 Form and Manner to Apply to be a Behavioral Health Administrative Services Organization (BHASO)**

A. Pursuant to Section 27-50-402, C.R.S., the BHA shall determine, by rule, the form and manner a qualified public or private corporation; for-profit or not-for-profit

organization; or public or private agency, organization, or institution may apply to be a behavioral health administrative services organization (BHASO).

B. The Commissioner shall select a BHASO based on factors of selection that include, but are not limited to:

1. The applicant's experience working with publicly funded clients, including expertise in treating priority populations determined by the BHA;
2. The applicant's experience working with and engaging relevant stakeholders in the service area, including behavioral health providers; state and local agencies; and the local community, including advocacy organizations and clients of behavioral health services;
3. The extent to which real or perceived conflicts of interest between the applicant and behavioral health facilities or behavioral health providers are mitigated; and
4. The extent to which the applicant's board complies with conflict of interest policies, including to the following:
  - a. The board shall not have more than fifty percent of contracted providers as board members;
  - b. Providers who have ownership or board membership in a BHASO shall not have control or decision-making authority in the establishment of provider networks; and
  - c. An employee of a contracted provider of a BHASO shall not also be an employee of the BHASO unless the employee is the clinical officer or utilization management director of the BHASO. If the individual is also an employee of a provider that has board membership or ownership in the BHASO, the BHASO shall develop policies approved by the Commissioner to mitigate any conflict of interest the employee may have.
5. The extent to which the applicant's board membership reflects the diversity and interests of relevant stakeholders, including, but not limited to, representation by individuals with lived behavioral health experience and family of individuals with lived behavioral health experience.

C. At least once every five (5) years any qualified public or private corporation; for-profit or not-forprofit organization; or public or private agency, organization, or institution may apply through a competitive bid process pursuant to the Colorado Procurement Code, Colorado Revised Statutes, Articles 101 to 112 of Title 24, to apply to be a behavioral health administrative services organization.

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### **CHAPTER 3: ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH**

### **3.1 STATUTORY AUTHORITY**

A. PURSUANT TO SECTION 27-64.5-102(2), C.R.S., BHA IS REQUIRED TO PROMULGATE RULES FOR THE ADMINISTRATION AND IMPLEMENTATION OF THE SYSTEM OF CARE FOR CHILDREN AND YOUTH.

### **3.2 DEFINITIONS**

- A. "CHILD WITH SERIOUS EMOTIONAL DISTURBANCES (SED)" MEANS A CHILD OR ADOLESCENT THAT HAS A MENTAL, BEHAVIORAL OR EMOTIONAL DISORDER, WHICH: (1) HAS BEEN DIAGNOSED THROUGH THE CURRENT DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS; THE DC 0 TO 5; OR INTERNATIONAL CLASSIFICATION OF DISEASES BY A LICENSED MENTAL HEALTH PROFESSIONAL, AND (2) HAS EXPERIENCED FUNCTIONAL IMPAIRMENTS, WHICH INTERFERES WITH THE CHILD'S FUNCTIONING IN FAMILY, SOCIAL RELATIONSHIPS, SCHOOL, OR COMMUNITY, AND (3) EXPERIENCED THE EMOTIONAL DISTURBANCE OVER THE PAST 12 MONTHS PRIOR TO APPLICATION ON A CONTINUOUS OR INTERMITTENT BASIS, AS DETERMINED AND DOCUMENTED BY A LICENSED MENTAL HEALTH PROFESSIONAL. SED SHALL NOT INCLUDE A PRIMARY DIAGNOSIS OF SUBSTANCE-RELATED DISORDERS, OR PRIMARY CONDITIONS OR PROBLEMS CLASSIFIED IN THE DSM AS "OTHER CONDITIONS THAT MAY BE A FOCUS OF CLINICAL ATTENTION."
- B. "COLORADO CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOL (CANS)" IS AN EVIDENCE-BASED, VALIDATED, DECISION-SUPPORT TOOL DESIGNED TO IDENTIFY THE STRENGTHS AND NEEDS OF CHILDREN, YOUTH, AND THEIR FAMILIES AND FACILITATE THE LINKAGE BETWEEN THE PROCESS AND THE DESIGN OF INDIVIDUALIZED SERVICE PLANS INCLUDING THE APPLICATION OF EVIDENCE-BASED PRACTICES. THE CANS SUPPORTS LEVEL-OF-CARE DECISION-MAKING, FACILITATES QUALITY IMPROVEMENT INITIATIVES, AND ALLOWS FOR THE MONITORING OF SERVICE OUTCOMES.
- C. "COMPLEX TRAUMA" MEANS EXPOSURE TO EITHER MULTIPLE OR PROLONGED TRAUMATIC EVENTS, OFTEN INVASIVE AND INTERPERSONAL IN NATURE, OR A SINGLE EPISODE TRAUMATIC EXPERIENCE, THAT HAVE A PROFOUND AND PROLONGED IMPACT ON NORMAL EMOTIONAL, NEUROLOGICAL, OR BEHAVIORAL DEVELOPMENT, SUCH AS WITNESSING THE DEATH OF A CAREGIVER; OR PHYSICAL, SEXUAL, OR EMOTIONAL ABUSE OR NEGLECT RESULTING IN THE INDIVIDUAL'S LOSS OF A DEVELOPMENTALLY APPROPRIATE SENSE OF A WELL-ORDERED AND SAFE ENVIRONMENT.
- D. "ENHANCED STANDARDIZED ASSESSMENT" MEANS AN ASSESSMENT PROCESS THAT INCLUDES A BIOPSYCHOSOCIAL ASSESSMENT AND THE USE OF CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOL (CANS) USED TO MAKE RECOMMENDATIONS REGARDING THE APPROPRIATE LEVEL OF CARE AND INFORM TREATMENT PLANNING NECESSARY FOR CHILDREN AND YOUTH

WITH COMPLEX AND UNMET BEHAVIORAL HEALTH TREATMENT NEEDS, DEVELOPED PURSUANT TO 27-64.5-102(1)(A), C.R.S.

### **3.3 ELIGIBILITY AND DETERMINATION OF ELIGIBILITY**

A. THE ENHANCED STANDARDIZED ASSESSMENT DEVELOPED PURSUANT TO 27-64.5-102(1)(A), C.R.S.; SHALL BE ADMINISTERED TO DETERMINE ELIGIBILITY FOR PARTICIPATING IN THE SYSTEM OF CARE SERVICES.

1. ALL PERSONNEL CONDUCTING THE ENHANCED STANDARDIZED ASSESSMENT SHALL BE CERTIFIED BY BHA TO COMPLETE THE ENHANCED STANDARDIZED ASSESSMENT.
2. THE COLORADO CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOL (CANS) MUST BE ADMINISTERED AS PART OF THE ENHANCED STANDARDIZED ASSESSMENT.
3. ALL PERSONNEL CONDUCTING THE ENHANCED STANDARDIZED ASSESSMENT SHALL MAINTAIN CANS CERTIFICATION.
4. ALL PERSONNEL CONDUCTING THE ENHANCED STANDARDIZED ASSESSMENT SHALL USE THE BHA-DESIGNATED ENHANCED STANDARDIZED ASSESSMENT AND CANS FORMS.

B. THE POPULATIONS ELIGIBLE FOR THE SYSTEM OF CARE COMPONENTS ESTABLISHED BY 27-64.5-102(1), C.R.S. SHALL INCLUDE INDIVIDUALS THAT ARE UNDER THE AGE OF TWENTY-ONE YEARS, DETERMINED ELIGIBLE THROUGH THE ENHANCED STANDARDIZED ASSESSMENT PROCESS ESTABLISHED IN 27-64.5-102(1)(A), C.R.S., AND MAY MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

1. MEETS THE CRITERIA TO BE CONSIDERED A CHILD WITH SERIOUS EMOTIONAL DISTURBANCES (SED);
2. IS EXPERIENCING COMPLEX TRAUMA AS DETERMINED AND DOCUMENTED BY A LICENSED MENTAL HEALTH PROFESSIONAL;
3. DUAL DIAGNOSED WITH A MENTAL HEALTH CONDITION AND A SUBSTANCE USE DISORDER AND/OR INTELLECTUAL/DEVELOPMENTAL DISABILITY;
4. AT RISK OF A PSYCHIATRIC HOSPITALIZATION DUE TO SERIOUS EMOTIONAL OR BEHAVIORAL HEALTH CHALLENGES;
5. AT RISK OF PLACEMENT OUTSIDE THE HOME DUE TO SERIOUS EMOTIONAL OR BEHAVIORAL HEALTH CHALLENGES; AND/OR

6. IS INVOLVED WITH ONE OR MORE YOUTH-SERVING SYSTEMS OR AT RISK OF INVOLVEMENT IN MULTIPLE YOUTH-SERVING SYSTEMS, INCLUDING, BUT NOT LIMITED TO:
  - A. CRISIS SERVICES
  - B. EMERGENCY SERVICES
  - C. JUVENILE JUSTICE SYSTEM
  - D. COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES
  - E. SPECIAL EDUCATION SYSTEM

### **3.3 REQUIREMENTS FOR RESIDENTIAL TREATMENT PROVIDERS**

- A. RESIDENTIAL TREATMENT PROVIDERS PARTICIPATING IN THE SYSTEM OF CARE FOR CHILDREN AND YOUTH MUST OBTAIN CULTURAL COMPETENCY RELATED TO THE PROVISION OF SERVICES BY REQUIRING APPLICABLE TREATMENT STAFF TO RECEIVE CERTIFICATION FROM THE RESIDENTIAL CHILD CARE PROVIDER TRAINING ACADEMY ESTABLISHED IN 26-6-923, C.R.S.

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**[PUBLISHER'S NOTE, NOT FOR PUBLICATION WITH RULE: The below revisions include a reorganization of existing rule. Additions to reorganized rules - substantive - are highlighted below for users' clarity.]**

## **CHAPTER 4: CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT**

THESE RULES ARE INTENDED TO IMPLEMENT THE MENTAL HEALTH TREATMENT SERVICES DEFINED IN THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT, SECTIONS 27-67-101 THROUGH 27-67-109, C.R.S., TO ENSURE THE MAXIMUM USE OF APPROPRIATE LEAST RESTRICTIVE TREATMENT SERVICES AND TO PROVIDE ACCESS TO THE GREATEST NUMBER OF CHILDREN. THE PURPOSE OF THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT IS TO PROVIDE ACCESS TO MENTAL HEALTH TREATMENT FOR ELIGIBLE CHILDREN WHO ARE MEDICAID ELIGIBLE AS WELL AS THOSE WHO ARE AT RISK OF OUT-OF-HOME PLACEMENT, AS DEFINED BELOW. THESE RULES ARE INTENDED TO PROVIDE A SLIDING FEE SCALE FOR RESPONSIBLE PARTIES TO OFFSET THE COST OF CARE NOT COVERED BY PRIVATE INSURANCE OR THE FAMILY PROVIDED UNDER THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT. APPEAL PROCEDURES FOR DENIAL OF MEDICAID FUNDED RESIDENTIAL SERVICES AND DENIAL OF CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDING ARE ESTABLISHED IN THE RULES AS WELL AS A DISPUTE RESOLUTION PROCESS FOR COUNTY DEPARTMENTS AND MENTAL HEALTH AGENCIES.

### **4.1 DEFINITIONS**

- A. "ABILITY TO PAY" MEANS THE AMOUNT OF INCOME AND ASSETS OF THE LEGALLY RESPONSIBLE PERSON(S) AVAILABLE TO PAY FOR THE

INDIVIDUAL COST OF CHILDREN AND YOUTH MENTAL HEALTH TREATMENT  
ACT FUNDED SERVICES.

- B. "CARE MANAGEMENT" MEANS ARRANGING FOR CONTINUITY OF CARE AND COORDINATING THE ARRAY OF SERVICE NECESSARY FOR APPROPRIATELY TREATING A CHILD OR YOUTH; COMMUNICATING ORALLY OR IN-PERSON WITH RESPONSIBLE INDIVIDUALS, AND FUNDED PROVIDERS AT LEAST EVERY THIRTY (30) CALENDAR DAYS TO ASSURE SERVICES ARE BEING DELIVERED AS PLANNED AND ADEQUATE PROGRESS IS BEING MADE; DISCHARGE PLANNING AND DEVELOPMENT; AND THE AUTHORITY TO RESCIND AUTHORIZATION FOR ANY TREATMENT SERVICES WITH PROPER NOTICE.
- C. "CHILD AT RISK OF OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO MEETS THE FOLLOWING CRITERIA:
1. HAS BEEN DIAGNOSED AS A PERSON WITH A MENTAL HEALTH DISORDER, AS DEFINED IN SECTION-27-65-102(11.522), C.R.S. OR AS A PERSON SUFFERING FROM SOCIAL DETERMINANTS OF HEALTH, DIAGNOSED WITH Z CODES IN ICD-10-CM AND THE DIAGNOSTIC STATISTICAL MANUAL OF MENTAL HEALTH DISORDERS;
  2. REQUIRES A LEVEL OF CARE THAT IS PROVIDED IN A QUALIFIED RESIDENTIAL TREATMENT PROGRAM, AS DEFINED IN 26-5.4-102(2), C.R.S.; IN A PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, AS DEFINED IN 25.5-4-103(19.5), C.R.S.; residential child care facility pursuant to Section 25.5-5-306, C.R.S.; OR THAT IS PROVIDED THROUGH COMMUNITY-BASED PROGRAMS AND WHO, WITHOUT SUCH CARE, IS AT RISK OF UNWARRANTED CHILD WELFARE INVOLVEMENT OR OTHER SYSTEM INVOLVEMENT, AS DESCRIBED IN SECTION 27-67-102, C.R.S., IN ORDER TO RECEIVE FUNDING FOR TREATMENT;
  3. IF DETERMINED TO BE IN NEED OF PLACEMENT IN A QUALIFIED RESIDENTIAL TREATMENT FACILITY child care facility OR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, A CHILD OR YOUTH SHALL APPLY FOR SUPPLEMENTAL SECURITY INCOME, BUT ANY DETERMINATION FOR SUPPLEMENTAL SECURITY INCOME MUST NOT BE A CRITERION FOR A CHILD OR YOUTH TO RECEIVE FUNDING;
  4. THE CHILD OR YOUTH IS A PERSON FOR WHOM THERE IS NO PENDING OR CURRENT ACTION IN DEPENDENCY OR NEGLECT PURSUANT TO ARTICLE 3 OF TITLE 19, C.R.S.; AND,
  5. THE CHILD OR YOUTH IS YOUNGER THAN EIGHTEEN YEARS OF AGE AT THE TIME OF APPLYING, BUT he or she THEY MAY CONTINUE TO REMAIN ELIGIBLE FOR SERVICES UNTIL his or her THEIR TWENTY-FIRST BIRTHDAY.
- D. "CHILDREN WHO ARE CATEGORICALLY MEDICAID ELIGIBLE" HAS THE SAME MEANING AS DEFINED IN SECTION 25.5-5-101, C.R.S.

~~"Community Mental Health Center" has the same meaning as defined in Section 27-66-101(2), C.R.S.~~

- E. "COST OF CARE" INCLUDES RESIDENTIAL AND COMMUNITY-BASED SERVICES NOT COVERED BY PRIVATE INSURANCE, THE FAMILY, OR MEDICAID.
- F. "COMMUNITY-BASED SERVICES" MEANS ANY INTERVENTION THAT IS DESIGNED TO BE AN ALTERNATIVE TO RESIDENTIAL OR HOSPITAL LEVEL OF CARE IN WHICH THE CHILD OR YOUTH RESIDES WITHIN A NON-INSTITUTIONAL SETTING AND INCLUDES, BUT IS NOT LIMITED TO, THERAPEUTIC FOSTER CARE, INTENSIVE IN-HOME TREATMENT, INTENSIVE CASE MANAGEMENT, AND DAY TREATMENT.
- G. "COUNTY DEPARTMENT" MEANS THE COUNTY DEPARTMENT OF HUMAN OR SOCIAL SERVICES.
- H. "DEPENDENT" MEANS A PERSON WHO RELIES ON THE RESPONSIBLE PERSON(S) FOR FINANCIAL SUPPORT.
- I. "FACE-TO-FACE CLINICAL ASSESSMENT" FOR THIS SECTION ~~21-200-4~~, MEANS A FORMAL AND CONTINUOUS PROCESS OF COLLECTING AND EVALUATING INFORMATION ABOUT AN INDIVIDUAL FOR SERVICE PLANNING, TREATMENT, REFERRAL, AND FUNDING ELIGIBILITY AS OUTLINED IN ~~21-190~~ 2 CCR 502-1-8.4, AND TAKES PLACE AT A MINIMUM UPON A REQUEST FROM THE RESPONSIBLE PERSON FOR FUNDED SERVICES THROUGH THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT. THIS INFORMATION ESTABLISHES JUSTIFICATION FOR SERVICES AND CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDING. THE CHILD OR YOUTH MUST BE **EITHER** PHYSICALLY IN THE SAME ROOM AS THE **LICENSED MENTAL HEALTH PROFESSIONAL-person** **OR INTERVIEWED REMOTELY USING VIDEO TECHNOLOGY** DURING THE FACE-TO-FACE CLINICAL ASSESSMENT. ~~If the child is out of state or otherwise unable to participate in a Face-to-Face assessment, video technology may be used.~~ **IF AN IN-PERSON INTERVIEW IS CLINICALLY INDICATED OR REQUESTED BY A PARENT OR GUARDIAN, THE FACE-TO-FACE CLINICAL ASSESSMENT MUST OCCUR IN-PERSON.** IF THE GOVERNOR OR LOCAL GOVERNMENT DECLARES AN EMERGENCY OR DISASTER, TELEPHONE MAY BE USED. TELEPHONE SHALL ONLY BE USED AS NECESSARY BECAUSE OF CIRCUMSTANCES RELATED TO THE DISASTER OR EMERGENCY.
- J. "FAMILY ADVOCATE" HAS THE SAME MEANING AS PROVIDED IN SECTION ~~27-69-102(5)~~ 26-5-117, C.R.S.
- K. "FAMILY SYSTEMS NAVIGATOR" HAS THE SAME MEANING AS PROVIDED IN SECTION ~~26-5-117-27-69-102(5.5)~~, C.R.S.
- L. "FIRST-LEVEL APPEAL" MEANS THE INITIAL PROCESS A MEDICAID MEMBER IS REQUIRED TO ENACT TO CONTEST A BENEFIT, SERVICE, OR ELIGIBILITY DECISION MADE BY MEDICAID OR A MEDICAID MANAGED CARE ENTITY.



- M. "LICENSED MENTAL HEALTH PROFESSIONAL" MEANS A PSYCHOLOGIST LICENSED PURSUANT TO SECTION 12-43-301, ~~et seq., C.R.S.~~, A PSYCHOLOGIST CANDIDATE PURSUANT 12-245-304, C.R.S. THAT IS SUPERVISED BY A LICENSED PSYCHOLOGIST, a psychiatrist licensed pursuant to Section 12-36-101, ~~et seq., C.R.S.~~, a clinical social worker licensed pursuant to Section 12-43-401, ~~et seq., C.R.S.~~, A MARRIAGE AND FAMILY THERAPIST LICENSED PURSUANT TO SECTION 12-43-501, ~~et seq., C.R.S.~~ A LICENSED MARRIAGE AND FAMILY THERAPIST CANDIDATE PURSUANT TO 12-245-504, C.R.S., THAT IS SUPERVISED BY A LICENSED MARRIAGE AND FAMILY THERAPIST, A PROFESSIONAL COUNSELOR LICENSED PURSUANT TO SECTION 12-43-601, ~~et seq., C.R.S.~~, A LICENSED PROFESSIONAL COUNSELOR CANDIDATE PURSUANT TO § 12-245-604, C.R.S. THAT IS SUPERVISED BY A LICENSED PROFESSIONAL COUNSELOR, OR A SOCIAL WORKER LICENSED BY PURSUANT TO SECTION 12-43-401, ~~ET SEQ., C.R.S.~~, THAT IS SUPERVISED BY A LICENSED CLINICAL SOCIAL WORKER.
- N. "MEDICAID CHILD OR YOUTH WHO IS AT RISK OF OUT-OF-HOME PLACEMENT" MEANS A CHILD OR YOUTH WHO IS CATEGORICALLY ELIGIBLE FOR MEDICAID BUT WHO OTHERWISE MEETS THE DEFINITION OF A CHILD OR YOUTH WHO IS AT RISK OF OUT-OF-HOME PLACEMENT AS DEFINED ABOVE.
- O. "MENTAL HEALTH AGENCY" MEANS A BEHAVIORAL HEALTH SERVICES CONTRACTOR THROUGH THE ~~State Department of Human Services~~ BEHAVIORAL HEALTH ADMINISTRATION SERVING CHILDREN AND YOUTH STATEWIDE OR IN A PARTICULAR GEOGRAPHIC AREA, INCLUDING BUT NOT LIMITED TO BEHAVIORAL HEALTH ENTITIES ~~community mental health centers,~~ AND WITH THE ABILITY TO MEET ALL EXPECTATIONS OF ~~(CCR) 502-1, SECTION 21.200.4~~ (CCR) 502-6, CHAPTER 4 AND 27-67-101, C.R.S.
- P. "PLAN OF CARE" IS A STATE DEPARTMENT DEVELOPED DOCUMENT THAT AT A MINIMUM INCLUDES THE ANTICIPATED FREQUENCY AND COSTS OF SERVICES TO BE PROVIDED FOR THE DURATION OF THE PLAN OF CARE. THE PLAN OF CARE IS ALSO A SCHEDULE OF THE FEES TO BE PAID BY THE RESPONSIBLE PERSON INCLUDING, BUT NOT LIMITED TO, THE ESTIMATED AMOUNT OF SUPPLEMENTAL SECURITY INCOME PAYABLE TO THE RESIDENTIAL FACILITY IF AWARDED TO THE CHILD AT RISK OF OUT-OF-HOME PLACEMENT OR ANOTHER PROVIDER, AND SLIDING SCALE FEES PAYABLE TO THE CONTRACTOR, IF APPLICABLE.
- Q. "PROFESSIONAL PERSON" MEANS A PERSON LICENSED TO PRACTICE MEDICINE IN THIS STATE, A PSYCHOLOGIST CERTIFIED TO PRACTICE IN THIS STATE, OR A PERSON LICENSED AND IN GOOD STANDING TO PRACTICE MEDICINE IN ANOTHER STATE OR A PSYCHOLOGIST CERTIFIED TO PRACTICE AND IN GOOD STANDING IN ANOTHER STATE WHO IS PROVIDING MEDICAL OR CLINICAL SERVICES AT A TREATMENT FACILITY IN THIS STATE THAT IS OPERATED BY THE ARMED FORCES OF THE UNITED STATES, THE UNITED STATES PUBLIC HEALTH SERVICE, OR THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS.
- R. "RESIDENTIAL TREATMENT" MEANS SERVICES PROVIDED BY A QUALIFIED

**RESIDENTIAL TREATMENT PROGRAM, AS DEFINED IN 26-5.4-102(2), C.R.S.**  
~~residential child care facility OR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY, AS DEFINED IN 25.5-4-103(19.5), C.R.S. licensed as a residential child care facility pursuant to Section 26-6-102(8), C.R.S., which has been approved by the State Department to provide mental health treatment.~~

- S. "RESPONSIBLE PERSONS" MEANS PARENT(S) OR LEGAL GUARDIAN(S) OF A MINOR.
- T. "STATE DEPARTMENT" MEANS THE STATE DEPARTMENT OF HUMAN SERVICES.

#### **4.2 CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT PROGRAM DESCRIPTION**

THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT ALLOWS PARENTS OR GUARDIANS TO APPLY TO A MENTAL HEALTH AGENCY ON BEHALF OF THEIR MINOR CHILD FOR MENTAL HEALTH TREATMENT SERVICES WHEN THE PARENTS OR GUARDIANS BELIEVE ~~his or her~~ **THEIR** CHILD IS AT RISK FOR OUT-OF-HOME PLACEMENT, AS DEFINED IN SECTION 4.1.

- A. FOR CHILDREN WHO ARE NOT CATEGORICALLY ELIGIBLE FOR MEDICAID AT THE TIME SERVICES ARE REQUESTED, THE MENTAL HEALTH AGENCY IS RESPONSIBLE FOR CLINICALLY ASSESSING THE CHILD AND PROVIDING CARE MANAGEMENT AND NECESSARY SERVICES THAT MAY BE CLINICALLY APPROPRIATE FOR THE CHILD'S AND FAMILY'S NEEDS.
- B. THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT PROVIDES FOR AN OBJECTIVE THIRD PARTY REVIEW BY A PROFESSIONAL PERSON AT THE STATE DEPARTMENT FOR THE RESPONSIBLE PERSON(S) WHEN SERVICES ARE DENIED OR TERMINATED FOR A MEDICAID CHILD OR YOUTH WHO IS AT RISK OF OUT-OF-HOME PLACEMENT OR A CHILD OR YOUTH SEEKING FUNDING UNDER THIS ACT.
- C. THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT RESOLVES DISPUTES BETWEEN MENTAL HEALTH AGENCIES AND COUNTY DEPARTMENTS WHEN A CHILD IS SEEKING OR RECEIVING FUNDING THROUGH THE CHILD AND YOUTH MENTAL HEALTH TREATMENT ACT.
- D. THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT AUTHORIZES FUNDING FOR SERVICES FOR CHILDREN AT RISK OF OUT-OF-HOME PLACEMENT, WHICH ARE NOT COVERED BY PRIVATE INSURANCE, MEDICAID, OR THE FAMILY.

#### **4.3 APPLICATION FOR FUNDING FROM THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT**

- A. A RESPONSIBLE PERSON MAY APPLY TO A MENTAL HEALTH AGENCY ON BEHALF OF ~~his or her~~ **THEIR** MINOR CHILD FOR MENTAL HEALTH TREATMENT.

- B. AT ANY POINT IN APPLYING FOR, APPEALING, OR RECEIVING CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDING THE RESPONSIBLE PERSON(S) MAY REQUEST THE ASSISTANCE FROM A FAMILY ADVOCATE, FAMILY SYSTEM NAVIGATOR, NONPROFIT ADVOCACY ORGANIZATION, OR COUNTY DEPARTMENT.
1. THE MENTAL HEALTH AGENCY SHALL PROVIDE THE CONTACT INFORMATION FOR THE ORGANIZATION CONTRACTED WITH THE STATE DEPARTMENT TO PROVIDE THESE SERVICES, FREE OF CHARGE, TO THE RESPONSIBLE PERSON(S) BEFORE AN INITIAL EVALUATION.
  2. THE STATE DEPARTMENT IS NOT OBLIGATED TO PAY FOR ANY SERVICES PROVIDED BY ENTITIES WITH WHICH THEY DO NOT CONTRACT.
- C. THE MENTAL HEALTH AGENCY SHALL EVALUATE THE CHILD AND CLINICALLY ASSESS THE CHILD'S NEED FOR MENTAL HEALTH SERVICES. WHEN WARRANTED, FUNDING FOR SERVICES WILL BE PROVIDED AS MAY BE NECESSARY AND IN THE BEST INTERESTS OF THE CHILD AND THE CHILD'S FAMILY.
- D. WHEN COMPLETING A ~~face-to-face~~ **FACE-TO-FACE** CLINICAL ASSESSMENT FOR A CHILD OR YOUTH, THE MENTAL HEALTH AGENCY SHALL USE ONE STANDARDIZED RISK STRATIFICATION TOOL. THE IDENTIFICATION OF AND MANNER FOR WHICH THE STANDARDIZED RISK STRATIFICATION TOOL WILL BE USED WILL BE DETERMINED BY THE STATE DEPARTMENT AND IDENTIFIED IN CONTRACTS AND AVAILABLE ON THE STATE DEPARTMENT'S WEBSITE. DETERMINATION OF THE ASSESSMENT FOR LEVEL OF CARE NEED AND ELIGIBILITY NEED WILL BE COMPLETED JOINTLY BY THE MENTAL HEALTH AGENCY AND THE STATE DEPARTMENT.
- E. WHEN EVALUATING A CHILD OR YOUTH FOR ELIGIBILITY, THE MENTAL HEALTH AGENCY SHALL EVALUATE ALL AREAS OUTLINED IN ~~21.190~~ **2 CCR 502-1-8.4**.
- F. THE MENTAL HEALTH AGENCY SHALL BE RESPONSIBLE FOR THE PROVISION OF CARE MANAGEMENT AND NECESSARY SERVICES, INCLUDING ANY COMMUNITY-BASED MENTAL HEALTH TREATMENT, RESIDENTIAL TREATMENT, OR ANY SERVICES THAT MAY BE APPROPRIATE FOR THE CHILD'S OR FAMILY'S NEEDS.
- G. A FACE-TO-FACE CLINICAL ASSESSMENT AND ELIGIBILITY DETERMINATION SHALL BE COMPLETED WITHIN THE FOLLOWING TIME PERIODS AFTER A REQUEST FOR FUNDING HAS BEEN MADE BY A RESPONSIBLE PERSON(S).
1. URGENT SITUATION, DEFINED AS A CONDITION THAT IS LIKELY TO ESCALATE TO A SITUATION IN WHICH THE CHILD MAY BECOME A DANGER TO THEMSELVES OR OTHERS AND REQUIRE A CLINICAL

ASSESSMENT WITHIN **THREE (3) BUSINESS DAYS**. ~~twenty-four (24) hours.~~  
URGENT SITUATION EVALUATIONS SHALL BE COMPLETED BY THE  
MENTAL HEALTH AGENCY WITHIN **(3) BUSINESS DAYS** ~~twenty-four (24)-~~  
~~hours, one business day,~~ OF THE INITIAL ASSESSMENT REQUEST BY THE  
RESPONSIBLE PERSON(S). THE MENTAL HEALTH AGENCY SHALL  
CONTINUE TO PROVIDE CARE MANAGEMENT WHILE FUNDED SERVICES  
ARE IDENTIFIED AND PROVIDED. **IF A RESPONSIBLE PERSON**  
**REQUESTS THAT THE ASSESSMENT BE COMPLETED WITHIN THREE (3)**  
**BUSINESS DAYS, THE ASSESSMENT MUST BE COMPLETED WITHIN**  
**THREE (3) BUSINESS DAYS.**

2. ROUTINE SITUATIONS, DEFINED AS ALL OTHER SITUATIONS, SHALL BE COMPLETED WITHIN **TEN (10)** ~~three (3)~~ BUSINESS DAYS OF THE INITIAL ASSESSMENT REQUEST.
  3. IF THE MENTAL HEALTH AGENCY REQUIRES ADDITIONAL TIME TO MAKE A DECISION FOLLOWING AN ASSESSMENT AND THE RESPONSIBLE PERSON AGREES, THEN THE MENTAL HEALTH AGENCY MAY TAKE UP TO **AN ADDITIONAL FIVE (5) BUSINESS DAYS. THE INITIAL EXTENSION MAY BE EXTENDED FOR AN ADDITIONAL FIVE (5) BUSINESS DAYS AT THE REQUEST OF THE RESPONSIBLE PERSON, but THE REQUEST SHOULD TAKE UP TO BUT NO MORE THAN TWENTY (20) BUSINESS DAYS FROM THE INITIAL REQUEST.** ~~no more than, fourteen (14) calendar days to provide a decision.~~ IF THE RESPONSIBLE PERSON DOES NOT AGREE, THE NOTIFICATION TIMELINES REFERENCED ABOVE REMAIN IN EFFECT.
- H. THE MENTAL HEALTH AGENCY'S DECISION SHALL BE COMMUNICATED ORALLY AND IN WRITING TO THE RESPONSIBLE PERSON(S) WITHIN THE TIME ALLOWED FOR THE COMPLETION OF THE EVALUATION OR AT LEAST FIVE (5) BUSINESS DAYS BEFORE THE REDUCTION, INCREASE OR TERMINATION OF FUNDED SERVICES. ORAL NOTICE SHALL BE FACE-TO-FACE WITH THE RESPONSIBLE PERSON WHEN POSSIBLE.
- I. THE WRITTEN DECISION SHALL CONTAIN THE FOLLOWING:
1. NOTICE OF THE APPLICABLE CRITERIA FOR MENTAL HEALTH TREATMENT;
  2. THE FACTUAL BASIS FOR THE DECISION;
  3. THE APPEALS PROCEDURES PURSUANT TO THE GRIEVANCE REQUIREMENTS IN 2 CCR 502-1-21.180;
  4. IF APPROVED, NOTICE THAT THE RESPONSIBLE PERSON(S) MAY CHOOSE TO SEEK SERVICES FROM THE PROVIDER OF THEIR CHOICE, INCLUDING BUT NOT LIMITED TO THE MENTAL HEALTH AGENCY.
  5. NOTICE THAT THE RESPONSIBLE PERSON(S) MAY REQUEST ASSISTANCE FROM A FAMILY ADVOCATE, FAMILY SYSTEM NAVIGATOR, NONPROFIT ADVOCACY ORGANIZATION, OR COUNTY DEPARTMENT IN

APPLYING FOR, RECEIVING, OR APPEALING CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDING AND APPLYING FOR SUPPLEMENTAL SECURITY INCOME;

6. THE CONTACT INFORMATION FOR AN ORGANIZATION CONTRACTED BY THE STATE DEPARTMENT TO PERFORM FAMILY ADVOCACY OR FAMILY SYSTEM NAVIGATION;
7. NOTICE THAT THE CONTRACTED ADVOCACY PROVIDER IS NOT ALLOWED TO CHARGE THE FAMILY A FEE;
8. NOTICE THAT THE CONTRACTED ADVOCACY PROVIDER IS NOT ALLOWED TO CHARGE THE FAMILY A FEE;
9. A STATEMENT FOR THE RESPONSIBLE PERSON TO SIGN, INDICATING THAT THEY AGREE WITH THE DECISION OR THAT THEY DISAGREE AND WISH TO FILE AN APPEAL.

#### **4.4 PROCESS OF DETERMINING ABILITY TO PAY AND ADJUSTED CHARGE FOR TREATMENT SERVICES**

- A. THE MENTAL HEALTH AGENCY SHALL DETERMINE THE COST OF CARE FOR CHILDREN AND YOUTH THAT RECEIVE FUNDING THROUGH THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT. ALL INSURANCE AND OTHER ELIGIBLE BENEFITS SHALL BE APPLIED FIRST TO THE COST OF CARE. A RESPONSIBLE PERSON(S) WHO FAILS TO COOPERATE IN MAKING EXISTING INSURANCE AND OTHER BENEFITS AVAILABLE FOR PAYMENT WILL NEVERTHELESS BE CONSIDERED AS HAVING BENEFITS AVAILABLE FOR PAYMENT;
- B. PER MONTH, THE MENTAL HEALTH AGENCY SHALL DETERMINE THE 7% OF THE TOTAL COST OF ALL CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDED SERVICES FOR THE RESPONSIBLE PERSON, EXCLUDING THE COSTS OF THE INITIAL ASSESSMENT AND ALL CARE MANAGEMENT;
- C. IF THE RESPONSIBLE PERSON(S) IS UNABLE TO PAY THE 7%, THE MENTAL HEALTH AGENCY SHALL CONSIDER THE RESPONSIBLE PERSON(S) **"ABILITY TO PAY" AS DEFINED IN SECTION 4.1**, TOTAL NUMBER OF DEPENDENTS, THE MENTAL HEALTH NEEDS OF THOSE DEPENDENTS, ALL CURRENT OUTSTANDING MEDICAL LIABILITIES, EXPECTED LENGTH OF SERVICES, AND THE EDUCATION COSTS FOR THE DEPENDENTS. THE MENTAL HEALTH AGENCY SHALL RECEIVE APPROVAL OR DENIAL FROM THE STATE DEPARTMENT FOR ALL FEE ADJUSTMENTS;
- D. AT MINIMUM, THE PARENTAL FEE SHALL BE NO LESS THAN \$50 PER CALENDAR MONTH;
- E. PER CALENDAR MONTH, THE MENTAL HEALTH AGENCY SHALL COLLECT

## FEES

DIRECTLY FROM THE RESPONSIBLE PERSON(S), OR MONITOR THAT THE THIRD-PARTY PROVIDER HAS COLLECTED THE PARENTAL FEE;

- F. THE FUNDED PROVIDER MAY RESERVE THE RIGHT TO TAKE ANY NECESSARY ACTION REGARDING DELINQUENT PAYMENTS BY THE RESPONSIBLE PERSON(S);
- G. THE RESPONSIBLE PERSON(S) SHALL SIGN A FINANCIAL AGREEMENT INDICATING AN UNDERSTANDING OF THEIR FINANCIAL RESPONSIBILITIES AS DESCRIBED, ABOVE, TO BE ELIGIBLE FOR FUNDING THROUGH THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT;
- H. WITHIN TEN (10) BUSINESS DAYS AFTER THE CHILD'S ADMISSION TO RESIDENTIAL TREATMENT, THE RESPONSIBLE PERSON(S) SHALL APPLY FOR SUPPLEMENTAL SECURITY INCOME (SSI) ON BEHALF OF A CHILD APPROVED FOR FUNDING UNDER THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT;
- I. IF AWARDED SUPPLEMENTAL SECURITY INCOME; THE RESPONSIBLE PERSON(S) SHALL DISCLOSE THE AWARD AMOUNT TO THE MENTAL HEALTH AGENCY AS DETERMINED BY THE SOCIAL SECURITY ADMINISTRATION REGULATIONS;
- J. IF AWARDED SUPPLEMENTAL SECURITY INCOME, IT IS THE RESPONSIBILITY OF THE RESPONSIBLE PERSON(S) TO NOTIFY THE SOCIAL SECURITY ADMINISTRATION IMMEDIATELY UPON THE CHILD OR YOUTH'S DISCHARGE FROM RESIDENTIAL SERVICES;
- K. IF AWARDED SUPPLEMENTAL SECURITY INCOME, AND AWARDED MEDICAID, MEDICAID WILL BE USED TO FUND TREATMENT COSTS WHILE IN RESIDENTIAL TREATMENT. THE PARENTAL FEE, SUPPLEMENTAL SECURITY INCOME, ALL OTHER FUNDING SOURCES, AND THE CHILD AND YOUTH MENTAL HEALTH TREATMENT ACT WILL FUND ROOM AND BOARD;
- L. IF DENIED SUPPLEMENTAL SECURITY INCOME; THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT WILL FUND ROOM AND BOARD AND BEHAVIORAL HEALTH TREATMENT SERVICES THAT WOULD OTHERWISE HAVE BEEN FUNDED BY SUPPLEMENTAL SECURITY INCOME AND MEDICAID.

### **4.5 APPEAL OF THE REDUCTION, TERMINATION, OR DENIAL OF MENTAL HEALTH SERVICES FUNDED BY THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT**

- A. EXCEPT AS PROVIDED BELOW, THE MENTAL HEALTH AGENCY SHALL FOLLOW  
THE FORMALIZED NOTIFICATION PROCESS AS DEFINED IN SECTION ~~21:200.41~~  
4.1 THROUGH 4.3 ~~21:200.43~~.
- B. A RESPONSIBLE PERSON(S) MAY REQUEST AN APPEAL OF A DECREASE,

INCREASE, OR DENIAL OF CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUND SERVICES OR A RECOMMENDATION THAT A CHILD **OR YOUTH** IS DISCHARGED FROM FUNDED SERVICES, AND THE FOLLOWING SHALL APPLY:

1. IF THE RESPONSIBLE PERSON(S) NOTIFIES THE MENTAL HEALTH AGENCY OF A DESIRE TO APPEAL A DECISION BEFORE TERMINATION OF SERVICES, THE STATE DEPARTMENT AND THE MENTAL HEALTH AGENCY SHALL CONTINUE TO FUND SERVICES UNTIL THE APPEAL PROCESS BELOW HAS BEEN EXHAUSTED.
  2. THE RESPONSIBLE PERSON(S) SHALL NOTIFY THE MENTAL HEALTH AGENCY ORALLY OR IN WRITING WITHIN FIFTEEN (15) BUSINESS DAYS OF NOTICE OF ACTION OF A DESIRE TO APPEAL A DECISION;
  3. THE MENTAL HEALTH AGENCY SHALL HAVE TWO (2) BUSINESS DAYS WITHIN WHICH TO COMPLETE AN INTERNAL APPEAL REVIEW PROCESS AND COMMUNICATE A DECISION TO THE RESPONSIBLE PERSON(S) ORALLY AND IN WRITING.
  4. THE MENTAL HEALTH AGENCY'S NOTICE OF ACTION SHALL CONTAIN THE INFORMATION REQUIRED IN SECTION ~~21-200-43~~, 4.3 (E), ALONG WITH THE PROCESS FOR CLINICAL REVIEW IN SECTION ~~21-200-45~~, 4.5 C-E BELOW.
- C. IF THE MENTAL HEALTH AGENCY REQUIRES MORE THAN TWO (2) BUSINESS DAYS TO COMPLETE THE INTERNAL REVIEW, AND THE RESPONSIBLE PERSON(S) IS IN AGREEMENT, THEN THE MENTAL HEALTH AGENCY MAY TAKE UP TO BUT NO MORE THAN FIVE (5) BUSINESS DAYS TO COMPLETE THE REVIEW.
- D. WITHIN FIVE (5) BUSINESS DAYS AFTER THE MENTAL HEALTH AGENCY'S FINAL DENIAL OR REDUCTION OF REQUESTED SERVICES OR RECOMMENDATION THAT THE CHILD BE DISCHARGED FROM TREATMENT, THE RESPONSIBLE PERSON(S) MAY REQUEST A CLINICAL REVIEW OF THE NEED FOR SERVICES BY AN OBJECTIVE THIRD PARTY, AT THE STATE DEPARTMENT, WHO IS AN INDEPENDENT PROFESSIONAL PERSON AS THAT TERM IS DEFINED IN SECTION 27-65-102(2711), C.R.S., TO REVIEW THE ACTION OF THE MENTAL HEALTH AGENCY. SUCH A REQUEST MAY BE ORAL OR IN WRITING, BUT IF COMPLETED ORALLY IT MUST BE CONFIRMED IN WRITING, AND SHALL BE MADE TO THE ~~Director~~ **COMMISSIONER** OF the Office of Behavioral Health **BEHAVIORAL HEALTH ADMINISTRATION** OR THE OFFICE'S **OMBUDSMAN** ~~consumer and family affairs specialist~~.
- E. UNLESS WAIVED BY THE RESPONSIBLE PERSON(S), SAID CLINICAL REVIEW SHALL INCLUDE:
1. A REVIEW OF THE MENTAL HEALTH AGENCY'S DENIAL OF SERVICES;
  2. A ~~face-to-face~~ **FACE-TO-FACE** EVALUATION OF THE CHILD, **DONE** **EITHER PHYSICALLY IN THE SAME ROOM AS THE PROFESSIONAL**

**PERSON OR INTERVIEWED REMOTELY USING VIDEO TECHNOLOGY**

~~so long as the responsible person(s) arranges transportation of the child for the evaluation; AND,~~

3. A REVIEW OF THE EVIDENCE PROVIDED BY THE RESPONSIBLE PERSON(S). THE RESPONSIBLE PERSON(S) SHALL BE ADVISED OF THE NAME AND CREDENTIALS OF THE REVIEWING PROFESSIONAL, AS WELL AS ANY MENTAL HEALTH AGENCY AFFILIATIONS OF THE REVIEWING PROFESSIONAL. THE RESPONSIBLE PERSON(S) SHALL HAVE AN OPPORTUNITY TO REQUEST AN ALTERNATE REVIEWING PROFESSIONAL AT THE STATE DEPARTMENT AT THAT TIME, SO LONG AS ANY DELAY CAUSED BY THE REQUEST IS WAIVED BY THE RESPONSIBLE PERSON(S) AS DESCRIBED BELOW.
- F. WITHIN THREE (3) BUSINESS DAYS OF THE RECEIPT OF THE REQUEST FOR CLINICAL REVIEW, A DECISION SHALL BE COMMUNICATED ORALLY AND IN WRITING BY THE PROFESSIONAL PERSON TO THE RESPONSIBLE PERSON(S), STATE DEPARTMENT, AND THE MENTAL HEALTH AGENCY. THE WRITTEN DECISION SHALL INCLUDE THE RELEVANT CRITERIA AND FACTUAL BASIS. IF THE CLINICAL REVIEW FINDS RESIDENTIAL OR COMMUNITY-BASED SERVICES TO BE NECESSARY AND THAT CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDING IS NECESSARY, THE MENTAL HEALTH AGENCY SHALL PROVIDE SERVICES TO THE CHILD WITHIN TWENTY-FOUR (24) HOURS OF THE SAID DECISION. **IF MENTAL HEALTH TREATMENT PROVIDERS ARE NOT AVAILABLE WITHIN TWENTY-FOUR HOURS AND COMMUNITY-BASED SERVICES ARE RECOMMENDED, THE STATE LEVEL REVIEW MUST RECOMMEND APPROPRIATE ALTERNATIVES, UP TO AND INCLUDING EMERGENCY HOSPITALIZATION IF APPROPRIATE.** IF RESIDENTIAL TREATMENT IS NOT AVAILABLE WITHIN TWENTY-FOUR HOURS AND PLACEMENT IN RESIDENTIAL TREATMENT IS RECOMMENDED, THE STATE LEVEL REVIEW MUST RECOMMEND APPROPRIATE ALTERNATIVES INCLUDING EMERGENCY HOSPITALIZATION, IF APPROPRIATE, IF THE CHILD IS IN NEED OF IMMEDIATE PLACEMENT OUT OF THE HOME.
- G. IF THE PROFESSIONAL PERSON REQUIRES MORE THAN THREE (3) BUSINESS DAYS TO COMPLETE THE CLINICAL REVIEW, OR IF THE RESPONSIBLE PERSON(S) REQUIRES MORE TIME TO OBTAIN EVIDENCE FOR THE CLINICAL REVIEW, THE RESPONSIBLE PERSON(S) MAY WAIVE THE THREE DAY DEADLINE ABOVE, SO LONG AS SAID WAIVER IS CONFIRMED IN WRITING. IN ANY EVENT, ~~the face-to-face~~ **FACE-TO-FACE** EVALUATION AND THE CLINICAL REVIEW SHALL BE COMPLETED WITHIN SIX (6) BUSINESS DAYS.
- H. THE DECISION FROM THE OBJECTIVE THIRD PARTY, AT THE STATE DEPARTMENT, WHO IS **A** ~~an independent~~ PROFESSIONAL PERSON, SHALL CONSTITUTE FINAL AGENCY ACTION FOR FUNDING THROUGH THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT.



#### **4.6 THIRD PARTY REVIEW PROCESS FOR A MEDICAID CHILD OR YOUTH**

~~A Medicaid child or youth, a~~ A RESPONSIBLE PERSON MAY REQUEST AN OBJECTIVE THIRD PARTY CLINICAL REVIEW **FOR A MEDICAID CHILD OR YOUTH** WITHIN FIVE (5) BUSINESS DAYS AFTER ALL FIRST-LEVEL MEDICAID APPEALS PROCESSES ARE EXHAUSTED (IN ACCORDANCE WITH SECTION 8.057 OR 8.209 OF THE COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING'S MEDICAL ASSISTANCE RULES [10 CCR 2505-10]). THE REVIEW MUST BE CONDUCTED BY A PROFESSIONAL PERSON AS OUTLINED IN SECTION ~~21-200-45~~ **4.5** WITHIN THREE (3) BUSINESS DAYS OF THE DATE OF REQUEST. THIS REVIEW DOES NOT OBLIGATE FUNDING OF SERVICES.

#### **4.7 DISPUTE RESOLUTION PROCESS BETWEEN COUNTY DEPARTMENTS AND MENTAL HEALTH AGENCIES**

- A. IF A DISPUTE EXISTS BETWEEN A MENTAL HEALTH AGENCY AND A COUNTY DEPARTMENT REGARDING WHETHER MENTAL HEALTH SERVICES SHOULD BE FUNDED UNDER THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT OR BY THE COUNTY DEPARTMENT, ONE OR BOTH MAY REQUEST THE ~~state department's office of behavioral health~~ **BEHAVIORAL HEALTH ADMINISTRATION**, TO CONVENE A REVIEW PANEL CONSISTING OF FAMILY ADVOCATES, THE STATE DEPARTMENT'S DIVISION OF CHILD WELFARE, THE ~~State Department's Office of Behavioral Health~~ **BEHAVIORAL HEALTH ADMINISTRATION**, AN INDEPENDENT MENTAL HEALTH AGENCY IF AVAILABLE, ~~an independent~~ A PROFESSIONAL PERSON, AND AN INDEPENDENT COUNTY DEPARTMENT TO PROVIDE DISPUTE RESOLUTION. THE ~~State Department's Office of Behavioral Health~~ **BEHAVIORAL HEALTH ADMINISTRATION** SHALL OBTAIN DOCUMENTATION FROM INDEPENDENT AGENCIES AND INDIVIDUALS THAT NO CONFLICT OF INTEREST EXISTS PERTAINING TO THE SPECIFIC CHILD BEING REVIEWED.
- B. THE REQUEST TO INVOKE THE DISPUTE RESOLUTION PROCESS SHALL BE IN WRITING AND SUBMITTED WITHIN FIVE (5) CALENDAR DAYS OF EITHER AGENCY RECOGNIZING A DISPUTE EXISTS.
- C. THE WRITTEN REQUEST FOR DISPUTE RESOLUTION SHALL INCLUDE AT A MINIMUM, THE FOLLOWING INFORMATION:
1. THE COUNTY DEPARTMENT AND MENTAL HEALTH AGENCY INVOLVED IN THE DISPUTE, INCLUDING A CONTACT PERSON AT EACH;
  2. THE CHILD'S NAME AND AGE;
  3. THE RESPONSIBLE PERSON(S) ADDRESS, PHONE NUMBER, AND E-MAIL ADDRESS;
  4. PERTINENT INFORMATION REGARDING THE CHILD INCLUDING, BUT NOT LIMITED TO, MEDICAL OR MENTAL HEALTH STATUS/ASSESSMENT;

5. THE REASON FOR THE DISPUTE, ANY EFFORTS TO RESOLVE THE MATTER LOCALLY, AND ANY PERTINENT INFORMATION REGARDING THE CHILD;
  6. INFORMATION ABOUT THE CHILD'S MENTAL HEALTH STATUS PERTAINING TO THE DISPUTE; AND,
  7. THE RESPONSIBLE PERSON(S) PERSPECTIVE ON THE MATTER, IF KNOWN.
- D. THE STATE DEPARTMENT'S **BEHAVIORAL HEALTH ADMINISTRATION** ~~Office of Behavioral Health~~ SHALL PROVIDE NOTICE TO BOTH THE MENTAL HEALTH AGENCY AND A COUNTY DEPARTMENT THAT THE STATE DEPARTMENT'S **BEHAVIORAL HEALTH ADMINISTRATION** ~~Office of Behavioral Health~~ WILL CONVENE A REVIEW PANEL TO RESOLVE THE DISPUTE IN WRITING.
- E. EACH SIDE WILL HAVE AN OPPORTUNITY TO PRESENT ITS POSITION TO THE REVIEW PANEL. INTERESTED PARTIES WILL BE ALLOWED TO PRESENT WRITTEN OR ORAL TESTIMONY AT THE DISCRETION OF THE REVIEW PANEL.
- F. THE REVIEW PANEL SHALL HAVE FIVE (5) BUSINESS DAYS TO COMPLETE THE DISPUTE PROCESS AND ISSUE ITS DETERMINATION IN WRITING TO THE DISPUTING AGENCIES AND THE RESPONSIBLE PERSON(S). THE REVIEW PANEL'S DECISION SHALL CONSTITUTE FINAL AGENCY ACTION, WHICH BINDS THE AGENCY DETERMINED RESPONSIBLE FOR THE PROVISION OF NECESSARY SERVICES.
- G. IF THE PANEL DEEMS THAT NEITHER THE MENTAL HEALTH AGENCY NOR THE COUNTY DEPARTMENT IS RESPONSIBLE FOR THE PROVISION OF FUNDING FOR THE TREATMENT OF THE CHILD, THEN THE PANEL SHALL PROVIDE A RATIONALE FOR THEIR DETERMINATION. THE PANEL SHALL OFFER RECOMMENDATIONS FOR OTHER FUNDING SOURCES AND TREATMENT MODALITIES.

## **4.8 RESPONSIBILITIES**

### **4.8.1 RESPONSIBILITIES OF MENTAL HEALTH AGENCIES**

THE MENTAL HEALTH AGENCY SHALL PROVIDE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDED SERVICES TO CHILDREN AND YOUTH WHO ARE ELIGIBLE AS DEFINED IN CHAPTER **4** ~~Sections 21-200-4.~~

- A. CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT SERVICES INCLUDE, BUT ARE NOT LIMITED TO:
1. CLINICAL BEHAVIORAL HEALTH ASSESSMENTS COMPLETED BY A LICENSED MENTAL HEALTH PROFESSIONAL;
  2. COMMUNITY-BASED SERVICES;

3. CARE MANAGEMENT SERVICES;
  4. COORDINATION OF RESIDENTIAL TREATMENT SERVICES; AND,
  5. NON-RESIDENTIAL MENTAL HEALTH TRANSITION SERVICES FOR CHILDREN AND YOUTH.
- B. THE MENTAL HEALTH AGENCY SHALL PROVIDE TO THE STATE DEPARTMENT  
NECESSARY CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT  
ELIGIBILITY, SERVICE, AND FINANCIAL INFORMATION IN AN AGREED UPON  
FORMAT.
- C. THE MENTAL HEALTH AGENCY SHALL SUBMIT DATA TO THE STATE  
DEPARTMENT AS REQUIRED PER SECTION-27-67-105, C.R.S.
- D. THE MENTAL HEALTH AGENCY SHALL PROVIDE OR COORDINATE TREATMENT  
  
SERVICES IN COLLABORATION WITH THE CHILD OR YOUTH, FAMILIES, AND  
FUNDED SERVICE PROVIDERS.
- E. THE MENTAL HEALTH AGENCY SHALL DETERMINE THE FEE FOR THE  
RESPONSIBLE PERSON(S) AND SUBMIT THE FINANCIAL AGREEMENT TO THE  
STATE DEPARTMENT ONCE SIGNED BY THE RESPONSIBLE PERSON(S)  
BEFORE STATE APPROVAL.
- F. THE MENTAL HEALTH AGENCY SHALL SUBMIT ALL ELIGIBILITY  
ASSESSMENTS TO THE STATE DEPARTMENT BEFORE FUNDING  
APPROVAL OR DENIAL.
- G. IF A CHILD HAS BEEN DETERMINED ELIGIBLE UNDER THE CHILDREN AND  
YOUTH MENTAL HEALTH TREATMENT ACT, THE MENTAL HEALTH AGENCY  
SHALL SUBMIT A PLAN OF CARE FOR APPROVAL TO THE STATE  
DEPARTMENT BEFORE PROVIDING SERVICES. IF NECESSARY SERVICES  
ARE NOT IMMEDIATELY AVAILABLE, MENTAL HEALTH AGENCY SHALL  
SUBMIT AN ALTERNATIVE PLAN OF CARE AND PROVIDE INTERIM  
SERVICES AS APPROPRIATE.
- H. THE MENTAL HEALTH AGENCY SHALL MAINTAIN A COMPREHENSIVE CLINICAL  
RECORD FOR EACH CHILD RECEIVING SERVICES THROUGH CHILDREN AND  
YOUTH MENTAL HEALTH TREATMENT ACT FUNDING CONSISTENT WITH 2 CCR  
502-1. SUCH RECORDS SHALL BE MADE AVAILABLE FOR REVIEW BY THE  
STATE DEPARTMENT. THE INDIVIDUALIZED SERVICE PLAN IN THE CLINICAL  
RECORD SHALL REFLECT ANY SERVICES PROVIDED DIRECTLY BY THE  
CENTER, INCLUDING ANY CARE MANAGEMENT SERVICES PROVIDED AND  
RELEVANT DOCUMENTATION SUBMITTED BY A THIRD-PARTY PROVIDER. THE  
GOAL OF THOSE CARE MANAGEMENT SERVICES MAY BE, AT LEAST IN PART,  
TO OVERSEE THE DELIVERY OF SERVICES BY THIRD PARTY PROVIDERS TO  
ASSURE THAT ADEQUATE PROGRESS IS ACHIEVED AND MAY REFERENCE THE  
STATE PLAN OF CARE AND THE PROVIDER'S CLINICAL SERVICE PLAN.

#### **4.8.2 RESPONSIBILITIES OF THE DEPARTMENT**

THE STATE DEPARTMENT SHALL BE RESPONSIBLE FOR ADMINISTERING AND REGULATING THE PROVISIONS OF THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT. THE RESPONSIBILITIES OF THE STATE DEPARTMENT INCLUDE:

- A. ENSURING THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT IS IMPLEMENTED STATEWIDE;
- B. REVIEWING REQUESTS FOR FUNDING AND MAKING DETERMINATIONS REGARDING APPROVAL OF FUNDED SERVICES;
- C. THE PROVISION OF TECHNICAL ASSISTANCE TO MENTAL HEALTH AGENCIES, RESIDENTIAL TREATMENT PROVIDERS, FAMILIES, ADVOCACY ORGANIZATIONS, COUNTY DEPARTMENTS, MENTAL HEALTH PROVIDERS, AND OTHER STAKEHOLDERS REGARDING THE TECHNICAL AND FINANCIAL ASPECTS OF THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT;
- D. OVERSIGHT AND MONITORING OF SERVICE DELIVERY FOR CHILDREN RECEIVING CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDED SERVICES;
- E. OVERSIGHT OF THE APPROPRIATENESS OF FUNDED SERVICES, SERVICE STANDARDS, AND SERVICE EXPECTATIONS OF ~~Child-~~ **CHILDREN** AND YOUTH MENTAL HEALTH TREATMENT ACT FUNDED SERVICES;
- F. DEVELOPMENT AND MAINTENANCE OF THE APPEAL PROCESS;
- G. DEVELOPMENT AND MAINTENANCE OF DISPUTE RESOLUTION PROCESSES;
- H. MANAGEMENT OF THE FISCAL ASPECTS OF THE CHILDREN AND YOUTH MENTAL HEALTH TREATMENT ACT PROGRAM;
- I. DATA COLLECTION AND PUBLIC REPORTING.

\*\*\*\*\*

### **CHAPTER 5: ADDICTION COUNSELOR CERTIFICATION AND LICENSURE**

#### **5.1 STATUTORY AUTHORITY AND APPLICABILITY**

- A. AUTHORITY TO ESTABLISH THE EDUCATIONAL REQUIREMENTS NECESSARY FOR AN INDIVIDUAL TO PURSUE LICENSURE OR CERTIFICATION AS AN ADDICTION COUNSELOR PURSUANT TO PART 8 OF ARTICLE 245 OF TITLE 12, C.R.S. IS PROVIDED BY SECTIONS 12-245-804(3), C.R.S. AND 27-80-108(1)(E), C.R.S.
- B. THE DEPARTMENT OF REGULATORY AGENCIES' STATE BOARD OF ADDICTION COUNSELOR EXAMINERS CREATED PURSUANT TO SECTION 12-245-802, C.R.S. IS THE ENTITY RESPONSIBLE FOR ISSUING A LICENSE AS AN

ADDICTION COUNSELOR (LAC), A CERTIFICATION AS AN ADDICTION SPECIALIST (CAS) OR A CERTIFICATION AS AN ADDICTION TECHNICIAN (CAT) GRANTED AN APPLICANT MEETS ALL APPLICABLE STATUTORY AND REGULATORY REQUIREMENTS, INCLUDING THE REGULATORY STANDARDS ESTABLISHED IN SECTION 21.330.

## **5.2 DEFINITIONS**

- A. "CAS" FOR THE PURPOSE OF THIS SECTION MEANS A CERTIFIED ADDICTION SPECIALIST.
- B. "CAT" FOR THE PURPOSE OF THIS SECTION MEANS A CERTIFIED ADDICTION TECHNICIAN.
- C. "DORA" MEANS THE DEPARTMENT OF REGULATORY AGENCIES.
- D. "LAC" MEANS A LICENSED ADDICTION COUNSELOR.

## **5.3 COURSE WORK AND TRAINING REQUIREMENTS FOR INDIVIDUALS PURSUING AN ADDICTION COUNSELOR CREDENTIAL**

### **5.3.1 ADDICTION COUNSELING COURSE WORK AND TRAINING**

A. IN ADDITION TO THE STATUTORY REQUIREMENT LISTED IN SECTION 12-245-804(3.5)(A), C.R.S., AN INDIVIDUAL MUST COMPLETE NINE (9) INDIVIDUAL COURSES OR TRAININGS TO BE ELIGIBLE FOR CERTIFICATION AS AN ADDICTION TECHNICIAN (CAT). CAT COURSES OR TRAININGS SHALL ADDRESS:

- 1. GENERAL COUNSELING THEORIES;
- 2. TREATMENT METHODS; AND,
- 3. ADDICTION COUNSELOR COMPETENCIES.

B. IN ADDITION TO THE STATUTORY REQUIREMENT LISTED IN SECTION 12-245-804(3.5)(B), C.R.S., AN INDIVIDUAL MUST COMPLETE TWENTY (20) INDIVIDUAL COURSES OR TRAININGS, WHICH INCLUDES THE NINE (9) CAT TRAININGS REQUIRED PURSUANT TO 21.330.31(A), TO BE ELIGIBLE FOR CERTIFICATION AS AN ADDICTION SPECIALIST (CAS). CAS COURSES OR TRAININGS SHALL ADDRESS:

- 1. GENERAL COUNSELING THEORIES;
- 2. TREATMENT METHODS;
- 3. INFECTIOUS DISEASES AND SUBSTANCE USE/MISUSE;
- 4. ADDICTION COUNSELOR COMPETENCIES; AND,
- 5. CLINICAL SUPERVISION.

C. IN ADDITION TO THE STATUTORY REQUIREMENT LISTED IN SECTION 12-245-804(1), C.R.S., AN INDIVIDUAL MUST COMPLETE SEVEN (7) INDIVIDUAL COURSES OR TRAININGS TO BE ELIGIBLE FOR LICENSURE AS AN ADDICTION COUNSELOR (LAC). LAC COURSES OR TRAININGS SHALL ADDRESSING:

1. GENERAL COUNSELING THEORIES;
2. TREATMENT METHODS;
3. INFECTIOUS DISEASES AND SUBSTANCE USE/MISUSE;
4. ADDICTION COUNSELOR PROFESSIONAL ETHICS; AND,
5. CLINICAL SUPERVISION.

### **5.3.2 COMPLETION OF ADDICTION COUNSELING COURSE WORK AND TRAINING**

A. ADDICTION COUNSELING COURSE WORK AND TRAINING MUST BE COMPLETED THROUGH AN ADDICTION COUNSELOR CLINICAL TRAINING PROGRAM APPROVED BY THE DEPARTMENT PURSUANT TO SECTION 27-80-108(1), C.R.S.

B. COURSE WORK AND TRAINING COMPETENCY MAY ALSO BE OBTAINED THROUGH ACADEMIC EDUCATIONAL EQUIVALENCY.

1. AN INDIVIDUAL PURSUING ACADEMIC EDUCATIONAL EQUIVALENCY MUST DEMONSTRATE PROFICIENCY IN EACH OF THE ADDICTION COUNSELING COURSE WORK AND TRAININGS ESTABLISHED IN SECTION 21.330.31.
2. ACADEMIC EDUCATIONAL EQUIVALENCY MAY BE ACCOMPLISHED BY SUCCESSFUL COMPLETION OF EQUIVALENT DEPARTMENT REQUIRED COURSE WORK AND TRAININGS, OBTAINED FROM ACCREDITED INSTITUTIONS OF HIGHER EDUCATION.
3. COURSES IN THE BEHAVIORAL HEALTH SCIENCES OBTAINED FROM ACCREDITED INSTITUTIONS OF HIGHER EDUCATION EQUIVALENT TO THE DEPARTMENT-REQUIRED TRAINING SHALL BE DEMONSTRATED THROUGH OFFICIAL TRANSCRIPTS AND SYLLABI AND/OR COURSE DESCRIPTIONS.

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[Note: Changes to rule text are identified as follows: deletions are shown as “~~strikethrough~~”, additions are in “All Caps”, and changes made between initial review and final adoption are in [brackets] or highlighted yellow]

# Notice of Proposed Rulemaking

**Tracking number**

2025-00121

**Department**

1000 - Department of Public Health and Environment

**Agency**

1011 - Health Facilities and Emergency Medical Services Division (1011, 1015 Series)

**CCR number**

6 CCR 1011-1 Chapter 16

**Rule title**

Chapter 16 - Critical Access Hospitals

## Rulemaking Hearing

**Date**

05/21/2025

**Time**

10:00 AM

**Location**

Colorado Department of Public Health & Environment, 4300 Cherry Creek Drive South, Denver, CO 80246,

**Subjects and issues involved**

This rule set was created in response to Senate Bill 24-121, signed on June 6, 2024. Senate Bill 24-121 requires the Department create a separate licensing type and establish requirements for the licensure of Critical Access Hospitals (CAHs). The proposed rules will create a new licensing chapter related specifically to the licensure of CAHs, as required by the new law. The existing licensing of CAHs will be maintained as they transfer from a general hospital license type to this specific CAH license type. CAHs will undergo no undue scrutiny or additional labor due to the transition of the license type. The vast majority of the new rule refers to the existing requirements currently in use for CAHs, as found at 6 CCR 1011-1 Chapter 4 - General Hospitals.

**Statutory authority**

Senate Bill 24-121

## Contact information

**Name**

Alexandra Haas

**Title**

Policy Supervisor, Health Facilities and Medical Services Division

**Telephone**

303-691-4934

**Email**

[alexandra.haas@state.co.us](mailto:alexandra.haas@state.co.us)



**COLORADO**  
Department of Public  
Health & Environment

To: Members of the State Board of Health

From: Elaine McManis, RN, Division Director, Health Facilities and Emergency Medical Services Division *E.Mc.*

Through: Jo Tansey, Acute Care and Nursing Facilities Branch Chief, Health Facilities and Emergency Medical Services Division

Date: March 19, 2025

Subject: **Request for a Rulemaking Hearing** concerning 6 CCR 1011-1, Standards for Hospitals and Health Care Facilities, Chapter 16 - Critical Access Hospitals

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The Department requests consideration of the set of rules in the attached package. This rule set was created in response to Senate Bill 24-121, signed on June 6, 2024. Senate Bill 24-121 requires the Department create a separate licensing type and establish requirements for the licensure of Critical Access Hospitals (CAHs).

CAHs are a federally designated and defined type of small rural hospital that meet certain eligibility requirements, and are currently licensed as general hospitals under 6 CCR 1011-1 Chapter 4 - General Hospitals. As of March 1, 2025, thirty-two (32) CAHs are licensed in Colorado.

The proposed rules will create a new licensing chapter related specifically to the licensure of CAHs, as required by the new law.



**STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
For Addition of  
6 CCR 1011-1, Chapter Sixteen**

**Basis and Purpose.**

The Department requests consideration of the set of rules in the attached package. This rule set was created in response to Senate Bill 24-121, signed on June 6, 2024. Senate Bill 24-121 requires the Department create a separate licensing type and establish requirements for the licensure of Critical Access Hospitals (CAHs).

CAHs are a federally designated and defined type of small rural hospital that meet certain eligibility requirements, and are currently licensed as general hospitals under 6 CCR 1011-1 Chapter 4 - General Hospitals. As of March 1, 2025, thirty-two (32) CAHs are licensed in Colorado. The general hospital rules that currently regulate the licensing of CAHs utilize the CAH federal designation and address both CAHs and small hospitals with twenty-five (25) or fewer inpatient beds. This federal definition of a CAH is also utilized in Senate Bill 24-121 and in the new proposed rules.

The proposed rules will create a new licensing chapter related specifically to the licensure of CAHs, as required by the new law. The existing licensing of CAHs will be maintained as they transfer from a general hospital license type to this specific CAH license type. CAHs will undergo no undue scrutiny or additional labor due to the transition of the license type. The vast majority of the new rule refers to the existing requirements currently in use for CAHs, as found at 6 CCR 1011-1 Chapter 4 - General Hospitals. The existing requirements that CAHs currently meet will be maintained by the proposed rules, with one minor exception.

The one requirement that CAHs must currently meet but will no longer be required to meet once licensed as a separate category relates to notifications and reporting for non-medical denial of care, as defined in the Patients' Right to Know Act, created by HB23-1218. The patient's right to know act statute refers explicitly to specific facility types including "general hospitals." Since CAHs will no longer be licensed as "general hospitals," they will no longer be subject to that statutory requirement.

**Specific Statutory Authority.**

**Statutes that require or authorize rulemaking:**

Section 25-1.5-114.5, C.R.S.

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**Is this rulemaking due to a change in state statute?**

☒ Yes, the bill number is SB24-121. Rules are ☐ authorized ☒ required.  
☐ No

**Does this rulemaking include proposed rule language that incorporate materials by reference?**

☐ Yes ☐ URL  
☒ No

**Does this rulemaking include proposed rule language to create or modify fines or fees?**

\_\_\_\_\_ Yes

\_\_\_X\_\_\_ No

**Does the proposed rule language create (or increase) a state mandate on local government?**

\_\_\_X\_\_\_ No.

- The proposed rule does not require a local government to perform or increase a specific activity for which the local government will not be reimbursed;
- The proposed rule requires a local government to perform or increase a specific activity because the local government has opted to perform an activity, or;
- The proposed rule reduces or eliminates a state mandate on local government.

\_\_\_\_\_ Yes.

**REGULATORY ANALYSIS**  
**For Addition of**  
**6 CCR 1011-1, Chapter Sixteen**

1. A description of the classes of persons affected by the proposed rule, including the classes that will bear the costs and the classes that will benefit from the proposed rule.

Group of persons/entities Affected by the Proposed Rule	Size of the Group	Relationship to the Proposed Rule Select category: C/CLG/S/B
Licensed Critical Access Hospitals	32	C
Patients of Critical Access Hospitals	Unknown	B

While all are stakeholders, groups of persons/entities connect to the rule and the problem being solved by the rule in different ways. To better understand those different relationships, please use this relationship categorization key:

- C = individuals/entities that implement or apply the rule.
- S = individuals/entities that do not implement or apply the rule but are interested in others applying the rule.
- B = the individuals that are ultimately served, including the customers of our customers. These individuals may benefit, be harmed by or be at-risk because of the standard communicated in the rule or the manner in which the rule is implemented.

More than one category may be appropriate for some stakeholders.

2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

**Economic outcomes**

Summarize the financial costs and benefits, include a description of costs that must be incurred, costs that may be incurred, any Department measures taken to reduce or eliminate these costs, any financial benefits.

**Affected Parties C -**

Critical Access Hospitals (CAHs) will experience no functional change in regulatory compliance processes. Current licensing through 6 CCR 1011-1 Chapter 4 - General Hospitals already puts forth the standards CAHs must meet, and contains language specifically for these facilities and hospitals of twenty-five (25) beds or fewer. CAHs will see a slight decrease in required paperwork as they will no longer be subject to the requirements of the Patients' Right to Know Act, created by HB23-1218.

**Affected Parties B, S -**

Patients of CAHs will experience no change due to this law and the related rules implementation.

**Non-economic outcomes**

Summarize the anticipated favorable and non-favorable non-economic outcomes (short-term and long-term), and, if known, the likelihood of the outcomes for each affected class of persons by the relationship category.

**Affected Parties C -**

Critical access hospitals (CAHs) will experience no functional change in regulatory compliance processes. The license the Department issues will have two words changed from those previously issued to CAHs.

**Affected Parties B, S -**

Patients of CAHs will experience no change due to this law and the related rules implementation.

**3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

**A. Anticipated CDPHE personal services, operating costs or other expenditures:**

The Department will have a nominal cost to maintain an additional chapter of licensing regulations, and to update the license the Department issues to CAHs.

**Anticipated CDPHE Revenues: N/A**

**B. Anticipated personal services, operating costs or other expenditures by another state agency: N/A**

**C. Anticipated Revenues for another state agency: N/A**

**4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

**Along with the costs and benefits discussed above, the proposed revisions:**

- ☒ **Comply with a statutory mandate to promulgate rules.**
- ☐ **Comply with federal or state statutory mandates, federal or state regulations, and department funding obligations.**
- ☐ **Maintain alignment with other states or national standards.**
- ☐ **Implement a Regulatory Efficiency Review (rule review) result**
- ☐ **Improve public and environmental health practice.**
- ☐ **Implement stakeholder feedback.**

**Advance the following CDPHE Strategic Plan priorities (select all that apply):**

Goal 1, Implement public health and environmental priorities  
 Goal 2, Increase Efficiency, Effectiveness and Elegance  
 Goal 3, Improve Employee Engagement  
 Goal 4, Promote health equity and environmental justice  
 Goal 5, Prepare and respond to emerging issues, and  
Comply with statutory mandates and funding obligations

**Strategies to support these goals:**

- \_\_\_ Substance Abuse (Goal 1)
- \_\_\_ Mental Health (Goal 1, 2, 3 and 4)
- \_\_\_ Obesity (Goal 1)
- \_\_\_ Immunization (Goal 1)
- \_\_\_ Air Quality (Goal 1)
- \_\_\_ Water Quality (Goal 1)
- \_\_\_ Data collection and dissemination (Goal 1, 2, 3, 4, 5)
- \_\_\_ Implement quality improvement/a quality improvement project (Goal 1, 2, 3, 5)
- \_\_\_ Employee Engagement (Goal 1, 2, 3)
- \_\_\_ Decisions incorporate health equity and environmental justice (Goal 1, 3, 4)
- \_\_\_ Detect, prepare and respond to emerging issues (Goal 1, 2, 3, 4, 5)
- \_\_\_ Advance CDPHE Division-level strategic priorities.

**The costs and benefits of the proposed rule will not be incurred if inaction was chosen. Costs and benefits of inaction not previously discussed include: N/A**

- 5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

Rulemaking is proposed when, as here, it is the only statutorily allowable method for achieving the purpose of the statute. The specific revisions proposed in this rulemaking are the minimum necessary to achieve compliance with statute.

- 6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.**

No other alternatives to rulemaking were considered, as the statute requires rules. The rules presented here were crafted with the input of stakeholders and are limited to those issues that are required for the implementation of the law.

- 7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

The addition of this language is necessary to be in alignment with state law, and no independent data was used in the analysis.

**STAKEHOLDER ENGAGEMENT  
For Addition of  
6 CCR 1011-1, Chapter Sixteen**

State law requires agencies to establish a representative group of participants when considering to adopt or modify new and existing rules. This is commonly referred to as a stakeholder group.

**Early Stakeholder Engagement:**

The following individuals and/or entities were invited to provide input and included in the development of these proposed rules and/or attended the public stakeholder meetings.

Notice of the opportunity to participate in the stakeholder process related to this rule update was provided to over 170 individual contacts in advance of each meeting, including the following:

- All individuals expressing interest in being included in the stakeholder process, as gathered through the interested parties' link in the public google folder for the stakeholder process (80 as of February 2025).
- Provider Messaging System from the Department to all Critical Access Hospitals (32).

The following organizations were contacted in advance of the first meeting:

<b>Organization</b>
Colorado Hospital Association
Arkansas Valley Regional Medical Center
Aspen Valley Hospital
Centura St Thomas More Hospital
East Morgan County Hospital
Estes Park Medical Center
Family Health West Hospital
Grand River Medical Center
Gunnison Valley Hospital
Haxtun Hospital District
Heart Of The Rockies Regional Medical Center
Keefe Memorial Hospital
Kit Carson County Memorial Hospital
Lincoln Health Hospital
Melissa Memorial Hospital
Memorial Hospital, The
Middle Park Medical Center
Mt San Rafael Hospital
Pagosa Springs Medical Center
Pioneers Medical Center
Prowers Medical Center
Rangely District Hospital

Rio Grande Hospital
San Luis Valley Health Conejos County Hospital
Sedgwick County Memorial Hospital
Southeast Colorado Hospital
Southwest Memorial Hospital
Spanish Peaks Regional Health Center
St Vincent General Hospital District
UC Health Pikes Peak Regional Hospital
Weisbrod Memorial County Hospital
Wray Community District Hospital
Yuma District Hospital

The following individuals attended at least one meeting as part of the stakeholder process:

<b>Name</b>	<b>Organization/Affiliation (if known)</b>
Adena Ross	Conejos County Hospital
Amber Rider	Prowers Medical Center
Amber Thompson	Prowers Medical Center
Angela Nock	
Anne Kreutzer	Yuma District Hospital
Carrie Owens	Lincoln Health
Cassandra Garza	Advent Health
Cathy O'Brien	
Christine Blaney MacMillian	
Dani Kloepper	Middle Park Medical Center
Deissey Olivas	Wray Community District Hospital
Dewane Pace	Haxtun Health
Diva Wood	
Jasmine Shea	
Jason Davis	Family Health West Hospital
Jeff Egbert	Southeast Colorado Hospital District
Jennifer Gabel-Adney	St. Thomas More Hospital
Jessica Short	HCPF
Karl Nieschburg	Prowers Medical Center
Kathy Richie	Lincoln Health
Kelly Erb Zager	Colorado Rural Health Center
Kevin Zachary	
Lana Currance	Kit Carson County Memorial Hospital
Linda Spencer	
Lindy Odette	
Liz Ignowski	Husch Blackwell
Lori Randall	Family Health West Hospital
Marci Givens	Yuma District Hospital

Maria Elstob	Southeast Colorado Hospital District
Mark Waller	
Michelle Gay	
Michelle Mills	Colorado Rural Health Center
Mike Cafasso	
Paris LaBruzzo	Banner Health
Pat Samples	
Paulette Mapes	St. Thomas More Hospital
Raine Henry	HCPF
Rebecca Schickling	Grand River Hospital
Rickey Kamerzell	St. Thomas More Hospital
Sam DiCario	Advent Health
Sara Briggs	Spanish Peaks Regional Health Center
Steve Gilgen	
Tennie Masterson	Conejos County Hospital
Tina Sandoval	Prowers Medical Center
Tom Coburn	
Travis Dorr	Family Health West Hospital
In addition to the participants listed above, there were 7 unidentified participants.	

Three monthly stakeholder meetings occurred on the fourth Wednesday of the month, from July 2024 through September 2024. Participation for all meetings was open to the public and available via a hybrid format, both in person at the Department and online via Zoom. Seven to fourteen days before each meeting, contacts for the thirty-two (32) affected CAHs were notified of the meeting through the Health Facilities provider messaging system. In addition, 80 interested parties were also emailed directly in advance of each meeting to notify them of the time and location of the meeting.

Prior to each meeting, a public link to the Google folder, which contained the signed law, a stakeholder information letter, meeting agendas, draft rules, and all material being shared at the meetings was available. Meeting participants had the opportunity to use the chat or raise hand function to provide input. Attendance at the meetings ranged from 28 to 41 individuals, with 50 distinct stakeholders taking part in at least one meeting. Outside of the meetings, stakeholders were encouraged to send written comments to Department staff. Once the meetings concluded, audio and video recordings of the Zoom meetings were posted, as were the Zoom chat records.

Stakeholder response during the meetings represented unanimous support for the draft rules. No opposition to the draft rules was expressed during the stakeholder process. From September 2024 through February 2025, stakeholders have been encouraged to provide additional feedback through an online feedback form, and via direct email to the drafting team. As of March 1, 2025, no additional comments or questions have been received.

#### **Stakeholder Group Notification**

The stakeholder group was provided notice of the rulemaking hearing and provided a copy of the proposed rules or the internet location where the rules may be viewed. Notice was



provided prior to the date the notice of rulemaking was published in the Colorado Register (typically, the 10<sup>th</sup> of the month following the Request for Rulemaking).

☒ Not applicable. This is a Request for Rulemaking Packet. Notification will occur if the Board of Health sets this matter for rulemaking.

☐ Yes.

**Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received.** If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

The Department worked closely with stakeholders to reach consensus on all issues discussed during the stakeholder meetings. The proposed language, which references heavily to the regulations CAHs currently meet, found at 6 CCR 1011-1 Chapter 4 - General Hospitals, raised no concerns from stakeholders. Additionally, this presentation of rules is consistent with rules for other specialized hospital settings, as found at 6 CCR 1011-1 Chapter 10 - Rehabilitation Centers, 6 CCR 1011-1 Chapter 18 - Psychiatric Hospitals, and 6 CCR 1011-1 Chapter 19 - Licensed Hospital Units.

**Please identify the determinants of health or other health equity and environmental justice considerations, values or outcomes related to this rulemaking.**

The purpose of the law is to create a separate licensing type for CAHs. This rulemaking furthers the purpose of the law by creating a separate licensing type and licensing regulations for CAHs.

Select all that apply.

	Improves behavioral health and mental health; or, reduces substance abuse or suicide risk.	Reduces or eliminates health care costs, improves access to health care or the system of care; stabilizes individual participation; or, improves the quality of care for unserved or underserved populations.
	Improves housing, land use, neighborhoods, local infrastructure, community services, built environment, safe physical spaces or transportation.	Reduces occupational hazards; improves an individual's ability to secure or maintain employment; or, increases stability in an employer's workforce.
	Improves access to food and healthy food options.	Reduces exposure to toxins, pollutants, contaminants or hazardous substances; or ensures the safe application of radioactive material or chemicals.
	Improves access to public and environmental health information; improves the readability of the rule; or, increases the shared understanding of	Supports community partnerships; community planning efforts; community needs for data to inform decisions; community needs to evaluate the

	roles and responsibilities, or what occurs under a rule.		effectiveness of its efforts and outcomes.
	Increases a child's ability to participate in early education and educational opportunities through prevention efforts that increase protective factors and decrease risk factors, or stabilizes individual participation in the opportunity.		Considers the value of different lived experiences and the increased opportunity to be effective when services are culturally responsive.
	Monitors, diagnoses and investigates health problems, and health or environmental hazards in the community.		Ensures a competent public and environmental health workforce or health care workforce.
X	Other: _Create separate licensing type for Critical Access Hospitals _____ _____		Other: _____ _____

# An Act

SENATE BILL 24-121

BY SENATOR(S) Pelton R. and Roberts, Bridges, Buckner, Cutter, Exum, Gardner, Ginal, Jaquez Lewis, Kirkmeyer, Liston, Lundeen, Marchman, Michaelson Jenet, Mullica, Pelton B., Simpson, Van Winkle, Will, Zenzinger, Fenberg;  
also REPRESENTATIVE(S) Young and Holtorf, Armagost, Boesenecker, Bradley, Clifford, Duran, Evans, Froelich, Hamrick, Jodeh, Lieder, Lindsay, Lynch, McCormick, Winter T.

CONCERNING THE CREATION OF A SEPARATE HEALTH FACILITY LICENSE FOR  
CRITICAL ACCESS HOSPITALS, AND, IN CONNECTION THEREWITH,  
MAKING AN APPROPRIATION.

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

**SECTION 1.** In Colorado Revised Statutes, 25-1.5-103, **amend as it will become effective July 1, 2024**, (1)(a)(I)(A) as follows:

**25-1.5-103. Health facilities - powers and duties of department - rules - limitations on rules - definitions - repeal.** (1) The department has, in addition to all other powers and duties imposed upon it by law, the powers and duties provided in this section as follows:

*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

(a)(I)(A) To annually license and to establish and enforce standards for the operation of general hospitals, hospital units as defined in section 25-3-101 (2), freestanding emergency departments as defined in section 25-1.5-114, CRITICAL ACCESS HOSPITALS AS DEFINED IN SECTION 25-1.5-114.5, psychiatric hospitals, community clinics, rehabilitation hospitals, convalescent centers, facilities for persons with intellectual and developmental disabilities, nursing care facilities, hospice care, assisted living residences, dialysis treatment clinics, ambulatory surgical centers, birthing centers, home care agencies, and other facilities of a like nature, except those wholly owned and operated by ~~any~~ A governmental unit or agency.

**SECTION 2.** In Colorado Revised Statutes, add 25-1.5-114.5 as follows:

**25-1.5-114.5. Critical access hospitals - licensure - rules - definitions.** (1) AS USED IN THIS SECTION:

(a) "BOARD" MEANS THE STATE BOARD OF HEALTH CREATED IN SECTION 25-1-103.

(b) "CRITICAL ACCESS HOSPITAL" MEANS A HOSPITAL THAT IS FEDERALLY DESIGNATED OR UNDERGOING FEDERAL DESIGNATION AS A CRITICAL ACCESS HOSPITAL PURSUANT TO 42 CFR 485, SUBPART F.

(2) (a) ON OR AFTER JANUARY 1, 2026, A PERSON OPERATING OR THAT WISHES TO OPERATE A CRITICAL ACCESS HOSPITAL SHALL SUBMIT TO THE DEPARTMENT ON AN ANNUAL BASIS A COMPLETED APPLICATION FOR A CRITICAL ACCESS HOSPITAL LICENSE. ON AND AFTER JULY 1, 2026, A PERSON SHALL NOT OPERATE A CRITICAL ACCESS HOSPITAL WITHOUT A CRITICAL ACCESS HOSPITAL LICENSE ISSUED BY THE DEPARTMENT.

(b) A PERSON OPERATING A HOSPITAL LICENSED BY THE DEPARTMENT AS A CRITICAL ACCESS HOSPITAL IS NOT REQUIRED TO HOLD A GENERAL HOSPITAL LICENSE TO OPERATE THE HOSPITAL.

(3) THE BOARD SHALL ADOPT RULES ESTABLISHING THE REQUIREMENTS FOR LICENSURE OF, WAIVER FROM THE REQUIREMENTS FOR LICENSURE OF, SAFETY AND CARE STANDARDS FOR, AND FEES FOR LICENSING AND INSPECTING CRITICAL ACCESS HOSPITALS. THE BOARD SHALL SET THE

FEES IN ACCORDANCE WITH SECTION 25-3-105.

**SECTION 3.** In Colorado Revised Statutes, 25-3-101, **amend as it will become effective July 1, 2024**, (1) as follows:

**25-3-101. Hospitals - health facilities - licensed - definitions.**

(1) It is unlawful for any person, partnership, association, or corporation to open, conduct, or maintain any general hospital; hospital unit; freestanding emergency department as defined in section 25-1.5-114; CRITICAL ACCESS HOSPITAL AS DEFINED IN SECTION 25-1.5-114.5; psychiatric hospital; community clinic; rehabilitation hospital; convalescent center; facility for persons with developmental disabilities as defined in section 25-1.5-103 (2)(c); nursing care facility; hospice care; assisted living residence, except an assisted living residence shall be assessed a license fee as set forth in section 25-27-107; dialysis treatment clinic; ambulatory surgical center; birthing center; home care agency; or other facility of a like nature, except those wholly owned and operated by ~~any~~ A governmental unit or agency, without first having obtained a license from the department.

**SECTION 4.** In Colorado Revised Statutes, 25-3.5-103, **amend** (8.1) as follows:

**25-3.5-103. Definitions.** As used in this article 3.5, unless the context otherwise requires:

(8.1) "Emergency medical services facility" means a licensed or certified facility that provides emergency medical services, including but not limited to hospitals, hospital units as defined in section 25-3-101, freestanding emergency departments as defined in section 25-1.5-114, CRITICAL ACCESS HOSPITALS AS DEFINED IN SECTION 25-1.5-114.5, psychiatric hospitals, community clinics, community mental health centers, and acute treatment units.

**SECTION 5.** In Colorado Revised Statutes, 25.5-3-501, **amend** (1)(c) and (1)(d)(II); and **add** (1)(e) as follows:

**25.5-3-501. Definitions.** As used in this part 5, unless the context otherwise requires:

(1) "Health-care facility" means:

(c) Any freestanding emergency department licensed pursuant to section 25-1.5-114; or

(d) Any outpatient health-care facility that is licensed as an on-campus department or service of a hospital or that is listed as an off-campus location under a hospital's license, except:

(II) A student-learning medical and dental clinic that is established for the purpose of student learning AND offering discounted patient care as part of a program of student learning and is physically situated within a health sciences school; OR

(e) A CRITICAL ACCESS HOSPITAL AS DEFINED IN SECTION 25-1.5-114.5.

**SECTION 6.** In Colorado Revised Statutes, 25.5-4-402.4, **amend** (4)(c)(I)(C) as follows:

**25.5-4-402.4. Hospitals - healthcare affordability and sustainability fee - legislative declaration - Colorado healthcare affordability and sustainability enterprise - federal waiver - fund created - rules - reports - repeal.** (4) **Healthcare affordability and sustainability fee.** (c) (I) In accordance with the redistributive method set forth in 42 CFR 433.68 (e)(1) and (e)(2), the enterprise, acting in concert with or through an agreement with the state department if required by federal law, may seek a waiver from the broad-based healthcare affordability and sustainability fee requirement or the uniform healthcare affordability and sustainability fee requirement, or both. In addition, the enterprise, acting in concert with or through an agreement with the state department if required by federal law, shall seek any federal waiver necessary to fund and, in cooperation with the state department and hospitals, support the implementation of a health-care delivery system reform incentive payments program as described in subsection (8) of this section. Subject to federal approval and to minimize the financial impact on certain hospitals, the enterprise may exempt from payment of the healthcare affordability and sustainability fee certain types of hospitals, including but not limited to:

(C) Critical access hospitals that are licensed ~~as general hospitals~~ and ~~are~~ certified by the department of public health and environment under

42 CFR ~~part~~ 485, subpart F;

**SECTION 7.** In Colorado Revised Statutes, 25.5-4-402.8, **amend** (2)(c)(III) as follows:

**25.5-4-402.8. Hospital transparency report - definitions.**

(2) (c) The state department may exempt from certain reporting requirements described in subsections (2)(b) and (2)(b.5) of this section certain types of hospitals, including but not limited to:

(III) Critical access hospitals that are licensed ~~as general hospitals~~ and ~~are~~ certified by the department of public health and environment pursuant to 42 CFR 485, subpart F;

**SECTION 8. Appropriation.** (1) For the 2024-25 state fiscal year, \$45,722 is appropriated to the department of public health and environment. This appropriation is from the general fund. To implement this act, the department may use this appropriation as follows:

(a) \$12,285 for use by the administration and support division for payments to OIT related to administration; and

(b) \$33,437 for use by the health facilities and emergency medical services division for administration and operations related to operations management, which amount is based on an assumption that the division will require an additional 0.4 FTE.

(2) For the 2024-25 state fiscal year, \$12,285 is appropriated to the office of the governor for use by the office of information technology. This appropriation is from reappropriated funds received from the department of public health and environment under subsection (1)(a) of this section. To implement this act, the office may use this appropriation to provide information technology services for the department of public health and environment.

**SECTION 9. Act subject to petition - effective date.** (1) Except as specified in subsection (2) of this section, 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 2024 and, in such case, will take effect on the date of the official declaration of the vote thereon by the governor.

(2) Section 25-3-101 (1), Colorado Revised Statutes, as amended in section 3 of this act; section 25-3.5-103 (8.1), Colorado Revised Statutes, as amended in section 4 of this act; section 25.5-3-501 (1)(c), (1)(d)(II), and (1)(e), Colorado Revised Statutes, as amended or enacted in section 5 of this act; section 25.5-4-402.4 (4)(c)(I)(C), Colorado Revised Statutes, as



**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 16 – CRITICAL ACCESS HOSPITALS**

**6 CCR 1011-1 Chapter 16**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on MMMMM DD, YYYY. Effective MMMM DD, YYYY.**

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**PART 1. STATUTORY AUTHORITY AND APPLICABILITY**

1.1 The statutory authority for the promulgation of these regulations is set forth in Sections 25-1.5-103 and 25-1.5-114.5, et seq., C.R.S.

1.2 Applicability

(A) Critical access hospitals (CAHs) shall meet applicable federal, state, and local laws and regulations, including but not limited to:

- 
- (1) This Chapter 16.
- (2) 6 CCR 1011-1, Chapter 2, except as noted below:
- (a) Notwithstanding 6 CCR 1011-1, Chapter 2, Part 2.2.2, CAH services or departments provided for under this Chapter 16 shall not require a separate license if they are on the CAH campus.
- (b) Services that are subject to separate licensure including, but not limited to, ambulatory surgical centers, assisted living residences, hospices, licensed hospital units, home care agencies, nursing care facilities, and dialysis treatment centers, shall not be considered part of the hospital campus.
- (3) The staffing qualifications, level of staffing, hours of operation, and quality management requirements shall not exceed the requirements established under 42 CFR 485.600, et seq.
- (4) 6 CCR 1010-2, Colorado Retail Food Establishment Regulations, except as noted below:
- (a) These regulations apply only to a retail operation of a CAH that stores, prepares, or packages food for human consumption or serves or otherwise prepares food for human consumption to consumers.
- (b) These regulations shall not apply to CAH patient feeding operations.
- (B) Contracted services shall meet the standards established herein.

## **PART 2. DEFINITIONS**

The definitions under 6 CCR 1011-1, Chapter 4, Part 2, Definitions, apply unless context dictates otherwise. In addition, the following definition shall apply:

- 2.1 "Critical Access Hospital" (CAH) means a hospital that is federally designated or undergoing federal designation as a critical access hospital pursuant to 42 CFR 485 subpart F, as found at 25-1.5-114.5 C.R.S.

## **PART 3. DEPARTMENT OVERSIGHT**

- 3.1 The standards contained in 6 CCR 1011-1, Chapter 2 and Chapter 4, Part 3 shall apply.

## **PART 4. GENERAL BUILDING AND FIRE SAFETY PROVISIONS**

- 4.1 The standards contained in 6 CCR 1011-1, Chapter 2, Part 3 and Chapter 4, Part 4 shall apply.

- (A) Prior to July 1, 2026, the transition of an existing hospital license to a CAH license will not require an FGI Guidelines compliance review.

## **PART 5. HOSPITAL OPERATIONS**

- 5.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 5 shall apply.

## **PART 6. GOVERNANCE AND LEADERSHIP**

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6.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 6 shall apply.

**PART 7. EMERGENCY PREPAREDNESS**

7.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 7 shall apply.

**PART 8. QUALITY MANAGEMENT PROGRAM**

8.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 8 shall apply.

**PART 9. PERSONNEL**

9.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 9 shall apply.

**PART 10. HEALTH INFORMATION MANAGEMENT**

10.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 10 shall apply.

**PART 11. INFECTION PREVENTION AND CONTROL AND ANTIBIOTIC STEWARDSHIP PROGRAMS**

11.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 11 shall apply.

**PART 12. PATIENT RIGHTS**

12.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 12 shall apply, except Part 12.3.

**PART 13. GENERAL PATIENT CARE SERVICES**

13.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 13 shall apply.

**PART 14. NURSING SERVICES**

14.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 14 shall apply.

**PART 15. PHARMACY SERVICES**

15.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 15 shall apply.

**PART 16. LABORATORY SERVICES**

16.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 16 shall apply.

**PART 17. DIAGNOSTIC AND THERAPEUTIC IMAGING SERVICES**

17.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 17 shall apply.

**Part 18. NUCLEAR MEDICINE SERVICES**

18.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 18 shall apply.

**PART 19. DIETARY SERVICES**

19.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 19 shall apply.

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**PART 20. ANESTHESIA SERVICES**

20.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 20 shall apply.

**PART 21. EMERGENCY SERVICES**

21.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 21 shall apply.

**PART 22. OUTPATIENT SERVICES**

22.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 22 shall apply.

**PART 23. PERINATAL SERVICES**

23.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 23 shall apply.

**PART 24. SURGICAL AND RECOVERY SERVICES**

24.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 24 shall apply.

**PART 25. CRITICAL CARE SERVICES**

25.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 25 shall apply.

**PART 26. RESPIRATORY CARE SERVICES**

26.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 26 shall apply.

**PART 27. REHABILITATION SERVICES**

27.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 27 shall apply.

**PART 28. PEDIATRIC SERVICES**

28.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 28 shall apply.

**PART 29. PSYCHIATRIC SERVICES**

29.1 The standards contained in 6 CCR 1011-1, Chapter 4, Part 29 shall apply.

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES CHAPTER 4 - GENERAL HOSPITALS**

**6 CCR 1011-1 Chapter 4**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on MMMMM DD, YYYY. Effective MMMM DD, YYYY.**

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**Part 21. EMERGENCY SERVICES**

21.1 All General **AND CRITICAL ACCESS** Hospitals shall maintain a dedicated emergency department and shall follow the standards in Part 21.3 below.

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

**CHAPTER 15 - DIALYSIS TREATMENT CLINICS**

**6 CCR 1011-1 Chapter 15**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on MMMM DD, YYYY. Effective MMMM DD, YYYY.**

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**4.1 Hospital Agreement**

4.1.1 With the exception of general **AND CRITICAL ACCESS** hospitals, any facility that applies for a dialysis treatment clinic license shall also have a written agreement with an affiliating general **OR CRITICAL ACCESS** hospital that includes arrangements for emergency hospitalization and hospital transfers. The agreement may also provide for an organized medical staff in the affiliating general hospital. Such agreement shall be submitted to and approved by the Department before issuance of any license.

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**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

**Health Facilities and Emergency Medical Services Division**

**STANDARDS FOR HOSPITALS AND HEALTH FACILITIES**

**CHAPTER 18 - PSYCHIATRIC HOSPITALS**

**6 CCR 1011-1 Chapter 18**

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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**Adopted by the Board of Health on MMMMM DD, YYYY. Effective MMMM DD, YYYY.**

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11.1 The hospital shall comply with the requirements of 6 CCR 1011-1, Chapter 4, Part 11, Infection Prevention and Control and Antibiotic Stewardship Programs. In addition, the hospital shall comply with the following:

- (A) The medical staff shall judge which patients with communicable diseases are within the capacity of the hospital to treat. Patients with communicable diseases that the hospital is not capable of treating shall be transferred, unless otherwise medically indicated, to a general **OR CRITICAL ACCESS** hospital for appropriate treatment.

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DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT  
Health Facilities and Emergency Medical Services Division  
STANDARDS FOR HOSPITALS AND HEALTH FACILITIES  
CHAPTER 19 - LICENSED HOSPITAL UNITS

6 CCR 1011-1 Chapter 19

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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Adopted by the Board of Health on **MMMM DD, YYYY**. Effective **MMMM DD, YYYY**.

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2.1 "Licensed hospital unit" means a physical portion of a licensed or certified general **OR CRITICAL ACCESS** hospital, psychiatric hospital, or rehabilitation hospital which is leased or otherwise occupied pursuant to a contractual agreement by a person other than the licensee of the host facility for the purpose of providing outpatient or inpatient services.

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## COLORADO

Board of Health

Department of Public Health & Environment

# Notice of Public Rule-Making Hearing May 21, 2025

NOTICE is hereby given pursuant to the provisions of Section 24-4-103, C.R.S., that the Colorado Board of Health will conduct a public rule-making hearing on May 21, 2025 at 10 a.m. in person at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South, Denver, CO 80246, remotely via [Zoom](#), or via both mediums, to consider a new rule, 6 CCR 1011-1, Chapter 16, Critical Access Hospitals. The new rule is proposed by the Health Facilities and Emergency Medical Services Division of the Colorado Department of Public Health and Environment pursuant to SB24-121.

The agenda for the meeting and the proposed new rule will also be available on the Board's website, <https://cdphe.colorado.gov/board-of-health> at least seven (7) days prior to the meeting. The proposed rule, together with the proposed statement of basis and purpose, specific statutory authority and regulatory analysis will be available for inspection at the Colorado Department of Public Health and Environment, 4300 Cherry Creek Drive South EDO-A5, Denver, Colorado 80246-1530 at least five working days prior to the hearing. Copies of the proposed rules may be obtained by contacting the Colorado Department of Public Health and Environment, Health Facilities and Emergency Medical Services Division, 4300 Cherry Creek Drive S., Denver, CO 80246, 303-691-4934.

### Public Participation

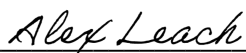
The Board encourages all interested persons to participate in the hearing by providing written data, views, or comments. Written testimony is encouraged; oral testimony will be received only to the extent the Board finds it necessary. Testimony is limited to the scope of the rulemaking hearing.

Oral testimony. Persons who are permitted to provide oral testimony may be limited to 3 minutes or less. Those wishing to give oral testimony remotely must sign up to do so no later than Tuesday, May 20, 2025 on the Board's website, <https://cdphe.colorado.gov/board-of-health>. Persons who wish to provide in person testimony may sign up to do so in the meeting room on the day of the hearing.

Written testimony. Pursuant to 6 CCR 1014-8, §3.02.1, written testimony must be submitted no later than five (5) calendar days prior to the rulemaking hearing. Written testimony must be received by 5:00 p.m., Thursday, May 15, 2025. Persons wishing to submit written comments should submit them by e-mail to [cdphe.bohrequests@state.co.us](mailto:cdphe.bohrequests@state.co.us) or by mail to:

Colorado Board of Health  
ATTN: Board of Health Program Assistant  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South EDO-A5  
Denver, Colorado 80246-1530

Dated this 21<sup>st</sup> day of March 2025.

  
\_\_\_\_\_  
Alex Leach  
Interim Board of Health Administrator

# Notice of Proposed Rulemaking

**Tracking number**

2025-00136

**Department**

1100 - Department of Labor and Employment

**Agency**

1101 - Division of Workers' Compensation

**CCR number**

7 CCR 1101-3 Rules 1-17

**Rule title**

Rules 1 - 17: RULES OF PROCEDURE (Rule 17 exhibits published separately)

## Rulemaking Hearing

**Date**

05/05/2025

**Time**

11:00 AM

**Location**

Virtual hearing via zoom - preregistration REQUIRED

**Subjects and issues involved**

This is an amendment to WCRP Rule 2. The changes to this rule are consistent with 8-42-112, C.R.S., which requires the Director to annually review, and adjust as necessary, the surcharge rate. This proposed rule change also includes some stylistic clean up.

**Statutory authority**

8-42-112 and 8-47-107, C.R.S.

## Contact information

**Name**

Michelle Sisk

**Title**

Manager of Policy

**Telephone**

3033188648

**Email**

michelle.sisk@state.co.us

# **DEPARTMENT OF LABOR AND EMPLOYMENT**

## **Division of Workers' Compensation**

**7 CCR 1101-3**

### **WORKERS' COMPENSATION RULES OF PROCEDURE**

#### **Rule 2      Workers' Compensation Insurance Premium And Payroll Surcharges**

##### **2-1      SURCHARGE REQUIREMENTS FOR INSURANCE CARRIERS**

Pursuant to § 8-44-112(1), insurance carriers must file semiannual surcharge returns based upon the premium amounts for the periods July 1 through December 31 of each year and January 1 through June 30 of each year.

- (A) Insurance carriers must use either Division Form WC 113 or the online surcharge application to file semiannual surcharge returns.
- (B) The surcharge return must state the amount of premiums written for Colorado workers' compensation insurance, including any policy expense constants, membership fees, finance and service, or other administrative fees charged to the policyholders with the issuance or renewal of policies during the semiannual period covered by such return. These premiums are the same as the premiums reported to the Colorado Division of Insurance (DOI) in accordance with § 10-3-208, and regulations promulgated thereunder.
- (C) Insurance carriers must verify the surcharge return by affidavits of at least two chief officers or agents, such as president and secretary.
- (D) For the semiannual assessment period July 1 through December 31, carriers must file verifications and pay no later than the following January 31. For the semiannual assessment period January 1 through June 30, carriers must file verifications and pay no later than the following July 31.
- (E) Insurance carriers may take a credit for actually refunded premiums as an offset against surcharges due within one year of the date the premium was refunded. The insurance carrier may not offset a credit of one subsidiary against the surcharge owed by another subsidiary.

##### **2-2      SURCHARGE REQUIREMENTS FOR SELF-INSURED EMPLOYERS**

Pursuant to § 8-44-112(3) every self-insured employer must report its semiannual payroll to the Division utilizing the Division's online surcharge application.

- (A) The filing must include the National Council on Compensation Insurance (NCCI) class codes, job titles, and payroll for each employee, as instructed by the online surcharge application. The Division may request further information to verify the reported payroll data. The failure to report payroll timely or accurately may result in the computation of surcharge without the otherwise applicable discounts.
- (B) Self-insured employer surcharges must be based on the manual premium, adjusted by Pinnacol Assurance discount applicable for the covered surcharge assessment period and modified by the experience rating factor as calculated by NCCI. No other rating factor shall be allowable. If the self-insured employer is unable to develop the experience rating factor, the employer may apply to the director for approval to use a 1.0 experience rating factor for the following surcharge rating period.

- (C) Self-insured employers must provide a completed NCCI form setting forth all of the information and methodology used in the calculation of the experience modification using the Division's online surcharge application. For the semiannual assessment period July 1 through December 31, self-insured employers must report payroll and pay no later than January 31. For the semiannual assessment period January 1 through June 30, self-insured employers must report payroll and pay no later than July 31.
- (D) All filings must be accompanied by an affidavit from a representative of the self-insured employer attesting to the accuracy of the included information.
- (E) The division may audit any self-insured employer for purposes of ascertaining the correctness of the reported wage expenditure, number of persons employed, accuracy of information upon which the experience rating factor was calculated and such other information as may be necessary.
- (F) If it is determined following an audit that the surcharge paid was incorrect as a result of inaccurate data or calculations submitted to the Division, the director may by order retroactively adjust the surcharge to reflect accurate data or calculations.

## 2-3 SURCHARGE REQUIREMENTS FOR SELF-INSURANCE POOLS

Effective for the semiannual assessment period July 1, 2021 through December 31, 2021 and continuing thereafter, every self-insurance pool must report its semiannual payroll pursuant to §§ 8-44-112(3) -204 and -205, using Division Form WC 112.

- (A) The filing must include the National Council on Compensation Insurance (NCCI) class codes, job titles, and individual payroll for each employee of each pool member, as well as aggregate total payroll for each class code in a spreadsheet format. The Division may request further information to verify the reported payroll data. The failure to report payroll timely or accurately may result in the computation of surcharge without the otherwise applicable discounts.
- (B) Each self-insurance pool member must provide a completed NCCI form setting forth all of the information and methodology used in the calculation of the experience modification. The pool also must set forth the methodology used in calculating its weighted experience rating factor. If any pool member is unable to develop the experience rating factor, the pool may apply to the director for approval to use a 1.0 experience rating factor for that member for the following surcharge rating period.
- (C) Self-insurance pool surcharges must be based on the manual premiums of each pool member, adjusted by Pinnacle Assurance discount applicable for the covered surcharge assessment period and modified by the pool's weighted experience rating factor. No other rating factor shall be allowable.
- (D) For the semiannual assessment period July 1 through December 31, self-insurance pools must report payroll and pay no later than January 31. For the semiannual assessment period January 1 through June 30, pools must report payroll and pay no later than July 31.
- (E) All filings must be accompanied by an affidavit from a representative of the self-insurance pool attesting to the accuracy of the included information.
- (F) The Division may audit any self-insurance pool for purposes of ascertaining correctness of the reported wage expenditures, number of persons employed, accuracy of information

and methodology upon which the experience rating factors were calculated, and such other information as may be necessary.

- (G) If it is determined following an audit that the surcharge paid was incorrect as a result of inaccurate data or calculations submitted to the Division, the director may by order retroactively adjust the surcharge to reflect accurate data or calculations.

## 2-4 SURCHARGE RATES

The following surcharge rates shall apply for the period beginning July 1 and continue indefinitely with periodic review by the director:

- (A) The workers' compensation cash fund premium surcharge rate authorized by § 8-44-112(1)(a), shall be 1.40 percent of the amount of all premiums written as defined in section 2-1(b) or the premium equivalent amount established in section 2-2(b) of this rule.
- (B) The additional assessment to fund the cost containment program authorized by § 8-44-112(1)(b)(i), shall be 0.03 percent of all premiums written, as defined in section 2-1(b). This assessment shall not be imposed on self-insured employers.
- (C) The assessment to fund the subsequent injury fund authorized by § 8-46-102(2)(a)(i), and the major medical fund authorized by § 8-46-202 shall be 0.0 percent of all premiums written as defined in section 2-1(b) or the premium equivalent amount established in section 2-2(b) of this rule.

# DEPARTMENT OF LABOR AND EMPLOYMENT

## Division of Workers' Compensation

7 CCR 1101-3

### WORKERS' COMPENSATION RULES OF PROCEDURE

#### **Rule 2      Workers' Compensation Insurance Premium And Payroll Surcharges**

##### **2-1      SURCHARGE REQUIREMENTS FOR INSURANCE CARRIERS**

Pursuant to § 8-44-112(1), insurance carriers must file semiannual surcharge returns based upon the premium amounts for the periods July 1 through December 31 of each year and January 1 through June 30 of each year.

- (A) Insurance carriers must use either Division Form WC 113 or the online surcharge application to file semiannual surcharge returns.
- (B) The surcharge return must state the amount of premiums written for Colorado workers' compensation insurance, including any policy expense constants, membership fees, finance and service, or other administrative fees charged to the policyholders with the issuance or renewal of policies during the semiannual period covered by such return. These premiums are the same as the premiums reported to the Colorado Division of Insurance (DOI) in accordance with § 10-3-208, and regulations promulgated thereunder.
- (C) Insurance carriers must verify the surcharge return by affidavits of at least two chief officers or agents, such as president and secretary.
- (D) For the semiannual assessment period July 1 through December 31, carriers must file verifications and pay no later than the following January 31. For the semiannual assessment period January 1 through June 30, carriers must file verifications and pay no later than the following July 31.
- (E) Insurance carriers may take a credit for actually refunded premiums as an offset against surcharges due within one year of the date the premium was refunded. The insurance carrier may not offset a credit of one subsidiary against the surcharge owed by another subsidiary.

##### **2-2      SURCHARGE REQUIREMENTS FOR SELF-INSURED EMPLOYERS**

Pursuant to § 8-44-112(3) every self-insured employer must report its semiannual payroll to the Division utilizing the ~~DELETED: d~~Division's online surcharge application.

- (A) The filing must include the National Council on Compensation Insurance (NCCI) class codes, job titles, and payroll for each employee, as instructed by the online surcharge application. The Division may request further information to verify the reported payroll data. The failure to report payroll timely or accurately may result in the computation of surcharge without the otherwise applicable discounts.
- (B) Self-insured employer surcharges must be based on the manual premium, adjusted by Pinnacol Assurance discount applicable for the covered surcharge assessment period and modified by the experience rating factor as calculated by NCCI. No other rating factor shall be allowable. If the self-insured employer is unable to develop the experience rating factor, the employer may apply to the director for approval to use a 1.0 experience rating factor for the following surcharge rating period.

- (C) Self-insured employers must provide a completed NCCI form setting forth all of the information and methodology used in the calculation of the experience modification using the Division's online surcharge application. For the semiannual assessment period July 1 through December 31, self-insured employers must report payroll and pay no later than January 31. For the semiannual assessment period January 1 through June 30, self-insured employers must report payroll and pay no later than July 31.
- (D) All filings must be accompanied by an affidavit from a representative of the self-insured employer attesting to the accuracy of the included information.
- (E) The division may audit any self-insured employer for purposes of ascertaining the correctness of the reported wage expenditure, number of persons employed, accuracy of information upon which the experience rating factor was calculated and such other information as may be necessary.
- (F) If it is determined following an audit that the surcharge paid was incorrect as a result of inaccurate data or calculations submitted to the ~~[DELETE: d]~~Division, the director may by order retroactively adjust the surcharge to reflect accurate data or calculations.

## 2-3 SURCHARGE REQUIREMENTS FOR SELF-INSURANCE POOLS

Effective for the semiannual assessment period July 1, 2021 through December 31, 2021 and continuing thereafter, every self-insurance pool must report its semiannual payroll pursuant to §§ 8-44-112(3) -204 and -205, using Division Form WC 112.

- (A) The filing must include the National Council on Compensation Insurance (NCCI) class codes, job titles, and individual payroll for each employee of each pool member, as well as aggregate total payroll for each class code in a spreadsheet format. The Division may request further information to verify the reported payroll data. The failure to report payroll timely or accurately may result in the computation of surcharge without the otherwise applicable discounts.
- (B) Each self-insurance pool member must provide a completed NCCI form setting forth all of the information and methodology used in the calculation of the experience modification. The pool also must set forth the methodology used in calculating its weighted experience rating factor. If any pool member is unable to develop the experience rating factor, the pool may apply to the director for approval to use a 1.0 experience rating factor for that member for the following surcharge rating period.
- (C) Self-insurance pool surcharges must be based on the manual premiums of each pool member, adjusted by Pinnacle Assurance discount applicable for the covered surcharge assessment period and modified by the pool's weighted experience rating factor. No other rating factor shall be allowable.
- (D) For the semiannual assessment period July 1 through December 31, self-insurance pools must report payroll and pay no later than January 31. For the semiannual assessment period January 1 through June 30, pools must report payroll and pay no later than July 31.
- (E) All filings must be accompanied by an affidavit from a representative of the self-insurance pool attesting to the accuracy of the included information.
- (F) The Division may audit any self-insurance pool for purposes of ascertaining correctness of the reported wage expenditures, number of persons employed, accuracy of information

and methodology upon which the experience rating factors were calculated, and such other information as may be necessary.

- (G) If it is determined following an audit that the surcharge paid was incorrect as a result of inaccurate data or calculations submitted to the ~~[DELETE: d]~~Division, the director may by order retroactively adjust the surcharge to reflect accurate data or calculations.

## 2-4 SURCHARGE RATES

The following surcharge rates shall apply for the period beginning July 1 and continue indefinitely with periodic review by the director:

- (A) The workers' compensation cash fund premium surcharge rate authorized by § 8-44-112(1)(a), shall be 1.40 percent of the amount of all premiums written as defined in section 2-1(b) or the premium equivalent amount established in section 2-2(b) of this rule.
- (B) The additional assessment to fund the cost containment program authorized by § 8-44-112(1)(b)(i), shall be 0.03 percent of all premiums written, as defined in section 2-1(b). This assessment shall not be imposed on self-insured employers.
- (C) The assessment to fund the subsequent injury fund authorized by §8-46-102(2)(a)(i), and the major medical fund authorized by § 8-46-202 shall be 0.0 percent of all premiums written as defined in section 2-1(b) or the premium equivalent amount established in section 2-2(b) of this rule.



# Notice of Proposed Rulemaking

**Tracking number**

2025-00123

**Department**

1100 - Department of Labor and Employment

**Agency**

1101 - Division of Workers' Compensation

**CCR number**

7 CCR 1101-3 Rules 1-17

**Rule title**

Rules 1 - 17: RULES OF PROCEDURE (Rule 17 exhibits published separately)

## Rulemaking Hearing

**Date**

05/01/2025

**Time**

10:00 AM

**Location**

Virtual hearing via zoom - preregistration REQUIRED

**Subjects and issues involved**

Rule 16 sets forth the procedural standards related to medical services provided to the Colorado injured workers. These procedural standards, among other things, touch upon referrals, prior authorization, required billing forms and codes, and timeframes for timely submission of medical bills. The amendments this year revise or update requirements pertaining to the role of authorized treating physicians managing the claim, electronic billing, and payment methods.

**Statutory authority**

§8-47-107, C.R.S.

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**DEPARTMENT OF LABOR AND EMPLOYMENT**  
**Division of Workers' Compensation**  
**7 CCR 1101-3**  
**WORKERS' COMPENSATION RULES OF PROCEDURE**

**Rule 16 UTILIZATION STANDARDS**

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A. STATEMENT OF PURPOSE

In an effort to comply with the legislative charge to assure the quick and efficient delivery of medical benefits at a reasonable cost, the Director (Director) of the Division of Workers' Compensation (Division) has promulgated these utilization standards, effective January 1, 2025. This Rule defines the standard terminology, administrative procedures, and dispute resolution procedures required to implement the Division's Medical Treatment Guidelines (Rule 17) and Medical Fee Schedule (Rule 18).

B. STANDARD TERMINOLOGY FOR RULES 16, 17, AND 18

A. Ambulatory Surgical Center (ASC) means licensed as such by the Colorado Department of Public Health and Environment (CDPHE).

B. Authorized Treating Provider (ATP) means any of the following:

1. The treating physician designated by the employer and selected by the injured worker;
2. A healthcare Provider to whom an ATP refers the injured worker for treatment, consultation, or impairment rating;
3. A physician selected by the injured worker when the injured worker has the right to select a Provider;
4. A physician authorized by the employer when the employer has the right or obligation to make such an authorization;
5. A healthcare Provider determined by the Director or an administrative law judge to be an ATP;
6. A Provider who is designated by the agreement of the injured worker and the Payer.

C. Billed Service(s) means any billed service, procedure, equipment, or supply provided to an injured worker by a Provider.

D. Billing Party means a service Provider or an injured worker who has incurred authorized medical expenses.

E. Children's Hospital means federally qualified, and certified by CDPHE, and licensed as a general hospital by CDPHE.

F. Critical Access Hospital means federally qualified, and certified by

CDPHE, and licensed as a general hospital by CDPHE. A list is available on the federal Health Resources and Services Administration website. For dates of service on or after July 1, 2026, Critical Access Hospital means licensed as such by CDPHE pursuant to § 25-1.5-114.5.

- G. Day means a calendar day unless otherwise noted. In computing any period of time prescribed or allowed by Rules 16, 17, or 18, the parties shall refer to Rule 1-2.
- H. Designated Provider List means a list of physicians as required under § 8-43-404(5)(a)(I) and Rule 8.
- I. Freestanding Facility means an entity that furnishes healthcare services and is not integrated with any other entity as a main Provider, a department of a Provider, remote location of a hospital, satellite facility, or a Provider-based entity.
- J. Hospital means licensed as such by CDPHE.
- K. Long-Term Acute Care Hospital means federally certified and licensed as such by CDPHE.
- L. Medical Fee Schedule means Division's Rule 18, its exhibits, and the documents incorporated by reference in that Rule.
- M. Medical Treatment Guidelines (MTGs) means Division's Rule 17, its exhibits, and the documents incorporated by reference in that Rule.
- N. Non-Physician Provider means individual who is registered, certified or licensed by: (1) the Colorado Department of Regulatory Agencies (DORA) or an equivalent licensing board of a state that participates in an interstate compact applicable to the type of Provider and codified in Title 24 of the Colorado Revised Statutes; (2) the Colorado Secretary of State; or (3) a national entity recognized by the State of Colorado
  - 1. Acupuncturist (L.Ac) licensed by the Office of Acupuncture Licensure;
  - 2. Advanced Practice Registered Nurse (APRN) licensed by the Board of Nursing and registered on the Advanced Practice Registry;
  - 3. Anesthesiologist Assistant (AA) licensed by the Medical Board;

4. Athletic Trainer (ATC) licensed by the Office of Athletic Trainer Licensure;
5. Audiologist (AU.D. CCC-A) licensed by the Office of Audiology and Hearing Aid Provider Licensure;
6. Certified Medical Interpreter certified by the Certification Commission for Healthcare Interpreters or the National Board of Certification for Medical Interpreters.
7. Certified Registered Nurse Anesthetist (CRNA) licensed by the Board of Nursing and registered on the Advanced Practice Registry;
8. Clinical Social Worker (LCSW) licensed by the Board of Social Work Examiners;
9. Complementary Integrative Medicine Practitioner (excluding acupuncturist) certified by the National Certification Commission for Acupuncture and Oriental Medicine;
10. Durable Medical Equipment, Prosthetic, Orthotics, and Supplies (DMEPOS) Supplier licensed by the Colorado Secretary of State;
11. Marriage and Family Therapist (LMFT) licensed by the Board of Marriage and Family Therapist Examiners;
12. Massage Therapist licensed as a massage therapist by the Office of Massage Therapy Licensure;
13. Nurse Practitioner (NP) licensed by the Board of Nursing and registered on the Advanced Practice Registry;
14. Occupational Therapist (OTR) licensed by the Office of Occupational Therapy;
15. Occupational Therapist Assistant (OTA) licensed by the Office of Occupational Therapy;
16. Pharmacist licensed by the Board of Pharmacy;
17. Physical Therapist (PT) licensed by the Physical Therapy Board;
18. Physical Therapist Assistant (PTA) licensed by the Physical Therapy Board;

19. Physician Assistant (PA) licensed by the Medical Board;
  20. Practical Nurse (LPN) licensed by the Board of Nursing;
  21. Professional Counselor (LPC) licensed by the Board of Professional Counselor Examiners;
  22. Psychologist (PsyD, PhD, EdD) licensed by the Board of Psychologist Examiners;
  23. Registered Nurse (RN) licensed by the Board of Nursing;
  24. Respiratory Therapist (RTL) licensed by the Office of Respiratory Therapy Licensure;
  25. Speech Language Pathologist (CCC-SLP) certified by the Office of Speech-Language Pathology Certification;
  26. Surgical Assistant registered by the Office of Surgical Assistant and Surgical Technologist Registration.
- O. Over-the-Counter Drugs means medications that are available for purchase by the general public without a prescription.
- P. Payer means an insurer, self-insured employer, or designated agent(s) responsible for payment of medical expenses. (Use of agents, including but not limited to preferred provider organization (PPO) networks, bill review companies, third-party administrators (TPAs), and case management companies shall not relieve the insurer or self-insured employer from their legal responsibilities for compliance with these Rules).
- Q. Physician means individual who is licensed by the State of Colorado through one of the following boards or an equivalent licensing board of a state that participates in an interstate compact applicable to the type of Provider and codified in Title 24 of the Colorado Revised Statutes:
1. Medical Board;
  2. Dental Board;
  3. Podiatry Board;
  4. Board of Optometry; or

5. Board of Chiropractic Examiners.
- R. Prior Authorization means a guarantee of payment for treatment requested in accordance with this Rule.
- S. Provider means a person or entity providing authorized health care service, whether involving treatment or not, to a worker in connection with a work-related injury or occupational disease.
- T. Psychiatric Hospital means licensed as such by CDPHE.
- U. Rehabilitation Hospital means licensed as such by CDPHE.
- V. Rural Health Clinic means a clinic located in areas designated by the United States Census Bureau as rural, or the state as medically underserved, that is federally qualified, and certified as such by CDPHE. A list is available at [www.colorado.gov/pacific/cdphe/rural-health-clinic-consumer-resources](http://www.colorado.gov/pacific/cdphe/rural-health-clinic-consumer-resources).
- W. Skilled Nursing Facility (SNF) means federally certified and licensed as a nursing care facility by CDPHE.
- X. State-run Psychiatric Hospital means mental health institute operated by the Colorado Department of Human Services, Office of Behavioral Health.
- Y. Telemedicine means two-way, real time interactive communication between the injured worker and the Provider at a distant site. This electronic communication involves, at a minimum, audio and video telecommunications equipment. Telemedicine enables the remote evaluation and diagnosis of injured workers in addition to the ability to detect fluctuations in their medical condition(s) at a remote site in such a way as to confirm or alter the treatment plan, including medications and/or specialized therapy.
- Z. Treatment means any service, procedure, or supply prescribed by an ATP as may reasonably be needed at the time of the injury or occupational disease and thereafter to cure and/or relieve the employee from the effects of the injury or occupational disease.
- AA. Veterans Administration Hospital means all medical facilities overseen by the United States Department of Veterans' Affairs.
- AB. Writing, for the purposes of Rules 16 and 18, means transmitted by letter, email, fax, or other electronic means of communication.



### 16-3 GENERAL REQUIREMENTS

- A. Any Provider not listed in 16-2 must obtain Prior Authorization when providing services related to a compensable injury.
- B. Upon request, healthcare Providers must provide copies of accreditation, licensure, registration, certification, or evidence of healthcare training for billed services.
- C. To the extent not otherwise precluded by the laws of this state, contracts between Providers, Payers, and any agents acting on behalf of Providers or Payers shall comply with this Rule.
- D. Referrals:
  - 1. All Providers must have a referral from a Physician managing the claim (or NP/PA working under that Physician). A Physician making the referral to another Provider shall, upon request of any party, answer any questions and clarify the scope of the referral, prescription, or the reasonableness or necessity of the care.
  - 2. A Payer or employer shall not redirect or alter the scope of a referral to another Provider for evaluation or treatment of a compensable injury. Any party who has concerns regarding a referral or its scope shall advise the other parties and Providers involved.
- E. Use of PAs and NPs:
  - 1. All Colorado workers' compensation (WC) claims (medical only and lost time) shall have a Physician responsible for all services rendered to an injured worker by any PA or NP.
  - 2. For services performed by a PA or NP, the attending Physician must counter-sign patient records related to the injured worker's inability to work resulting from the claimed work injury or disease and the injured worker's ability to return to regular or modified employment, as required by §§ 8-42-105(2) (b) and (3)(c) and (d). The attending Physician must sign the WC 164 Form, certifying that all requirements of this rule have been met.
  - 3. The Physician must evaluate the injured worker when a treating PA or NP recommends it, when deemed necessary by a Physician, or when requested by the injured worker.

## C. OUT-OF-STATE PROVIDERS

### A. Relocated Injured Worker

1. Upon receipt of the "Employer's First Report of Injury" or the "Worker's Claim for Compensation" Form, the Payer shall notify the injured worker that the procedures for change of Provider can be obtained from the Payer should the injured worker relocate out of state.
2. A change of Provider must be made through referral by the Physician managing the claim or in accordance with § 8-43-404(5)(a).

### B. In the event an injured worker has not relocated out of state but is referred to an out-of-state Provider for treatment not available within Colorado, the referring Provider shall obtain Prior Authorization. The referring Physician's written request for out of state treatment shall include:

1. Description of treatment requested, including medical justification, the estimated frequency and duration, and known associated medical expenses;
2. Explanation as to why the requested treatment cannot be obtained within Colorado;
3. Name, complete mailing address, and phone number of the out-of-state Provider; and
4. Out-of-state Provider's qualifications to provide the requested treatment.

## D. REQUIRED USE OF THE MEDICAL TREATMENT GUIDELINES

When an injury or occupational disease falls within the purview of Rule 17, Medical Treatment Guidelines and the injury occurs on or after July 1, 1991, Providers and Payers shall use the MTG, in effect at the time of service, to prepare or review their treatment plan(s) for the injured worker. A Payer may not dictate the type or duration of medical treatment or rely on its own internal guidelines or other standards for medical determination when the treatment falls within the purview of the MTGs. Initial recommendations for a treatment or modality should not exceed the time to produce functional effect parameters in the applicable MTG. When treatment exceeds or is outside of the MTGs, Prior Authorization is required. Requesters and reviewers should consider how their decision will affect the overall

treatment plan for the individual patient. In all instances of denial, appropriate processes to deny are required.

E. NOTIFICATION TO TREAT

- C. The Notification to Treat process applies to treatment that is consistent with the MTGs and has an established value under the Medical Fee Schedule. Providers may, but are not required to, utilize Notification to ensure payment for medical treatment that falls within the purview of the MTGs. The lack of response from the Payer within the time requirement set forth below shall deem the proposed treatment authorized for payment.
- D. Notification to Treat may be submitted by phone during regular business hours, or by submitting the "Authorized Treating Provider's Notification to Treat" Form (WC 195). Notification to Treat must include:
  - 1. Provider's certification that the proposed treatment is medically necessary and consistent with the MTGs.
  - 2. Citation of the specific MTG applicable to the proposed treatment.
  - 3. Provider's email address or fax number to which the Payer can respond.
- E. Payers shall respond to a Notification to Treat submission within seven days from the receipt of the submission with an approval or a denial of the proposed treatment. Providers may accept verbal confirmation or may request written confirmation, which the Payer should provide upon request.
  - 1. The Payer may limit its approval of initial treatment to the number or duration specified in the relevant MTG without a medical review. If subsequent medical records document functional progress, additional treatment should be approved.
  - 2. If Payer proposes to discontinue treatment before the maximum number of treatments/treatment duration has been reached due to lack of functional progress, Payer shall support that decision with a medical review compliant with this rule.
- F. Payers may deny proposed treatment for the following reasons only:
  - 1. For claims that have been reported to the Division, no

admission of liability or final order finding the injury compensable has been issued;

2. Proposed treatment is not related to the admitted injury;
  3. Provider submitting Notification is not an ATP or is proposing treatment to be performed by a Provider who is not eligible to be an ATP.
  4. Injured worker is not entitled to the proposed treatment pursuant to statute or settlement;
  5. Medical records contain conflicting opinions among the ATPs regarding proposed treatment;
  6. Proposed treatment falls outside of the MTGs.
- G. If the Payer denies a Notification to Treat per sections 16-6 D 2, 5, or 6, the Payer shall notify the Provider, allow the submission of relevant supporting medical documentation as defined in section 16-7 C and review the submission as a Prior Authorization request, allowing 10 additional days for review.
- H. Appeals for denied Notifications to Treat shall be made in accordance with the Prior Authorization Appeals Process outlined in this rule.
- I. Any Provider or Payer who incorrectly applies the MTGs in the Notification to Treat process may be subject to penalties under the Workers' Compensation Act.

#### F. PRIOR AUTHORIZATION

- J. Prior Authorization may be requested using the "Authorized Treating Provider's Request for Prior Authorization" (Form WC 188) or in the alternative, shall be clearly labeled as a Prior Authorization request. Prior Authorization for payment shall only be requested when:
1. A prescribed treatment exceeds the recommended limitations set forth in the MTGs.
  2. The MTGs require Prior Authorization for that specific service;
  3. A prescribed treatment is not priced in the Medical Fee Schedule or is identified in Rule as requiring Prior Authorization for payment.

- K. Prior Authorization for prescribed treatment may be granted immediately and without a medical review. However, the Payer shall respond to all Prior Authorization requests in writing within 10 days from receipt of a completed request as defined per this Rule.

The Payer, unless it has previously notified the Provider, shall give notice to the Provider of the procedures for obtaining Prior Authorization for payment upon receipt of the initial bill from that Provider.

- L. When submitting a Prior Authorization request, a Provider shall concurrently explain the reasonableness and medical necessity of the treatment requested and shall provide relevant supporting documentation (documentation used in the Provider's decision-making process to substantiate need for the requested treatment). A complete Prior Authorization request includes the following:
1. An adequate definition or description of the nature, extent and necessity for the treatment;
  2. Identification of the appropriate MTG if applicable; and
  3. Final diagnosis.

#### **1. PRIOR AUTHORIZATION DENIALS**

- A. If an ATP requests Prior Authorization and indicates in writing, including reasoning and supporting documentation, that the requested treatment is related to the admitted WC claim, the Payer cannot deny solely for relatedness without a medical opinion as required by this Rule. The medical review, independent medical examination (IME) report, or report from an ATP that addresses relatedness of the requested treatment to the admitted claim may precede the Prior Authorization request if:
1. The opinion was issued within 365 days prior to the date of the Prior Authorization request; and
  2. An admission of liability has not been filed admitting the relatedness of the requested treatment to the admitted claim or a final order has not been entered finding the specific medical condition related to the admitted injury.

If not, the medical review, IME report, or report from the ATP must be subsequent to the prior authorization request.

B. The Payer may deny a request for Prior Authorization for medical or non-medical reasons. Examples of non-medical reasons are listed in section 16-10-2 A.

1. If the Payer is denying a request for non-medical reasons, the Payer shall, within 10 days of receipt of the complete request, furnish the requesting ATP and the parties with a written denial that sets forth clear and persuasive reasons for the denial, including citation of appropriate statutes, rules, and/or supporting documents (e.g., a copy of claim denial or a detailed explanation why the requesting Provider is not authorized to treat).
2. If the Payer is denying a request for medical reasons, the Payer shall, within 10 days of receipt of the complete request:
  - a. Have all the submitted documentation reviewed by a Physician, who holds a license in the same or similar specialty as would typically manage the medical condition or treatment under review. The Physician performing this review shall be Level I or II Accredited. In addition, clinical Pharmacists (Pharm.D.) may review Prior Authorization requests for medications, and Psychologists may review requests for mental health services, without having received Level I or II Accreditation.

After reviewing all the submitted documentation and documentation referenced in the Prior Authorization request that is available to the Payer, the reviewing Physician may call the requesting Provider to expedite the communication and processing of the Prior Authorization request.

The Payer may limit approval of initial treatment to the number or duration specified in the relevant MTG without a medical review.

- b. Furnish the requesting ATP and the parties with a written denial that sets forth an explanation of the specific medical reasons for the denial, including the name and professional credentials of the Provider performing the medical review and a copy of the reviewer's opinion; the specific citation from the MTGs, when applicable; and identification of the information deemed most likely to influence a reconsideration of the denial, when applicable.

- C. Failure of the Payer to timely comply in full with all Prior Authorization requirements outlined in this rule shall be deemed authorization for payment of the requested treatment unless the Payer has scheduled an independent medical examination (IME) and notified the requesting Provider of the IME within the time prescribed for responding.
1. The IME must occur within 30 days, or upon first available appointment, of the Prior Authorization request, not to exceed 60 days absent an order extending the deadline.
  2. The IME physician must serve all parties concurrently with the report within 20 days of the IME.
  3. The Payer shall respond to the Prior Authorization request within 10 days of the receipt of the IME report.
  4. If the injured worker does not attend or reschedules the IME, the Payer may deny the Prior Authorization request pending completion of the IME.
  5. The IME shall comply with Rule 8 as applicable.

#### 16-7-2 PRIOR AUTHORIZATION APPEALS

- A. The requesting ATP shall have 10 days from the date of the written denial to submit an appeal with additional information to support the request. A written response is not considered a “special report” as defined in Rule 18.
- B. The Payer shall have 10 days from the date of the appeal to issue a final decision and provide documentation of that decision to the Provider and parties.
- C. If the Payer is upholding a denial for medical reasons, the Payer shall have all the submitted documentation reviewed by a Provider that meets the requirements of section 16-7-1(B)(2)(a).
- D. In the event of continued disagreement, the parties should follow dispute resolution and adjudication procedures available through the Division or the Office of Administrative Courts.
- E. An urgent need for Prior Authorization of health care services, as recommended in writing by an ATP, shall be deemed good cause for an expedited hearing.

## G. REQUIRED USE OF THE FEE SCHEDULE

- A. All Providers and Payers shall use the Medical Fee Schedule to determine the maximum allowable payments for any medical treatments or services within the purview of the Workers' Compensation Act of Colorado and the Colorado Workers' Compensation Rules of Procedure, unless one of the following exceptions applies:
1. If billed charges are less than the fee schedule, the payment shall not exceed the billed charges.
  2. The Payer and an out-of-state Provider may negotiate reimbursement in excess of the fee schedule when required to obtain reasonable and necessary care for an injured worker.
  3. Pursuant to § 8-67-112(3), the Uninsured Employer Board may negotiate rates of reimbursement for Providers.
- C. The Medical Fee Schedule does not limit the billing charges.
- D. Payment for treatment not identified or identified but without established value in the Medical Fee Schedule shall require Prior Authorization, except for when the treatment is an emergency. Similar established code values from the Medical Fee Schedule, determined in compliance with section 16-10-1 B, shall govern payment.

## 1. REQUIRED BILLING FORMS AND CODES

- B. Effective January 1, 2026, all Payers (excluding self-insured employers) shall:
1. accept electronic bills submitted in accordance with adopted standards (X12 and Colorado Companion Guide (Exhibit #1));
  2. transmit acknowledgements and remittance advices in compliance with adopted standards in response to electronically submitted medical bills; and
  3. support mutually agreed upon methods to receive electronic documentation required for the adjudication of a bill.

Payers must provide receipt of a complete electronic medical bill (837) by returning an acknowledgement within two days of submission to the submitting party, and an electronic remittance



advice (835) no later than 30 days after receipt of a complete electronic medical bill or within five days of generating a payment. This requirement applies only to the date the electronic remittance advice is sent and does not modify the medical bill processing timeframes outlined in section 16-10.

- C. Effective January 1, 2026, all Providers submitting 25 or more workers' compensation medical bills per month shall:
1. implement a software system capable of exchanging medical bill data in accordance with the adopted standards or contract with a clearinghouse to exchange the data;
  2. submit medical bills to any Payers that have established connectivity to the Provider's system or clearinghouse;
  3. follow the Payer's requirements for submission of attachments, whether by electronic submission, mail, fax, email, or web upload;
  4. receive and process any acceptance or rejection acknowledgments from the Payer.
- D. The Accredited Standards Committee X12 (X12) standard formats for billing, remittance and acknowledgements are those adopted by the United States Department of Health and Human Services rules (45 CFR Parts 160 and 162). The formats adopted under this Rule that are aligned with the current federal HIPAA implementation and the IAIABC standard include:

005010X222A1 Health Care Claim: Professional (837);  
005010X223A2 Health Care Claim: Institutional (837);  
005010X224A2 Health Care Claim: Dental (837);  
005010X221A1 Health Care Claim Payment/Advice (835);  
005010X212 Health Care Claim Status Request and Response (276/277);  
005010TA1 Interchange Acknowledgment;  
005010X231 Implementation Acknowledgment for Health Care Insurance (999);  
005010X214 Health Care Claim Acknowledgment (277);  
NCPDP Telecommunication Standard Implementation Guide Version D.0; and  
NCPDP Batch Standard Implementation Guide 1.2.

The following acknowledgement formats and the attachment format have not been adopted in the current HIPAA rules but are also based

on X12 standards:

1. The 005010X213 Request for Additional Information (277) is used to request additional attachments that were not originally submitted with the electronic medical bill.
2. The 005010X210 Additional Information to Support a Health Care Claim or Encounter (275) is used to transmit electronic documentation associated with an electronic medical bill. The 005010X210 can accompany the original electronic medical bill or may be sent in response to a 005010X213 Request for Additional Information.

The NCPDP Telecommunication Standard Implementation Guide Version D.0 contains the corresponding request and response messages to be used for pharmacy transactions.

E. A complete medical bill or supporting transmissions must:

1. be submitted in the correct billing formats;
2. be transmitted in compliance with the format requirements described in this Rule;
3. include, in legible text, all supporting documentation for the bill, including the medical record documentation as required by this Rule;
4. identify the injured worker, employer, Payer, Provider, Treatment, and any other requirements as presented in the Colorado Companion Guide; and
5. accurately report the Treatment provided using valid billing codes, modifiers, instructions, and parenthetical notes as incorporated by reference in Rule 18.

Payment for any service not billed in the format or on the forms identified may be denied. Providers may be subject to penalties for inaccurate billing when the Provider knew or should have known that the treatment billed was inaccurate, as determined by the Director or an administrative law judge. Providers are responsible for acts or omissions by their agents.

F. An 837P transaction or CMS-1500 Form shall be used when billing for professional services, DMEPOS, and ambulance services, unless otherwise specified.

1. If the bill is submitted using an 837P, all segments required by X12 and the Colorado Companion Guide must be completed.
  2. Providers using a CMS-1500 form shall comply with the Reference Instruction Manual adopted by the National Uniform Claim committee (NUCC) in July 2024, with additional instructions, as follows:
    - a. Field 10a, Condition Related to Employment - 'Yes'
    - b. Field 14, Date of Current Illness or Injury and Qualifier - '431'
    - c. Field 21, Diagnosis - Provider bills shall list the International Classification Diseases, Tenth Revision (ICD-10) Clinical Modification (CM) diagnosis code(s) that are current, accurate, and specific to each patient encounter, in accordance with the ICD-10-CM Chapter Guidelines provided by CMS (Centers for Medicare & Medicaid Services). Bills should include the External Causes code(s) when applicable. ICD-10 codes shall not be used as a sole factor to establish work-relatedness of an injury or treatment.
    - d. Field 24j, Rendering Provider ID - 10-digit NPI of rendering Provider is required unless the provider type is ineligible to obtain an NPI number.
    - e. All other fields when required by this Rule.
  3. Non-hospital based ASCs may bill using an 837P transaction or the CMS-1500 Form, however an SG modifier must be appended to the technical component of services to indicate a facility charge and to qualify for reimbursement as a facility claim.
- G. An 837I transaction or a UB-04 Form shall be used by all hospitals and facilities meeting definitions found in section 16-2, hospital-based ambulance, and hospital-based ASCs. Some outpatient hospital therapy services may also be billed on an 837I or a UB-04 Form. For these services, the bill must have Form Locator Type 13x, 074x, 075x, or 085x, and one of the following revenue codes:
- 042X - Physical Therapy
  - 043X - Occupational Therapy
  - 044X - Speech Therapy

- H. An 837D or American Dental Association's Dental Claim Form, Version 2019 or 2024 shall be used by all Providers billing for dental treatment.
- I. The Telecommunication Standard Implementation Guide, Version D.0, or the NCPDP (National Council for Prescription Drug Programs) Workers' Compensation/Property and Casualty Universal Claim Form, version 1.1 shall be used by dispensing pharmacies.
- J. Payers and Providers may exchange electronic data in a non-prescribed format by mutual agreement. All data elements required in the Division prescribed formats must be present in a mutually agreed upon format.
- K. An invoice or other agreed upon form may be used for services incident to medical treatment, such as guardian ad litem and conservator services, language interpreting, or mileage reimbursement.
- L. When resubmitting a claim, Providers must use a Claim Frequency code of '7' (previously adjudicated with new or amended information). The value is populated in Loop 2300 in segment CLM05-3 of the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions, or item 22 of the CMS-1500, and item 64 of the UB-04 Form. When the Payer has provided the Payer Claim Control Number assigned to the previous bill, the Provider must use this number for the replacement bill.
- M. When submitting a duplicate bill transaction prior to payment, a Claim Frequency Type Code of '1' (duplicate of a previously submitted bill that was never processed) is required. The Claim Frequency Code is submitted based on instructions for each bill type. The value is populated in Loop 2300 in segment CLM05-3 of the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions, or item 22 of the CMS-1500, and item 64 of the UB-04 Form.
- N. A replacement bill is sent when a data element on the original bill was either not previously sent or needs to be corrected. The correction is accomplished by a void and re-submission process. A bill with CLM05-3 = '8' (void/cancel) must be submitted to cancel the incorrect bill, followed by the submission of a new original bill with the correct information. Replacement, void, or cancellation of a prior bill should not be done until the prior bill has reached full adjudication status.

## 16-8-2 TIMELY FILING

- A. Providers shall submit their bills for treatment rendered within 120 days of the date of service or the bill may be denied unless extenuating circumstances exist.
  - 1.** For bills submitted through electronic data interchange (EDI), Providers may prove timely filing by showing a Payer acknowledgement (claim accepted). Rejected claims or clearinghouse acknowledgement reports are not proof of timely filing.
  - 2.** For paper bills, Providers may prove timely filing with a signed certificate of mailing listing the original date mailed and the Payer's address; a fax acknowledgement report; or a certified mail receipt showing the date the Payer received the bill.
  - 3.** All timely filing issues will be considered final 10 months from the date of service unless extenuating circumstances exist.
- B. Injured workers shall submit requests for mileage reimbursement within 120 days of the date of service or reimbursement may be denied unless good cause exists.
- C. Extenuating circumstances/good cause may include, but are not limited to, delays in compensability being determined or the party has not been informed of this benefit or where to send the bill.

## 16-8-3 ACKNOWLEDGEMENTS

- A. A Payer must acknowledge receipt of an electronic medical bill by returning an Implementation Acknowledgement (X12 999) within one business day of the receipt of the electronic submission, and a Health Care Claim Acknowledgement (X12 277CA) within two business days of the receipt.
  - 1.** If an electronic medical bill does not meet the definition of a complete electronic medical bill as defined in this Rule or does not meet the edits defined in the applicable implementation guide, the Payer must notify the Provider of the rejected bill using the appropriate acknowledgement.
  - 2.** If a Payer acknowledges acceptance of the original complete electronic medical bill, a Provider or its agent must not submit a duplicate electronic or paper medical bill earlier than 30 days from the date originally submitted. A Provider or its agent may

submit a corrected medical bill electronically to the payer after receiving notification of a rejection. The corrected medical bill is submitted as a new, original bill.

- B. Acceptance of a complete medical bill is not an admission of liability by the Payer. A Payer may subsequently reject an accepted electronic medical bill if the employer or other responsible party named on the medical bill is not legally liable for payment.
  - 1. The rejection is transmitted by means of an 835 transaction.
  - 2. The subsequent rejection of a previously accepted, complete electronic medical bill must occur no later than 30 days from the date of receipt.
  - 3. The transaction to reject the previously accepted complete medical bill must clearly indicate that the payer is not legally liable for its payment.
- C. Acceptance of an incomplete medical bill does not satisfy the written notice requirement from a Payer.
- D. A Payer or clearinghouse that requests another Payer or clearinghouse to receive, process, or transmit a standard transaction must not charge fees in excess of the fees for normal telecommunications that the requesting entity incurs when it directly transmits, or receives a standard transaction.

#### H. REQUIRED MEDICAL RECORD DOCUMENTATION

- A. The treating Provider shall maintain medical records for each injured worker when billing for the provided treatment. The rendering Provider shall sign the medical records. Electronic signatures are accepted.
- B. All medical records shall legibly document the treatment billed and shall include at least the following information:
  - 1. Patient's name;
  - 2. Date of treatment;
  - 3. Name and professional designation of person providing treatment;
  - 4. Assessment or diagnosis of current condition with appropriate

objective findings;

5. Treatment provided;
  6. Treatment plan, when applicable; and
  7. If being completed by an authorized treating physician, all pertinent changes to work and or activity restrictions which reflect lifting, standing, stooping, kneeling, hot or cold environment, repetitive motion or other appropriate physical considerations.
- C. All treatment provided to injured workers is expected to be documented in the medical record at the time it is rendered. Occasionally, certain entries related to treatment provided are not made timely. In this event, the documentation will need to be amended, corrected, or entered after rendering treatment. Amendments, corrections, and delayed entries must comply with Medicare's widely accepted recordkeeping principles as outlined in the Medicare Program Integrity Manual Chapter 3, section 3.3.2.5, implemented August 2020. (This section does not apply to injured workers' requests to amend records as permitted by the Health Insurance Portability and Accountability Act (HIPAA)).
- D. The ATP must sign (or counter sign) and submit to the Payer, within 14 days of the initial and final visit, a completed WC 164 Form.
1. The Form shall be completed as an "initial" report when the injured worker has the initial visit with the Designated Physician, or in the case of a transfer of care, the new Designated Physician. If applicable, the emergency department (ED) or urgent care physician initially treating the injury may also complete a WC 164 initial report. In such cases, the initial report from the ED or urgent care physician, and the Designated Physician shall be reimbursed. Unless requested or prior authorized by the Payer, no other physician should complete and bill for the WC 164 initial report. See Rule 18 for required fields.
  2. The Form shall be completed as a "closing" report when the ATP managing the total WC claim determines the injured worker has reached maximum medical improvement (MMI) for all covered injuries or diseases, with or without permanent impairment. See Rule 18 for required fields.
  3. The ATP shall supply the injured worker with a copy of the WC

164 at the time of completion, at no charge.

- E. Providers other than hospitals shall provide the Payer with all supporting documentation and treatment records at the time of billing unless the parties have made other agreements. Hospitals shall provide documentation to the Payer upon request. Payers shall specify what portion of a hospital record is being requested (for example, only the ED chart notes, in-patient physician orders and chart notes, x-rays, pathology reports, etc.). The Payer may deny payment for billed treatment until the Provider submits the required medical documentation.

I. PAYMENT REQUIREMENTS FOR MEDICAL BILLS

- A. All bills submitted by a Provider are due and payable in accordance with the Medical Fee Schedule within 30 days after receipt by the Payer, unless the Payer provides timely and proper reasons set forth by section 16-10-2 or 3.
- B. For every medical treatment bill submitted by a Provider, the Payer shall reply with a written notice (explanation of benefits) or X12 835 within 30 days of receipt of the bill that includes the following:
  - 1. Injured worker's name;
  - 2. Payer's name and address;
  - 3. Date(s) of service;
  - 4. Each procedure code billed; and
  - 5. Amount paid.
- C. If any adjustment is made to the amount submitted on the bill, the Payer's written notice shall also include:
  - 1. Payer's claim number and/or Division's WC number;
  - 2. Specific identifying information coordinating the notice with any payment instrument associated with the bill;
  - 3. (If electronic) the appropriate Claim Adjustment Group Codes, Claim Adjustment Reason Codes (CARC), and associated Remittance Advice Remark Codes (RARC), denoting the reason for the payment, adjustment, or denial. NCPDP reject codes are allowed for NCPDP transactions;



4. Notice that the billing party may submit a corrected bill or an appeal within 60 days;
  5. Name of insurer with admitted, ordered, or contested liability for the WC claim, when known;
  6. Name and address of any third-party administrator (TPA) and/or bill reviewer associated with processing the bill;
  7. Name and contact information of a person who has responsibility and authority to discuss and resolve disputes on the bill;
  8. Name and address of the employer, when known;
  9. For compensable treatment related to a work injury, the Payer shall notify the billing party that the injured worker shall not be balance-billed;
  10. If applicable, a statement that the payment is being held in abeyance because a hearing is pending on a relevant issue.
- D. Any written notice that fails to include the required information is defective and does not satisfy the 30-day notice requirement.
- E. If the Payer discounts a bill and the Provider requests clarification in writing, the Payer shall furnish to the requester the specifics of the discount within 30 days, including a copy of any contract relied upon for the discount. If no response is forthcoming within 30 days, the Payer must pay the maximum Medical Fee Schedule allowance or the billed charges, whichever is less.
- F. The Payer must offer at least one method of payment to the Provider that does not require an associated fee and shall not restrict the method or form of payment so that the only acceptable method is a credit card payment. If the Payer initiates a payment using electronic funds transfer, including virtual credit card payments, the Payer shall:
1. Notify the Provider if any fee is associated with a particular payment method; and
  2. Advise the Provider of the available payment methods and provide clear instructions as to how to select an alternative.

- G. Date of bill receipt by the Payer may be established by the Payer's date stamp or electronic acknowledgment date required by Rule 4; otherwise, receipt is presumed to occur five days after the date the bill was mailed to the Payer's correct address.
- H. Payers shall reimburse injured workers for mileage expenses as required by statute or provide written notice of the reason(s) for denying reimbursement within 30 days of receipt.
- I. An injured worker shall never be required to directly pay for admitted or ordered medical benefits covered under the Workers' Compensation Act. In the event the injured worker has directly paid for medical treatment that is then admitted or ordered under the Workers' Compensation Act, the Payer shall reimburse the injured worker for the amounts actually paid for authorized treatment within 30 days of receipt of the bill. If the actual costs exceed the maximum fee allowed by the Medical Fee Schedule, the Payer may seek a refund from the Provider for the difference between the amount charged to the injured worker and the maximum fee.

#### 16-10-1 MODIFIED, UNLISTED, AND UNPRICED CODES

- A. Prior to modifying a billed code, the Payer must contact the billing Provider and determine if the code is accurate. If the Payer disagrees with the level of care billed, the Payer may deny the claim or contact the Provider to explain why the billed code does not meet the level of care criteria.
  - 1. If the billing Provider agrees with the Payer, then the Payer shall process the service with the agreed upon code and shall document on the written notice the agreement with the Provider. The written notice shall include the name of the party at the billing office who made the agreement.
  - 2. If the billing Provider disagrees with the Payer, then the Payer shall proceed with a denial.
- B. When no established fee is identified in the Medical Fee Schedule and the Payer agrees the service or procedure is reasonable and necessary, the Payer shall list on the written notice one of the following payment options.
  - 1. Payment based on a similar established code value as recommended by the billing Provider.
  - 2. A reasonable value based upon a similar established code value

as determined by the Payer.

If the Payer disagrees with the billing Provider's recommended code value, the denial shall include an explanation of why the requested fee is not reasonable, identification of the similar code as determined by Payer, and how the Payer calculated its fee recommendation. If the Provider disagrees with the Payer's determination, it can follow the process for appealing billed treatment denials.

## **1. DENYING PAYMENT OF BILLED TREATMENT FOR NON-MEDICAL REASONS**

- A. Non-medical reasons are administrative issues that do not require medical documentation review other than to verify the appropriate use of a billed code. Examples of non-medical reasons for denying payment include the following: no WC claim has been filed with the Payer; compensability has not been established; the Provider is not authorized to treat; the insurance coverage is at issue; typographic or date errors, or otherwise incomplete bill; failure to submit medical documentation; or unrecognized or improper use of a CPT® code.
- B. If an ATP bills for medical treatment and indicates in writing, including reasoning and relevant documentation that the medical services are related to the admitted WC claim, the Payer cannot deny payment solely for relatedness without a medical opinion as required by section 16-10-3. The medical review, IME report, or report from an ATP that addresses the relatedness of the requested treatment to the admitted claim may precede the date of service, unless the requesting physician presents new evidence as to why treatment is now related.
- C. In all cases where a billed treatment is denied for non-medical reasons, the Payer's written notice shall include all notice requirements set forth in sections 16-10 B and C, and shall also include:
  - 3. Reference to each code being denied; and
  - 4. Clear and persuasive reasons for denying payment, including citation of appropriate statutes, rules, and/or documents supporting the Payer's reason(s).
- D. If after the treatment was provided, the Payer agrees the service was reasonable and necessary, lack of prior authorization does not warrant denial of payment. However, the Provider may still be

required to provide additional supporting documentation as outlined in section 16-7 for a complete Prior Authorization request.

## **2. DENYING PAYMENT OF BILLED TREATMENT FOR MEDICAL REASONS**

- A. The Payer shall have the bill and all supporting medical documentation reviewed by a Physician who holds a license and is in the same or similar specialty as would typically manage the medical condition or treatment under review. The Physician shall be Level I or II Accredited. In addition, a clinical Pharmacist (Pharm.D.) may review billed services for medications, and a Psychologist may review billed services for mental health, without having received Level I or II Accreditation. After reviewing the supporting medical documentation, the reviewing Provider may call the billing Provider to expedite communication and timely processing of the bill.
- B. In all cases where a billed treatment is denied for medical reasons, the Payer's written notice shall include all notice requirements set forth in sections 16-10 B and C, and shall also include:
  - 5. Reference to each code being denied;
  - 6. Clear and persuasive medical reasons for denying payment, including the name and professional credentials of the Provider performing the medical review and a copy of the reviewer's opinion;
  - 7. Citation from the MTGs, when applicable; and
  - 8. Identification of additional information deemed likely to influence reconsideration, when applicable.

## **3. APPEALING BILLED TREATMENT DENIALS**

- A. The billing party shall have 60 days from the date of the written notice to request reconsideration. The billing party's appeal must include:
  - 9. A copy of the original or corrected bill with condition code W3;
  - 10. A copy of the written notice;
  - 11. Identification of the specific code being appealed; and

12. Clear and persuasive reason(s) for the appeal, including additional supporting documentation when applicable.
- B. If the billing party appeals the denial in compliance with above requirements, the Payer shall:
1. When denied for non-medical reasons, have the bill and all supporting documentation reviewed by a person who has knowledge of the bill. After reviewing the Provider's appeal, the reviewer may call the appealing party to expedite the communication and timely processing of the appeal.
  2. When denied for medical reasons, have the bill and all supporting documentation reviewed by a Physician who holds a license and is in the same or similar specialty as would typically manage the medical condition or treatment under review. The Physician shall be Level I or II Accredited. In addition, a clinical pharmacist (Pharm.D.) may review appeals for payment of medications and a Psychologist may review appeals for payment of mental health services without having received Level I or II Accreditation. After reviewing the supporting medical documentation, the reviewing Provider may call the appealing Provider to expedite communication and timely processing of the appeal.
  3. If after reviewing the appeal the Payer agrees with the billing party, payment for treatment is due and payable in accordance with the Medical Fee Schedule within 30 days of receipt of the appeal. Date of receipt may be established by the Payer's date stamp or electronic acknowledgment date required by Rule 4; otherwise, receipt is presumed to occur five days after the date the response was mailed to the Payer's correct address.
  4. If after reviewing the appeal the Payer upholds its denial, the Payer shall send the billing party written notice within 30 days of receipt of the appeal. The written notice shall include all notice requirements set forth in sections 16-10 B and C, and shall also include:
    - a. Reference to each code being denied;
    - b. Clear and persuasive medical or non-medical reasons for upholding the denial, including the name and professional credentials of the reviewer and a copy of the reviewer's opinion when medically based;

- c. Citation of appropriate statutes, rules, and/or documents supporting the Payer's reason(s).
- 5. In the event of continued disagreement, the parties should follow dispute resolution and adjudication procedures available through the Division or the Office of Administrative Courts. The parties shall do so within 12 months of the date of the original bill should have been processed in compliance with section 16-10, unless extenuating circumstances exist.
- J. RETROACTIVE REVIEW OF MEDICAL BILLS
  - A. All medical bills shall be considered final at 12 months after the date of the original written notice unless the Provider is notified that:
    - 6. a hearing is requested within the 12-month period; or
    - 7. a request for utilization review has been filed pursuant to § 8-43-501.
  - B. If the Payer conducts a retroactive review to recover overpayments from a Provider based on non- medical reasons, the Payer shall send the billing party written notice that includes all notice requirements set forth in sections 16-10 B and C, and shall also include:
    - 1. Reference to each item of the bill for which the Payer seeks to recover payment:
    - 2. Clear and persuasive reason(s) for seeking recovery of overpayment(s), including citation of appropriate statutes, rules and/or documents supporting the Payer's reason(s).
    - 3. Evidence that these payments were in fact made to the Provider.
  - C. If the Payer conducts a retroactive review to recover overpayments from a Provider based on medical reasons, the Payer shall have the bill and all supporting documentation reviewed by a Physician who holds a license and is in the same or similar specialty as would typically manage the medical condition or treatment under review. The Physician shall be Level I or II Accredited. In addition, a clinical pharmacist (Pharm.D.) may review billed medications, and a Psychologist may review billed services for mental health, without having received Level I or II Accreditation. The Payer shall send the billing party written notice that includes all notice requirements set forth in sections 16-10 B and C, and 16-11 B.

- D. In the event of disagreement, the parties may follow dispute resolution and adjudication procedures available through the Division or the Office of Administrative Courts.

**16-11-1    ONSITE REVIEW OF HOSPITAL OR MEDICAL FACILITY CHARGES**

- A. If the Payer conducts a review of billed and non-billed hospital or medical facility charges related to a specific workers' compensation claim, the Payer shall comply with the following procedures:

1.    Within 30 days of receipt of the bill, send written notification to the hospital or medical facility of its intent to conduct a review. Notification shall include the following information:
  - a.    Name of the injured worker;
  - b.    Division's WC number and/or hospital or medical facility patient identification number;
  - c.    An outline of the items to be reviewed; and
  - d.    Name and contact information of a person designated by the Payer to conduct the review, if applicable.

- B. The reviewer shall comply with the following procedures:

1.    Obtain a signed release of information form from the injured worker;
2.    Negotiate with the hospital or medical facility on a starting date for the review;
3.    Assign staff members who are familiar with medical terminology, general hospital or medical facility charging, and medical documentation procedures or have a level of knowledge equivalent at least to that of an LPN;
4.    Establish a schedule for the review which shall include, at a minimum, the dates for the delivery of preliminary findings to the hospital or medical facility, a 14 day response period for the hospital or medical facility, the delivery of an itemized list of any discrepancies, and an exit conference upon completion of the review; and
5.    Provide the Payer and hospital or medical facility with a written

summary of the review within 30 days of the exit conference.

C. The hospital or medical facility shall comply with the following procedures:

1. Allow the review to begin within 30 days from the Payer's notification;
2. Upon receipt of the injured worker's signed release of information form, allow the reviewer access to all items identified on the form;
3. Designate an individual to serve as the primary liaison between the hospital or medical facility and the reviewer, who will acquaint the reviewer with the documentation and charging practices of the hospital or medical facility;
4. Provide a written response to each preliminary review finding within 14 days of receipt of those findings; and
5. Participate in the exit conference in an effort to resolve any discrepancies.

#### K. DISPUTE RESOLUTION PROCESS

When seeking dispute resolution from the Division's Medical Dispute Resolution Unit, the requesting party must complete the Division's "Medical Dispute Resolution Intake Form" (WC 181) found on the Division's web page. The items listed on the bottom of the Form must be provided at the time of submission. If necessary items are missing or if more information is required, the Division will forward a request for additional information and initiation of the process may be delayed.

When the request is properly made and the supporting documentation submitted, the Division will confirm receipt. If, after reviewing the materials, the Division believes the dispute criteria have not been met, the Division will issue an explanation of those reasons. If the Division determines there is cause for facilitating the disputed items, the other party will be sent a notice requiring response within 14 days.

The Division will facilitate the dispute by reviewing the parties' compliance with Rules 11, 16, 17, and 18 within 30 days of receipt of the complete supporting documentation; or as soon thereafter as possible. In addition, the Payer shall pay interest at the rate of eight percent per annum in accordance with § 8-43-410(2), upon all sums not paid timely and in accordance with the Division Rules. The interest shall be paid at the same



time as any delinquent amount(s).

Upon review of all submitted documentation, disputes resulting from violation of Rules 11, 16, 17, and 18, as determined by the Director, may result in a Director's Order that cites the specific violation.

Evidence of compliance with the order shall be provided to the Director. If the party does not agree with the findings, it shall state with particularity and in writing its reasons for all disagreements by providing a response with all relevant legal authority, and/or other relevant proof in support of its position(s).

Failure to respond or cure violations may result in penalties in accordance with § 8-43-304. Daily fines up to \$1,000/day for each such offense will be assessed until the party complies with the Director's Order.

Resolution of disputes not pertaining to Rule violations will be facilitated by the Division to the extent possible. In the event both parties cannot reach an agreement, the parties will be provided additional information on pursuing resolution and adjudication procedures available through the Office of Administrative Courts. Use of the dispute resolution process does not extend the 12-month application period for hearing.

## **Colorado Division of Workers' Compensation Electronic Billing and Payment Companion Guide**

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# Chapter 1 Introduction and Overview

## **Health Insurance Portability Act of 1996 (HIPAA)**

The Administrative Simplification Act provisions of HIPAA require the establishment of national standards for electronic health transactions and national identifiers for health care providers, health plans, and employers. These standards were adopted to improve the efficiency and effectiveness of the nation's health care system by encouraging the widespread use of electronic data interchange in health care. Additional information regarding the formats adopted under HIPAA is included in Chapter 2.

## **Colorado Workers' Compensation Rule of Procedure 16**

Rule 16 mandates that payers accept electronic bills for services rendered to injured workers. This companion guide attempts to establish electronic billing rules that are as consistent with HIPAA as possible. The provider, facility, or third-party biller/assignee must use the HIPAA electronic transaction formats to submit medical or pharmacy bills to the appropriate payer.

In workers' compensation, the payer usually is the insurer providing coverage for the employer of the injured worker to whom the services are provided. The payer, or its authorized trading partner, is to validate the Electronic Data Interchange (EDI) file according to the guidelines provided in the prescribed national standard format implementation guide, this companion guide, and Colorado-specific data requirements. Problems associated with the processing of the X12 Health Care Claim (837) EDI file are to be reported using acknowledgment transactions described in this companion guide. Problems associated with the processing of the NCPDP Telecommunication D.0 bills are reported via the reject response transactions described in this companion guide. The payer will use HIPAA electronic transaction formats to report explanations of payments, reductions, and denials to the provider, facility, or third-party biller/assignee. These electronic transaction formats include the 005010X221A1, Health Care Claim Payment/Advice (835), and the NCPDP Telecommunication D.0 Paid Response transaction.

Providers, facilities, or third-party biller/assignees, payers, clearinghouses, or other electronic data submission entities must use this guideline in conjunction with the HIPAA adopted X12 Technical Reports Type 3 (TR3) and the NCPDP Telecommunication Standard Implementation Guide Version D.0 (NCPDP Standard Implementation Guide). The X12 TR3 can be accessed at <http://x12.org/products/glass>. The NCPDP Telecommunication Standard Implementation Guide Version D.0 is available at [www.ncdp.org](http://www.ncdp.org).

This guide outlines jurisdictional procedures necessary for engaging in the EDI and specifies clarification where applicable. When coordination of a solution is required, Colorado will work with the IAIABC EDI Medical and ProPay Committee to coordinate with national standard setting organizations and committees to address workers' compensation needs.

## Chapter 2 Colorado Workers' Compensation Requirements

### **Compliance**

When a billing entity submits bills electronically, it must also be able to receive an electronic response from the payer. The electronic responses include electronic acknowledgements and electronic remittance advices (written notices/explanation of benefits).

Electronic billing rules allow for providers and payers to use agents to meet the requirements of electronic billing, but do not mandate the use or method of connectivity to clearinghouses or similar types of vendors.

Providers, facilities, third-party biller/assignees, and payers must be able to exchange electronic bills in the prescribed standard formats and may exchange data in non-prescribed formats by mutual agreement. All Colorado-required data must be present in mutually agreed upon formats.

### **Agents**

Electronic billing rules allow for providers and payers to use agents to accomplish the requirement of electronic billing. Providers and payers are responsible for acts or omissions by their agents.

### **Privacy, Confidentiality and Security**

Providers, facilities, or third-party biller/assignees, payers, and their agents must comply with all applicable federal and Colorado statutes and rules related to the privacy, confidentiality, security, or similar issues.

### **National Standard Formats**

The national standard formats for billing, remittance, and acknowledgments are adopted by the United States Department of Health and Human Services rules (45 CFR Parts 160 and 162). The formats adopted under Colorado Rule 16 that are aligned with HIPAA include:

- 005010X222A1 Health Care Claim: Professional (837);
- 005010X223A2 Health Care Claim: Institutional (837);
- 005010X224A2 Health Care Claim: Dental (837);
- 005010X221A1 Health Care Claim Payment/Advice (835);
- 005010X212 Health Care Claim Status Request and Response (276/277);
- 005010TA1 Interchange Acknowledgment;
- 005010X231 Implementation Acknowledgment for Health Care Insurance (999);
- 005010X214 Health Care Claim Acknowledgment (277);
- NCPDP Telecommunication Standard Implementation Guide Version D.0; and
- NCPDP Batch Standard Implementation Guide 1.2.

These acknowledgement formats and the attachment format have not been incorporated into current HIPAA rules but are also based on X12 standards.

- 005010X213 Request for Additional Information (277);
- 005010X210 Additional Information to Support a Health Care Claim (275)

The NCPDP Standard Implementation Guide contains corresponding request and response messages to be used for pharmacy transactions.

### **Colorado Prescribed Formats**

<b>Format</b>	<b>Corresponding Paper Form</b>	<b>Function</b>
005010X222A1	CMS-1500	Professional Billing
005010X223A2	UB-04	Institutional/Hospital Billing
005010X224A2	ADA-2024	Dental Billing
NCPDP D.0/Batch 1.2	NCPDP WC/PC UCF	Pharmacy Billing
005010X221A1	Written Notice	Explanation of Benefits
TA1 005010	None	Interchange Acknowledgement
005010X231	None	Transmission Level Acknowledgement
005010X214	None	Bill Acknowledgement

### **X12 Ancillary Formats**

<b>Format</b>	<b>Corresponding Process</b>	<b>Function</b>
005010X210	Documentation/Attachments	Documentation/Attachments
005010X212	Health Claim Status Request and Response	Medical Bill Status
005010X213	Request for Additional Information	Request for Medical Documentation

### **Companion Guide Usage**

Colorado workers' compensation implementation of the national standard formats align with HIPAA usage and requirements in most circumstances. This jurisdictional companion guide is intended to convey information within the framework of the X12 TR3 and NCPDP Standard Implementation Guide. The Colorado companion guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the X12 TR3 or NCPDP Standard Implementation Guide. The Colorado companion guide, where applicable, provides additional instruction on implementation factors that are different in workers' compensation than in the HIPAA implementation.

When the context of workers' compensation needs additional clarification or a specific code value, the companion guide includes this information in the table format. Shaded rows represent "segments" in the X12 TR3. Non-shaded rows represent "data elements" in the X12 TR3. An example is provided in the following table.

Loop	Segment	Value	Description	Instructions
2000B	SBR		Subscriber Information	In WC, the subscriber in the employer
	SBR04		Group or Plan Name	Required when the Employer Department Name is different than the Employer reported in Loop 2010BA
	SBR09	WC	Claim Filing Indicator Code	Value must be 'WC' - workers' compensation

Detailed information explaining the various components of the use of loops, segments, data elements, and conditions can be found in the appropriate X12 TR3.

The X12 TR3 also includes elements that do not relate directly to workers' compensation processes; for example, coordination of benefits. If necessary, the identification of these loops, segments, and data elements can be described in the trading partner agreements to help ensure efficient processing of standard transaction sets.

#### Description of X12 Transaction Identification Numbers

The X12 Transaction Identification Number requirements are defined in the appropriate X12 TR3. Colorado has provided the following additional information regarding transaction identification number requirements.

#### Sender/Receiver Trading Partner Identification

Workers' compensation standards require the use of the Federal Employer Identification Number (FEIN) or other mutually agreed upon identification numbers to identify trading partners (Sender/Receiver) in electronic billing and reimbursement transmissions. Trading partners will exchange the appropriate and necessary identification numbers to be reported based on the applicable transaction format requirements.

#### Payer Identification

Payers and their agents are also identified through the use of the FEIN or other mutually agreed upon identification number. Payer information is available through direct contact with the payer. The payer identification information is populated in Loop 2010BB for 005010X222A1, 005010X223A2, and 005010X224A2 transactions.

Providers will need to obtain payer identification information from their connectivity trading partner agent (i.e., clearinghouses, practice management system, billing agent, and/or other third-party vendor) if they are not directly connected to a payer.

### **Provider Identification**

Provider roles and identification numbers are addressed exclusively in the X12 TR3. However, please note that, in the national transaction sets, most providers are identified by the National Provider Identification (NPI) number, and secondary identification numbers are generally not transmitted.

### **Injured Worker Identification**

The injured worker is identified by first and last name, Social Security Number (or default 9-digit code of 999999999), date of birth, date of injury, and workers' compensation (WC) claim number.

The injured worker's identification number is submitted using the Property and Casualty Patient Identifier REF segment in Loop 2010CA.

### **Claim Identification**

The WC claim number assigned by the payer is the claim identification number. This claim identification number is reported in the REF segment of Loop 2010CA, Property and Casualty Claim Number.

The X12 TR3 Instructions for the Property and Casualty Claim Number REF segments require the provider, facility, or third-party biller/assignee to submit the claim identification number in the 005010X222A1, 005010X223A2, and 005010X224A2 transactions. When the claim number is not assigned by the payer, the bill submitter must use the value "UNKNOWN."

### **Bill Identification**

The X12 TR3 refers to a bill as a "claim" for electronic billing transactions. This Colorado companion guide refers to these transactions as "bills" because in workers' compensation, a "claim" refers to the full case for a unique injury or illness.

The provider, facility, or third-party biller/assignee assigns a unique identification number to the electronic bill transaction. For 005010X222A1, 005010X223A2, and 005010X224A2 transactions, the bill transaction identification number is populated in Loop 2300 Claim Information CLM Health Claim segment CLM01 Claim (Bill) Submitter's Identifier data element. This standard HIPAA implementation allows for a patient account number, but it is strongly recommended that bill submitters use a completely unique number for this data element on each individual bill.

### **Document/Attachment Identification**

The 005010X210 is the standard electronic format for submitting electronic documentation and is addressed in a later chapter of this guide.

Documentation to support electronic medical bills may be submitted by fax, email, electronic transmission using the prescribed format, or by a mutually agreed upon format. Documentation related to an electronic bill must identify the following elements:

- The paperwork (PWK) segment and associated documentation identify the type of documentation through the use of X12 standard Report Type Codes. The PWK segment and the associated documentation also identify the method of submission of the documentation through the use of X12 Report transmission codes.
- A unique Attachment Indicator Number must be assigned to all documentation. The Attachment Indicator Number must include the Report Type Code, the Report Transmission Code, the Attachment Control Qualifier (AC), and the Attachment Control Number. For example, an operative note (report type code OB) sent by fax (FX) is identified as OBFXAC12345. The combination of these data elements will allow a payer to appropriately match the incoming attachment to the electronic medical bill.
- For Jurisdictional Reports, the provider uses code value 'OZ' (Support Data for Claim) as the Report Type Code in PWK01 and enters the Jurisdictional Report Type Code (e.g., J1= Doctor First Report) in the front of the Attachment Control Number. Example: OZFXACJ199923 in PWK06.
- If sending preauthorization supporting documentation for treatment authorization, use PWK 01 Report Type Qualifier CT = certification.
- Please refer to Appendix B for a list of Jurisdictional Report Type Codes and associated Colorado report type code descriptions.

#### **Validation Edits (Function or Structural Validation)**

There are various sources for the validation edits that apply to electronic bills submitted by providers. Sources for validation edits may include:

- The IAIABC Medical Bill/Payment Records Implementation Guide,
- X12 TR3 requirements, or
- Medicare coding and billing policies when applicable.

Payers must use the 005010X214 transaction, referred to in this companion guide as an acknowledgement, to communicate transaction (individual bill) rejections for X12-based electronic medical bills. Error rejection codes are used to indicate the reason for the transaction rejection.

#### **Description of Formatting Requirements**

The X12 formatting requirements are defined in the X12 TR3, Appendices B.1.

The NCPDP Telecommunication D.0 formatting requirements are defined in the NCPDP Standard Implementation Guide.



### **X12 Hierarchical Structure**

For information on how the X12 Hierarchical Structure works, refer to § 2.3.2 HL segment of the X12 TR3.

### **Description of X12 Transmission/Transaction Dates**

The X12 required Transmission/Transaction Dates are defined in the X12 TR3.

#### **Date Sent/Invoice Date**

For paper billing, the bill includes a date the bill was generated to verify timely filing. For electronic billing, the Invoice Date is the date sent, which is reflected in the Interchange Control Header ISA segment Interchange Date. The date in the Interchange Control Header ISA segment must be the actual date the transmission is sent.

#### **Date Received**

For medical bill processing purposes, the Date Received is the date the payer or its agent systematically received the transaction. Other dates included in the electronic transaction or outer envelope (e.g., Interchange Control Header ISA segment Interchange Date, Business Application Creation intermediary connections, or other automated handling by the submitted or the submitter's agent) are not considered as the Date Received because they may not be current. The Date Received is used to track timely processing of electronic bills, electronic reconsideration/appeal transactions, acknowledgement transactions, and timeliness of payments.

#### **Paid Date**

When the 005010X221A1 transaction set is used to electronically provide the remittance advice, the Paid Date is the date contained in the BPR16, "Check Issue or EFT Effective Date," in the BPR Financial Information segment.

### **Description of Code Sets**

Code sets used in electronic billing and reimbursement and other ancillary processes are prescribed by the applicable X12 TR3, NCPDP Standard Implementation Guide, Rule 16, and this companion guide. The code sets are maintained by multiple standard-setting organizations.

Participants are required to use current valid codes based on requirements contained in the applicable implementation guide. The validity of the various codes may be based on the date of service (e.g., procedure and diagnosis codes) or the date of the electronic transaction (e.g., Claim Adjustment Reason Codes).

### **Participant Roles**

In general, entities described in the HIPAA implementation guides are similar to those in workers' compensation. However, terms such as employer, insured, injured worker, and patient may have different meanings in workers' compensation and are addressed later in this section.

### **Trading Partner**

Trading partners are entities that have established EDI relationships to exchange information electronically either in standard or mutually agreed upon formats. Trading partners are both senders and receivers, depending on the electronic process (i.e., billing or acknowledgement).

### **Sender**

A sender is the entity submitting a transmission to the receiver, or its trading partner. The provider, facility, or third-part biller/assignee is the sender in the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions. The payer or its agent is the sender in the 005010X214, 005010X231, and 005010221A1 electronic acknowledgment or remittance transactions.

### **Receiver**

A receiver is the entity that accepts a transmission submitted by the sender. The provider, facility, or third-part biller/assignee is the receiver in the 005010X214, 005010X231, and 005010X221A1 electronic acknowledgment or remittance transactions. The payer or its agent is the receiver in the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions.

### **Employer**

The employer is considered the subscriber in the workers' compensation of the HIPAA electronic billing and reimbursement formats.

### **Injured Worker**

In workers' compensation, the injured worker is the person who has been injured on the job or who has a work-related illness and is always the patient. In group health, a patient may have many relationships to the insured. For example, the patient may be the insured or may be the child or spouse of the insured.

### **Patient**

The patient is the person receiving services. In the workers' compensation implementation of electronic billing and reimbursement processes, the patient is the injured worker.

### **Provider Agents/Payer Agent Roles**

Electronic billing and reimbursement rules include provisions that allow for providers and payers to use agents to comply with the electronic billing (eBill) requirements. Payers (insurers, billing agents, third-party administrators, bill review companies), software vendors, data collection agencies, and clearinghouses are examples of companies that may have a role in eBill. Payers and providers are responsible for acts or omissions by their agents excluded in the performance of services for the payer or provider.

Under the eBill rules, payers must exchange medical billing and reimbursement information electronically with providers. Payers may establish direct electronic connections to providers or may use agents to perform eBill functions. The rules do not mandate the use of, or regulate the

cost of, agents performing eBill functions. Providers and payers are not required by Rule 16 to establish connectivity with a clearinghouse or to use a specific media/method of connectivity (i.e., Secured File Transfer Protocol or SFTP).

By mutual agreement, use of non-standard formats between the provider, facility, or third-party biller/assignee and the payer is permissible.

The eBill rules do not regulate the format used between providers and their agents or payers and their agents, or the method of connectivity between those parties.

#### **Claim (Corrected Bill) Resubmission Code - 837 Billing Formats**

Providers will identify resubmissions of prior medical bills (not including duplicate original submissions) by using the Claim Frequency Type Code of '7' (Resubmission Replacement). The value is populated in Loop 2300 Claim Information CLM Health Claim segment CLM05-3 Claim Frequency Type Code of the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions. When the payer has provided the Payer Claim Control Number it had assigned to the previous bill, the provider must use this number when the bill is replaced. This information is populated in Loop 2300 Claim Information REF Payer Claim Control Number of the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions.

For electronically submitted medical bills, providers must also populate the appropriate National Uniform Billing Committee (NUBC) Condition Code to identify the type of resubmission. Condition codes provide additional information to the payer when the resubmitted bill is a request for reconsideration or a new submission after receipt of a decision from the Colorado Division of Workers' Compensation or the Office of Administrative Courts. Based on the instructions for each bill type, the Condition Code is submitted in the HI segment for 005010X222A1 and 005010X223A2 transactions, and the NTE segment for the 005010X224A2 transaction. (The use of the NTE segment is at the discretion of the sender).

The NUBC Instruction for the use of Claim Frequency Type Codes can be referenced on the NUBC website at <http://www.nubc.org/>. The Centers for Medicare and Medicaid Services (CMS) required bill processing documentation for adjustments can be referenced at <http://www.cms.hhs.gov>.

#### **Duplicate Bill Transaction Prior to Payment**

A Claim Frequency Type Code of '1' (duplicate of a previously submitted bill that was never processed) is required when a provider submits a bill that is a duplicate. The Claim Frequency Code is submitted based on the instructions for each bill type. The value is populated in LOOP 2300 Claim Information CLM Health Claim segment CLM05-3 Claim Frequency Type Code of the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions. The duplicate bill must be identical to the original bill, with the exception of the added Claim Frequency Code. No new dates of service or itemized services may be included on the duplicate bill.

Duplicate Bill Transaction
<ul style="list-style-type: none"> <li>• CLM05-3 = '1' Identical value as original.</li> <li>• Payer Claim Control Number does not apply.</li> <li>• The resubmitted bill must be identical to the original bill except for the Claim Frequency Type Code '1'. No new dates of service or itemized services may be included on the duplicate bill.</li> </ul>

Duplicate bill transactions must be submitted no earlier than 30 days after the payer has acknowledged receipt of a complete electronic bill transaction and prior to receipt of a 005010X221A1 transaction.

The payer may reject a bill transaction with Claim Frequency Code '1' if:

1. the duplicate bill is received within 30 days after acknowledgement,
2. the bill has been processed and the 005010X221A1 transaction has been generated, or
3. the payer does not have a corresponding accepted original transaction with the same bill identification numbers.

If the payer does not reject the duplicate bill transaction within two business days, the duplicate bill transaction may be denied for the reasons listed above through the use of the 005010X221A1 transaction.

### **Corrected Bill Transactions**

A replacement bill is sent when a data element on the original bill was either not previously sent or needs to be corrected.

When identifying elements change, the correction is accomplished by a void and re-submission process; a bill with CLM05-3 = '8' (void/cancel) must be submitted to cancel the incorrect bill, followed by the submission of a new original bill with the correct information.

Replacement, void, or cancellation of a prior bill should not be done until the prior submitted bill has reached full adjudication status. Final adjudication status can be determined from the remittance advice, web application, or when showing a finalized code under a 005010X212 (277) transaction in response to a 005010X212 (276) transaction, or by non-electronic means.

Corrected Bill Transaction
<ul style="list-style-type: none"> <li>• CLM05-3 = '7' indicates a replacement bill.</li> <li>• Condition codes are not used.</li> <li>• REF*F8 includes the Payer Claim Control Number, if assigned by the payer.</li> <li>• A corrected bill must include the original dates of service, and the same itemized services rendered as the original bill.</li> <li>• When identifying elements change, the correction is accomplished by a void/cancel and re-submission process. A bill with CLM05-3 = '8' (void/cancel) must be submitted to</li> </ul>

cancel the incorrect bill, followed by the submission of a new original bill with the correct information.
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The payer may reject a revised bill transaction if:

1. the payer does not have a corresponding adjudicated bill transaction with the same identification number, or
2. there is incorrect billing documentation for an adjustment based on CMS guidelines (inappropriate changed data).

If the payer does not reject the revised bill transaction within two business days, the revised bill transaction may be denied for the reasons listed above through the use of the 005010X221A1 transaction.

#### **Appeal/Reconsideration Bill Transactions**

Electronic submission of reconsideration transactions is accomplished in the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions through the use of Claim Frequency Type Code '7' in conjunction with the Payer Claim Control Number assigned by the payer.

The provider must also populate the appropriate condition code to identify the type of resubmission on electronically submitted medical bills. The NUBC Condition Code which applies to appeals/reconsiderations is 'W3' - Appeal.

This code is included in the 2300/HI segment on professional and institutional claims, and in the 2300/NTE segment on dental claims.

Reconsideration bill transactions may only be submitted after receipt of the 05010X221A1 transaction for the corresponding accepted original bill. Reconsideration bill transactions must be submitted by the provider and processed by the payer in accordance with Rule 16. The same bill identification number is used on both the original and the reconsideration bill transaction to associate the transactions. All elements, fields, and values in the reconsideration bill transaction, except the reconsideration-specific qualifiers and the Claim Supplemental Information PWK segment, must be the same as on the original bill transaction.

Corresponding documentation related to an appeal/reconsideration is required in accordance with Rule 16. The PWK segment (Claim Supplemental Information) must be properly annotated when submitting an attachment related to an appeal/reconsideration.

The X12 TR3 recommends that the value passed in CLM01 represent a unique identification number specific to the bill transaction, the Provider Unique Bill Identification Number. This number can be used to link the original bill to the subsequent bill transaction, such as an appeal.

The X12 TR3 includes a Reference Identification Number REF segment in Loop 2300 claim Information that represents the Payer Claim Control Number. This is the unique transaction

identification number generated by the payer. This number must be included on the resubmitted bills to ensure that the payer can match the resubmission request with its original processing action.

Appeal/Reconsideration Bill Transaction
<ul style="list-style-type: none"> <li>• CLM05-3 = '7'</li> <li>• Condition codes in HI/NTE are populated with a condition code qualifier 'BG' and 'W3' - Appeal.</li> <li>• REF*F8 includes the Payer Claim Control Number, if assigned by the payer.</li> <li>• The appeal/reconsideration bill must be identical to the original bill with the exception of the added Condition Code, Payer Claim Control Number, and the Claim Frequency Type Code. No new dates of service or itemized services may be included on the appeal/reconsideration bill.</li> <li>• Supporting documentation is required.</li> <li>• The PWK segment in Loop 2300 must be properly annotated.</li> </ul>

The payer may reject an appeal/reconsideration transaction if:

1. the bill information does not match the corresponding original bill transaction;
2. the payer does not have a corresponding accepted original transaction;
3. the original bill transaction has not been completed (no corresponding 005010X221A1 transaction; or
4. the bill is submitted without the PWK annotation.

Corresponding documentation related to appeal/reconsideration is required in accordance with Rule 16.

The payer may deny appeal/reconsideration transactions for missing documentation. If the payer does not reject the appeal/reconsideration bill transaction within two business days because it is incomplete, the bill transaction may be denied through the use of the 005010X221A1 transaction for the reasons listed above. The payer may also deny the appeal/reconsideration bill transaction through the use of the 005010X221A1 transaction, if the documentation is not submitted within the Rule 16 required timeframe.

### **Colorado and Workers' Compensation Specific Requirements**

This section identifies requirements specific to Colorado workers' compensation. These requirements apply to more than one electronic format. Requirements that are related to a specific format are identified in the chapter related to that format.

### **Claim Filing Indicator**

The Claim Filing Indicator code for workers' compensation is 'WC' populated in Loop 2000B Subscriber Information, SBR Subscriber Information segment, field SBR09 for the 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions.

### **Transaction Set Purpose Code**

The Transaction Set Purpose Code in the Transaction Set Header Beginning of Hierarchical Transaction (BHT) segment field BHT02 in 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions is designated as '00' Original. Payers are required to acknowledge acceptance or rejection of transmissions (files) and transactions (bills). Transmissions that are rejected by the payer and then corrected by the provider are submitted, after correction, as '00' Original transmissions.

### **Transaction Type Code**

The Transaction Type Code in the Transaction Set Header Beginning of Hierarchical Transaction (BHT) segment field BHT06 in 005010X222A1, 005010X223A2, and 005010X224A2 electronic billing transactions is designated as 'CH' Changeable. Currently, providers are not required to report electronic billing data to the Colorado Division of Workers' Compensation. Therefore, code 'RP' Reporting is not appropriate.

### **NCPDP Telecommunication Standard D.0 Pharmacy Formats**

Issues related to the electronic pharmacy billing transactions are addressed in Chapter 6.

## **Chapter 3 Companion Guide X12N/005010X222A1 Health Care Claim: Professional (837)**

### **Introduction and Overview**

The information contained in this section of the companion guide has been created for use in conjunction with the 005010X222A1 Health Care Claim: Professional (837) TR3. It is not a replacement for the 005010X222A1 Health Care Claim: Professional (837) TR3 but rather is to be used as an additional source of information.

### **Purpose, Applicability, and Expected Implementation Date**

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 1, 2026.

### **Trading Partner Agreements**

The components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as transmission parameters) remain the same; this companion guide is not intended to replace any of those components.

The data elements transmitted as part of a trading partner agreement must, at a minimum, contain all the data elements required by the X12 TR3 and the Colorado companion guide. The

trading partner agreement must not change the workers' compensation field value designations as defined in the Colorado companion guide.

**Workers' Compensation Health Care Claim: Professional Instructions**

Instructions for Colorado specific requirements are also provided in Rule 16. The following table identifies the application/instructions for Colorado workers' compensation that need clarification beyond the X12 TR3.

X12N/005010X222A1			
Loop	Segment	Description	Instructions
2000B	SBR	SUBSCRIBER INFORMATION	Subscriber is the employer
	SBR04	NAME	Group name is the employer
	SBR09	CLAIM FILING INDICATOR CODE	Value must be 'WC'
2010BA		SUBSCRIBER NAME	Subscriber is the employer
	NM102	ENTITY TYPE QUALIFIER	Value must be '2' non-person
	NM103	NAME LAST OR ORGANIZATION NAME	Value must be the name of the employer
2000C	PAT01	INDIVIDIAL RELATIONSHIP CODE	Value must be '20' - Employee
2010CA	REF	PROPERTY CASUALTY CLAIM NUMBER	Claim number is required when assigned by payer. When unknown, use 'UNKNOWN' as default value.
	REF	PROPERTY AND CASUALTY PATIENT IDENTIFIER	Required
	REF01	REFERENCE IDENTIFICATION QUALIFIER	Value must be 'SY'
	REF02	REFERENCE IDENTIFICATION	Send default 999999999 when SSN is unknown.
2300	CLM11	RELATED CAUSES INFORMATION	Must include a value of 'EM' - Employment Related
	DTP	DATE - ACCIDENT	Required when the condition reported is an occupational accident/injury.



	DTP	DATE - DISABILITY DATES	Do not use this segment.
	DTP01	DATE OF LOSS	Use qualifier = '431' - WC
	PWK	CLAIM SUPPLEMENTAL INFORMATION	Required when submitting attachments related to a medical bill.
	PWK01	REPORT TYPE CODE	Any valid code. Suggested value: 'PWK08' = Plan of Treatment (WC188) or 'PWK09' = Progress Report
	PWK06	ATTACHMENT CONTROL NUMBER	When the Report Type Code is 'OZ' and a jurisdiction report is sent, always include the Jurisdiction Report Type Code as the first two characters of the attachment control number. (The Jurisdiction Report Type Codes are set forth in Appendix B.) Examples: Jurisdiction Report: Report Type J1=Doctor's First Report of Injury: PWK*OZ*EM***AC*J1DMN0012~ Standard Report: PWK*OB*EM***AC*DMN0012~
	K3	FILE INFORMATION	Not required
	K301	FIXED FORMAT INFORMATION	Value must be the state code qualifier 'LU' followed by the two alpha character state code. For example, LUCO.
	HI	CONDITION INFORMATION	W3 - Appeal Note: do not use condition codes when submitting revised or corrected bills.
2310B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	Not required
2400	K3	FILE INFORMATION	Not required
	K301	FIXED FORMAT INFORMATION	Use K3 segment for the original NDC with the following format: K3*ORIGN4XXXXXXXXXX

2410	LIN	DRUG IDENTIFICATION	Use LN segment for the repackaged NDC with the following format: LN*RPKGN4XXXXXXXXXX
2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	Not required

## Chapter 4 Companion Guide X12N/005010X223A2 Health Care Claim: Institutional (837)

### **Introduction and Overview**

The information contained in this section of the companion guide has been created for use in conjunction with the 005010X223A2 Health Care Claim: Institutional (837) TR3. It is not a replacement for the 005010X223A2 Health Care Claim: Institutional (837) TR3 but rather is to be used as an additional source of information.

### **Purpose, Applicability, and Expected Implementation Date**

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 1, 2026.

### **Trading Partner Agreements**

The components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as transmission parameters) remain the same; this companion guide is not intended to replace any of those components.

The data elements transmitted as part of a trading partner agreement must, at a minimum, contain all the data elements required by the X12 TR3 and the Colorado companion guide. The trading partner agreement must not change the workers' compensation field value designations as defined in this Colorado companion guide.

### **Workers' Compensation Health Care Claim: Professional Instructions**

Instructions for Colorado specific requirements are also provided in Rule 16. The following table identifies the application/instructions for Colorado workers' compensation that need clarification beyond the X12 TR3.

X12N/005010X223A2			
Loop	Segment	Description	Instructions
2000B	SBR	SUBSCRIBER INFORMATION	Subscriber is the employer
	SBR04	NAME	Group name is the employer
	SBR09	CLAIM FILING INDICATOR CODE	Value must be 'WC'
2010BA		SUBSCRIBER NAME	Subscriber is the employer
	NM102	ENTITY TYPE QUALIFIER	Value must be '2' non-person
	NM103	NAME LAST OR ORGANIZATION NAME	Value must be the name of the employer
2000C	PAT01	INDIVIDIAL RELATIONSHIP CODE	Value must be '20' - Employee
2010CA	REF02	PROPERTY CASUALTY CLAIM NUMBER	Claim number is required when assigned my payer. When unknown, use 'UNKNOWN' as default value.
	REF	PROPERTY AND CASUALTY PATIENT IDENTIFIER	Required
	REF01	REFERENCE IDENTIFICATION QUALIFIER	Value must be 'SY'
	REF02	REFERENCE IDENTIFICATION	Send default 999999999 when SSN is unknown.
2300	PWK	CLAIM SUPPLEMENTAL INFORMATION	Required when submitting attachments related to a medical bill.
	PWK01	REPORT TYPE CODE	Any valid code. Suggested value: 'PWK08' = Plan of Treatment (WC188) or 'PWK09' = Progress Report
	PWK06	ATTACHMENT CONTROL NUMBER	When the Report Type Code is 'OZ' and a jurisdiction report is sent, always include the Jurisdiction Report Type Code as the first two characters of the attachment control number. (The Jurisdiction

			Report Type Codes are set forth in Appendix B.) Examples: Jurisdiction Report: Report Type J1=Doctor's First Report of Injury: PWK*OZ*EM***AC*J1DMN0012~ Standard Report: PWK*OB*EM***AC*DMN0012~
	K3	FILE INFORMATION	Not required
	K301	FIXED FORMAT INFORMATION	Value must be the state code qualifier 'LU' followed by the two alpha character state code. For example, LUCO.
	HI01	OCCURRENCE INFORMATION	At least one code must be entered: Value '04' - Accident/Employment Related or '11' - Illness. The Occurrence Date must be the date of the injury.
	HI	CONDITION INFORMATION	W3 - Appeal Note: do not use condition codes when submitting revised or corrected bills.
2310A	PRV	ATTENDING PROVIDER SPECIALTY INFORMATION	Not required

## Chapter 5 Companion Guide X12N/005010X224A2 Health Care Claim: Dental (837)

### Introduction and Overview

The information contained in this section of the companion guide has been created for use in conjunction with the 005010X224A2 Health Care Claim: Dental (837) TR3. It is not a replacement for the 005010X224A2 Health Care Claim: Professional (837) TR3 but rather is to be used as an additional source of information.

### Purpose, Applicability, and Expected Implementation Date

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 1, 2026.

### **Trading Partner Agreements**

The components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as transmission parameters) remain the same; this companion guide is not intended to replace any of those components.

The data elements transmitted as part of a trading partner agreement must, at a minimum, contain all the data elements required by the X12 TR3 and the Colorado companion guide. The trading partner agreement must not change the workers' compensation field value designations as defined in the Colorado companion guide.

### **Workers' Compensation Health Care Claim: Professional Instructions**

Instructions for Colorado specific requirements are also provided in Rule 16. The following table identifies the application/instructions for Colorado workers' compensation that need clarification beyond the X12 TR3.

X12N/005010X222A1			
Loop	Segment	Description	Instructions
1000A	PER	SUBMITTER EDI CONTACT INFORMATION	Communication number qualifier must be 'TE' - submitter telephone number.
2000B	SBR	SUBSCRIBER INFORMATION	Subscriber is the employer
	SBR04	NAME	Group name is the employer
	SBR09	CLAIM FILING INDICATOR CODE	Value must be 'WC'
2010BA		SUBSCRIBER NAME	Subscriber is the employer
	NM102	ENTITY TYPE QUALIFIER	Value must be '2' non-person
	NM103	NAME LAST OR ORGANIZATION NAME	Value must be the name of the employer
2000C	PAT01	INDIVIDUAL RELATIONSHIP CODE	Value must be '20' - Employee
2010CA	REF02	PROPERTY CASUALTY CLAIM NUMBER	Claim number is required when assigned my payer. When unknown, use 'UNKNOWN' as default value.
	REF	PROPERTY AND CASUALTY PATIENT	Required

		IDENTIFIER	
	REF01	REFERENCE IDENTIFICATION QUALIFIER	Value must be 'SY'
	REF02	REFERENCE IDENTIFICATION	Value must be 'SY'
2300	CLM11	RELATED CAUSES INFORMATION	Must include a value of 'EM' - Employment Related
	DTP	DATE - ACCIDENT	Required when the condition reported is an occupational accident/injury.
	PWK	CLAIM SUPPLEMENTAL INFORMATION	Required when submitting attachments related to a medical bill.
	PWK01	REPORT TYPE CODE	Any valid code. Suggested value: 'PWK08' = Plan of Treatment (WC188) or 'PWK09' = Progress Report
	PWK06	ATTACHMENT CONTROL NUMBER	When the Report Type Code is 'OZ' and a jurisdiction report is sent, always include the Jurisdiction Report Type Code as the first two characters of the attachment control number. (The Jurisdiction Report Type Codes are set forth in Appendix B.) Examples: Jurisdiction Report: Report Type J1=Doctor's First Report of Injury: PWK*OZ*EM***AC*J1DMN0012~ Standard Report: PWK*OB*EM***AC*DMN0012~
	K3	FILE INFORMATION	Not required
	K301	FIXED FORMAT INFORMATION	Value must be the state code qualifier 'LU' followed by the two alpha character state code. For example, LUCO.
2310A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	Not required
2301B	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	Not required

2420A	PRV	RENDERING PROVIDER SPECIALTY INFORMATION	Not required
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## Chapter 6 Companion Guide NCPDP D.0

### **Introduction and Overview**

The information contained in this section of the companion guide has been created for use in conjunction with the NCPDP Telecommunication Standard Implementation Guide Version D.0 for pharmacy claim transactions. It is not a replacement for the NCPDP Standard Implementation Guide but rather is to be used as an additional source of information.

Pharmacy transactions are processed both in real-time and via batch. Every transaction request has a transmission response. To address the appropriate process for responding to request transactions and reversal processing, users are directed to use the NCPDP Standard Implementation Guide and Batch Standard Implementation Guide Version 1.2.

### **Purpose, Applicability, and Expected Implementation Date**

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 1, 2026.

### **Trading Partner Agreements**

The components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as transmission parameters) remain the same; this companion guide is not intended to replace any of those components.

The data elements transmitted as part of a trading partner agreement must, at a minimum, contain all the data elements required by the NCPDP Standard Implementation Guide and the Colorado companion guide. The workers' compensation field value designations as defined in this specific companion guide must remain the same as part of any trading partner agreement.

### **Workers' Compensation Health Care Claim: Pharmacy Instructions**

Instructions for Colorado specific requirements are also provided in Rule 16. The following table identifies the application/instructions for Colorado workers' compensation that need clarification beyond the NCPDP Standard Implementation Guide.

NCPDP D.0 Pharmacy			
Segment	Field	Description	Instructions
INSURANCE	302-C2	CARDHOLDER ID	If the cardholder ID is not available or not applicable, the value must be 'NA'
PHARMACY PROVIDER	465-EY	PROVIDER ID QUALIFIER	The value must be '05' - NPI Number
CLAIM	453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	Required if Originally Prescribed Product/Service Code (455-EA) is used. The value must be '3' - National Drug Code (NDC).
CLAIM	445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	Required when billing for a repackaged drug. Must be the original NDC that was assigned by the source of the repackaged drug.
CLAIM	996-G1	COMPOUND TYPE	Required when billing for a prescription-strength topical compound. Use the NCPDP-assigned two-digit code (see ECL) that equates to the DoWC Z code corresponding with the applicable category.
WORKERS' COMPENSATION	435-DZ	CLAIM/REFERENCE ID	Claim number is required when assigned my payer. When unknown, use 'UNKNOWN' as default value.

## Chapter 7 Companion Guide X12N/005010X221A1 Health Care Claim Payment/Advice (835) and Electronic Funds Transfer (EFT)

### Introduction and Overview

The information contained in this companion guide has been created for use in conjunction with the 005010X221A1 Health Care Claim Payment Advice (835) TR3. It is not a replacement for the 005010X221A1 Health Care Claim Payment Advice (835) TR3 but rather is an additional source of information.



### **Purpose, Applicability, and Expected Implementation Date**

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 1, 2026.

### **Trading Partner Agreements**

The components of trading partner agreements that define other transaction parameters beyond the ones described in this companion guide (such as transmission parameters) remain the same; this companion guide is not intended to replace any of those components.

The data elements transmitted as part of a trading partner agreement must at a minimum contain all the same required data elements found within the X12 TR3 and the Colorado companion guide. The workers' compensation field value designations as defined in the Colorado companion guide must remain the same as part of any trading partner agreement.

Trading partner agreements must follow the X12TR2 Health Care Claim Payment/Advice Code Usage Rules (TR2) that specify the specific Group Code, Claim Adjustment Reason Code, and Remittance Advice Remark Code combinations that are to be used when providing payment, reduction, or denial information. The TR2 is available at <http://www.wpc-edl.com>.

### **Claim Adjustment Group Codes**

The 005010X221A1 transaction requires the use of Claim Adjustment Group Codes. The most current valid codes must be used as appropriate for workers' compensation. The Claim Adjustment Group Code represents the general category of payment, reduction, or denial. For example, the Group Code 'CO' (Contractual Obligation) might be used in conjunction with a Claim Adjustment Reason Code for a network contract reduction.

The Claim Adjustment Group Code transmitted in the 005010X221A1 transaction is the same code that is transmitted in the IAIABC 837 Medical State Reporting EDI reporting format. Colorado accepts Claim Adjustment Group Codes that were valid on the date the payer paid or denied a bill.

### **Claim Adjustment Reason Codes**

The 005010X221A1 transaction requires the use of Claim Adjustment Reason Codes (CARC) as the electronic means of providing specific payment, reduction, or denial information. As a result, use of the 005010X221A1 transaction eliminates the use of proprietary reduction codes, jurisdiction specific Claim Adjustment Reason Codes, and free form text used on paper written notices/explanation of benefits (EOBs). Accordingly, claims administrators that provide the required 005010X221A1 transaction information in the transmission are compliant with Rule 16. Claim Adjustment Reason Codes are available through Washington Publishing Company at <http://www.wpc-edl.com/codes>.

### **Remittance Advice Remark Codes**

The 005010X221A1 transaction supports the use of Remittance Advice Remark Codes (RARC) to provide supplemental explanations for a payment, reduction, or denial already described by a Claim Adjustment Reason Code. NCPDP Reject codes are allowed for NCPDP transactions. Payers must use Remittance Advice Remark Codes to provide additional information to the health care provider regarding why a bill was adjusted or denied. The use of the 005010X221A1 transaction eliminates the use of proprietary reduction codes and free form text used on paper written notices/explanation of benefits (EOBs). Remittance Advice Remark Codes are not associated with a Group or Reason Code in the same manner that a Claim Adjustment Reason Code is associated with a Group Code. Remittance Advice Remark Codes are available through Washington Publishing Company at <http://www.wpc-edi.com/codes>.

### **X12 Technical Report Type 2 Health Care Payment/Advice Code Usage Rules (TR2)**

X12 TR2 is the encyclopedia of Group Codes, specific CARC and RARC combinations for payments to use when providing bill payment, reduction or denial information. These codes and their combinations are defined, maintained, modified, and/or deleted by the X12 External Code Committees and CMS Remittance Advice Remark Committee, which meets every three months. The TR2 has a specific workers' compensation CARC and RARC defined usage section that must be used to explain a claim denial or adjustment in the 005010X221A1 transaction. The TR2 is available at <http://www.wpc-edi.com>.

The great variability in the mapping and combination codes used in both the health care and property and casualty industries today results in different interpretations by the providers for each payer. The TR1 workers' compensation section defines CARC/RARC combinations that provide a concrete and predictable message, thereby allowing providers to set up rules to automate actions based upon the combinations of codes. Consistent use of these codes by all payers will result in significant administrative simplification, especially in the workers' compensation industry.

### **Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA) Operating Rules**

The Affordable Care Act (ACA) defines operation rules as, "the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications." To comply with the ACA mandated EFT and ERA Operating Rules (effective 01/01/2014) for eBill payment process use:

- CAQH CORE Phase III Infrastructure Rules for v5010 X12 835
- CAQH CORE 370 ERA EFT (CCD+) Reassociation Rule\*
- CAQH CORE 380: EFT Enrollment Data Rule\*\*
- CAQH CORE 382; ERA Enrollment Data Rule\*\*

These Rules are available at <https://www.caqh.org/core> .

\*Under Appendix 6, section 6.1, the definition of the term Health Plan is based on Title 45, Code of Federal Regulations, § 160.103. Under Colorado Rule 16, health plans are defined as Payers, and this definition includes Property and Casualty insurance carriers.

\*\* WEDI White Paper: EFT and ERA Enrollment Process - <https://www.wedi.org>

### **Reversal and Corrections**

When bill adjudication results have been modified from a previous bill, the 005010X221A1 transaction requires the use of the Reversal and Correction method.

Please refer to § 1.10.2.8 of the 005010X221A1 (<http://x12.org/products/glass>) for further information.

### **Overpayment Recovery**

When a payer needs to recover funds due to overpayment, they need to use the methodology of Overpayment Recovery as stated in § 1.10.2.17 of the 005010X221A1.

Additional sources of Overpayment Recovery:

Overpayment Recovery 5010 Education or Electronic Remittance Advice and Fund Transfers White Paper both available at: <https://www.wedi.org>

### **Balancing**

The 835 must balance in three specific ways; the service level, claim level and transaction level as specified in § 1.10.2.1 of the 005010X221A1. Included in this front matter section are referenced examples of how to balance the transaction.

It is important to note that if the 835 transaction does not balance, it will fail X12 syntactical edits resulting in rejected transactions.

Additional information can be found in § 6 of the WEDI Electronic Remittance Advice and Fund Transfers White Paper available at: <https://www.wedi.org>

### **Claim Level Jurisdictional Written Notices/Explanation of Benefits (EOB) Statement ID Qualifier**

The Colorado written notice/EOB process includes a jurisdictional information that is required on a paper written notice/EOB to provide Providers, facilities, or third-party biller/assignees with specific information regarding jurisdiction direction or limitations.

The Colorado required written notice/EOB Claim Level statement is reflected as a state jurisdictional postal code in the 005010X221A1 transaction. The state jurisdictional postal code is populated in the REF segment in Loop 2100 'Other Claim Related Identification'. The Reference Identification Qualifier "CE" Class of Contract Code is to be used as the qualifier in REF01 segment for workers' compensation to indicate the value in REF02.

The Reference Identification value in REF02 is the jurisdictional code CO that represents Colorado's written notice/EOB requirements outlined in Rule 16-10(C).

### **Line Level Reason Code ID Qualifier and URL Reference**

To adjust a charge based on a Colorado statute or rule, payers should use the 2110 Service Payment Information Loop (SVC) with the Healthcare Policy Identification REF segment. Payers should also supply the Policy Form Identifying Number in REF01 and reference the statute or rule

name in REF02. This associated Health Care Policy explains the workers' compensation statute or rule used to process the claim which resulted in the adjusted payment. If this segment is used, the PER (Payer Web Site) segment is required to provide a non-secure website where the provider can access the Health Care Policy, including Colorado's enumerated, published workers' compensation statute or rule.

#### **Product/Service ID Qualifier**

The Product/Service Identification Number transmitted in the inbound electronic billing format is returned in the 005010X221A1 transaction SVC Service Payment Information segment with the appropriate qualifier.

#### **Workers' Compensation Health Care Claim Payment/Advice Instructions**

Instructions for Colorado specific requirements are also provided in Rule 16. The following table identifies the application/instructions for Colorado's workers' compensation requirements that need clarification beyond the X12 TR3.

X12N/005010X221A1				
Loop	Segment	Value	Description	Instructions
2100	CLP		Claim Level Data	
	CLP06	WC	CLAIM FILING INDICATOR CODE	Value must be 'WC' - Workers' Compensation
	CLP07		PAYER CLAIM CONTROL NUMBER	The payer assigned control number for WC use is the bill control number.
	REF		Other Claim Related Identification	
	REF01	CE	REFERENCE IDENTIFICATION QUALIFIER	Value must be 'CE' - Class of Contract Code
	REF02		REFERENCE IDENTIFICATION	Must be the state jurisdiction 2-digit postal code - CO. The state's postal code value equates to the EOB statement as defined in this companion guide.
2110	REF		Health Care Policy	
	REF01	OK	REFERENCE IDENTIFICATION QUALIFIER	Value must be 'OK'.

## Chapter 8 Companion Guide Electronic Attachments

### **Introduction and Overview**

The information contained in this section of the companion guide has been created for use in conjunction with the 006020X314 Additional Information to Support a Health Care Claim (275) TR3. It is not a replacement for the 006020X314 Additional Information to Support a Health Care Claim (275) TR3 but rather is to be used as an additional source of information.

### **Purpose, Applicability, and Expected Implementation Date**

The purpose of the Electronic Billing Rules and this Guide is to provide a framework for electronic billing, processing and payment of medical services and products. Health care providers, provider agents, payers, payor agents, and clearinghouses must develop and implement electronic billing processes consistent with Rule 16 by January 2026.

### **Method of Transmission**

The X12 275 transaction is the recommended standard electronic format for submitting electronic documentation in workers' compensation. Providers, facilities, or third-party biller/assignees and payers may agree to exchange documentation in other non-prescribed electronic formats (such as uploading to a web-based system) by mutual agreement. If trading partners mutually agree to use non-prescribed formats for the documentation they exchange, they must include all components required to identify the information associated with the documentation.

Providers, facilities, or third-party biller/assignees may also elect to submit documentation associated with electronic bill transactions through fax or email. Providers, facilities, or third-party biller/assignees and payers must be able to electronically exchange medical documentation that is required to be submitted with the bill based on regulatory requirements found in Rule 16.

### **Documentation Requirements**

Medical documentation includes, but is not limited to medical reports, such as evaluation reports, narrative reports, assessment reports, progress reports/notes, clinical notes, hospital records, diagnostic test results, and invoices. Documentation requirements for Colorado's workers' compensation billing are defined in Rule 16.

### **Use of Transaction**

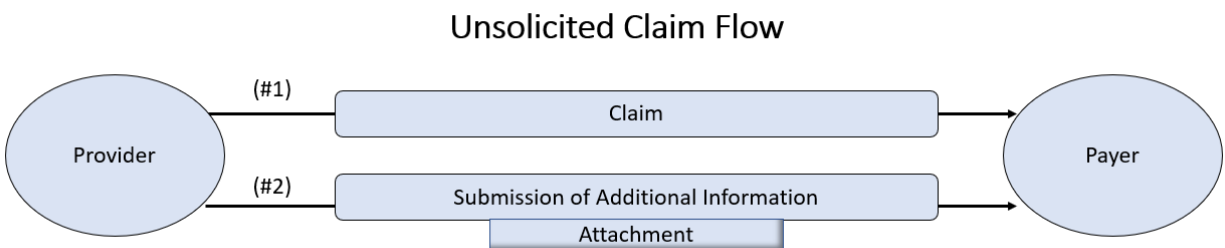
The use of electronic attachments can be applied to not just medical bills, but also prior authorization, referrals, and potentially other administrative processes directly related to the medical bill payment process. In workers' compensation, the X12 Attachment Standards are defined and may be used for four types of transaction applications:

#### **Unsolicited - Provider Initiated Additional Documentation**

The X12 275 Additional Information to Support a Health Care Claim is used as the transportation for an attachment. With the unsolicited scenario the provider is submitting additional information to support the medical bill based on a set of pre-defined rules. State regulations and payers, through trading partner agreements, define these rules. In

this Unsolicited Model, the payer is not requesting additional information, rather the provider is complying with the pre-defined attachment rules required for payment to support the services being billed.

In this model, the unique Attachment Control Number is on both the associated medical bill transaction and the attachment and is assigned by the provider. The provider assigned unique Attachment Control Number enables the payer, or its clearinghouse, to match the medical bill to the appropriate attachment.



Note: Claim is Medical Bill in Workers' Compensation

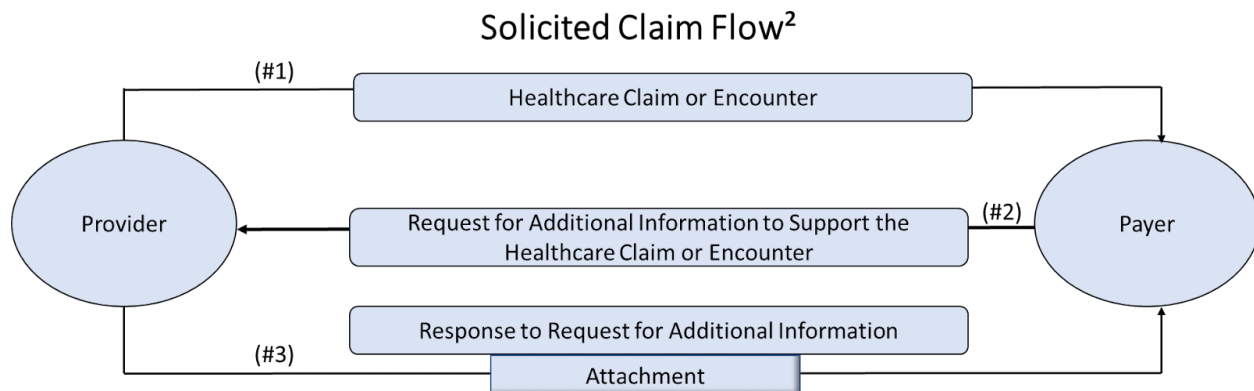
#### **Solicited Model - Payer Request for Additional Documentation**

In the Solicited Model, the payer requests additional information to adjudicate a bill and/or for treatment authorization. The payer requests additional documentation by using the X12N 277 Health Care Claim Request for Additional Information (Solicited Model).

In this scenario, where the Attachment is solicited, the unique Attachment Control Number is used in both the request and the response and is assigned by the payer. The payer assigned unique Attachment Control Number is what enables the payer, or its clearinghouse, to match the attachment to a medical bill.

#### **Solicited Response to Payer Request for Additional Information**

The provider, in response to the payer request for additional information, is to use the X12 275 Additional Information to Support a Health Care Claim as the vehicle to transport the requested documentation as an attachment. The transaction requires the payer Attachment Control Number sent in the electronic request to be returned in the X12 275 transaction to enable the payer to match the attachment to the appropriate request.



Note: Claim is Medical Bill in Workers' Compensation

### **Acknowledgement**

In workers' compensation, the X12 Acknowledgement Reference Model (ARM) is required for all electronic transactions to confirm the transactions' status to the submitter.

### **Attachment Supporting Code Sets**

Logical Observation Identifier Names and Codes (LONIC) - HIPAA Panel

The use of LONIC provides specific identification of the additional information being requested, and the coded answers which respond to the requests. This provides stakeholders with specific information as to the type of attachments being exchanged.

SNODENT® clinical code set for dental attachments

SNOMET CT®

### **Industry Attachment Implementation Guideline Resources**

Electronic attachments span multiple standards development organizations. X12 and HL7 have worked together to ensure that their standards are compatible to meet the needs of the industry. Since the use of multiple standards in a single transaction is new to the industry, X12, HL7, and WEDI collaborated on a project to provide an overview of how these standards work together with business processes <https://www.wedi.org>.

## **Chapter 9 Companion Guide Acknowledgements**

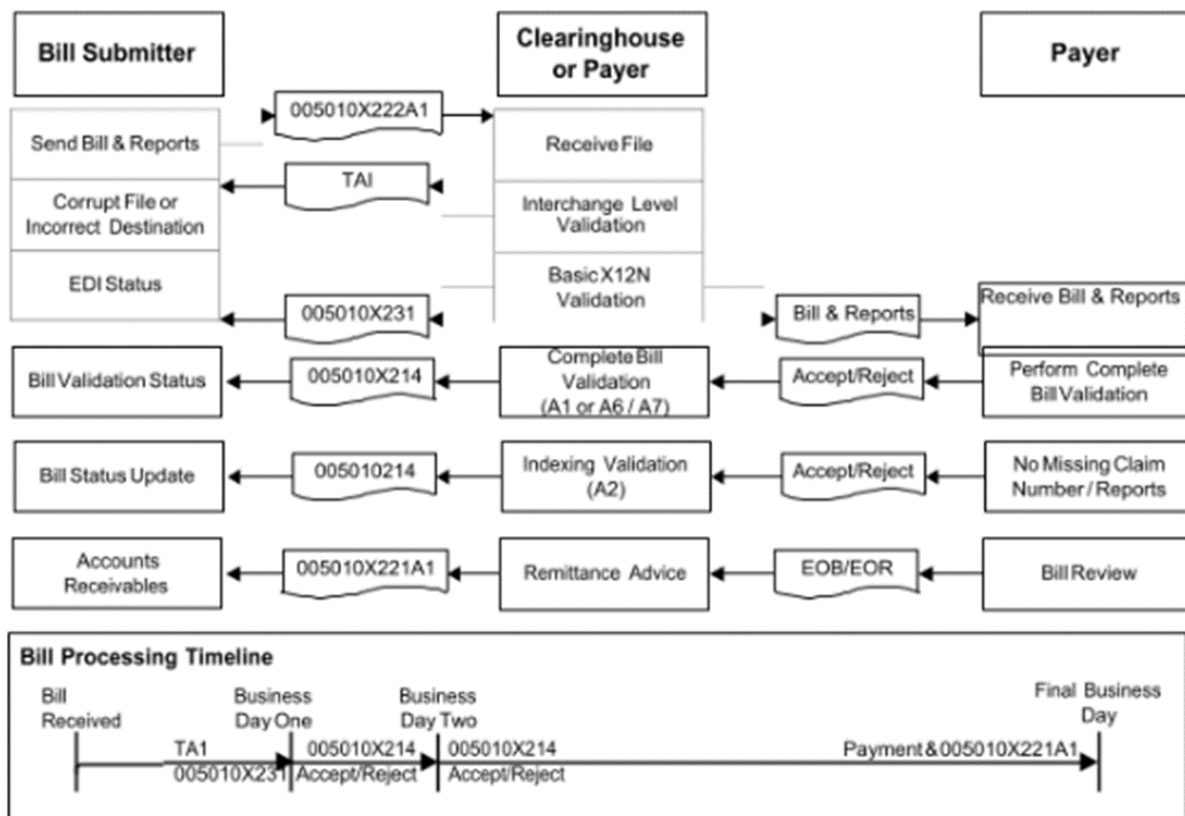
There are several different acknowledgements that a clearinghouse and/or payer may use to respond to the receipt of a bill. The purpose of these acknowledgements is to provide feedback on the following:

1. Basic file structure and the trading partner information from the Interchange Header.

2. Detailed structure and syntax of the actual bill data as specified by the X12 standard.
3. The content of the bill against the jurisdictional complete bill rules.
4. Any delays caused by claim number indexing/validation.
5. Any delays caused by attachment matching.
6. The outcome of the final adjudication, including reassociation to any financial transaction.

### Bill Acknowledgement Flow and Timing Diagrams

The following process chart illustrates how a receiver validates and processes an incoming 005010X222A1, 005010X223A2, or 005010X224A2 transaction. The diagram shows the basic acknowledgements that the receiver generates, including acknowledgements for validation and final adjudication for those bills that pass validation.



### Process Steps

1. **Interchange Level Validation:** Basic file format and the trading partner information from the Interchange Header are validated. If the file is corrupt or is not the expected type, the file is rejected. If the trading partner information is invalid or unknown, the file is rejected. A TA1 (Interchange Acknowledgment) is returned to indicate the outcome of the validation. A rejected EDI file is not passed on to the next step.
2. **Basic X12 Validation:** A determination will be made as to whether the transaction set contains a valid 005010X222A1 (Remittance Advice). A 005010X231 (Functional Acknowledgment) will be returned to the submitter. The 005010X231 contains ACCEPT or



REJECT information. If the file contains syntactical errors, the locations of the errors are reported. Bills that are part of a rejected transaction set are not passed on to the next step.

3. **Complete Bill Validation:** The jurisdictional and payer specific edits are run against each bill within the transaction set. The receiver returns a 005010X214 (Health Care Claim Acknowledgement) to the submitter to acknowledge that the bill was accepted or rejected. Bills that are rejected are not passed on to the next step and are not complete bills. Accepted bills are considered complete bills.
4. **Complete Bill - Missing Claim Number and/or Missing Required Report:** Refer to the Complete Bill - Missing Claim Number Pre-Adjudication Hold (Pending) Status §.
5. **Bill Review:** The bills that pass through bill review and any post-bill review approval process will be reported in the 005010X221A1 (Remittance Advice). The 005010X221A1 contains the adjudication information from each bill, as well as any paper check or EFT payment information.

#### **Complete Bill - Missing Claim Number Pre-Adjudication Hold (Pending) Status**

One of the processing steps that a bill goes through prior to adjudication is verification that all required documentation has been provided. The bill submitter can send the reports using the 005010X210 or other mechanisms such as fax or email. To prevent medical bill rejections because required documentation was sent separately from the bill itself, a pre-adjudication hold (pending) period of up to five business days is mandated to enable the payer to receive and match the bill to the documentation. If the bill cannot be matched within the five days, or if the supporting documentation is not received, the bill may be rejected as incomplete. If the payer is able to match the bill to the documentation within the five day hold period, it continues the adjudication process. The 005010X213 is used to inform the bill submitter of the delay and the ultimate resolution of the issue.

#### **Missing Report - 277CA Health Care Claim Acknowledgement Process Steps**

When a bill submitter sends an 837 that requires an attachment and Loop 2300 PWK segment indicates that a report will be following, the payer will need to respond with the appropriate 277CA response(s) as applicable:

Bill Status Findings	277 Health Care Claim Acknowledgement (HCCA) Options
Complete bill - missing report	<p>When a complete bill is missing a required report, the payer needs to place the bill in a pre-adjudication hold (pending) status during the specific waiting period and return the following Claim Status Category Code and Claim Status Code:</p> <p>STC01-1 = A1 (The claim has been received. This does not mean that the claim has been accepted for adjudication.)</p> <p>STC01-2 = 21 (Missing or invalid information) AND</p>

	<p>STC10-1 = A1 (The claim has been received. This does not mean that the claim has been accepted for adjudication.)</p> <p>STC10-2 = Use the appropriate 277 Claim Status Code for missing report type. Example: Claim Status Code 294 Supporting documentation. (STC*A1:21*20090830*WQ*70*****A1:294-:)</p>
Report received within the five day pre-adjudication hold (pending) period	<p>Once the Claim Indexing/Validation process has been completed and there is a bill/claim number match, then the payer must use the following Claim Status Category Code with the appropriate Claim Status Code:</p> <p>STC01-1 = A2 (Acknowledgement/Acceptance into adjudication system. The claim has been accepted into the adjudication system.)</p> <p>STC01-2 = 20 (Accepted for processing)</p> <p>Use Loop 2200D REF segment 'Payer Claim Control Number' with qualifier 1K Identification Number to return the workers' compensation claim number and or the payer bill control number in the REF02:</p> <ol style="list-style-type: none"> <li>Always preface the workers' compensation claim number with the two digit qualifier "Y4" followed by the property casualty number. Example Y412345678</li> <li>If there are two numbers (payer claim control number and the workers' compensation claim number) returned in the REF02, the payer should use a blank space to separate the numbers.</li> </ol> <ul style="list-style-type: none"> <li>- The first number will be the payer claim control number assigned by the payer (bill control number).</li> <li>- The second number will be the property casualty claim number assigned by the payer with a "Y4" qualifier followed by the claim number. Example: REF*1K*3456832 Y43333445556~</li> </ul>
No report received within the five day pre-adjudication hold (pending) period	<p>Use the following Claim Status Category Code and Claim Status Code.</p> <p>STC01-1= A6 (Acknowledgement/Rejected for Missing Information. The claim is missing the information specified in the Status details and has been rejected.)</p> <p>STC01-2 = 294 (Supporting documentation)</p>

### **Acknowledgements**

The X12 transaction sets include a variety of acknowledgements to inform the sender about the outcome of transaction processing. Acknowledgements are designed to provide information regarding whether or not a transmission can be processed, based on structural, functional, and/or application level requirements or edits. In other words, the acknowledgements inform the sender whether or not the medical bill can be processed or if the transaction contains all the required data elements.

Under Rule 16, claim administrators must return on the following acknowledgements, as appropriate, according to the Bill Acknowledgement Flow and Timing Diagrams found in this document.

- TA1 - Implementation Acknowledgement
- 005010X231 - Implementation Acknowledgement (999)
- 005010X214 - Health Care Claim Acknowledgement (277CA)

Detailed information regarding the content and use of the various acknowledgements can be found in the applicable X12N TR3.

#### **Request for Additional Information**

The 005010X213, or Request for Additional Information, is used to request missing required reports from the submitter. The following are the STC01 values:

- STC01-1 = R4 (pending/request for additional supporting documentation)
- STC01-2 = The LOINC code indicating the required documentation

Additional information regarding this transaction set may be found in the appropriate X12N TR3.

#### **Health Care Claim Payment/Advice**

Within 30 days of receipt of a complete electronic medical bill, the claims administrator is required to send the provider the 005010X221A1 (Health Care Claim Payment/Advice). This transaction set informs the provider about the payment action the claims administrator has taken. Additional information regarding this transaction set may be found in Chapter 7 of this companion guide and the applicable X12N TR3.

#### **Health Care Claim Status Requests and Response**

The 005010X212 transaction set is used in the group health industry to inquire about the status of a specified bill(s). The 276 transaction set identifier code is used for the inquiry and the 277 transaction set identifier code is used for the reply. It is possible to use these transaction sets unchanged in workers' compensation bill processing. Additional information regarding this transaction set may be found in the applicable X12N TR3.

## **Appendix A - Glossary of Terms**

<b>Term</b>	<b>Definition</b>
Acknowledgment	Electronic notification to original sender of an electronic transmission that the transactions with the transmission were accepted or rejected.
ADA	American Dental Association
ADA-2024	American Dental Association standard paper billing form.

AMA	American Medical Association
X12 275	A standard transaction developed by X12 to transit various types of patient information.
X12 835	A standard transaction developed by X12 to transit various types of health care claim payment/advice information.
X12 837	A standard transaction developed by X12 to transit various types of health care claim information.
CAQH CORE	Council for Affordable Quality Health Committee on Operating Rules for Information Exchange is a national standards organization that develops operating rules for the business aspects of the United States Department of Health and Human Service mandates for electronic health care transactions.
CDT	Current Dental Terminology; coding system for billing dental services.
Clearinghouse	<p>A public or private entity, including a billing service, repricing company, community health management information system, community health information system, or “value-added” networks and switches, that is an agent of either the provider or payer and that may perform the following functions:</p> <ol style="list-style-type: none"> <li>1. Process or facilitate the processing of medical billing information received from a client in a nonstandard format or containing nonstandard data content into standard data elements or a standard transaction for further process of a bill related transaction; or</li> <li>2. Receive a standard transaction from another entity and process or facilitate the processing of medical billing information into a nonstandard format or nonstandard data content for a client entity.</li> </ol> <p>An entity that processes information received in a nonstandard format or containing nonstandard data content into a standard translation or that receives a standard transaction and processes that information into a nonstandard transaction.</p>
CMS	Centers for Medicare and Medicaid Services
CMS-1450	The paper hospital, institutional, or facility billing form, also referred to as a UB-04 or UB-92, formerly referred to as a HCFA-1450.
CMS-1500	The paper professional billing form formerly referred to as a HCFA or HCFA-1500.
Code Sets	Tables or lists of codes used for specific purposes. National standard formats may use code sets developed by the standard setting organization (i.e., X12 Provider Type qualifiers) or by other organizations (i.e., HCPCS codes).
Complete Bill (Clean	A complete electronic medical bill and its supporting transmissions must:

Claim)	<ul style="list-style-type: none"> <li>• be submitted in the correct billing format, with the correct billing code sets,</li> <li>• be transmitted in compliance with all necessary format requirements,</li> <li>• include in legible text all medical reports and records, including but not limited to evaluation reports, narrative reports, assessment reports, progress reports/notes, clinical notes, hospital records, diagnostic test results, and invoices that are expressly required by Rule 16 or can reasonably be expected by the payer, and</li> <li>• Include any other Colorado requirements found in Rule or this companion guide.</li> </ul>
CPT	Current Procedural Terminology; the coding system created and copyrighted by the AMA that is used to bill professional services.
Detail Acknowledgement	Electronic notification to original sender that its electronic transmission or the transactions within the transmission were accepted or rejected.
Electronic Bill	A bill submitted electronically from the provider, facility, or third-party biller/assignee to the payer.
EFT	Electronic Funds Transfer.
Electronic Transmission	A collection of data stored in a defined electronic format. An electronic transmission may be a single electronic transaction or a set of transactions.
Electronic Format	The specifications defining the layout of data in an electronic transmission.
Electronic Record	A group of related data elements. A record may represent a line item, a provider, facility or third-party biller/assignee or an employer. One or more records may form a transaction.
Electronic Transaction	A set of information or data stored electronically in a defined format that has a distinct and different meaning as a set. An electronic transaction is made up of one or more electronic records.
Electronic Transmission	Transmission of information by fax, email, electronic data interchange, or any other similar method that does not include telephonic communication. For the purposes
EOB/EOR	Explanation of Benefits (EOB), Explanation of Review (EOR) also known as a Rule 16 Written Notification, is the paper form sent by the payer to the provider to explain payment or denial of a medical bill. The notice might also be used to request recoupment of an overpayment or to acknowledge receipt of a refund.
ERA	Electronic Remittance Advice is the electronic equivalent of a written notice/EOB/EOR.
Functional	Electronic notification to the original sender of an electronic transmission

Acknowledgement	that the functional group within the transaction was accepted or rejected.
HCPCS	Healthcare Common Procedure Coding System, the HIPAA code set used to bill durable medical equipment, prosthetics, orthotics, supplies and biologicals (Level II) as well as professional services (Level I). Level I HCPCS codes are CPT codes.
HIPAA	Health Insurance Portability and Accountability Act, federal legislation that includes provision that mandates electronic billing in the Medicare system and establishes national standard electronic file formats and code sets.
IAIABC	International Association of Industrial Accident Boards and Commissions.
IAIABC 837	An implementation guide developed by the IAIABC based on the X12 standard to transmit various types of health care medical bill and payment information from the claim administrators to jurisdictional workers' compensation agencies.
ICD-10	International Classification of Diseases code sets administered by the World Health Organization used to identify diagnoses.
NCPDP	National Council for Prescription Drug Programs, the organization which creates the standards facilitating the interchange of data amongst pharmacy providers, prescribers, pharmacy benefit managers, payers, processors, and manufacturers - including HIPAA-named Telecommunication Standard Version D.0, the Universal Claim Form (UCF) and the Workers' Compensation Property & Casualty Claim form (WC/PC UCF).
NCPDP Provider ID	Identification number assigned to an individual pharmacy.
NCPDP WC/PC UCF	National Council for Prescription Drug Programs Workers' Compensation Property & Casualty Claim form, the pharmacy industry standard for pharmacy claims billing on paper for workers' compensation and property/casualty lines of insurance.
NCDPD Telecommunication D.0	HIPAA compliant national standard billing format for pharmacy services.
NDC	National Drug Code, a unique 11-digit number used to identify dispensed medication.
Receiver	The entity receiving/accepting an electronic transmission.
Remittance	Used in the electronic environment to refer to reimbursement or denial of medical bills. Also see ERA.
Sender	The entity submitting an electronic transmission.
Trading Partner	An entity that has entered into an agreement with another entity to exchange data electronically.

UB-04	Universal billing form used for facility/hospital billing. Replaced the UB-92 as the CMS-1450 billing form.
Version	Electronic formats may be modified in subsequent releases. Version naming conventions indicate the release or version of the standard being referenced. Naming conventions are administered by the standard setting organization. For example, some X12 versions are 004010, 005010, and 006020.

## Appendix B - Jurisdictional Report Type Codes and Colorado Descriptions

<b>Jurisdiction Report Type Codes</b>	<b>Colorado Description as Applicable</b>
J1 Doctor First Report of Injury	Initial Report WC 164
J2 Supplemental Medical Report	A Special Report, QPOP, or any report that does not fit within any of the other Jurisdiction Report Types Codes or X12 Report Type Codes
J3 Medical Permanent Impairment	Permanent Impairment Rating
J4 Medical Legal Report	Any Independent Medical Examination
J5 Vocational Report	
J6 Work Status Report	Progress Report WC 164 or Closing Report WC 164
J7 Consultation Report	Consultations or a psychological diagnostic evaluation completed as part of an impairment rating.
J8 Permanent Disability Report	
J9 Itemized Statement	

# Notice of Proposed Rulemaking

**Tracking number**

2025-00139

**Department**

1501 - Office of the Governor

**Agency**

1501 - Governor's Office of Information Technology

**CCR number**

8 CCR 1501-11

**Rule title**

RULES ESTABLISHING TECHNOLOGY ACCESSIBILITY STANDARDS

## Rulemaking Hearing

**Date**

05/01/2025

**Time**

10:00 AM

**Location**

Online on Zoom: <https://us02web.zoom.us/meeting/register/PpQAbfyNRa-1SN2FAOMb1g#/registration>

**Subjects and issues involved**

The purpose of these rules is to define the accessibility standards and compliance parameters for individuals with a disability for information technology systems for government entities. The reason for the rules is to improve the accessibility and usability of government information technology products and services in Colorado. Proposed amendments to the rules are intended to make sure that: people who need help can easily get it, were using the best standards for specific technology types, government entities understand which standards apply to which technology types, and government entities can more easily adhere to existing federal and state laws.

**Statutory authority**

Section 24-37.5-106(4), C.R.S.; section 24-85-103, C.R.S.; and section 24-34-802, C.R.S.

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## OFFICE OF THE GOVERNOR

### Governor's Office of Information Technology

#### RULES ESTABLISHING TECHNOLOGY ACCESSIBILITY STANDARDS

##### 8 CCR 1501-11

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 11.1 Authority

The Chief Information Officer in the Office of Information Technology is authorized by the provisions of section 24-37.5-106 (4), C.R.S. and section 24-85-103, C.R.S. to establish rules regarding accessibility standards for an individual with a disability for information technology systems employed by state agencies.

The rules are intended to be consistent with the requirements of the State Administrative Procedures Act, section 24-4-101 et seq., C.R.S. (the "APA").

#### 11.2 Scope and Purpose

- A. The purpose of these rules is to define the accessibility ~~technical~~ standards and compliance parameters for individuals with a disability for information technology systems. The reason for the rules is to improve the accessibility and usability of government information technology products and services in Colorado.
- B. The rules recognize that technology and accessibility standards are evolving and, given the diversity of needs of residents of our state, there is no standard that can guarantee universal access. Therefore, ~~while making best efforts~~ to make information technology accessible, these rules also acknowledge that reasonable accommodations or modifications are an important component of compliance.
- C. The rules apply to all information and communication technology (ICT) in active use that is ~~both~~ public-facing ~~and/or~~ internal-facing; that ~~is procured, developed, maintained, or used by the~~ public ~~entities and state agencies~~ entity provides or makes available directly or through contractual, licensing, or other arrangements. ICT includes digital content, self-contained closed systems, and hardware as defined in section 11.4.
  - 1. ~~This information and communication technology (ICT) includes but is not limited to websites, applications, kiosks, digital signage, digital documents, video, audio, and third-party tools that are owned or controlled by the public entity.~~

~~2. The rules apply to the components of hardware that transmit information to a user or have a user interface.~~

~~D.~~ Compliance with these rules does not necessarily ensure compliance with other laws, rules, and regulations.

### 11.3 Applicability

Section 24-34-802(1)(c), C.R.S. specifies that the accessibility standards for individuals with a disability as established by these rules apply to public entities as defined in section 24-34-301(18), C.R.S. Public entities must fully comply with these standards established pursuant to section 24-85-103(2.5), C.R.S.

The rules apply to all ~~information and communication technology (ICT)~~ that is in active use on or after July 1, 2024 and any ICT that is newly created, developed, acquired, ~~altered, updated,~~ or purchased on or after July 1, 2024. ~~For ICT not in active use, the~~ The rules ~~also~~ apply when ~~the ICT is altered or updated, or when an accessible a non-active~~ version of the ICT is requested by an individual with a disability.

These rules do not require a public entity to take any action that ~~would fundamentally alter the nature of its programs, services, or activities, impose an undue burden, or pose a direct threat to the health or safety of others.~~ is otherwise exempted under these rules.

Nothing in these rules shall be construed to create new obligations beyond those which already exist under the Individuals with Disabilities Education Act, the Exceptional Children's Education Act, Section 504 of the Rehabilitation Act, or any other applicable state or federal law related to the delivery of educational programming, extracurricular activities, and related services directly to students in public schools serving students at Kindergarten through grade 12. However, such entities retain an obligation to comply with these rules for all other purposes not involving direct services to students.

### 11.4 Definitions

**Accessible or accessibility:** has the same meaning as defined in section 24-85-102(1.5), C.R.S., or as superseded by a future statute, which is perceivable, operable, and understandable digital content that reasonably enables an individual with a disability to access the same information, engage in the same interactions, and enjoy the same services offered to other individuals, with the same privacy, independence, and ease of use as exists for individuals without a disability.

**Accessibility standards for individuals with a disability:** as used in section 24-34-802(1)(c), C.R.S. means these rules, 8 CCR 1501-11 Rules Establishing Technology Accessibility Standards.

**Active use:** ~~For public-facing ICT, active use~~ means ~~regularly~~ ICT that is currently used by members of the public as a primary means to apply for, gain access to, or participate in a public

entity's services, programs, or activities. ActiveFor internal-facing ICT, active use also means ICT currently used by employees to perform their job duties. ICT in active use includes the authorized, official version or versions, ICT in active use does not include previous versions that may still be available, archivesarchived content, archivist materials, working products, deliberative materials, or drafts.

**Conforming alternate version:** ~~has the same meaning as defined in the Web Content Accessibility Guidelines (WCAG), which is a version that~~

~~E. conforms at the designated level, and~~

~~F. provides all of the same information and functionality in the same human language, and~~

~~G. is as up to date as the non-conforming content, and~~

~~H. for which at least one of the following is true:~~

~~1. the conforming version can be reached from the non-conforming page via an accessibility-supported mechanism, or~~

~~2. the non-conforming version can only be reached from the conforming version, or~~

~~3. the non-conforming version can only be reached from a conforming page that also provides a mechanism to reach the conforming version~~

**Applicable and achievable:** In the context of technical specifications, standards, or outcomes, applicable and achievable means all technical specifications, standards, or outcomes which are assessable and/or whose elements, artifacts, or functionality are present in an ICT asset.

**Archived content:** ICT that is: (1) retained exclusively for reference, research, or recordkeeping; (2) not altered or updated after the date of archiving; and (3) is organized, stored, or marked in a manner that clearly identifies the ICT as being archived.

**Archivist materials:** Historical or legacy digital content that: (1) is preserved or retained solely for its cultural, educational, or historic value and is not required for the operation of or access to any governmental entity's services, programs, or activities and (2) either (i) was converted to a digital format before July 1, 2024; (ii) is a reproduction of a physical record, such as a photograph, manuscript, or other non-digital artifact, that has been digitized but is not intended for interactive use; or (iii) has been transferred to the Colorado State Archives by a governmental entity or office in the State of Colorado or otherwise designated for permanent retention by the State Archivist.

**Conforming alternate version:** An accessible version of content or functionality provided in a different format as set forth in section 11.8.

**Conventional electronic documents:** ICT that is a static, digital file created, stored, or accessed using computer systems and designed for offline use. Examples of conventional electronic document file types and categories include: portable document format (PDF), word processor files (DOC/DOCX, RTF, WPD), presentations (PPT/PPTX), spreadsheets (XLS/XLSX, CXV, ODS), computer-aided design files (CWG, DXF), geospatial files (KML/KMZ, SHP), and databases (MDB, SQL). Conventional electronic documents do not include web-based files or content contained therein.

**Digital Content:** Any ICT created, shared, or accessed through digital platforms, including electronic documents, websites, mobile applications, and online services. Digital Content does not include self-contained closed products or hardware.

**Direct threat:** a significant risk to the health or safety of others that cannot be eliminated by a modification of policies, practices or procedures, or by the provision of auxiliary aids or services.

**Fundamental alteration:** something that would change in the essential nature of the public entity's programs, service, or services activity.

**Hardware:** a tangible device, piece of equipment, or physical component of ICT, such as telephones, computers, multifunction copy machines, and keyboards.

**Information and ~~Communication Technology~~ communication technology (ICT):** Information technology and other equipment, systems, technologies, or processes, for which the principal function is the creation, manipulation, storage, display, receipt, or transmission of electronic data and information, as well as any associated content. Examples of ICT include, but are not limited to: computers and peripheral equipment; information kiosks and transaction machines; telecommunications equipment; customer premises equipment; multifunction office machines; software; applications; web sites; videos; and, electronic documents. The term does not include any equipment that contains embedded information technology that is used as an integral part of the product, but the principal function of which is not the acquisition, storage, manipulation, management, movement, control, display, switching, interchange, transmission, or reception of data or information. However, if the embedded information technology has an externally available web or computer interface, that interface is considered ICT. For example, Heating, Ventilation, and Air Conditioning (HVAC) equipment such as thermostats or temperature control devices, and medical equipment where information technology is integral to its operation are not considered information technology.

**Public entity:** has the same meaning as defined in section 24-34-301(18), C.R.S., or as superseded by a future statute, which is: (a) Any state or local government; or (b) Any department, agency, special district, or other instrumentality of a state or local government.

**Reasonable accommodation:** as it pertains to ICT, reasonable accommodation is a modification change or adjustment to a program, service, activity, job, or the work environment that will enable an individual with a disability to participate in the program, service, activity, application process, or perform essential job functions access internal-facing ICT.

**Reasonable modification:** as it pertains to ICT, reasonable modification is a modification in policies, practices, or procedures ~~when the modifications are that is~~ necessary to ~~avoid discrimination on the basis of~~ enable an individual with a disability to access public-facing ICT in order to access the public entity's programs, services, and activities.

**Section 508, Section 508 of the Rehabilitation Act:** Unless a specific citation is provided, Section 508 refers to the ICT Standards and Guidelines (also known as "Standards and Guidelines"), under Section 508 of the Rehabilitation Act and Section 255 of the Communications Act, as issued on Jan. 18, 2017 and corrected on Jan. 22, 2018 by the U.S. Access Board and not including any later amendments or versions.

**Self-contained, closed products:** Has the same meaning as defined in section D1194.4 of Section 508 of the Rehabilitation Act, which are products that generally have embedded software and are commonly designed in such a fashion that a user cannot easily attach or install assistive technology. These products include, but are not limited to, information kiosks and information transaction machines, copiers, printers, calculators, fax machines, and other similar types of products.

**Single digital product:** as used in section 24-34-802(2)(b), C.R.S. means ICT that share a common purpose, intended to support a single program or service, created by the same author, group, or organization, including:

- I. Electronic communications
- J. Digital documents like PDFs and graphics
- K. **Mobile applications**
- L. **Desktop applications**
- M. Websites
- N. Digital kiosks
- O. Input devices
- P. Digital video files
- Q. Audio recordings

**Technical standards:** as used in these rules, technical standards refers to the ~~standards for conformance in section 11.5 Technical Standards for Technology Accessibility~~ following:

- R. For Digital Content, the applicable and achievable success criteria of the W3C WCAG 2.1 conformance levels A and AA, as published on Sep. 21, 2023, not including any later amendments or versions, hereby incorporated by reference and available from the Office

of Information Technology during regular business hours or from the World Wide Web Consortium. Criteria or standards should be read, interpreted, and applied substituting references for "web" or "web content" with "software", "application", "document", or other appropriate term.

S. For Self-Contained Closed Systems and installed software, such products must interoperate with assistive technology, provide documentation on accessibility features, and provide user control over accessibility features; and conform with all applicable and achievable success criteria of the W3C WCAG 2.1 conformance levels A and AA.

T. For all other hardware not otherwise or explicitly addressed in (A) or (B), all applicable and achievable requirements of the standards contained in Chapter 4 of the Information and Communication Technology (ICT) Standards and Guidelines under Section 508, including Standards 402, 404, 407, 408, 409, 410, and 411, as corrected on Jan. 22, 2018, not including any later amendments or versions, hereby incorporated by reference and available from the Office of Information Technology during regular business hours or from the U.S. Access Board.

**Undue burden:** refers to the standard as construed by C.R.S. § 24-34-601, et al., C.R.S. § 24-34-802, Title II of the Americans with Disabilities Act, and Section 508 of the Rehabilitation Act, and the related conforming and implementing regulations.~~an action that requires significant financial, technical, or administrative difficulty or expense.~~

**Undue hardship:** refers to the standard as construed by C.R.S. § 24-34-401, et al. and Title I of the Americans with Disabilities Act and the related conforming and implementing regulations.

**Web Content Accessibility Guidelines (WCAG):** a single shared standard for web content accessibility that meets the needs of individuals, organizations, and governments internationally, as published by the World Wide Web Consortium (W3C). (<https://www.w3.org/WAI/standards-guidelines/wcag>)

### **11.5 ~~Technical Standards~~ Compliance Requirements**

Each public entity shall make their ICT that is in active use accessible by meeting one of the following:

U. Meeting the Technical Standards unless exempt under section 11.7 or 11.10;

V. Utilizing a conforming alternate version in accordance with section 11.8 unless exempt under section 11.10;

W. Providing reasonable modifications or accommodations, when requested, to remove accessibility barriers unless exempt under section 11.10. When providing reasonable modification or accommodations, a public entity cannot require an individual with a disability to pay to cover the cost of measures, such as providing auxiliary aids or barrier removal, that are required to provide that individual with nondiscriminatory treatment;

X. Publishing an Accessibility Plan which shows evidence of the public entity's good faith progress towards removing accessibility barriers across its inventory of ICT in active use unless exempt under section 11.10. The Accessibility Plan must be updated annually with progress the public entity has made on advancing technology accessibility. The Accessibility Plan should contain the following: (i) how the public entity is prioritizing ICT in active use with consideration of how the ICT will impact the public entity and its users, including aspects such as legal requirements, user impact, usage metrics, and importance of the program, service, or activity; (ii) the steps the public entity is taking to remove accessibility barriers in their ICT; (iii) timelines (if appropriate or available) to address inaccessible ICT; (iv) the availability of reasonable accommodations and modifications; and (v) procedures for regular testing and remediating ICT; or

Y. Procuring and providing reasonable accommodations or modifications, if needed, for the ICT that best meets the technical standards and also the public entity's business needs unless exempted by section 11.10. These could include but are not limited to considerations such as audience needs, capacity, reliability, interoperability, organizational needs, privacy, and security.

A public entity has complied with their obligations under this rule if they have met any single, or a combination of, these standards, or if an exception applies under these rules.

Z. ~~W3C WCAG 2.1 conformance levels A and AA, as published on Sep. 21, 2023, not including any later amendments or versions, hereby incorporated by reference and available from the Office of Information Technology during regular business hours or at <https://www.w3.org/TR/WCAG21/>~~

AA. ~~Hardware that contains a user interface may also need to meet, as applicable, the technical standards contained in US Section 508 of the Rehabilitation Act of 1973 Chapter 4: Hardware, as issued on Jan. 22, 2018, not including any later amendments or versions, hereby incorporated by reference and available from the Office of Information Technology during regular business hours or at <https://www.access-board.gov/ict/#chapter-4-hardware>~~

## **11.6 Technology Accessibility Statement Requirement**

BB. Each public entity shall develop and publicly post in a conspicuous place a technology accessibility statement.

CC. The technology accessibility statement shall include, at a minimum:

1. A commitment to advancing technology accessibility in the public entity's ICT and the steps the public entity is taking to remove accessibility barriers to ICT.
2. A commitment to a timely response to reports of inaccessible ICT or requests for a reasonable accommodation or modification.



3. A prominent notice informing individuals with disabilities on: (i) how to request reasonable accommodations or modifications~~or~~; (ii) how to report inaccessible ICT; and (iii) any applicable existing grievance procedures that the public entity is required to maintain under other laws. The notice shall provide more than one contact method, which could include an accessible form to submit feedback, an email address, or a toll-free phone number (with TTY), to contact personnel knowledgeable about the accessibility of the ICT.

## 11.7 Compliance Exceptions

~~A public entity is in compliance with these rules for ICT that does not fully conform with the technical standards in the following cases:~~

The exceptions in this section only apply in situations where a public entity intends to comply with this rule by meeting the Technical Standards under section 11.5.A; it does not apply when a public entity is meeting its compliance requirements under sections 11.5.B – E. This means that if a public entity seeks compliance with this rule by meeting the Technical Standards in section 11.5.A, any ICT covered by an exception need not meet those Technical Standards. The exceptions to the Technical Standards under section 11.5.A are as follows:

DD. *Content posted by a third party.* Content posted by a third party unless the third party is posting due to contractual, licensing, or other arrangements with the public entity.

EE. *Individualized, password protected or otherwise secured conventional electronic documents.* Conventional electronic documents that are: (1) about a specific individual, their property, or their account; and (2) password-protected or otherwise secured.

FF. *Preexisting social media posts.* A public entity's social media posts that were posted before July 1, 2024.

GG. *Preexisting conventional electronic documents.* A public entity's conventional electronic documents that:

1. *Were last updated and made available publicly or internally before July 1, 2024; and*
2. *Are not currently used to apply for, gain access to, or participate in the public entity's services, programs, or activities; and*
3. *Are not currently used by employees to perform their job duties.*

HH. *Substantially equivalent access and ease of use.* An individual with a disability is not substantially hindered, with reasonable accommodations or modifications if needed, from accessing or engaging effectively in the same or substantially equivalent services, programs, and activities that the public entity offers through its ICT to those without disabilities, with substantially equivalent ease of use.



II. Self-contained, closed products. Public entities are subject to the federal exemptions enumerated in 508 Chapter 2. Exceptions should be read, interpreted, and applied using "Colorado Standards for Technology Accessibility" in place of "Revised 508 Standards."

1. E202.2 Legacy ICT Exception

2. E202.5 ICT Functions Located in Maintenance or Monitoring Spaces Exception

3. E202.6 Undue Burden or Fundamental Alteration Exception

4. E202.7 Best Meets Exception

Even if an exception under this section 11.7 applies to a particular ICT, the public entity is only exempt from the Technical Standards set forth in section 11.5.A. The public entity remains obligated to make the ICT accessible by meeting one of the other compliance obligations under section 11.5, unless doing so would constitute an undue hardship, undue burden, fundamental alteration, or direct threat pursuant to section 11.10.

JJ. ~~The public entity meets the requirements of the technology accessibility statement described in section 11.6, while also providing reasonable accommodations or modifications for ICT that does not fully conform with the technical standards, and the public entity can provide evidence of making good faith progress on its plan to remove accessibility barriers across its inventory of ICT. A plan could include but is not limited to the following:~~

1. ~~Annual status updates demonstrating progress on advancing technology accessibility.~~

2. ~~Prioritization of ICT considering how the ICT will impact the public entity and its users, including aspects such as legal requirements, user impact, usage metrics, and importance to the program, service, or activity.~~

3. ~~The steps the public entity is taking to remove accessibility barriers in their ICT.~~

4. ~~Timelines when inaccessible ICT will be addressed and the plan for providing reasonable accommodation and modification in the interim.~~

5. ~~Policies for regularly testing and remediating ICT.~~

KK. ~~The public entity procures and provides reasonable accommodations or modifications if needed for the ICT that best meets the technical standards and also the public entity's business needs, which could include but are not limited to considerations such as audience needs, capacity, reliability, interoperability, organizational needs, privacy, and security.~~

~~LL. The public entity has created and provides a conforming alternate version according to the requirements of section 11.8.~~

~~Making the ICT fully conform with the technical standards would constitute an undue burden, fundamental alteration, or pose a direct threat, or is otherwise exempted under section 11.10.~~

## 11.8 Conforming Alternate Versions

A public entity may use conforming alternate versions of ICT to comply with these rules only where it is not possible or practical to make the ICT directly accessible due to ~~undue burden,~~ safety, technical or legal limitations.

~~Examples of conforming alternate versions could include, for instance, a website that provides identical information to a geographic information system in a non-graphical format, or a web application that uses accessible controls as an alternative to one with inaccessible controls.~~

MM. Alternate versions must:

1. Be available in all human languages supported by the original format;
2. Provide all of the same information and functionality; and
3. Meet the requirements established by Section 508 Standard E101.2 (Equivalent Facilitation) and Section 508 Standard 302 (Functional Performance).

NN. Digital content: Alternate versions may be created whose number of pages varies from the original. Alternate versions may be provided for:

1. A part of a web page, entire web pages, or an entire site;
2. A part of an electronic document or an entire electronic document; or
3. Any information conveyed in a digital format.

OO. Self-contained, closed products: Alternate versions are generally not available. Equally effective alternative access using a separate product may be acceptable. Alternate products must ensure the same access to all functionality and information.

PP. Installed software: Alternate versions must be compatible with the originally supported device(s) and operating system (s) or made available as a web application.

## 11.9 Equivalent Facilitation

Nothing in these rules prevents the use of designs, methods, or techniques as alternatives to those prescribed, provided that the alternative designs, methods, or techniques result in substantially equivalent or greater accessibility and usability of the ICT.

As an example, for instance, WCAG success criterion 3.3.4 requires that user submissions are automatically checked to prevent common errors in legal or financial transactions made through websites. If a public entity failed to do this (thus violating WCAG) but requires all users to separately verify important transactions in person and outside of its website prior to processing the transaction, it would meet this requirement through equivalent facilitation.

**11.10 Undue Hardship, Undue Burden, Fundamental Alteration, or Direct Threat**

QQ. A public entity is not required to meet any of the compliance requirements in section 11.5 if doing so would result in an undue hardship, undue burden, fundamental alteration, or direct threat.

RR. For public-facing ICT, where a public entity ~~can demonstrate~~has concluded that an action, full conformance compliance with the technical standards, or a reasonable accommodation or modificationsection 11.5 would result in a fundamental alteration in the nature of a service, program, or activity, or an undue burden, or a direct threat to the health or safety of others said decision must be made by the head of the public entity or their designee after considering all available resources, and the extent to which conformance would impose significant difficulty or expense. The decision must be accompanied by a written statement of the reasons for reaching that conclusion. ~~conformance is required to the extent that it does not result in a fundamental alteration, undue burden, or direct threat.~~

SS. ~~In determining whether an action, conformance to the technical standards, or a reasonable accommodation or modification would impose an undue burden, the public entity shall consider all resources available to the program or component for which the ICT is being procured, developed, maintained, or used. Undue burden may be demonstrated when, depending on the type of financial, technical, or administrative barrier, at least one of the~~Undue burden determinations may include, but are not limited to the following applies:

1. The resources of the program, service, or activity are not readily available, or the use of such resources would fundamentally alter the nature of the program, service, or activity;
2. Contractual, legal, regulatory, or technical constraints prevent the modification of the program, service, or activity; or
3. When the necessary auxiliary aids or services are not feasibly available.

TT. In determining whether ~~an action, conformance to the technical standards, or a reasonable accommodation or modification~~compliance with section 11.5 would pose a direct threat to the health or safety of others, a public entity must make an individualized assessment, based on reasonable judgment that relies on the best available objective evidence, to ascertain:.

1. the nature, duration, and severity of the risk;
2. the probability that the potential injury will actually occur; and
3. whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk.

UU. ~~If an action would result in a fundamental alteration, undue burden, or a direct threat, a public entity shall take any other reasonable action, including providing reasonable accommodations or modifications that would not result in such an alteration, such burden, or such a direct threat but would nevertheless ensure that individuals with disabilities receive the benefits or services provided by the public entity.~~

#### **~~11.11 Reasonable Accommodations or Modifications~~**

VV. ~~In general and in accordance with the Americans with Disabilities Act (ADA) Titles I and II (42 U.S.C. 12101 et seq.), if an individual with a disability, on the basis of disability, cannot access or does not have equal access to a program, service, or activity through a public entity's ICT, the public entity shall make reasonable accommodations or modifications for alternative access when the modifications are necessary to avoid discrimination on the basis of disability, unless the public entity can demonstrate that making such modifications would fundamentally alter the nature of the service, program, or activity, present an undue burden, or pose a direct threat to the health or safety of others.~~

WW. ~~Each public entity shall post a prominent notice describing the methods to request reasonable accommodations or modifications for ICT.~~

XX. ~~A public entity may not provide services or benefits to individuals with disabilities through programs that are separate or different, unless the separate programs are necessary to ensure that services are equally effective.~~

YY. ~~A public entity cannot require an individual with a disability to pay to cover the cost of measures, such as providing auxiliary aids or barrier removal, that are required to provide that individual with nondiscriminatory treatment.~~

#### **11.11 Materials Incorporated by Reference**

ZZ. The following standards are hereby incorporated by reference into 8 CCR 1501-11 Rules Establishing Technology Accessibility Standards, pursuant to C.R.S. §24-4-103(12.5), and do not include any later amendments.

1. The World Wide Web Consortium (W3C) Web Content Accessibility Guidelines (WCAG) version 2.1 conformance levels A and AA, as published on Sep. 21, 2023, incorporated by reference into these rules is available at no cost in electronic form online at <https://www.w3.org/TR/WCAG21/>

2. US Section 508 of the Rehabilitation Act of 1973, as issued on Jan. 18, 2017 and corrected on Jan. 22, 2018, incorporated by reference into these rules is available at no cost in electronic form online at <https://www.access-board.gov/ict/#chapter-4-hardware>

AAA. The Colorado Governor's Office of Information Technology also maintains a copy of the policies, rules, and standards incorporated by reference into these rules, which is available from the office during regular business hours.

### **11.12 Severability**

If any provision of these Rules Establishing Technology Accessibility Standards, 8 CCR 1501-11, is found to be invalid by a court of competent jurisdiction, the remaining provisions of these rules shall remain in full force and effect.

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### **Editor's Notes**

### **History**

New rule eff. 04/14/2024.



**COLORADO**

**Governor's Office of  
Information Technology**

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## Notice of Hearing to Consider Amendment of 8 CCR 1501-11, Rules Establishing Technology Accessibility Standards

TO: Parties Interested in Information Technology Accessibility Rules

FROM: OIT Technology Accessibility Program and OIT Rulemaking  
Administrator

DATE: March 31, 2025

The Governor's Office of Information Technology (OIT) will hold a public hearing on **May 1, 2025**, to consider [amendments to rule 8 CCR 1501-11, Rules Establishing Technology Accessibility Standards](#). This public hearing will commence at **10:00 a.m.** online, and interested parties may [register and attend through Zoom](#). All interested persons are urged to attend this public hearing and to submit written comments to OIT for consideration concerning the proposed rule creation.

OIT is preparing to promulgate rules as authorized by section 24-37.5-106(4), C.R.S. and section 24-85-103, C.R.S., necessary to amend the accessibility standards for individuals with disabilities for information technology systems. The reason for the rules is to improve the accessibility and usability of government information technology products and services in Colorado.

The proposed rule changes emphasize progress over strict technical conformance for technology accessibility and more clearly align with federal laws. Key changes include:

- Adding and clarifying definitions for key terms.

- Clarifying which technical standards apply to different technology types (digital content, installed software, closed systems), with WCAG for digital content and Section 508 standards for others.
- Providing five options for compliance, including WCAG compliance, using alternate versions, providing reasonable accommodations or modifications, progressing on accessibility plans, and choosing technology that best meets accessibility standards and business needs.
- Requiring public entities to share how to report accessibility issues in their Technology Accessibility Statements.
- Defining limited exceptions from technical standards, mirroring existing federal exceptions.
- Providing guidance on conforming alternate versions for different technology types.
- Aligning "undue burden" and "undue hardship" with federal and state definitions and expectations.

This letter includes a draft copy of these rules for you to consider when commenting or developing your response, a comparison of the current rules and the proposed amendments, and a packet of rulemaking materials. If changes are made to the draft rules before the hearing, revised proposed draft rules will be available on OIT's website by **April 25, 2025**.

The hearing will include a brief summary of the rulemaking process and a summary of the proposed rules, after which we will open it to public comment. Public comment may be provided in the following ways:

- Clearly articulated, constructive input helps OIT develop quality rules. See these [Tips for Providing Effective Comments](#).
- Interested parties are encouraged to submit their written comments before the hearing.
  - Please send written comments through the [Accessibility Rules Comment Form](#) or to [oit\\_rules@state.co.us](mailto:oit_rules@state.co.us) by **Noon on Monday, April 28, 2025**.

- o Written comments will be posted on the OIT website and added to the official rulemaking record.
- Oral comments may be provided at the hearing as follows:
  - o All persons wishing to provide oral comment must sign up at the hearing.
  - o At OIT's discretion, OIT may limit or extend the time of any speaker.

After the hearing concludes, a recording will be available on [OIT's website](#).

Reasonable accommodation will be provided upon request for persons with disabilities. If you are a person with a disability who requires accommodation to participate in this public hearing, please make your request to [oit\\_rules@state.co.us](mailto:oit_rules@state.co.us) at least one week before the hearing.

## Rulemaking Schedule

- March 17 to 21 - annual review and early stakeholder input
- March 31 - proposed rules released
- March 31 to April 28 - stakeholder input
- May 1 - public rulemaking hearing
- Early May - adopt rule amendments
- June 30 - rule amendments go into effect

## Proposed Rule

- [Strikethrough version 8 CCR 1501-11 Rules Establishing Technology Accessibility Standards, Proposed 2025-3-31](#)
- [Clean version 8 CCR 1501-11 Rules Establishing Technology Accessibility Standards, Proposed 2025-3-31](#)
- [Summary of Stakeholder Comments and Proposed Amendments to Address Comments](#)
- [Rulemaking Packet](#), Including the Statement of Authority, Basis, and Purpose



## Summary of Proposed Changes to the Rules Establishing Technology Accessibility Standards

The proposed changes to the Rules Establishing Technology Accessibility Standards reinforce the emphasis of focusing on progress and incorporating technology accessibility into an organization's standard work versus strict conformance to technical requirements. They also address common questions and challenges, and clear up potential "mismatches" between federal and state laws.

### Add and Clarify Definitions

The following definitions are edited for clarity: active use, conforming alternate version, fundamental alteration, reasonable accommodation, reasonable modification, technical standards, and undue burden.

New definitions include the following terms: applicable and achievable, archived content, archivist materials, conventional electronic documents, digital content, Section 508 of the Rehabilitation Act, self-contained closed products, and undue hardship.

### Clarify which Technical Standards Apply for which Kinds of Technology

**You asked:** Which law are governments supposed to follow?

The existing rules apply many of the ADA's requirements for public-facing digital content. However, because Colorado's rules apply to both public and internal content, the standards are not exactly similar. The proposed changes help clarify the applicable standards in the context of public and internal content.

**You asked:** How do I apply "web" standards to non-web technology or content?

Technology standards (and exceptions) are now defined for specific technology types. These include digital content, installed software, and closed systems. In general, WCAG will be your go-to for digital content and Section 508 standards and guidelines will apply to other technology types.

We've added the concept of "applicable and achievable" when it comes to conforming with technology standards. Some standards are simply not possible to meet on some solutions. Better definitions - and clarity on what applies when - should make providing accessible solutions easier.

## Clarify the Requirements for Complying with the Rules

**You asked:** Is WCAG compliance the only way to comply with the law?

To some, it seemed like the only way to comply with the existing rules was to meet WCAG technical standards in all respects. The proposed rules simplify and clarify what public entities must do to follow the law.

The proposed rules contain five options to make their technology accessible. A public entity has complied with their obligations under this rule if they have met any single, or a combination of, these standards, or if an exception applies under these rules.

- Meet the technical standards
- Use a conforming alternate version
- Provide reasonable accommodations or modifications
- Publish an accessibility plan that shows evidence of good faith progress towards removing accessibility barriers
- Use the technology that best meets both the technical standards and the public entity's business needs

## Ensure that Public Entities are Prepared to Respond to Requests for Assistance and Complaints or Grievances

**You asked:** How can I report an accessibility issue or ask for help?

Many public entities have processes to manage things like reasonable accommodation requests and reports about problems. In the proposed changes, entities must share information about them in their Technology Accessibility Statements.

## Establish Limited Exceptions from the Technical Standards

**You asked:** Shouldn't XYZ be "exempt"?

Exceptions are clearly defined in Section 508 Standards and in the ADA's "web rule." In the proposed changes, we've mirrored existing exceptions

where applicable. This means that public entities will have more certainty and clarity on what can (or can't) be excepted, and where to focus their efforts for improving accessibility. We've also made sure that topics like long-term digital archives are addressed clearly.

**You asked:** Aren't exceptions just "outs" for public entities?

**Absolutely not.** Even if a specific technology asset is excepted from technical standards, public entities are still expected to provide an equal and effective solution where possible.

### Additional Guidance Regarding Conforming Alternate Versions

Conforming alternate versions are now defined for specific technology types, not just web content. These include digital content, installed software, and closed systems.

### Aligning Undue Burden Expectations with Existing Federal Expectations

**You asked:** How do I know if something is an "undue burden?" Is that the same thing as "undue hardship?"

In the proposed changes, we've aligned our definitions of both "undue hardship" and "undue burden" with existing federal and state definitions and interpreting regulations. Referring to existing definitions should make it easier for public entities to both understand and assess undue burden or hardship. The proposed changes also require public entities to document their reasoning and have the decision made by the head of the public entity or their designee, mirroring the federal requirements.

### More Information

More information is available on the [OIT website](#).

# Notice of Proposed Rulemaking

**Tracking number**

2025-00137

**Department**

1507 - Department of Public Safety

**Agency**

1507 - Colorado State Patrol

**CCR number**

8 CCR 1507-59

**Rule title**

CATALYTIC CONVERTER IDENTIFICATION AND THEFT PREVENTION (CCITP) GRANT PROGRAM

**Rulemaking Hearing****Date**

05/09/2025

**Time**

09:30 AM

**Location**

710 Kipling St., Suite 204, Lakewood, CO., 80215

**Subjects and issues involved**

Consistent with 24-33.5-230 (6) C.R.S., the Catalytic Converter Identification and Theft Prevention (CCITP) grant program is scheduled for repeal on July 1, 2025. Accordingly, the Colorado Auto Theft Prevention Authority (CATPA), a business unit of the Colorado State Patrol (CSP) is recommending to repeal 8 CCR 1507-59, which provides rules and regulations for the administration of the grant program.

**Statutory authority**

24-33.5-230 (6), CRS.

**Contact information****Name**

Robert Force

**Title**

Director

**Telephone**

3032395880

**Email**

Robert.Force@state.co.us

**Department of Public Safety**  
**Colorado State Patrol, Investigative Services Section**  
**Colorado Automobile Theft Prevention Authority (CATPA) Unit:**  
**Catalytic Converter Identification and Theft Prevention (CCITP) Grant Program**  
**8-CCR-1507-59**

**Accessibility Editing Note:**

Document formatting adjustments that do not affect the content or interpretation of these rules have been made throughout this document to comply with the state accessibility standards required under Section 24-34-802, CRS. Examples of these formatting adjustments include changing capitalized text to mixed-case or lower-case text, removing underlining, increasing font size, enabling hyperlink text, and adjusting the structure of paragraphs to allow for electronic bookmarking to support electronic readers.

The Colorado Automobile Theft Prevention Authority (CATPA) Unit of the Colorado State Patrol (CSP) is committed to supporting effective communication and access to these rules by all members of the public. If you experience difficulty with or are unable to use this document, please go to <https://publicsafety.colorado.gov/accessibility-interpretation-and-translation-support> or contact the CSP CATPA Unit at (303)-239-4560 or by email at [CDPS\\_CATPA@state.co.us](mailto:CDPS_CATPA@state.co.us) for assistance.

**Disclaimer:**

This draft is filed with the Department of State and submitted to the Department of Regulatory Agencies, consistent with Sections 24-4-103 (2.5) and (3) (a), CRS, of the State Administrative Procedure Act. This preliminary draft may be revised before the public rulemaking hearing at 9:30 am on May 9, 2025. If any changes are made, a revised copy of the rules and any supporting documents will be made available to the public and posted on the Colorado Department of Public Safety Rulemaking Information website at <https://publicsafety.colorado.gov/get-involved/cdps-rules-and-regulations>. Any updates or revisions will be made available as required by Sections 24-4-103 (4) (a), CRS, and posted to the Colorado Department of Public Safety Rulemaking Information website no later than May 2, 2025.

**~~CCITP 1: Authority to Adopt Rules and Regulations.~~**

~~These rules are adopted by the Colorado State Patrol, a division of the Colorado Department of Public Safety, consistent with the authority presented by §24-33.5-230 (1), CRS. As directed through §24-33.5-230 (2), CRS, the Colorado State Patrol has the authority to adopt rules necessary to facilitate the management and maintenance of the Catalytic Converter Identification and Theft Prevention Grant Program by the Colorado State Patrol~~

CATPA Business Unit. All rules herein adopted are also promulgated according to and consistent with applicable provisions of the Colorado Administrative Procedures Act (APA), §24-4-101 et. Seq., CRS.

## **~~CCITP 2: Scope and Purpose of These Rules:~~**

~~Reflected by the passage of SB 22-009, HB 22-1217, and SB 22-179, the Colorado General Assembly affirmatively declared the increase in known catalytic converter theft as an imminent threat or harm to the preservation of public peace, health, and safety in Colorado. The General Assembly has further determined that financial assistance should be made available to support programs addressing automobile theft prevention for grants related to catalytic converter theft.~~

~~— Responsibility for receiving, reviewing, and administering grants pursuant to the Catalytic Converter Identification and Theft Prevention Grant Program is statutorily assigned to the CATPA Business Unit of the Colorado State Patrol. The Colorado State Patrol is subsequently provided the authority to adopt rules necessary for the administration of the Catalytic Converter Identification and Theft Prevention Grant Program. Consistent with §24-33.5-230 (2), (4), and (5), CRS, these rules:~~

- ~~• identify definitions applicable to these rules and the Catalytic Converter Identification and Theft Prevention Grant Program;~~
- ~~• identify a grant application process subject to the requirements of applicable statutes;~~
- ~~• identify deadlines for grant applications received, reviewed, and grants awarded by the Colorado Department of Public Safety;~~
- ~~• identify mandatory criteria applicable to grant applicants, applications, selection, and fund allocation; and~~
- ~~• identify mandatory grant reporting responsibilities of applicants receiving grant awards and minimum reporting criteria established by the CATPA Business Unit on behalf of the Colorado Department of Public Safety to facilitate annual departmental reporting upon the Catalytic Converter Identification and Theft Prevention Program to the General Assembly required by §24-33.5-230 (5) (b), CRS.~~

## **~~CCITP 3: Applicability of Rules:~~**

~~These rules apply to all grant applicants applying for Catalytic Converter Identification and Theft Prevention Program Grants. These rules are similarly applicable to all grant applicants receiving awards allocated consistent with §24-33.5-230 (4), CRS, and having reporting responsibilities as set forth by §24-33.5-230 (5) (a), CRS, and these rules:~~

## **~~CCITP 4: Definitions:~~**

~~Unless otherwise specifically indicated by these rules, the following definitions apply throughout:~~

- 4.1. Association:** A Colorado public or private, incorporated or unincorporated, for-profit or not-for-profit entity of actual and/or legal persons who actively collaborate towards a common goal or purpose, meeting minimum requirements applicable to the entity set forth by applicable Colorado statutes. For purposes of these rules, an association must express a focus, initiative, project, or purpose related to automobile theft and the prevention of catalytic converter theft as part of their grant application.
- 4.2. Automobile:** Means a motor vehicle as it is defined within §42-1-102 (58), CRS, except that this term does not include a motorcycle.
- 4.3. Automobile Dealer:** Means a motor vehicle dealer consistent with §44-20-102 (14) and (18), CRS, or a used motor vehicle dealer as defined within §44-20-102 (26), CRS.
- 4.4. Award:** Means financial assistance that provides support to accomplish a program proposed by a grant applicant as part of a Catalytic Converter Identification and Theft Prevention Grant Program Application.
- 4.5. Catalytic Converter:** Means a post-combustion device that (1) oxidizes hydrocarbons and carbon monoxide gasses or reduces oxides of nitrogen, and (2) is designed or intended for use as part of an emission control system, and (3) is installed on a motor vehicle.
- 4.6. Catalytic Converter Identification and Theft Prevention Grant Program (CCITP):** Means the grant program created by SB 22-1217 and managed by the CATPA Business Unit of the Colorado State Patrol consistent with the authority provided by §24-33.5-230 (1) and (2), CRS. Also referenced throughout these rules as the CCITP Grant Program.
- 4.7. Catalytic Converter Identification and Theft Prevention Grant Program (CCITP) Cash Fund:** Means the cash fund established through HB 22-1217 and codified in statute as §24-33.5-230 (5.5), CRS. Referenced throughout these rules as the Cash Fund, this is a fund continuously appropriated by statute to the Colorado State Patrol to support the administration of the CCITP Grant Program, unless or until authority for the CCITP Grant Program is repealed. Initial funds appropriated to the CCITP Grant Program are set forth within Part 1 (a) of Section 3 of SB 22-1217.
- 4.8. CATPA:** Means the Colorado Automobile Theft Prevention Authority as defined by §42-5-112 (1), CRS, and abbreviated throughout these rules as CATPA.
- 4.9. CATPA Board (Board):** Means the Board created by §42-5-112 (2), CRS, and referenced throughout §24-33.5-230 (1), CRS. For purposes of these rules, the CATPA Board will review and provide recommendations regarding the CCITP Grant Program applications received by the CATPA Business Unit on behalf of the Colorado State Patrol as a division of the Colorado Department of Public Safety.

- 4.10. CATPA Business Unit:** Means the CATPA Business Unit of the Colorado State Patrol Investigative Services Section.
- 4.11. CATPA CCITP Forms and Guidance Manual:** Means the forms and guidance publication approved by the Colorado State Patrol and provided by the CATPA Business Unit providing forms to support applications to and required reporting of the CCITP Grant Program as it is published and available to the public November 2022.
- 4.12. CDPs (Department):** Means the Colorado Department of Public Safety and is referenced throughout these rules as the Department.
- 4.13. Colorado State Patrol (CSP):** Means the Colorado State Patrol and is abbreviated throughout these rules as the CSP.
- 4.14. Dealer:** Consistent with §18-13-111 (8), CRS, means any person, business, or entity that buys, sells or distributes for the purposes of recycling, processing, or smelting, any commodity metal or detached catalytic converter on a wholesale basis.
- 4.15. Detached Catalytic Converter:** Means a post-combustion device that (1) oxidizes hydrocarbons and carbon monoxide gasses or reduces oxides of nitrogen; (2) is designed or intended for use as a part of an emission control system; and (3) was previously installed on a motor vehicle and subsequently removed.
- 4.16. Emergency Repair Service:** A Colorado public or private, incorporated or unincorporated, for-profit or not-for-profit entity whose primary business is to repair motor vehicles, to safeguard against immediate and substantial damage resulting from catalytic converter theft, and/or to otherwise secure and/or transport a vehicle that has sustained damage resulting from catalytic converter theft.
- 4.17. Emission Control System:** Means an emissions control system as defined by §25-7-144 (8) (a), CRS.
- 4.18. Manufacturer:** Consistent with §25-7-144 (8) (b), CRS, means any person who manufactures or assembles new and used motor vehicles of a type required to be registered according to §42-3-103, CRS. For purposes of these rules, automobile dealers and automobile repair businesses fall within the scope of this definition and each, manufacturer, automobile dealer, and automobile repair business are included in the definition of Qualified Applicant set forth within these rules.
- 4.19. Motorcycle:** Means a motorcycle as it is defined by §25-7-144 (8) (c), CRS.
- 4.20. Motor Vehicle:** Means a motor vehicle as it is set forth by §42-1-102 (58), CRS; except that this term does not include a motorcycle.



**4.21. Performance Period:** Means the period during which a grant award recipient is expected to use a grant award towards approved programs and activities proposed as part of a grant application. For purposes of these rules, the performance period also refers to the period during which a grant award recipient is expected and required to complete applicable reporting requirements.

**4.22. Qualified Applicant:** For purposes of the CCITP Grant Program and these rules, Qualified Applicants include groups of associated actual or legal persons actively working together or towards a common goal or purpose consistent with the definition of association set forth within these rules, but are not necessarily limited to, auto repair businesses, automobile dealers, associations focusing efforts on catalytic converter identification, theft prevention, or victim assistance, emergency repair services, law enforcement agencies, and local governments.

**CCITP 5: CCITP Grant Program Applicant Eligibility:**

CCITP Grant Program applicants must satisfy both the definition of a Qualified Applicant outlined in subsection 4.22 of these rules and as is consistent with §24-33.5-230 (3), CRS. All CCITP Grant Program applicants must complete all documents and forms required by the CATPA Business Unit and demonstrate in their application that the program therein proposed will address catalytic converter theft in Colorado.

**5.1. Applicant Submissions not Meeting Minimum Threshold Criteria:**

CCITP Grant Program application submissions received by the CATPA Business Unit on behalf of the Department and the CSP not satisfying one or both of these threshold qualifications will be declined and returned to the applicant with a statement indicating that the applicant does not meet the minimum criteria.

**5.2. Applicant Resubmission of Previously Declined CCITP Grant Program Application:**

CCITP Grant Program applications previously declined may be resubmitted at a future CCITP Grant Program application submission period if the applicant subsequently can satisfy both threshold conditions of applicant eligibility.

**CCITP 6: Submission and Content of CCITP Grant Program Applications:**

The CATPA Business Unit may solicit and will make available to the general public and CCITP Grant Program applicants specifically the CCITP Grant Forms and Guidance Manual online through the CATPA website. The CCITP Grant Forms and Guidance Manual includes forms and information significant to all submission and reporting obligations applicable to CCITP Grant Program applicants receiving CCITP Grant Program Awards.

**6.1. Written Notice of Application Submission Period:**

The CATPA Business Unit, on behalf of the CSP, will announce annually the availability of CCITP Grant Program Funding and indicate the submission period for CCITP Grant Program applications. Written notice of available funding and the CCITP Grant Program application submission period may include but is not limited to direct or

electronic postal mailings to identified parties, stakeholders, members of law enforcement, and automobile-related associations; the posting of information on the CSP-CATPA and/or CDPS websites; and through other relevant agencies and trade organizations.

## **6.2. Application Forms and Required Content.**

All CCITP Grant Program applications must be in the form required by the grant announcement and supported by the forms provided in the CCITP Grant Forms and Guidance Manual and include minimum criteria consistent with applicable statutes and these rules:

### **6.2.1. Name, Address, General Contact Information, and Entity Identification:**

All CCITP Grant Program applications must include the name, address, email address, and/or phone number for a point of contact, and identify the entity type of the applicant(s).

### **6.2.2. Description of Grant Proposal and Impact on Catalytic Converter Theft:**

The application must describe the type of grant program proposed and how this program proposal will address the issue of catalytic converter theft in Colorado. Consistent with §24-33.5-230, CRS, grant applicants may propose types of programs including public awareness campaign programs regarding catalytic converter theft; programs involving catalytic converter theft prevention parts; programs aiding victims of catalytic converter theft; and/or programs supporting catalytic converter identification and tracking efforts. Where applicable, the grant proposal description must include an explanation as to how grant funding will help reduce catalytic converter theft in Colorado.

### **6.2.3. Additional Minimum Grant Application Criteria:**

All CCITP Grant Program applications must satisfy and include any additional information required by the CCITP Grant Program Forms and Guidance Manual and any additional information included as part of the written notice of the CCITP Grant Program application submission period.

## **6.3. CCITP Grant Deadlines and Notice.**

All dates applicable to the submission and receipt of CCITP Grant Program applications to the CATPA Business Unit will be as set forth within the grant schedule detailed within the CCITP Grant Forms and Guidance Manual.

## **6.4. Method and Delivery of Application Submission.**

All CCITP Grant Program applications must be submitted to the CATPA Business Unit as directed in the CCITP Grant Forms and Guidance Manual instructions and/or the written notice of the CCITP Grant Program application submission period. In the event of any disparity, the guidance provided by the latter will control.

## **~~CCITP 7: CCITP Grant Program Application Qualification, Evaluation, and Award Selection.~~**

~~The CATPA Business Unit will review CCITP Grant Program applications on behalf of the Department and the CSP consistent with the requirements of §24-33.5-230 (1) — (4), CRS.~~

### **~~7.1. Application Qualification:~~**

~~The CATPA Business Unit will review CCITP Grant Program applications to determine the level of qualification meeting the following criteria:~~

#### **~~7.1.1. ——— Use of CCITP Grant Forms and Guidance Manual:~~**

~~All CCITP Grant Program applications will be reviewed consistent with §24-33.5-230 (1) — (4), CRS, these rules, and the CCITP Grant Forms and Guidance Manual.~~

#### **~~7.1.2. ——— Consistency with Other CDPS CATPA Grant Application Rules— Consideration of Multijurisdictional Applications:~~**

~~Under §24-33.5-230 (4) (a), CRS, CCITP Grant Program Awards may occur in accordance with other CDPS rules as well as the applicable statute. Consistent with Part 5 of 8 CCR 1507-50, the CATPA Rules, the CATPA Business Unit may prioritize the review and award of CCITP Grant Program applications representing or proposing multijurisdictional programs/approaches from Qualified Applicants satisfying the criteria of Part 6 of these rules.~~

#### **~~7.1.3. ——— Multi-Year Award Discretion:~~**

~~As may be applied for and at the discretion of the CATPA Business Unit on behalf of the Department and the CSP, CCITP Grant Program Awards may be awarded for individual annual performance periods or multi-year performance periods consistent with §24-33.5-230 (4) (a), CRS.~~

#### **~~7.1.4. ——— Minimum Threshold Eligibility Review:~~**

~~All CCITP Grant Program application submissions will first be reviewed to determine if the applicant(s) satisfy the definition of a Qualified Applicant set forth within these rules. Meeting this criterion, applicants will be reviewed to determine if they include a description of the proposed program as set forth within these rules. Satisfying both criteria, a reviewed CCITP Grant Program application will be reviewed consistent with the grant criteria outlined by §24-33.5-230 (3) and (4), CRS, and the elements set forth by Part 7 of these rules.~~

### **~~7.2. CCITP Grant Program Application Evaluation for Mandatory Review Elements.~~**

~~All CCITP Grant Program application submissions satisfying the requirements of Part 7.1 of these rules will be reviewed by the CATPA Business Unit. The CATPA Business Unit will evaluate how each application addresses the following mandatory CCITP Grant Program elements:~~

**7.2.1. ——— Clear Presentation of Catalytic Converter Theft Issue:**

The CCITP Grant Program application must present an issue involving or related to catalytic converter theft or identification that proposes a response involving a catalytic converter theft public awareness campaign, catalytic converter theft prevention parts, assistance to victims of catalytic converter theft, and/or catalytic converter identification and tracking efforts.

**7.2.2. ——— Explanation of Funding Effect on Catalytic Converter Theft:**

Except for CCITP Grant Program applications proposing programs only involving financial reimbursement or assistance to victims of catalytic converter theft absent any other efforts to reduce catalytic converter theft or to raise public awareness thereof, all CCITP Grant Program applications must include an explanation of how a grant funding award will help reduce catalytic converter theft in Colorado. Any CCITP Grant Program application proposing a program with an intent to decrease the incidence of catalytic converter theft or to facilitate efforts at catalytic converter identification and tracking must include an explanation of how CCITP Grant Program funding will support this goal.

**7.2.3. ——— Proposed Activities and Goals:**

The application must propose a program design wherein the activities and goals defined are realistic and attainable.

**7.3. CCITP Grant Program Application Evaluation for Quality Review Elements:**

The CATPA Business Unit shall review all CCITP Grant Program applications satisfying Parts 7.1 and 7.2 of these rules against additional qualitative criteria:

**7.3.1. ——— Cost Structure:**

The application must demonstrate a realistic cost structure as compared to the expressed activities and goals of the proposed program.

**7.3.2. ——— Data Collection and Evaluation:**

The application must demonstrate that the proposed program design allows for the collection of data relevant and necessary to the expressed activities and goals of the program and will support evaluation thereof to measure the progress and effectiveness of the program upon the incidence of catalytic converter theft.

**7.3.3. ——— Innovation and Ingenuity:**

The application will be evaluated, to the extent possible, for any display of innovation or ingenuity in its concept, design, and/or operation concerning the issues identified in Part 6.2.2 of these rules. A CCITP Grant Program Application proposal will be considered to be innovative or demonstrate ingenuity where it introduces a new or different strategy or approach to preventing, deterring,

reducing, or alleviating the negative consequences of catalytic converter theft upon business and the general public.

**7.3.4. ——— Experience, Expertise, or Demonstrated Ability:**

Information about an applicant's experience and qualifications regarding subject area expertise, and/or a demonstrated ability to manage grant-funded projects or programs and to satisfy the reporting requirements thereof consistently and with success will be considered, but the absence thereof will not disqualify an applicant.

**7.4. — Criteria-Based Funding Allocation for Award Selection:**

CCITP Grant Program applications determined to satisfy Parts 7.1, 7.2, and 7.3 of these rules by the CATPA Business Unit will be finalized subsequent to the completion of the following post-requisite review:

**7.4.1. ——— CATPA Board Recommendation and Review:**

CCITP Grant Program applications meeting the requirements of Parts 7.1, 7.2, and 7.3 of these rules will be made available to the CATPA Board to review for purposes of minimizing the duplication of grant projects and awards.

**7.4.2. ——— Funding Apportionment:**

The CATPA Business Unit will consider apportionment of CCITP Grant Program funds contingent upon the number of applicants or qualified or approved applications in specific initiatives, consistent with §24-33.5-230 (4) (c), CRS. Under ideal circumstances, the CCITP Grant Program Awards will be apportioned such that 20 percent will be allocated towards victim-targeted initiatives, 20 percent will be to initiatives focused on catalytic converter theft prevention, 25 percent to proposals targeting the business impacts of catalytic converter theft, 25 percent to proposals focusing on enforcement, and the remaining 10 percent towards the administrative costs of all approved CCITP Grant Program proposals. Actual CCITP Grant Program funding available for each program type will be provided annually as part of the written notice for the grant application submission period.

**7.4.3. ——— CATPA Business Unit Recommendations:**

The CATPA Business Unit will provide CCITP Grant Program Award recommendations to the Colorado State Patrol Appointing Authority for each performance period to determine final awards consistent with §24-33.5-230 (4) (c), CRS.

**CCITP 8. Notice of Grant Award, Conditions of Acceptance, and Right of Refusal:**

The CATPA Business Unit, on behalf of the Department and the CSP, will notify all CCITP Grant Program applicants of the approval or denial of a CCITP Grant Program application in

writing. Written notice of approval or denial may occur both by electronic mail, and postal service in the event an email is not provided or is returned as undeliverable.

**8.1. Reporting Requirements Applicable to Award:**

All recipients accepting CCITP Grant Program Awards are required to comply with the quarterly, annual, and/or final program reporting requirements set forth within these rules. All annual and final CCITP Grant Program reports must include project specific information consistent with §24-33.5-230 (4) (b) and (5) (a), CRS, as referenced by Part 8.2 of these rules.

**8.2. Quarterly, Annual, and Final Reporting Requirements Applicable to CCITP Grant Program Awards:**

Consistent with §24-33.5-230 (4) (b) and (5) (a), CRS, CCITP Grant Program Award recipients accepting awards must adhere to grant reporting requirements set forth by the Department. On behalf of the Department and the CSP, the CATPA Business Unit will require quarterly, annual, and/or final grant program reporting from all recipients accepting CCITP Grant Program Awards as follows:

**8.2.1. Notice of Reporting Schedule and Applicable Forms:**

Timelines applicable to the submission of quarterly, annual, and/or final CCITP Grant Program Awards accepted by recipients to the CATPA Business Unit are provided within the CCITP Grant Program Forms and Guidance Manual.

**8.2.2. Minimum Reporting Criteria:**

Forms provided within the CCITP Grant Program Forms and Guidance Manual indicate all required reporting criteria. At a minimum, CCITP Grant Program recipients must indicate for each scheduled reporting period:

**8.2.2.1.** A description of how the grant funding has been used during the applicable reporting period;

**8.2.2.2.** Any outcomes achieved or progress on program activities using grant funding;

**8.2.2.3.** Any project specific information directly arising out of the targeted initiative(s) of the program; and

**8.2.2.4.** Any other required information indicated by the CCITP Grant Program Forms and Guidance Manual applicable to a quarterly, annual, and/or final CCITP Grant Program report.

**8.2.3. CATPA Business Unit Review of CCITP Grant Program Recipient Reports:**

On behalf of the Department and the CSP, the CATPA Business Unit will review all quarterly, annual, and final CCITP Grant Program reports submitted by CCITP Grant Program Award recipients. The review of these reports will occur

consistent with the statutorily identified goals and objectives of the CCITP Grant Program and will be included as part of the annual report required by §24-33.5-230 (5) (b), CRS.

**8.2.4. ~~Monitoring of the CCITP Grant Program:~~**

~~On behalf of the Department and the CSP, the CATPA Business Unit will monitor program implementation, financial administration, and the achievement of CCITP Grant Program objectives of CCITP Grant Program Award recipients as is consistent with §24-33.5-230 (5) (a), CRS, these rules, and the CCITP Grant Program Forms and Guidance Manual. The CATPA Business Unit will issue feedback to all CCITP Grant Program Award recipients submitting or failing to submit any required quarterly, annual, or final reports in writing, including any requests for reports or inquiries for the minimum information required to be included as part of any report. Written feedback will be delivered by electronic mail and by postal service if an email is returned as undeliverable.~~

**8.3. ~~Right of Refusal Without Prejudice:~~**

~~A CCITP Grant Program Award recipient has the discretion to decline or refuse any CCITP Grant Program Award without further explanation or prejudice.~~

**CCITP 9. ~~CCITP Award Recipient Failure to Perform and Consequences Thereof:~~**

~~In the event a CCITP Grant Program Award recipient fails to perform or to complete the mandatory reporting requirements or satisfy the minimum reporting criteria required by §24-33.5-230 (4) (b) and (5) (a), CRS, these rules, and as identified within the CCITP Grant Program Forms and Guidance Manual, the CATPA Business Unit may:~~

**9.1. ~~Deliver Written Notice:~~**

~~The CATPA Business Unit will deliver written notice to a CCITP Grant Award recipient determined to have not submitted a required report or to have not reported required information requesting the award recipient to correct their noncompliance within 14 business days of the date of the notice. The written notice will be delivered by electronic mail, and by postal service where email is returned as undeliverable.~~

**9.2. ~~Implement Improvement Plan Consistent with CCITP Grant Program Forms and Guidance Manual:~~**

~~Failing to respond to a notice to correct CCITP Grant Program noncompliance within 14 business days of the date of the written notice, the CATPA Business Unit may present the CCITP Grant Program Award recipient with an improvement plan to correct noncompliance.~~

**9.3. ~~Recommend Refusal of Program Expenses:~~**

~~Failing to remediate following the implementation of an improvement plan or failing to respond to either a written notice or improvement plan as directed by Parts 9.1 or 9.2 of these rules, the CATPA Business Unit may recommend to the Department and~~

the CSP that CCITP Grant Program expenses belatedly or not reported by the award recipient not be reimbursed.

**~~9.4. Recommend Suspension or Revocation of CCITP Grant Program Award.~~**

~~Failing to remediate following the implementation of an improvement plan or failing to respond to either a written notice or improvement plan as described by Parts 9.1 or 9.2 of these rules, the CATPA Business Unit may recommend to the Department and the CSP the suspension or revocation of a CCITP Grant Program Award.~~

**~~9.5. Failure to Perform Affects Future Grant Award Consideration.~~**

~~The failure to perform or to rehabilitate performance or the occurrence of a grant program suspension, revocation, or refusal by the CATPA Business Unit to pay CCITP Grant Program related expenses based on non-compliance with CCITP Grant Program mandatory reporting requirements may affect the future consideration of any grant applications by the same award recipient(s) submitted to the CATPA Business Unit, Board, CSP, or the Department.~~

**~~CCITP 10. Expiration of 8 CCR 1507-59, CCITP Grant Program Rules.~~**

~~The entirety of this 8 CCR 1507-59 will expire upon the repeal of §24-33.5-230, CRS, on July 1, 2025, unless extended.~~

**~~CCITP 11. Severability of Rules.~~**

~~If any provision of these rules or the applicability thereof to any person or circumstance is determined to be unlawful or invalid, the remaining provisions of these rules will not be affected absent a specific reference thereto.~~

**~~CCITP 12. Publications Incorporated by Reference and Rule Inquiries.~~**

~~All publications, standards, guidelines, and rules adopted and/or incorporated by reference in these rules are available for public inspection at any state publications depository library as is required by §24-4-103(12), CRS.~~

**~~12.1. Consistent with §24-4-103(12.5), CRS.~~**

~~The following publication(s), standard(s), guidelines, and rules are adopted within these rules consistent with §24-4-103(12.5), CRS:~~

**~~12.1.1. CATPA (November 2022). CCITP Grant Program Forms and Guidance Manual.~~**  
~~Lakewood, Colorado: Author.~~

**~~12.1.2. Colorado Automobile Theft Prevention Authority (CATPA) Rules, 8 CCR 1507-50 (2020).~~**

**~~12.2. Maintenance of Copies.~~**

~~The CATPA Business Unit will maintain copies of the complete texts of these rules and any incorporated or adopted publication(s), standard(s), guidelines, and rules, and make each available for public inspection during regular business hours. Interested~~



~~parties may contact the CATPA Business Unit by phone at 303-239-4560 or email the CATPA Business Unit at CDPS\_CATPA@state.co.us. Interested parties may also access the following material(s) free of charge and at their convenience online:~~

~~**12.2.1. CATPA (November 2022). CCITP Grant Program Forms and Guidance Manual,**  
**HTTPS://WWW.Colorado.Gov/Pacific/CSP/CATPA-Grants.**~~

~~**12.2.2. Colorado Automobile Theft Prevention Authority (CATPA) Rules, 8 CCR 1507-50 (2020),**  
**HTTPS://WWW.Colorado.Gov/Pacific/CSP/CATPA-Grants.**~~

**12.3. Later Editions or Amendments not Incorporated.**

~~These rules do not include later amendments to or editions of any publication(s), standard(s), guidelines, or rules incorporated by reference herein.~~

**Summary of Proposed Changes**  
**Colorado State Patrol, Investigative Services Section**  
**Colorado Automobile Theft Prevention Authority (CATPA) Unit:**  
**Catalytic Converter Identification and Theft Prevention (CCITP) Grant Program**  
**8 CCR 1507-59**

**Purpose:**

This document is developed as a companion to assist in the reading and understanding changes proposed to 8 CCR 1507-59, the Catalytic Converter Identification and Theft Prevention (CCITP) Grant Program Rules. These rules are being repealed in anticipation of the automatic repeal of Section 24-33.5-230, CRS, et. al. 8 CCR 1507-59 has been updated to appear in ~~strikeout font~~ to reflect this intent.

**Accessibility Editing Note:**

The redlined rules include formatting updates and minor edits not affecting the content, interpretation, or intent to repeal 8 CCR 1507-59 that are necessary to comply with the document accessibility standards required by Section 24-34-802, CRS, and adopted under 8 CCR 1501-11. 8 CCR 1501-11 applies to the Colorado State Patrol through Section 24-34-802 (1) (c), CRS, and requires the CSP to provide information meeting accessibility requirements specified by the Web Content Accessibility Guidelines per OIT's accessibility technical standards. There is no exception for rulemaking engaged solely to repeal existing rules that will be rendered ineffective or moot by statutory expiration.

Changes to these rules to comply with the accessibility standards include changing capitalized text to mixed-case or lower-case text, removing underlined text, increasing font size, enabling hyperlinked text associated with website addresses, and adjustments to the physical paragraph structure of the document to more effectively support bookmarking for electronic reading software.

The Colorado Automobile Theft Prevention Authority (CATPA) Unit of the Colorado State Patrol (CSP) is committed to supporting effective communication and access to these rules by all members of the public. If you experience difficulty with or are unable to use this document, please go to <https://publicsafety.colorado.gov/accessibility-interpretation-and-translation-support> or contact the CSP CATPA Unit at (303)-239-4560 or by email at [CDPS\\_CATPA@state.co.us](mailto:CDPS_CATPA@state.co.us) for assistance.

**Disclaimer:**

This draft is filed with the Department of State and submitted to the Department of Regulatory Agencies, consistent with Sections 24-4-103 (2.5) and (3) (a), CRS, of the State Administrative Procedure Act. This preliminary draft may be revised before the public rulemaking hearing at 9:30 am on May 9, 2025. If any changes are made, a revised copy of the rules and any supporting documents will be made available to the public and posted on the Colorado Department of Public Safety Rulemaking Information website at <https://publicsafety.colorado.gov/get-involved/cdps-rules-and-regulations>. Any updates or revisions will be made available as required by Sections 24-4-103 (4) (a), CRS, and posted to the Colorado Department of Public Safety Rulemaking Information website no later than May 2, 2025.

# Notice of Proposed Rulemaking

**Tracking number**

2025-00133

**Department**

2505,1305 - Department of Health Care Policy and Financing

**Agency**

2505 - Medical Services Board (Volume 8; Medical Assistance, Children's Health Plan)

**CCR number**

10 CCR 2505-3

**Rule title**

FINANCIAL MANAGEMENT OF THE CHILDREN'S BASIC HEALTH PLAN

**Rulemaking Hearing****Date**

05/09/2025

**Time**

09:00 AM

**Location**

303 East 17th Avenue, 11th Floor, Denver, CO 80203

**Subjects and issues involved**

see attached

**Statutory authority**

25.5-1-301 through 25.5-1-303, C.R.S. (2024);

**Contact information****Name**

Chris Sykes

**Title**

Medical Services Board Administrator

**Telephone**

7202315164

**Email**

chris.sykes@state.co.us



# 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, May 9, 2025, beginning at 9:00 a.m., at 303 E. 17<sup>th</sup> Avenue, Suite 1100, 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 before the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 303 E. 17<sup>th</sup> Ave, Ste 1100, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before the close of business on Wednesday before 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.

### **CHP 24-11-07-B, Revision to the Child Health Plan Plus Rules Concerning Redetermination of Eligibility, Section 140**

Medical Assistance. The proposed rule will amend 10 CCR 2505-3 140 to incorporate federal regulations that are effective June 3, 2024, to align enrollment and renewal requirements for members enrolled in Medicaid. The Centers for Medicare and Medicaid Services provided states with additional guidance on these federal regulations and timelines that states must comply with. The Department took the opportunity to update section 140, enhancing the flow of the rules and providing clearer guidance on the renewal process. The updated rule will also address when a member submits documentation for renewal before their eligibility period ends, ensuring that their benefits continue until a final determination is made. This new update is part of the new federal regulations 42 CFR §435.930(b).

The authority for this rule is contained in 42 CFR §§ 457.343; 42 CFR §435.930(b); Section 25.5-4-205, C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

# Notice of Proposed Rulemaking

**Tracking number**

2025-00134

**Department**

2505,1305 - Department of Health Care Policy and Financing

**Agency**

2505 - Executive Director of Health Care Policy and Financing

**CCR number**

10 CCR 2505-5

**Rule title**

EXECUTIVE DIRECTOR OF HEALTH CARE POLICY AND FINANCING RULES

**Rulemaking Hearing****Date**

04/30/2025

**Time**

08:00 AM

**Location**

303 East 17th Avenue, 11th Floor, Denver, CO 80203

**Subjects and issues involved**

see attached

**Statutory authority**

Section 25.5-1-108, C.R.S. (2024)

**Contact information****Name**

Chris Sykes

**Title**

Medical Services Board Administrator

**Telephone**

7202315164

**Email**

chris.sykes@state.co.us



# COLORADO

## Department of Health Care Policy & Financing

Medical Services Board

### NOTICE OF PROPOSED RULES

The Executive Director of the Colorado Department of Health Care Policy and Financing will hold a public meeting on Friday, April 30, 2025, beginning at 8:00 a.m., at 303 E. 17<sup>th</sup> Avenue, Suite 1100, 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 before the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 303 E. 17<sup>th</sup> Ave, Ste 1100, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before the close of business on Wednesday before 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 <https://hcpf.colorado.gov/executive-director-administrative-rules>

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

#### **ED 25-03-28-A, Executive Director Of Health Care Policy And Financing County Administration Fiscal And Program Rules, Sections 1.010 and 1.020**

Executive Director. 1.010 - These rules govern financial operations at the county and ensure compliance with federal and state requirements and general fiscal standards.

1.020 - These rules govern the daily operations of how the counties administer medical assistance, including administrative requirements

These Rules were amended to improve member experience, address federal non-compliance, incorporating lessons learned from the Public Health Emergency (PHE) and PHE Unwind, modernizing fiscal rules, improving state compliance and oversight, streamlining administrative requirements and processes and incorporating subregulatory guidance.

The authority for this rule is contained in 42 CFR Part 431.50 and 2 CFR Part 200; C.R.S.25-5-8-107, 25.5-1-108, 25.5-1-117, 25.5-1-118 and Section 25.5-1-108, C.R.S. (2024).

# Notice of Proposed Rulemaking

**Tracking number**

2025-00132

**Department**

2505,1305 - Department of Health Care Policy and Financing

**Agency**

2505 - Medical Services Board (Volume 8; Medical Assistance, Children's Health Plan)

**CCR number**

10 CCR 2505-10

**Rule title**

MEDICAL ASSISTANCE - STATEMENTS OF BASIS AND PURPOSE AND RULE HISTORY

**Rulemaking Hearing****Date**

05/09/2025

**Time**

09:00 AM

**Location**

303 East 17th Avenue, 11th Floor, Denver, CO 80203

**Subjects and issues involved**

see attached

**Statutory authority**

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024);

**Contact information****Name**

Chris Sykes

**Title**

Medical Services Board Administrator

**Telephone**

7202315164

**Email**

chrissykes74@gmail.com



# 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, May 9, 2025, beginning at 9:00 a.m., at 303 E. 17<sup>th</sup> Avenue, Suite 1100, 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 before the meeting.

A copy of the full text of these proposed rule changes is available for review from the Medical Services Board Office, 303 E. 17<sup>th</sup> Ave, Ste 1100, Denver, Colorado 80203, (303) 866-4416, fax (303) 866-4411. Written comments may be submitted to the Medical Services Board Office on or before the close of business on Wednesday before 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 24-11-07-A, Revision to the Medical Assistance Eligibility Rules Concerning Redetermination of Eligibility, Section 8.100.3.P**

Medical Assistance. The proposed rule will amend 10 CCR 2505-10 8.100.3.P to incorporate federal regulations that are effective June 3, 2024, to align enrollment and renewal requirements for members enrolled in Medicaid. The Centers for Medicare and Medicaid Services provided states with additional guidance on these federal regulations and timelines that states must comply with. The Department took the opportunity to update section 8.100.3.P, enhancing the flow of the rules and providing clearer guidance on the renewal process. The updated rule will also address when a member submits documentation for renewal before their eligibility period ends, ensuring that their benefits continue until a final determination is made. This new update is part of the new federal regulations 42 CFR §435.930(b).

The authority for this rule is contained in 42 CFR §435.916(b)(2); 42 CFR §435.930(b); Section 25.5-4-205, C.R.S. and Sections 25.5-1-301-303 (2024).

#### **MSB 24-07-11-A, Revision to the Medical Assistance Act Rule concerning Community First Choice Section 8.7000**

Medical Assistance. Community First Choice (CFC), also known as 1915(k), is an optional Medicaid program that allows states to offer select home and community-based services and supports to eligible members on the State Plan, expanding these long-term care services to more Health First Colorado (Colorado's Medicaid Program) members. Not only does CFC expand select 1915(c) waiver services to all members eligible for CFC, but it gives members the ability to self-direct their care to the extent of their choosing. CFC gives members access to service delivery models that allow them to control their own budget, select and dismiss their attendants, and provide training for the people who provide their care. By expanding these options, members will experience greater choice and



control over how they receive services. Furthermore, the CFC option provides a 6-percentage point increase in Federal matching payments to states for CFC service expenditures.

This rule expands and streamlines existing legal authority, member rights, case management agency responsibilities, and provider agency requirements that exist within other Long-Term Services and Supports programs (LTSS), such as HCBS waivers, to include CFC. This rule amends existing HCBS services, changing eligibility from HCBS waivers to CFC, and makes necessary changes to services and provider requirements due to CFC. Finally, this rule creates a new section that outlines general provisions and eligibility for the CFC program.

The authority for this rule is contained in 1915 (k), State Plan Amendment (CO-24-0035) approved in December 2024 with an effective date of July 1, 2025; Sections 25.5-6-1901 through 25.5-6-1905, C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024)

### **MSB 24-07-11-C, Revision to the Medical Assistance Act Rule concerning the Children with Complex Health Needs Waiver, Sections 8.401, 8.500, and 8.7000**

Medical Assistance. The Children's Home and Community-Based Services (CHCBS) Waiver is merging with the Children with Life-Limiting Illness (CLLI) Waiver and is being renamed as the Children with Complex Health Needs (CwCHN) Waiver. The purpose of the CwCHN waiver is to streamline home and community-based services (HCBS) for children's waiver programs, expand access to services, and ensure current and future CHCBS members have continued access to waiver services. The CwCHN waiver consists of the existing services on the CLLI waiver, with the addition of the Wellness Education Benefit, and includes eligibility criteria to capture both the CHCBS and CLLI waiver populations. Thus, all members who are eligible for the CHCBS waiver and the CLLI waiver will be eligible for the CwCHN waiver and have access to the same services currently available for CLLI waiver members.

This rule amends existing CLLI eligibility criteria to reflect the new eligibility criteria for the CwCHN waiver, places the new CwCHN waiver requirements and regulations in rule, and changes the name of the CLLI waiver throughout rule to reflect the new name.

The authority for this rule is contained in 42 U.S.C. 1396n and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

### **MSB 25-01-07-B, Revision to the Medical Assistance Act Rule concerning Member Appeals Rule, Section 8.057**

Medical Assistance. Under the current Social Security Act Section 1902(e)(14)(A) waiver (Section 1902(e)(14)(A) waiver) issued to the Department by the Center for Medicare and Medicaid Services (CMS), and current Department rule, members who appeal eligibility or benefit actions no later than sixty (60) days after the date of notice maintain their benefits or services until a final agency decision is rendered after the hearing. The Department received notice in November 2024 that this waiver will expire on June 30, 2025. After the waiver expires on June 30, 2025, the timeframes for requesting an appeal and maintaining, or reinstating, benefits or eligibility on appeal will be governed by existing federal regulation and state statute, as explained below.

Section 25.5-4-207(1)(a)(II), C.R.S., requires the Department to automatically continue benefits if the member files an appeal prior to the effective date of the intended action (eligibility or benefit determinations) until the appeal process is completed, unless the member requests in writing that benefits not continue during the appeal process. The corresponding federal regulation at 42 C.F.R. 431.230(a-b) allows the continuation of benefits (maintaining services) on appeal where the member requests a hearing before the date of action, unless it is determined at the hearing that the sole issue is one of federal or state law or policy and the Department promptly informs the beneficiary in writing that services are to be terminated or reduced pending the hearing decision. In order to comply with existing law after the Section 1902(e)(14)(A) waiver expires on June 30, 2025, the proposed rule aligns section 8.057.5.A with state statute and federal regulation by requiring a member to request an appeal before the date of action in order to maintain benefits during the appeal.

In regard to reinstating and continuing benefits or services after the date of action (eligibility or benefit determinations), Section 25.5-4-207(1)(a)(II), C.R.S., states the Department may, to the extent authorized by federal law, permit continuing benefits until the appeal process is completed, even if the member's appeal is filed after the effective date of intended action. It then lists the circumstances under which the Department must, at a minimum, allow continuation of benefits. The corresponding federal regulation at 42 CFR 431.231(a-b) permits the reinstatement of benefits or services if a member requests a hearing not more than ten (10) days after the date of action ending benefits or services, unless it is determined at the hearing that the sole issue is one of federal state or law or policy. Section 8.057.5.D already allows for the maximum ten (10) days after the date of action to request a hearing and reinstate benefits or services and allows reinstatement of benefits only where the member documents one of the circumstances listed in Section 25.5-4-207(1)(a)(II), C.R.S., is documented by the member. The proposed rule removes the requirement that one of the circumstances listed in Section 25.5-4-207(1)(a)(II), C.R.S., must be documented by the member to qualify for reinstatement of benefits. By removing that requirement, the proposed rule allows for reinstatement of benefits for any member that files an appeal no more than ten (10) days after the date of action, regardless of circumstance.

The proposed rule complies with federal law and state statute upon the expiration of the Section 1902(e)(14)(A) waiver on June 30, 2025 and allows for the maintenance of services upon appeal, and the reinstatement and continuation of benefits on request for hearing, to the maximum extent allowed under federal law and state statute.

The proposed rule also aligns Department rule with current Office of Administrative Courts policy regarding the modalities an applicant or member may use to request a hearing or withdraw a hearing.

The authority for this rule is contained in 42 CFR 431.210, .230(a)(1-2), .231(a-b); 42 CFR 435.923; CRS § 25.5-4-207(1)(a)(II), C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

### **MSB 24-11-19-A, Revision to the Medical Assistance Act Rule concerning Fee-For-Service and Managed Care Behavioral Health Alignment, Sections 8.205.9 & 8.746**

Medical Assistance. The proposed rule revisions align language and terminology between the fee-for-service and managed care behavioral health benefits. These are not substantive changes and do

not affect what is covered under each benefit. These rule revisions are necessary because the changes provide clarity between the fee-for-service and managed care behavioral health benefits.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2025).

**MSB 24-10-30-A, Revision to the Medical Assistance Act Rule concerning Provider Disclosures of Affiliations, Section 8.125.15 & 8.746**

Medical Assistance. This proposed rule revision makes updates to 8.125.15 to align with the new federal rules concerning disclosure of affiliations at 42 C.F.R. § 455.107. Enrolling and revalidating providers will be required to disclose all affiliations that they or any owning or managing employees or organizations have or, within the previous 5 years, had with a currently or formerly enrolled Medicare, Medicaid, or CHIP provider or supplier that has a disclosable event as defined at 42 C.F.R. § 455.101. Compliance with Section 455.107 is required by the Centers for Medicare and Medicaid Services.

The authority for this rule is contained in 42 C.F.R. §455.107 and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

**MSB 24-11-06-B, Revision to the Medical Assistance Act Rule concerning Adult Habilitative Services, Sections 8.017 and 8.200**

Medical Assistance. These rule revisions clarify that adult habilitative services are available as a state plan benefit. Previously, these services were only available for those individuals who qualified for the Alternative Benefit Plan or through the Early Periodic Screening Diagnosis and Treatment (EPSDT) benefit.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

**MSB 25-02-12-A, Revision to the Medical Assistance Act Outpatient Hospital Payment Rule Regarding 340B Drug Pricing, Section 8.300.6.A.1.j**

Medical Assistance. Senate Bill, or the Long Bill, 21-205 was signed by Governor Polis on May 21, 2021, which included rate adjustments to be effective July 1, 2021 and ongoing. The Long Bill included a reduction to 340B drug pricing in the outpatient hospital setting which was not implemented. However, the Department is mandated to implement such rate changes, and as such is seeking to do so effective July 1, 2025. This rule change is necessary to bring the Department's payments into budgetary authority.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024) and Senate Bill 21-205.

**MSB 25-01-06-A, Revision to the Medical Assistance Act concerning changes to the Drug Utilization Review Board and Pharmacy and Therapeutics Committee, Section 8.800.9.D**

Medical Assistance. The purpose of the proposed rule change is to update the composition of the Drug Utilization Review (DUR) Board and the Pharmacy and Therapeutics (P&T) Committee. The Department proposes eliminating the non-voting pharmaceutical industry representative position on the DUR Board due to challenges in maintaining this role. Additionally, the Department seeks to reduce the size of the P&T Committee to address difficulties in filling positions and achieving a quorum for meetings.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

**MSB 25-01-09-B, Revision to the Special Financing Division Rules concerning Changes per HB 24-1399, Sections 8.900 & 8.3000**

Medical Assistance. During the 2024 session, the Colorado General Assembly passed House Bill 24-1399 which made changes to the Colorado Indigent Care Program, Hospital Discounted Care, the Primary Care Fund, and the Disproportionate Share Hospital payments under the Colorado Healthcare Affordability and Sustainability Enterprise. House Bill 24-1399 sunsets the Colorado Indigent Care Program, adds a Hospital Discounted Care advisory committee, updates the Primary Care Fund to allow patients who are at or below 200% of the federal poverty guidelines instead of those below 200%, and replaces participation in the Colorado Indigent Care Program as a qualifier for the Disproportionate Share Hospital payments with new qualifying requirements.

This rule change is being brought as one update instead of four separate rule updates as there is a constant between all four sections: to remove all references to the Colorado Indigent Care Program that are currently contained in the four different rule sections.

The authority for this rule is contained in 42 CFR 433.68; 42 U.S.C. § 1396b(w); Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024); Sections 25.5-3-101 through 25.5-3-111, C.R.S. (2024); Sections 25.5-3-301 through 25.5-3-304, C.R.S. (2024); Sections 25.5-3-501 through 25.5-3-507, C.R.S. (2024); Sections 25.5-4-402.4(4)(b),(g), C.R.S. (2024) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

**MSB 25-02-12-B, Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors Section 8.960**

Medical Assistance. This rule change incorporates revisions made to the Colorado Dental Health Care Program for Low-Income Seniors (Senior Dental Program) Schedule A. The Senior Dental Program staff presented current changes to descriptions and reimbursement timelines in the Medicaid fee schedule and code descriptions in the 2025 ADA CDT Book of Current Dental Terminology to the Senior Dental Advisory Committee (DAC) for discussion on which changes they wanted to recommend to be incorporated into Schedule A. The DAC recommended adding three new codes to the Endodontics section and one new code to the Adjunctive General Services section of Schedule A. The Endodontic codes are D3346 Retreatment of Previous Root Canal Therapy - Anterior, D3347 Retreatment of Previous Root Canal Therapy - Premolar, and D3348 Retreatment of Previous Root Canal Therapy - Molar. The Adjunctive General Service code is D9222 Deep sedation/general anesthesia first 15 minutes. This rule change is necessary to incorporate the DAC's recommendations to Schedule A.

The authority for this rule is contained in CRS §§ 25.5-5-201(6)(a) (2024); 25.5-8-103(4)(a)(I), (b)(1) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

### **MSB 24-12-31-A, Revision to Medical Assistance Act Concerning the Home Health Benefit, Section 8.520**

Medical Assistance. The Department is revising the rules and regulations governing the Home Health benefit. The Home Health Rule (10 CCR 2505-10 Section 8.520) outlines the provision of home health services under Health First Colorado (Colorado's Medicaid Program), including criteria for services, provider eligibility, covered services, and provider services. This rule is designed to serve Health First Colorado Members, both children and adults, who require in-home skilled nursing, therapies, or certified nurse aide services due to medical conditions.

The updated Home Health Rule addresses outdated or unclear language, refines areas requiring edits, and improves overall readability. Changes include rephrasing, clarification, restructuring, and removing redundant sections where appropriate. For example, terminology adjustments, such as replacing "client" with "Member," were made to align with current standards. These modifications are essential to enhance the benefit for both Members and providers, ensuring clarity, accessibility, and effectiveness in delivering home health services.

The proposed updates to the Home Health Rule are designed to align with the recently revised Private Duty Nursing (PDN) Rules (Section 8.540), approved by the Medical Services Board on May 10, 2024. To maintain consistency between these benefits, many definitions and terms from the PDN Rules have been incorporated into the Home Health Rules. In addition, the Home Health Rule outlines using the Acuity Tool, developed in collaboration with For Health Consulting as part of the American Rescue Plan Act (ARPA) Project 6.01. This proprietary, evidence-based tool assesses medical necessity for skilled services within the Medicaid program.

The authority for this rule is contained in 42 CFR 456.6(a), Section 25.5-6-113, C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

### **MSB 25-02-03-B, Revision to CMS file names used for Inpatient Rebasing, Section 8.300**

Medical Assistance. Below is a list of the proposed amendments to Rule to address the change in naming conventions that we encountered this year with CMS Tables/IMPACT data file "adjustments," and other housecleaning items:

A) The Department is amending Colorado Rule 8.300.5.A.3.a with a new paragraph that describes what files will be used this year and in the future to the best of our ability. These changes will eliminate specific file naming in subsequent portions of rule describing the base rate methodology.

B) Additionally, we amended the date of January 1 to "the end of the first full week in January" since January 1st is a holiday.

C) We also made a correction in the rate methodology portions of rule to correctly reference the "Definitions" portion of Rule for hospital types located at 8.300.1.L instead of the incorrect reference of 8.300.1.K.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

**MSB 24-12-31-B, Revision to the Medical Assistance Act Rule concerning Remote Patient Monitoring, Section 8.096**

Medical Assistance. This rule adds Remote Patient Monitoring as section 8.096 of the Department's rules per Senate Bill 24-168. Remote Patient Monitoring means the outcoming remote assessment and monitoring of clinical data through technological equipment in order to detect changes in a member's clinical status, which allows health-care providers to intervene before a health condition exacerbates and requires emergency intervention or inpatient hospitalization.

The authority for this rule is contained in C.R.S. 25.5-5-337 through 338 and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024).

## **Permanent Rules Adopted**

**Department**

Department of Revenue

**Agency**

Colorado Lottery

**CCR number**

1 CCR 206-1

**Rule title**

1 CCR 206-1 LOTTERY RULES AND REGULATIONS 1 - eff 04/30/2025

**Effective date**

04/30/2025

## DEPARTMENT OF REVENUE

### Colorado Lottery

## LOTTERY RULES AND REGULATIONS

### 1 CCR 206-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document]*

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## RULE 1 - GENERAL RULES, REGULATIONS, AND DEFINITIONS

### BASIS AND PURPOSE FOR RULE 1

The purpose of Rule 1 is to provide details and requirements for the Colorado Lottery General Rules, Regulations, and Definitions for all Lottery Games. The statutory basis for Rule 1 is found in C.R.S. 44-40-101(5), 44-40-109(1)(a) and (2), and 44-40-110.

#### 1.1 General Provisions

The Colorado Lottery Commission adopts these Rules and Regulations to govern the establishment and operation of the Lottery pursuant to the authority provided in State Lottery Division Title 44, Article 40.

#### 1.2 Definitions

Unless these Rules and Regulations specifically state otherwise:

- A. "Act" means State Lottery Division, Title 44, Article 40 of the Colorado Revised Statutes.
- B. "Activation" means the process by which Instant Scratch Tickets become active and available for sale on the Lottery's Gaming System.
- C. "Additional Lottery Prizes" means cash, merchandise, and/or services, as determined by the Director.
- D. "Advance Play" means the option to purchase Jackpot Tickets for more than one future consecutive drawing, with the first advance play ticket purchased for the next available drawing.
- E. "Aggregate Prize Fund" means the maximum percentage of sales for each Jackpot Game that may be used to pay Prizes.
- F. "Automated Draw Machine" (ADM) means the computer operating the certified random number generator software used to select the Jackpot Game winning numbers.
- G. "Bar-Code Reader" means the computer hardware/software used by retailers to read bar-coded information on Instant Scratch Tickets.
- H. "Certified Drawing" means a drawing which complies with all requirements of C.R.S. 44-40-109(2)(d).
- I. "Claimant" means a Person claiming a Lottery Prize.



- J. "Claims Center" means any location designated by the Director where a Person may file a claim for any Lottery Prize.
- K. "Commission" means the Colorado Lottery Commission established under the Act.
- L. "Courier" means a Person or entity that receives an order and payment for a Ticket(s) from a Courier Customer, purchases the Ticket(s) from a Retailer on behalf of a Courier Customer, digitally or physically delivers the Ticket(s) to the Courier Customer in exchange for a fee and facilitates redemption of Ticket(s) on behalf of a Courier Customer.
- M. "Courier Customer" means a Person who is located within the State of Colorado, but not within the designated boundaries of federally recognized Indian lands, and submits an order and payment to a Courier for the purchase of Ticket(s) in exchange for a fee using payment methods approved by the Lottery for the sale of Ticket(s).
- N. "Director" means the Senior Director of the Colorado State Lottery Division.
- O. "Division" means the Colorado State Lottery Division.
- P. "Draw Break" means the period of time prior to a drawing during which Jackpot Tickets may not be sold, purchased, or validated for the suppressed game(s).
- Q. "Drawing" means a random selection process to determine winning numbers as set forth in specific Game Rules.
- R. "Drawing Sales Period" means the period during which Jackpot Tickets may be sold, purchased, and validated, excluding the draw break.
- S. "Duplicate Ticket" means a ticket produced by any method other than an authorized Jackpot Gaming Terminal.
- T. "Executive Director" means the Executive Director of the Colorado Department of Revenue.
- U. "Force Majeure" means an unexpected event (i.e. a natural disaster) that prevents the scheduled completion of an activity.
- V. "Game Prize Fund" means the projected Prize payout percentage as approved by the Commission for each Lottery Game.
- W. "Geolocate" or "Geolocation" means the method, system or process used by a Courier to confirm that a Courier Customer is physically present within the State of Colorado and not within the designated boundaries of federally recognized Indian lands at the time that the Courier Customer submits an order for Ticket(s) from a Courier.
- X. "Immediate Family" shall include any spouse, child, brother, sister, and/or parent residing in the same household.
- Y. "Instant Scratch Game" means a game with preprinted play symbols or characters on the Lottery Ticket.
- Z. "Jackpot Game" is a game in which a player or the Jackpot Gaming System selects a combination of numbers.

- AA. "Jackpot Gaming System" means the computer system(s) consisting of Jackpot Gaming Terminals, central processing equipment, and a communication network used to administer Jackpot Games.
- BB. "Jackpot Gaming Terminal" means the computer system through which Jackpot Tickets are generated, validated, and Instant Scratch Tickets are supported.
- CC. "Jackpot Ticket" means a computer-generated ticket issued by a retailer to a player reflecting the combination of numbers selected for In-State and Multi-State Jackpot Games. That ticket shall be the only acceptable evidence of the combination numbers selected.
- DD. "Key Employee" means an officer, director, or employee of a Vendor or an officer, director, or employee of a Vendor's subcontractor whose job responsibilities could reasonably pose a risk to the Lottery, including but not limited to, employees whose job duties include the marketing, development, operation, or security of a Lottery product or related system.
- EE. "Know Your Customer" or "KYC" means the method, system or process used by a Courier to verify the identity, including the age, of a Courier Customer in order to prevent duplication of accounts and prevent minors or other unauthorized persons from ordering Tickets.
- FF. "Licensed Premises" means the physical location where the Retailer is authorized to sell Tickets pursuant to the license issued by the Division or as otherwise authorized pursuant to the Act or these rules.
- GG. "Licensee" or "Retailer" means any business licensed to sell Tickets pursuant to the Act or these rules.
- HH. "Lottery" means the Colorado Lottery created and operated pursuant to the Act.
- II. "Net Sales" means gross sales less cancellations or returns.
- JJ. "Person" means a natural person.
- KK. "Play Slip" means a mark-sense game slip used to select plays in Jackpot Games, including digital game slips. A play slip has no financial value and is not evidence of a ticket purchase or of numbers selected.
- LL. "Player-Selected Item" means a number or group of numbers selected by a player in connection with a Lottery Jackpot Game.
- MM. "Prize" means an award, financial or otherwise, from the Lottery.
- NN. "Prize Amounts" means the amount of money payable for Jackpot Games in each Prize category, or to each share, or the annuitized future value of each share in a Prize category for each drawing.
- OO. "Prize Category" means the matching combinations as described in specific Game Rules.
- PP. "Prize Expense" means the accrued portion of net sales from all Lottery Products paid or designated to be paid out in Prizes.
- QQ. "Prize Expense Minimum" means the total amount of Prize expense must be a minimum of fifty percent (50%) of the annual aggregate net Lottery Ticket Sales from all Lottery Games.
- RR. "Prize Winner" means a natural Person who has signed the back of the winning Lottery Ticket.

- SS. "Product" or "Lottery Product" means any goods produced by the Lottery (i.e. Instant Scratch Ticket, In-State Jackpot Ticket, and Multi-State Jackpot Ticket).
- TT. "Promotional Drawing Guidelines" means guidelines for promotional drawings associated with a specific Lottery Game or related marketing activity.
- UU. "Quick Pick" means a computer-generated selection of a number, item, or group of numbers in connection with a Jackpot Game.
- VV. "Retailer Business Analyst" means the employee of the Division whose duties include the marketing, selling, handling, and distribution of Lottery Tickets to Licensees.
- WW. "Sell" "Sale" or "Purchase" means the payment to a Retailer in exchange for a Ticket at the fixed price set by the Commission on the Retailer's Licensed Premises.
- XX. "Shares" means the total number of matching combinations within each Prize category as determined for each draw.
- YY. "Ticket" or "Lottery Ticket" means any "Product" or "Lottery Product" approved by the Commission for Sale to the general public.
- ZZ. "Ticket Holder" means a Person who has physical possession of a Lottery Ticket.
- AAA. "Validation" means the process of determining whether a Lottery Ticket presented for payment is a winning ticket.
- BBB. "Validation Number" means the number printed on a Lottery Ticket that is used for validation.
- CCC. "Vendor" means any third party that is contracted with the Lottery to provide services or materials related to any Lottery Product, including but not limited to, the marketing, development, operation, or security of a Lottery Product or related system. Vendor may include, but is not limited to, a supplier as described in C.R.S. 44-40-106.
- DDD. "Winning Combination" means the combination of numbers randomly selected during a drawing.

### **1.3 General Rules and Regulations**

#### **1.3.1 Ownership of Tickets**

- A. A Lottery Ticket is a bearer instrument until signed by a person in the area designated on the ticket.
- B. Lottery Tickets must be signed by the Prize Winner in order to collect a prize.
- C. The Director shall award a Prize only to a natural Person whose signature appears on the ticket in the designated area. Groups, family units, clubs, or organizations must designate one individual as the Claimant and he or she must sign the ticket. A Prize will be awarded only to the Claimant.
- D. In the event there is an inconsistency in the information submitted on a claim form and as shown on the winning Lottery Ticket, the Director shall delay the award of a Prize pending investigation of the inconsistency.
- E. Once a Lottery Ticket is validated at a Lottery Claims Center, it will not be returned to the Prize Winner, but will remain the property of the Lottery.

### **1.3.2 Purchaser's Obligations**

- A. In purchasing a Lottery Ticket, the purchaser agrees to comply with all provisions of the State Lottery Division, Title 44, Article 40 of the Colorado Revised Statutes, these Rules and Regulations, and all final decisions, instructions, and directives of the Director.
- B. It shall be the sole responsibility of the player to verify the accuracy of the game play or plays and other data printed on his or her ticket.

### **1.3.3 Persons Ineligible to Purchase Tickets**

- A. No Person under the age of eighteen (18) may purchase Lottery Tickets.
- B. Lottery Tickets may not be purchased by, and no Prize shall be paid to, any of the following:
  - 1. Members of the Commission or their Immediate Families;
  - 2. Employees of the Lottery or their Immediate Families, except when authorized by the Director for investigative purposes. But, in no event shall such persons be entitled to payment of a Prize;
  - 3. Any Key Employee;
  - 4. Any Immediate Family member of a Key Employee; and
  - 5. Persons who operate Drawing equipment during a Drawing or officially witnesses a Drawing and members of their Immediate Family.

### **1.3.4 Lost or Stolen Tickets**

The Director reserves the right to withhold award of a Prize, pending the findings of an investigation, when the Lottery Ticket presented for validation has been reported lost or stolen. At the Director's discretion, Lottery Tickets that are determined to be stolen will not be paid.

## **RULE 2 - LICENSING GENERAL RULES AND REGULATIONS**

### **BASIS AND PURPOSE FOR AMENDED RULE 2**

The purpose of Rule 2 is to establish and provide the specific factors required for determining eligibility of an applicant desiring to obtain a license for the Sale of Lottery Products to the public; to specify certain duties of the licensees; to authorize the Director to establish bonding protection for the State of Colorado; to describe the types of limitations which may be placed upon licenses issued by the Director; to provide for the circumstances upon which the Director may terminate licenses and issue duplicate licenses; to specify certain terms, conditions and duties required of licensees authorized to sell Lottery game Products; to specify the rights of the licensee, as well as the detailed operation of the Lottery at the retail sales level, including the conditions that must be met in order for a Retailer to be permitted to Sell Tickets to a Courier. The provisions of Rule 2 are necessary in order to promote the public interest, as well as the security and efficient operation of the Lottery. The statutory basis for Rule 2 is found in C.R.S. 44-40-107 and 44-40-109(1)(a) and (2).

### **2.1 Application for License to Sell Lottery Products**

- a. Any person may apply to the Lottery for a license to sell Lottery Products as a licensee by filing an "Application for Lottery Retail License." Such application shall be completed under penalty of perjury on a form approved by the Director.
- b. A fee in an amount to be determined by the Director shall be paid by the applicant to the Lottery. This fee shall be paid at the time of the issuance of the license.

## **2.2 Licensee's Commission**

Each licensee shall be entitled to receive a payment for the sale or authorized disbursement of Lottery Products by said licensee as provided for in Rules 5.10, 10.14, 10.A.15, 10.D.9 and 14.11.

## **2.3 Eligibility for License**

- a. The Director shall issue licenses for the Sale of Lottery Products in accordance with the provisions of C.R.S. 44-40-107 and these Rules and Regulations. The Director shall license only such persons who, in the Director's opinion, will best serve the public interest and trust in the Lottery and promote the Sale of Lottery Products. Prior to issuing any license, the Director shall consider the following factors:
  1. The moral character and reputation of the applicant per C.R.S. 44-40-107 (4) (e).
  2. The financial responsibility and security of the applicant and its business or activity.
  3. The accessibility of the public to the licensed premises proposed by applicant.
  4. The number and sufficiency of existing licenses to serve the public interest.
  5. The volume of applicant's expected Lottery ticket sales.
  6. The security and efficient operation of the Lottery.
  7. Whether the applicant is ineligible under the provisions of C.R.S. 44-40-107(4).
- b. In addition, the Director shall consider the following factors:
  1. Business and security considerations which include but are not limited to:
    - i.) Past security problems;
    - ii.) Credit history of owners, officers and the business entity;
    - iii.) History of administrative or regulatory actions.
  2. Marketing considerations which include but are not limited to:
    - i.) Projected sales of Lottery Products
    - ii.) Willingness to promote lottery Products.

## **2.4 Duties of Licensees**

In order to promote the public interest and the security and efficient operation of the Lottery, each applicant shall agree, if granted a license, to perform the following terms, conditions and duties:

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- a. To be bound by and comply with all lawful provisions of Article 40, Title 44, C.R.S. and the Rules and Regulations adopted pursuant thereto; as well as with any lawful instructions or directives issued by the Director.
  - b. To actively promote the Sale of Colorado Lottery Products and make them available for Sale at all times the system is available and at the times that are consistent with the business hours of operation.
  - c. To pay prizes up to and including \$599.00 to the ticket bearer for any scratch and/or online Products validated by the retailer. All Products validated by a retailer must be paid by that retailer.
    1. The retailer must maintain sufficient funds to pay all scratch and/or online Product claims of \$150 or less by cash, check, or money order.
    2. The retailer will be prompted at the time of validation whether to accept the validation for prizes greater than \$150 but less than \$600. If a retailer accepts and validates the ticket, the prize must be paid.
    3. Prizes shall be paid during the normal business hours of the licensee provided the validation system is operational and claims can be validated. The licensee shall not charge the claimant a fee for payment of a prize or for cashing a business check drawn on the licensee's account.
  - d. To maintain authorized displays, notices, and other materials used in connection with the Sale of Lottery Products in accordance with reasonable instructions or directives issued by the Director.
  - e. To maintain a complete and accurate set of books of account, correspondence and records of all Lottery transactions and operations, including but not limited to the receipt, Sale, handling, inventory, and returns for credit for all Lottery Products received by licensee, and any books of account, correspondence, reports and records that may be required for Lottery Products. Books, correspondence and records referencing the Lottery account must be made available during normal business hours, with or without prior notice, to any duly authorized representative of the Lottery for inspection and audit by an auditor selected by the Commission or Director.
  - f. To allow inspections of the licensed premises by duly authorized representatives of the Division during normal business hours, to determine compliance with the provisions of the Act, Rules and Regulations, instructions and directives of the Lottery Director.
  - g. To indemnify and hold the State of Colorado, the Colorado Lottery and the Colorado Lottery Commission harmless from any and all liabilities, claims, actions, and judgments of any kind or nature arising from or relating to the licensee's acts or omissions in the operation and conducting of the Sale of Lottery Products.
  - h. To pay an administrative fee, to be determined by the Lottery Director, to reimburse the Colorado Lottery for inactive scratch tickets that are lost due to negligence or misconduct of the licensee.
  - i. To provide confirmation that the licensee is not a member of the Lottery Commission, employee of the Lottery or current Lottery contractor.
  - j. To agree that all Lottery Products shall be deemed to have been purchased by the licensee as of the date each book of Instant/Scratch Products is activated, at the price, less applicable commission, established by the Commission; and that the licensee shall make payment to the Colorado Lottery in a timely manner as established by the Lottery's electronic funds transfer (EFT) policy for any and all Lottery Instant/Scratch Products which are activated and offered for Sale to the public including Products that have been sold, but not activated.
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- k. To pay a communication and/or administrative fee at the discretion of the Director in an amount to be determined by the Director to cover operational costs to the Lottery in servicing said retailer account.
- l. To maintain a secure place for unsold Lottery Products upon instruction or directive by the Director or designee.
- m. To prominently display the Colorado Lottery license in an area visible to the general public.
- n. To agree that all unclaimed prizes from all Lottery Products remain the property of the State of Colorado as set forth in C.R.S. 44-40-113 and C.R.S. 40.40.114.
- o. To pay, without reimbursement, all electricity charges in conjunction with the operation of the terminal equipment related to the Sale of Lottery Products.
- p. To participate in Lottery training sessions and provide staff training.
- q. To use signage identifying the location as a Lottery retailer. Nothing herein shall require retailer to install signage which is in violation of any state, local, or municipal code.
- r. To provide authorization for an account with EFT (Electronic Funds Transfer) capability to be used for weekly billing of all Lottery Products
- s. To maintain a balance in the account sufficient to cover payment due the Lottery for the established billing period. The Lottery shall utilize EFT to withdraw the amount due the Lottery on the day specified by the Director. In the event the day specified for withdrawal occurs on a legal holiday, withdrawal shall occur on the following business day.
- t. To sell Scratch Products in consecutive, numerical order.
- u. To sell Lottery Products for cash only, inclusive of checks, money orders and debit cards, and shall not sell Lottery Products on a credit or any other non-cash basis. Licensee shall not exchange Lottery Products and/or books with any other person, including other licensees.
- v. To play Lottery Products, if so desired, in a responsible and fair manner. Licensees are prohibited from playing Lottery games by using any method other than random, fair chance, or by any method contrary to the principle that every Lottery ticket has an equal and random chance of winning.
- w. In addition to the requirements listed in the previous sub-paragraphs of 2.4, a Licensee shall agree to the following terms, conditions, and obligations:
  - 1. To print Jackpot Tickets only on the specific ticket stock issued by the Lottery to the Licensed Premises for that Licensee and not transfer ticket stock to any other outlet or location;
  - 2. To acknowledge that the Jackpot Gaming Terminal and any and all other supplies, equipment, signage or vending machines issued by the Lottery or a Vendor remain the property of the Lottery or a Vendor. The Licensee shall exercise due diligence in the use and operation of the Jackpot Gaming Terminal and all other supplies, equipment, signage, and vending machines issued by the Lottery or a Vendor, as well as immediately notify the Lottery or a Vendor about any communications or other systems malfunctions, including, but not limited to, the issuance of an invalid online ticket, inaccurate jackpot amounts being displayed on digital signage, or the inability to generate or redeem an online ticket. The Licensee shall not perform any mechanical or electrical

maintenance on the Jackpot Gaming Terminal or any other supplies, equipment, signage, or vending machines issued by the Lottery or a Lottery Vendor. The Licensee shall not move, alter, or tamper with the Jackpot Gaming Terminal except as required by the Lottery or a Vendor;

3. To provide, without reimbursement, the full costs of Jackpot Gaming Terminal installation and hookup charges, as well as any and all charges related to the Sale of Lottery Products as specified by the Lottery;
4. To provide, without reimbursement, any requirement the Lottery deems necessary for the use of the Jackpot Gaming Terminal, including, but not limited to, maintenance of supplies, equipment, signage, and vending machines issued by the Lottery or Vendor related to the Sale of Lottery products;
5. To pay, without reimbursement, all charges for electricity and internet necessary for the proper operation of the Jackpot Gaming Terminal, including, but not limited to, other supplies, equipment, signage, and vending machines issued by the Lottery or a Vendor.

## **2.5 ADA - Americans with Disabilities Act**

To prohibit discrimination, no Lottery retailer shall discriminate against any individual on the basis of disability in the full and equal enjoyment of Lottery-related goods, services, facilities, privileges, advantages or accommodations of any Lottery Licensed Facility.

- a. Each applicant for a Lottery license shall review his/her retail facility for compliance with the Federal ADA (American's with Disabilities Act) as it pertains to the sale of Colorado Lottery products.
- b. To assist applicants with this inspection, the Lottery will include a list of compliance requirements with the retailer application paperwork.
- c. The facility analysis shall begin where the customer parks, moves through the path of travel to the Lottery sales area of the store.
- d. The applicant is required to correct any ADA noncompliant areas prior to applying for a Colorado Lottery sales license.
- e. The applicant must complete the Lottery license application form pertaining to ADA status.
- f. Any physical modifications or changes to a licensed location must be in compliance with the ADA requirements for Colorado Lottery licensed retailers.
- g. The Colorado Lottery allows for alternatives to barrier removal at retail locations. Such alternatives may include, but are not limited to:
  1. Providing curb service; and/or
  2. Drive thru; and/or
  3. Relocating activities to accessible licensed locations
- h. The Colorado Lottery will actively pursue any complaint it receives regarding the inaccessibility of Lottery products at any of its licensed locations. If a location is found to be noncompliant, the retailer is required to correct the area(s) of noncompliance. Noncompliance of Colorado Lottery ADA requirements may result in license suspension or revocation proceedings.



The ADA guidelines listed for potential retail outlets were written following the directives enacted by the Federal ADA Act of 1990. The requirements listed in the Federal ADA Act of 1990 are not solely specific to the Colorado Lottery and its retailers. The Federal ADA Act of 1990 is enforced by the United States Department of Justice.

## **2.6 Licensing Disqualifications**

A License shall not be granted to:

- a. Any person who will engage in business exclusively as a Lottery sales agent, unrelated to any other commercial business activity.
- b. Any person who has provided false or misleading information to the Lottery.
- c. Any person who is deemed not financially responsible to operate a business.
- d. Any person whose proposed licensed premises is a residence or, by reason of its location is not accessible to a sufficient number of persons so as to reasonably justify the Lottery's expenditure of public monies to provide and deliver Lottery products, services, and supplies to such a location. In making such a determination, the Director shall consider the possible economic benefit to the State and the convenience to the public to be gained from licensing such person.
- e. Any person whose volume of Lottery ticket sales projected or anticipated is such as not to reasonably justify the Lottery's expenditure of public monies to provide and deliver Lottery products, services, and supplies to such a location, when considering the possible economic benefit and convenience to the public to be gained there from. For the purpose of initial licensing, a projected or anticipated volume of instant game Lottery ticket sales must meet the current minimum sales requirement as determined by the Lottery Director.
- f. Any sole proprietor who is not a resident of the State of Colorado.
- g. Any corporation that is neither incorporated in, nor authorized to do business in, the State of Colorado.
- h. Any Limited Liability Company (L.L.C.), that is not incorporated in or authorized to do business in the State of Colorado.
- i. Any partnership, or association, or other type of business entity, none of whose general partner(s), member(s), or representative(s) is a resident of the State of Colorado.
- j. Any person who has been convicted, within ten years of an application, of a felony crime, including but not limited to, robbery, burglary, theft, trespass, criminal mischief, forgery, computer crime, bribery, perjury, offenses related to judicial and other proceedings, telecommunications crimes, racketeering, or the distribution, Sale, manufacturing, dispensation or possession of drugs or drug paraphernalia. Other convictions, whether felony or misdemeanor, may relate to a determination that the person is not of good character and reputation and may lead to the denial of a license.
- k. Any business entity member that has an outstanding liability with the Colorado Lottery including amounts transferred to Central Collection Services or has been written off by the Colorado Lottery due to bankruptcy or for non-payment.

## **2.7 License Suspension/Revocation**

- a. The Director may order the removal of such terminal from a location after considering factors which include but are not limited to:
  - 1. Sales volume which does not meet established standards;
  - 2. Failure to generate sufficient sales volume to cover the Lottery's administrative costs.
- b. The Director may immediately suspend a retailer's Lottery operation, order removal of an online terminal from a retail location, or take any other action necessary in the event the licensee:
  - 1. Fails to comply with any rule established by the Commission or any instruction issued by the Director.
  - 2. Tamper with or attempts to tamper with the online terminal or system.
  - 3. Fails to make payment of a validated prize or makes payment and the payment is dishonored for any reason.
  - 4. Fails to make payment to the Lottery or makes payment to the Lottery and the payment is dishonored for any reason.

## **2.8 Bonding Requirement**

No license shall be issued or renewed by the Director, unless the applicant or licensee is first bonded in such an amount and type as may be required by the Director to protect the State against any monetary loss that may arise from the licensee's Purchase and Sale of Lottery products.

Such bonding may take the form of any instrument that is determined by the Director to satisfy the requirements of C.R.S. 44-40-107(1) and C.R.S. 44-40-121

## **2.9 Limitations on Licenses**

- a. Unless otherwise limited or conditioned pursuant to the provisions contained in subparagraph 2.9 c) hereof, each license issued by the Director for the Sale of Lottery Products shall limit the Sale thereof solely to the Licensed Premises; and shall terminate unless timely renewed. The Director may limit a licensee to a particular type of Lottery game.
- b. A license may be renewed upon the timely payment of a renewal fee to be determined by the Director.
- c. In order to protect the public interest and trust in the Lottery and to further the Sale of Lottery products, the Director may, but shall not be required to, issue a license for special events containing reasonable limitations or conditions. Such limitations and conditions may include any one or all of the following:
  - 1. The length of license period;
  - 2. The hours and days of Lottery ticket Sales;
  - 3. The location of Sale;
  - 4. The specific person who may be allowed to Sell Lottery Products;
  - 5. The specific sporting, charitable, social, or other special event where Lottery Products may be sold;

- 6. Such other limitations or conditions of licensing as determined by the Director to best serve the public convenience; to promote the sale of Lottery Products; to protect the security and integrity of the Lottery Products; or as may be otherwise necessary or desirable for the efficient and economical operation and administration of the Lottery.
- d. For the purpose of 2.9(c), a special event shall mean a specific sporting, charitable, social event, or other specific location or activity, such as a fair, which, by reason of its limited duration or other special character requires the issuance of a license containing such limitations or conditions as described above in order to protect the security and integrity of Lottery Products.

#### **2.10 Provisional License**

- a. The Director may issue a provisional license to an applicant pending the completion of the processing required under Paragraph 2.3, after receipt of the person's fully completed application and completion of a preliminary background check. The provisional license shall expire at the time of issuance of the general license or ninety (90) days from the date the provisional license is issued, whichever occurs first. The provisional license may be extended by the Director for one additional ninety (90) day period of time.
- b. The Director may issue a provisional license to an applicant for renewal of a general license when a determination has been made and it becomes necessary to authorize a Licensee to sell products pending approval of the application for general license renewal. The provisional license shall expire at the time of the issuance of the general license renewal or ninety (90) days from the date the provisional license is issued, whichever occurs first.

#### **2.11 Non-Transferability of License**

A license issued pursuant to these Rules and Regulations shall not be assignable or transferable. If either the person who has signed the application for licensure is no longer employed by the licensee in the capacity stated on the application or if the ownership of the licensee substantially changes, the Director reserves the right to terminate the license. The licensee shall notify the Director in writing at least thirty (30) days prior to any such proposed change. A substantial change in ownership shall mean a transfer of ten percent (10%) or more of either the equity of such business, or the decision-making authority thereof.

#### **2.12 Duplicate Licenses**

Upon the loss, mutilation or destruction of any license issued by the Director, a duplicate license can be issued. A mutilated license shall be surrendered to the Director upon issuance or denial of a duplicate license. A lost license, when found, must be immediately surrendered to the Director.

#### **2.13 Couriers**

- a. Retailers may Sell Tickets to Couriers under the following conditions:

- 1. The Retailer has applied for, on a form prescribed by the Director, and has received written approval from the Division to Sell Tickets to a Courier, except that Retailers who Sell Tickets to a Courier prior to the effective date of this Rule shall only be required to file a notice with the Division on a form prescribed by the Director within 45 days of the effective date of this Rule 2.13 if the date is before the date of expiration of their current license. Retailers who are required to file a notice pursuant to this section, must later file an application with the Division and receive approval at the time of renewal of their existing Lottery license to remain in compliance.
- 2. The Retailer and the Courier are in compliance with this Rule 2.13 and that the Courier's operations otherwise comply with the Act and the Lottery's rules.

3. The Retailer has verified that the Courier is registered with the Colorado Secretary of State and is in good standing. Review of the Courier's status on the Colorado Secretary of State's website constitutes verification for the purposes of these Rule.
4. The Retailer has executed a written contract with the Courier.
5. The Sale and Purchase of Tickets between the Courier and the Retailer occur only on the Retailer's Licensed Premises when the Retailer is open to the public during regular business hours.
6. The Courier is using Play Slips that conform to MUSL standards and has mechanisms in place to ensure the accurate processing of orders for Tickets that are placed by Courier Customers.
7. The Retailer does not permit any device to be connected to the Jackpot Gaming System, except as specifically approved in writing, in advance, by the Lottery.
8. The Retailer has attested to and continues to ensure that the Courier is doing the following:
  - i.* Not violating the Act or the Lottery's rules;
  - ii.* Undergoing an annual external SOC2 or ISO27001 audit in addition to a financial audit of its operations to ensure integrity in operations and provide evidence thereof and any findings to the Retailer and how they plan to address those findings;
  - iii.* Disclosing all fees charged by the Courier to the Courier Customer for its services in a manner that makes clear that those fees are separate from the Ticket price set by the Commission prior to taking payment from and finalizing the Courier Customer's order;
  - iv.* Not targeting advertisements for Tickets to under-age persons or persons who are located outside the state of Colorado or within the designated boundaries of federally recognized Indian lands;
  - v.* Not using the Lottery's logo without explicit permission from the Director of the Lottery and is not holding itself out as being a licensed retailer or otherwise affiliated with or acting as an agent of the Lottery;
  - vi.* Has a method to contact the Courier's customer service to attempt to resolve issues, disputes or complaints related to the Courier's services and clearly displays that information to the public and Courier Customers on its website and in its online and mobile platforms.
  - vii.* Utilizing Geolocation on any mobile or electronic device that may be used by a Courier Customer to order Tickets through the Courier in order to verify that the Courier Customer is located within the State of Colorado and not within the designated boundaries of federally recognized Indian lands;
  - viii.* Utilizing KYC or Know Your Customer to verify the identity and age of a prospective customer to prevent account duplication and prohibit minors or other unauthorized persons from placing orders for Tickets through the Courier;
  - ix.* Is securely storing Tickets purchased on behalf of Courier Customers for 30 days following either the Prize being paid to the Courier Customer for the Ticket or expiration of the time period when the Prize is eligible to be paid, whichever comes first.
  - x.* Not assessing any fee for the payment of any prize amount;

- xi.* Transfers winning Tickets worth \$600 or more to the Courier Customer to be claimed directly with the Lottery.
- xii.* Allows Courier Customers to place daily, weekly and monthly limits on their spending and allow the player to self-exclude themselves from ordering Tickets through the Courier.
- xiii.* Comply with any responsible gaming controls adopted by the Lottery.
- xiv.* Is complying with the Colorado Consumer Privacy Act, C.R.S. § 6-1-1301, *et seq.*

9. The Retailer agrees to hold the State of Colorado, the Colorado Lottery, its employees, and agents harmless from any and all disputes arising out of the use of the Courier's service for the delivery of Tickets and/or any fees assessed to the Courier Customer associated with the use of the Courier's Service.

10. The Retailer has an ongoing duty to ensure that the Courier's operations comply with the requirements of this Rule 2.13 and present any evidence of such compliance to the Lottery upon request.

11. The Director in his or her sole discretion may suspend or terminate the Retailer's approval to sell to a Courier upon an investigation and finding that the Courier poses a threat to the security, integrity or operation of the Lottery or has otherwise violated the Act or the Rules.

12. Upon the initial application and annual renewal of the Lottery license, any Licensee or Retailer affiliated with a Courier must provide, at a minimum, the following certifications and information to the Division:

- i.) The Retailer must identify all affiliations, partnerships, and contracts with Courier(s) to the Division and provide the following information: a) the name of the person or business serving as the Courier or Courier Service and b) the contact information for the Courier.
- ii.) The Licensee or Retailer must submit annual Sales data and revenue generated from any affiliation with any Couriers for the prior year, including the number of sales and the revenue for all Sales.
- iii.) The Retailer must certify that the Courier(s) with which they are affiliated are complying with Section 2.13(a).

13. The Director has the discretion to administratively suspend and/or seek the revocation of the license of a Retailer license pursuant C.R.S. §§ 24-4-105 and 106 if the Retailer who Sells Tickets to a Courier constitutes an operational threat, threat of loss, fraud, or any other action that impacts the security and integrity of the Lottery.

14. The Director may withhold payment of a Prize to investigate whether a Ticket sold to a Courier may have been procured in a manner that violates the security, integrity or operation of the Lottery or otherwise violates the Act or the Rules.

**RULE 2.A [Repealed eff. 09/30/2008]**

**RULE 10.A IN-STATE JACKPOT GAME "COLORADO LOTTO"**

**BASIS AND PURPOSE OF RULE 10.A**

The purpose of Rule 10.A is to provide details and requirements for the Colorado Lottery In-State Jackpot Game "Colorado Lotto" such as sale of Tickets, payment of Prizes, and method for selecting and

validating winning Tickets. The statutory basis for Rule 10.A is found in C.R.S. 44-40-109 (1)(a) and (2), 44-40-113 and 44-40-114.

#### **10.A.1 General Provisions**

The In-State Jackpot Game to be known as “Colorado Lotto” shall be conducted pursuant to the following Rules and Regulations and under such further instructions and directives as the Colorado Lottery Director and Colorado Lottery Commission may issue. If a conflict arises between Rule 10 In-State Jackpot Lottery Games and this Rule 10.A, Rule 10.A shall apply.

#### **10.A.2 Definitions**

In addition to the definitions provided in section 1.2 of Rule 1 General Rules Regulations, and Definitions and section 10.2 of Rule 10 In-State Jackpot Lottery Games:

- A. “Game Board” means that area of the Play Slip where the grid contains forty (40) squares, numbers one (1) through forty (40).
- B. “Jackpot Prize” means a pari-mutuel Prize that is advertised to be paid with per-winner annuities or as a lump sum cash payment, unless otherwise specified by the Lottery.
- C. “Number” means any Play integer from one (1) through forty (40) inclusive.
- D. “Play” means the six (6) numbers selected on each Game Board and printed on the Ticket.
- E. “Roll-over” means the amount from the direct Prize Category contribution from previous Drawing(s) in the Jackpot Prize Category that is carried forward to the Jackpot Prize Category for the next Drawing.

#### **10.A.3 Price of “Colorado Lotto” Ticket**

The price of each “Colorado Lotto” Play shall be Two Dollars (\$2.00).

#### **10.A.4 Play for “Colorado Lotto”**

- A. A “Colorado Lotto” player must select six (6) numbers per Play; six (6) numbers out of forty (40). A winning Play is achieved only when the following combinations of numbers selected match, in any order, three (3), four (4), five (5), or six (6) of the winning Numbers drawn by the Lottery.
- B. The player can use Play Slips, as described in Section 10.A.8.C to make number selections. The Jackpot Gaming Terminal reads the Play Slip and issues a Ticket with corresponding Play(s). If a Play Slip is not available, the Licensee may enter the selected numbers via the keyboard. If offered by the Lottery, a player may leave all or a portion of his/her Play selections to a random number generator operated by the computer, commonly referred to as a Quick Pick or partial Quick Pick.
- C. Each Ticket has a randomly selected multiplier value of 2X, 3X, 4X, or 5X that applies to all non-jackpot Prizes.

#### **10.A.5 Prizes For “Colorado Lotto”**

- A. The Jackpot Prize shall be determined on a pari-mutuel basis. The Prize money allocated to the Jackpot Prize Category shall be divided equally by the number of Plays matching all six (6) of the winning Numbers. All other Prizes awarded shall be paid as set Prizes with the following odds of winning a Prize.

WINNING COMBINATIONS	BASE PRIZE CATEGORY	2X PRIZE CATEGORY	3X PRIZE CATEGORY	4X PRIZE CATEGORY	5X PRIZE CATEGORY	ODDS OF WINNING
All six (6) numbers in a Play	Jackpot	N/A	N/A	N/A	N/A	1 in 3,838,380
Any five (5) numbers in a Play	\$250	\$500	\$750	\$1,000	\$1,250	1 in 18,816
Any four (4) numbers in a Play	\$25	\$50	\$75	\$100	\$125	1 in 456
Any three (3) numbers in a Play	\$3	\$6	\$9	\$12	\$15	1 in 32
MULTIPLIER ODDS	N/A	1 in 2	3 in 10	1 in 10	1 in 10	N/A
OVERALL ODDS						1 in 30

- B. The projected aggregate prizes as a percentage of sales for “Colorado Lotto” is fifty-five (55.5%). This projection does not include unclaimed prizes.
- C. Prize Categories
1. Jackpot Prize – The Jackpot will start at an annuitized value of One Million Dollars (\$1,000,000) for the first Drawing after it is won. The total Prize Category contribution for a Drawing may include the following:
    - a. A direct Prize Category contribution of twenty-five percent (25%) of Net Sales for the Drawing, which may be adjusted as authorized by the Director.
    - b. A base contribution of \$500,000. The “Colorado Lotto” base contribution may be adjusted as authorized by the Director if increased sales warrant a higher starting jackpot.
    - c. A roll-over contribution as defined in Paragraph 10.A.2.E of this Rule 10.A.
    - d. An indirect Prize Category contribution authorized by the Director.
  2. Second Prize – The second Prize Category may include the following:
    - a. The set base prize amount (\$250) times the number of Shares for the Prize Category.
    - b. An indirect Prize Category contribution as authorized by the Director.

A Prize Amount shall be calculated by multiplying the base prize amount (\$250) times the multiplier value displayed on the winning ticket.
  3. Third Prize – The third Prize Category may include the following:
    - a. The set base prize amount (\$25) times the number of Shares for the Prize Category.
    - b. An indirect Prize Category contribution as authorized by the Director.

A Prize Amount shall be calculated by multiplying the base prize amount (\$25) times the multiplier value displayed on the winning ticket.

4. Fourth Prize – The fourth Prize Category may include the following:
  - a. The set base prize amount (\$3) times the number of Shares for the Prize Category.
  - b. An indirect Prize Category contribution as authorized by the Director.

A Prize Amount shall be calculated by multiplying the base prize amount (\$3) times the multiplier value displayed on the winning ticket

5. Additional Lottery Prizes may be awarded as authorized by the Director from the Indirect Prize Category contribution.

#### **10.A.6 Payment of Prizes**

- A. The holder of a winning Ticket may win only one Prize per Play in connection with the winning Numbers drawn and shall be entitled only to the highest Prize Category won by those Numbers.
- B. Players will be given the option of receiving their Share of the Jackpot Prize over a period of twenty-five (25) years through a fixed progressive twenty-five (25) year annuity with the initial payment made by the Lottery on the date of claim and twenty-four (24) additional payments made yearly on the anniversary of the first payment, or a one-time lump sum payment equal to fifty percent (50%) of their Share of the annuitized Jackpot Prize Amount.
- C. The annuitized future value of the Jackpot Prize Category shall be twice the cash value of the total Jackpot Prize Category contribution as defined in section 10.A.5.C.1.
- D. To determine the annuitized future value of each Prize Amount, the annuitized future value of the Prize Category is divided by the Shares. A Share is the matching combination, in one Play, of all six (6) numbers drawn (in any sequence).
- E. If the annuitized future value of each Prize Amount results in an initial payment of Ten Thousand Dollars (\$10,000) or more and the annuity option has been selected, the Prize Amount shall be a fixed progressive twenty-five (25) year annuity. The initial annuity payment shall be paid by the Lottery at the time of claim and be 2.5% of the future value of the annuity. Each subsequent annual payment; two (2) through twenty-five (25) shall increase by 3.7% of the previous annual payment.
- F. Players who select the annuitized payment shall have the ability to change their Prize payment selection from annuitized payment to lump sum payment for up to ninety days (90) from the original date of claim. This period may be extended at the discretion of the Director or designee. If a player chooses the lump sum payment after the initial annuitized payment is made to the player by the Lottery, the player will receive the remaining amount of the original cash value Prize, less taxes, in a single second payment.
- G. If the annuitized future value of each Prize Amount results in an initial payment of less than Ten Thousand Dollars (\$10,000) the annuity option will not be allowed and the Prize Amount will be paid in one (1) payment.

#### **10.A.7 Drawings**



- A. The “Colorado Lotto” Drawings shall be held each week on Monday, Wednesday and Saturday evenings, unless the Drawing schedule is changed by the Lottery. In the event of an act of Force Majeure, the Drawing shall be rescheduled at the discretion of the Director or designee.
- B. The Drawings will be conducted by Lottery officials and comply with all Colorado Lottery Statutes, Rules and Regulations, and Drawing Guidelines.
- C. Each Drawing shall determine, at random, six (6) winning Numbers in accordance with Drawing guidelines. Any Numbers drawn are not declared winning Numbers until the Drawing is certified by the Lottery in accordance with section 10.A.7.E. The winning Numbers shall be used in determining all “Colorado Lotto” Prize Winners for that Drawing. If a Drawing is not certified, another Drawing will be conducted to determine certified Prize Winners.
- D. Each Drawing shall be witnessed by an independent auditor as required in C.R.S. 44-40-109(2) (d). All Drawing equipment used shall be examined prior to and immediately after a Drawing. All Drawings, inspections, and tests shall be recorded.
- E. A Drawing shall not be invalidated because the numbers drawn create excessive Prize liability for the Lottery.

#### **10.A.8 Sale of Tickets**

- A. “Colorado Lotto” Tickets may be purchased from a Licensee authorized to sell In-State Jackpot Tickets.
- B. “Colorado Lotto” Tickets shall show, at a minimum, the player’s selection of numbers, the number of Plays, the Drawing date, and Validation numbers.
- C. Plays may be entered manually using the Jackpot Gaming Terminal keypad or by means of a Play Slip provided by the Lottery. No device shall be connected to a Jackpot Gaming Terminal to enter Plays, except as may be approved by the Lottery. Unapproved devices may be seized by the Lottery.
- D. “Colorado Lotto” Tickets may not be cancelled.

#### **10.A.9 Advance Play**

Advance Play provides the opportunity to purchase “Colorado Lotto” Tickets for more than one (1) consecutive Drawing. Advance Play Tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Director.

### **RULE 10.B COLORADO LOTTERY JACKPOT GAME “PICK 3”**

#### **BASIS AND PURPOSE FOR RULE 10.B**

The purpose of Rule 10.B is to provide specific game details and requirements for the Colorado Lottery Jackpot Game “Pick 3” such as type of play, prizes, method of selecting winning numbers, drawings, and the allocation of revenues. The statutory basis for Rule 10.B is found in C.R.S. 44-40-109 (1) (a) and (2), 44-40-113 and 44-40-114.

#### **10.B.1**

A Colorado Lottery Jackpot game to be known as "Pick 3" is authorized to be conducted by the Director under the following Rules and Regulations and under such further instructions and directives as the Director may issue in furtherance thereof. If a conflict arises between Rule 10 and this Rule 10.B, Rule 10.B shall apply.

### **10.B.2 Definitions**

In addition to the definitions provided in Paragraph 1.2 of Rule 1 and Rule 10, and unless the context in this Rule 10.B otherwise requires:

- A. "Board" means a field of three (3) matrixes of ten (10) numbers found on the Play Slip.
- B. "Matrix" means the grid of numbers comprised of ten (10) numbers (0 - 9) from which Pick 3 game numbers are selected.
- C. "Maximum Liability" means a combination of numbers will be considered sold out when the liability for the combination in exact play style reaches one thousand (1,000) combinations sold.
- D. "Number" means any play integer from 0 through 9 inclusive.
- E. A "Play" shall consist of three (3) numbers selected by the player or Quick Pick.
- F. "Play Slip" means a mark-sense game card used by players of Pick 3 to select Plays. There shall be five (5) game boards on each Play Slip identified as A, B, C, D and E. A Play Slip has no pecuniary value and shall not constitute evidence of ticket purchase or of numbers selected.
- G. "Prize Category Contribution" means and refers to contributions for each drawing to the prize categories from the prize pool.
- H. "Quick Pick" means a computer-generated selection of one (1), two (2), or three (3) numbers.
- I. "Ticket" contains one (1) to five (5) play(s).

### **10.B.3 Price of Pick 3 Ticket**

The price of each Pick 3 play shall be fifty cents (\$0.50). Tickets may be purchased in fifty cent (\$0.50) increments and beginning April 27, 2014, may be purchased in any of the following combinations:

- |    |                          |                   |  |
|----|--------------------------|-------------------|--|
| A. | Exact Order 1 Play       | Base price \$0.50 | Optional prices \$1.00, \$2.00, \$5.00 |
| B. | Any Order (6-way) 1 Play | Base price \$0.50 | Optional prices \$1.00, \$2.00, \$5.00 |
| C. | Any Order (3-way) 1 Play | Base price \$0.50 | Optional prices \$1.00, \$2.00, \$5.00 |
| D. | Exact/Any Order 2 Plays  | Base Price \$1.00 | Optional prices \$2.00, \$5.00         |
|    | 1. Exact Order (6-way)   |                   |  |
|    | 2. Any Order (6-way)     |                   |  |
| E. | Exact/Any Order 2 Plays  | Base Price \$1.00 | Optional prices \$2.00, \$5.00         |
|    | 1. Exact Order (3-way)   |                   |  |
|    | 2. Any Order (3-way)     |                   |  |
| F. | Front Pair 1 Play        | Base price \$0.50 | Optional prices \$1.00, \$2.00, \$5.00 |
| G. | Back Pair 1 Play         | Base price \$0.50 | Optional prices \$1.00, \$2.00, \$5.00 |

### **10.B.4 Play for Pick 3**

A. Type of play:

A Pick 3 play shall consist of three (3) numbers.

B. Method of play:

1. The player may select three (3) numbers from a field of numbers, 0 – 9 inclusive. The selected numbers may be three (3) separate individual numbers or an individual number may be repeated two (2) or three (3) times in a single play. Examples of single plays are:
  - a. Individual numbers selected - (1, 3, 5)
  - b. Two numbers repeated – (1,1,5) (1,5,1) (5,1,1)
  - c. Three numbers repeated (1,1,1)
2. The player will select a bet type:
  - a. Exact Order - Equals one (1) play. Player selects either three (3) unique numbers, one (1) unique number and two (2) numbers repeated, or three (3) numbers repeated from the field of zero through nine (0-9), inclusive.
  - b. Any Order (6-way) – Equals one (1) play. Player selects three (3) unique numbers from the field of zero through nine (0-9), inclusive.
  - c. Any Order (3-way) – Equals one (1) play. Player selects one (1) unique number and two (2) numbers repeated from the field of zero through nine (0-9), inclusive.
  - d. Exact Order/Any Order (6-way) - Equals two (2) plays. Player selects three (3) unique numbers from the field of zero through nine (0-9), inclusive.
  - f. Exact Order/Any Order (3-way) - Equals two (2) plays. Player selects one (1) unique number and two (2) repeated numbers from the field of zero through nine (0-9), inclusive.
  - g. Front Pair - Equals one (1) play. Player selects either three (3) unique numbers, one (1) unique number and two (2) repeated numbers, or three (3) repeated numbers from the field of zero through nine (0-9), inclusive.
  - h. Back Pair - Equals one (1) play. Player selects either three (3) unique numbers, one (1) unique number and two (2) repeated numbers, or three (3) repeated numbers from the field of zero through nine (0-9), inclusive.
3. The player may use Play Slips to make number selections. The Jackpot Game terminal will read the Play Slip and issue ticket(s) with corresponding Plays. If a Play Slip is not available, the Jackpot Game retailer may enter the selected numbers via the keyboard. A player may leave all or a portion of his/her play selections to a random number generator operated by the computer, commonly referred to as "Quick Pick" or "partial Quick Pick."

C. Methods of winning

1. Exact Order – The player selected three (3) numbers match the Lottery numbers drawn in the exact same order

2. Any Order – The player selected three (3) numbers match the Lottery numbers drawn in any order
3. Exact Order/Any Order – The player selected three (3) numbers match the Lottery numbers drawn in exact order or any order
4. Front Pair - The first two (2) player selected numbers match the first two (2) Lottery numbers drawn in exact order
5. Back Pair - The last two (2) player selected numbers match the last two (2) Lottery numbers drawn in exact order

#### **10.B.5 Prizes For Pick 3**

- A. Pick 3 prize amounts, for each drawing, are paid to those players who select a matching combination of numbers from the three (3) numbers selected by the Lottery in a random drawing. The prize amounts for each prize category and odds of winning are as follows:

<b>TYPE</b>	<b>Odds</b>	<b>If You Play</b>	<b>Winning Combinations</b>	<b>\$0.50</b>	<b>\$1.00</b>	<b>\$2.00</b>	<b>\$5.00</b>
<b>Exact Order</b>	1:1000	567	567	\$250	\$500	\$1,000	\$2,500
<b>Any Order (6-way) 3 unique numbers</b>	1:167	567	567 576 657 675 756 765	\$40	\$80	\$160	\$400
<b>Any Order (3-way) 2 of the same number</b>	1:333	566	566 656 665	\$80	\$160	\$320	\$800
<b>Exact Order/Any Order (6-way exact order)</b>	1:1000	567	567	N/A	\$250	\$500	\$1250
<b>Exact Order/Any Order (6-way any order)</b>	1:167	567	567 576 657 675 756 765	N/A	\$40	\$80	\$200
<b>Exact Order/Any Order (3-way exact order)</b>	1:1000	566	566	N/A	\$250	\$500	\$1250
<b>Exact Order/Any Order (3-way any order)</b>	1:333	566	566 656 665	N/A	\$80	\$160	\$400
<b>Front Pair</b>	1:100	56x	560 561 562 563 564 565 566 567 568 569	\$30	\$60	\$120	\$300
<b>Back Pair</b>	1:100	X65	065 165 265 365 465 565 665 765 865 965	\$30	\$60	\$120	\$300

- B. The maximum total liability for exact play style match is reached when a single combination is purchased one thousand (1,000) times. No additional exact combinations may be sold once the one thousand (1,000) limit is reached (i.e. 1,2,3 is sold 1,000 times, no additional bets of 1,2,3 are allowed in the Exact Order or Exact/Any Order betting options).
- C. All prizes levels are fixed as indicated in 10.B.5.A.

- D. The prize fund for Pick 3 is fifty and twenty-nine one hundredths percent (50.29%).

#### **10.B.6 Payment of Prizes**

The holder of a winning ticket shall be entitled to the highest prize amount based on the play selection and bet amount as indicated in section 10.B.5 A.

#### **10.B.7 Ticket Purchases**

- A. Pick 3 tickets may be purchased only from a Lottery retailer authorized by the Director to sell Jackpot Game tickets.
- B. Pick 3 tickets shall show, at a minimum, the numbers selected, the bet type, the bet amount, drawing date, validation and reference numbers.
- C. Plays may be entered manually using the Jackpot Game terminal keypad or by means of a Play Slip.. No device shall be connected to a Jackpot Game terminal to enter Plays, except as may be approved by the Lottery.
- D. A player may cancel a ticket and receive a refund of the purchase price for any draw provided the following criteria are met:
1. The legible ticket is returned to the Jackpot Game retailer from whom the player purchased;
  2. It is returned within one (1) hour of purchase;
  3. The retailer is open;
  4. The Jackpot Game system is available for wagering; and
  5. The Jackpot Game system has not converted to the next drawing period

#### **10.B.8 Drawings**

- A. Pick 3 drawings shall be held as schedule by the Director, and as indicated in the Drawing Guidelines. In the event of force majeure, the drawing shall be rescheduled at the Director's, or the Director's designee, discretion.
- B. The drawings will be conducted by Lottery officials and comply with Colorado Revised Statutes.
- C. Each drawing shall determine, at random, three (3) winning numbers in accordance with Drawing Guidelines. Any numbers drawn are not declared winning numbers until the drawing is certified by the Lottery in accordance with paragraph 10.B.8 B. The winning numbers shall be used in determining all Pick 3 winners for that drawing. If a drawing is not certified, another drawing will be conducted to determine actual winners.
- D. The drawing shall not be invalidated based on the liability of the Lottery.

#### **10.B.9 Licensee Commission**

- A. In addition to the six percent (6%) Commission set forth in Paragraph 10.13 of Rule 10, the Director may provide such additional compensation to licensees as is deemed appropriate by the

Director to further the sale of Pick 3 tickets, so long as such additional compensation is made equally available to all licensees and does not exceed a total of ninety-six hundredths of one percent (0.96%) of the total amount received by the Division from all Pick 3 tickets sold or disbursed as of the date the Director determines to provide such additional compensation. The ninety-six hundredths of one percent (0.96%) described above shall consist of the following:

1. Forty-six hundredths of one percent (0.46%) of sales from all Pick 3 tickets lawfully sold or disbursed by an Jackpot Game retailer shall be accrued to pay Jackpot Game retailers a one percent (1%) cashing bonus for each Pick 3 prize redeemed by Jackpot Game retailers up to and including \$599.99.
  2. One-half of one percent (0.5%) of sales from all Pick 3 tickets lawfully sold or disbursed by a Jackpot Game retailer shall be accrued to pay Jackpot Game retailers a performance bonus as detailed in the current program for Colorado Lottery retailers.
- B. In the event there is a residual resulting from the accrual of the ninety-six hundredths of one percent (0.96%) of sales after the bonuses described in 10.B.9.a. 1. and 2. has been expensed, the Director may provide additional compensation to licensees as described in 10.B.9 A or may revert the excess amount thereby decreasing the bonus expense.

#### **10.B.10 Advance Play**

Advance Play provides the opportunity to purchase Pick 3 tickets for more than one consecutive drawing. Advance Play tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Lottery Director.

### **RULE 10.D CASH 5**

#### **BASIS AND PURPOSE OF AMENDED RULE 10.D**

The purpose of Rule 10.D is to provide specific game details and requirements for the Colorado Lottery Jackpot Game "CASH 5" such as type of play, prizes, method of selecting winning numbers, drawings, and the allocation of revenues. The statutory basis for Rule 10.D is found in C.R.S. 44-40-109 (1) (a) and (2), 44-40-113 and 44-40-114.

#### **10.D.1**

A Colorado Lottery Jackpot game to be known as "Cash 5" is authorized to be conducted by the Director under the following Rules and Regulations and under such further instructions and directives as the Director may issue in furtherance thereof. If a conflict arises between Rule 10 and this Rule 10.D, Rule 10.D shall apply.

#### **10.D.2 Definitions**

In addition to the definitions provided in Paragraph 1.2 of Rule 1 and Rule 10, and unless the context in this Rule 10.D otherwise requires:

- a. "Board" means a field of the 32 numbers found on the Play Slip.
- b. "Number" means any play integer from 1 through 32 inclusive.
- c. "Play" means the five numbers selected on each Board and printed on the ticket.
- d. "Play Slip" means a mark-sense game card used by players of Cash 5 to select plays. There shall be ten game grids, or boards, on each Play Slip identified as A, B, C, D, E, F, G, H, I, and J. A

Play Slip has no pecuniary value and shall not constitute evidence of ticket purchase or of numbers selected.

#### **10.D.3 Price Of Cash 5 Tickets**

The price of each Cash 5 play shall be \$1.00 but may be adjusted at the Director, or designee's, discretion.

#### **10.D.4 Play For Cash 5**

a. Type of play:

A Cash 5 player must select five numbers in each play. A winning play is achieved only when 2, 3, 4, or 5 of the numbers selected by the player match, in any order, the five winning numbers drawn by the Lottery.

b. Method of play:

1. Manual - The Jackpot Game retailer may enter the player's selected numbers via the keyboard on the Jackpot Game terminal.
2. Play Slip - The player may use an original Play Slip provided by the Lottery to make number selections. The Jackpot Game terminal will read the Play slip and issue a ticket with corresponding plays.
  - i. Facsimiles of Play Slips, copies of Play Slips, or other materials that have not been printed or approved by the Lottery shall not be used to enter a play.
  - ii. No device shall be connected to a Jackpot Game terminal to enter plays, except as may be approved by the Lottery.
- v. Nothing in this regulation shall be deemed to prevent a person with a physical disability who would otherwise be unable to mark a Play Slip manually from using any device intended to permit such person to make such a mark (for his/her sole personal use or benefit).
3. Quick Pick - The Jackpot Game retailer can create ticket(s) using the Jackpot Game terminal where the play has been created using a random number generator operated by the Jackpot Game terminal.
4. Partial Quick Pick - A player may leave a portion of his/her play selections to a random number generator operated by the Jackpot Game terminal. The partial quick pick option can be used with a Play Slip or manual entry by the retailer.

#### **10.D.5 Prizes For Cash 5**

- a. Cash 5 prize amounts, for each drawing, are paid to those players who select a matching combination of numbers from the five (5) numbers selected by the Lottery in a random drawing. The prize amounts for each prize category and odds of winning are as follows:

<u>MATCHING COMBINATIONS</u>	<u>PRIZE</u>	<u>ODDS OF WINNING</u>
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	CATEGORY	(ONE PLAY)
All five matching numbers in one play	\$20,000.00	1:201,375
Any four but not five matching numbers in one play	\$200,00	1:1,491
Any three but no four or five matching numbers in one play	\$10,00	1:57
Any two but not three, four or five matching numbers in one play	\$1.00	1:6

- b. Aggregate Limit - In the event more than ten (10) tickets win the top prize in any single drawing (correctly match five numbers in any one play), all top prize winning tickets will receive an equal share of Two Hundred Thousand Dollars (\$200,000.00).
- c. The projected aggregate prize fund for Cash 5 is Fifty-five and Twenty-nine One Hundredths Percent (55.29%).
- d. Additional Lottery prizes may be awarded as authorized by the Director from the Indirect Prize Category Contribution as specified in Specific Game Playing Rules.
- e. The holder of a winning ticket may win only one prize per play in connection with the winning numbers drawn and shall be entitled only to the highest prize category won by those numbers.

#### **10.D.6 Ticket Purchases**

- a. Cash 5 tickets may be purchased only from a Lottery retailer authorized by the Director to sell Jackpot Game tickets.
- b. Cash 5 tickets shall show at a minimum, the numbers selected, boards played, drawing date and validation and reference numbers.
- c. The Lottery shall not directly and knowingly sell a combination of tickets to any person or entity which would guarantee such purchaser a win.
- d. A player may cancel a ticket and receive a refund of the purchase price for any draw provided the following criteria are met:
  - 1. The legible ticket is returned to the Jackpot Game retailer from whom the player purchased;
  - 2. It is returned within one (1) hours of purchase;
  - 3. The retailer is open;
  - 4. The Jackpot Game system is available for wagering; and
  - 5. The Jackpot Game system has not converted to the next drawing period.

#### **10.D.7 Drawings**

- a. Cash 5 drawings shall be held as scheduled by the Director and as indicated in the Drawing Guidelines. In the event of an act of Force Majeure the drawing shall be rescheduled at the Director's, or the Director's designee, discretion.
- b. The drawings will be conducted by Lottery officials and comply with Colorado Revised Statutes.



- c. Each drawing shall determine, at random, five winning numbers in accordance with Drawing Guidelines. Any numbers drawn are not declared winning numbers until the drawing is certified by the Lottery in accordance with paragraph 10.D.7 d). The winning numbers shall be used in determining all Cash 5 winners for that drawing. If a drawing is not certified, another drawing will be conducted to determine actual winners.
- d. The drawing shall not be invalidated based on the liability of the Lottery.

#### **10.D.8 Advance Play**

Advance play provides the opportunity to purchase Cash 5 tickets for more than one drawing. Advance play tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Lottery Director.

#### **10.D.9 Licensee Commission**

- a. In addition to the six percent (6%) Commission set forth in Paragraph 10.14 of Rule 10, the Director may provide such additional compensation to licensees as is deemed appropriate by the Director to further the sale of Cash 5 tickets, so long as such additional compensation is made equally available to all licensees and does not exceed a total of ninety-five and twenty-nine hundredths of one percent (0.9529%) of the total amount received by the Division from all Cash 5 tickets sold or disbursed as of the date the Director determines to provide such additional compensation. The ninety-five and twenty-nine hundredths of one percent (0.9529%) described above shall consist of the following:
  - 1. Forty-five and twenty-nine hundredths of one percent (0.4529%) of sales from all Cash 5 tickets lawfully sold or disbursed by an Jackpot Game retailer shall be accrued to pay Jackpot Game retailers a one percent (1%) cashing bonus for each Cash 5 prize redeemed by Jackpot Game retailers up to and including \$599.99.
  - 2. Up to one-half of one percent (0.5%) of sales from all Cash 5 tickets lawfully sold or disbursed by an Jackpot Game retailer shall be accrued to pay Jackpot Game retailers a marketing performance bonus.
- b. In order to receive the marketing performance bonus each Jackpot Game retailer must meet the following criteria:
  - 1. A retailer must be a licensed retailer on the date additional compensation is declared;
  - 2. A retailer must meet or exceed the requirements of the Marketing Performance Bonus Plan for the period in which additional compensation is declared; and
  - 3. The requirements of the Marketing Performance Bonus Plan to be met by Jackpot Game retailers shall be established by the Lottery Director or his designee.
- c. In the event there is a residual resulting from the accrual of the ninety-five and twenty-nine hundredths of one percent (0.9529%) of sales after the bonuses described in 10.D.9 a.1. and 2. have been expensed, the Director may provide additional compensation to licensees as described in 10.D.9 a. or may revert the excess amount thereby decreasing the bonus expense.

#### **RULE 10.G IN-STATE JACKPOT GAME “COLORADO LOTTO+” – “PLUS”**

##### **BASIS AND PURPOSE OF RULE 10.G**

The purpose of Rule 10.G is to provide details and requirements for the Colorado Lottery In-State Jackpot Game "Colorado Lotto+" - "Plus" option such as sale of Tickets, payment of Prizes, and method for selecting and validating winning Tickets. The statutory basis for Rule 10.G are C.R.S. 44-40-109(1)(a) and (2), 44-40-113, and 44-40-114.

### **10.G.1 General Provisions**

The In-State Jackpot Game to be known as "Colorado Lotto+" shall have a game option known as "Plus" which allows players to pay an additional One Dollar (\$1.00) for a chance to win in a second Drawing using the same six (6) Numbers as the "Colorado Lotto+" Play.

"Plus" shall be conducted pursuant to the following Rules and Regulations and under such further instructions and directives as the Colorado Lottery Director and Colorado Lottery Commission may issue. If a conflict arises between Rule 10 In-State Jackpot Lottery Games, Rule 10.A Colorado Lotto, and/or this Rule 10.G, Rule 10.G shall apply.

### **10.G.2 Definitions**

Refer to the definitions provided in section 1.2 of Rule 1 General Rules, Regulations, and Definitions and section 10.A.2 Definitions of Rule 10.A Colorado Lotto.

### **10.G.3 Price of "Plus" Play**

- A. The price of each "Plus" Play shall be an additional One Dollar (\$1.00).

### **10.G.4 Play for "Plus"**

- A. The six (6) Numbers out of forty (40) Numbers that were selected for the "Colorado Lotto+" Play will be eligible to win in a "Plus" Drawing. A winning "Plus" Play is achieved only when the following combinations of Numbers selected match, in any order, three (3), four (4), five (5), or six (6) of the winning Numbers drawn by the Lottery.
1. The randomly selected multiplier value of 2X, 3X, 4X, or 5X that applies to the "Colorado Lotto+" Play non-jackpot Prizes will also apply to all "Plus" non-jackpot Prizes.
- B. A player using a Play Slip can select the option of "Plus" to be eligible in the "Plus" Drawing. If a Play Slip is not available, the Licensee may select the "Plus" option via the keyboard at the time the "Colorado Lotto+" Ticket is generated.
- C. A player may purchase up to ten (10) "Colorado Lotto+" Plays with ten (10) "Plus" Plays on a single Ticket.

### **10.G.5 Prizes For "Colorado Lotto+" with "Plus"**

- A. In addition to any prize won in the first "Colorado Lotto+" Draw (See Rule 10.A Colorado Lotto), the holder of a winning "Colorado Lotto+" with "Plus" Ticket may win only one (1) "Plus" Prize per Play in connection with the winning Numbers drawn in the second "Plus" Drawing and shall be entitled only to the highest Prize Category won by those Numbers.
- B. All Prizes awarded, except as defined in 10.G.6.A, shall be paid as set Prizes with the foregoing odds of winning a Prize.

WINNING	BASE PRIZE	2X PRIZE	3X PRIZE	4X PRIZE	5X PRIZE	ODDS OF
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COMBINATIONS	CATEGORY	CATEGORY	CATEGORY	CATEGORY	CATEGORY	WINNING
All six (6) Numbers in a Play	\$250,000	N/A	N/A	N/A	N/A	1 in 3,838,380
Any five (5) Numbers in a Play	\$300	\$600	\$900	\$1,200	\$1,500	1 in 18,816
Any four (4) Numbers in a Play	\$30	\$60	\$90	\$120	\$150	1 in 456
Any three (3) Numbers in a Play	\$4	\$8	\$12	\$16	\$20	1 in 32
MULTIPLIER ODDS	N/A	1 in 2	3 in 10	1 in 10	1 in 10	N/A
OVERALL ODDS						1 in 30

#### **10.G.6 Payment of Prizes**

- A. The Jackpot Prize shall be a set Prize for one (1) to eight (8) Prize Winners in a single Drawing.
  - 1. Nine (9) or more Jackpot Prize Winners in a single Drawing will equally divide Two Million Dollars (\$2,000,000) by the number of Plays matching all six (6) of the winning Numbers.
- B. All Prizes are paid in a single cash payment equal to the value of the Prize.

#### **10.G.7 Drawings**

- A. The “Plus” Drawings shall be held each week on Monday, Wednesday and Saturday evenings, unless the Drawing schedule is changed by the Lottery. In the event of an act of Force Majeure the Drawing shall be rescheduled at the discretion of the Director or designee.
- B. The Drawings will be conducted by Lottery officials and comply with all Colorado Lottery Statutes, Rules and Regulations, and Drawing Guidelines.
- C. Each Drawing shall determine, at random, six (6) winning Numbers in accordance with Drawing Guidelines. Any Numbers drawn are not declared winning Numbers until the Drawing is certified by the Lottery in accordance with paragraph 10.G.7.D. The winning Numbers shall be used in determining all “Plus” Winners for that Drawing. If a Drawing is not certified, another Drawing will be conducted to determine certified Prize Winners.
- D. Each Drawing shall be witnessed by an independent auditor as required in C.R.S. 44-40-109(2) (d). All Drawing equipment used shall be examined prior to and immediately after, a Drawing. All Drawings, inspections, and tests shall be recorded.
- E. A Drawing shall not be invalidated because the Numbers drawn create excessive Prize liability for the Lottery.

#### **10.G.8 Sale of Tickets**

- A. A "Colorado Lotto+" Ticket with the "Plus" option may be purchased from a Licensee authorized to sell Jackpot Game Tickets.
- B. A "Colorado Lotto+" Ticket with the "Plus" option shall show, at a minimum, the player's selection of Numbers, the number of Plays, the Drawing date, the multiplier number, and Validation numbers.
- C. A purchaser of a "Colorado Lotto+" Ticket must choose, at the time of purchase, whether or not he/she wants the "Plus" option. If the purchaser chooses the "Plus" option for the Ticket, the additional cost for each "Colorado Lotto+" Play will be One Dollar (\$1.00). The "Plus" option applies to all boards on a single Ticket and cannot be purchased on a board-by-board basis.
- D. Plays may be entered manually using the Jackpot Gaming Terminal keypad or by means of a Play Slip. No device shall be connected to a Jackpot Gaming Terminal to enter Plays, except as may be approved by the Lottery.
- E. A "Colorado Lotto+" Ticket with the "Plus" option may not be cancelled.

#### **10.G.9 Advance Play**

Advance Play provides the opportunity to purchase "Colorado Lotto+" Tickets with the "Plus" option for more than one (1) consecutive Drawing. Advance Play Tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Director.

### **RULE 14.A MULTI-STATE JACKPOT GAME, "POWERBALL®"**

#### **BASIS AND PURPOSE OF RULE 14.A**

The purpose of Rule 14.A is to provide details and requirements for the Colorado Lottery Multi-State Jackpot Game "Powerball®" such as sale of Tickets, payment of Prizes, and method for selecting and validating winning Tickets. The statutory bases for Rule 14.A are C.R.S. 44-40-101, 44-40-109 (1)(a) and (2), 44-40-113, and 44-40-114.

#### **14.A.1 General Provisions**

The Multi-State Jackpot Game known as "Powerball®" shall be conducted pursuant to the following Rules and Regulations and such further instructions and directives as the Colorado Lottery Director and Colorado Lottery Commission may issue. If a conflict arises between Rule 14 Multi-State Jackpot Lottery Games and this Rule 14.A, Rule 14.A shall apply. If a conflict arises between this Rule 14.A and the "Powerball®" Official Game Rule provided by the Multi-State Lottery Association, the "Powerball®" Official Game Rule shall apply.

#### **14.A.2 Definitions**

In addition to the definitions provided in section 1.2 of Rule 1 General Rules, Regulations, and Definitions and section 14.2 of Rule 14 Multi-State Jackpot Lottery Games:

- A. "Game Board" means that area of the Play Slip that contains a set of two (2) grids. The first grid contains sixty-nine (69) squares, numbered one (1) through sixty-nine (69), and the second grid contains twenty-six (26) squares, numbered one (1) through twenty-six (26).
- B. "Grand Prize" means a pari-mutuel Prize that is advertised to be paid with per-winner annuities or as a lump sum cash payment, unless otherwise specified by the Lottery.

- C. "MUSL Board" means the governing body of MUSL, which is comprised of the chief executive officer of each Party Lottery.
- D. "Number" means any Play integer from one (1) through sixty-nine (69) inclusive.
- E. "Play" means the six (6) numbers selected on each Game Board and printed on the Ticket.
- F. "Prize Pool" means a defined percentage of sales as specified in this rule.
- G. "Set Prize Pool" means an account held by MUSL that holds the temporary balances, transferred to MUSL from Party Lotteries, which results from having fewer-than-expected Prize Winners in the Set Prize Categories. This money is paid out to Party Lotteries in subsequent Drawings that have more Prize Winners than are statistically expected in the Set Prize Categories.

#### **14.A.3 Price of "Powerball®" Ticket**

The price of each "Powerball®" Play shall be Two Dollars (\$2.00).

#### **14.A.4 Play for "Powerball®"**

- A. A "Powerball®" player must select six (6) numbers per Play; five (5) numbers out of sixty-nine (69) plus one (1) out of twenty-six (26). A winning Play is achieved only when the following combinations of numbers selected match, in any order, the five (5) plus one (1) Winning Numbers drawn. Those combinations are 5+1, 5+0, 4+1, 4+0, 3+1, 3+0, 2+1, 1+1, and 0+1.
- B. The player can use Play Slips, as described in section 14.A.8, to make number selections. The Jackpot Gaming Terminal reads the Play Slip and issues a Ticket with corresponding Play(s). If a Play Slip is not available, the Licensee may enter the selected numbers via the keyboard. If offered by the Lottery, a player may leave all or a portion of his/her Play selections to a random number generator operated by the Jackpot Gaming Terminal, commonly referred to as a Quick Pick or partial Quick Pick.

#### **14.A.5 Prizes for "Powerball®"**

- A. Odds of winning a Prize are displayed in the table below:

WINNING COMBINATIONS	PRIZE CATEGORY	ODDS OF WINNING (ONE PLAY)
All five (5) of first set plus one (1) of second set	Grand Prize	1:292,201,338.0000
All five (5) of first set plus none of second set	Second Prize	1:11,668,053.5200
Any four (4) of first set, but not five, plus one (1) of second set	Third Prize	1:913,129.1813
Any four (4) of first set, but not five, plus none of second set	Fourth Prize	1:36,525.1673
Any three (3) of first set, but not four or five, plus one (1) of second set	Fifth Prize	1:14,494.1140
Any three (3) of first set, but not four or five, plus none of second set	Sixth Prize	1:579.7646
Any two (2) of first set, but not three, four, or five, plus one (1) of second set	Seventh Prize	1:701.3281

Any one (1) of first set, but not two, three, four, or five, plus one (1) of second set	Eighth Prize	1:91.9775
None of first set plus one (1) of second set	Ninth Prize	1:38.3239
Overall odds of winning any prize		1:24.8671

- B. The Prize Pool contribution for all Prize Categories shall consist of fifty percent (50%) of each Drawing period sales, unless as described in section 14.A.10.D of this Rule 14.A, the Prize reserve and pool accounts are not funded at the balances set by the "Powerball®" Product Group. All prize payouts are made with the following expected Prize payout percentages, although the Prize payout percentage per drawing may vary.

**PRIZE POOL**

PRIZE CATEGORY	PRIZE AMOUNTS	ALLOCATION OF PRIZE POOL	PRIZE POOL PERCENTAGE OF SALES
Grand Prize	Announced Jackpot	68.0131%	34.0066%
Second Prize	\$1,000,000	8.5558%	4.2279%
Third Prize	\$50,000	5.4757%	2.7378%
Fourth Prize	\$100	0.2738%	0.1369%
Fifth Prize	\$100	0.6899%	0.3450%
Sixth Prize	\$7	1.2074%	0.6037%
Seventh Prize	\$7	0.9982%	0.4990%
Eighth Prize	\$4	4.3489%	2.1744%
Ninth Prize	\$4	10.4373%	5.2187%
TOTAL PAYOUT		100.00%	50.00%

- C. Prize Categories - The Grand Prize shall be determined on a pari-mutuel basis. The Grand Prize shall be divided equally by the number of Game Plays matching all five (5) of the first set plus one (1) of the second set. Except as provided in 14.A.9.E.4., below, all other Prizes Amounts awarded shall be paid as Set Prizes with the foregoing expected Prize payout percentages.

**14.A.6 Payment of Prizes**

- A. Grand Prizes shall be paid at the election of the Ticket Holder either by a single cash payment or in a series of annuity payments. The Ticket Holder becomes entitled to the Prize at the time the Prize is validated as a Prize Winner. However, the Grand Prize is paid by the Lottery upon receipt of funds from MUSL no earlier than fifteen (15) calendar days of Validation of the Grand Prize Ticket and when the player makes their final selection of cash or annuity, no later than sixty (60) days after Validation of the Grand Prize Ticket. An election made after the Ticket Holder becomes entitled to the Prize is final and cannot be revoked, withdrawn or otherwise changed. The Validation record will be kept secured and on file at the Lottery until the Ticket Holder makes a payment election. If the Ticket Holder does not make a payment election within sixty (60) days after Validation, then the Prize shall be paid as an annuity Prize.

1. Shares of the Grand Prize shall be determined by dividing the cash available in the Grand Prize Pool equally among all plays matching all five (5) of the first set plus one
  - (1) of the second set of drawn Numbers. Winner(s) who elect a cash payment shall be paid their Share(s) in a single cash payment. The annuitized option Prize shall be determined by multiplying a Prize Winner's Share of the Grand Prize Pool by the MUSL annuity factor. Neither MUSL nor the Party Lotteries shall be responsible or liable for changes in the advertised or estimated annuity Prize

Amount and the actual amount purchased after the Prize payment method is actually known to MUSL. In certain instances, announced by the "Powerball®" Product Group, the Grand Prize shall be a guaranteed amount and shall be determined pursuant to section 14.A.6.E. of this Rule 14.A. If individual Shares of the cash held to fund an annuity are less than Two Hundred and Fifty Thousand Dollars (\$250,000), the "Powerball®" Product Group, in its sole discretion, may elect to pay the Prize Winners Share of the cash held in the Grand Prize Pool.

2. All annuitized Prizes shall be paid annually in thirty (30) graduated payments with the initial payment being made in cash, to be followed by twenty-nine (29) payments funded by the annuity.
  3. Funds for the initial payment of an annuitized Prize or the lump sum cash Prize shall be made available by MUSL for payment by the Lottery no earlier than the fifteenth calendar day (or the next banking day if the fifteenth day is a holiday) following the Drawing. If necessary, when the due date for the payment of a Prize occurs before the receipt of funds in the Prize Pool trust sufficient to pay the Prize, the transfer of funds for the payment of the full lump sum cash amount may be delayed pending receipt of funds from the Party Lotteries. The Lottery may elect to make the initial payment from its own funds after Validation, with notice to MUSL.
  4. The Grand Prize Amount held by MUSL for subsequent payment to an annuity Prize Winner shall be transferred to the Lottery and the Lottery shall have payment to the annuity Prize Winner on the anniversary date, or if such date falls on a non-business day the first day following the anniversary date, of the Drawing.
  5. In the event of the death of a Lottery Prize Winner during the annuity payment period, the "Powerball®" Product Group, in its sole discretion, upon the petition of the estate of the Lottery Prize Winner (the "Estate") to the Lottery, and subject to federal, state, or district applicable laws, may accelerate the payment of all of the remaining Lottery proceeds to the Estate. If the "Powerball®" Product Group makes such a determination, then securities and/or cash held to fund the deceased Lottery Prize Winner's annuitized Prize may be distributed to the Estate. The identification of the securities to fund the annuitized Prize shall be at the sole discretion of the "Powerball®" Product Group.
- B. The Director's decision with respect to the Validation and payment of Set Prizes, whether during a "Powerball®" game or any Drawing related thereto, shall be final and binding upon all participants in the Lottery.
- C. All Set Prizes (excluding the Grand Prize) shall be paid by the Lottery. The Lottery may begin paying Set Prizes after receiving authorization to pay from the MUSL Central Office.
- D. Annuitized payments of the Grand Prize or a share of the Grand Prize may be rounded to facilitate the purchase of an appropriate funding mechanism. Breakage on an annuitized Grand Prize win shall be added to the first cash payment to the Prize Winner(s).
- E. Set Prizes, which, under these rules, may become pari-mutuel Prizes, may be rounded down so that Prizes can be paid in multiples of whole dollars. Breakage resulting from rounding these Prizes shall be carried forward to the Prize Pool for the next Drawing.
- F. If the Grand Prize is not won in a Drawing, the Prize money allocated for the Grand Prize shall Roll-Over and be added to the Grand Prize Pool for the following Drawing.
- G. The "Powerball®" Product Group may offer guaranteed minimum Grand Prize Amounts or minimum increases in the Grand Prize Amount between Drawings or make other changes in the

allocation of Prize money where the "Powerball®" Product Group finds that it would be in the best interest of the game. If a minimum Grand Prize Amount or a minimum increase in the Grand Prize Amount between Drawings is offered by the "Powerball®" Product Group, then the Grand Prize Shares shall be determined as follows:

1. If there are multiple Grand Prize winners during a single Drawing, each selecting the annuitized option Prize, then a Prize Winner's Share of the guaranteed annuitized Grand Prize shall be determined by dividing the guaranteed annuitized Grand Prize by the number of Prize Winners.
2. If there are multiple Grand Prize winners during a single Drawing and at least one of the Grand Prize Winners has elected the annuitized option Prize, then the best bid submitted by MUSL's pre-approved qualified brokers shall determine the cash pool needed to fund the guaranteed annuitized Grand Prize.
3. If no Prize Winner of the Grand Prize during a single Drawing has elected the annuitized option Prize, then the amount of cash in the Grand Prize Pool shall be an amount equal to the guaranteed annuitized amount divided by the average annuity factor of the most recent three best quotes provided by MUSL's pre-approved qualified brokers submitting quotes.
4. In no case shall quotes be used which are more than two (2) weeks old and if less than three (3) quotes are submitted, then MUSL shall use the average of all quotes submitted. Changes in the allocation of Prize money shall be designed to retain approximately the same Prize allocation percentages, over a year's time, set out in these rules.

#### **14.A.7 Drawings**

- A. The "Powerball®" Drawings shall be held each week on Monday, Wednesday and Saturday evenings, unless the Drawing schedule is changed by the MUSL Board. In the event of an act of Force Majeure, the Drawing shall be rescheduled at the discretion of the MUSL Board.
- B. Each Drawing shall determine, at random, six (6) winning Numbers in accordance with Drawing Procedures. Any Numbers drawn are not declared the Winning Combination until the Drawing is certified by MUSL in accordance with the "Powerball®" Drawing Procedure. The Winning Combination shall be used in determining all "Powerball®" Prize Winners for that Drawing. If a Drawing is not certified, another Drawing will be conducted to determine certified Prize Winners.
- C. Each Drawing shall be witnessed by an independent auditor as required in C.R.S. 44-40-109(2)(d). All Drawing equipment used shall be examined prior to and immediately after a Drawing. All Drawings, inspections, and tests shall be recorded on videotape.
- D. The Drawing shall not be invalidated because the Numbers drawn creating an excessive Prize liability for the Lottery.
- E. The Drawing procedures shall provide that a minimum of fifty-nine (59) minutes elapse between the close of the game Ticket sales and the time of the Drawing for those Tickets sold.
- F. All Drawings shall be open to the public.

#### **14.A.8 Sale of Tickets**



- A. "Powerball®" Tickets may be purchased from a Licensee authorized to sell Multi-State Jackpot Tickets.
- B. "Powerball®" Tickets shall show, at a minimum, the player's selection of Numbers, the number of Plays, the Drawing date, and Validation Numbers.
- C. Plays may be entered manually using the Jackpot Gaming Terminal keypad or by means of a Play Slip provided by the Lottery. No device shall be connected to a Jackpot Gaming Terminal to enter Plays, except as may be approved by the Lottery.
- D. "Powerball®" Tickets may not be cancelled.
  - 1. If the "Powerball®" Game is cancelled by the "Powerball®" Product Group prior to the occurrence of all Drawings for which Plays have been sold, the Lottery may provide a refund mechanism for such Plays to the Players, and the Lottery shall not be required to remit its Prize Pool contributions for any such refunded Plays.

#### **14.A.9 Advance Play**

Advance Play provides the opportunity to purchase "Powerball®" Tickets for more than one (1) consecutive Drawing. Advance Play Tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Director.

#### **14.A.10 Prize Reserve and Prize Pool Accounts**

- A. The MUSL Board manages two (2) Prize reserve accounts associated with the "Powerball®" Product Group. The MUSL Board holds the reserves in trust on behalf of the Party Lottery, and interest is earned by the Party Lottery. When a Party Lottery becomes a member of the "Powerball®" Product Group, the MUSL Board determines an initial contribution to be made by the Party Lottery to the reserves. In accordance with the payment plan established between the Party Lottery and MUSL, the Party Lottery must deposit with the MUSL Board the specified amounts. All deposits are reported on Party Lottery records as "Cash Held by MUSL" or "Pre-Paid Prize Expense with MUSL".
  - 1. Prize Reserve Account (PRA) is used to guarantee payment of valid, but unanticipated, Grand Prize claims that may result from a system error or for any other reason the normal contributions from sales are not adequate.
  - 2. Set Prize Reserve Account (SPRA) is used to fund deficiencies in the payment of the Set Prizes.
- B. The MUSL Board manages multiple Prize Pool accounts associated with the "Powerball®" Product Group. The "Powerball®" Product Group sets the contribution rates for the following Prize Pool accounts.
  - 1. Grand Prize Pool is used to fund the current Grand Prize.
  - 2. Set Prize Pool is used to fund the Set Prizes and holds the temporary balances that may result from having fewer than expected Prize Winners in the Set Prize Categories.
  - 3. Set-aside pool is used to fund the payment of the awarded minimum starting annuity Grand Prizes and minimum annuity Grand Prize increase, if necessary as may be set by the "Powerball®" Product Group.

4. Grand Prize Carry Forward Pool is used to fully fund the starting minimum annuity Grand Prize, as may be set by the "Powerball®" Product Group, if such funds are available.
- C. The above Prize reserve accounts and the set-aside pool shall have maximum balance amounts that are set by the "Powerball®" Product Group, which are subject to review by the MUSL Board Finance and Audit Committee.
- D. The maximum contribution rate to the Grand Prize Pool shall be 68.0131% of the Prize Pool (34.0066% of sales). An amount up to five percent (5%) of a Party Lottery's sales may be deducted from a Party Lottery's Grand Prize Pool contribution and placed in trust in one or more Prize Pool accounts and prize reserve accounts held by the "Powerball®" Product Group at any time that the Prize Pool accounts and Party Lottery's share of the Prize reserve accounts(s) is below the amounts designated by the "Powerball®" Product Group. An additional amount up to twenty percent (20%) of a Party Lottery's sales may be deducted from a Party Lottery's Grand Prize Pool contribution and placed in trust in the Grand Prize Carry Forward Pool (CFP) to be held by the "Powerball®" Product Group at a time as determined by the "Powerball®" Product Group.
- E. The set Prize Pool shall be carried forward to subsequent draws if all or a portion of it is not needed to pay the Set Prizes awarded in the current draw. If the total of all Party Lotteries' Set Prizes (as multiplied by the respective Power Play multiplier if applicable) awarded in a Drawing exceeds the percentage of the Prize Pool allocated to the Set Prizes, then the amount needed to fund the Set Prizes awarded shall be drawn from the following sources, in the following order:
1. The amount allocated to the "Powerball®" Set Prizes and carried forward from previous draws, if any;
  2. If the Set Prize Pool is not sufficient to pay the Set Prizes awarded, an amount from the Set Prize reserve account is used, if available, not to exceed an amount established by MUSL;
  3. Other amounts as agreed to by the "Powerball®" Product Group in their sole discretion; and
  4. If after these sources are depleted, sufficient funds do not exist to pay the Set Prizes awarded, then the highest Set Prize shall become a pari-mutuel Prize. If the amount of the highest Set Prize, when paid on a pari-mutuel basis, drops to or below the next highest Set Prize and there are still not sufficient funds to pay the remaining Set Prizes awarded, then the next highest Set Prize shall become a pari-mutuel Prize. This procedure shall continue down through all Set Prize levels, if necessary, until all Set Prize levels become pari-mutuel Prize levels.
- F. The "Powerball®" Product Group may determine to expend all or a portion of the funds in the "Powerball®" Prize Pool accounts (except the Grand Prize pool account and the Grand Prize Carry Forward Pool) and the Prize reserve accounts, (1) for the purpose of indemnifying the Party Lotteries and licensee lotteries in the payment of Prizes to be made by the selling Lotteries; and (2) for the payment of Prizes or special Prizes in the game, limited to Prize Pool and Prize reserve contributions from Lotteries participating in the special Prize promotion, subject to the approval of the Board's Finance & Audit Committee. The Grand Prize carry forward pool may only be expended to pay "Powerball®" Prizes.

- G. Any amount remaining in the Prize Pool accounts or Prize reserve accounts at the end of this "Powerball®" Game shall be returned to the Party Lotteries participating in the accounts after the end of all claim periods of all selling Party Lotteries, carried forward to a replacement game, or otherwise expended in a manner at the election of the individual members of the "Powerball®" Product Group in accordance with jurisdiction statute.
- H. All liabilities for a "Powerball®" Prize are discharged upon payment of a Prize. A Prize claimant agrees, as its sole and exclusive remedy that claims arising out of a "Powerball®" Play can only be pursued against the selling Party Lottery which issued the Play. Litigation, if any, shall only be maintained within the jurisdiction in which the "Powerball®" Play was purchased and only against the selling Party Lottery that issued the Play. No claim shall be made against any other Participating Lottery or against the MUSL.

Nothing in these Rules shall be construed as a waiver of any defense or claim the selling Party Lottery which issued the Play, any other participating Lottery or MUSL may have in any litigation, including in the event a player or Prize claimant pursues litigation against the selling Party Lottery, any other participating Lottery or MUSL, or their respective officers, Directors, or employees.

All decisions made by a selling Party Lottery, including the declaration of Prizes and the payment thereof and the interpretation of "Powerball®" Rules, shall be final and binding on all Play purchasers and on every person making a Prize claim in respect thereof, but only in the jurisdiction where the "Powerball®" Play was issued.

Unless the laws, rules, regulations, procedures, and decisions of the Party Lottery which issued the Play provide otherwise, no Prize shall be paid upon a Play purchased, claimed, or sold in violation of these Rules or the laws, rules, regulations, procedures, and decisions of that selling Party Lottery; any such Prize claimed but unpaid shall constitute an unclaimed Prize under these Rules and the laws, rules, regulations, procedures, and decisions of that selling Party Lottery.

#### **14.A.11 Prize Accounts**

- A. The Lottery shall transfer to the MUSL in trust an amount as determined to be its total proportionate share of the Prize account less actual Set Prize liability. If this results in a negative amount, the MUSL Central Office shall transfer funds to the Lottery.
- B. Grand Prize Amounts held by MUSL shall be transferred to the Lottery immediately after the Lottery validates the Grand Prize claim and after MUSL has collected the Prize Pool Shares from all Party Lotteries.
- C. All funds to pay a Grand Prize that go unclaimed shall be returned to the Lottery by MUSL in proportion to sales by the Lottery for the Grand Prize in question after the claiming period set by the Lottery selling the winning Ticket expires.

#### **14.A.12 Funds Transfer**

- A. Funds shall be collected by MUSL from each Party Lottery weekly by wire transfer or other means acceptable to the "Powerball®" Product Group. The "Powerball®" Product Group shall determine collection days. The amount to be transferred shall be calculated in accordance with game rules. The draw reports determine whether the member Lotteries owe funds to MUSL or MUSL needs to transfer money to the member Lotteries. Each Party Lottery shall transfer to MUSL an amount as determined by MUSL and the "Powerball®" Product Group to be its total proportionate share of the Prize account less actual Set Prize liability. If this results in a negative amount, the MUSL central office shall transfer funds to the Party Lottery.

- B. The Grand Prize Amount held by MUSL shall be transferred to the Lottery after the Lottery validates the Grand Prize claim and after MUSL has collected the Prize Pool Shares from all member Lotteries.
- C. The Grand Prize Amount held by MUSL for subsequent payment to annuity Prize Winners shall be transferred to the Lottery within seven (7) days preceding the anniversary date of the selection of the Winning Combination. The Lottery will then make payment to the annuity Prize Winner.

#### **14.A.13 MUSL Accounting and Finance**

- A. At the time a lottery joins the “Powerball®” Product Group, MUSL revises the existing budget and assesses the lottery for the additional costs. Each July, thereafter, MUSL sets the budget for the impending year and assesses each Party Lottery their proportionate share. The Party Lottery receives a copy of these costs and an election form.
- B. Each September and March, MUSL re-evaluates the amounts that each Party Lottery must contribute to any Prize reserves. Any additional contributions to the Prize reserves are funded by reducing the contribution from sales to the Grand Prize as referred to in 14.A.9.
- C. The draw reports determine whether the Lottery owes and needs to transfer funds to MUSL, or MUSL owes and needs to transfer funds to the Lottery. (The procedures and corresponding time lines documenting the timely and effective transfer of funds between the Lottery and MUSL can be found in the Lottery’s financial procedures.) Three different transfers are made on a continual basis:
  - 1. Draw receivables transferred from the Lottery to MUSL;
  - 2. Set Prize payments and initial Grand Prize payments transferred from MUSL to the Lottery; and
  - 3. Subsequent Grand Prize annuity payments from MUSL to the Lottery.

#### **Rule 14.E MULTI-STATE JACKPOT GAME, “LUCKY FOR LIFE®”**

##### **BASIS AND PURPOSE OF RULE 14.E**

The purpose of Rule 14.E is to provide details and requirements for the Colorado Lottery Multi-State Jackpot Game “Lucky for Life®” such as sale of Tickets, payment of Prizes, and method for selecting and validating winning Tickets. The statutory basis for Rule 14.E are C.R.S. 44-40-101, 44-40-109(1)(a) and (2), and 44-40-113 and 44-40-114.

##### **14.E.1 General Provisions**

- A. The Multi-State Jackpot Game known as “Lucky for Life®” shall be conducted pursuant to the following Rules and Regulations and such further instructions and directives as the Colorado Lottery Director and Colorado Lottery Commission may issue. If a conflict arises between Rule 14 Multi-State Jackpot Lottery Games and this Rule 14.E, Rule 14.E shall apply. If a conflict arises between this Rule 14.E and the “Lucky for Life®” Official Game Rule provided by the Managing Lotteries, the “Lucky for Life®” Official Game Rule shall apply.

##### **14.E.2 Definitions**

In addition to the definitions provided in section 1.2 of Rule 1 General Rules, Regulations, and Definitions and section 14.2 of Rule 14 Multi-State Jackpot Lottery Games:

- A. "Annuitized Payment Option" means payment of a Top Prize or Second Prize in equal payments or installments. The Annuitized Payment Option shall be calculated on an annual basis.
- B. "Cash Option" means payment of a Top Prize or Second Prize in a single cash payment equal to the value of the non-annuitized Prize.
- C. "Clearinghouse Lottery" means the Party Lottery or other duly authorized entity who is responsible for collecting and transferring Prize payouts on behalf of all Party Lotteries.
- D. "Game Board" means that area of the Play Slip that contains a set of two (2) grids. The first grid contains forty-eight (48) squares, numbered one (1) through forty-eight (48), and the second grid contains eighteen (18) squares, numbered one (1) through eighteen (18).
- E. "Liability Limit" means the pre-established threshold, as determined in advance by the New England Lottery Directors for paying Top Prize, Second Prize, and Third Prize Payments.
- F. "Lifetime Prize" means the natural life of a single Claimant or twenty (20) years if assigned to an entity or person under C.R.S. 44.40.113(1).
- G. "Managing Lotteries" means the originating lotteries which are: Connecticut Lottery Corporation, Maine State Liquor and Lottery Commission, Massachusetts State Lottery Commission, New Hampshire Lottery Commission, Ohio Lottery Commission, Rhode Island Division of Lotteries, and the Vermont Lottery Commission.
- H. "Managing Lotteries Board" means the governing body of Managing Lotteries, which is comprised of the chief executive officer of each Party Lottery.
- I. "Number" means any Play integer from one (1) through forty-eight (48) inclusive.
- J. "Play" means the six (6) Numbers selected on each Game Board and printed on the Ticket.
- K. "Prize Pool" means a defined percentage of sales as specified in this rule.
- L. "Published Notice" means notice of the Prize Amount and any changes to the Cash Option, which shall be posted on the Colorado Lottery Website and/or the Lucky for Life® Website at least thirty (30) days prior to the Drawing for which it is applicable.
- M. "Second Prize" means a Prize paid on a pari-mutuel basis, the Claimant has the option to be paid as an annuity or as a lump sum cash payment, unless otherwise specified by Lottery Rules.
- N. "Split Prize" means the pre-determined Top Prize, Second Prize, and Third Prize payout that is divided equally among the Number of winning Tickets in each of these three Prize Categories.
- O. "Top Prize" means a Prize paid on pari-mutuel basis. The Claimant has the option to be paid as an annuity or as a lump sum cash payment, unless otherwise specified by Lottery Rules.

#### **14.E.3 Price of "Lucky for Life®" Ticket**

The price of each "Lucky for Life®" Play shall be Two Dollars (\$2.00).

#### **14.E.4 Play for "Lucky for Life®"**

- A. A "Lucky for Life®" player must select six (6) Numbers per Play; five (5) Numbers out of forty-eight (48) plus one (1) out of eighteen (18). A winning Play is achieved only when the following

combinations of Numbers selected match, in any order, the five (5) plus one (1) Winning Numbers drawn. Those combinations are 5+1, 5+0, 4+1, 4+0, 3+1, 3+0, 2+1, 2+0, 1+1, and 0+1.

- B. The player can use Play Slips, as described in Section 14.E.8.C to make Number selections. The Jackpot Gaming Terminal reads the Play Slip and issues a Ticket with corresponding Play(s). If a Play Slip is not available, the Licensee may enter the selected Numbers via the keyboard. If offered by the Lottery, a player may leave all or a portion of his/her Play selections to a random number generator operated by the Jackpot Gaming Terminal, commonly referred to as a Quick Pick or partial Quick Pick.

#### **14.E.5 Prizes for “Lucky for Life®”**

- A. Odds of winning a Prize are displayed in the table below:

WINNING COMBINATIONS	PRIZE CATEGORY	ODDS OF WINNING (ONE PLAY)
All five (5) of first set plus one (1) of second set	Top Prize	1:30,821,472.000
All five (5) of first set plus none of second set	Second Prize	1:1,813,027.765
Any four (4) of first set, but not five, plus one (1) of second set	Third Prize	1:143,355.684
Any four (4) of first set, but not five, plus none of second set	Fourth Prize	1:8,432.687
Any three (3) of first set, but not four or five, plus one (1) of second set	Fifth Prize	1:3,413.231
Any three (3) of first set, but not four or five, plus none of second set	Sixth Prize	1:200.778
Any two (2) of first set, but not three, four or five, plus one (1) of second set	Seventh Prize	1:249.749
Any two (2) of the first set, but not three, four, or five, plus none of the second set	Eighth Prize	1:14.691
Any one (1) of first set, but not two, three, four or five, plus one (1) of second set	Ninth Prize	1:49.950
None of first set plus one (1) of second set	Tenth Prize	1:32.019

- B. The Prize Pool contribution for all Prize Categories shall consist of fifty-nine percent (59%) of each Drawing period sales. Any amount remaining in the Prize Pool at the end of this game shall be carried forward to a replacement game or expended in a manner as directed by the Product Group in accordance with state law.

PRIZE POOL		
PRIZE CATEGORY	PRIZE AMOUNTS	PRIZE POOL PERCENTAGE OF SALES
Top Prize	\$7,000 a week for life	10.2201%
Second Prize	\$25,000 a year for life	11.6380%
Third Prize	\$5,000	1.7439%
Fourth Prize	\$200	1.1859%
Fifth Prize	\$150	2.1973%
Sixth Prize	\$20	4.9806%
Seventh Prize	\$25	5.0050%
Eighth Prize	\$3	10.2103%
Ninth Prize	\$6	6.0060%
Tenth Prize	\$4	6.2463%
TOTAL PAYOUT		59.4335%

- C. Prize Categories – Top Prize, Second (2<sup>nd</sup>) Prize, and Third (3<sup>rd</sup>) Prize are split Prize Categories. Fourth (4<sup>th</sup>) Prize through Tenth (10<sup>th</sup>) Prize are set Prize Categories.

1. Split Prize levels are paid as follows:

- a. Top Prize: One (1) winner receives the full annuity value of Seven Thousand Dollars (\$7,000) a week for life, or according to such other schedule of payments set at the discretion of the Lottery, with the option of taking the cash value.
  - (1) The Top Prize cash value is set forth in the “Published Notice” available on the Jackpot Gaming Terminal, the Colorado Lottery Website, and/or the Lucky for Life® Website. The cash value can be revised thirty (30) days prior to the first Drawing to which it is applicable.
  - (2) All annuitized payments shall be made for a minimum of twenty (20) years.
  - (3) Two (2) to fourteen (14) Top Prize Winners share equally in the pari-mutuel Prize of Seven Thousand Dollars (\$7,000) a week for life with the option of taking the Cash Value divided by the total number of Top Prize Winners. The cash option must be taken if the annuitized value is less than Five Hundred Dollars (\$500) a week for life.
  - (4) Fifteen (15) or more Top Prize Winners share equally in a pari-mutuel Prize of Seven Million One Hundred and Twenty-Five Thousand Dollars (\$7,125,000). No Annuitized Payment Option shall be available at this level.
  - (5) For a single wager, the natural life of the Top Prize Winner shall be used to determine the duration over which the Top Prize is paid. If more than one (1) Person is a Top Prize Winner under a single Wager, the Top Prize will be paid over twenty (20) years.
- b. Second Prize: One (1) to twenty (20) Winners receives the full annuity value of Twenty-Five Thousand Dollars (\$25,000) a year for life with the option of taking the cash value.

- (1) The Second Prize cash value is set forth in the "Published Notice" available on the Jackpot Gaming Terminal, the Colorado Lottery Website, and/or the Lucky for Life® website. The cash value can be revised thirty (30) days prior to the first Drawing in which it is applicable.
  - (2) All annuitized payments shall be made for a minimum of twenty (20) years.
  - (3) Twenty-One (21) or more Second Prize Winners share equally in the pari-mutuel Prize of Nine Million and Four Hundred Thousand Dollars (\$9,400,000). No Annuitized Payment Option shall be available at this level.
  - (4) The minimum Prize value for Second Prize shall not be less than any lower Prize Category Prize paid in that respective Drawing.
  - (5) For a single wager, the measuring life of a Second Prize Winner used to determine the duration over which the Second Prize is paid, shall be the natural life of the individual. If the Second Prize under a single wager is being claimed by more than one (1) Person, the measuring life for that Second Prize Winner shall be twenty (20) years.
- c. Third Prize: One (1) to one thousand (1,000) Third Prize Winners will receive Five Thousand Dollars (\$5,000).
- (1) One thousand and one (1,001) or more Third Prize Winners will equally share a pari-mutuel Prize of Five Million Dollars (\$5,000,000).
  - (2) The minimum Prize value for a Third Prize shall not be less than Two Hundred Dollars (\$200).

2. Set Prize Categories are a guaranteed Prize and will not be paid as pari-mutuel.

#### **14.E.6 Payment of Prizes**

- A. All Prizes shall be paid by the Lottery. At the discretion of the Lottery, Prizes may be paid prior to receiving authorization from the Clearinghouse Lottery.
- B. Top Prize payments will be made according to payment selection.
1. If the Annuitized Payment Option is selected the initial payment will be made at the time of the claim, after the verification of the Prize Amount. All subsequent payments will be made on a weekly basis from the date the Prize is claimed.
    - a. Annuitized payments of the Top Prize or a share of the Top Prize may be rounded to facilitate the purchase of an appropriate funding mechanism. Breakage on an annuitized Top Prize win shall be added to the first payment to the winner or winners.
  2. If the cash Option is selected the Prize shall be paid at the time of the claim, after the verification of the Prize Amount.
- C. Second Prize payments will be made according to payment selection.



1. If the Annuitized Payment Option is selected the initial payment is made at the time of claim. All subsequent payments will be made on an annual basis.
  - a. Annuitized payments of the Second Prize or a share of the Second Prize may be rounded to facilitate the purchase of an appropriate funding mechanism. Breakage on an annuitized Second Prize win shall be added to the first payment to the winner or winners.
2. If the Cash Option is selected the Prize will be paid at the time of the claim, after the verification of Prize Amount.

#### **14.E.7 Drawings**

- A. The "Lucky for Life®" Drawings shall be drawn daily, unless the Drawing schedule is changed by the Managing Lotteries. In the event of an act of Force Majeure the Drawing shall be rescheduled at the discretion of the Managing Lotteries.
- B. Each Drawing shall determine, at random, six (6) Winning Numbers in accordance with Drawing Procedures. Any Numbers drawn are not declared Winning Numbers until the Drawing is certified by the Managing Lotteries in accordance with the "Lucky for Life®" Drawing procedure. The Winning Numbers shall be used in determining all "Lucky for Life®" Winners for that Drawing. If a Drawing is not certified, another Drawing will be conducted to determine certified Prize Winners.
- C. Each Drawing shall be witnessed by an independent auditor as required in C.R.S. 44-40-109(2)(d). All Drawing equipment used shall be examined prior to and immediately after, a Drawing. All Drawings, inspections, and tests shall be recorded on videotape, unless technical issues prevent this from occurring.
- D. A Drawing shall not be invalidated because the Numbers drawn create excessive Prize liability for the Lottery.
- E. The Drawing procedures shall provide that a minimum of sixty (60) minutes elapse between the close of the game Ticket sales and the time of the Drawing for those Tickets sold.
- F. All Drawings shall be open to the public.

#### **14.E.8 Sale of Tickets**

- A. "Lucky for Life®" Tickets may be purchased from a Licensee authorized to sell Multi-State Jackpot Tickets.
- B. "Lucky for Life®" Tickets shall show, at a minimum, the player's selection of Numbers, the number of Plays, the Drawing date, and Validation numbers.
- C. Plays may be entered manually using the Jackpot Gaming Terminal keypad or by means of a Play Slip provided by the Lottery. No device shall be connected to a Jackpot Gaming Terminal to enter Plays, except as may be approved by the Lottery.
- D. "Lucky for Life®" Tickets may not be cancelled.

#### **14.E.9 Advance Play**

- A. Advance Play provides the opportunity to purchase “Lucky for Life®” Tickets for more than one (1) consecutive Drawing. Advance Play Tickets shall be available for purchase in variable increments. The Advance Play feature shall be available at the discretion of the Director.
- B. The cash value may be adjusted during the life of an Advance Play Ticket per the Published Notice as referenced in 14.E.5.C.1.a.(1).

**14.E.10 Managing Lotteries Accounting and Finance**

- A. When a Lottery joins the ““Lucky For Life®”” Product Group, the Managing Lotteries shall revise the existing budget and assess the Lottery for the additional costs. Each July, thereafter, the Managing Lotteries sets the budget for the impending year and assesses each Lottery their proportionate share. The Lottery receives a copy of these costs and an election form.
- B. The draw reports determine whether the Lottery owes and needs to transfer funds to the MUSL, or the MUSL owes and needs to transfer funds to the Lottery. (The procedures and corresponding time lines documenting the timely and effective transfer of funds between the Lottery and the MUSL can be found in the Lottery’s financial procedures.) Prize payments are transferred between the MUSL and the Lottery as required to cover prize payments.

**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
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**Office of the Attorney General**

Tracking number: 2025-00011

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Lottery**

**on 03/12/2025**

**1 CCR 206-1**

**LOTTERY RULES AND REGULATIONS**

The above-referenced rules were submitted to this office on 03/12/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 31, 2025 10:10:27

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

**Department**

Department of Natural Resources

**Agency**

Energy and Carbon Management Commission

**CCR number**

2 CCR 404-1

**Rule title**

2 CCR 404-1 PRACTICE AND PROCEDURE 1 - eff 04/30/2025

**Effective date**

04/30/2025

### *100 Series - Definitions*

**AMEND CENTRALIZED E&P WASTE MANAGEMENT FACILITY** means a facility, other than a commercial disposal facility regulated by CDPHE, that (1) is either used exclusively by one owner or Operator or used by more than one Operator under an operating agreement; and (2) is operated for a period greater than three years; and (3) receives for collection, treatment, temporary storage, and/or disposal of Produced Water, drilling fluids, completion fluids, and any other exempt E&P Wastes that are generated from two or more production units or areas or from a set of commonly owned or operated leases. This definition includes oilfield naturally occurring radioactive materials ("NORM") related storage, decontamination, treatment, or disposal. This definition includes permanent, standalone centralized facilities operated for the storage or treatment of Produced Water. This definition excludes a Multi-Well Pit that meets the standards of Rules 909.g.(2)-(3) and excludes temporary onsite Produced Water or storage treatment facilities for recycling or reuse of Produced Water at that Well Site or nearby Well Sites.

**ADD FRESH WATER** except as used in Rule 408, "Fresh Water" means water that is not Produced Water or Recycled Produced Water Alternative.

**ADD PRODUCED WATER** means water, including the water's mineral and chemical components, in or introduced to a geological formation, that is coproduced with oil or natural gas from an Oil and Gas Well. Produced Water includes Flowback water, excluding proppants returned to the surface.

**ADD RECYCLED PRODUCED WATER** means Produced Water that is reconditioned into a reusable form and reused in Oil and Gas Operations or that is reused in Oil and Gas Operations without reconditioning.

**ADD RECYCLED PRODUCED WATER ALTERNATIVE** means brine resulting from reverse osmosis or other treatment that has a concentrated waste stream, waters from geologic formations that have been designated as exempt under Rule 802, waters from geologic formations that have a total dissolved solids ("TDS") concentration greater than 10,000 milligrams per liter, spent water from tank cleaning and hydrotest operations, and waters that would otherwise be disposed of in Class I or Class II UIC wells.

**ADD RECYCLED PRODUCED WATER CREDIT** means a tradeable compliance instrument that represents one barrel of Recycled Produced Water or Recycled Produced Water Alternative.

### **REMOVE TOTAL WATER VOLUME**

### *300 Series - Permitting Process*

#### **AMEND 304.c.(18)**

**Fresh Water Plan.** A plan identifying the sources of Fresh Water to be used for drilling and completion operations including:

- A. The planned source and volume of all surface water, Groundwater, and any other sources of Fresh Water to be used and the coordinates of the planned source of

Fresh Water; and

- B.** The seller's name and address if Fresh Water is to be purchased.

*400 Series - Operations and Reporting*

**AMEND 431**

**MEASUREMENT AND REPORTING OF PRODUCED, REUSED, RECYCLED, AND INJECTED WATER AND ASSOCIATED VEHICLE MILEAGE**

**ADD to 431.a**

**(1) Form 7 - Monthly Reporting by Well.** Operators will report the following, expressed in Barrels, to the Commission on a monthly basis for each Oil and Gas Well at which the Operator conducted Oil and Gas Operations in the previous reporting period:

- A.** The volume of all Fresh Water used downhole;
- B.** The volume of all Recycled Produced Water used downhole;
- C.** The volume of all Recycled Produced Water Alternative used downhole;
- D.** The volume of all Produced Water that is produced from the Well and the volume of the Produced Water removed from the Oil and Gas Location for disposal, including:
  - i.** The disposal method; and
  - ii.** The disposal location, including facility identification, if applicable; and
- E.** The volume of all Produced Water that is produced from the Well and:
  - i.** Recycled or reused in another Well at the same Oil and Gas Location; or
  - ii.** Removed from the Oil and Gas Location for recycling or reuse in oil and gas operations at a different Oil and Gas Location, including for use by another operator.

**AMEND 431.b**

- b.** On the Form 5 and the Form 5A, Operators will report the volume in Barrels of the following Fluids used in drilling operations and Well Stimulation, respectively:
  - (1)** Total Fluids;
  - (2)** Fresh Water;
  - (3)** Recycled Produced Water; and
  - (4)** Recycled Produced Water Alternative.

**ADD to 431**

**e. Form 47 - Quarterly Water Reporting by Location and Operator.**

**(1)** Operators will report to the Commission, expressed in Barrels, on a quarterly basis, for each Oil and Gas Location at which the Operator conducted Oil and Gas Operations in the previous reporting period:

- A.** The volume of Fresh Water used for drilling or Well Stimulation, and whether the Fresh Water is (1) owned by the Operator and (2) where the water was acquired from:
  - i.** Industrial (including power generation and geothermal),
  - ii.** Commercial,
  - iii.** Municipal,
  - iv.** Agricultural (includes livestock and irrigation),
  - v.** Recreation,
  - vi.** Environmental (includes fishery and wildlife),
  - vii.** Augmentation,
  - viii.** Domestic or household,
  - ix.** Snowmaking, or
  - x.** No historical use (for water newly appropriated for Oil and Gas Operations; includes Fresh Water obtained during "Free River" conditions)
- B.** The total volume of Fresh Water used at the Oil and Gas Location for site construction, production operations, Plugging and Abandonment, facility decommissioning, Remediation, and Reclamation;
- C.** The volume and source of all Recycled Produced Water used for drilling or Well Stimulation at the Oil and Gas Location;
- D.** The volume, type, and source of all Recycled Produced Water Alternative used for drilling or Well Stimulation at the Oil and Gas Location;
- E.** The volume of all Produced Water and Recycled Produced Water Alternative disposed of from the Oil and Gas Location, including:
  - i.** The disposal method;
  - ii.** The disposal location, including facility identification, if applicable
- F.** The volume of all Produced Water and Recycled Produced Water Alternative that is removed from the Oil and Gas Location for recycling or reuse in Oil and Gas Operations, including by another Oil and Gas Operator; and
- G.** The total volume of all water produced from all wells at the Oil and Gas Location in each month of the reporting quarter.

**(2)** Operators will report the Operator's water use to the Commission, expressed in Barrels, on a

quarterly basis, for each geologic basin in which the Operator conducted Oil and Gas Operations

in the previous reporting period. For Oil and Gas Locations outside of the external boundary of a geologic basin identified in Colorado Geological Survey (CGS) publication MS-33 Oil and Gas Fields Map of Colorado ("Outlying Locations"), Operators will include the water used at those Outlying Locations with water used at Operations in the basin that is nearest to the Outlying Locations. Only the 2002 version of the CGS MS-33 publication applies; later versions do not apply. All materials incorporated by reference in this Rule are available for public inspection during normal business hours from the Public Room Administrator at the office of the Commission, 1120 Lincoln Street, Suite 801, Denver, CO 80203. In addition the CGS MS-33 publication is available online at:

<https://coloradogeologicalsurvey.org/publications/oil-gas-fields-map-colorado-1999/>.

- A.** The total volume of all water used across all Oil and Gas Locations within the basin;
- B.** The volume of Recycled Produced Water used across all Oil and Gas Locations within the basin;
- C.** The volume of Recycled Produced Water Alternative used to supplement Recycled Produced Water use across all Oil and Gas Locations within the basin;
- D.** The number of Recycled Produced Water Credits acquired during the reporting period, and a citation to the Form 48 documenting the transfer of those Recycled Produced Water Credits (if applicable);
- E.** The number of Recycled Produced Water Credits created during the reporting period (if applicable);
- F.** The number of Recycled Produced Water Credits applied during the reporting period (if applicable); and
- G.** The aggregate percentage of Recycled Produced Water used at all applicable Wells within the basin during the relevant four-year compliance period, calculated as: the total volume of Recycled Produced Water used, plus the total volume of Recycled Produced Water Alternative used, plus Recycled Produced Water Credits applied, minus Recycled Produced Water Credits created at all applicable Wells within the basin during the relevant four-year compliance period; divided by the total volume of all water used for Well Stimulations at all applicable Wells within the basin during the relevant four-year compliance period.

**(3) Operators will:**

- A.** File the report required under subsection 431.e.(1) and (2) of this section no later than forty-five days after the end of the previous calendar quarter; and
- B.** Include in each report filed pursuant to subsection 431.e.(1) and (2) of this section the total amounts of all Fresh Water, Produced Water, Recycled Produced Water and Recycled Produced Water Alternative managed at the Oil and Gas Location for any purpose throughout its operational life from construction to Reclamation. Information



reported under this subsection 431.e.(2).B does not include Stormwater Runoff.

**ADD to 431**

**f. Vehicle Mileage Reporting.** Operators will report quarterly the vehicle miles related to water management as follows:

**(1)** Water transport trucks, loaded or unloaded:

- A.** In the service of transporting Fresh Water to or from an Oil and Gas Location;
- B.** In the service of transporting Produced Water to or from an Oil and Gas Location for Disposal; and
- C.** In the service of transporting Produced Water or Recycled Produced Water to or from an Oil and Gas Location for recycling or reuse.
- D.** In the service of transporting Recycled Produced Water Alternative to or from an Oil and Gas Location for recycling or reuse.

*900 Series - Environmental Impact Prevention*

**AMEND 905.a.(4)**

**Waste Management Plans.** Each Operator that generates E&P Waste as a result of their operations will prepare a comprehensive waste management plan detailing how the Operator will treat, characterize, manage, store, dispose, and transport all types of waste generated. The Director may require a waste management plan to include a description of proposed haul routes, including any applicable Local Government traffic requirements.

- A.** Operators will submit their waste management plans with their Form 2A pursuant to Rule 304.c.(11).
- B.** If an Operator seeks to change its E&P Waste management practice, the Operator will update its waste management plan by submitting a revised waste management plan for the Director's approval or denial on a Form 4.
- C.** Any Oil and Gas Development Plan filed on or after January 1, 2026, will include in its waste management plan a Produced Water recycling and reuse plan with a commitment to use the minimum percentages of Recycled Produced Water in Well Stimulations as described in the compliance periods listed in Rule 905.c.(6).A.i through iii.
- D.** The Produced Water recycling and reuse plan will:
  - i.** Quantify the anticipated volumes of Recycled Produced Water used;
  - ii.** Include a description of how the Operator will meet the requirements of Rule 905.c.(6);

- iii. Describe and request Commission approval for any water used to satisfy the requirements as a Recycled Produced Water Alternative;
- iv. Specify the methods and locations for treatment of Produced Water;
- v. Specify the means of transporting Produced Water, treated Produced Water, and Recycled Produced Water Alternative to and from off-location treatment facilities;
- vi. Include an affirmative commitment that the Operator will not use the chemicals listed in Table 437-1 as additives in Hydraulic Fracturing Fluid;
- vii. Include a description of the source of Recycled Produced Water and whether any of the chemicals listed in Table 437-1 are known to be present in the Recycled Produced Water at any concentrations by laboratory analysis or by process knowledge; and
- viii. Include any other information that the Director or Commission determines is necessary to ensure the protection of public health, safety, welfare, the environment and wildlife resources during waste management operations.

**ADD to 905.c**

**(6) Requirements for the Recycling or Reuse of Produced Water.**

- A. Operators will increase the usage of Recycled Produced Water, Recycled Produced Water Alternative, and Recycled Produced Water Credits and decrease the amount of Fresh Water utilized in Well Stimulations according to the following schedule of “compliance periods”:
  - i. Beginning January 1, 2026, an Operator’s geologic basin-wide combined oil and gas developments permitted on Oil and Gas Development Plans filed after January 1, 2026, and the combined subsequent operations to recomplete or restimulate any existing Well within the relevant geologic basin, will use a minimum average of 4% Recycled Produced Water and Recycled Produced Water Alternative for Well Stimulations commenced before January 1, 2030.
  - ii. Beginning January 1, 2030, an Operator’s geologic basin-wide combined oil and gas development, regardless of when the Wells were permitted, will use a minimum average of 10% Recycled Produced Water and Recycled Produced Water Alternative for Well Stimulations commenced before January 1, 2034.
  - iii. No later than June 1, 2028, the Commission will convene a rulemaking to adopt additional minimum averages for new compliance periods that will commence on January 1, 2034 and January 1, 2038. In such rulemaking the Commission will consider additional work and recommendations by the Produced Water Consortium on Produced Water availability and achievable minimum averages, including consideration of whether to include other Recycled Produced Water Alternative sources. In the absence of additional rulemaking, the minimum averages of 20% for the period beginning January 1,

2034 and 35% for the period beginning January 1, 2038 will become law.

**B. Demonstration of Compliance.** Operators will demonstrate compliance with the requirements of Rule 905.c.(6).A on Forms 47 and Annual Certifications (as defined in Subpart D below) using the calculation required by Rule 431.e.(2).G.

**C. Recycled Produced Water Credits.** If an Operator's compliance demonstration under Rule 905.c.(6).B shows that the Operator's average percentage of Recycled Produced Water and

Recycled Produced Water Alternative within a specific geologic basin exceeds the percentage required by Rule 905.c.(6).A for the reporting period, the Operator may claim Recycled Produced Water Credits for the total volume of Recycled Produced Water and Recycled Produced Water Alternative used above the minimum during the reporting period.

- i. An Operator creating a Recycled Produced Water Credit must identify that Recycled Produced Water Credit in a Form 47 or Annual Certification (as defined in Subpart D below). If the Operator creating the Recycled Produced Water Credit chooses to apply the Recycled Produced Water Credit to its own compliance demonstration, it will do so through its Form 47 or Annual Certification (as defined in Subpart D below). In this event, the Recycled Produced Water Credit must be used within the same compliance period or within 24 months after the compliance period in which the Recycled Produced Water Credit was created.
- ii. If a Recycled Produced Water Credit is subsequently transferred to a third-party Operator, the transferor Operator will submit a Form 48 within ten days of the transfer. The Operator shall identify: (1) the Form 47 on which the Recycled Produced Water Credit was established; (2) the number of Recycled Produced Water Credits being transferred; and (3) the Operator receiving the Recycled Produced Water Credits. Recycled Produced Water Credits created by operations in one geologic basin may not be transferred outside of that geologic basin.
- iii. An Operator who acquires a Recycled Produced Water Credit from a third-party Operator may apply that Recycled Produced Water Credit to the receiving Operator's average percentage of Recycled Produced Water for the relevant compliance period in a Form 47 or Annual Certification. A Recycled Produced Water Credit that is acquired from a third-party Operator must be used within the same compliance period or within 24 months after the compliance period in which the Recycled Produced Water Credit was created.
- iv. The Director will maintain a centralized ledger that tracks the generation, usage, and trading of Recycled Produced Water Credits. In maintaining this ledger, the Director will review Form 47s creating and applying Recycled

Produced Water Credits and Form 48s transferring Recycled Produced Water Credits to confirm that the claimed Recycled Produced Water Credits have been properly created, transferred, and applied towards compliance with Rule 905.c.(6).A.

- v. An Operator may not create Recycled Produced Water Credits for exceeding the 50% requirement during the first year of any compliance period, but the Operator  
may create Recycled Produced Water Credits for exceeding the 100% requirement during the first year of any compliance period.
- vi. An Operator found by the Commission to have intentionally misrepresented Recycled Produced Water Credits in either an OFV or AOC will be prohibited from creating, applying, conveying or acquiring Recycled Produced Water Credits.

**D. Consideration of an Operator's Recycled Produced Water Target Status.** No later than April 1 of each year, beginning in 2027, Operators will submit a certification to the Director ("Annual Certification") providing whether the Operator has met the water usage requirements set forth in Rule 905.c.(6).A in the preceding year(s) of a compliance period; provided, however, that in the first year of any compliance period, the Operator need only demonstrate that it has met 50% of the water usage percentage set forth in Rule 905.c.(6).A for that compliance period, and in each subsequent year of a compliance period, the Operator must demonstrate it has averaged 100% of the water usage percentage set forth in Rule 905.c.(6).A over all applicable Wells for the four year compliance period.

- i. If an Operator is unable to certify it has met the Rule 905.c.(6).A water usage requirement in its Annual Certification, then the Operator will submit, within 30 days of its Annual Certification, an Annual Compliance Plan that describes in detail the actions the Operator will take during the remainder of a compliance period to come into compliance with the Operator's Rule 905.c.(6).A percentage target by the applicable compliance deadline, as well as benchmarks to measure the Operator's consistent progress toward meeting the applicable compliance deadline.
- ii. Following its submission of an Annual Compliance Plan, the Operator will provide, in its quarterly Form 47, the steps the Operator took in the preceding quarter in furtherance of its Annual Compliance Plan to comply with the Operator's Rule 905.c.(6).A percentage target by the applicable compliance deadline ("Compliance Report").
- iii. Once an Operator demonstrates in its Compliance Report, or in a subsequent Annual Certification, that the Operator is meeting its Rule 905.c.(6).A

percentage target, then the Operator need not continue to submit a Compliance Report.

- iv.** If an Operator has not met the Rule 905.c.(6).A water usage requirement by the end of the four-year compliance period, as part of the Director's recommendation pursuant to Rule 306.b and Rule 314.g, the Director will condition approval of the Operator's new Oil and Gas Development Plans and Comprehensive Area Plans to meet or exceed the Rule 905.c.(6).A water usage requirement by the end of the next compliance period. This will continue for all of the Operator's applications submitted pursuant to Rule 306 and Rule 314, until the Operator can certify it is meeting the Rule 905.c.(6).A water usage requirement in its Annual Certification.
- v.** If an Operator has not met the Rule 905.c.(6).A water usage requirement by the end of the four-year compliance period, as part of the Commission's review of the Director's Recommendation pursuant to Rule 307 and 314.h, the Commission will condition approval of all the Operator's new Oil and Gas Development Plans and Comprehensive Area Plans to meet or exceed the Rule 905.c.(6).A water usage requirement by the end of the next compliance period. This will continue for all of the Operator's applications submitted pursuant to Rule 306 and Rule 314, until the Operator can certify it is meeting the Rule 905.c.(6).A water usage requirement in its Annual Certification.
- vi.** If the Director determines that the information supplied on an Operator's Annual Compliance Plans and Compliance Report indicates that an Operator will be unable to comply with the Operator's Rule 905.c.(6).A percentage target by the applicable compliance deadline, the Director will require the Operator to take such actions as the Director deems necessary to assure compliance with the Operator's Rule 905.c.(6).A percentage target by the applicable compliance deadline.
- vii.** If an Operator has not met the Rule 905.c.(6).A water usage requirement by the end of the compliance period, the volume of Recycled Produced Water, Recycled Produced Water Alternative, or Recycled Produced Water Credits necessary to bring the Operator into compliance will carry over and be added to the requirements to be met by the Operator in the next compliance period. This carryover will be a separate requirement in addition to meeting the next compliance period requirements. Operators out of compliance at the end of a compliance period will be subject to Rule 905.c.(6).D.iv. and v. until the Operator has submitted an Annual Certification that it has come into compliance and has addressed the carryover from the previous compliance period.

- viii. If the Director requires an Operator to take action pursuant to Rule 905.c.(6).D.vi, the Operator may appeal the Director's decision to the Commission pursuant to Rule 503.g.(10). The matter will not be assigned to an Administrative Law Judge or Hearing Officer. The Commission will hear the appeal at its next regularly scheduled meeting. The Commission may uphold the Director's decision if the Commission determines that the Director had reasonable cause to determine that the required actions are necessary to assure compliance with the Operator's Rule 905.c.(6).A percentage target by the applicable compliance deadline.

**E. Water Use Consistent with Limitations.** Unless an Operator can show that water will be diverted from the stream system only during Free River conditions, when all water rights are satisfied, the Fresh Water used in drilling and completion operations must be used in accordance with any limitations on a water right, permit or administrative approval for industrial use.

**ADD to 907.b.(5) Centralized E&P Waste Management Facility Siting Requirements and Limitations.**

- H. Operators are prohibited from siting new centralized Produced Water storage or treatment facilities within Disproportionately Impacted Communities. This prohibition does not apply to any Produced Water storage or treatment facilities excluded from the definition of Centralized E&P Waste Management Facilities.

**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
General



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**DEPARTMENT OF LAW**

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**Office of the Attorney General**

Tracking number: 2024-00465

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Energy and Carbon Management Commission**

**on 03/12/2025**

**2 CCR 404-1**

**PRACTICE AND PROCEDURE**

The above-referenced rules were submitted to this office on 03/14/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 31, 2025 10:03:24

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Energy and Carbon Management Commission

### **CCR number**

2 CCR 404-1

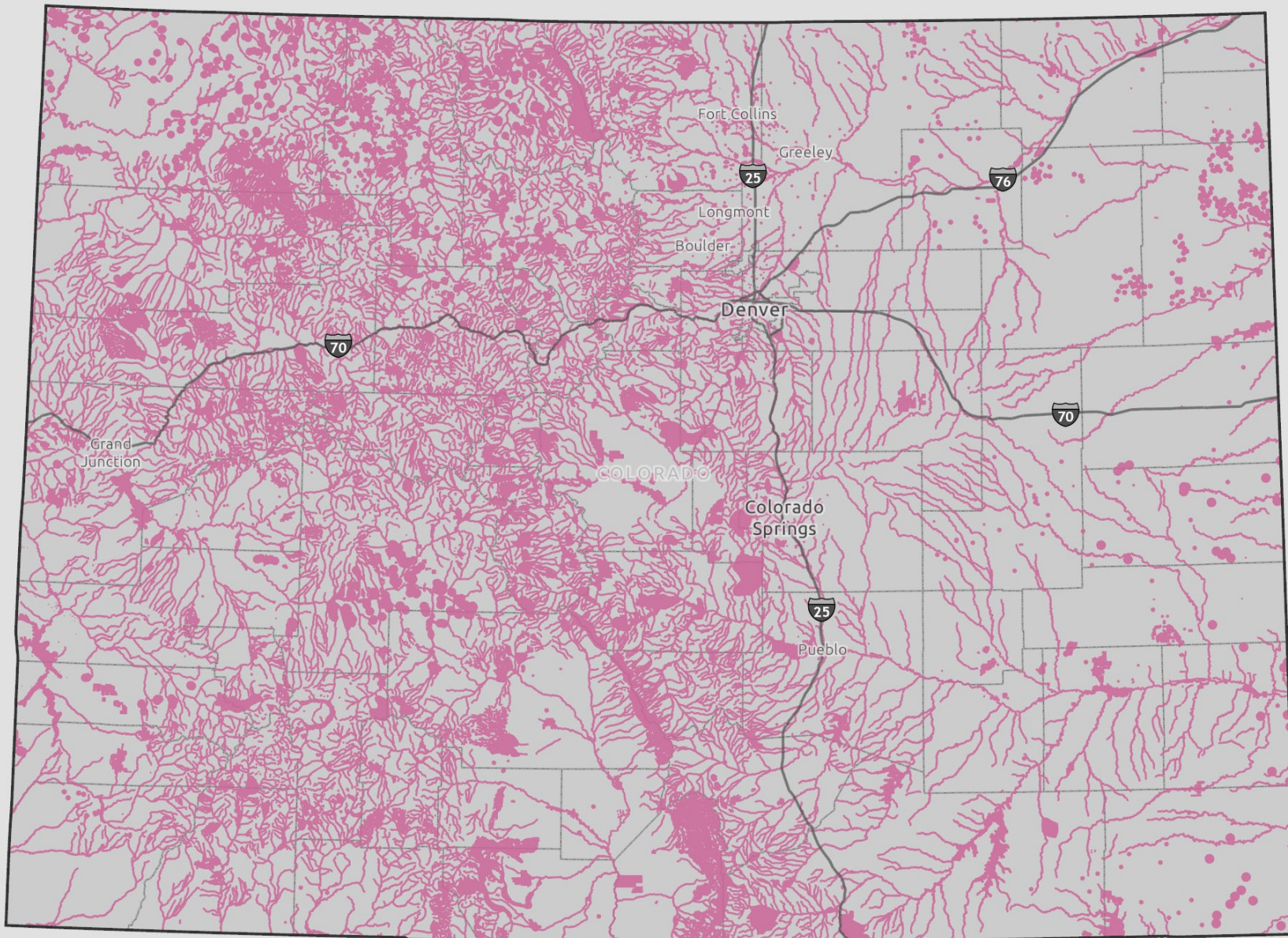
### **Rule title**

2 CCR 404-1 PRACTICE AND PROCEDURE 1 - eff 04/30/2025

### **Effective date**

04/30/2025





 All 1202C

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

## Appendix VII. High Priority Habitat Maps

### All 1202.c

### FINAL 02/26/2025

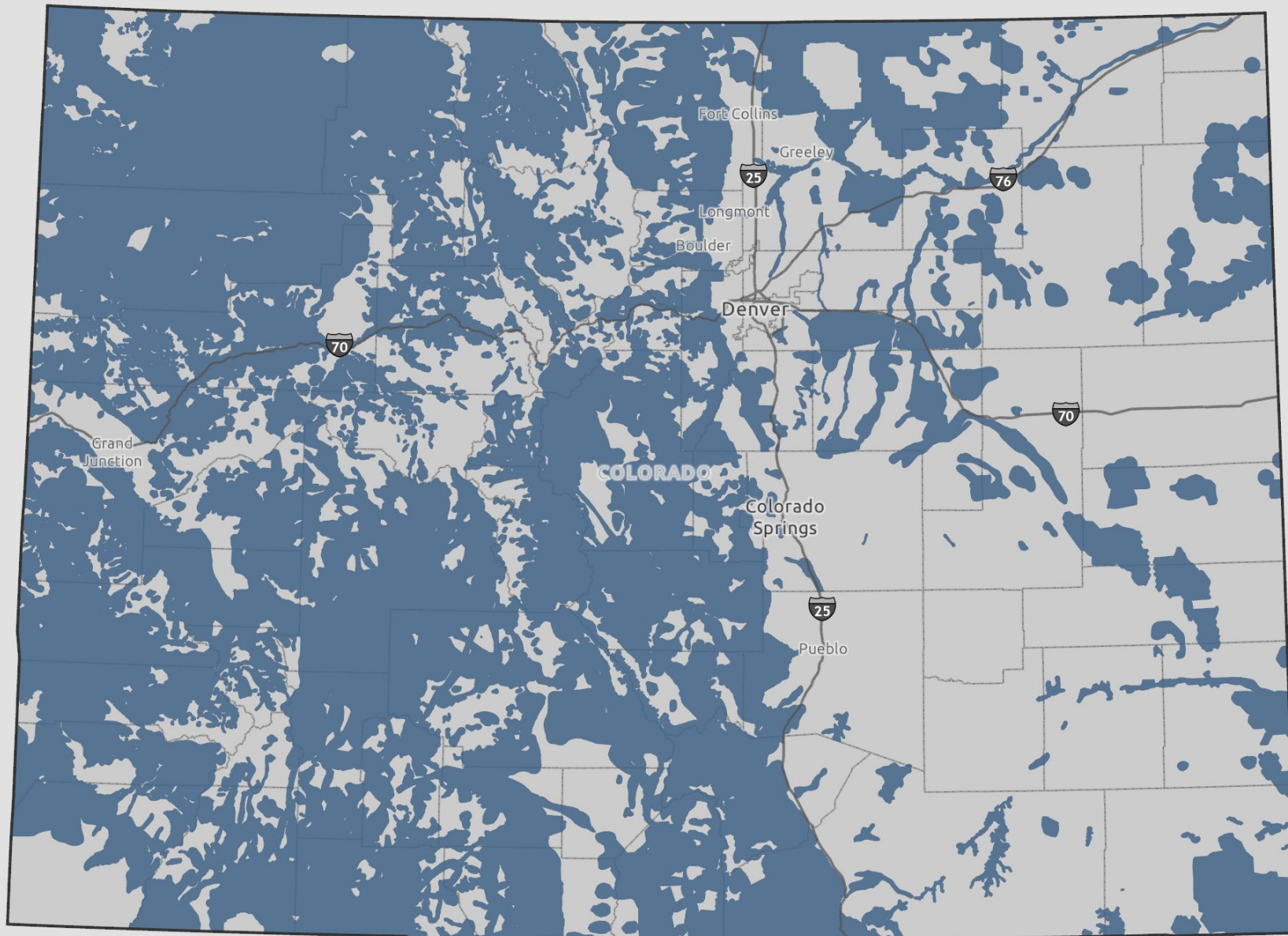
Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
[https://ecmc.state.co.us/maps.html#/gisonline;](https://ecmc.state.co.us/maps.html#/gisonline)  
 for up to date source maps and data, contact CPW



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 All 1202D

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

## Appendix VII. High Priority Habitat Maps

All 1202.d  
FINAL 02/26/2025

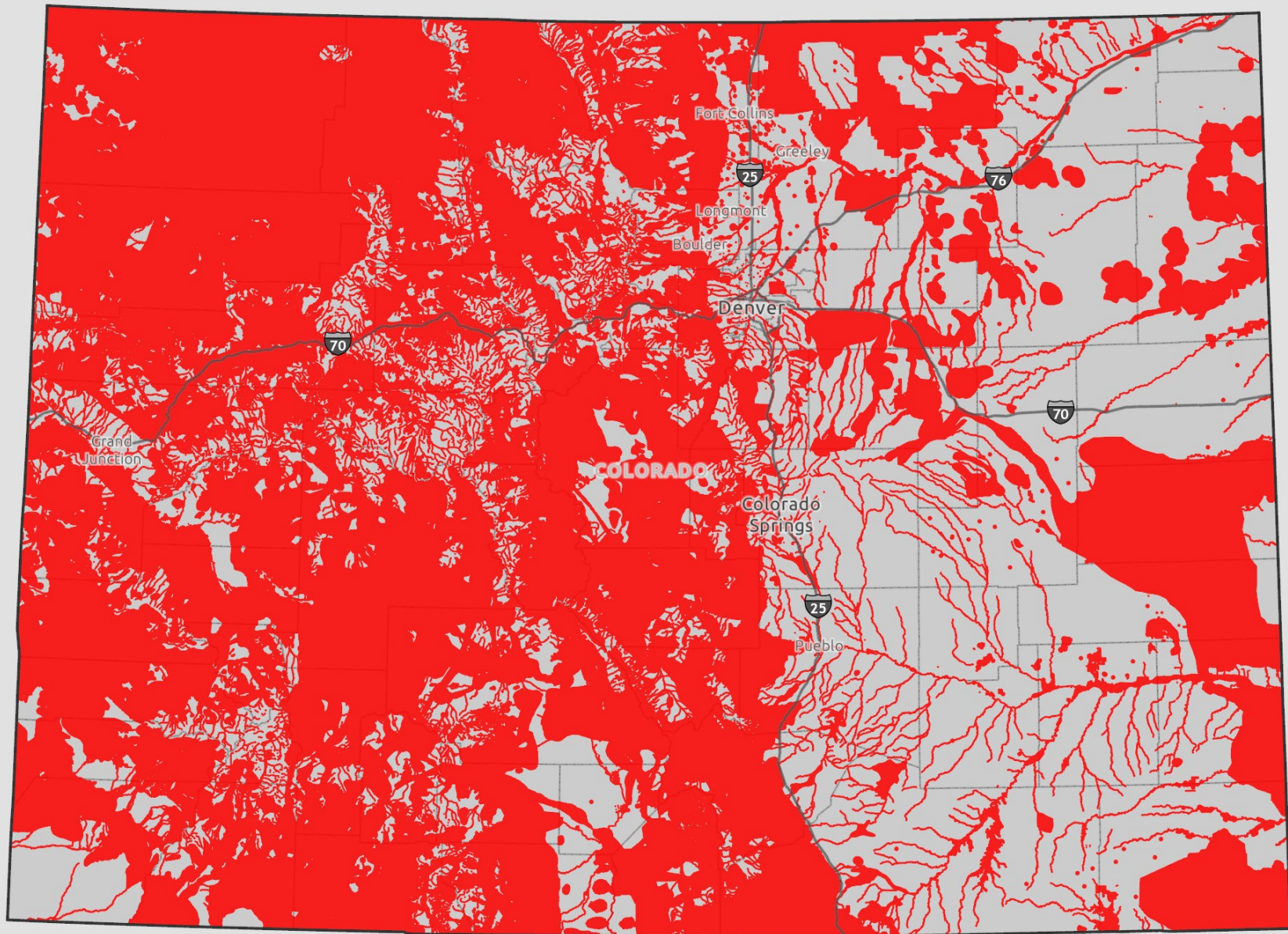
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All HPH

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## Appendix VII. High Priority Habitat Maps All High Priority Habitats FINAL 02/26/2025

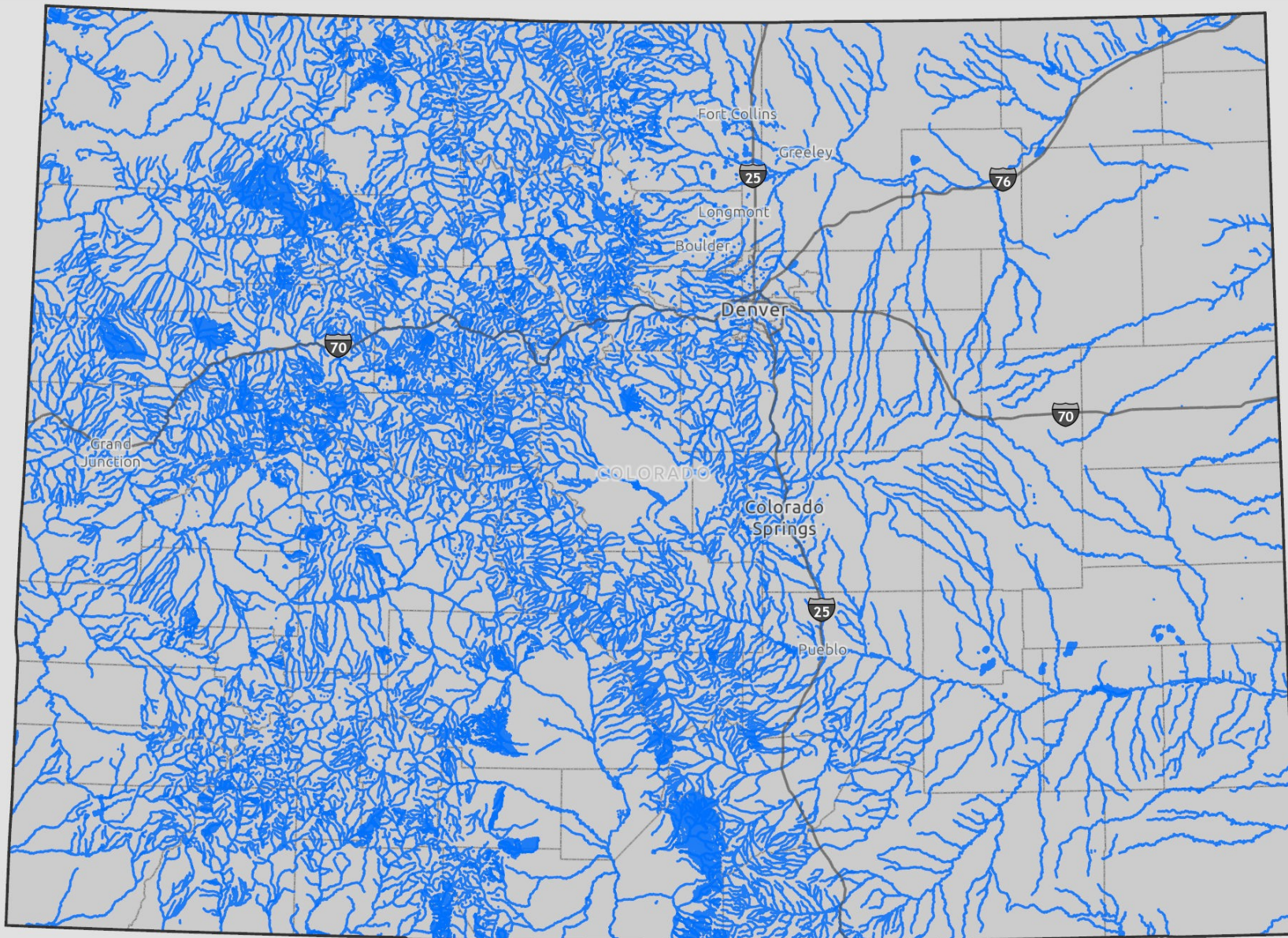
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Aquatic 1202C

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## Appendix VII. High Priority Habitat Maps Aquatic 1202.c FINAL 02/26/2025

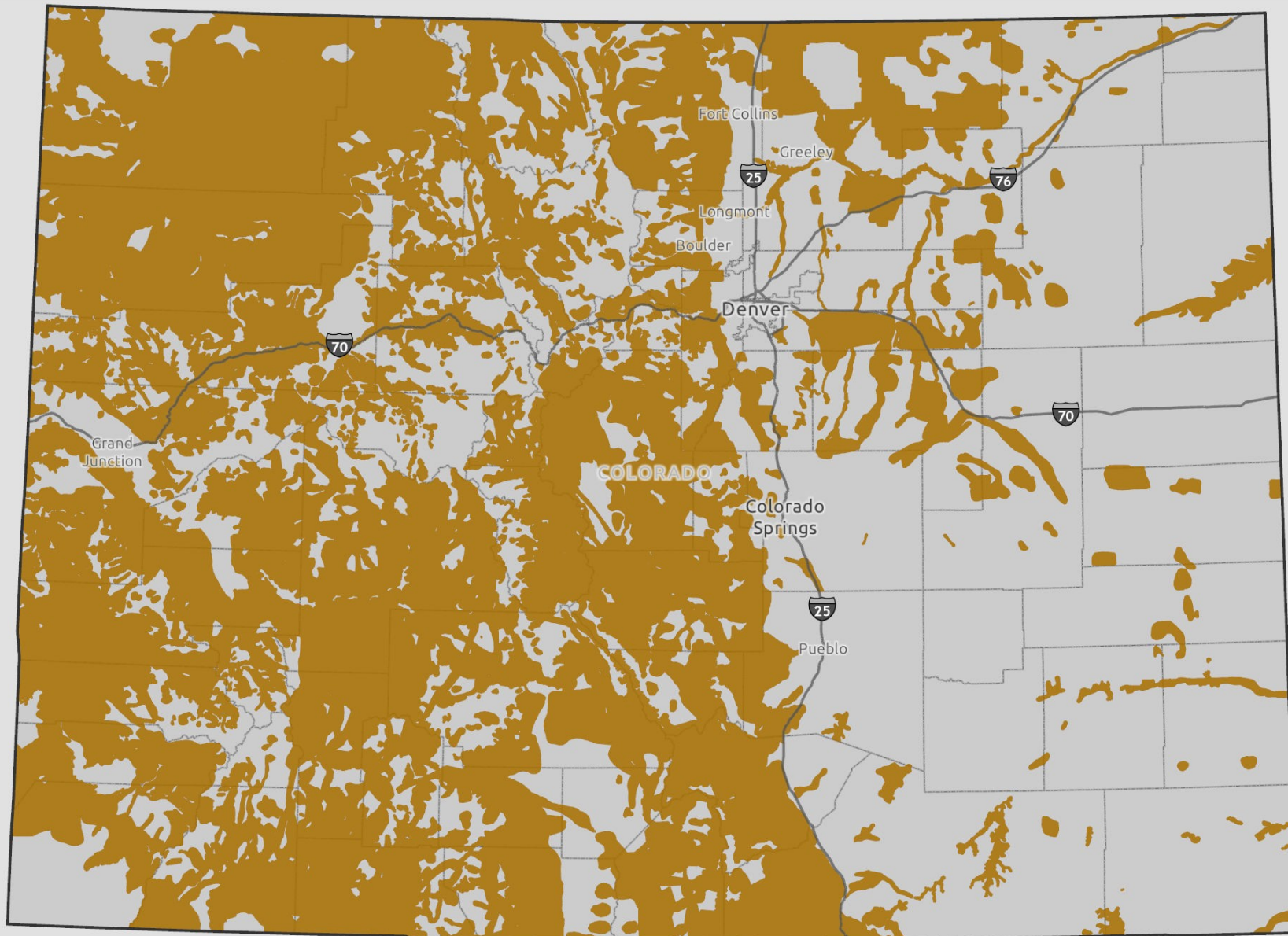
Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
<https://ecmc.state.co.us/maps.html#/gisonline>;  
for up to date source maps and data, contact CPW



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## Big Game 1202D

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

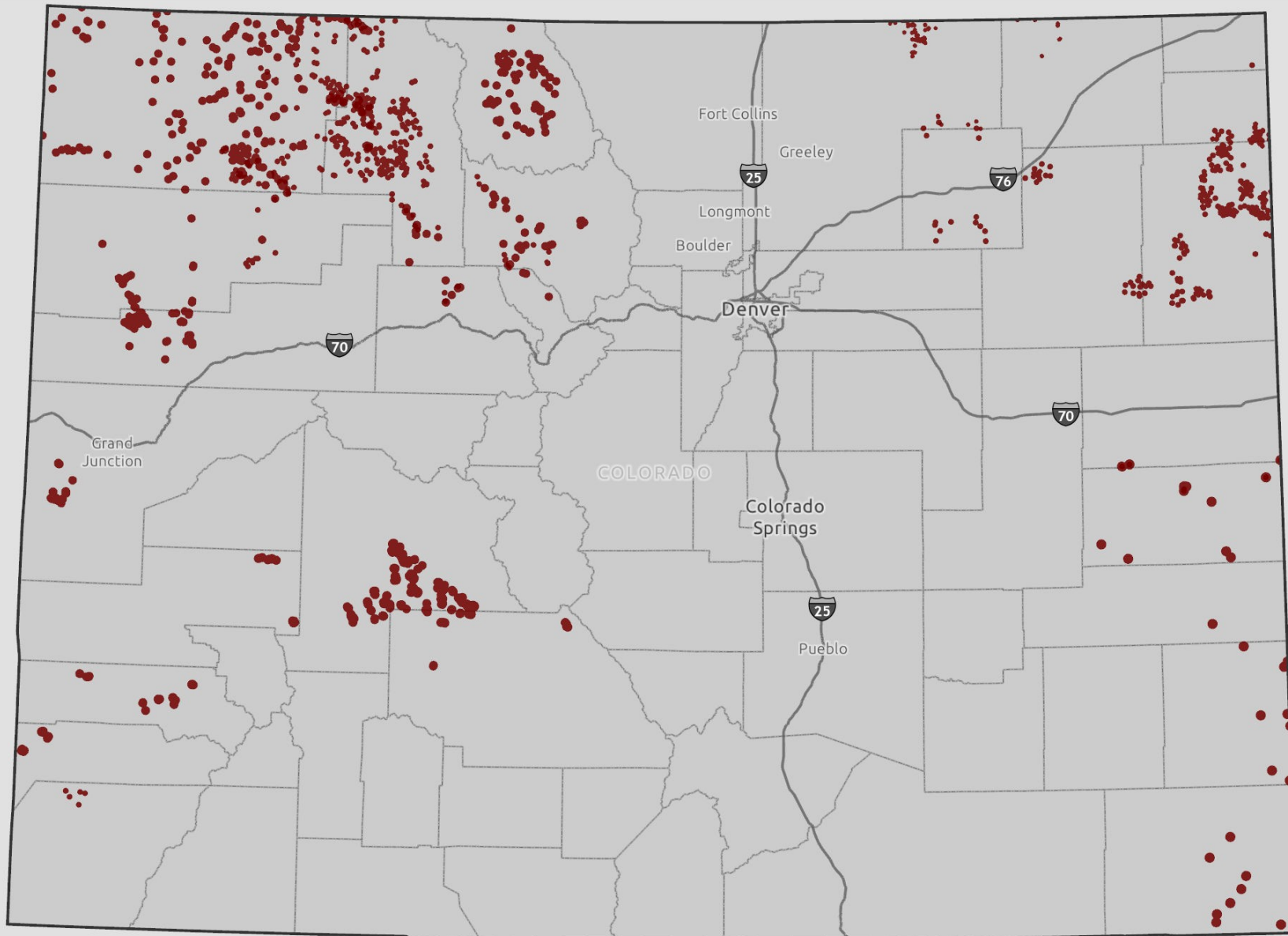
## Appendix VII. High Priority Habitat Maps Big Game 1202.d FINAL 02/26/2025

Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
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Grouse 1202C

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

## Appendix VII. High Priority Habitat Maps Grouse 1202.c FINAL 02/26/2025

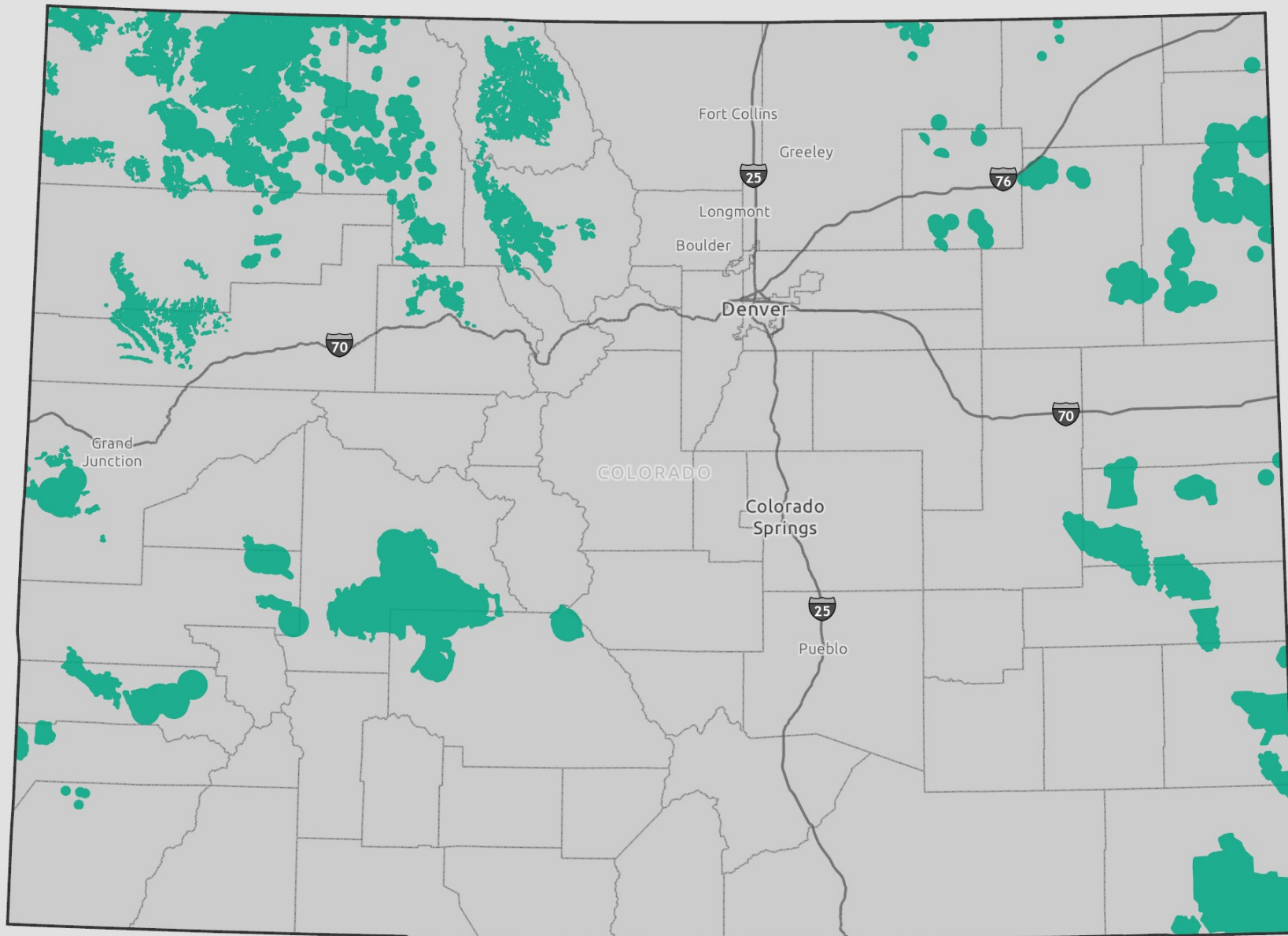
Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
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Grouse 1202D

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## Appendix VII. High Priority Habitat Maps

### Grouse 1202.d

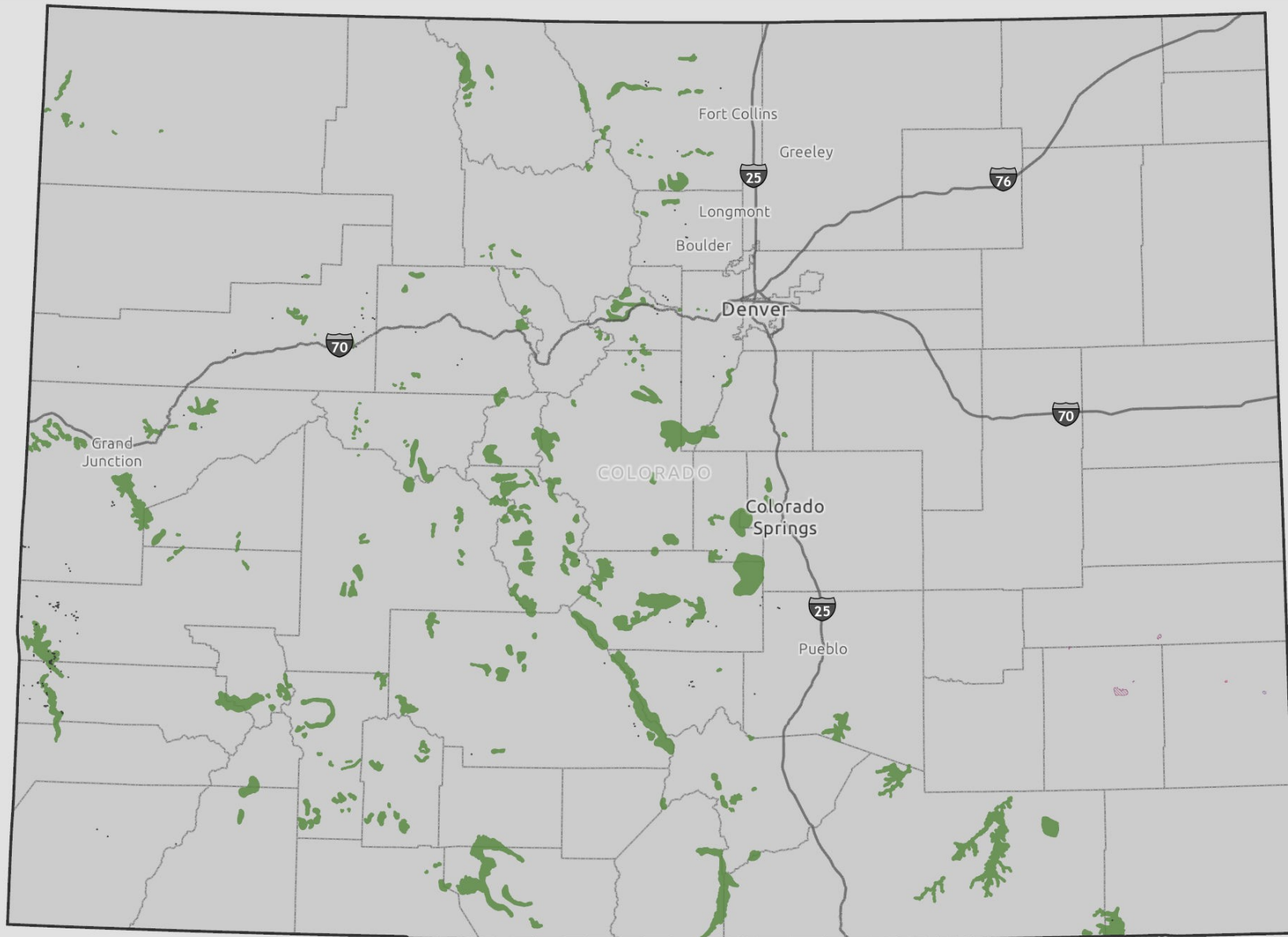
FINAL 02/26/2025


Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
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-  Bat Winter Hibernacula
-  Bighorn Sheep Production Area
-  Least Tern Production Area
-  Piping Plover Production Area

## Appendix VII. High Priority Habitat Maps Other Wildlife 1202.c FINAL 02/26/2025

Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
<https://ecmc.state.co.us/maps.html#/gisonline>;  
 for up to date source maps and data, contact CPW



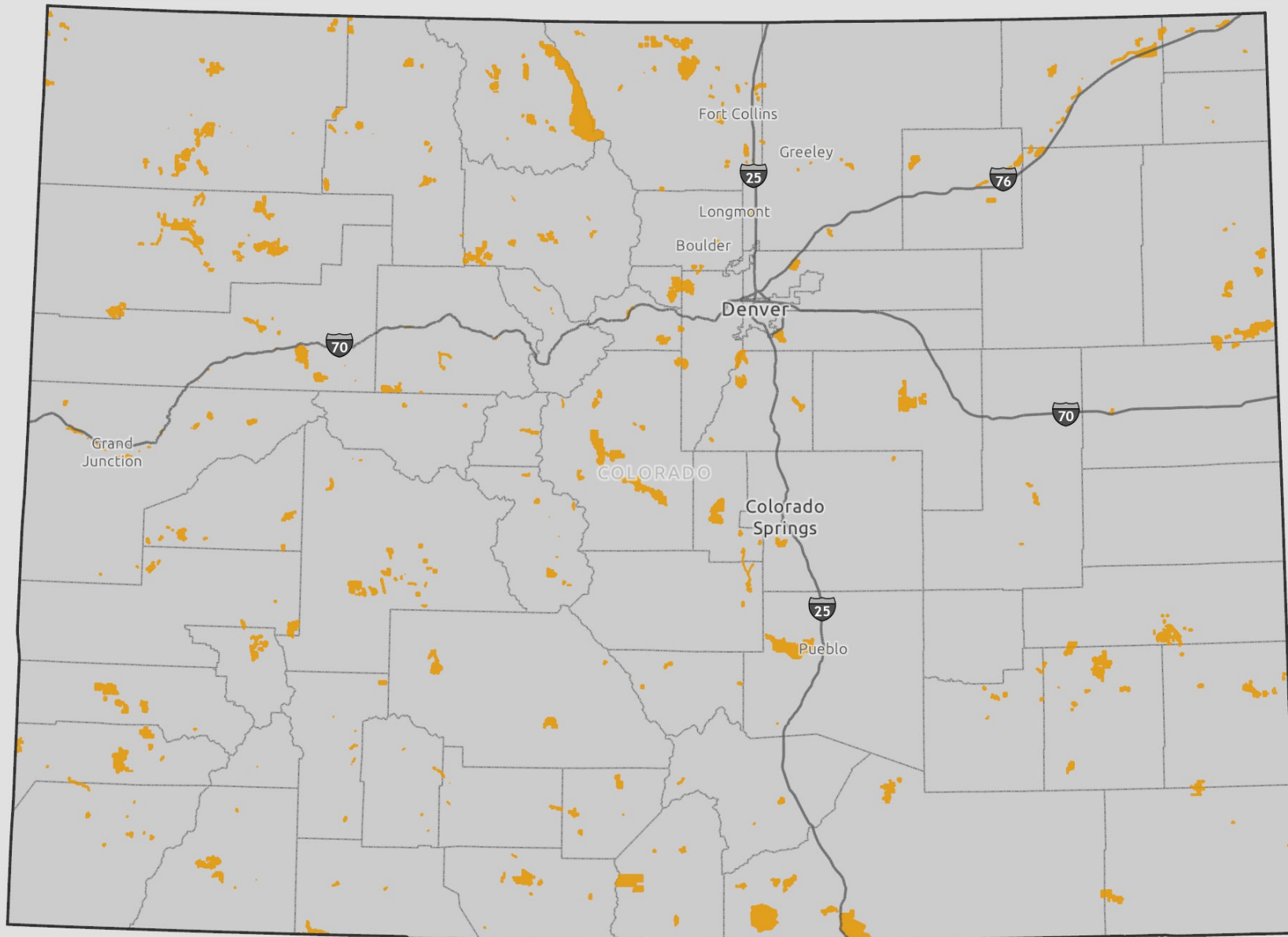
GIS Unit

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The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.





CPW State Parks &  
State Wildlife Areas

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

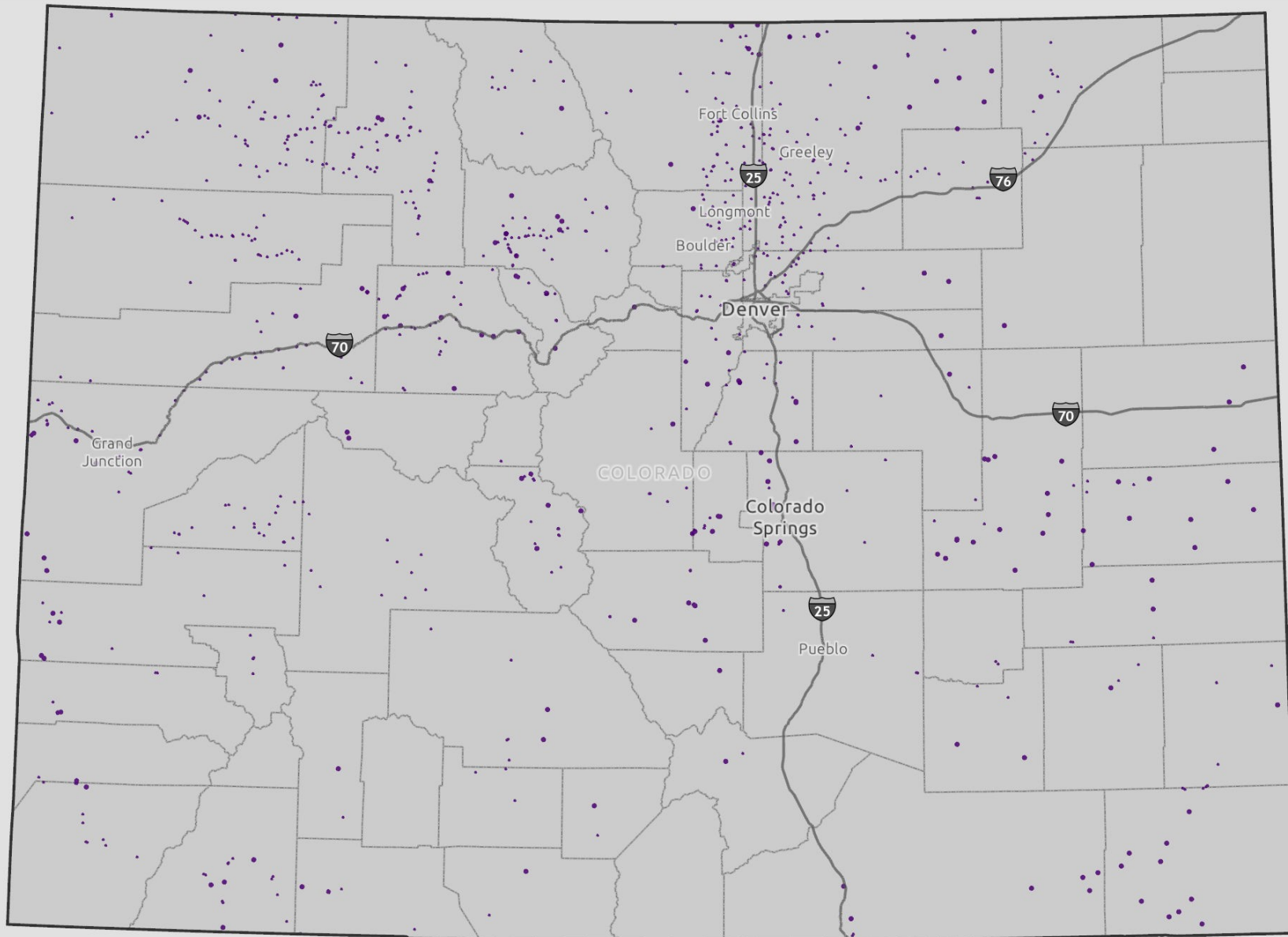
## Appendix VII. High Priority Habitat Maps CPW Owned Properties 1202.c FINAL 02/26/2025

Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
[https://ecmc.state.co.us/maps.html#/gisonline;](https://ecmc.state.co.us/maps.html#/gisonline)  
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Raptors 1202C

The buffer distances as stated in the ECMC Rules are not precisely scaled as symbolized on this statewide map and are provided for representational and reference purposes only.

## Appendix VII. High Priority Habitat Maps Raptors 1202.c FINAL 02/26/2025

Note: For an interactive map, please refer to the ECMC GIS Online map tool at:  
<https://ecmc.state.co.us/maps.html#/gisonline>;  
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**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
General



**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

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1300 Broadway, 10th Floor  
Denver, Colorado 80203  
Phone (720) 508-6000

**Office of the Attorney General**

Tracking number: 2024-00647

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Energy and Carbon Management Commission**

**on 02/26/2025**

**2 CCR 404-1**

**PRACTICE AND PROCEDURE**

The above-referenced rules were submitted to this office on 03/05/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 17, 2025 08:13:23

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (405 Series, Parks)

### **CCR number**

2 CCR 405-7

### **Rule title**

2 CCR 405-7 CHAPTER P-7 - PASSES, PERMITS AND REGISTRATIONS 1 - eff  
05/01/2025

### **Effective date**

05/01/2025

**FINAL REGULATIONS - CHAPTER P-7 - PASSES, PERMITS AND REGISTRATIONS**

**ARTICLE I - General Provisions and Fees Relating to Passes, Permits and Registrations**

**#701 - Individual Passes**

1. Individuals sixteen years of age or older entering any state recreation area or state park by means other than a motor vehicle, such as on foot, bicycle, horseback, etc., shall have a valid parks pass issued by the Division or DOR carried on their person. Individuals entering by means other than a motor vehicle into Boyd Lake, Cameo Shooting and Education Complex, Chatfield, Cherry Creek, Cheyenne Mountain, Lake Pueblo, and Lone Mesa state parks may enter without purchasing a parks pass. Individual passes are not required at any state recreation area or state park under the circumstances identified in regulation # 700-2.a. through # 700-2.e. and # 700-2.g. through # 700-2.k or for individuals under the age of sixteen.
2. A Columbine, Centennial, Blue Spruce, Independence, Volunteer or Military Pass is issued to an individual person and not a specific vehicle. These shall authorize entrance by motor vehicle, when and where motor vehicle access is permitted, to all state recreation areas and state parks or for other forms of individual access, when in possession of the pass holder. Such authorization shall apply to the holder of the pass and all the passengers in, and the driver of, the motor vehicle carrying the holder of such pass. The pass must be continuously displayed in the manner described on the pass. A Columbine, Centennial, Blue Spruce, Independence, Volunteer or Military Pass is transferable from motor vehicle to motor vehicle as long as the pass holder is present in the vehicle. The Centennial pass may also be associated with the Centennial pass holder's vehicle, if desired, at no additional cost.
3. Any resident of the state who is a first responder with a permanent occupational disability as defined in state statute 33-4-104.5 (2) may obtain, free of charge, a Blue Spruce annual pass, also known as a Columbine annual pass for first responders pursuant to 33-12-103.5 (2.5), C.R.S. The pass will only remain valid as long as the individual maintains their Colorado residency as defined in 33-1-102 (38) (a), C.R.S.
  - a. In order to qualify for a Blue Spruce annual parks pass, a resident must provide the following written proof to the Division:
    - (1) The "Initial Disability Administration Decision" form from the Fire and Police Pension Association that specifies a permanent occupational disability; or
    - (2) For residents that are not members of the Fire and Police Pension Association, a fully completed Division "First Responder Affidavit" signed by the applicant attesting to the fact that their permanent disability or disease was obtained while on active-duty.
4. A resident who is a disabled veteran or a resident who is a purple heart recipient may obtain an Independence annual parks pass pursuant to 33-12-106 (1) (b), C.R.S and 33-12-106 (1) (c), C.R.S. An Independence annual parks pass shall be issued following the Division's receipt of a completed application from a qualified resident of the state. The pass will only remain valid as long as the individual maintains their Colorado residency as defined in 33-10-102 (21), C.R.S.
  - a. In order to qualify for an Independence annual parks pass, a resident must provide the following written proof to the Division:

- (1) DD 214 Form or other documentation indicating the veteran received an Honorable Discharge from a branch of the Armed Services of the United States, **AND**
  - (2) A qualification letter, on official stationary/letterhead, from the Veteran's Administration, Department of Veteran's Affairs, or the branch of service from which the veteran is receiving compensation, that states one of the following:
    - a. 50% or greater, service-connected permanent disability;
    - b. Loss of use of one or both feet;
    - c. Loss of use of one or both hands; or a
    - d. Loss of vision in both eyes, **OR**
  - (3) A DD 214 Form indicating the applicant has been awarded a purple heart, or a letter of verification from the appropriate branch of the armed forces of the United States that the applicant has been awarded a purple heart.
5. A disabled resident may obtain a Columbine annual pass pursuant to 33-12-103.5, C.R.S. A resident who qualifies for a Centennial annual pass may obtain such pass as provided for in this regulation. A Columbine or a Centennial annual parks pass shall be issued following the Division's receipt of a completed application from a qualified resident of the state and the payment of the necessary fee. The pass will only remain valid as long as the individual maintains their Colorado residency as defined in 33-10-102 (21), C.R.S.
- a. In order to qualify for a Columbine annual parks pass, a resident must provide the following written proof to the Division:
    - (1) A "Final Admission of Liability" form from the Division of Workers Compensation that indicates a total and permanent disability; or
    - (2) A fully completed Division "Physician's Affidavit" signed by a licensed physician attesting that the resident meets the definition of a total and permanent disability. A **"total and permanent disability"** shall mean any physical or mental impairment which prevents substantial gainful employment, but only if it is reasonably certain that such a disability will continue throughout the lifetime of the disabled person.
  - b. In order to qualify for a Centennial annual parks pass, a Colorado resident must show a photo identification card and:
    - (1) Provide written proof in the form of a federal or state income tax return from the immediately preceding calendar year that the federal taxable income of such individual is at or below one hundred percent of the official poverty line for an individual or a family, as appropriate to the applicant. If said tax return is not available, a return for the year immediately preceding such year shall suffice. Or,
    - (2) If an individual's income is at a level where such individual was not required to file a federal income tax return for the immediately preceding calendar year, such individual shall sign a statement under penalty of perjury in the second degree to such effect. No such affidavit shall be required to be notarized. Or,

- (3) Documentation in the form of a card or other verifiable written materials that the resident is currently enrolled in any one of the following programs: TANF (Temporary Assistance to Needy Families), WIC (Special Supplemental Nutrition Program for Women, Infants and Children), Health First Colorado (Colorado's Medicaid program), SNAP (Supplemental Nutrition Assistance Program), FDPIR (Food Distribution Program on Indian Reservations), or LEAP (Low-income Energy Assistance Program).

The pass will only remain valid as long as the individual maintains their Colorado residency as defined in 33-10-102 (21), C.R.S. The federal taxable income amounts, based on the number of people in the family/household, cannot be greater than those listed in the poverty guidelines set forth in the Annual Update of the HHS Poverty Guidelines, 90 Fed. Reg. 5917 (January 15, 2025) issued by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201. This federal guideline, but not later amendments to or editions thereof, has been incorporated by reference. Information regarding how and where the incorporated materials may be examined, or copies obtained, is available from:

Regulations Manager

Policy and Planning Unit

Colorado Division of Parks and Wildlife

6060 Broadway

Denver, Colorado 80216

- c. The Columbine, Centennial, Independence, and Blue Spruce annual parks pass application shall be on a form provided by the Division. Blank applications shall be available, during regular business hours, at the Divisions' regional offices, Denver offices, and service centers.
- d. Individuals applying to the Division for a Columbine, Centennial, Independence, or Blue Spruce annual parks pass must provide the following information:
  - (1) Full name and address, including city, county, state and zip code; and
  - (2) Phone number, unless the phone number is unlisted or non-published; and
  - (3) Date of birth and age; and
  - (4) Physical description, including sex, height, weight, hair and eye color; and
  - (5) Applicant's signature and date of application; and
  - (6) If applying for a Columbine annual parks, information concerning the nature of the applicant's disability, together with supporting evidence of the same.
  - (7) If applying for a Centennial annual parks pass, information concerning the applicant's total annual income and number of people in the family/household, together with supporting evidence of the same or supporting evidence the applicant is currently enrolled in one of the programs listed in these regulations.

- (8) If applying for a Blue Spruce annual parks pass, information concerning the applicant's first responder service and disability, together with supporting evidence of the same.
  - (9) If applying for an Independence annual parks pass, required documentation supporting veteran's status and disability qualifications or verification that the applicant has been awarded a purple heart.
- e. The Columbine, Centennial, Independence, and Blue Spruce annual parks pass application form shall contain language explaining that the completed and signed application, once submitted to the Division, will be treated in all respects as a sworn statement. The form shall also contain an oath that includes an affirmation attesting to the truth of that which is stated, the applicant is aware that statements made are intended to be represented as true and correct statements, and that false statements are punishable by law.
- f. At the time that an application for a Columbine or a Centennial annual parks pass is submitted to the Division, the appropriate fee shall also be paid.
- g. Pending the issuance of a Columbine, Centennial, Independence, or Blue Spruce annual parks pass, possession on the applicant of a bona fide copy of the application permits the applicant and others in the motor vehicle carrying the applicant entrance by motor vehicle to all state parks and state recreation areas, when and where motor vehicle access is permitted, for a period of thirty days following the date of filing the application with the Division or until receipt of notice from the Division either granting or denying the application request, whichever period of time is shorter.
- h. Within 15 days of the Division's receipt of a completed Columbine or Centennial annual parks pass application and the appropriate fee payment, or Blue Spruce or Independence annual parks pass application, the Division shall review and approve or deny the application.
  - (1) Completed applications shall be approved if the minimum qualifications set forth in this regulation are met.
  - (2) Conversely, if the minimum qualifications are not met, then the application shall be denied. The applicant shall be notified in writing within five working days upon denial of a request. Such written notification shall include an explanation of the basis for denial and a refund of any fee paid.
  - (3) The applicant may appeal this decision to the Division Director by notifying the Director in writing within sixty days of the Division's mailing of the denial notice. A faster appeal will be necessary when the calendar year will end prior to the expiration of the sixty-day appeal period.
  - (4) The address utilized by the Division for all mailings associated with the processing of a Columbine, Centennial, Independence, or Blue Spruce annual parks pass application shall be the address indicated on the application.
- i. If a Columbine, Centennial, Independence, or Blue Spruce annual pass is lost or destroyed during the period of time that it would otherwise would have been valid, the person to whom the pass was issued may obtain a duplicate thereof, free of charge, upon signing an affidavit reciting where and by whom it was issued and circumstances under which it was lost.



6. The types of non-motor vehicle individual passes available from the Division are as follows:
  - a. A non-motor vehicle individual daily pass, for all persons sixteen years of age or older, shall be carried on the individual's person for all visitors entering state recreation areas and state parks as provided in regulation #701-1 and regulation #701-6.d.
  - b. A non-motor vehicle individual annual pass issued to one pass holder, may be used for the pass holder and up to three additional visitors sixteen years of age or older. Such pass, shall be carried on the pass holder's person for visitors entering state recreation areas and state parks as provided in regulation #701-1 and regulation #701-6.d.
  - c. The receipt for an annual pass, a copy of the individual's vehicle registration displaying a Keep Colorado Wild annual pass, a Division sponsored mobile application showing active status of a Keep Colorado Wild annual pass or other Division annual pass shall be carried on the pass holder's person to be used as an individual annual pass, for the pass holder and up to three additional visitors sixteen years of age or older, for visitors entering all state recreation areas and state parks as provided in regulations #701-1 and regulation #701-6.d.
  - d. The following rules apply to non-motorized access to Arkansas Headwaters Recreation Areas:
    - (1) A non-motor vehicle individual daily pass, for all persons sixteen years of age or older, shall be carried on the individual's person for all visitors entering the developed and posted fee sites of Arkansas Headwaters Recreation Area.
    - (2) Or the receipt for an annual pass, or a copy of the individual's vehicle registration displaying a Keep Colorado Wild annual pass shall be carried on the pass holder's person to be used as an individual annual pass, and may be used for the pass holder and up to three additional visitors sixteen years of age or older for visitors entering the developed and posted fee sites of Arkansas Headwaters Recreation Area.
  - e. If a non-motor vehicle individual annual pass is lost or destroyed during the period of time that it would otherwise would have been valid, the person to whom the pass was issued may obtain a duplicate thereof, free of charge, upon signing an affidavit reciting where and by whom it was issued and circumstances under which it was lost.
7. Volunteers for Colorado Parks and Wildlife are eligible for a volunteer park pass while serving in accordance with a signed individual volunteer agreement and after donating a minimum of 48 hours of approved volunteer service within a previous consecutive 12-month period.
  - a. The volunteer park pass is valid for one year from the date of issue.
8. Volunteers for Colorado Parks and Wildlife who are 64 years of age or older, regardless of their state of residence, are eligible for the senior volunteer park pass while serving in accordance with a signed individual volunteer agreement and after donating a minimum of 48 hours of approved volunteer service within a previous consecutive 12-month period.
  - a. The senior volunteer park pass is valid for one year from the date of issue.
9. A veteran is eligible for a no fee individual military pass during the month of August.
  - a. In order to qualify for the no fee individual military pass, a veteran, reserve, or active duty

member of any branch of the armed forces of the United States, must provide at least one form of past or present military identification to the Division in order to receive the free Military pass. Acceptable forms of military identification include:

- (1) DD214;
- (2) DD Form 2;
- (3) DD Form 2765;
- (4) Active, retired or veteran military identification cards;
- (5) A current Colorado Driver's License or state issued identification card with the word 'Veteran' printed on it as specified in 42-2-303 (5)(a), C.R.S.;
- (6) VA medical card.

10. A no-fee individual "Check Out State Parks" Library Program Pass is available for check out from Colorado libraries.

#### **#709 - Registration Fee Schedule**

1. The fees for types of vessel registrations issued by the Division are as follows:
  - a. Vessel registration (including annual resident registration and each rental vessel registration):
    - (1) For vessels less than twenty feet in length.....\$35.00
    - (2) For vessels twenty feet to less than thirty feet in length.....\$45.00
    - (3) For vessels thirty feet or more in length.....\$75.00
  - a. Dealer registration for all vessels owned by a dealer which are operated for research, testing, experimentation, or demonstration purposes only:
    - (i) When the dealer sells twenty-five or fewer vessels within the preceding year.....\$45.00
    - (ii) When the dealer sells more than twenty-five vessels within the preceding year.....\$75.00
  - b. Manufacturer registration for all vessels owned by a manufacturer which are operated for demonstration or testing purposes only.....\$25.00
  - c. Nonresident annual vessel registration for a person from a state or country where registration is not permitted.....\$50.00
2. The fees for the types of snowmobile registrations issued by the Division are as follows:
  - a. Snowmobile registration (including annual resident registration and each rental snowmobile).....\$50.00

- b. Dealer registration for all snowmobiles owned by a snowmobile dealer which are operated for demonstration or testing purposes only:
      - (1) When the dealer sells twenty-five or fewer snowmobiles within the preceding year.....\$35.00
      - (2) When the dealer sells more than twenty-five snowmobiles within the preceding year.....\$60.00
    - c. Manufacturer registration for all snowmobiles owned by a manufacturer which are operated for research, testing, experimentation or demonstration purposes only.....\$35.00
    - d. Nonresident annual snowmobile permit.....\$50.00
- 3. The fees for the types of off-highway vehicle registrations issued by the Division are as follows:
  - a. Off-highway vehicle registration and nonresident off-highway vehicle permit.....\$25.00
  - b. Dealer registration for all off-highway vehicles owned by an off-highway vehicle dealer and operated for demonstration or testing purposes only:
    - (1) When the dealer sells twenty-five or less off-highway vehicles within the preceding year.....\$35.00
    - (2) When the dealer sells more than twenty-five off- highway vehicles within the preceding year.....\$60.00
  - c. Manufacturer registration for off-highway vehicles owned by a manufacturer which are operated solely for research, testing, experimentation, or demonstration purposes..... \$35.00
  - d. Registration for off-highway vehicles owned by a lessor for rental purposes only:
    - (1) When the lessor owns ten or less off-highway vehicles within the preceding year.....\$35.00
    - (2) When the lessor owns more than ten off-highway vehicles within the preceding year.....\$60.00
- 4. A duplicate vessel, snowmobile, or off-highway vehicle registration.....\$5.00

**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
Chief Deputy Attorney General

**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
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**STATE OF COLORADO**  
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Denver, Colorado 80203  
Phone (720) 508-6000

**Office of the Attorney General**

Tracking number: 2025-00021

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (405 Series, Parks)**

**on 03/05/2025**

**2 CCR 405-7**

**CHAPTER P-7 - PASSES, PERMITS AND REGISTRATIONS**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:29:40

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

### **CCR number**

2 CCR 406-0

### **Rule title**

2 CCR 406-0 CHAPTER W-0 - GENERAL PROVISIONS 1 - eff 05/01/2025

### **Effective date**

05/01/2025

**FINAL REGULATIONS - CHAPTER W-0 - GENERAL PROVISIONS****ARTICLE II - LICENSE TYPES AND REQUIREMENTS****#001 - Hunt Codes**

- A.** Hunt Codes are a series of eight sequential letters and numbers which denote the species, sex of animal, unit number, season, and hunt type for each choice shown on the application:

- 1.** Species - The first character of the hunt code is a letter denoting species:

A for pronghorn  
 B for black bear  
 C for desert bighorn sheep  
 D for deer  
 E for elk  
 G for mountain goat  
 H for small game or furbearer  
 L for mountain lion  
 M for moose  
 P for greater prairie-chicken  
 S for rocky mountain bighorn sheep  
 T for wild turkey

- 2.** Sex of Animal - The second character of the hunt code is a letter denoting the sex of the animal for which the license is valid:

E for either-sex (antlerless or antlered) of animal, as defined in #200  
 F for antlerless or doe animals, as defined in #200  
 M for antlered or buck animals, as defined in #200

- 3.** Unit Number - The third through fifth characters are numbers denoting the unit or group of units in which the license is valid. Units are numbered sequentially beginning with the number 1. Zeros appear before the unit number when it is less than three characters in length, i.e. 001, 023, etc. Where the license is valid in more than one unit, the lowest numbered complete unit in the group is used, and the season table shows the complete list of valid units or portions thereof. When the limited license is valid statewide, the unit number is 000. In the case of sheep and goat, the three characters are a letter denoting the species (C, S, or G) followed by the two digit unit number.

- 4.** Season Dates or Type - The sixth and seventh characters are a letter and number (0 and up) or two numbers (1 and up) denoting the season and hunt number within the season type (chronologically):

A	for auction season/licenses + number
C	for private (match for public) combined ranches Ranching for Wildlife licenses + number, Novice Adult Hunter Outreach licenses on Ranching for Wildlife ranches + number
D	for game damage or distribution management hunts + number
E	for early seasons + number
F	for East of I-25 Family Only Landowner Pilot seasons + number, for replacement license for CWD positive animals + number
G	for licenses guaranteed to hunters due to natural disaster relief + number
H	for seasons for hunters with mobility impairments /licenses + number
J	for public combined ranches Ranching for Wildlife licenses + number
K	for youth only season/licenses + number

L	for late seasons + number
M	for private (match for public) Ranching for Wildlife licenses + number or for private Bighorn Sheep Access Program licenses
N	for private (match for public) special population Ranching for Wildlife licenses + number
O	for combined or regular seasons + number
P	for private land only (PLO) seasons + number (when simultaneous with a regular season, uses the same number as the regular season)
R	for Raffle season/licenses + number, or TIPs license + number, or Novice Adult Hunter Outreach licenses + number
S	for split seasons (either by time, location, or other listed criteria) + number
T	for trapping season/licenses + number
U	for over the counter licenses
V	for nonresident only licenses
W	for public Ranching for Wildlife licenses or for public Bighorn Sheep Access Program licenses
X	for public special population Ranching for Wildlife licenses + number
Y	for experimental seasons + number
Z	for disease management hunts + number

5. Manner of Take - The eighth character is a letter denoting the manner of take:  
A for archery only  
F for hawking only  
M for muzzle-loading only  
R for rifle and associated methods (all legal methods)  
X for Season Choice licenses, applicable manner of take restrictions apply
  
6. Until January 1, 2028, Preference Point Only Hunt Codes - When applicants wish to apply for a preference point only, the hunt codes are: Deer (DP99999P), Elk (EP99999P), Pronghorn (AP99999P), Mountain Goat (GP99999P), Rocky Mountain Bighorn Sheep (SP99999P), Moose (MP99999P), Spring Wild Turkey (TM99999P), Fall Wild Turkey (TE99999P) or Bear (BP99999P).

## Appendix F - Wildlife License and Pass Prices

### (1) Resident and nonresident licenses

License	Residency	Fees
3-year possession/hunting raptor license	Resident	\$187.11***
Annual possession/hunting raptor license	Nonresident	\$99.79***
Peregrine falcon capture license	Resident	\$374.22***
Extra rod stamp	Resident	\$11.23**
Extra rod stamp	Nonresident	\$11.23**
Fishing - 1 day	Resident	\$14.97**
Fishing - 1 day	Nonresident	\$18.71**
Fishing - additional day	Resident	\$6.24**
Fishing - additional day	Nonresident	\$6.24**
Fishing - 5 day	Nonresident	\$37.42**
Fishing - annual	Resident	\$41.16**
Fishing - annual	Nonresident	\$118.50**
Youth (ages 16-17) annual fishing	Resident	\$9.98**
Senior annual fishing	Resident	\$9.98**
Small game hunting	Resident	\$34.93**
Senior lifetime fishing, and resident low-income senior fishing annual upgrade to annual combination fishing and small game hunting^	Resident	\$24.49**
Small game hunting	Nonresident	\$99.79**
Small game - 1 day	Resident	\$14.97**
Small game - 1 day	Nonresident	\$18.71**
Small game - additional day	Resident	\$6.24**
Small game - additional day	Nonresident	\$6.24**
Furbearer license	Resident	\$34.93**
Furbearer license	Nonresident	\$99.79**
Turkey, fall	Resident	\$28.69**
Turkey, fall	Nonresident	\$187.11**
Turkey, spring	Resident	\$34.93**
Turkey, spring	Nonresident	\$187.11**
Turkey (youth)	Resident	\$17.46**
Turkey (youth)	Nonresident	\$124.74**
Combination fishing and small game hunting	Resident	\$59.87**
Senior (ages 64 and older) combination fishing and small game hunting	Resident	\$34.47**
Pronghorn	Resident	\$47.40**
Pronghorn	Nonresident	\$492.72**
Pronghorn	UMU Tribe Enrolled Member; LPP; Pinecrest Ranch Only	\$47.40**
Bear, fall	Resident	\$59.87**
Bear, fall	Nonresident	\$293.00**
Bear, fall (youth)	Resident	\$16.79*
Bear, fall (youth)	Nonresident	\$59.96*
Deer	Resident	\$47.40**
Deer	Nonresident	\$492.72**
Deer	UMU Tribe Enrolled Member; LPP; Pinecrest Ranch Only	\$47.40**
Elk	Resident	\$66.11**



<b>License</b>	<b>Residency</b>	<b>Fees</b>
Elk	Nonresident	\$823.28**
Elk	UMU Tribe Enrolled Member; LPP; Pinecrest Ranch Only	\$66.11**
Mountain goat	Resident	\$374.22**
Mountain goat	Nonresident	\$2756.74**
Moose	Resident	\$374.22**
Moose	Nonresident	\$2756.74**
Mountain lion	Resident	\$59.87**
Mountain lion	Nonresident	\$823.28**
Rocky mountain bighorn sheep	Resident	\$374.22**
Rocky mountain bighorn sheep	Nonresident	\$2756.74**
Desert bighorn sheep	Resident	\$374.22**
Desert bighorn sheep	Nonresident	\$2756.74**
Resident low-income senior fishing	Resident	\$8.00**
Youth big game (deer, elk, pronghorn)	Resident	\$17.15 each **
Youth big game (deer, elk, pronghorn)	Nonresident	\$124.43 each**
Youth small game hunting	Resident	\$1.25***
Youth small game hunting	Nonresident	\$1.25***
Colorado wildlife habitat stamp, purchased in conjunction with the purchase of a hunting or fishing license	Resident	\$12.47
Colorado wildlife habitat stamp, purchased in conjunction with the purchase of a hunting or fishing license	Nonresident	\$12.47
"Lifetime" Colorado wildlife habitat stamp	Resident	\$374.22***
"Lifetime" Colorado wildlife habitat stamp	Nonresident	\$374.22***

\*Plus additional surcharge of \$1.50 for the Wildlife Management Public Education Fund.

\*\*Plus additional surcharge of \$1.50 for the Wildlife Management Public Education Fund and \$0.25 for the Search and Rescue Fund.

\*\*\*Plus additional surcharge of \$0.25 for the Search and Rescue Fund.

^Valid only for resident senior Lifetime Disability and Low Income Fishing license holders.

All 2024 licenses sold through March 2025 shall be sold at the 2024 license fee and commission rates.

License prices established in this table are the actual license price. Some license prices have discounts applied from the statutory maximum price as provided for in Chapters W-2 and W-3.

## (2) Special licenses

<b>License</b>	<b>Fees</b>
Scientific collecting license	\$34.93
Importation license	\$93.55
Field trial license	\$28.69
Commercial lake license	\$249.48
Private lake license	\$17.46
Commercial wildlife park license	\$187.11
Noncommercial park license	\$34.93
Wildlife sanctuary license	\$187.11
Zoological park license	\$187.11

(3) The fee for each migratory waterfowl stamp is \$12.47.

- (4) The fee for each Federal Waterfowl Stamp is \$33.00.
- (5) The nonrefundable application-processing fee for each limited license is \$8.00 for resident applications and \$11.00 for nonresident applications.

**(6) Colorado State Wildlife Area passes**

<b>Pass</b>	<b>Fees</b>
Colorado State Wildlife Area Pass - annual	\$41.41**
Colorado State Wildlife Area Pass - 1 day	\$8.50*
Youth (ages 16-17) annual Colorado State Wildlife Area Pass	\$10.23*
Senior (ages 64 and older) annual Colorado State Wildlife Area Pass	\$10.23*
Low-income annual Colorado State Wildlife Area Pass	\$10.23*

\*Plus a surcharge of \$1.50 for the wildlife management public education fund.

\*\*Plus a surcharge of \$1.50 for the wildlife management public education fund and a fee of \$12.47 for a Colorado wildlife habitat stamp.

In order to qualify for an annual low-income Colorado State Wildlife Area Pass and the resident low-income senior fishing license an individual must show a photo identification card and:

Provide written proof, in the form of a federal or state income tax return from the immediately preceding calendar year, that the federal taxable income of such individual is at or below one hundred percent of the official poverty line for an individual or a family, as appropriate to the applicant. If said tax return is not available, a return for the year immediately preceding such year shall suffice. Or,

If an individual's income is at a level where such individual is not required to file an income tax return, such individual shall sign a statement under penalty of perjury in the second degree to such effect. No such affidavit shall be required to be notarized. Or,

A Colorado resident may provide documentation in the form of a card or other verifiable written materials that the resident is currently enrolled in any one of the following programs: TANF (Temporary Assistance to Needy Families), WIC (Special Supplemental Nutrition Program for Women, Infants and Children), Health First Colorado (Colorado's Medicaid program), SNAP (Supplemental Nutrition Assistance Program), FDPIR (Food Distribution Program on Indian Reservations), or LEAP (Low-income Energy Assistance Program).

The federal taxable income amounts, based on the number of people in the family/household, cannot be greater than the applicable guideline set forth in the Annual Update of the HHS Poverty Guidelines, 90 Fed. Reg. 5917 (January 15, 2025) issued by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Room 404E, Humphrey Building, Department of Health and Human Services, Washington, DC 20201. This federal guideline, but not later amendments to or editions thereof, has been incorporated by reference. Information regarding how and where the incorporated materials may be examined, or copies obtained, is available from:

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**Office of the Attorney General**

Tracking number: 2025-00022

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-0**

**CHAPTER W-0 - GENERAL PROVISIONS**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:30:23

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

### **CCR number**

2 CCR 406-2

### **Rule title**

2 CCR 406-2 CHAPTER W-2 - BIG GAME 1 - eff 05/01/2025

### **Effective date**

05/01/2025

**FINAL REGULATIONS - CHAPTER W-2 - BIG GAME**

**ARTICLE I - General Provisions**

**#205 - Annual Bag Limits and Maximum Numbers of Licenses per Person**

- A. Deer, elk, pronghorn, black bear, mountain lion, moose, rocky mountain bighorn sheep, and mountain goat

The annual bag and possession limit for deer, elk, pronghorn, black bear, mountain lion, rocky mountain bighorn sheep, and mountain goat shall be the total number of animals taken on all licenses which can be legally obtained by the hunter for each species during that license year, as established in the following lists. Big game taken during a hunting season established as a portion of the preceding license year's hunting seasons shall be counted as part of the preceding year's bag limit. When a license allows hunting in more than one Game Management Unit, the unit listed in the hunt code on the license shall determine the maximum number of annual licenses a license holder may obtain for that species.

Notwithstanding the ("List A," "List B," "List C") license categories set forth in this regulation, any license that is administratively converted to a private-land-only license as part of the Landowner Preference Program will retain the ("List A," "List B," "List C") status of its original hunt code.

1. Deer

- a. One License - Any hunter may obtain one deer license.
- b. Two Licenses - A hunter may obtain two deer licenses if at least one of them is:
  - 1. a private land only antlered license for GMUs 29, 38, 51, 391 and 461.
  - 2. a private land only antlerless license,
  - 3. an over-the-counter either-sex whitetail only license,
  - 4. an either-sex whitetail only license, except Ranching for Wildlife license, for GMUs 59, 69, 84, 581,
  - 5. an antlerless whitetail only license, except Ranching for Wildlife license, or
  - 6. an antlerless license, except for Ranching for Wildlife license, for GMUs 15, 18, 20, 25, 26, 27, 28, 29, 30, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 181, 361, 371, 421, 431, 444, 471.
  - 7. a license issued for hunt code DE087O2X, DE093O2X, DM009L1R, or DM951P5R.
- c. Any Number of Licenses - A hunter may also obtain any number of the following deer licenses:
  - 1. an auction license,
  - 2. a raffle license,
  - 3. a game damage license,

4. a special population management license (except that a hunter may not purchase more than one extra antlerless Ranching for Wildlife license as provided in #271(A)(2)) , a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
5. a disease management license,
6. a replacement license for an animal found CWD positive,
7. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
8. an Outreach license, as provided in #206(B)(4)(f).
9. a license issued for hunt code DF029P5R, DF038P5R, DF038L1R, DF056L1R, DF069L1R, DF085P5R, DF087O2X, DF091P5X, DF092P5X, DF093O2X, DF096P5X, DF096P6X, DF101O2X, DF104L3R, DF391P5R or DF481P5R.

## 2. Elk

- a. One License - Any hunter may obtain one elk license.
- b. Two Licenses - A hunter may obtain two elk licenses if at least one of them is
  1. a private land only antlerless license,
  2. an over the counter antlerless archery license,
  3. an antlerless license, except for Ranching for Wildlife license, issued for GMUs 1, 2, 6, 10, 16, 17, 18, 21, 22, 30, 31, 32, 38, 40, 41, 42, 43, 50, 52, 82, 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 201, 411, 421, 431, 471, 500, 501, 512, 682, 691, 791, 851, or 861,
  4. a license issued for hunt codes EF009L1R, EM682P5R or EM682P6R.
- c. Any Number of Licenses - A hunter may also obtain any number of the following elk licenses:
  1. antlerless private land only license for GMUs 104, 391 or 461,
  2. any over the counter either-sex license, except archery license, issued for GMUs 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 129, 130, 132, 135, 136, 137, 138, 139, 143, 144, 145, 146, 147, or 951,
  3. a license issued for hunt code, EF020L3R, or EF128L1R.
  4. an auction license,
  5. a raffle license,
  6. a game damage license,
  7. a special population management license (except that a hunter may not purchase more than one extra antlerless Ranching for Wildlife license as provided in #271(A)

(2)) , a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,

8. a disease management license,
9. a replacement license for an animal found CWD positive,
10. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
11. an Outreach license, as provided in #206(B)(4)(f).

### 3. Pronghorn

- a. One license - Any hunter may obtain one pronghorn license.
- b. Two licenses - A hunter may obtain two pronghorn licenses if at least one of them is:
  1. a private land only license,
  2. a doe license, except for Ranching for Wildlife license, issued for GMUs 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146 or 147,
- c. Any Number of Licenses - A hunter may also obtain any number of the following pronghorn licenses:
  1. an auction license,
  2. a raffle license,
  3. a game damage license, if available,
  4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  5. a disease management license, if available,
  6. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).
  7. an Outreach license, as provided in #206(B)(4)(f).

### 4. Bear

- a. One license - Any hunter may obtain one bear license.
- b. Two licenses - A hunter may obtain two bear licenses if at least one of them is a private land only license or a bear license, except for a Ranching for Wildlife license, in GMUs 1, 2, 3, 4, 5, 6, 10, 11, 12, 13, 14, 16, 17, 21, 22, 23, 24, 25, 26, 30, 31, 32, 33, 34, 35, 36, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 70, 71, 72, 73, 74, 75, 77, 78, 131, 161, 171, 201, 211, 214, 231, 301, 361, 391, 411, 421, 431, 441, 444, 461, 471, 481, 500, 501, 511, 521, 561, 581, 591, 711, 741, 751 or 771.

- c. Any Number of Licenses - A hunter may also obtain any number of the following bear licenses:
  - 1. a game damage license, if available,
  - 2. a disease management license, if available,
  - 3. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J),
  - 4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments.
  - 5. a license issued for hunt code BE087U6R.
  - 6. A private land only license in GMUs 14, 25, 26, 30, 31, 32, 34, 35, 36, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 56, 57, 58, 59, 60, 61, 62, 64, 65, 70, 71, 72, 73, 74, 75, 77, 78, 104, 131, 361, 391, 411, 421, 431, 444, 461, 471, 481, 500, 501, 511, 521, 561, 581, 711, 741, 751, or 771.

5. Moose

- a. One License - Any hunter may obtain one moose license. The lifetime bag limit for antlered moose is one, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests an antlered moose shall be ineligible to draw either an antlered or either-sex license.
- b. Any Number of Licenses - A hunter may also obtain any number of the following moose licenses:
  - 1. an auction license,
  - 2. a raffle license,
  - 3. a game damage license, if available,
  - 4. a special population management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  - 5. a disease management license, if available,
  - 6. a replacement license for an animal found CWD positive,
  - 7. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J).

6. Mountain Lion

- a. One License - Any hunter may obtain one mountain lion license.
- b. Any Number of Licenses - A hunter may also obtain any number of the following mountain lion licenses:
  - 1. a game damage license, if available,



2. a disease management license, if available,
3. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### 7. Bighorn Sheep

- a. One License - Any hunter may obtain one rocky mountain bighorn sheep license or one desert bighorn sheep license. The lifetime bag limit for desert bighorn sheep is one. Provided further that application restrictions in regulation #206 apply. The lifetime bag limit for a bighorn sheep ram is one for rams harvested after January 1, 2028, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests a ram, after January 1, 2028, shall be ineligible to draw a ram or either-sex license.
- b. Any Number of Licenses - A hunter may obtain any number of the following bighorn sheep licenses:
  1. an auction or raffle license for rocky mountain bighorn sheep,
  2. a special bighorn sheep management license, a special allocation Ranching for Wildlife license for donation to youths or hunters with mobility impairments,
  3. a disease management license, if available,
  4. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### 8. Mountain Goat

- a. One License - Any hunter may obtain one mountain goat license. Provided further that application restrictions in regulation #206 apply. The lifetime bag limit for a mountain goat harvested with a male or either-sex license is one if harvested after January 1, 2028, except when taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272. Any person who harvests a male goat, after January 1, 2028, shall be ineligible to draw a male or either-sex license.
- b. Any Number of Licenses - A hunter may obtain any number of the following mountain goat licenses:
  1. an auction or raffle license for mountain goat,
  2. a special mountain goat management license, if available,
  3. a disease management license, if available,
  4. a rewards program license (except that a hunter may not be issued more than one Turn In Poachers (TIPS) license per year, as provided in #002(J)).

#### B. Exceptions to Bag Limit Calculation The following big game animals shall not be counted against an annual bag and possession limit for that species:

1. Accidental Hunter Take: Any big game animal accidentally taken by a hunter, provided that prior to any further hunting the individual self-reports the incident to the Division as soon as practicable and the Division verifies the claim of accidental kill. For the purposes of this

regulation an "accidental kill" means any unintentional taking of wildlife not resulting from carelessness or negligence on the part of the hunter.

- a. Determination of whether the taking involves carelessness or negligence shall be based on a consideration of the totality of circumstance surrounding the taking including but not necessarily limited to, number of shots fired, number of animals present, number of animals killed or wounded, type of firearm or ammunition used, angle and distance of shot, species of animal, topography, ground cover, and light or weather conditions.
2. Accidental Vehicle Kills: Any big game animal accidentally killed by a motor vehicle or train shall not be counted against an annual bag limit for that species.
3. Damage Kills: Any big game animal causing damage and taken under the authority of §33-3-106 C.R.S.

Southern Ute Tribal Lands: Any big game animal taken on a Southern Ute Tribal Lands permit.

#### **#206 - Applications and Drawings for Limited Licenses**

- A. Exceeding of Quota: The Division shall only exceed the number of licenses authorized by the Commission:
  1. If there is proof of Division error in the application for or issuance of a limited license, provided that the director or his designee determines there will be no detrimental impact to the subject wildlife population.
  2. To issue licenses to hunters with mobility impairments or United States Armed Services Wounded Warrior hunters, who qualify for such licenses in accordance with regulation #206(B)(4)(g) or #206(B)(4)(h), provided there is no detrimental impact to the established herd population and sex ratio objectives. For each of these two programs:
    - no more than 100 limited antlerless deer, 100 limited doe pronghorn, and 200 limited antlerless elk licenses may be issued each year.
    - no more than 100 total antlered or either-sex licenses for deer or elk and buck pronghorn licenses in the aggregate may be issued each year.Provided further, that limited license numbers for wildlife ranching properties cannot exceed the levels established by the Division and the landowner on the Ranching for Wildlife Seasons Form.
- B. Application and Drawing Provisions and Restrictions:
  1. General Provisions and Restrictions
    - a. Number of Applications: No person may submit more than one application per year for the regular drawing process for a limited license for any big game species, or more than one application per year for the secondary draw for any species.
    - b. Additional Choice Applications: Any additional choice on any application must be for the same species as the first choice.
    - c. Valid Applications: Only complete and correct application forms will be accepted. Any forms involved in a violation of (a) or (b) above will be considered to be incorrect. Any incorrect application by one member of a group will invalidate the entire application.
    - d. To be eligible for any big game license draw an individual must have first purchased either a veterans lifetime resident combination license, a first responder lifetime resident

combination license, an annual small game license, an annual small game/fishing combination license, an annual senior small game/fishing combination license, a senior lifetime fishing upgrade to an annual combination small game/fishing combination license, or an annual spring turkey license valid for the same license year as the big game license for which they are applying. Individuals that do not hold one of these qualifying licenses may not apply.

1. To be eligible for the Secondary Draw, an individual must have first purchased either an annual fall turkey license valid for the same license year as the big game license for which they are applying or any one of the licenses listed in #206.B.1.d. valid for the same license year as the big game license for which they are applying. Individuals that do not hold one of these qualifying licenses may not apply for the Secondary Draw.
- e. Until January 1, 2028, Group Applications: Group applications are accepted for the regular drawing for all species except moose and desert bighorn sheep, with no limit on the number of applicants per group except as follows:

Bighorn Sheep	2 applicant maximum
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Mountain Goat	2 applicant maximum
---------------	---------------------

Provided further that residents and nonresidents may not apply for the sheep or mountain goat on the same group application.

Beginning January 1, 2028, Group Applications: Group applications are accepted for the regular drawing for all species with no limit on the number of applications per group except as follows:

Bighorn Sheep	2 applicant maximum
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Mountain Goat	2 applicant maximum
---------------	---------------------

Moose	2 applicant maximum
-------	---------------------

Provided further that residents and nonresidents may not apply for the sheep, mountain goat, or moose hunt codes on the same group application.

- f. Ranching for Wildlife: Non-residents are not eligible to apply for public Ranching for Wildlife licenses for any big game species.
- g. Bighorn Sheep Access Program: Non-residents are not eligible to apply for public Bighorn Sheep Access Program licenses.

## 2. Restrictions by Species

- a. Until January 1, 2028, Bighorn Sheep: Any person who harvests a Rocky Mountain bighorn sheep ram, except one taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272, shall not be eligible to apply for, or participate in the drawing for a Rocky Mountain bighorn sheep ram license for the five years following the year in which the harvest occurred. During this five-year period a person may apply for a ewe license, but if unsuccessful will not receive preference points or chances. Any person who harvests a desert bighorn sheep, shall never again be eligible to apply for or participate in a desert bighorn sheep license drawing.

Bighorn Sheep: Any person who harvests a Rocky Mountain bighorn sheep ram, on or after January 1, 2028, except one taken on an auction or raffle license or a license issued in accordance with regulation #271 or #272, shall not be eligible:

1. to apply for, or purchase another license for a Rocky Mountain bighorn sheep ram.
2. to apply for a point, or participate in the drawing for a ewe-only license for the five years following the year in which the harvest occurred.

Any person who harvests a desert bighorn sheep, shall never again be eligible to apply for or participate in a desert bighorn sheep license drawing.

- b. Until January 1, 2028, Mountain Goat: Any person who harvests a mountain goat, except one taken on an auction or raffle license, a special goat management license, or a license issued in accordance with regulation #271 or #272, shall not be eligible to apply for or participate in the drawing for a mountain goat license for the five years following the year in which the harvest occurred.

Mountain Goat: Any person who harvests a mountain goat on a male or either-sex license on or after January 1, 2028, except one taken on an auction or raffle license, a special goat management license, or a license issued in accordance with regulation #271 or #272, shall not be eligible:

1. to apply for or purchase a male or either-sex mountain goat license.
2. to apply for a point, or participate in the drawing for a nanny-only license for the five years following the year in which the harvest occurred.

- c. Until January 1, 2028, Moose: Any person who harvests an antlered moose, except one taken on an auction or raffle license, or a license issued in accordance with regulation #271 or #272 shall never again be eligible to apply for or participate in an antlered or either-sex moose license drawing.

Beginning January 1, 2028, Moose: Any person who harvests an antlered moose, except one taken on an auction or raffle license, or a license issued in accordance with regulation #271 or #272, shall never again be eligible:

1. to apply for or purchase an antlered or either-sex moose license.
2. to apply for a point or participate in the drawing for an antlerless moose license for the five years following the year in which the harvest occurred.

### 3. Application Submittal

- a. Applications for limited licenses will be accepted only by methods (on-line or by phone) provided by the Division.
- b. Application submittal shall include a non-refundable application fee for residents and nonresidents in accordance to the fee structure in Chapter W-0 Appendix F.
- c. Applications for the regular drawing must be submitted appropriately no later than 8:00 PM Mountain Time on the first Tuesday in April. Applications not submitted by this deadline are void.

### 4. Preference Systems

Note: see also §33-4-103, C.R.S.

a. Landowner Preference: General Provisions

1. Preference for hunting licenses under the Landowner Preference Program shall only be given to eligible landowners who apply using the Landowner registration form(s) provided by the division. Only complete and correct registration forms will be accepted. Except for the carryover registration provided in § 33-4-103(2)(c), C.R.S., registration in the Landowner Preference Program is valid for 5 years. All landowners shall re-register their properties every 5 years (or on or before July 1, 2016 for carryover registrations) to continue participation, if desired, in the Landowner Preference Program.
2. As a condition of registration and participation in the Landowner Preference Program, landowners shall provide and maintain accurate ownership information with the division for all lands registered in the Program. During the statutory period of carryover registration provided in §33-4-103(2)(c), C.R.S., and any five-year registration period, landowners shall notify the division of any changes to required registration information in writing within 30 days.
3. Landowner preference is species specific and available only in units that are totally limited for all rifle licenses for deer, elk or pronghorn and vouchers will be allocated to eligible landowners by unit, species, sex and season. In units where vouchers remain after the initial allocation, eligible landowners may apply for the unused vouchers and shall pay \$25 for each reallocated female (antlerless/doe) and \$40 for each either-sex or male (antlered/buck) voucher. Unsuccessful applicants will receive a refund check.
4. Vouchers not otherwise allocated to landowners as part of the Landowner Preference Program shall be made available as licenses to the general public in the remaining limited licenses draws or sales.
5. All landowners and hunters participating in the Landowner Preference Program shall file reports using the forms provided by the division. Reports must be complete and correct, and submitted to the Division by within 30 days after the close of the season.
6. Landowners and their registered properties may be audited for compliance with eligibility requirements of the Landowner Preference Program during any carryover or 5-year registration period. Notice of any noncompliance will be provided in writing to the landowner and the landowner shall have 30 days to resolve the noncompliance or withdraw the property from the Landowner Preference Program.

b. Landowner Preference: Voucher Requirements and Restrictions

1. Vouchers shall only be transferred by the landowner or the landowner's land manager, if any, directly to an individual to be used by that individual for the purchase of a license. Landowners may only designate one land manager for all lands registered in the Landowner Preference Program in any one unit.
2. The transfer of any voucher must include permission to access and hunt all lands in the unit registered in the Landowner Preference Program for the entire season for which the voucher was awarded. Such access shall be allowed without discrimination between hunters accessing the property, and without restriction other than manner of access restrictions (foot, horseback, vehicular) that are reasonably necessary to prevent damage to property.

3. The transfer of a voucher by any person other than the landowner or the landowner's land manager to any person other than an individual for purchase of a license is prohibited. Violation of this prohibition shall void the voucher and any license purchased with it.
  4. No person shall broker a voucher on behalf of any landowner or person, or use or possess any brokered voucher. Violation of this prohibition shall void the voucher and any license purchased with it.
- c. Landowner Preference: Disqualification
1. Landowners, or the landowner's land manager, who fail to comply with any requirements of the Landowner Preference Program, may be disqualified from participation in the Program for up to five years. Disqualification of a joint or co-owner of property registered with the Landowner Preference Program shall disqualify all other joint or co-owners of the registered properties from participation in the Program.
  2. Disqualification of a landowner from the Landowner Preference Program shall invalidate all preference points associated with property registered by the landowner in the Program.
  3. Any landowner, or the landowner's land manager, that has been disqualified from the Landowner Preference Program shall not register properties, apply for vouchers or acquire or use any vouchers during the term of disqualification. Landowners that have been disqualified from participation in the Landowner Preference Program shall be required to re-register at the end of their period of disqualification and prior to further participation, if desired, in the Program.
  4. Any other person that fails to comply with any requirements of the Landowner Preference Program may also be disqualified from participation in the Landowner Preference Program for up to five years. Any person disqualified shall not participate in the Landowner Preference Program in any manner, including, but not limited to, as a landowner, as a landowner's land manager, enrolling properties in any name, submitting applications for vouchers, receiving vouchers, transferring vouchers, redeeming vouchers or using licenses obtained with vouchers.
  5. Any person convicted of a violation of the Landowner Preference Program will be given notice in writing of their possible disqualification from the Landowner Preference Program and the opportunity to appear and show cause why they should not be disqualified from participation in the Program. Any such disqualification hearing shall be held in the Denver office of the division, or at another location acceptable to the division. Notice of any resulting disqualification shall be sent to the person by certified mail, return receipt requested.
- d. Landowner Preference: Ute Mountain Ute Tribe and Pinecrest Ranch
1. The Ute Mountain Ute Tribe (UMU Tribe) owns the Pinecrest Ranch, identified by the Gunnison County assessor as Parcel Id. Nos. 4049-000-00-005, 4049-000-00-018, 3983-000-00-046 and 3981-000-00045.
  2. The UMU Tribe may transfer LPP vouchers yielded by the Pinecrest Ranch to any person consistent with § 33-4-103, C.R.S. and the Commission's implementing regulations. If the UMU Tribe transfers such a voucher to a nonresident, enrolled member of the UMU Tribe, such member may elect to redeem the voucher for a reduced price equal to the price a resident would pay for the same license. Provided, however,

any license obtained at a reduced price is only valid on the Pinecrest Ranch.

3. In order to redeem a voucher at a reduced price, the recipient must visit a CPW office in person, present a valid voucher, and show proof of enrollment by presenting UMU Tribal identification. The Division shall manually issue licenses redeemed at the reduced price.
- e. Youth Preference - a minimum of 15 percent of the number of the limited doe pronghorn licenses, limited either-sex and antlerless deer licenses and limited antlerless elk licenses established for each GMU shall be made available for purchase by qualified youth applicants. Licenses shall be available through application and computer selection from the Division headquarters, 6060 Broadway, Denver, CO 80216. Licenses not allocated to youth shall be made available to the general public in the remaining drawings.
  1. Any eligible hunter, ages 12-17 is entitled to youth hunt preference for all seasons and methods of take for the license types listed in the preceding paragraph, except that public, non-youth only Ranching for Wildlife and Air Force Academy licenses shall not be included in this preference. The applicant must submit an individual application for the desired, eligible license on forms provided by the Division. Group applications will not be accepted for youth preference. Where more than one (1) hunt code choice is shown on the application, all hunt codes must be youth preference-eligible hunt codes or youth-only hunt codes.
  2. Youth preference will be set at 50% for all antlerless deer licenses in GMUs 54, 55, 66, 67, and 551.
  3. Youth preference will be set at 50% for licenses issued under hunt code DF006P5R.
- f. Outreach Hunting Licenses – The Director may make additional outreach program deer, elk and pronghorn licenses available to qualified organizations sponsoring youth, novice adult, or disabled veteran hunting activities.
  1. There will be no more than 600 elk licenses (100 antlered or either-sex, 500 antlerless), no more than 400 deer licenses (100 antlered or either-sex, 300 antlerless) and no more than 400 pronghorn licenses (60 buck or either-sex, 340 doe) issued annually under this subsection.
  2. Licenses in game management units with at least one hunt code requiring 6 or more resident preference points to draw, excluding Ranching for Wildlife properties, will not be authorized for use under this subsection unless the request is for a hunt exclusively on private land.
  3. Licenses are issued on a first come, first served basis to qualified organizations. No more than 10 licenses may be issued per event to any single requesting organization.
  4. Requested dates for hunting events must occur between August 15 and January 31 each year.
  5. Organizations who wish to request an Outreach license must submit the request in writing to Colorado Parks and Wildlife, State Hunter Outreach Coordinator, 6060 Broadway, Denver, Colorado 80216 no later than 60 days prior to the planned hunting event.
  6. Licenses are limited to the following:

- a. Youth Outreach Hunting Licenses - Limited to youth hunters 12 to 17 years of age.
- b. Novice Adult Hunting Licenses - For the purpose of these regulations a novice adult hunter is defined as a Colorado resident 18 years of age or older, who has either: no big game license purchase history, only held a big game hunting license(s) in the current or previous year, or has no big game license purchase history in the previous five years.
- c. Disabled Veterans Outreach Hunting License - A disabled veteran for this purpose is defined as a honorably-discharged veteran with written proof to the Division of the following:
  - i. DD 214 Form or other documentation indicating the veteran received an Honorable Discharge from a branch of the Armed Services of the United States, AND
  - ii. A qualification letter, on official stationary/letterhead, from the Veteran's Administration, Department of Veteran's Affairs, or the branch of service from which the veteran is receiving compensation, that states one of the following:
    - 1. 50% or greater, service-connected permanent disability;
    - 2. Loss of use of one or both feet;
    - 3. Loss of use of one or both hands; or a
    - 4. Loss of vision in both eyes
- g. Hunting Licenses for Hunters with Mobility Impairments - The Director may make certain deer, elk, and pronghorn licenses available to qualified hunters with mobility impairments.
  - 1. Applicants for hunting licenses for hunters with mobility impairments must have a mobility impairment resulting from permanent medical conditions, which makes it physically impossible for them to hunt without the assistance of an attendant. Evidence of an impossibility to participate in the hunt without the assistance of an attendant may include, but is not limited to, prescribed use of a wheel chair; shoulder or arm crutches; walker; two canes; or other prescribed medical devices or equipment.
  - 2. Applications for antlerless deer and elk and doe pronghorn licenses for hunters with mobility impairments shall be made on the form available from, and submitted with the applicable license fee to, the Division, Limited License Office, 6060 Broadway, Denver, Colorado, 80216. Applications for antlered deer and elk and pronghorn buck licenses for hunters with mobility impairments shall be made on the form available from, and submitted with the applicable license fee to, the applicable Division regional service center. Hunters may apply from the Monday after the May Commission meeting through the last day of the rifle seasons.
  - 3. Applications for hunting licenses for hunters with mobility impairments shall contain a statement from a licensed medical doctor or a certified physical, occupational, or recreational therapist describing the applicant's mobility impairment and the permanent medical condition which makes it impossible for the applicant to hunt without the assistance of an attendant. Additional documentation may be required if necessary to establish the applicant's eligibility for a hunting license for hunters with



mobility impairments. For the 2001 seasons and thereafter, once certified by the Division as mobility-impaired according to these regulations, applicants will not be required to submit the medical statement.

4. Antlerless deer and elk and doe pronghorn licenses will be available in all game management units with a total allocation of more than 100 antlerless deer or 100 antlerless elk or 50 doe pronghorn during the rifle seasons described in #250, #257, and #262 of these regulations. For any one game management unit no more than 10 licenses or 2 percent of the total number of limited antlerless deer or elk or doe pronghorn licenses for the game management unit, whichever number is greater, shall be issued as hunting licenses for hunters with mobility impairments for the species in question.
5. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be private land only licenses and will be available for hunt codes requiring four or fewer resident preference points to draw in the previous year in all game management units with a total allocation of more than 100 antlered or either-sex deer, 100 antlered or either-sex elk, or 50 buck pronghorn during the rifle seasons described in #250, #257 and #262 of these regulations. For any one game management unit no more than 5 licenses or 2 percent of the total number of limited antlered, either-sex or buck licenses for the game management unit, whichever is greater, shall be issued as hunting licenses for hunters with mobility impairments for the species in question.
6. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be approved by the applicable Regional Manager on a case-by-case basis for hunters who qualify as mobility-impaired in instances where an organization assisting hunters with mobility impairments has coordinated a hunting opportunity specifically for this program and where all other avenues of obtaining a license have been exhausted.
7. Hunting licenses for hunters with mobility impairments will be valid only for the season dates and any units included in the authorized hunt code. Licenses for hunters with mobility impairments may not be issued for Ranching for Wildlife properties unless otherwise provided in the ranch contract.
- h. Wounded Warrior Hunting Licenses - The Director may make certain deer, elk, and pronghorn licenses available to qualified participants in any United States Armed Services Wounded Warrior programs.
  1. Applicants must be members of the United States Armed Forces, who are residents of, or stationed in, Colorado returning from post-September 11, 2001 overseas contingency operations who have been so severely injured during combat, including combat-related support activities, that they will require years of intense, ongoing care or assistance. Additionally, applicants must be members of a United States Armed Services Wounded Warrior program, as defined in 33-4-102(1.9) C.R.S., and must be assigned to a military medical treatment facility at the time of application for this program.
  2. Applications shall contain a statement from a licensed medical doctor certifying the applicant's eligibility under the criteria in 1 above. Additional documentation may be required if necessary to establish the applicant's eligibility under this program.
  3. Applications for antlerless deer and elk and doe pronghorn licenses shall be made on the form available from the Division, Limited License Office, 6060 Broadway, Denver, Colorado. Applications for antlered deer and elk and pronghorn buck licenses shall be made on the form available from the applicable Division regional service center. Hunters may apply from the Monday after the May Commission meeting through the

last day of the rifle seasons. Licenses issued under this program shall be issued as free licenses.

4. Antlerless deer and elk and doe pronghorn licenses will be available in all game management units with a total allocation of more than 100 antlerless deer or 100 antlerless elk or 50 doe pronghorn during the rifle seasons described in 250, 257, and 262 of these regulations. Licenses issued for military installations will be exempted from these minimum license requirements. Wounded Warrior licenses issued for military installation property will be approved by the applicable Regional Manager. For any one game management unit no more than 10 licenses or 2 percent of the total number of limited antlerless deer or elk or doe pronghorn licenses for the game management unit, whichever number is greater, shall be issued as Wounded Warrior hunting licenses for the species in question.
  5. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be private land only licenses and will be available for hunt codes requiring four or fewer resident preference points to draw in the previous year in all game management units with a total allocation of more than 100 antlered or either-sex deer, 100 antlered or either-sex elk, or 50 buck pronghorn during the rifle seasons described in #250, #257 and #262 of these regulations. Licenses issued for military installations will be exempted from these preference point and minimum license requirements. Wounded Warrior licenses issued for military installation property will be approved by the applicable Regional Manager. For any one game management unit no more than 5 licenses or 2 percent of the total number of limited antlered, either-sex or buck licenses for the game management unit, whichever is greater, shall be issued as Wounded Warrior hunting licenses for the species in question.
  6. Antlered or either-sex licenses for deer or elk and buck pronghorn licenses will be approved by the applicable Regional Manager on a case-by-case basis for hunters who qualify under this program in instances where an organization assisting Wounded Warrior hunters has coordinated a hunting opportunity specifically for this program and where all other avenues of obtaining a license have been exhausted.
  7. Wounded Warrior hunting licenses will be valid only for the season dates and any units included in the authorized hunt code. Wounded Warrior hunting licenses may not be issued for Ranching for Wildlife properties unless otherwise provided in the ranch contract.
- i. Dream Hunt Hunting Licenses – The Director may make available additional deer, elk, pronghorn, mountain lion and black bear licenses to individuals qualified under this subsection.
1. Applicants for Dream Hunt licenses must be at least 12 and under 22 years of age, and must have a terminal illness or a life-threatening disease or injury.
  2. A request for a Dream Hunt license must be made, in writing, by a sponsoring organization, documenting the individual's life-threatening or terminal condition, desired, hunt experience, desired location, time frame and logistical considerations. Requests should be sent to the Division of Parks and Wildlife, Hunter Outreach Coordinator, 6060 Broadway, Denver, Colorado 80216.
  3. Requested dates for hunting events must occur between August 15 and January 31 each year, with preferred dates occurring during an existing season for the requested species. However, alternate dates may be approved by the Director on a case-by-case basis as an applicant's condition requires.

4. Written landowner permission must be obtained prior to issuance of a license under this subsection if the individual will be hunting on private land.

- a. Preference Points and Chances

1. Preference will be given for qualifying applications for first choice hunt codes only and shall be subject to the following provisions:
  - a. Until January 1, 2028, Deer, Elk, Pronghorn, and Bear: one preference point will be awarded to each person who qualifies for and fails to draw a limited license for deer, elk, pronghorn, or bear as a first choice in the regular drawing or who applies using a first choice hunt code established for the purpose of accumulating a preference point only. Preference points will be used in future drawings for the same species and will accumulate until the applicant obtains a first choice license. When an applicant obtains a first choice license, all accumulated preference points for that species become void. If an applicant both fails to apply for a species and has not purchased a license for that same species during any given 10-year period, all accumulated preference points for that species become void. If an applicant accepts a first choice license that has been returned and reissued manually, all accumulated preference points for that species become void. No preference points are required for purchasing a returned license placed on the leftover list. In those hunt codes requiring 10 or more resident preference points to draw, up to 20 percent of available licenses for deer, elk, pronghorn and bear shall be issued through a random drawing. The number of preference points required to draw shall be determined by a three-year rolling average for the previous three limited license draws with a one year lag. A minimum of five individual preference points is required for an applicant to participate in the random drawing. Group applications shall not be eligible to participate in the random drawing.

Beginning January 1, 2028, Deer, Elk, Pronghorn, and Bear: one preference point will be awarded to each person who qualifies for and fails to draw a limited license for deer, elk, pronghorn, or bear as a first choice in the regular drawing or who applies for a preference point only (no hunt codes) in the regular drawing. Preference points gained will be used in future drawings for the same species and will accumulate until the applicant obtains a first choice license. A split draw will be used in the regular drawing where the quota for each hunt code will be divided with half of the quota going to a preference point draw, and half going to a bonus draw. In the bonus draw, for every species preference point an applicant holds, the applicant will have one application entered into the bonus drawing, plus one. If the quota can't be evenly split, the extra license will go to the preference point draw. If there is only a single license available, it will be issued through the preference point draw. When an applicant obtains a first choice license in the regular drawing, all accumulated preference points for that species become void. If an applicant both fails to apply for a species and has not purchased a license or a point for that same species during any given 10-year period, all accumulated preference points for that species become void. If an applicant accepts a first choice license that has been returned and reissued all accumulated preference points for that species become void.
  - b. Until January 1, 2028, Rocky Mountain Bighorn Sheep, Mountain Goat, and Moose: One preference point will be awarded to each person who qualifies for and fails to draw a first choice license, until three preference points have been accumulated. Each time an applicant with three (3) points qualifies for and fails to draw a first choice license for rocky mountain bighorn sheep, mountain goat or moose the applicant will be awarded one (1) weighted preference point to be

used in future drawings for that species. Applicants with at least three (3) preference points or any number of weighted preference points will be given weighted preference during the license drawings for each applicable species. Weighted preference is calculated by converting the applicant's original application number into a new random application number, then dividing that random application number by the number of weighted preference points the applicant currently has for that species plus one. The resulting number is the applicant's final and only application number. Final application numbers are sorted from lowest number to highest number, with licenses awarded to applicants starting on the top of the list (lowest number), working down the list until no licenses for that species remain. When an applicant obtains a first choice license, all accumulated preference points for that species become void. If an applicant both fails to apply for a species and has not purchased a license for that same species during any given 10-year period, all accumulated preference points for that species become void. If an applicant accepts a first choice license that has been returned and reissued, all accumulated preference points for that species become void.

Beginning January 1, 2028, Rocky Mountain Bighorn Sheep, Mountain Goat, and Moose: One preference point will be awarded to each person who qualifies for and fails to draw a first choice license or who applies for a preference point only (no hunt codes) in the regular drawing. In order to draw a male or either-sex license the person must have a minimum of three (3) preference points for that species. For every species preference point an applicant holds, the applicant will have one application entered into the bonus drawing, plus one. When an applicant obtains a first choice license, all accumulated preference points for that species become void. If an applicant both fails to apply for a species and has not purchased a license or point for that same species during any given 10-year period, all accumulated preference points for that species become void. If an applicant receives a first choice license that has been returned and reissued, all accumulated preference points for that species become void.

- c. Until January 1, 2028, in addition to the application fee, found in Chapter W-0 Appendix F, a resident applicant who is unsuccessful on their first choice (except youth as defined by 33-4-117 C.R.S., lifetime license holders, and Colorado resident military personnel on active duty outside Colorado), or a resident who applies using a first choice hunt code established for the purpose of accumulating a preference point or weighted preference point only, for moose, Rocky Mountain bighorn sheep, or mountain goat will be assessed a \$50 fee to receive a preference point or weighted preference point. In addition to the application fee, found in Chapter W-0 Appendix F, a nonresident applicant who is unsuccessful on their first choice (except youth as defined by 33-4-117 C.R.S.), or a nonresident who applies using a first choice hunt code established for the purpose of accumulating a preference point or weighted preference point only, for moose, Rocky Mountain bighorn sheep, or mountain goat will be assessed a \$100 fee to receive a preference point or weighted preference point. The fee, per species, shall entitle the hunter to preference points or weighted preference points for any unsuccessful first choice moose, Rocky Mountain bighorn sheep, or mountain goat application in that year. If the applicant chooses to not pay the preference point fee, the applicant will not receive a preference point or weighted preference point for that application.

Beginning January 1, 2028, in addition to the application fee, found in Chapter W-0 Appendix F, a resident applicant who is unsuccessful on their first choice or a resident who applies for a preference point only (no hunt codes), for moose, Rocky Mountain bighorn sheep, or mountain goat will be assessed a \$50 fee to

receive a preference point. For deer, elk, bear, and pronghorn a \$X fee will be assessed to receive a preference point for those species. In addition to the application fee, found in Chapter W-0 Appendix F, a nonresident applicant who is unsuccessful on their first choice or a nonresident who applies for a preference point only (no hunt codes), for moose, Rocky Mountain bighorn sheep, or mountain goat will be assessed a \$100 fee to receive a preference point. For deer, elk, bear, and pronghorn a \$Y fee will be assessed to receive a preference point for those species.

The fee, per species, shall entitle the hunter to a preference point for any unsuccessful first choice regular drawing application. If the applicant chooses to not pay the preference point fee, the applicant will not receive a preference point for that application. Youth as defined by 33-4-117 C.R.S., lifetime license holders, and Colorado resident military personnel on active duty outside Colorado are exempt from preference point fees.

- d. Until January 1, 2028, applications receiving preference points will be given priority over all applications with fewer points. Group applications will receive preference at the level of the group member with the fewest accumulated preference points, and, where applicable, the fewest accumulated chances, except that group applications will not be successful, regardless of preference point level or number of chances, when there are fewer licenses remaining in the hunt code quota than the number of applicants in the group.

Beginning January 1, 2028, applications with higher preference points will be given priority over all applications with fewer points in the preference point half of the draw. In the preference point half of the draw, group applications will receive preference at the level of the group member with the fewest accumulated preference points, and, where applicable, the fewest accumulated chances, except that group applications will not be successful, regardless of preference point level or number of chances, when there are fewer licenses remaining in the hunt code quota than the number of applicants in the group. In the bonus half of the split draw, group applicants will receive one application per preference point held by the group member with the lowest number of preference points, plus one. Group applications will not be successful when there are fewer licenses remaining in the hunt code quota than the number of applicants in the group.

- e. In lieu of applying through the regular limited license draw, any active duty member of the United States Armed Forces who is stationed at any military facility in Colorado and actively deployed outside the United States, or any active duty member of the United States Armed Forces who is a Colorado resident and is deployed outside the United States, shall, upon their return to the United States, be eligible to apply for preference points for any regular limited license draw that occurred during their absence. Applications for preference points shall be made on forms provided by the Division and filed within six months upon the member's return to the United States.

## 5. Drawing Processes

- a. Applications using landowner preference and youth preference shall be drawn, in that order, prior to drawing general public applications for the same species.
- b. For the general public drawing for deer, elk, bear and pronghorn, a split draw will be used where the remaining quota (after the landowner and youth preference draws) for each hunt code will be divided, with half of the quota going to a preference point draw, and half going to a bonus draw. If the quota can't be evenly split, the extra license will go to the

preference point draw. If there is only a single license available, it will be issued through the preference point draw. The regular drawing shall be run processing all first choice applications for the preference point draw first, followed by all first choice applications for the bonus points draw before moving to second choice applications. The regular drawing will continue in that order, until all choices are processed.

- c. Unsuccessful applicants will be notified of their accumulated preference points on their on-line account.
- d. Nonresident hunter drawing limitations (until January 1, 2028 first choice applications only, beginning January 1, 2028, first and second application only)
  - 1. Nonresident hunters shall receive no more than 10% of available moose, bighorn sheep and mountain goat licenses for all hunt codes. In the event there are an insufficient number of nonresident applications for the allocated number of moose, bighorn sheep or mountain goat licenses in any hunt code, the excess nonresident licenses will be issued to residents through the regular drawing process. These drawing limitations do not apply to the issuance of Bighorn Sheep Access Program (BSAP) licenses.
  - 2. Until January 1, 2028, unless there is an insufficient number of resident applications, nonresident hunters shall receive no more than 25% of available deer, elk, bear and pronghorn licenses for hunt codes requiring fewer than six preference points for resident hunters to draw in the regular drawing, and no more than 20% of available deer, elk, bear and pronghorn licenses for hunt codes requiring six or more preference points for resident hunters to draw in the regular drawing as calculated using a rolling three-year average for the previous three limited license draws with a one year lag. These drawing limitations do not apply to the issuance of Private Land Only and Ranching for Wildlife licenses.

Beginning January 1, 2028, unless there is an insufficient number of resident applications, nonresident hunters shall receive no more than 25% of available deer, elk, bear, and pronghorn licenses per hunt code in the regular drawing during the first and second choices of the draw. These drawing limitations do not apply to the issuance of Private Land Only and Ranching for Wildlife licenses.

#### 1. Secondary Draw, Leftover Licenses, Drawing Provisions and Restrictions

- a. Elk, deer, pronghorn and bear licenses which are not issued through the regular drawing will be issued through a secondary drawing process if the number of remaining licenses is sufficient to justify the administrative cost, except the following licenses will not be issued through a secondary drawing process:
  - 1. Until January 1, 2028, any license that required five (5) or more resident preference points to draw as determined by the current year's limited license draw unless the license cannot be manually reissued to one of the first five (5) people on the regular draw list prior to the opening of the secondary drawing application period, and

Beginning January 1, 2028, any surrendered or returned license that was drawn during the regular drawing that can be automatically reissued to the applicant next up in line in the draw order by residency prior to the opening of the secondary drawing application period. During the regular draw application the applicant will have the opportunity to opt-in/opt-out of being added to the automatic reissue list by hunt code, and

2. Public Ranching for Wildlife licenses.

- b. Any eligible hunter, ages 12 – 17 shall receive preference for the secondary draw for elk, deer, pronghorn and bear licenses.
- c. There is no landowner preference for the secondary draw.
- d. Any active duty member of the United States Armed Forces stationed at any military facility in Colorado and actively deployed outside the United States, or any active duty member of the United States Armed Forces who is a Colorado resident and is deployed outside the United States, shall be allowed a preference for the purchase of leftover licenses prior to their sale to the general public.
- e. Group applications are not accepted for the secondary draw.
- f. Applicants for the secondary draw must apply on-line or over the phone following the regular drawing.
- g. Secondary draw applications must be submitted no later than 8:00 PM Mountain Time the last business day in June. Applications not submitted by this deadline are void.
- h. Secondary draw applications not submitted by 8:00 PM Mountain Time the last business day in June will become void.
- i. Until January 1, 2028, except for Ranching for Wildlife licenses, any licenses remaining after the secondary draw, will be placed on the leftover license list and will become available through the standard over-the-counter leftover process. For information regarding the availability of leftover Ranching for Wildlife licenses available on a first-come, first-served basis, please refer to the big game drawing brochure or call the Division at (303) 297-1192.

Beginning January 1, 2028, except for Ranching for Wildlife licenses, any deer, elk, bear or pronghorn licenses remaining after the secondary draw, that cannot be auto-reissued will be placed on the leftover license list and will become available through the standard over-the-counter leftover process. For information regarding the availability of leftover Ranching for Wildlife licenses available on a first-come, first-served basis, please refer to the big game drawing brochure or call the Division at (303) 297-1192.

**ARTICLE VIII – Deer**

**#243-247 - Vacant**

**#248 - Archery Deer Seasons – Only Lawful Hand Held Bows May Be Used to Hunt or Take Deer During the Following Seasons:**

A. Regular Seasons	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown			
	Unit(s)	Hunt Code	Licenses (2024)	
			Antlered	Antlerless
				Either Sex
1		DM001O1A	1	
2		DM002O1A	7	
3, 4, 5, 14, 214, 301, 441		DE003O1A		500
6, 16, 17, 161, 171		DE006O1A		
7, 8, 9, 19, 191		DE007O1A		1000

A. Regular Seasons	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown			
	Unit(s)	Hunt Code	Licenses (2024)	
			Antlered	Antlerless Either Sex
10		DM010O1A	10	
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24		DE011O1A		250
12, 23 north of the White River, and 24 north of the North Fork of the White River		DE012O1A		100
15		DE015O1A		150
18, 27, 28, 37, 181, 371		DE018O1A		255
20		DE020O1A		300
21, 30		DM021O1A	60	
23 south of the White River, and 24 south of the North Fork of the White River		DE023O1A		175
25, 26		DE025O1A		190
29		DE029O1A		150
31, 32		DE031O1A		135
33		DE033O1A		150
34		DE034O1A		130
35, 36, 45, 361		DE035O1A		200
38		DE038O1A		150
39, 46		DE039O1A		230
40		DM040O1A	70	
41, 42, 421		DE041O1A		325
43, 47, 431, 471		DE043O1A		180
44		DE044O1A		80
48, 56, 481, 561		DM048O1A	200	
49, 57, 58, 581		DE049O1A		330
50, 500, 501		DE050O1A		185
51		DE051O1A		125
52, 411, 521		DM052O1A	140	
53		DM053O1A	50	
54		DF054O1A		25
54		DM054O1A	55	
55		DF055O1A		25
55		DM055O1A	65	
59, 511, 591		DM059O1A	175	
60		DM060O1A	50	
61		DM061O1A	50	
62		DM062O1A	200	
63		DM063O1A	50	
64, 65		DM064O1A	165	
66		DM066O1A	80	
67		DM067O1A	80	
68, 681, 682		DM068O1A	115	
69, 84, 86, 691, 861		DE069O1A		335
70		DM070O1A	145	
71, 711		DM071O1A	125	



<b>A. Regular Seasons</b>		<b>Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown</b>		
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>		
		<b>Antlered</b>	<b>Antlerless</b>	<b>Either Sex</b>
72, 73	DM072O1A	145		
74	DM074O1A	90		
75, 751	DE075O1A			200
76	DM076O1A	25		
77, 78, 771	DE077O1A			400
79, 791	DM079O1A	10		
80, 81	DF080O1A		10	
80, 81	DM080O1A	250		
82	DM082O1A	50		
83	DM083O1A	15		
85, 851 except Bosque del Oso SWA	DM085O1A	125		
140	DM140O1A	60		
201	DM201O1A	8		
391, 461	DE391O1A			125
444	DE444O1A			120
551	DF551O1A		20	
551	DM551O1A	55		
741	DE741O1A			45
851 Bosque del Oso SWA only	DM851O1A	5		
<b>TOTALS</b>		<b>2916</b>	<b>80</b>	<b>6515</b>

**B. Late Seasons**

**1. Archery – Late Season, Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Licenses (2024) Either Sex</b>	<b>Season Dates</b>
87, 88, 89, 90, 95	DE087O1A	70	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
91	DE091O1A	65	
92	DE092O1A	70	
93, 97, 98, 100	DE093O1A	90	
94, 951	DE094O1A	150	
96	DE096O1A	120	
99	DE099O1A	65	
101, 102	DE101O1A	90	
103	DE103O1A	50	
104, 105, 106	DE104O1A	650	
107	DE107O1A	30	
109	DE109O1A	50	

Unit(s)	Hunt Code	Licenses (2024) Either Sex	Season Dates
110, 111, 118, 119, 123, 124	DE110O2A	150	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
112, 113, 114, 115, 120, 121	DE112O2A	90	
116, 117	DE116O1A	75	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DE122O1A	325	
128, 133, 134, 135	DE128O2A	100	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
136, 141, 147	DE136O1A	45	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
137, 138, 143, 144	DE137O1A	25	
142	DE142O2A	35	09/30/2025 - 11/29/2025 12/15/2025 - 12/31/2025
	<b>TOTALS</b>	<b>2345</b>	

**C. Private Land Only Deer Seasons**

**1. Archery - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

Unit(s)	Hunt Code	Season Dates	Licenses (2024)		
			Antlered	Antlerless	Either Sex
4, 13, 301 – Those portions not within Craig city limits in the following townships, ranges, and sections: <ul style="list-style-type: none"> <li>• T6N R90W Sections 5, 6</li> <li>• T6N R91W Sections 1, 2, 3</li> <li>• T7N R90W Sections 29, 30, 31, 32</li> <li>• T7N R91 W Sections 25, 26, 27, 34, 36</li> </ul>	DF004P5A	08/15 - 09/30 annually		5	
4, 13, 301 – Those portions not within Craig city limits in the following townships, ranges, and sections: <ul style="list-style-type: none"> <li>• T6N R90W Sections 5, 6</li> <li>• T6N R91W Sections 1, 2, 3</li> <li>• T7N R90W Sections 29, 30, 31, 32</li> <li>• T7N R91 W Sections 25, 26, 27, 34, 36</li> </ul>	DM004P5A	08/15 - 09/30 annually	5		
30 – that portion south of the Highline Canal and east of West Salt Creek	DE030P5A	09/02 - 10/31 annually			25
30 – that portion south of the Highline Canal and east of West Salt Creek	DF030P5A	09/02 - 10/31 annually		50	

			Licenses (2024)		
41 - Those portions bounded on the north by the Colorado River; on the east by the Orchard Mesa Canal and 38 Rd; on the south by the #2 Orchard Mesa Canal; and on the west by the 28 Rd alignment.	Hunt Code DE041P5A	Season Dates annually			50
41 - Those portions bounded on the north by the Colorado River; on the east by the Orchard Mesa Canal and 38 Rd; on the south by the #2 Orchard Mesa Canal; and on the west by the 28 Rd alignment.	DF041P5A	09/02 - 12/31 annually		35	
		<b>TOTALS</b>	<b>5</b>	<b>90</b>	<b>75</b>

**D. Whitetail Only Deer Seasons**

**1. Archery - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

Unit(s)	Hunt Code	Licenses (2024)			Season Dates
		Antlered	Antlerless	Either Sex	
103	DF103O3A		20		10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
104, 105, 106	DE104O3A			50	
107	DE107O3A			30	
107	DF107O3A		20		
109	DE109O3A			30	
109	DF109O3A		20		
110, 111, 118, 119, 123, 124	DE110O4A			150	10/01/2025 - 10/24/2025 11/05/2025 - 12/31/2025
110, 111, 118, 119, 123, 124	DF110O4A		45		
112, 113, 114, 115, 120, 121	DE112O4A			80	
112, 113, 114, 115, 120, 121	DF112O4A		50		
116, 117	DE116O3A			100	10/01/2025 - 10/24/2025 11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
116, 117	DF116O3A		30		
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DE122O3A			145	
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O3A		120		
128, 133, 134, 135	DE128O4A			40	

Unit(s)	Hunt Code	Licenses (2024)			Season Dates
		Antlered	Antlerless	Either Sex	
128, 133, 134, 135	DF128O4A		20		
136, 141, 147	DE136O3A			30	10/01/2025 - 10/24/2025
136, 141, 147	DF136O3A		10		11/05/2025 - 11/30/2025 12/15/2025 - 12/31/2025
<b>TOTALS</b>			<b>335</b>	<b>655</b>	

**#249 - Muzzle Loading Firearms (Rifle and Smoothbore Musket) Deer Season – Only Lawful Muzzle-Loading Firearms May Be Used to Hunt or Take Deer During the Following Seasons:**

**A. Regular Seasons**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

<b>1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.</b>			
Unit(s)	Hunt Code	Licenses (2024)	
		Antlered	Antlerless
1	DM001O1M	1	
2	DM002O1M	7	
3, 4, 5, 14, 214, 301, 441	DF003O1M		10
3, 4, 5, 14, 214, 301, 441	DM003O1M	100	
6, 16, 17, 161, 171	DF006O1M		
6, 16, 17, 161, 171	DM006O1M	115	
7, 8, 9, 19, 191	DF007O1M		275
7, 8, 9, 19, 191	DM007O1M	550	
10	DM010O1M	10	
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24	DF011O1M		10
11, 13, 22, 131, 211, 231 and private land portions of 12, 23, and 24	DM011O1M	150	
12, 23 north of the White River, and 24 north of the North Fork of the White River	DF012O1M		10
12, 23 north of the White River, and 24 north of the North Fork of the White River	DM012O1M	50	
15	DF015O1M		60
15	DM015O1M	125	
18, 27, 28, 37, 181, 371	DF018O1M		10
18, 27, 28, 37, 181, 371	DM018O1M	210	
20	DF020O1M		20
20	DM020O1M	100	
21, 30	DM021O1M	25	
23 south of the White River, and 24 south of the	DF023O1M		10

<b>1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.</b>			
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>	
		<b>Antlered</b>	<b>Antlerless</b>
North Fork of the White River			
23 south of the White River, and 24 south of the North Fork of the White River	DM023O1M	75	
25, 26	DF025O1M		50
25, 26	DM025O1M	145	
29	DF029O1M		50
29	DM029O1M	60	
31, 32	DM031O1M	100	
33	DF033O1M		10
33	DM033O1M	150	
34	DF034O1M		50
34	DM034O1M	145	
35, 36, 45, 361	DF035O1M		100
35, 36, 45, 361	DM035O1M	220	
38	DF038O1M		20
38	DM038O1M	50	
39, 46	DF039O1M		25
39, 46	DM039O1M	130	
40	DM040O1M	30	
41, 42, 421	DF041O1M		10
41, 42, 421	DM041O1M	250	
43, 47, 431, 471	DF043O1M		10
43, 47, 431, 471 – Youth only	DF043K1M		10
43, 47, 431, 471	DM043O1M	160	
44	DF044O1M		20
44	DM044O1M	65	
48, 56, 481, 561	DF048O1M		10
48, 56, 481, 561	DM048O1M	100	
49, 57, 58, 581	DF049O1M		25
49, 57, 58, 581	DM049O1M	150	
50, 500, 501	DM050O1M	60	
51	DF051O1M		35
51	DM051O1M	50	
52, 411, 521	DM052O1M	90	
53	DM053O1M	20	
54	DF054O1M		25
54	DM054O1M	50	
55	DF055O1M		25
55	DM055O1M	55	
59, 511, 591	DF059O1M		30
59, 511, 591	DM059O1M	60	
60	DM060O1M	10	
61	DM061O1M	20	
62	DM062O1M	150	
63	DM063O1M	25	
64, 65	DM064O1M	85	
66	DM066O1M	70	
67	DM067O1M	70	
68, 681, 682	DM068O1M	115	
69, 84, 86, 691, 861	DF069O1M		50

1. Muzzle-loading, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses (2024)	
		Antlered	Antlerless
69, 84, 86, 691, 861	DM069O1M	230	
70	DM070O1M	85	
71, 711	DM071O1M	70	
72, 73	DM072O1M	120	
74	DM074O1M	75	
75, 751	DF075O1M		30
75, 751	DM075O1M	225	
76	DM076O1M	20	
77, 78, 771	DF077O1M		50
77, 78, 771	DM077O1M	235	
79, 791	DM079O1M	25	
80, 81	DF080O1M		10
80, 81	DM080O1M	200	
82	DM082O1M	60	
83	DM083O1M	10	
85, 851 except Bosque del Oso SWA	DM085O1M	45	
140	DM140O1M	20	
201	DM201O1M	8	
391, 461	DF391O1M		10
391, 461	DM391O1M	25	
444	DF444O1M		10
444	DM444O1M	60	
501	DF501O1M		20
551	DF551O1M		20
551	DM551O1M	55	
741	DF741O1M		10
741	DM741O1M	20	
851 Bosque del Oso SWA only	DM851O1M	5	
<b>TOTALS</b>		<b>5796</b>	<b>1120</b>

**B. Eastern Plains Season (East of I-25)**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/11/2025 - 10/19/2025	10/10/2026 - 10/18/2026	10/09/2027 - 10/17/2027	10/14/2028 - 10/22/2028	10/13/2029 - 10/21/2029

1. Muzzle-loading – Eastern Plains Season, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.			
Unit(s)	Hunt Code	Licenses (2024)	
		Antlered	Antlerless
87, 88, 89, 90, 95	DM087O2M	30	
87, 88, 89, 90, 95	DF087O2M		25
91	DM091O2M	25	
91	DF091O2M		30
92	DM092O2M	25	
92	DF092O2M		30

<b>1. Muzzle-loading – Eastern Plains Season, Deer, Units (as described in Chapter 0 of these regulations), Limited Licenses.</b>			
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>	
		<b>Antlered</b>	<b>Antlerless</b>
93, 97, 98, 100	DM093O2M	40	
93, 97, 98, 100	DF093O2M		40
94	DM094O2M	15	
94	DF094O2M		15
96	DM096O2M	35	
96	DF096O2M		30
99	DM099O2M	50	
99	DF099O2M		50
101, 102	DM101O2M	50	
101, 102	DF101O2M		40
103	DM103O2M	25	
103	DF103O2M		25
104, 105, 106	DM104O2M	125	
104, 105, 106	DF104O2M		70
107, 112, 113, 114, 115, 120, 121	DM107O2M	90	
107, 112, 113, 114, 115, 120, 121	DF107O2M		30
109	DM109O2M	30	
109	DF109O2M		20
110, 111, 118, 119, 123, 124	DM110O2M	70	
110, 111, 118, 119, 123, 124	DF110O2M		15
116, 117	DM116O2M	100	
116, 117	DF116O2M		10
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DM122O2M	35	
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O2M		30
128, 133, 134, 135, 136, 141, 147	DM128O2M	20	
128, 133, 134, 135, 136, 141, 147	DF128O2M		10
137, 138, 143, 144	DM137O2M	15	
137, 138, 143, 144	DF137O2M		10
142	DM142O2M	15	
142	DF142O2M		15
951	DM951O2M	15	
951	DF951O2M		15
<b>TOTALS</b>		<b>810</b>	<b>510</b>

**C. Whitetail Only Deer Seasons**

**1. Muzzle-loading - Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

<b>License year</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Season dates unless otherwise shown	10/11/2025 - 10/19/2025	10/10/2026 - 10/18/2026	10/09/2027 - 10/17/2027	10/14/2028 - 10/22/2028	10/13/2029 - 10/21/2029

Unit(s)				
	Antlerless Hunt Code	Licenses (2024)	Either-sex Hunt Code	Licenses (2024)
104, 105, 106	DF104O3M	45	DE104O3M	15
107, 112, 113, 114, 115, 120, 121	DF107O3M	15	DE107O3M	80
109	DF109O3M	20	DE109O3M	35
110, 111, 118, 119, 123, 124	DF110O3M	40	DE110O3M	100
116, 117	DF116O3M	15	DE116O3M	100
122, 125, 126, 127, 129, 130, 132, 139, 145, 146	DF122O3M	20	DE122O3M	70
128, 133, 134, 135, 136, 141, 147	DF128O3M	15	DE128O3M	10
<b>TOTALS</b>		<b>170</b>		<b>410</b>

## #250 - Rifle and Associated Methods Deer Seasons - Any Lawful Method of Take Permitted

### A. Early Seasons

#### 1. Early Rifle Season, Deer, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates	Licenses (2024)	
			Antlered	Antlerless
That portion of GMU 6 above 10,000 feet elevation and GMU 7 within the Rawah Wilderness area	DM006E1R	09/06/2025 - 09/14/2025	20	
6	DM006E2R	09/30/2025 - 10/08/2025	45	
6, 16, 17, 161, 171	DF006E1R	09/30/2025 - 10/08/2025		
Those portions of GMUs 12, 24, 25, 26, and 231 within the Flat Tops Wilderness Area	DM012E1R	09/06/2025 - 09/14/2025	10	
Those portions of GMUs 14, 16, and 161 within the Mt. Zirkel Wilderness Area	DM014E1R	09/06/2025 - 09/14/2025	40	
16	DM016E1R	09/30/2025 - 10/08/2025	50	
17	DM017E1R	09/30/2025 - 10/08/2025	50	
That portion of GMU 36 within the Eagles Nest Wilderness Area.	DM036E1R	09/06/2025 - 09/14/2025	10	
That portion of GMUs 43 and 431 within the Maroon Bells-Snowmass Wilderness area	DM043E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 44, 45, and 444 within the Holy Cross Wilderness Area	DM044E1R	09/06/2025 - 09/14/2025	15	
That portion of GMU 47 within the Hunter-Fryingpan Wilderness Area	DM047E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 48, 56, 481, 561 above timberline	DM048E1R	09/06/2025 - 09/14/2025	20	



Unit(s)	Hunt Code	Season Dates	Licenses (2024)	
			Antlered	Antlerless
That portion of GMU 65 above 11,000 feet elevation	DM065E1R	09/06/2025 - 09/14/2025	25	
That portion of GMU 74 above 11,000 feet elevation	DM074E1R	09/06/2025 - 09/14/2025	30	
Those portions of GMUs 82, 86, and 861 above timberline	DM082E1R	09/06/2025 - 09/14/2025	40	
161	DM161E1R	09/30/2025 - 10/08/2025	55	
171	DM171E1R	09/30/2025 - 10/08/2025	45	
471	DM471E1R	09/06/2025 - 09/14/2025	30	
<b>TOTAL</b>			<b>545</b>	

## B. Regular Rifle Deer Seasons

1. Combined over the counter white-tailed rifle deer seasons, Dates, Units (as described in Chapter 0 of these regulations).

Unit(s)	Hunt Code	Season Dates	Licenses (2024)		
			Antlered	Antlerless	Either Sex
48, 49, 56, 57, 58, 59, 69, 84, 85, 86, 140, 481, 511, 512, 561, 581, 591, 691, 851 except Bosque del Oso SWA, 861 Available for purchase at CPW offices only	DE048U6R	12/01-12/31 annually			Unlimited

## C. Regular Rifle Deer Seasons

11. Combined rifle deer seasons, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

License Year	Season dates for first rifle (-O1R hunt codes), unless otherwise noted	Season dates for second rifle (-O2R, -K2R hunt codes), unless otherwise noted	Season dates for third rifle (-O3R, -K3R hunt codes), unless otherwise noted	Season dates for fourth rifle (-O4R or -S4R hunt codes), unless otherwise noted
<b>2025</b>	10/15/2025 – 10/19/2025	10/25/2025 – 11/02/2025	11/08/2025 – 11/16/2025	11/19/2025 – 11/23/2025
<b>2026</b>	10/14/2026 – 10/18/2026	10/24/2026 – 11/01/2026	11/07/2026 – 11/15/2026	11/18/2026 – 11/22/2026
<b>2027</b>	10/13/2027 – 10/17/2027	10/23/2027 – 10/31/2027	11/06/2027 – 11/14/2027	11/17/2027 – 11/21/2027
<b>2028</b>	10/11/2028 – 10/15/2028	10/21/2028 – 10/29/2028	11/04/2028 – 11/12/2028	11/15/2028 – 11/19/2028
<b>2029</b>	10/10/2029 – 10/14/2029	10/20/2029 – 10/28/2029	11/03/2029 – 11/11/2029	11/14/2029 – 11/18/2029

Unit(s)	Sex	Hunt Code	Licenses (2024)
1	Antlered	DM001O2R	11
	Antlered	DM001O3R	5
2	Antlered	DM002O2R	20
	Antlered	DM002O3R	20
3, 301	Antlered	DM003O2R	300
	Antlered	DM003O3R	400
	Antlered	DM003O4R	40
	Antlerless	DF003O2R	10
	Antlerless	DF003O3R	10
4 - That portion bounded on N by WY; on E by Moffat CR 1; on S by Moffat CR 38; on W by Colo. 13/789.	Antlerless	DF004S4R	10
4, 14, 214, 441	Antlered	DM004O2R	150
	Antlered	DM004O3R	125
	Antlered	DM004O4R	25
	Antlerless	DF004O2R	10
	Antlerless	DF004O3R	10
5	Antlered	DM005O2R	25
	Antlered	DM005O3R	10
	Antlered	DM005O4R	10
	Antlerless	DF005O2R	10
	Antlerless	DF005O3R	10
6  6, 16, 17, 161, 171	Antlered	DM006O1R	
	Antlered	DM006O2R	45
	Antlered	DM006O3R	30
	Antlered	DM006O4R	25
	Antlered	DM007O2R	350
7, 8	Antlered	DM007O3R	275
	Antlered	DM007O4R	145
	Antlerless	DF007O2R	150
	Antlerless	DF007O3R	130
	Antlerless	DF009O2R	150
9, 19, 191	Antlerless	DF009O3R	125
	Antlered	DM010O2R	30
10	Antlered	DM010O3R	20
11 – That portion bounded on N by Colo. 318 and U.S. 40; on E by Deception Creek-Strawberry Creek Rd. (Moffat CR 57).; on S by Moffat CR 23 and U.S. 40; on W by Twelvemile Gulch Rd., Moffat CR 25, Yampa River and Little Snake River.	Antlerless	DF011S4R	10
11, 211	Antlered	DM011O2R	250
	Antlered	DM011O3R	375

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	DM011O4R	30
	Antlerless	DF011O2R	10
	Antlerless	DF011O3R	10
12, 13, 23, 24	Antlered	DM012O2R	475
	Antlered	DM012O3R	400
	Antlered	DM012O4R	30
	Antlerless	DF012O2R	10
	Antlerless	DF012O3R	10
15	Antlered	DM015O2R	515
	Antlered	DM015O3R	335
	Antlered	DM015O4R	40
	Antlerless	DF015O2R	260
	Antlerless	DF015O3R	140
16  17  18, 28, 37, 371	Antlered	DM016O1R	
	Antlered	DM016O2R	45
	Antlered	DM016O3R	20
	Antlered	DM017O1R	
	Antlered	DM017O2R	30
	Antlered	DM017O3R	20
	Antlered	DM018O2R	545
	Antlered	DM018O3R	415
	Antlered	DM018O4R	75
	Antlerless	DF018O2R	10
	Antlerless	DF018O3R	10
19, 191	Antlered	DM019O2R	535
	Antlered	DM019O3R	615
	Antlered	DM019O4R	280
20	Antlered	DM020O2R	245
	Antlered	DM020O3R	210
	Antlered	DM020O4R	200
	Antlerless	DF020O2R	10
	Antlerless	DF020O3R	10
	Antlerless	DF020O4R	10
21	Antlered	DM021O2R	300
	Antlered	DM021O3R	95
22	Antlered	DM022O2R	150
	Antlered	DM022O3R	140
	Antlered	DM022O4R	15
	Antlerless	DF022O2R	10
	Antlerless	DF022O3R	10
25, 26	Antlered	DM025O2R	855
	Antlered	DM025O3R	570

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	DM025O4R	115
	Antlerless	DF025O2R	140
	Antlerless	DF025O3R	140
27, 181	Antlered	DM027O2R	140
	Antlered	DM027O3R	125
	Antlered	DM027O4R	20
	Antlerless	DF027O2R	10
	Antlerless	DF027O3R	10
29	Antlered	DM029O2R	200
	Antlered	DM029O3R	150
	Antlered	DM029O4R	150
	Antlerless	DF029O2R	10
	Antlerless	DF029O3R	10
	Antlerless	DF029O4R	10
30	Antlered	DM030O2R	90
	Antlered	DM030O3R	65
	Antlered	DM030O4R	15
	Antlerless	DF030O2R	10
	Antlerless	DF030O3R	10
31, 32	Antlered	DM031O2R	160
	Antlered	DM031O3R	200
	Antlered	DM031O4R	15
33	Antlered	DM033O2R	450
	Antlered	DM033O3R	450
	Antlered	DM033O4R	30
34	Antlered	DM034O2R	415
	Antlered	DM034O3R	330
	Antlered	DM034O4R	85
	Antlerless	DF034O2R	50
	Antlerless	DF034O3R	50
35, 36, 45, 361	Antlered	DM035O2R	825
	Antlered	DM035O3R	575
	Antlered	DM035O4R	20
	Antlerless	DF035O2R	260
	Antlerless	DF035O3R	140
38	Antlered	DM038O2R	150
	Antlered	DM038O3R	150
	Antlered	DM038O4R	160
	Antlerless	DF038O2R	10
	Antlerless	DF038O3R	10
	Antlerless	DF038O4R	10
39, 46	Antlered	DM039O2R	180

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	DM039O3R	165
	Antlered	DM039O4R	115
	Antlerless	DF039O2R	20
	Antlerless	DF039O3R	25
	Antlerless	DF039O4R	30
40	Antlered	DM040O2R	120
	Antlered	DM040O3R	100
	Antlered	DM040O4R	10
41, 42, 421	Antlered	DM041O2R	1000
	Antlered	DM041O3R	350
	Antlered	DM041O4R	100
	Antlerless	DF041O2R	10
	Antlerless	DF041O3R	10
43, 47, 431, 471	Antlered	DM043O2R	325
	Antlered	DM043O3R	140
	Antlered	DM043O4R	20
	Antlerless	DF043O2R	10
	Antlerless	DF043O3R	10
43, 47, 431, 471 - Youth Only	Antlerless	DF043K2R	10
	Antlerless	DF043K3R	10
44	Antlered	DM044O2R	65
	Antlered	DM044O3R	20
	Antlered	DM044O4R	20
	Antlerless	DF044O2R	35
	Antlerless	DF044O3R	15
48, 56, 481, 561	Antlered	DM048O2R	320
	Antlered	DM048O3R	220
49, 57, 58, 581	Antlered	DM049O2R	800
	Antlered	DM049O3R	550
49, 57	Antlerless	DF049O2R	10
	Antlerless	DF049O3R	10
50, 500, 501	Antlered	DM050O2R	190
	Antlered	DM050O3R	160
51	Antlered	DM051O2R	100
	Antlered	DM051O3R	90
	Antlered	DM051O4R	55
52, 411, 521	Antlered	DM052O2R	495
	Antlered	DM052O3R	220
	Antlered	DM052O4R	40
53	Antlered	DM053O2R	115
	Antlered	DM053O3R	75
	Antlered	DM053O4R	10

Unit(s)	Sex	Hunt Code	Licenses (2024)
54	Antlered	DM054O2R	355
	Antlered	DM054O3R	85
	Antlered	DM054O4R	15
	Antlerless	DF054O1R	
	Antlerless	DF054O2R	25
	Antlerless	DF054O3R	50
55	Antlered	DM055O2R	245
	Antlered	DM055O3R	110
	Antlered	DM055O4R	25
	Antlerless	DF055O1R	
	Antlerless	DF055O2R	110
	Antlerless	DF055O3R	70
58, 581	Antlerless	DF058O2R	10
	Antlerless	DF058O3R	10
59, 511	Antlered	DM059O2R	175
	Antlered	DM059O3R	75
60  61  62  63	Antlered	DM060O1R	
	Antlered	DM060O2R	70
	Antlered	DM060O3R	70
	Antlered	DM060O4R	15
	Antlered	DM061O1R	
	Antlered	DM061O2R	90
	Antlered	DM061O3R	90
	Antlered	DM062O1R	
	Antlered	DM062O2R	410
	Antlered	DM062O3R	370
	Antlered	DM063O2R	95
	Antlered	DM063O3R	75
	Antlered	DM063O4R	10
64, 65	Antlered	DM064O1R	
	Antlered	DM064O2R	350
	Antlered	DM064O3R	225
	Antlered	DM064O4R	20
66	Antlered	DM066O2R	200
	Antlered	DM066O3R	50
	Antlered	DM066O4R	25
	Antlerless	DF066O2R	80
	Antlerless	DF066O3R	45
67	Antlered	DM067O2R	200
	Antlered	DM067O3R	50
	Antlered	DM067O4R	25
	Antlerless	DF067O2R	95

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	DF067O3R	60
68, 681, 682	Antlered	DM068O2R	320
	Antlered	DM068O3R	220
	Antlered	DM068O4R	15
69, 84, 86, 691, 861	Antlered	DM069O2R	565
	Antlered	DM069O3R	350
	Antlered	DM069O4R	50
70  71, 711	Antlered	DM070O1R	
	Antlered	DM070O2R	380
	Antlered	DM070O3R	380
	Antlered	DM070O4R	65
	Antlered	DM071O2R	335
	Antlered	DM071O3R	475
	Antlered	DM071O4R	45
72, 73	Antlered	DM072O2R	345
	Antlered	DM072O3R	435
	Antlered	DM072O4R	70
74	Antlered	DM074O2R	90
	Antlered	DM074O3R	50
	Antlered	DM074O4R	10
75, 751	Antlered	DM075O2R	485
	Antlered	DM075O3R	460
	Antlered	DM075O4R	70
	Antlerless	DF075O2R	30
	Antlerless	DF075O3R	30
	Antlerless	DF075O4R	30
76	Antlered	DM076O2R	25
	Antlered	DM076O3R	20
77, 78, 771	Antlered	DM077O2R	1105
	Antlered	DM077O3R	680
	Antlered	DM077O4R	110
	Antlerless	DF077O2R	50
	Antlerless	DF077O3R	50
	Antlerless	DF077O4R	40
79, 791	Antlered	DM079O2R	100
	Antlered	DM079O3R	100
	Antlered	DM079O4R	10
80, 81	Antlered	DM080O2R	300
	Antlered	DM080O3R	300
	Antlered	DM080O4R	50
	Antlerless	DF080O2R	20
	Antlerless	DF080O3R	20

Unit(s)	Sex	Hunt Code	Licenses (2024)
82	Antlered	DM082O2R	170
	Antlered	DM082O3R	125
	Antlered	DM082O4R	30
83	Antlered	DM083O2R	30
	Antlered	DM083O3R	30
	Antlered	DM083O4R	15
85, 851 except Bosque del Oso SWA  131, 231	Antlered	DM085O2R	400
	Antlered	DM085O3R	245
	Antlered	DM085O4R	30
	Antlered	DM131O2R	35
	Antlered	DM131O3R	20
140	Antlered	DM140O2R	100
	Antlered	DM140O3R	80
	Antlered	DM140O4R	55
161  171  201	Antlered	DM161O1R	
	Antlered	DM161O2R	60
	Antlered	DM161O3R	35
	Antlered	DM171O1R	
	Antlered	DM171O2R	35
	Antlered	DM171O3R	35
	Antlered	DM201O2R	25
	Antlered	DM201O3R	20
	Antlered	DM201O4R	5
211 - That portion bounded on N by U.S. 40 and Yampa River; on E by Colo.13/789; on S by Moffat CRs 17, 51 and 32, on W by Deception Creek-Strawberry Creek Rd. (Moffat CR 57).	Antlerless	DF211S4R	10
391, 461	Antlered	DM391O2R	10
	Antlered	DM391O3R	10
	Antlered	DM391O4R	10
444	Antlered	DM444O2R	240
	Antlered	DM444O3R	100
	Antlered	DM444O4R	30
	Antlerless	DF444O2R	10
	Antlerless	DF444O3R	10
501	Antlered	DM501O4R	30
	Antlerless	DF501O2R	35
	Antlerless	DF501O3R	35
511	Antlered	DM511O4R	35
	Antlerless	DF511O2R	20
	Antlerless	DF511O3R	20
512	Antlered	DM512S1R	18
	Antlerless	DF512S1R	7



Unit(s)	Sex	Hunt Code	Licenses (2024)
551	Antlered	DM551O2R	180
	Antlered	DM551O3R	50
	Antlered	DM551O4R	20
	Antlerless	DF551O1R	
	Antlerless	DF551O2R	80
	Antlerless	DF551O3R	45
741	Antlered	DM741O2R	70
	Antlered	DM741O3R	30
	Antlered	DM741O4R	15
851 Bosque del Oso SWA only	Antlered	DM851O1R	5
	Antlered	DM851O2R	5
<b>TOTALS</b>			<b>38431</b>

<b>a. Sum of Combined Rifle Deer Season Licenses by Season and Sex (2024)</b>					
	2nd Season Season Dates: 10/26/2024 – 11/03/2024	3rd Season Season Dates: 11/09/2024 – 11/15/2024	4th Season Season Dates: 11/20/2024 – 11/24/2024	Other Season Dates	Total Licenses (2024)
<b>Antlered</b>	18616	13665	2800	23	<b>35104</b>
<b>Antlerless</b>	1790	1370	160	7	<b>3327</b>
<b>Either</b>	0	0	0	0	<b>0</b>
<b>Totals</b>	<b>20406</b>	<b>15035</b>	<b>2960</b>	<b>30</b>	<b>38431</b>

<b>2. Plains Regular Rifle, Season Dates, Units (as described in Chapter 0 of these regulations), Limited License year</b>	<b>2025</b>	<b>2026</b>	<b>2027</b>	<b>2028</b>	<b>2029</b>
Season dates unless otherwise shown	10/25/2025 - 11/04/2025	10/24/2026 - 11/003/2026	10/30/2027 - 11/09/2027	10/28/2028 - 11/07/2028	10/27/2029 - 11/06/2029

Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Hunt Code	Antlerless Licenses (2024)
87	DM087O1R	35	DF087O1R	20
88	DM088O1R	45	DF088O1R	20

Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Hunt Code	Antlerless Licenses (2024)
89	DM089O1R	40	DF089O1R	40
90	DM090O1R	15	DF090O1R	15
91	DM091O1R	20	DF091O1R	70
92	DM092O1R	25	DF092O1R	60
93	DM093O1R	25	DF093O1R	35
94	DM094O1R	70	DF094O1R	70
95	DM095O1R	30	DF095O1R	20
96	DM096O1R	90	DF096O1R	60
97	DM097O1R	25	DF097O1R	30
98	DM098O1R	110	DF098O1R	100
99	DM099O1R	110	DF099O1R	120
100	DM100O1R	45	DF100O1R	60
101	DM101O1R	30	DF101O1R	30
102	DM102O1R	15	DF102O1R	20
103	DM103O1R	50	DF103O1R	90
104	DM104O1R	170	DF104O1R	55
105, 106	DM105O1R	470	DF105O1R	135
107	DM107O1R	125	DF107O1R	60
109	DM109O1R	70	DF109O1R	50
110	DM110O1R	85	DF110O1R	65
111	DM111O1R	60	DF111O1R	30
112	DM112O1R	50	DF112O1R	35
113	DM113O1R	40	DF113O1R	25
114, 115	DM114O1R	125	DF114O1R	80
116	DM116O1R	85	DF116O1R	20
117	DM117O1R	50	DF117O1R	20
118, 123	DM118O1R	90	DF118O1R	65
119	DM119O1R	65	DF119O1R	25
120, 121	DM120O1R	100	DF120O1R	70
122, 127, 132	DM122O1R	120	DF122O1R	60
124	DM124O1R	55	DF124O1R	35
125, 130	DM125O1R	50	DF125O1R	20
126, 146	DM126O1R	45	DF126O1R	30
128	DM128O1R	70	DF128O1R	40
129	DM129O1R	55	DF129O1R	35
133	DM133O1R	20	DF133O1R	10
134	DM134O1R	30	DF134O1R	15
135	DM135O1R	30	DF135O1R	20
136, 147	DM136O1R	85	DF136O1R	10
137, 138, 143, 144	DM137O1R	35	DF137O1R	25
139, 145	DM139O1R	45	DF139O1R	10
141	DM141O1R	15	DF141O1R	20
951	DM951O1R	95	DF951O1R	90
<b>TOTALS</b>		<b>3115</b>		<b>2015</b>

**3. Regular Plains Whitetail Only Season, Dates, Units (as described in Chapter 0 of these regulations, Limited Licenses**

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	10/25/2025 - 11/04/2025	10/24/2026 - 11/003/2026	10/30/2027 - 11/09/2027	10/28/2028 - 11/07/2028	10/27/2029 - 11/06/2029

Unit(s)				
	Hunt Code	Antlerless Licenses (2024)	Hunt Code	Either-Sex Licences (2024)
104	DF104O2R	50	DE104O2R	10
105, 106	DF105O2R	60	DE105O2R	30
107, 112, 113, 114, 115, 120, 121	DF107O2R	75	DE107O2R	200
109	DF109O2R	60	DE109O2R	75
110, 111, 118, 119, 123, 124	DF110O2R	30	DE110O2R	90
116, 117	DF116O2R	25	DE116O2R	100
122, 127, 132	DF122O2R	20	DE122O2R	45
125, 130	DF125O2R	10	DE125O2R	25
126, 146	DF126O2R	10	DE126O2R	25
128, 133, 134, 135, 136, 141, 147	DF128O2R	55	DE128O2R	50
129	DF129O2R	10	DE129O2R	20
137, 138, 143, 144	DF137O2R	10	DE137O2R	10
139, 145	DF139O2R	15	DE139O2R	35
<b>TOTALS</b>		<b>430</b>		<b>715</b>

#### D. Late Deer Seasons

##### 1. Late Regular Rifle Seasons, Dates, Units (as described in Chapter 0 of these regulations), Licenses.

Unit(s)	Hunt Code	Season Dates	Licenses (2024)		
			Antlered	Antlerless	Either sex
9, 19, 191	DF009L1R	11/29/2025 - 12/13/2025		125	
9	DM009L1R	10/25/2025 - 11/30/2025	200		
38 Jefferson County portion only	DF038L1R	12/01/2025 - 01/31/2026		200	
38 Jefferson County portion only	DE038L1R	12/01/2025 - 01/31/2026			200
38 Jefferson County Centennial Cone Open Space portion only	DF038L2R	12/01/2025 - 01/31/2026		15	

Unit(s)	Hunt Code	Season Dates	Licenses (2024)		
			Antlered	Antlerless	Either sex
38 Jefferson County Centennial Cone Open Space portion only	DE038L2R	12/01/2025 - 01/31/2026			20
56, 57-Those portions of 56 and 57 bounded on the N and E by Colo 291; on the S by US 50; on the W by Colo 285	DF056L1R	09/01/2025 – 10/31/2025		20	
69, 581- Those portions bounded on the N by a straight line connecting US 50 and North Street in Canyon City; on the E by Mackenzie Ave/Fourmile Lane; on the S by a straight line connecting Pinion Ave to Fremont CR 143, Fremont CR 143, and the Tanner/East Bear Gulch Trail 1333; and on the W by the BLM and USFS boundary, Temple Canyon Rd, and US 50	DF069L1R	09/01/2025 - 10/31/2025		100	
104 – Those portions bounded on the north by the Arapahoe/ Douglas/ Elbert County lines; on the east by CR 29, CR 33, Colo 86, CR 17/21, CR 15/21; on the south by CR 86/Steele Ave, E. Cherry Creek Rd and E. Jones Rd,; and on the west by Colo 83	DF104L3R	10/01/2025 - 12/31/2025		550	
591	DM591L1R	10/01/2025 - 01/31/2026	100		
591	DF591L1R	10/01/2025 - 01/31/2026		35	
<b>TOTALS</b>			<b>300</b>	<b>1045</b>	<b>220</b>

<b>2. Late Plains Season, Dates (unless otherwise shown), Units (as described in Chapter 0 of these regulations), Limited Licenses.</b>				
<b>Unit</b>	<b>Season Dates: 12/01 – 12/14 Annually Antlered</b>		<b>Season Dates: 12/01 – 12/14 Annually Antlerless</b>	
	<b>Hunt Code</b>	<b>Licenses (2024)</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>
87	DM087L1R	45	DF087L1R	20
88	DM088L1R	55	DF088L1R	20
89	DM089L1R	40	DF089L1R	40
90	DM090L1R	15	DF090L1R	15
91	DM091L1R	25	DF091L1R	70
92	DM092L1R	30	DF092L1R	60
93	DM093L1R	30	DF093L1R	40
94	DM094L1R	75	DF094L1R	70
95	DM095L1R	40	DF095L1R	20
96	DM096L1R	90	DF096L1R	60
97	DM097L1R	30	DF097L1R	30
98	DM098L1R	130	DF098L1R	90
99	DM099L1R	125	DF099L1R	120
100	DM100L1R	55	DF100L1R	60
101	DM101L1R	40	DF101L1R	30
102	DM102L1R	15	DF102L1R	20
103	DM103L1R	30	DF103L1R	35
104	DM104L1R	90	DF104L1R	100
105, 106	DM105L1R	140	DF105L1R	150
107	DM107L1R	90	DF107L1R	40
109	DM109L1R	95	DF109L1R	50
116	DM116L1R	80	DF116L1R	10
117	DM117L1R	60	DF117L1R	15
122, 127, 132	DM122L1R	110	DF122L1R	45
125, 130	DM125L1R	50	DF125L1R	20
126, 146	DM126L1R	55	DF126L1R	20
129	DM129L1R	20	DF129L1R	20
136, 147	DM136L1R	15		
136			DF136L1R	10
137, 138, 143, 144	DM137L1R	60	DF137L1R	40
139, 145	DM139L1R	40	DF139L1R	20
141	DM141L1R	10	DF141L1R	10
142	DM142L1R	20	DF142L1R	20
147			DF147L1R	10
951	DM951L1R	80	DF951L1R	70
<b>TOTALS</b>		<b>1885</b>		<b>1450</b>

<b>3. Late Plains Whitetail Only Season, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses</b>				
<b>Unit</b>	<b>Season Dates: 12/01 – 12/14 Annually Antlerless</b>		<b>Season Dates: 12/01 – 12/14 Annually Either-sex</b>	
	<b>Hunt Code</b>	<b>Licenses (2024)</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>

103 and the portion of 109 bounded on the west by Kit Carson CR 40 and Yuma CR V.	DF103L2R 01/01 - 01/15 annually	125		
104	DF104L2R	45	DE104L2R	10
105, 106	DF105L2R	60	DE105L2R	30
107	DF107L2R	80	DE107L2R	100
109	DF109L2R	35	DE109L2R	60
116, 117	DF116L2R	15	DE116L2R	85
122, 127, 132	DF122L2R	15	DE122L2R	45
125, 130	DF125L2R	15	DE125L2R	25
126, 146	DF126L2R	20	DE126L2R	50
129	DF129L2R	15	DE129L2R	20
136, 141, 147	DF136L2R	10	DE136L2R	10
137, 138, 143, 144	DF137L2R	10	DE137L2R	15
139, 145	DF139L2R	10	DE139L2R	40
<b>TOTALS</b>		<b>455</b>		<b>490</b>

**4. Season-Choice Whitetail Only Deer Seasons, Dates, Units (as described in Chapter 0 of these regulations).** Licenses are valid during Archery, Muzzleloader, Regular Rifle and Late Rifle seasons until filled, License holders must comply with all applicable season restrictions, including but not limited to, applicable season dates and manner of take restrictions.

<b>Archery season dates:</b> 10/01/2025 – 10/24/2024 11/05/2025 – 11/30/2025 12/15/2025 – 12/31/2025	<b>Muzzleloader season dates:</b> 10/11/2025 – 10/19/2025	<b>Rifle season dates:</b> 10/25/2025 – 11/04/2025 12/01 -12/14 Annually	
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Antlerless Licenses (2024)</b>	<b>Either-Sex Licenses (2024)</b>
87, 88, 89, 90, 95	DE087O2X		310
87, 88, 89, 90, 95	DF087O2X	250	
93, 97, 98, 99, 100	DE093O2X		250
93. 97, 98, 99, 100	DF093O2X	250	
101, 102	DE101O2X		175
101, 102	DF101O2X	140	310
<b>TOTALS</b>		<b>640</b>	<b>735</b>

**E. Private-Land-Only Deer Seasons**

**1. Private Land Only, Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

- All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.

- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
3, 4, 5, 14, 214, 301, 441	10/25/2025 - 11/02/2025	Either Sex	DE003P2R	350
	11/08/2025 - 11/16/2025	Either Sex	DE003P3R	450
3, 301	11/19/2025 - 11/23/2025	Either Sex	DE003P4R	50
4, 441	11/19/2025 - 11/23/2025	Either Sex	DE004P4R	50
5	11/19/2025 - 11/23/2025	Either Sex	DE005P4R	10
9	09/01 - 11/30 annually	Antlerless	DF009P5R	100
11, 12, 13, 22, 23, 24, 211	10/25/2025 - 11/02/2025	Either Sex	DE011P2R	250
	11/08/2025 - 11/16/2025	Either Sex	DE011P3R	350
11, 211	11/19/2025 - 11/23/2025	Either Sex	DE011P4R	50
12, 13, 23, 24	11/19/2025 - 11/23/2025	Either Sex	DE012P4R	100
15	10/25/2025 - 11/02/2025	Either Sex	DE015P2R	35
	11/08/2025 - 11/16/2025	Either Sex	DE015P3R	30
18, 27, 28, 37, 181, 371	10/25/2025 - 11/02/2025	Either Sex	DE018P2R	25
	11/08/2025 - 11/16/2025	Either Sex	DE018P3R	10
20	10/25/2025 - 11/30/2025	Antlered	DM020P5R	850
	09/01 - 11/30 annually	Antlerless	DF020P5R	500
25, 26	10/25/2025 - 11/02/2025	Either Sex	DE025P2R	55
	11/08/2025 - 11/16/2025	Either Sex	DE025P3R	55
29	10/25/2025 - 11/30/2025	Antlered	DM029P5R	175
	09/01 - 11/30 annually	Antlerless	DF029P5R	155
31, 32	10/25/2025 - 11/02/2025	Antlered	DM031P2R	45
	11/08/2025 - 11/16/2025	Antlered	DM031P3R	65
33	10/25/2025 - 11/02/2025	Antlered	DM033P2R	10
	11/08/2025 - 11/16/2025	Antlered	DM033P3R	30
	12/01/2025 - 01/31/2026	Antlerless	DF033P5R	40
33 - Those portions bounded on the north by Co Rd 226 and Co Rd 245 ; on the east by Elk Creek ; on the south by the Colorado River ; and on the west by Colo 13 and Colo 325	08/01/2025 - 01/31/2026	Antlerless	DF033P6R	120
34	10/25/2025 - 11/02/2025	Either Sex	DE034P2R	15
	11/08/2025 - 11/16/2025	Either Sex	DE034P3R	15
35, 36, 45, 361	10/25/2025 - 11/02/2025	Either Sex	DE035P2R	20
	11/08/2025 - 11/16/2025	Either Sex	DE035P3R	20
38 – Those portions bounded on the north by Colo Hwys 72, 93 and 128; on the east by Interstate 25; on the south by Interstate 70; on the west by US Hwy 6/Colo Hwy 119 and Colo Hwy 119.	10/25/2025 - 11/30/2025	Antlered	DM038P5R	200

<b>Unit(s)</b>	<b>Season Dates</b>	<b>Sex</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>
38- Those portions bounded on the north by Colo Hwys 72, 93 and 128; on the east by Interstate 25; on the south by Interstate 70; on the west by US Hwy 6/Colo Hwy 119 and Colo Hwy 119.	09/01 - 11/30 annually	Antlerless	DF038P5R	170
39, 46	09/01 - 11/30 annually	Antlerless	DF039P5R	125
40	10/25/2025 - 11/02/2025	Antlered	DM040P2R	20
	11/08/2025 - 11/16/2025	Antlered	DM040P3R	20
41, 42, 421	10/25/2025 - 11/02/2025	Antlered	DM041P2R	170
	11/08/2025 - 11/16/2025	Antlered	DM041P3R	110
43, 47, 431, 471	10/25/2025 - 11/02/2025	Either Sex	DE043P2R	25
	11/08/2025 - 11/16/2025	Either Sex	DE043P3R	25
44	10/25/2025 - 11/02/2025	Either Sex	DE044P2R	10
	11/08/2025 - 11/16/2025	Either Sex	DE044P3R	10
49, 57	10/25/2025 - 11/02/2025	Antlerless	DF049P2R	50
	11/08/2025 - 11/16/2025	Antlerless	DF049P3R	50
51	10/25/2025 - 11/23/2025	Antlered	DM051P5R	110
	09/01 - 11/30 annually	Antlerless	DF051P5R	125
52, 411, 521	10/25/2025 - 11/02/2025	Antlered	DM052P2R	335
	11/08/2025 - 11/16/2025	Antlered	DM052P3R	265
52	09/01 - 10/31 annually	Antlerless	DF052P5R	250
52 – those portions of the unit south of the US Forest Service boundary, 411 – those portions bounded on the north by the US Forest Service Boundary; on the east and south by the unit boundaries; on the west by 1400 Road, North Delta Canal, Trap Club Road (18.25 Drive) North Road, Tongue Creek, and Ward Creek, 521 –those portions bounded on the north by US Forest Service Boundary; on the east by East Terror Creek and Terror Creek; on the south and west by the unit boundary.	08/15/2025 - 08/25/2025	Either Sex	DE052P6R	170
53	10/25/2025 - 11/02/2025	Antlered	DM053P2R	65
	11/08/2025 - 11/16/2025	Antlered	DM053P3R	40
	09/01 - 10/31 annually	Antlerless	DF053P5R	60
54	09/01/2025 - 09/29/2025	Antlerless	DF054P5R	30
55	09/01/2025 - 09/29/2025	Antlerless	DF055P5R	15
56	10/25/2025 - 11/02/2025	Antlerless	DF056P2R	10



Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
	11/08/2025 - 11/16/2025	Antlerless	DF056P3R	10
60	10/15/2025 - 10/19/2025	Antlered	DM060P1R	
	10/25/2025 - 11/02/2025	Antlered	DM060P2R	40
	11/08/2025 - 11/16/2025	Antlered	DM060P3R	40
	10/25/2025 - 11/02/2025	Antlerless	DF060P2R	10
	11/08/2025 - 11/16/2025	Antlerless	DF060P3R	10
61	10/15/2025 - 10/19/2025	Antlered	DM061P1R	
	10/15/2025 - 10/19/2025	Antlered	DM062P1R	
62	10/25/2025 - 11/02/2025	Antlered	DM062P2R	150
	11/08/2025 - 11/16/2025	Antlered	DM062P3R	150
	10/25/2025 - 11/02/2025	Antlerless	DF062P2R	10
	11/08/2025 - 11/16/2025	Antlerless	DF062P3R	10
	08/15/2025 - 08/25/2025	Either Sex	DE062P6R	100
62 – Those portions bounded on the north by the unit boundary; on the east by the unit boundary; on the south by West Canal; on the west by West Canal, CQ Lateral Canal, Ironstone Canal, Roubideau Creek, Gunnison River and G50 Rd.				
63	10/25/2025 - 11/02/2025	Antlered	DM063P2R	65
	11/08/2025 - 11/16/2025	Antlered	DM063P3R	55
	09/01 - 10/31 annually	Antlerless	DF063P5R	70
64, 65	10/25/2025 - 11/02/2025	Antlered	DM064P2R	80
	11/08/2025 - 11/16/2025	Antlered	DM064P3R	80
64, 65 – Those portions bounded on the north by the unit boundary; on the east by 2200 Rd, F Rd, Peach Valley Rd, Selig Canal, Loutsenhizer Canal, AB Lateral Canal, Landfill Rd, AB Lateral Canal, South Canal and West Canal; on the west by the unit boundary.				
69, 84, 86, 691, 861	10/25/2025 - 11/02/2025	Antlered	DM069P2R	550
	11/08/2025 - 11/16/2025	Antlered	DM069P3R	360
	10/25/2025 - 11/02/2025	Antlerless	DF069P2R	125
	11/08/2025 - 11/16/2025	Antlerless	DF069P3R	125
70	10/15/2025 - 10/19/2025	Antlered	DM070P1R	
	10/25/2025 - 11/02/2025	Antlered	DM070P2R	145
	11/08/2025 - 11/16/2025	Antlered	DM070P3R	145
	10/25/2025 - 11/02/2025	Antlerless	DF070P2R	20
	11/08/2025 - 11/16/2025	Antlerless	DF070P3R	10
71, 711	10/25/2025 - 11/02/2025	Antlered	DM071P2R	35
	11/08/2025 - 11/16/2025	Antlered	DM071P3R	25

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
72	10/25/2025 - 11/02/2025	Antlerless	DF072P2R	50
	11/08/2025 - 11/16/2025	Antlerless	DF072P3R	50
	11/19/2025 - 11/23/2025	Antlerless	DF072P4R	20
72, 73	10/25/2025 - 11/02/2025	Antlered	DM072P2R	100
	11/08/2025 - 11/16/2025	Antlered	DM072P3R	120
72, 73 south of Colo 184 and US 160	09/01 - 09/30 annually	Antlerless	DF072P5R	160
74	10/25/2025 - 11/02/2025	Antlered	DM074P2R	10
	11/08/2025 - 11/16/2025	Antlered	DM074P3R	10
75, 751	10/25/2025 - 11/02/2025	Antlered	DM075P2R	70
	11/08/2025 - 11/16/2025	Antlered	DM075P3R	70
	11/19/2025 - 11/23/2025	Antlered	DM075P4R	35
	10/25/2025 - 11/02/2025	Antlerless	DF075P2R	40
	11/08/2025 - 11/16/2025	Antlerless	DF075P3R	40
	11/19/2025 - 11/23/2025	Antlerless	DF075P4R	40
75 and 751- S of US 160 Only	12/01/2025 - 01/15/2026	Antlerless	DF075P5R	150
77, 78, 771	10/25/2025 - 11/02/2025	Antlered	DM077P2R	60
	11/08/2025 - 11/16/2025	Antlered	DM077P3R	70
	11/19/2025 - 11/23/2025	Antlered	DM077P4R	35
	12/01/2025 - 01/15/2026	Antlerless	DF077P5R	75
79	09/01 - 12/31 annually	Antlerless	DF079P5R	50
85 - Those portions bounded on the north by Colo 160; on the east by Co Rd 350 and Wahatoya Creek; on the south by Co Rd 362, 360 and the fenceline on the south side of LaVeta Town Lakes and golf course from the intersection of Co Rds 360 and 361 to Colo 12, and Co Rd 420; and on the west by Colo 12, and Co Rds 430, 440 and 451.	09/01 - 12/31 annually	Antlerless	DF085P5R	125
91	12/01/2025 - 12/14/2025	Antlered	DM091P5R	35
92	12/01/2025 - 12/14/2025	Antlered	DM092P5R	60
96	12/01/2025 - 12/14/2025	Antlered	DM096P5R	135
102	10/25/2025 - 11/04/2025	Antlered	DM102P1R	45
	12/01/2025 - 12/14/2025	Antlered	DM102P5R	60
	10/25/2025 - 11/04/2025	Antlerless	DF102P1R	30
	12/01 - 12/14 annually	Antlerless	DF102P5R	30
103	12/01/2025 - 12/14/2025	Antlered	DM103P5R	50
	12/01 - 12/14 annually	Antlerless	DF103P5R	100
131, 231	10/25/2025 - 11/02/2025	Either Sex	DE131P2R	20
	11/08/2025 - 11/16/2025	Either Sex	DE131P3R	15

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
137, 138, 143, 144	10/25/2025 - 11/04/2025	Antlered	DM137P1R	100
	10/25/2025 - 11/04/2025	Antlerless	DF137P1R	25
391, 461	10/25/2025 - 11/30/2025	Antlered	DM391P5R	460
	09/01 - 11/30 annually	Antlerless	DF391P5R	205
411	09/01 - 10/31 annually	Antlerless	DF411P5R	130
444	10/25/2025 - 11/02/2025	Either Sex	DE444P2R	100
	11/08/2025 - 11/16/2025	Either Sex	DE444P3R	50
481	10/25/2025 - 11/02/2025	Antlerless	DF481P2R	25
	11/08/2025 - 11/16/2025	Antlerless	DF481P3R	25
481 – That portion bounded on the north by Chaffee Co Rds 384A and 384; on the east by the Arkansas River; on the south by Chaffee Co Rds 306, 337, Gregg Drive, Chaffee Co Rd 319 and US 24; and on the west by Chaffee Co Rd 361	09/01 - 10/31 annually	Antlerless	DF481P5R	20
511	11/19/2025 - 11/23/2025	Antlered	DM511P4R	70
	10/25/2025 - 11/02/2025	Antlerless	DF511P2R	40
551	11/08/2025 - 11/16/2025	Antlerless	DF511P3R	40
	09/01/2025 - 09/29/2025	Antlerless	DF551P5R	15
741	10/25/2025 - 11/02/2025	Antlered	DM741P2R	115
	11/08/2025 - 11/16/2025	Antlered	DM741P3R	70
	11/19/2025 - 11/23/2025	Antlered	DM741P4R	30
	10/25/2025 - 11/02/2025	Antlerless	DF741P2R	20
	11/08/2025 - 11/16/2025	Antlerless	DF741P3R	10
	11/19/2025 - 11/23/2025	Antlerless	DF741P4R	10
791	09/01 - 12/31 annually	Antlerless	DF791P5R	25
951 - Those portions bounded on the north by Riverside Inlet Canal, south bank of Riverside Reservoir and Riverside Outlet Canal; on the east by Morgan CR 2 and Colo 144; on the south by I-76; on the west by Weld CR 386, US 34 and Weld CR 69.	10/25/2025 - 11/04/2025 and 12/01/2025 - 12/14/2025	Antlered	DM951P5R	30
<b>TOTALS</b>				<b>12535</b>

c. Sum of Private Land Only Deer Licenses by Season and Sex (2024)					
	2nd Season	3rd Season	4th Season	Other Season Dates	Total Licenses (2024)
	Season Dates: 10/26/2024 - 11/03/2024	Season Dates: 11/09/2024 - 11/15/2024	Season Dates: 11/20/2024 - 11/24/2024		

<b>Antlered</b>	2065	1725	170	2310	<b>6270</b>
<b>Antlerless</b>	400	380	70	2900	<b>3750</b>
<b>Either</b>	905	1030	260	320	<b>2515</b>
<b>Totals</b>	<b>3370</b>	<b>3135</b>	<b>500</b>	<b>5530</b>	<b>12535</b>

- 2. Season-Choice Private Land Only Seasons, Dates, Units (as described in Chapter 0 of these regulations).** Licenses are valid during Archery, Muzzleloader, Regular Rifle and Late Rifle seasons until filled, License holders must comply with all applicable season restrictions, including but not limited to, applicable season dates and manner of take restrictions.

<b>Archery season dates:</b> 10/01/2025 – 10/24/2025 11/05/2025 – 11/30/2025 12/15/2025 – 12/31/2025	<b>Muzzleloader season dates:</b> 10/11/2025 – 10/19/2025	<b>Rifle season dates:</b> 10/25/2025 – 11/04/2025 12/01/2025 – 12/14/2025 01/01/2026 – 01/31/2026
<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Antlerless Licenses (2024)</b>
91	DF091P5X	<b>150</b>
92	DF092P5X	150
96	DF096P5X	50
96 - East of Hwy 71	DF096P6X	225
<b>TOTAL</b>		<b>575</b>

- 3. Private Land Only, Antlerless Whitetail Deer Only Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.**

- All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

<b>Unit(s)</b>	<b>Hunt Code</b>	<b>Season Dates</b>	<b>Licenses (2024)</b>
6, 16, 17, 161, 171	DF006P5R	12/1 - 12/31 annually	10

**#251-#253 - Vacant**

## **ARTICLE IX - Elk**

### **#254 - Antler Point Restrictions by Unit - Elk**

- All antlered elk taken in the following game management units during any established season, including archery, muzzle-loading rifle or rifle seasons, shall have four (4) or more points or a brow tine on one antler: GMU's 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 52, 53, 54, 55, 59, 60, 62, 63, 64, 65, 66, 67, 68, 70, 71, 72, 73, 74, 75, 77, 78, 79 (except as referenced in 254.D), 80, 81, 82 (except as referenced in 254.D), 83, 85, 86, 131, 140, 161, 171, 181, 191, 211, 214, 231, 301, 361, 371, 411, 421, 431, 441, 444, 471, 511, 521, 551, 581, 591, 681, 691, 711, 741, 751, 771, 851, and 861.

- B. There are no antler point restrictions for elk taken during any established season, including archery, muzzle-loading rifle or rifle seasons, in the following game management units: 1, 2, 10, 20, 29, 39, 40, 46, 48, 49, 50, 51, 56, 57, 58, 61, 69, 76, 84, 201, 391, 461, 481, 500, 501, 561, 591, 682, 791, or in any unit east of I-25 except 140.
- C. There are no antler point restrictions for elk on Ranching For Wildlife properties during Ranching For Wildlife seasons, except in those GMUs most impacted by the severe winter of 2022-2023. All antlered elk taken on any enrolled Ranching For Wildlife properties within GMUs 3, 4, 5, 11, 12, 13, 14, 23, 24, 25, 26, 33, 34, 131, 211, 214, 231, 301, 441 shall have four (4) or more points or a brow tine on one antler, effective for all 2024-2025 and 2025-2026 hunting seasons.
- D. There are no antler point restrictions for elk licenses issued for the following hunt codes: EM682P5R, EM682P6R.

**#255 - Archery Elk Seasons - Only Lawful Hand Held Bows May Be Used to Hunt or Take Elk During the Following Seasons:**

**A. Early Seasons - None**

**B. Regular Archery Elk Seasons**

**1. Archery Season Dates, Units (as described in Chapter 0 of these regulations), Limited or Unlimited License as shown by hunt code**

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers (2024)			
		Antlered	Antler-less	Limited Either Sex	Unlimited Either Sex
3, 6, 11, 13, 14, 15, 16, 17, 18, 21, 22, 25, 26, 27, 28, 30, 31, 32, 34, 35, 36, 37, 38, 43, 53, 59, 60, 62, 63, 64, 65, 68, 79 (north and west of Colo 112), 82 (public lands only), 83, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 161, 171, 181, 211, 214, 231, 301, 361, 371, 431, 471, 511, 581, 591, 681, 691, 851 except Bosque del Oso SWA, 861, 951	EE000U1A Colorado Resident only				Unlimited
87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 132, 133, 134, 135, 136, 137, 138, 139, 141, 142, 143, 144, 145, 146, 147, 951	EE087U1A Non-resident only				Unlimited in 2025

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers (2024)			
		Antlered	Antler-less	Limited Either Sex	Unlimited Either Sex
6, 16, 17, 18, 21, 22, 30, 31, 32, 38, 43, 82 (public lands only), 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 431, 471, 682, 691, 791, 851 except Bosque del Oso SWA, 861, private land portions of	EF000U1A Colorado Resident only		Unlimited		
133, 134, 141, 142	EF133U1A Non-residents only		Unlimited in 2025		
1	EE001O1A			2	
2	EE002O1A			10	
3, 301	EE003V1A				
Public and private lands in 4, 5, 441	EE004O1A			250	
6, 16, 17, 161, 171	EE006V1A				
6, 16, 17, 161, 171	EF006V1A				
7, 8, 9, 19, 191	EE007O1A			1110	
10	EE010O1A			15	
11, 13, 131, 211	EE011V1A				
12, 23 north of the White River, and 24 north of the North Fork of the White River	EE012O1A			550	
14, 214	EE014V1A				
15, 27	EE015V1A				
18, 181	EE018V1A				
18, 181	EF018V1A				
20	EM020O1A	10			
20	EF020O1A		10		
20 excluding the area around the town of Estes Park bounded by Rocky Mountain National Park on the north and west and by the boundary of Roosevelt National Forest on the north, east and south	EE020O1A			105	
21, 22, 30, 31, 32	EE021V1A				
21, 22, 30, 31, 32	EF021V1A				
25, 26, 34, 231	EE025V1A				
28, 37, 371	EE028V1A				
29	EE029O1A			30	
33, 23 south of the White River, and 24 south of the North Fork of the White River	EE033O1A			800	
35, 36, 361	EE035V1A				
38	EE038V1A				
38	EF038V1A				
39	EE039O1A			100	
40	EE040O1A			65	
41, 42, 421	EE041O1A			2000	
43, 431, 471	EE043V1A				
43, 431, 471	EF043V1A				
44, 45, 47, 444	EE044O1A				

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers (2024)			
		Antlered	Antler-less	Limited Either Sex	Unlimited Either Sex
46	EE046O1A			60	
48	EE048O1A			100	
49	EE049O1A			170	
50	EE050O1A			80	
51	EE051O1A			100	
52, 411	EE052O1A			385	
53	EE053V1A				
54	EE054O1A			200	
55	EE055O1A			335	
56	EE056O1A			100	
57, 58	EE057O1A			180	
59, 511, 581, 591	EE059V1A				
60	EE060V1A				
61	EE061O1A			90	
62	EE062V1A				
63	EE063V1A				
64, 65	EE064V1A				
66	EE066O1A			150	
67	EE067O1A			100	
68, 681	EE068V1A				
69, 84	EE069O1A			105	
70	EM070O1A	415			
70	EF070O1A		80		
71, 72, 73, 711	EM071O1A	800			
71, 72, 73, 711	EF071O1A		100		
74, 741	EM074O1A	500			
74, 741	EF074O1A		25		
75, 751	EM075O1A	340			
75, 751	EF075O1A		55		
76	EE076O1A			160	
77, 78, 771	EM077O1A	1100			
77, 78, 771	EF077O1A		130		
79	EE079V1A				
80, 81	EE080O1A			2000	
82	EE082V1A				
82	EF082V1A				
83	EE083V1A				
85, 140, 851 except Bosque del Oso SWA	EE085V1A				
85, 140, 851 except Bosque del Oso SWA	EF085V1A				
86, 691, 861	EE086V1A				
86, 691, 861	EF086V1A				
104	EE104O1A			25	
201	EE201O1A			10	
391	EE391O1A			50	
461	EE461O1A			50	
481	EE481O1A			100	

Unit(s)	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown				
	Hunt Code	License Numbers (2024)			
		Antlered	Antlerless	Limited Either Sex	Unlimited Either Sex
500	EE500O1A			110	
501	EE501O1A			70	
521	EE521O1A			800	
551	EE551O1A			190	
561	EE561O1A			70	
682, 791	EF682V1A				
851 Bosque del Oso SWA only	EE851O1A			8	
<b>TOTALS</b>		<b>3965</b>	<b>400</b>	<b>10835</b>	<b>Unlimited</b>

### C. Private Land Only Archery Elk Season

#### 1. Archery - Elk, Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates: 09/02 – 09/30 Annually Unless Otherwise Shown		
		License Numbers (2024)		
		Antlered	Antlerless	Either-Sex
3, 4, 5, 14, 214, 301, 441	EE003P1A			
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	EE011P1A			
21, 22, 30, 31, 32	EE021P1A			
41, 42, 421	EE041P1A			
52, 411, 521	EE052P1A			
70	EE070P1A			225
71, 72, 73, 711	EE071P1A			130
74, 741	EE074P1A			75
75, 751	EE075P1A			50
77, 78, 771	EE077P1A			180
<b>Totals</b>				<b>660</b>

### #256 - Muzzle Loading Firearms (Rifle And Smoothbore Musket) Elk Season - Only Lawful Muzzle-Loading Firearms May Be Used to Hunt or Take Elk During the Following Seasons:

#### A. Regular Muzzle-loading Elk Seasons

##### 1. Muzzle-loading Season Dates, Units (as described in Chapter 0 of these regulations), Limited License Types and Numbers

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029



Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Antlerless Licenses (2024)	Limited Either-Sex Licenses (2024)
1	EM001O1M	4		
1	EF001O1M		5	
2	EM002O1M	10		
2	EF002O1M		5	
3, 301	EE003O1M			10
3, 301	EF003O1M		10	
4, 5, and 441	EE004O1M			50
4, 5, and 441	EF004O1M		10	
6, 16, 17, 161, 171	EE006O1M			400
6, 16, 17, 161, 171	EF006O1M		150	
7, 8, 9, 19, 191	EM007O1M	375		
7, 8, 9, 19, 191	EF007O1M		375	
10	EM010O1M	5		
10	EF010O1M		5	
11, 13, 131, 211	EE011O1M			100
11, 13, 131, 211	EF011O1M		100	
12, 23 north of the White River, and 24 north of the North Fork of the White River	EE012O1M			100
12, 23 north of the White River, and 24 north of the North Fork of the White River	EF012O1M		100	
14, 214	EE014O1M			75
14, 214	EF014O1M		10	
15, 27	EE015O1M			250
15, 27	EF015O1M		75	
18, 181	EE018O1M			435
18, 181	EF018O1M		70	
20	EM020O1M	30		
20	EF020O1M		10	
21, 22, 30, 31, 32	EE021O1M			175
21, 22, 30, 31, 32	EF021O1M		150	
25, 26, 34, 231	EE025O1M			150
25, 26, 34, 231	EF025O1M		150	
28, 37, 371	EE028O1M			330
28, 37, 371	EF028O1M		50	
29	EM029O1M	30		
29	EF029O1M		20	
33, 23 south of the White River, and 24 south of the North Fork of the White River	EE033O1M			100
33, 23 south of the White River, and 24 south of the North Fork of the White River	EF033O1M		100	
35, 36, 361	EM035O1M	185		
35, 36, 361	EF035O1M		100	
38	EM038O1M	30		

Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Antlerless Licenses (2024)	Limited Either-Sex Licenses (2024)
38	EF038O1M		10	
39	EM039O1M	70		
39	EF039O1M		15	
40	EE040O1M			35
40	EF040O1M		10	
41, 42, 52, 411, 421, 521	EM041O1M	500		
41, 42, 52, 411, 421	EF041O1M		315	
43, 431, 471	EM043O1M	175		
43, 431, 471	EF043O1M		40	
44, 45, 47, 444	EM044O1M	200		
44, 45, 47, 444	EF044O1M		100	
46	EM046O1M	30		
46	EF046O1M		15	
48	EM048O1M	35		
48	EF048O1M		30	
49	EM049O1M	70		
49	EF049O1M		70	
50	EM050O1M	30		
50	EF050O1M		55	
51	EM051O1M	40		
51	EF051O1M		40	
53	EM053O1M	85		
53	EF053O1M		20	
54	EM054O1M	60		
54	EF054O1M		25	
55	EM055O1M	60		
55	EF055O1M		125	
56	EM056O1M	35		
56	EF056O1M		35	
57, 58	EM057O1M	100		
57, 58	EF057O1M		90	
59, 511, 581, 591	EM059O1M	100		
59, 511, 581, 591	EF059O1M		120	
60	EM060O1M	15		
60	EF060O1M		20	
61	EM061O1M	45		
61	EF061O1M		45	
62	EM062O1M	115		
62	EF062O1M		100	
63	EM063O1M	35		
63	EF063O1M		25	
64, 65	EM064O1M	110		
64, 65	EF064O1M		100	
66	EM066O1M	45		
66	EF066O1M		40	
67	EM067O1M	45		
67	EF067O1M		40	
68, 681	EM068O1M	85		

Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Antlerless Licenses (2024)	Limited Either-Sex Licenses (2024)
68, 681	EF068O1M		10	
69, 84	EM069O1M	55		
69, 84	EF069O1M		30	
70	EM070O1M	85		
70	EF070O1M		20	
71, 72, 73, 711	EM071O1M	350		
71, 72, 73, 711	EF071O1M		30	
74, 741	EM074O1M	180		
74, 741	EF074O1M		15	
75, 751	EM075O1M	120		
75, 751	EF075O1M		15	
76	EM076O1M	70		
76	EF076O1M		30	
77, 78, 771	EM077O1M	300		
77, 78, 771	EF077O1M		30	
79 north and west of Colo 112	EM079O1M	15		
79 north and west of Colo 112	EF079O1M		25	
80, 81	EM080O1M	115		
80, 81	EF080O1M		70	
82 public lands only	EE082O1M			75
82 public lands only	EF082O1M		50	
83	EE083O1M			75
83	EF083O1M		10	
85, 140, 851 Except Bosque del Oso SWA	EE085O1M			120
85, 140, 851 Except Bosque del Oso SWA	EF085O1M		115	
86, 691, 861	EE086O1M			115
86, 691, 861	EF086O1M		80	
104	EM104O1M	25		
104	EF104O1M		30	
128	EE128O1M			25
133, 134, 141, 142	EE133O1M			10
133, 134, 141, 142	EF133O1M		10	
201	EM201O1M	10		
201	EF201O1M		5	
391	EM391O1M	40		
391	EF391O1M		40	
461	EM461O1M	20		
461	EF461O1M		10	
481	EM481O1M	35		
481	EF481O1M		30	
500	EM500O1M	55		
500	EF500O1M		85	
501	EM501O1M	30		
501	EF501O1M		40	
521	EF521O1M		20	
551	EM551O1M	30		

Unit(s)				
	Hunt Code	Antlered Licenses (2024)	Antlerless Licenses (2024)	Limited Either-Sex Licenses (2024)
551	EF551O1M		60	
561	EM561O1M	30		
561	EF561O1M		20	
682, 791, that portion of 79 south and east of Colo 112, and 82 private land only	EF682O1M		10	
851 Bosque del Oso SWA only	EM851O1M	5		
Limited License Totals		4324	3870	2630

## B. Private Land Only Muzzle-loading Elk Seasons

1. Muzzle-loading Season Dates, Units (as described in Section #020 of these regulations), Limited License Types and Numbers

License year	2025	2026	2027	2028	2029
Season dates unless otherwise shown	09/13/2025 - 09/21/2025	09/12/2026 - 09/20/2026	09/11/2027 - 09/19/2027	09/09/2028 - 09/17/2028	09/08/2029 - 09/16/2029

Unit(s)	Hunt Code	Antlerless Licenses (2024)	Either-Sex Licenses (2024)
4, 5, 441	EE004P1M		50
4, 5, 441	EF004P1M	10	
12, 13, 23, 24, 33	EE012P1M		
12, 13, 23, 24, 33	EF012P1M	100	
TOTALS		110	100

## #257 - Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons

### A. Early Rifle Elk Seasons

1. Early Season Dates, Units (as described in Chapter 0 of these regulations), Limited Licenses.

Unit(s)	Hunt Code	Season Dates	Antlered Licenses (2024)	Antlerless Licenses (2024)	Either-Sex Licenses (2024)
1	EE001E1R	10/01 – 10/11 annually			11
2	EE002E1R	10/01 – 10/11 annually			32
10	EE010E1R	10/01 – 10/11 annually			32
61	EE061E1R	10/01 – 10/07 annually			30
76	EM076E1R	10/01 – 10/07	30		

Unit(s)	Hunt Code	Season Dates	Antlered Licenses (2024)	Antlerless Licenses (2024)	Either-Sex Licenses (2024)
		annually			
201	EE201E1R	10/01 – 10/11 annually			28
<b>TOTALS</b>			<b>30</b>		<b>133</b>

**#257 - Rifle and Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**B. Regular Rifle Elk Seasons**

- 1. Separate and Combined Rifle Seasons, Dates, Units (as described in Chapter 0 of these regulations), Limited License Numbers or Unlimited Licenses as shown by hunt code.**

License Year	Season dates for first rifle (-O1R hunt codes), unless otherwise noted	Season dates for second rifle (-O2R, -U2R, -K2R hunt codes), unless otherwise noted	Season dates for third rifle (-O3R, -U3R, -K3R hunt codes), unless otherwise noted	Season dates for fourth rifle (-O4R or -S4R hunt codes), unless otherwise noted
<b>2025</b>	10/15/2025 – 10/19/2025	10/25/2025 – 11/02/2025	11/08/2025 – 11/16/2025	11/19/2025 – 11/23/2025
<b>2026</b>	10/14/2026 – 10/18/2026	10/24/2026 – 11/01/2026	11/07/2026 – 11/15/2026	11/18/2026 – 11/22/2026
<b>2027</b>	10/13/2027 – 10/17/2027	10/23/2027 – 10/31/2027	11/06/2027 – 11/14/2027	11/17/2027 – 11/21/2027
<b>2028</b>	10/11/2028 – 10/15/2028	10/21/2028 – 10/29/2028	11/04/2028 – 11/12/2028	11/15/2028 – 11/19/2028
<b>2029</b>	10/10/2029 – 10/14/2029	10/20/2029 – 10/28/2029	11/03/2029 – 11/11/2029	11/14/2029 – 11/18/2029

Unit(s)	Sex	Hunt Code	Licenses (2024)
6, 15, 16, 17, 18, 21, 22, 25, 26, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 47, 52, 53, 54, 55, 59, 60, 62, 63, 64, 65, 68, 70, 71, 72, 73, 74, 75, 77, 78, 80, 81, 82 (public land only), 85, 86, 133, 134, 140, 141, 142, 161, 171, 181, 361, 371, 411, 421, 431, 444, 471, 511, 521, 551, 581, 591, 681, 691, 711, 741, 751, 771, 851 except Bosque del Oso SWA, 861, private land portions of 3, 4, 5, 11, 12, 13, 14, 23, 24, 131, 211, 214, 231, 301, and 441.	Antlered	EM000U2R	Unlimited
	Antlered	EM000U3R	Unlimited
87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 105, 106, 107, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 129, 130, 132, 135, 136, 137, 138, 139, 143, 144, 145, 146, 147, 951	Either-sex	EE087U5R 09/01/2025 - 01/31/2026	Unlimited
128	Antlered	EM128U5R 10/15/2025 - 11/23/2025	Unlimited
1	Antlerless	EF001O1R	10
	Antlerless	EF001O2R	25
	Antlerless	EF001O3R	20
	Antlerless	EF001O4R	25
2	Antlerless	EF002O1R	35
	Antlerless	EF002O2R	25
	Antlerless	EF002O3R	30
	Antlerless	EF002O4R	25
3, 301	Antlered	EM003O4R	100
	Antlerless	EF003O2R	10
	Antlerless	EF003O3R	10
3, 4, 5, 301, 441	Antlered	EM003O1R	400
	Antlerless	EF003O4R	10
3, 4, 5, 214, 301, 441	Antlerless	EF003O1R	10
3, 4, 5, 14, 214, 301, 441	Antlered	EM003O2R	1000
	Antlered	EM003O3R	750
4, 441	Antlered	EM004O4R	50
	Antlerless	EF004O2R	10
	Antlerless	EF004O3R	10
5	Antlered	EM005O4R	10
	Antlerless	EF005O2R	10
	Antlerless	EF005O3R	10
6	Antlerless	EF006O3R	225
	Antlerless	EF006O4R	130
	Either	EE006O4R	80
6, 16, 17, 161, 171	Antlerless	EF006O1R	1400

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Either	EE006O1R	750
	Antlerless	EF006O2R	1400
7, 8	Antlered	EM007O1R	300
	Antlered	EM007O2R	550
	Antlered	EM007O3R	500
	Antlered	EM007O4R	375
	Antlerless	EF007O2R	180
	Antlerless	EF007O3R	170
	Antlerless	EF007O4R	50
9	Antlered	EM009O1R	50
	Antlered	EM009O2R	40
	Antlered	EM009O3R	40
	Antlered	EM009O4R	40
10	Antlerless	EF010O1R	50
	Antlerless	EF010O2R	40
	Antlerless	EF010O3R	40
	Antlerless	EF010O4R	40
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	Antlered	EM011O1R	2500
11, 12, 13, 23, 24, 33, 131, 211, 231	Antlerless	EF011O1R	250
11, 211	Antlered	EM011O2R	2700
	Antlered	EM011O3R	2500
	Antlerless	EF011O2R	250
	Antlerless	EF011O3R	250
	Antlered	EM011O4R	400
11, 12, 13, 23, 24, 211	Antlerless	EF011O4R	250
12, 13, 23, 24	Antlerless	EF012O2R	250
	Antlerless	EF012O3R	250
12, 13, 23, 24	Antlered	EM012O4R	500
14	Antlered	EM014O1R	100
	Antlerless	EF014O1R	10
	Antlered	EM014O4R	25
	Antlerless	EF014O2R	10
	Antlerless	EF014O3R	10
	Antlerless	EF014O4R	10
15	Antlerless	EF015O1R	135
	Either	EE015O1R	250
	Either	EE015O4R	120
	Antlerless	EF015O2R	480
	Antlerless	EF015O3R	320
	Antlerless	EF015O4R	100
16	Antlerless	EF016O3R	160
	Antlerless	EF016O4R	80
	Either	EE016O4R	75

Unit(s)	Sex	Hunt Code	Licenses (2024)
17	Either	EE017O4R	65
17, 171	Antlerless	EF017O3R	340
	Antlerless	EF017O4R	185
18, 181	Antlerless	EF018O1R	100
	Either	EE018O1R	755
	Either	EE018O4R	755
18	Antlerless	EF018O2R	390
	Antlerless	EF018O3R	495
	Antlerless	EF018O4R	575
19	Antlered	EM019O1R	120
	Antlered	EM019O2R	190
	Antlered	EM019O3R	170
	Antlered	EM019O4R	80
	Antlerless	EF019O2R	50
	Antlerless	EF019O3R	30
	Antlerless	EF019O4R	20
20	Antlered	EM020O1R	25
	Antlered	EM020O2R	25
	Antlerless	EF020O2R	30
	Antlered	EM020O3R	25
	Antlerless	EF020O3R	20
	Antlered	EM020O4R	25
	Antlerless	EF020O4R	20
21, 22, 30, 31, 32	Antlered	EM021O1R	450
	Antlerless	EF021O1R	75
	Antlered	EM021O4R	410
	Antlerless	EF021O2R	175
21, 22	Antlerless	EF021O3R	100
	Antlerless	EF021O4R	100
25	Antlered	EM025O4R	40
25, 26	Antlerless	EF025O2R	125
	Antlerless	EF025O3R	50
	Antlerless	EF025O4R	25
25, 26, 34	Antlerless	EF025O1R	150
26	Antlered	EM026O4R	100
27	Antlerless	EF027O1R	50
	Either	EE027O1R	50
	Antlerless	EF027O2R	240
	Antlerless	EF027O3R	150
	Antlerless	EF027O4R	90
	Either	EE027O4R	40
28, 37	Antlerless	EF028O1R	120
	Either	EE028O1R	305



Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	EF028O2R	280
	Antlerless	EF028O3R	305
	Antlerless	EF028O4R	375
	Either	EE028O4R	250
29	Antlered	EM029O1R	10
	Antlerless	EF029O1R	10
	Antlered	EM029O2R	10
	Antlered	EM029O3R	10
	Antlered	EM029O4R	10
	Antlerless	EF029O2R	35
	Antlerless	EF029O3R	35
	Antlerless	EF029O4R	10
30, 31, 32	Antlerless	EF030O3R	150
	Antlerless	EF030O4R	150
33	Antlered	EM033O4R	115
	Antlerless	EF033O2R	400
	Antlerless	EF033O3R	200
	Antlerless	EF033O4R	50
	Antlered	EM034O4R	35
34	Antlerless	EF034O2R	10
	Antlerless	EF034O3R	10
	Antlerless	EF034O4R	10
	Antlered	EM034O4R	35
35	Either	EE035O4R	40
	Antlerless	EF035O2R	50
	Antlerless	EF035O3R	40
	Antlerless	EF035O4R	10
35, 36, 361	Antlerless	EF035O1R	100
	Either	EE035O1R	185
36, 361	Either	EE036O4R	40
	Antlerless	EF036O2R	130
	Antlerless	EF036O3R	60
	Antlerless	EF036O4R	10
38	Antlered	EM038O1R	10
	Antlerless	EF038O1R	20
	Antlered	EM038O4R	10
	Antlerless	EF038O2R	10
	Antlerless	EF038O3R	10
	Antlerless	EF038O4R	10
39	Antlered	EM039O1R	60
	Antlerless	EF039O1R	20
	Antlered	EM039O2R	50
	Antlered	EM039O3R	50

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	EM039O4R	20
	Antlerless	EF039O2R	20
	Antlerless	EF039O3R	20
	Antlerless	EF039O4R	10
40	Antlerless	EF040O1R	35
	Either	EE040O1R	30
	Antlerless	EF040O2R	35
	Either	EE040O2R	25
	Antlerless	EF040O3R	35
	Either	EE040O3R	25
	Antlerless	EF040O4R	45
	Either	EE040O4R	20
41, 42, 52, 411, 421, 521	Antlered	EM041O1R	950
	Antlered	EM041O4R	250
41, 42, 52, 411, 421	Antlerless	EF041O1R	200
41	Antlerless	EF041O2R	160
	Antlerless	EF041O3R	80
	Antlerless	EF041O4R	40
42	Antlerless	EF042O2R	300
	Antlerless	EF042O3R	315
	Antlerless	EF042O4R	110
43, 431, 471	Antlerless	EF043O1R	75
	Either	EE043O1R	225
43, 431	Either	EE043O4R	75
	Antlerless	EF043O2R	450
	Antlerless	EF043O3R	250
	Antlerless	EF043O4R	120
44, 45, 47, 444	Antlered	EM044O1R	100
44, 45, 47, 444	Antlerless	EF044O1R	200
44	Antlered	EM044O4R	30
	Antlerless	EF044O2R	160
	Antlerless	EF044O3R	120
	Antlerless	EF044O4R	30
45	Antlered	EM045O4R	30
	Antlerless	EF045O2R	125
	Antlerless	EF045O3R	90
	Antlerless	EF045O4R	20
46	Antlered	EM046O1R	25
	Antlerless	EF046O1R	20
	Antlered	EM046O2R	30
	Antlered	EM046O3R	20
	Antlered	EM046O4R	10
	Antlerless	EF046O2R	20

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	EF046O3R	20
	Antlerless	EF046O4R	10
47	Antlered	EM047O4R	50
	Antlerless	EF047O2R	130
	Antlerless	EF047O3R	110
	Antlerless	EF047O4R	30
	Antlered	EM048O1R	50
48	Antlerless	EF048O4R	30
	Antlered	EM048O2R	20
	Antlered	EM048O3R	10
	Antlered	EM048O4R	10
	Antlerless	EF048O2R	50
	Antlerless	EF048O3R	25
	Antlered	EM049O1R	80
49	Antlerless	EF049O2R	130
	Antlerless	EF049O3R	130
	Antlerless	EF049O4R	130
	Antlered	EM049O2R	80
	Antlered	EM049O3R	40
	Antlered	EM049O4R	20
	Antlerless	EF049S2R	50
49 within Lake County ONLY	Antlerless	EF049S3R	50
	Antlerless	EF049S4R	40
	Antlered	EM050O1R	30
50	Antlered	EM050O2R	80
	Antlered	EM050O3R	60
	Antlered	EM050O4R	40
	Antlerless	EF050O2R	190
	Antlerless	EF050O3R	185
	Antlerless	EF050O4R	135
	Antlered	EM051O1R	50
51	Antlerless	EF051O1R	40
	Antlered	EM051O2R	50
	Antlered	EM051O3R	30
	Antlered	EM051O4R	20
	Antlerless	EF051O2R	50
	Antlerless	EF051O3R	30
	Antlerless	EF051O4R	20
	Antlerless	EF052O2R	205
52	Antlerless	EF052O3R	100
	Antlerless	EF052O4R	30
	Antlered	EM053O1R	80
53	Antlerless	EF053O1R	20
	Antlerless	EF053O2R	30

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	EF053O3R	35
	Antlered	EM053O4R	25
	Antlerless	EF053O4R	30
54	Antlered	EM054O1R	200
	Antlerless	EF054O1R	40
	Antlerless	EF054O2R	50
	Antlerless	EF054O3R	35
	Antlered	EM054O4R	75
	Antlerless	EF054O4R	30
55	Antlered	EM055O1R	140
	Antlerless	EF055O1R	175
	Antlerless	EF055O2R	200
	Antlerless	EF055O3R	100
	Antlered	EM055O4R	40
	Antlerless	EF055O4R	10
56	Antlered	EM056O1R	40
	Antlered	EM056O2R	40
	Antlerless	EF056O2R	50
	Antlered	EM056O3R	40
	Antlerless	EF056O3R	50
	Antlered	EM056O4R	20
	Antlerless	EF056O4R	30
57, 58	Antlered	EM057O1R	80
	Antlerless	EF057O1R	100
	Antlered	EM057O2R	80
	Antlerless	EF057O2R	130
	Antlered	EM057O3R	80
	Antlerless	EF057O3R	130
	Antlered	EM057O4R	80
59, 581	Antlerless	EF057O4R	130
	Antlered	EM059O1R	100
	Antlerless	EF059O1R	50
	Antlered	EM059O4R	180
	Antlerless	EF059O2R	80
	Antlerless	EF059O3R	60
60	Antlerless	EF059O4R	10
	Antlered	EM060O1R	45
	Antlerless	EF060O1R	10
	Antlerless	EF060O2R	15
	Either	EE060O4R	60
	Antlerless	EF060O3R	15
61	Antlerless	EF060O4R	10
	Antlered	EM061O1R	130

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	EF061O1R	75
	Antlerless	EF061O2R	170
	Antlerless	EF061O3R	200
	Antlerless	EF061O4R	250
61	Antlered	EM061O2R	120
	Antlered	EM061O3R	35
	Antlered	EM061O4R	25
62	Antlered	EM062O1R	285
	Antlerless	EF062O1R	125
	Antlerless	EF062O2R	125
	Either	EE062O4R	100
	Antlerless	EF062O3R	100
	Antlerless	EF062O4R	25
63	Antlered	EM063O1R	100
	Antlerless	EF063O1R	70
	Antlerless	EF063O2R	80
	Antlerless	EF063O3R	45
	Antlered	EM063O4R	15
	Antlerless	EF063O4R	30
64, 65	Antlerless	EF064O1R	130
	Either	EE064O1R	450
	Antlerless	EF064O2R	150
	Either	EE064O4R	100
	Antlerless	EF064O3R	100
	Antlerless	EF064O4R	60
66	Antlered	EM066O1R	230
	Antlerless	EF066O1R	115
	Antlered	EM066O2R	190
	Antlerless	EF066O2R	140
	Antlered	EM066O3R	125
	Antlerless	EF066O3R	150
	Antlered	EM066O4R	35
	Antlerless	EF066O4R	100
67	Antlered	EM067O1R	190
	Antlerless	EF067O1R	85
	Antlered	EM067O2R	180
	Antlerless	EF067O2R	130
	Antlered	EM067O3R	110
	Antlerless	EF067O3R	150
	Antlered	EM067O4R	35
	Antlerless	EF067O4R	100
68, 681	Antlered	EM068O1R	375
	Antlered	EM068O4R	130

Unit(s)	Sex	Hunt Code	Licenses (2024)
68, 681	Antlerless	EF068O2R	20
	Antlerless	EF068O3R	20
	Antlerless	EF068O4R	20
69, 84	Antlered	EM069O1R	75
	Antlered	EM069O2R	75
	Antlerless	EF069O2R	75
	Antlered	EM069O3R	50
	Antlerless	EF069O3R	75
	Antlered	EM069O4R	40
	Antlerless	EF069O4R	45
70	Antlered	EM070O1R	150
	Antlerless	EF070O1R	50
	Antlerless	EF070O2R	100
	Antlerless	EF070O3R	100
	Antlered	EM070O4R	40
	Antlerless	EF070O4R	20
71, 72, 73, 711	Antlered	EM071O1R	550
	Antlerless	EF071O1R	40
	Antlered	EM071O4R	75
71	Antlerless	EF071O2R	10
	Antlerless	EF071O3R	10
	Antlerless	EF071O4R	10
72	Antlerless	EF072O2R	10
	Antlerless	EF072O3R	10
	Antlerless	EF072O4R	10
73	Antlerless	EF073O2R	10
	Antlerless	EF073O3R	10
	Antlerless	EF073O4R	10
74, 741	Antlered	EM074O1R	275
	Antlerless	EF074O1R	15
	Antlered	EM074O4R	40
74	Antlerless	EF074O2R	10
	Antlerless	EF074O3R	10
	Antlerless	EF074O4R	10
75, 751	Antlered	EM075O1R	325
	Antlerless	EF075O1R	20
	Antlered	EM075O4R	80
	Antlerless	EF075O2R	45
	Antlerless	EF075O3R	30
	Antlerless	EF075O4R	15
76	Antlered	EM076O1R	190
	Antlered	EM076O2R	50
	Antlerless	EF076O2R	220

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	EM076O3R	10
	Antlerless	EF076O3R	240
	Antlerless	EF076O4R	240
77, 78, 771	Antlered	EM077O1R	800
	Antlerless	EF077O1R	30
	Antlerless	EF077O2R	60
	Antlerless	EF077O3R	35
	Antlered	EM077O4R	80
	Antlerless	EF077O4R	10
79 north and west of Colo 112	Antlered	EM079O1R	165
	Antlerless	EF079O1R	50
	Antlered	EM079O2R	100
	Antlerless	EF079O2R	100
	Antlered	EM079O3R	100
	Antlerless	EF079O3R	100
	Antlerless	EF079O4R	145
80, 81	Antlered	EM080O1R	450
	Antlered	EM080O4R	40
80	Antlerless	EF080O2R	100
	Antlerless	EF080O3R	100
	Antlerless	EF080O4R	100
81	Antlerless	EF081O2R	125
	Antlerless	EF081O3R	100
	Antlerless	EF081O4R	80
82 public lands only	Antlerless	EF082O1R	25
	Either	EE082O1R	300
	Antlerless	EF082O2R	200
	Antlerless	EF082O3R	240
	Antlerless	EF082O4R	60
	Either	EE082O4R	100
83	Either	EE083O1R	175
	Either	EE083O2R	200
	Either	EE083O3R	200
	Antlerless	EF083O4R	20
	Either	EE083O4R	100
85, 140, 851 except Bosque del Oso SWA	Either	EE085O1R	85
	Antlerless	EF085O2R	50
	Antlerless	EF085O3R	50
	Antlerless	EF085O4R	50
	Either	EE085O4R	125
86, 691, 861	Either	EE086O1R	170
	Either	EE086O4R	90
	Antlerless	EF086O2R	85
	Antlerless	EF086O3R	75

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlerless	EF086O4R	65
104	Antlered	EM104O1R	40
	Antlered	EM104O2R	40
	Antlered	EM104O3R	30
	Antlered	EM104O4R	20
131	Antlered	EM131O4R	60
	Antlerless	EF131O2R	75
	Antlerless	EF131O3R	35
	Antlerless	EF131O4R	10
133, 134, 141, 142	Antlered	EM133O4R	30
161	Antlerless	EF161O3R	260
	Antlerless	EF161O4R	150
	Either	EE161O4R	100
171	Either	EE171O4R	60
181	Antlerless	EF181O2R	130
	Antlerless	EF181O3R	165
	Antlerless	EF181O4R	195
191	Antlered	EM191O1R	50
	Antlered	EM191O2R	150
	Antlered	EM191O3R	100
	Antlered	EM191O4R	80
	Antlerless	EF191O2R	50
	Antlerless	EF191O3R	30
	Antlerless	EF191O4R	20
201	Antlerless	EF201O1R	30
	Antlerless	EF201O2R	55
	Antlerless	EF201O3R	30
	Antlerless	EF201O4R	40
214	Antlered	EM214O1R	50
	Antlered	EM214O4R	10
	Antlerless	EF214O2R	10
	Antlerless	EF214O3R	10
	Antlerless	EF214O4R	10
231	Antlered	EM231O4R	60
	Antlerless	EF231O2R	125
	Antlerless	EF231O3R	50
	Antlerless	EF231O4R	25
371	Antlerless	EF371O1R	45
	Either	EE371O1R	120
	Antlerless	EF371O2R	95
	Antlerless	EF371O3R	95
	Antlerless	EF371O4R	100
	Either	EE371O4R	75



Unit(s)	Sex	Hunt Code	Licenses (2024)
391	Antlered	EM391O1R	20
	Antlered	EM391O2R	20
	Antlered	EM391O3R	10
	Antlered	EM391O4R	10
411	Antlerless	EF411O2R	65
	Antlerless	EF411O3R	45
	Antlerless	EF411O4R	20
421	Antlerless	EF421O2R	345
	Antlerless	EF421O3R	115
	Antlerless	EF421O4R	30
444	Antlered	EM444O4R	50
	Antlerless	EF444O2R	170
	Antlerless	EF444O3R	120
	Antlerless	EF444O4R	30
461	Antlered	EM461O1R	10
	Antlered	EM461O2R	10
	Antlered	EM461O3R	10
	Antlered	EM461O4R	10
	Antlerless	EF461O1R	10
	Antlerless	EF461O2R	10
	Antlerless	EF461O3R	10
	Antlerless	EF461O4R	10
471	Either	EE471O4R	25
	Antlerless	EF471O2R	40
	Antlerless	EF471O3R	10
	Antlerless	EF471O4R	10
481	Antlered	EM481O1R	65
	Antlered	EM481O2R	85
	Antlered	EM481O3R	40
	Antlered	EM481O4R	10
	Antlerless	EF481O2R	80
	Antlerless	EF481O3R	40
	Antlerless	EF481O4R	20
500	Antlered	EM500O1R	75
	Antlered	EM500O2R	80
	Antlered	EM500O3R	35
	Antlered	EM500O4R	10
	Antlerless	EF500O2R	195
	Antlerless	EF500O3R	170
	Antlerless	EF500O4R	20
501	Antlered	EM501O1R	25
	Antlered	EM501O2R	40
	Antlered	EM501O3R	30

Unit(s)	Sex	Hunt Code	Licenses (2024)
	Antlered	EM501O4R	20
	Antlerless	EF501O2R	50
	Antlerless	EF501O3R	50
	Antlerless	EF501O4R	20
511	Antlered	EM511O1R	75
	Antlerless	EF511O1R	30
	Antlered	EM511O4R	100
	Antlerless	EF511O2R	60
	Antlerless	EF511O3R	30
	Antlerless	EF511O4R	10
521	Antlerless	EF521O1R	40
	Antlerless	EF521O2R	20
	Antlerless	EF521O3R	20
	Antlerless	EF521O4R	10
551	Antlered	EM551O1R	60
	Antlerless	EF551O1R	60
	Antlerless	EF551O2R	90
	Antlerless	EF551O3R	70
	Antlered	EM551O4R	10
	Antlerless	EF551O4R	10
561	Antlered	EM561O1R	30
	Antlered	EM561O2R	30
	Antlerless	EF561O2R	30
	Antlered	EM561O3R	30
	Antlerless	EF561O3R	30
	Antlered	EM561O4R	15
	Antlerless	EF561O4R	20
711	Antlerless	EF711O4R	10
	Antlerless	EF711O2R	10
	Antlerless	EF711O3R	10
741	Antlerless	EF741O2R	10
	Antlerless	EF741O3R	10
	Antlerless	EF741O4R	10
851 Bosque del Oso SWA only  851 Bosque del Oso SWA only Youth Only	Antlered	EM851O1R	5
	Antlered	EM851O2R	5
	Antlered	EM851O3R	5
	Antlered	EM851O4R	5
	Either	EE851K2R	2
	Either	EE851K3R	2
<b>TOTAL</b>			<b>63209</b>

<b>#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons</b>					
<b>B. Regular Rifle Elk Seasons</b>					
<b>2. Sum of Licenses by Season and Sex (2024)</b>					
	<b>1st Season</b>	<b>2nd Season</b>	<b>3rd Season</b>	<b>4th Season</b>	
	<b>Season Dates:</b> <b>10/12/2024</b> – <b>10/16/2024</b>	<b>Season Dates:</b> <b>10/26/2024</b> – <b>11/03/2024</b>	<b>Season Dates:</b> <b>11/09/2024</b> – <b>11/15/2024</b>	<b>Season Dates:</b> <b>11/20/2024</b> – <b>11/24/2024</b>	<b>Total Licenses (2024)</b>
<b>Antlered</b>	10790	6120	5045	4360	<b>26315</b>
<b>Antlerless</b>	4555	10995	8860	5685	<b>30095</b>
<b>Either</b>	3850	227	227	2495	<b>6799</b>
<b>Totals</b>	<b>19195</b>	<b>17342</b>	<b>14132</b>	<b>12540</b>	<b>63209</b>

<b>#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons</b>				
<b>C. Private Land Only Elk Seasons</b>				
<b>1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.</b>				
<b>a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.</b>				
<b>b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.</b>				
<b>Unit(s)</b>	<b>Season Dates</b>	<b>Sex</b>	<b>Hunt Code</b>	<b>Licenses (2024)</b>
1	08/15/2025 - 01/15/2026	Antlerless	EF001P5R	10
3, 4, 5, 214, 301, 441	10/15/2025 - 10/19/2025	Either	EE003P1R	300
3, 4, 5, 301, 441	10/25/2025 - 12/30/2025	Antlerless	EF003P5R	100
6, 16, 17, 161, 171	08/15/2025 - 01/31/2026	Antlerless	EF006P5R	450
	10/15/2025 - 10/19/2025	Either	EE006P1R	70
7, 8	09/01/2025 - 01/31/2026	Antlerless	EF007P5R	250
9	09/01/2025 - 01/31/2026	Antlerless	EF009P5R	155
10	08/15/2025 - 01/15/2026	Antlerless	EF010P5R	50
11, 12, 13, 23, 24, 25, 26, 33, 34, 131, 211, 231	10/15/2025 - 10/19/2025	Either	EE011P1R	500
11, 12, 13, 23, 24, 211	10/01/2025 - 11/30/2025	Antlerless	EF011P5R	350
14, 214	12/01 - 12/31 annually	Antlerless	EF014P5R	10
15	09/01/2025 - 01/31/2026	Antlerless	EF015P5R	200
	10/15/2025 - 10/19/2025	Either	EE015P1R	75
	10/25/2025 - 11/02/2025	Either	EE015P2R	75
	11/08/2025 - 11/16/2025	Either	EE015P3R	75
	11/19/2025 - 11/23/2025	Either	EE015P4R	75
18	09/01/2025 - 01/31/2026	Antlerless	EF018P5R	120

**#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

**1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.**

- a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
18, 181	10/15/2025 - 10/19/2025	Either	EE018P1R	325
	11/19/2025 - 11/23/2025	Either	EE018P4R	325
19	09/01/2025 - 01/31/2026	Antlerless	EF019P5R	150
20	09/01/2025 - 01/31/2026	Antlerless	EF020P5R	420
21, 22, 30, 31, 32	10/15/2025 - 10/19/2025	Either	EE021P1R	125
22, 31, 32	10/15/2025 - 12/31/2025	Antlerless	EF022P5R	350
23, 24	12/01 - 12/31 annually	Antlerless	EF023P5R	50
25, 26, 231	08/15/2025 - 01/15/2026	Antlerless	EF025P5R	275
27	09/01/2025 - 01/31/2026	Antlerless	EF027P5R	50
	10/15/2025 - 10/19/2025	Either	EE027P1R	100
	11/19/2025 - 11/23/2025	Either	EE027P4R	100
28, 37	09/01/2025 - 01/31/2026	Antlerless	EF028P5R	10
	10/15/2025 - 10/19/2025	Either	EE028P1R	110
	11/19/2025 - 11/23/2025	Either	EE028P4R	110
29	09/01/2025 - 01/31/2026	Antlerless	EF029P5R	90
33	11/19/2025 - 11/23/2025	Either	EE033P4R	25
	12/01/2025 - 01/31/2026	Antlerless	EF033P5R	75
34	08/15/2025 - 01/15/2026	Antlerless	EF034P5R	10
35	08/15/2025 - 01/15/2026	Antlerless	EF035P5R	75
35, 36, 361	10/15/2025 - 10/19/2025	Either	EE035P1R	30
36, 361	08/15/2025 - 01/15/2026	Antlerless	EF036P5R	65
38	09/01/2025 - 01/31/2026	Antlerless	EF038P5R	20
39	09/01/2025 - 01/31/2026	Antlerless	EF039P5R	35
40	09/01 - 11/30 annually	Antlerless	EF040P5R	120
41, 42, 52, 411, 421, 521	10/15/2025 - 10/19/2025	Either	EE041P1R	200
	11/19/2025 - 11/23/2025	Either	EE041P4R	150
41	09/01/2025 - 01/31/2026	Antlerless	EF041P5R	200
42	12/01/2025 - 01/31/2026	Antlerless	EF042P5R	275
43, 431	08/15/2025 - 01/15/2026	Antlerless	EF043P5R	100
43, 431, 471	10/15/2025 - 10/19/2025	Either	EE043P1R	10
46	09/01/2025 - 01/31/2026	Antlerless	EF046P5R	30
50	09/01/2025 - 01/31/2026	Antlerless	EF050P5R	40
51	09/01/2025 - 01/31/2026	Antlerless	EF051P5R	250
52	12/01/2025 - 01/31/2026	Antlerless	EF052P5R	75

**#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

**1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.**

- a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
53, 63	10/15/2025 - 10/19/2025	Either	EE053P1R	85
	11/19/2025 - 11/23/2025	Either	EE053P4R	65
53, 63 -Delta County only	12/01/2025 - 01/31/2026	Antlerless	EF053P5R	85
54 - area bounded on the N by South Castle Creek, CR 730, Carbon Creek and Red Gulch; on the E by Colo 135; on S by U.S. 50; on W by Gunnison River, Antelope Creek, CR 818, CR 727 and USFS Trail 438.	09/01/2025 - 11/23/2025	Antlerless	EF054P5R	75
56	09/01/2025 - 01/31/2026	Antlerless	EF056P5R	10
57, 58	09/01/2025 - 01/31/2026	Antlerless	EF057P5R	250
59	09/01/2025 - 01/31/2026	Antlerless	EF059P5R	100
60	09/01 - 12/31 annually	Antlerless	EF060P5R	90
	10/15/2025 - 10/19/2025	Either	EE060P1R	10
	11/19/2025 - 11/23/2025	Either	EE060P4R	10
61	12/15/2025 - 01/15/2026	Antlerless	EF061P5R	150
62	10/15/2025 - 10/19/2025	Either	EE062P1R	75
	11/19/2025 - 11/23/2025	Either	EE062P4R	75
	10/25/2025 - 11/02/2025	Antlerless	EF062P2R	100
	11/08/2025 - 11/16/2025	Antlerless	EF062P3R	100
	11/19/2025 - 11/23/2025	Antlerless	EF062P4R	75

**#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

**1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.**

- a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
63 - West of Hwy 92	08/14/2025 - 11/23/2025	Antlerless	EF063P5R	200
64, 65	10/15/2025 - 10/19/2025	Antlerless	EF064P1R	100
	10/15/2025 - 10/19/2025	Either	EE064P1R	130
	11/19/2025 - 11/23/2025	Either	EE064P4R	85
	10/25/2025 - 11/02/2025	Antlerless	EF064P2R	150
	11/08/2025 - 11/16/2025	Antlerless	EF064P3R	100
	11/19/2025 - 11/23/2025	Antlerless	EF064P4R	100
64	12/01 - 12/31 annually	Antlerless	EF064P5R	30
68	09/01 - 12/31 annually	Antlerless	EF068P5R	10
69, 84	09/01/2025 - 01/31/2026	Antlerless	EF069P5R	425
70	10/15/2025 - 10/19/2025	Either	EE070P1R	200
	11/19/2025 - 11/23/2025	Either	EE070P4R	100
	12/01 - 12/15 annually	Antlerless	EF070P5R	20
	10/25/2025 - 11/02/2025	Antlerless	EF070P2R	100
	11/08/2025 - 11/16/2025	Antlerless	EF070P3R	50
	11/19/2025 - 11/23/2025	Antlerless	EF070P4R	50
71, 72, 73, 711	10/15/2025 - 10/19/2025	Antlered	EM071P1R	75
	10/15/2025 - 10/19/2025	Antlerless	EF071P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM071P4R	30
	11/19/2025 - 11/23/2025	Antlerless	EF071P4R	20
72, 711 -South and west of the Dolores River within Dolores County	09/01 - 09/30 annually	Antlerless	EF072P5R	20
74, 741	10/15/2025 - 10/19/2025	Antlered	EM074P1R	15
	10/15/2025 - 10/19/2025	Antlerless	EF074P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM074P4R	10
	11/19/2025 - 11/23/2025	Antlerless	EF074P4R	10
75, 751	11/19/2025 - 11/23/2025	Antlered	EM075P4R	25
	11/19/2025 - 11/23/2025	Antlerless	EF075P4R	10
77, 78, 771	10/15/2025 - 10/19/2025	Antlered	EM077P1R	75
	10/15/2025 - 10/19/2025	Antlerless	EF077P1R	10
	11/19/2025 - 11/23/2025	Antlered	EM077P4R	30
	11/19/2025 - 11/23/2025	Antlerless	EF077P4R	10

**#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons**

**C. Private Land Only Elk Seasons**

**1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.**

- a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.
- b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
80	09/01/2025 - 01/31/2026	Antlerless	EF080P5R	20
81	09/01/2025 - 01/31/2026	Antlerless	EF081P5R	20
85, 140, 851	10/15/2025 - 10/19/2025	Either	EE085P1R	225
	10/14/2025 - 11/29/2025	Antlerless	EF085P5R	150
	12/01 - 12/31 annually	Antlerless	EF085P6R	175
86, 691, 861	09/01/2025 - 01/31/2026	Antlerless	EF086P5R	500
	10/15/2025 - 10/19/2025	Either	EE086P1R	55
104	09/01/2025 - 01/31/2026	Antlerless	EF104P5R	300
131	10/25/2025 - 11/02/2025	Antlerless	EF131P2R	25
	11/08/2025 - 11/16/2025	Antlerless	EF131P3R	25
	11/19/2025 - 11/23/2025	Antlerless	EF131P4R	25
	11/24/2025 - 01/31/2026	Antlerless	EF131P5R	100
181	09/01/2025 - 01/31/2026	Antlerless	EF181P5R	60
191	09/01/2025 - 01/31/2026	Antlerless	EF191P5R	100
231	10/25/2025 - 11/02/2025	Either	EE231P2R	40
	11/08/2025 - 11/16/2025	Either	EE231P3R	20
	11/19/2025 - 11/23/2025	Either	EE231P4R	15
371	09/01/2025 - 01/31/2026	Antlerless	EF371P5R	10
	10/15/2025 - 10/19/2025	Either	EE371P1R	50
	11/19/2025 - 11/23/2025	Either	EE371P4R	50
391- all portions within Jefferson County, 39	09/01/2025 - 01/31/2026	Antlerless	EF391P5R	150
411	12/01/2025 - 01/31/2026	Antlerless	EF411P5R	100
421	09/01 - 12/31 annually	Antlerless	EF421P5R	350
444	08/15/2025 - 01/15/2026	Antlerless	EF444P5R	60
461	09/01/2025 - 01/31/2026	Antlerless	EF461P5R	25
471	08/15/2025 - 01/15/2026	Antlerless	EF471P5R	10
481	09/01/2025 - 01/31/2026	Antlerless	EF481P5R	50
500	09/01/2025 - 01/31/2026	Antlerless	EF500P5R	20
501	09/01/2025 - 01/31/2026	Antlerless	EF501P5R	30
511	09/01/2025 - 01/31/2026	Antlerless	EF511P5R	100
581	09/01/2025 - 01/31/2026	Antlerless	EF581P5R	300

<b>#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons</b> <b>C. Private Land Only Elk Seasons</b> <b>1. Private Land Only Season Dates, Units (as described in Chapter 0 of these regulations), and Limited Licenses.</b> <b>a. All applicants for "Private Land Only" licenses must obtain permission to hunt from at least one private landowner within the game management unit prior to hunting.</b> <b>b. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.</b>				
Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
682, 791, and that portion of unit 79 S and E of Colo 112 and private land only in unit 82 – see #257.5 - special restriction	08/15/2025 - 02/28/2026	Antlerless	EF682P5R	450
682, 791, and that portion of unit 79 S and E of Colo 112 and private land only in unit 82 – see #257.5 - special restriction	08/15/2025 - 02/28/2026	Antlered	EM682P6R	400
741	09/01/2025 - 01/15/2026	Antlerless	EF741P5R	25
751 south of US 160	12/01/2025 - 01/15/2026	Antlerless	EF751P5R	25
<b>TOTAL</b>				<b>14865</b>

<b>#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons</b> <b>C. Private Land Only Elk Seasons</b> <b>2. Sum of Licenses by Season and Sex (2024)</b>						
	1st Season	2nd Season	3rd Season	4th Season	Other Season Dates	Total Licenses (2024)
	Season Dates: 10/12/2024 – 10/16/2024	Season Dates: 10/26/2024 – 11/03/2024	Season Dates: 11/09/2024 – 11/15/2024	Season Dates: 11/20/2024 – 11/24/2024		
<b>Antlered</b>	165	0	0	95	400	<b>660</b>
<b>Antlerless</b>	130	375	275	300	9055	<b>10135</b>
<b>Either</b>	2675	115	95	1185	0	<b>4070</b>
<b>Totals</b>	<b>2970</b>	<b>490</b>	<b>370</b>	<b>1580</b>	<b>9455</b>	<b>14865</b>



#257 - Rifle And Associated Methods Elk Seasons - Any Lawful Method of Take Permitted During These Seasons				
D. San Luis Valley Game Damage Private Land Only Antlered Elk Seasons				
Unit(s)	Season Dates	Sex	Hunt Code	Licenses (2024)
682, 791, and private land only in unit 82 - see #257.5 - special restrictions	05/15/2025 - 07/31/2025	Antlered	EM682P5R	300

**E. Late Elk Seasons**

Unit(s)	Hunt Code	Season Dates	Antlered Licenses (2024)	Antlerless Licenses (2024)
1	EF001L1R	12/01 – 12/31 annually		10
2, 201	EF002L1R	12/01 – 12/31 annually		10
3, 301	EF003L1R	12/01 – 12/31 annually		10
7, 8	EF007L1R	11/29/2025 - 12/10/2025		70
9	EF009L1R	09/01 – 11/30 annually		45
10	EF010L1R	12/01 – 12/31 annually		10
11	EF011L1R	12/01 – 12/31 annually		10
13	EF013L1R	12/01 – 12/31 annually		50
18	EF018L1R	11/29/2025 - 12/07/2025		10
19	EF019L1R	11/29/2025 - 12/10/2025		50
20	EM020L1R	12/06/2025 - 12/17/2025	55	
20	EF020L1R	12/06/2025 - 12/17/2025		10
20	EM020L2R	01/03/2026 - 01/14/2026	55	
20 - Those portions bounded on the north by the Little Thompson River; on the east by US 287, on the south by Boulder CR 34 (Niwot/Neva Rds), US 36, Boulder CR 94 (Lefthand Canyon Drive); and on the west by Geer Canyon Drive, Boulder County Trail Wapiti, Boulder County Trail Ponderosa Loop (western loop), Boulder County Trail Wild Turkey, Boulder County Trail Picture Rock, Red Gulch Rd, Boulder CR 84 (Old St. Vrain Rd), Colo 7, US 36, Boulder CR 71N (Blue Mountain Rd), Larimer CR 37E, Lonestar Rd, then Stagecoach Trail N at the intersection of Lonestar Rd and Stagecoach Trail.	EF020L3R	08/15/2025 - 01/31/2026		200
22	EF022L1R	12/01 – 12/31 annually		50
26	EF026L1R	12/01/2025 - 01/15/2026		10
27	EF027L1R	11/29/2025 - 12/07/2025		100

Unit(s)	Hunt Code	Season Dates	Antlered Licenses (2024)	Antlerless Licenses (2024)
30	EF030L1R	12/15/2025 - 01/15/2026		100
31	EF031L1R	12/15/2025 - 01/15/2026		400
35, 36	EF035L1R	11/29/2025 - 12/07/2025 12/15/2025 - 01/15/2026		10
38 Jefferson County ONLY	EF038L1R	09/01/2025 - 01/31/2026		180
38 Jefferson County Centennial Cone Open Space portion only	EF038L2R	12/01/2025 - 01/31/2026		50
50	EF050L1R	12/13/2025 - 12/21/2025		10
85, 140, 851, except the Bosque del Oso State Wildlife Area	EF085L1R	12/15 – 12/31 annually		40
128	EF128L1R	09/01/2025 - 01/31/2026		180
133, 134, 141	EF133L1R	10/14/2025 - 01/30/2026		45
142	EF142L1R	10/14/2025 - 01/30/2026		25
181	EF181L1R	11/29/2025 - 12/07/2025		10
191	EF191L1R	11/29/2025 - 12/10/2025		55
211	EF211L1R	12/01 – 12/31 annually		10
361	EF361L1R	11/29/2025 - 12/07/2025		10
500	EF500L1R	12/13/2025 - 12/21/2025		10
501	EF501L1R	12/13/2025 - 12/21/2025		10
512 See special restrictions	EF512L1R	10/01/2025 - 01/31/2026		30
591	EF591L1R	10/01/2025 - 01/31/2026		45
851 - Bosque del Oso SWA ONLY	EF851L1R	11/29/2025 - 12/07/2025		10
851 - Bosque del Oso SWA ONLY	EF851L2R	12/13/2025 - 12/21/2025		15
851 - Bosque del Oso SWA ONLY	EF851L3R	12/27/2025 - 01/04/2026		25
<b>TOTALS</b>			<b>110</b>	<b>1935</b>

#### #257.5 - Special Restrictions

##### A. Unit 512 - Air Force Academy

Hunters must apply in person, no later than May 31 annually to participate in a random drawing to be placed on a priority list of hunters. Applications along with a non-refundable application fee not to exceed \$10.00 will be accepted at the Academy's Outdoor Recreation Center, Building 5136 - Community Center Drive, AFA, Colorado Springs.

The first 15 hunters drawn will be placed on the list and will be notified of their placement by June 15 annually. When elk are available to be hunted, up to 4 hunters will be called. After obtaining a license, paying a fee not to exceed \$30.00 to the Academy and receiving a safety briefing, hunters will be escorted on the hunt. Hunters may decline one opportunity to hunt and hold their place on the list. Hunts will continue when possible until (30) antlerless elk have been taken.

##### B. Units 82, 682 and 791 – San Luis Valley Damage Elk Hunts

1. The purpose of these hunts is to provide flexibility in managing damage by elk and maintain landowners' rights to determine who may enter their property. Most license vouchers may be

issued to friends and family of the landowner. Opportunities for non-associated public hunters may exist and will be selected from a list of interested hunters.

2. License vouchers may be transferred one time only, and shall only be transferred by the landowner to the hunter that will use the voucher to purchase the license. Third-party brokering of landowner vouchers is not permitted. Violation of this subsection shall invalidate the applicable landowner voucher and any license purchased with it.
3. Public hunters must apply no later than July 15 annually, to participate in a random drawing to be placed on a priority list of hunters. Applications will be accepted at the Monte Vista Service Center at 0722 S Rd. 1 E, Monte Vista.
4. Hunters drawn will be placed on the list and the top 10 hunters on the list will be notified of their placement no later than August 15 annually. When elk are available to be hunted, up to 4 hunters will be called. Hunters may decline one opportunity to hunt and hold their place on the list. Hunts will be conducted on an as-needed basis to alleviate game damage.

C. Units 80, 82, and 83 – San Luis Valley US Fish and Wildlife Refuge Permits

1. The United States Fish and Wildlife Service (USFWS) allows a limited number of elk hunters to access and hunt on the Alamosa (GMU 83), Baca (GMU 82) and Monte Vista (GMU 80) National Wildlife Refuges at any one time. An application and drawing process creates a hunter list for each season. USFWS and CPW will coordinate yearly to determine the maximum number of hunters that will be allowed at any one time in each refuge. The numbers decided upon will be based on a number of factors including elk densities, conflicts and behavior. As elk are harvested, hunters from the list are given permits to hunt. To be eligible for an access permit, hunters must hold an elk license that is valid for the season and refuge for which they wish to apply. The following seasons are currently open to permitted hunting on each of these refuges:
  - a. Archery;
  - b. Muzzleloader;
  - c. First rifle;
  - d. Second rifle;
  - e. Third rifle;
  - f. Fourth rifle.
2. To be entered into the drawing, eligible hunters must email the following address starting the day after left-over license day: [montevista.wildlife@state.co.us](mailto:montevista.wildlife@state.co.us). Hunters will receive an automatic email response with a link to the Refuge Access Permit Application Form. Hunters must provide the following information to apply:
  - a. The hunter's name, phone number and email address. The email address of another person will be accepted as long as the hunter can be contacted directly via the phone number provided.
  - b. The hunter must have purchased a license that is valid for both the unit and the refuge prior to submitting the application.
  - c. The hunt code for the license with which they wish to hunt.

d. The hunter's customer identification number (CID).

Hunters will need to complete the Application Form and select the correct refuge for which their license is valid in order to be entered. Applications will be accepted for five days starting the day after the left-over license day. Permits will be issued via email after a random drawing held under the direct supervision of the area wildlife manager and no later than August 25.

**PHIL WEISER**  
Attorney General

**NATALIE HANLON LEH**  
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**STATE OF COLORADO**  
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**Office of the Attorney General**

Tracking number: 2025-00023

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-2**

**CHAPTER W-2 - BIG GAME**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:30:49

A handwritten signature in blue ink, appearing to read "Russell D. Johnson", is written over a horizontal line.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

### **CCR number**

2 CCR 406-3

### **Rule title**

2 CCR 406-3 CHAPTER W-3 - FURBEARERS AND SMALL GAME, EXCEPT  
MIGRATORY BIRDS 1 - eff 05/01/2025

### **Effective date**

05/01/2025

**FINAL REGULATIONS - CHAPTER W-3 - FURBEARERS and SMALL GAME, EXCEPT MIGRATORY BIRDS**

**ARTICLE I - General Provisions**

**#300 – Definitions**

- A. "Canada Lynx Recovery Area"** means the area of the San Juan and Rio Grande National Forests and associated lands above 9,000 feet extending west from a north-south line passing through Del Norte and east from a north-south line passing through Dolores and from the New Mexico state line north to the Gunnison basin (including Taylor Park east to the Collegiate Range). The GMUs included in the area are: 55, 65, 66, 67, 68, 70, 71, 74, 75, 76, 77, 78, 79, 80, 81, 551, 681, 711 and 751.
- B. "Furbearers"** means those species with fur having commercial value and which provide opportunities for sport harvest including mink, pine marten, badger, red fox, gray fox, swift fox, striped skunk, western spotted skunk, beaver, muskrat, long-tailed weasel, short-tailed weasel, coyote, bobcat, opossum, ring-tailed cat and raccoon.
- C. "Live Trap (Cage or Box)"** means a mechanical device designed in such a manner that the animal enters the trap through an opening that prevents the animal from exiting.
- D. "Small game, except migratory birds,"** means:
  - 1. Game birds**, including dusky grouse, Greater Sage-grouse, Gunnison Sage-grouse, mountain sharp-tailed grouse, white-tailed ptarmigan, pheasant, northern bobwhite, scaled and Gambel's quail, chukar partridge, Greater prairie-chicken and wild turkey; and
  - 2. Game mammals**, including cottontail rabbit, snowshoe hare, white-tailed and black-tailed jackrabbit, fox squirrel, pine squirrel, marmot, and Abert's squirrel; and
  - 3. Other small game**, including black-tailed, white-tailed and Gunnison prairie dogs, Wyoming (Richardson's) ground squirrel, prairie rattlesnake, and common snapping turtles.

NOTE: "Migratory Birds" is defined in regulation #500(A).

- E. "Traps specifically designed not to kill"** means padded, laminated, or off-set steel jawed foothold traps, enclosed foothold, box traps, and cage traps, as conditioned elsewhere in these regulations.

**#301 – License Fees**

**A. Furbearer License Fee**

**1. Furbearer License Fee Reduction:**

In accordance with the provisions of §33-4-102, C.R.S., the following furbearer license fees shall be reduced to the fee specified herein, from the level set forth in §33-4-102, C.R.S.:

- a. Nonresident Furbearer .....\$99.79

**B. Resident senior combination fishing and small game hunting license fee**

**1. Resident senior combination fishing and small game hunting license fee reduction:**

In accordance with the provisions of §33-4-102, C.R.S., the following combination license

shall be created with a reduced fee specified herein, from the level set forth in §33-4-102, C.R.S.:

- a. Resident senior combination fishing and small game hunting licenses .....\$34.47
- b. Resident senior lifetime fishing upgrade to annual combination fishing and small game hunting license\* .....\$24.29

\*Valid only for resident senior Lifetime Disability and Low Income Fishing license holders.

### **#302 – Hours**

#### **A. Hunting Hours:**

- 1. Small Game - from one-half (1/2) hour before sunrise to sunset.
- 2. Furbearers - from one-half (1/2) hour before sunrise to one-half (1/2) hour after sunset. Additionally; beaver, bobcat, coyote, gray fox, raccoon, red fox, striped skunk, and swift fox may be hunted at night in accordance with Regulation #'s 303(E)(7) and (E)(8).

#### **B. Trapping Hours:**

- 1. Small game, except game birds; game reptiles, and furbearers - day or night.
- 2. All live traps (cage or box) must be visually checked on site at least once every day; except in the Canada lynx recovery area or on properties known to be occupied by Canada lynx, they must be checked every 24 hours.
  - a. Visual lures, fresh meat baits, fish oil, and anise oil lures meant to attract felids are not permitted in the Canada lynx recovery area or on properties known to be occupied by Canada lynx.

### **#303 – Manner of Take:**

The following are legal methods of take for game species listed in this chapter. Any method of take not listed herein shall be prohibited, except as otherwise provided by Statute or Commission regulation or by 35-40-100.2-115, C.R.S.

#### **A. Special Conditions**

- 1. Contests involving black-tailed, white-tailed and Gunnison's prairie dogs, Wyoming (Richardson's) ground squirrel, or Furbearers are prohibited.
  - a. For the purpose of these regulations, a contest is any competitive event where money or other valuable prizes are awarded for the taking of such small game and furbearers. "Valuable prizes" shall not include certificates or other similar tokens of recognition not having any significant monetary value.
  - b. Commercial and noncommercial wildlife parks and field trials licensed by the Division are exempt from these provisions.

#### **2. Live Capture**

- a. Furbearers captured in live traps cannot be moved from the capture site and must be killed or released on site when the trap is checked.
- 3. **Accidental Capture** - Except for Canada lynx, which are subject to the provisions of Chapter 10, any person accidentally trapping any wildlife for which the trapping season is closed or for which trapping is not a legal manner of taking, shall, in the event of live capture of such wildlife, release such wildlife immediately. Nothing in this section permits



the killing of such accidentally captured wildlife, unless the wildlife cannot be released without human endangerment. In the event of mortality resulting from such accidental capture, the carcass of such wildlife shall be delivered to a Division wildlife officer or office within five (5) days. Failure to deliver the carcass shall be prima facie evidence of unlawful possession of such wildlife. Provided further that any trapper who complies with this provision shall not be charged with illegal possession of such accidentally captured wildlife.

**4. Non-toxic shot requirements**

- a. Arapaho National Wildlife Refuge (Jackson County).

No person shall use or possess shot (either in shot-shells or as loose shot for muzzle-loading) other than non-toxic shot while taking or attempting to take any resident small game species with a shotgun. "Non-toxic shot" - means any shot type approved for use to take migratory game birds by the US Fish and Wildlife Service as set forth in #500 of these regulations.

5. **Labeling of traps** - All live traps (limited to cage or box traps) placed on public lands must be labeled permanently and legibly with the trapper's Customer Identification Number (CID) in a location that is visible without having to manipulate the live trap in any way. If the trapper does not have a CID, all live traps placed on public lands must be labeled with the trapper's name. Live traps not properly labeled may be confiscated by any Wildlife Officer.

**B. Game Mammals**

1. Any rifle or handgun.
2. Any shotgun not larger than 10 gauge, incapable of holding more than three (3) shells in magazine and chamber combined.
3. Handheld bows and crossbows.
4. Air guns and slingshots.
5. Hawking.

**C. Game Birds, except Migratory Birds**

1. Any rifle or handgun for dusky (blue) grouse, ptarmigan or turkey during the fall and late seasons. Rifles and handguns used for the taking of turkeys shall use bullets of at least seventeen (17) grains in weight, with a manufacturer's energy rating of at least one-hundred ten (110) foot pounds at one-hundred (100) yards from the muzzle.
2. Shotguns not larger than 10 gauge not firing a single slug, and incapable of holding more than three (3) shells in the magazine and chamber combined. No shot (lead or steel) larger than size #2 shall be used to hunt turkey.
3. Handheld bows and crossbows.
4. Air guns and slingshots for dusky (blue) grouse and ptarmigan. Pre-charged pneumatic air guns .25 caliber or larger during the fall or late seasons for turkey.
5. Hawking.
6. Artificial decoys and calls, except recorded or electrically amplified calls or sounds; for turkey.

**D. Species listed in #300(D)(3).**

1. Any method not otherwise prohibited.

**E. Furbearers**

1. Any rifle or handgun.
2. Any shotgun.
3. Handheld bows and crossbows.
4. Any air gun, except that for coyote or bobcat the air gun must be a pre-charged pneumatic air gun .25 caliber or larger.
5. Live traps, limited to cage or box traps. All live-trapped wildlife shall be released immediately or dispatched by any legal method of take for that species in regulations #303.E.1-4. If local ordinances or public safety prohibit all legal methods of take from being used, American Veterinary Medical Association Guidelines for Euthanasia of Free-Ranging Wildlife, as provided in S7.6 of the 2013 edition of the AVMA Guidelines for Euthanasia of Animals, may alternatively be used to the extent allowable by law.
6. Electronic call devices.
7. **Artificial light** (private land) may be used at night to take beaver, bobcat, coyote, gray fox, raccoon, red fox, striped skunk and swift fox on private land with written permission of the landowner, designated agent, lessee, or authorized employee.
8. **Artificial light** (public land) may be used at night to take beaver, bobcat, coyote, gray fox, raccoon, red fox, striped skunk and swift fox on public lands by permit only, as follows:
  - a. Each permit shall be valid only for the time, species, and location specified on the permit. No permit will be valid during any deer, elk or pronghorn rifle season or during the 24-hour period prior to the opening weekend; nor during the opening weekend of any grouse, pheasant, quail, turkey, or waterfowl season in those areas where such seasons are in progress.
  - b. An artificial light which is permanently attached to, or projected from within a vehicle, is prohibited.
  - c. Taking shall not be permitted within 500 yards of a dwelling, building, or other structure, or in any area of public concentration where human safety would be jeopardized.
  - d. Such permit shall be carried while hunting and available for inspection upon demand.
  - e. Area wildlife managers and district wildlife managers may deny a permit where there is a potential that night hunting activities may result in significant adverse impact on wildlife resources by causing movement of large numbers of big game or otherwise.
  - f. Provided further that night hunting permits for bobcat will not be issued on public lands in the Canada lynx recovery area where Canada lynx are known to be present. When one Canada lynx has been taken by a bobcat hunter during the current year's hunting season no night hunting permits for bobcat will be issued for the remainder of the calendar year in the Canada lynx recovery area or in the area outside the Canada lynx recovery area where the Canada lynx was taken. In such instance, any night hunting permits for bobcat already issued under this provision shall be terminated.

- g. A permit shall not be required of any person, member of the person's family, lessee, designated agent, authorized employee, or identified designee with written authorization when necessary to protect such person's property. Refer to Chapter W-17, Damage Caused by Wildlife for applicable regulations.

#### **9. Baits**

- a. Furbearers may be taken with the aid of baiting. Where permitted, baits shall consist solely of material of animal or plant origin and shall not contain any materials of metal, glass, porcelain, plastic, cardboard or paper. Wildlife used as bait shall be the carcass, or parts thereof, of legally taken furbearers, carp, shad, white and longnose suckers, and nonedible portions of legally obtained game mammals, birds and game fish.

#### **#304 – License Requirements**

Except as provided in 33-6-107(9) C.R.S., the following license requirements shall apply:

- A. A small game license is required to take those species defined in #300(D) as small game, except wild turkey.
- B. Until March 1, 2021, a small game or a furbearer license is required to take those species defined in #300(B) as furbearers. Beginning March 1, 2021, a youth small game license, a furbearer license, or a furbearer harvest permit in addition to any variation of a small game license or small game and fishing combination license is required to take those species defined in #300(B) as furbearers, except coyotes. Coyotes may be taken with a small game license, a furbearer license, or without a license during any big game season provided that the hunter has an unfilled big game license for that season and unit. Manner of take must be the same as that of the big game license. An annual furbearer harvest permit can be purchased for \$10.00.
- C. A turkey license is required to take wild turkey.
- D. Common snapping turtles may be taken with either a small game license or a fishing license.
- E. Each hunter must register their intent to hunt migratory birds, small game or coyotes by completing a Harvest Information Program (HIP) survey online ([www.cpwshop.com](http://www.cpwshop.com)) or by calling (1-855-521-3050) prior to their first hunting trip of the season. For the purposes of this regulation, "season" means the period March 1 through March 31 of the following year.
- F. Beginning with the 2025 greater sage-grouse, mountain sharp-tailed grouse and ptarmigan hunting seasons, no hunter shall take any greater sage-grouse, mountain sharp-tailed grouse, or white-tailed ptarmigan unless at the time of such taking they have purchased one (1) greater sage-grouse, mountain sharp-tailed grouse, and white-tailed ptarmigan permit in addition to a small game license. An annual greater sage-grouse, mountain sharp-tailed grouse and white-tailed ptarmigan permit can be purchased for \$5.00.

#### **#305 – Evidence of Sex/Species**

Refer to General Provisions #003.

#### **ARTICLE II - Small Game Season Dates, Units (as Described in Chapter 0 of These Regulations), Bag and Possession Limits, Limited Licenses and Permits**

#### **#306 – Cottontail Rabbit, Snowshoe Hare, White-tailed & Black-tailed jackrabbit**

- A. Season Dates and Units

1. Statewide: October 1 - end of February annually.
2. Extended Falconry and Dog Pursuit Season - Statewide: September 1 - March 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Ten (10) cottontail rabbits, ten (10) snowshoe hares, ten (10) jackrabbits.
2. Possession Limit: Twenty (20) cottontail rabbits, twenty (20) snowshoe hares, and twenty (20) jackrabbits.

**#307 – Abert's Squirrels**

A. Season Dates and Units

1. Statewide: November 15 - January 15 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Two (2) squirrels.
2. Possession Limit - Four (4) squirrels.

**#308 – Fox Squirrel and Pine Squirrels**

A. Season Dates and Units

1. Statewide: October 1 - end of February annually.
2. Extended Falconry Season - Statewide: September 1 - March 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Five (5) fox squirrels and five (5) pine squirrels.
2. Possession Limit - Ten (10) fox squirrels and ten (10) pine squirrels.

**#309 – Wyoming (Richardson's) ground squirrel, and black-tailed, white-tailed, and Gunnison prairie dogs**

A. Season Dates and Units

1. Wyoming ground squirrel:
  - a. Statewide: January 1 - December 31 annually.
2. Black-tailed, white-tailed and Gunnison prairie dogs:
  - a. Public Land: June 15 - end of February annually.
  - b. Private Land: January 1 - December 31 annually.

B. Daily Bag and Possession Limits

1. There shall be no bag or possession limit.

**#310 – Common Snapping Turtle**

- A. Season Dates and Units
  - 1. Statewide: April 1 - October 31 annually.
- B. Daily Bag and Possession Limits
  - 1. There shall be no bag or possession limit.

**#311 – Marmot**

- A. Season Dates and Units
  - 1. Statewide: August 10 - October 15 annually.
- B. Daily Bag and Possession limits
  - 1. Daily Bag Limit - Two (2) marmots.
  - 2. Possession Limit - Four (4) marmots.

**#312 – Prairie Rattlesnake**

- A. Season Dates and Units
  - 1. Statewide: June 15 - August 15 annually.
- B. Daily Bag and Possession Limits
  - 1. Daily Bag Limit - Three (3) snakes.
  - 2. Possession Limit - Six (6) snakes.
- C. Nothing in this section is intended to interfere with or prohibit the lawful protection of life or property as provided for in Section 33-6-107(9), C.R.S.

**#313 – Dusky (Blue) Grouse**

- A. Season Dates and Units
  - 1. West of U.S. Interstate 25.
    - a. September 1 - November 23, 2025.
    - b. Extended Falconry Season: September 1 - March 31 annually.
- B. Daily Bag and Possession Limits
  - 1. Daily Bag Limit - Three (3) birds.
  - 2. Possession Limit - Nine (9) birds.

**#314 – White-tailed Ptarmigan**

- A. Season Dates and Units
  - 1. Statewide except units 44, 45, 53, 54, 66, 67, 68, 70, 71, 74, 75, 76, 77, 78, 79, 80, 81, 444 and 751.
    - a. September 13 - October 5, 2025.

- b. Extended Falconry Season: September 1 - March 31 annually.
  - 2. Units 44, 45, 53, 54, 66, 67, 68, 70, 71, 74, 75, 76, 77, 78, 79, 80, 81, 444 and 751.
    - a. September 13 - November 23, 2025.
    - b. Extended Falconry Season: September 1 - March 31 annually.
- B. Daily Bag and Possession Limits
  - 1. Daily Bag Limit - Three (3) birds.
  - 2. Possession Limit - Six (6) birds.

### **#315 – Greater Sage-grouse**

- A. Season Dates, Units and Limits, Except North Park
  - 1. Units 2, 3, 4, 5, 10, 11, 13, 18 except that portion of unit 18 east of Colo 125 in Grand County, 27, 28 except that portion of GMU 28 north and east of Grand Co Rd 50 (Church Park Rd) and US 40, 37, 181, 201, 211, 301 and 441.
    - a. September 13 - September 19, 2025.
    - b. Extended Falconry Season: September 1 - January 31 annually.
  - 2. Daily Bag and Possession Limits
    - A. Daily Bag Limit - Two (2) birds.
    - B. Possession Limit - Four (4) birds.
- B. Season Dates, Units and Limits, North Park
  - 1. Units 6, 16, 17, 161, and 171.
    - a. September 13 - September 14, 2025.
    - b. Extended Falconry Season: September 1 - January 31 annually.
  - 2. Daily Bag and Possession Limits
    - a. Daily Bag Limit - Two (2) birds.
    - b. Possession Limit - Two (2) birds.

### **#316 – Gunnison Sage-grouse**

- A. Season Dates and Units
  - 1. None.
- B. Daily Bag and Possession Limits
  - 1. Daily Bag Limit - None.
  - 2. Possession Limit - None.

### **#317 – Mountain Sharp-tailed Grouse**

A. Season Dates and Units.

1. Closed statewide except: Units 4, 5, 12, 13, 14, 23, 131, 211, 214, and 441.
  - a. September 1 - September 21, 2025.
  - b. Extended Falconry Season: September 1 - January 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Two (2) birds.
2. Possession Limit - Four (4) birds.

**#318 – Chukar Partridge**

A. Season Dates and Units

1. Statewide: September 1 - November 30 annually.
2. Extended Falconry Season - Statewide: September 1 - March 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Four (4) birds.
2. Possession Limit - Twelve (12) birds.

**#319 – Pheasant**

A. Season Dates and Units

1. East of I-25: November 8, 2025 - January 31, 2026.
2. West of I-25: November 8, 2025 - January 4, 2026.
3. Extended Falconry Season - Statewide: September 1 - March 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Three (3) cocks.
2. Possession Limit - Nine (9) cocks.

C. Extended Falconry Season Daily Bag and Possession Limits

1. Daily Bag Limit - Three (3) birds.
2. Possession Limit - Nine (9) birds.

**#320 – Quail (Northern Bobwhite, Scaled, Gambel's)**

A. Season Dates and Units

1. East of U.S. Interstate 25 and south of Interstate 70 from I-25 to Byers and U.S. Highway 36 from Byers to the Kansas line, and those portions of Pueblo, Fremont, Huerfano, El Paso and Las Animas counties lying west of I-25:  
November 8, 2025 - January 31, 2026.

2. East of U.S. Interstate 25 and north of Interstate 70 from I-25 east to Byers and U.S. Highway 36 from Byers to the Kansas line:

November 8, 2025 - January 4, 2026.

3. West of U.S. Interstate I-25, except Pueblo, Fremont, Huerfano, El Paso and Las Animas counties:

November 8, 2025 - January 4, 2026.

4. Extended Falconry Season - Statewide: September 1 through March 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Eight (8) quail of each species.
2. Possession Limit - Twenty-four (24) quail of each species.

**#321 – Greater Prairie-Chicken**

A. Season Dates and Units.

1. Closed statewide except: Units 93, 97, 98, 100, 101, 102, 103, 109, all of Morgan County, and those portions east of Colorado State Highway 71 and south of Colorado State Highway 14 and U.S. Highway 138.
  - a. October 1 - January 31 annually.

B. Daily Bag and Possession Limits

1. Daily Bag Limit - Two (2) birds.
2. Possession Limit - Six (6) birds.

**#322 – Wild Turkey**

A. Season Bag and Possession Limits

1. The bag and possession limit for each season annually shall be as provided below.
  - a. Spring Season - The limit shall be two bearded turkeys in the spring for those persons who possess a limited spring license. One turkey must be harvested on the limited license and in the limited area. The additional bearded turkey must be harvested with an over-the-counter license.
  - b. Fall Season - The limit shall be one turkey of either sex.
  - c. Late Season - The limit shall be two beardless turkeys.
2. In addition to the above bag and possession limits, a hunter may obtain any number of nuisance turkey licenses as provided in #322(F).
3. In addition to the above bag and possession limits, a hunter may take one additional turkey with a Turn In Poachers (TIPS) license as provided in #002(H)(11)(b).

B. Applications for Limited Licenses

1. Application requirements



- a. No person shall submit more than one (1) application per season.
  - b. Incomplete applications will not be accepted.
  - c. Applications not submitted by the deadline date and time are void.
2. Drawing applications submittal
- a. Applications will be accepted by phone or internet only through the Division's electronic licensing system.
  - b. Each drawing application shall include payment of a non-refundable application fee for residents or a non-refundable application fee for nonresidents, found in Chapter W-0 Appendix F. Individuals successful in the draw will be charged for the limited license as well as applicable surcharges found in Chapter W-0 Appendix F.
  - c. Spring season
    - 1. Applications for limited licenses must be received by phone or online no later than 8:00 PM Mountain Time, on the first Tuesday in February annually.
  - d. Fall season
    - 1. Applications for limited licenses must be received by phone or online no later than 8:00 PM Mountain Time, on the last business day in May annually.
  - e. Beginning January 1, 2028, unless there is an insufficient number of resident applications, nonresident hunters shall receive no more than 25% of available turkey licenses per hunt code in the spring and fall drawings during the first and second choices of both the draws.
3. Preference systems
- a. Preference Points: Preference will be given for correct applications for first choice hunt codes only and shall be subject to the following provisions:
    - 1. Until January 1, 2028, one preference point will be awarded to each person who qualifies for and fails to draw a limited license as a first choice in the drawing or who applies using a first choice hunt code established for the purpose of accumulating a preference point only. However, no applicant may accumulate more than two turkey preference points per calendar year.

Beginning January 1, 2028, one preference point will be awarded to each person who qualifies for and fails to draw a limited license as a first choice in the drawing or who applies for a preference point only (no hunt codes). However, no applicant may accumulate more than two turkey preference points per calendar year. Residents unsuccessful in drawing a first choice license or those applying for a preference point only (no hunt codes) will be assessed a \$X preference point fee to receive a preference point. Nonresidents unsuccessful in drawing a first choice license or those applying for a preference point only (no hunt codes) will be assessed a \$Y preference point fee to receive a preference point. If the applicant chooses not to pay the preference point fee, the applicant will not receive a preference point for that application. If an applicant accepts a first choice license that has been returned and reissued all accumulated preference

points for that species become void. No preference points are required for purchasing a returned license placed on the leftover list.

Youth as defined by 33-4-117 C.R.S., lifetime license holders, and Colorado resident military personnel on active duty outside Colorado are exempt from these preference point fees.

2. Preference points will be used in future drawings for the same species and will continue to accumulate until the applicant draws a license as a first choice. If an applicant both fails to apply for a turkey license and has not purchased a turkey license during any given 10-year period, all accumulated preference points for turkey become void.
3. Until January 1, 2028, applications with higher preference points will be given priority over all applications with fewer points.

Beginning January 1, 2028, a split draw will be used for both the spring and fall season draws where the quota for each hunt code will be divided, with half of the quota going to a preference point draw, and half going to a bonus draw. If the quota can't be evenly split, the extra license will go to the preference point draw. If there is only a single license available, it will be issued through the preference point draw. In the preference point split half of the draw applications with higher preference points will be given priority over all applications with fewer points. In the bonus draw, for every species preference point an applicant holds, the applicant will have one application entered into the bonus drawing, plus one. Each drawing shall be run processing all first choice applications for the preference point draw first, followed by all first choice applications for the bonus draw before moving to second choice applications. The drawing will continue in that order, until all choices are processed.

4. Until January 1, 2028, group applications will receive preference at the level of the group member with the fewest accumulated points.

Beginning January 1, 2028, in the preference point half of the draw, group applications will receive preference at the level of the group member with the fewest accumulated preference points, and, where applicable, the fewest accumulated chances, except that group applications will not be successful, regardless of preference point level or number of chances, when there are fewer licenses remaining in the hunt code quota than the number of applicants in the group.

5. Unsuccessful and successful applicants in the drawing can check their current accumulated preference point totals online.
- b. Hunting Licenses for Hunters with Mobility Impairments - The Director may make licenses valid in certain GMU's available to qualified hunters with mobility impairments.
1. Applicants for hunting licenses for hunters with mobility impairments must have a mobility impairment resulting from permanent medical conditions, which makes it physically impossible for them to hunt without the assistance of an attendant. Evidence of an impossibility to participate in the hunt without the assistance of an attendant may include, but is not limited to, prescribed use of a wheel chair; shoulder or arm crutches; walker; two canes; or other prescribed medical devices or equipment.

2. Applications for hunting licenses for hunters with mobility impairments shall be made on the form, available from and submitted with the applicable license fee to, Colorado Parks and Wildlife, Limited License Office, 6060 Broadway, Denver, Colorado 80216. Hunters may apply from the Monday after the November Commission meeting through the last day of the spring season.
  3. Applications for hunting licenses for hunters with mobility impairments shall contain a statement from a licensed medical doctor or a certified physical, occupational, or recreational therapist describing the applicant's mobility impairment and the permanent medical condition which makes it impossible for the applicant to hunt without the assistance of an attendant. Additional documentation may be required, if necessary to establish the applicant's eligibility for a hunting license for hunters with mobility impairments. Once certified by the Division as mobility-impaired according to these regulations, applicants will not be required to submit the medical statement.
  4. Ten (10) hunting licenses for hunters with mobility impairments will be available for the spring season, valid only on private lands in units 91, 92, and 96. The licenses will be valid for the season dates established for the authorized hunt code. Licenses for hunters with mobility impairments may not be issued for Ranching for Wildlife properties unless otherwise provided in the ranch contract.
- c. Youth Outreach Hunting Licenses – The Director may make additional youth outreach program turkey licenses available to qualified organizations sponsoring youth hunting activities.
1. There will be no more than 200 licenses issued annually under this subsection.
  2. Licenses will be approved by the applicable Regional Manager on a case-by-case basis.
  3. Licenses are issued on a first come, first served basis to qualified organizations.
  4. Organizations who wish to request a Youth Outreach license must submit the request in writing to Colorado Parks and Wildlife, State Hunter Outreach Coordinator, 6060 Broadway, Denver, Colorado 80216 no later than 60 days prior to the planned hunting event.
  5. Licenses are limited to youth hunters under 18 years of age.
- d. Novice Outreach Hunting Licenses- The Director may make additional outreach program turkey licenses available to qualified organizations sponsoring novice adult hunting activities.
1. There will be no more than 200 licenses issued annually under this subsection.
  2. Licenses will be approved by the applicable Regional Manager on a case-by-case basis.
  3. Licenses are issued on a first-come, first-served basis to qualified organizations.
  4. Organizations who wish to request an Outreach License must submit the request in writing to Colorado Parks and Wildlife, State Hunter Outreach Coordinator, 6060 Broadway, Denver, Colorado 80216 no later than 60 days prior to the planned hunting event.

5. Licenses are limited to novice hunters. For the purpose of these regulations a novice adult hunter is defined as a Colorado resident 18 years of age or older, who has either: no turkey license purchase history, only held a turkey license(s) in the current or previous year, or has no turkey license purchase history in the previous five years.

## C. Special Restrictions

### 1. Tagging Requirements

- a. When any person kills a turkey, that person must immediately detach, sign, and date the carcass tag. Such tags must be attached to the carcass of the bird while it is transported in any vehicle, while in camp, at a residence, or other place of storage.
- b. Such tags, when dated, signed and attached to the turkey lawfully taken or killed and lawfully in possession, authorizes the possession, use, storage, and transportation of the carcass, or any part thereof, within the state.
- c. If the carcass tag is inadvertently or accidentally detached from the license or is lost or destroyed, the licensee must obtain a duplicate carcass tag before he can lawfully hunt with such license. The duplicate carcass tag may be obtained upon furnishing satisfactory proof as to the inadvertent or accidental nature of the detachment, loss, or destruction to Colorado Parks and Wildlife.

### 2. Spanish Peaks SWA

- a. Hunting during the spring turkey season shall be permitted only on Saturdays, Sundays, Mondays and Tuesdays on the Spanish Peaks State Wildlife Area, except as provided in subparagraph b of this subsection.
- b. For hunters with mobility impairments, hunting during the spring turkey season shall be permitted after the second weekend of the season on Wednesdays, Thursdays and Fridays, by special access permit only. For the purposes of this subparagraph, the following restrictions shall apply:
  1. Applicants for access permits for hunters with mobility impairments must have a mobility impairment resulting from permanent medical conditions, which makes it physically impossible for them to hunt without the assistance of an attendant. Evidence of an impossibility to participate in the hunt without the assistance of an attendant may include, but is not limited to, prescribed use of a wheelchair; shoulder or arm crutches; walker; two canes; or other prescribed medical devices or equipment. Applications will be accepted until the last day of the spring turkey season. Permits will be issued on a first-come, first-served basis, and will be limited to two (2) individuals during each Wednesday through Friday time period during the spring season.
  2. Applications for access permits for hunters with mobility impairments shall be made on the form available from, and submitted to, Colorado Parks and Wildlife, Limited License Office, 6060 Broadway, Denver, Colorado 80216.
  3. Applications for access permits for mobility-impaired hunters shall contain a statement from a licensed medical doctor or a certified physical, occupational, or recreational therapist describing the applicant's mobility impairment and the permanent medical condition which makes it impossible for the applicant to hunt without the assistance of an attendant. Additional documentation may be

required if necessary to establish the applicant's eligibility for an access permit for hunters with mobility impairments. Once certified by the Division as mobility-impaired according to these regulations, applicants will not be required to submit the medical statement.

3. Higel and Rio Grande SWAs

- a. Turkey hunting access during the spring turkey season requires an access permit. Access permits will be issued for each property, from the Division Office in Monte Vista through a hand drawing. Permit applications may be obtained from CPW, 0722 S. Road 1E, Monte Vista, CO 81144. Group applications will be accepted. No more than two (2) applicants per group. Application deadline is March 31 of each year. Successful applicants will be notified by email. The date, time and location of the drawing will be included on the application.

4. Horsethief Canyon State Wildlife Area

- a. Turkey hunting access is limited to the spring turkey season and is restricted to youth mentor turkey hunting only, by access permit only. Mentors are not allowed to hunt. Permit applications are available from Colorado Parks and Wildlife Northwest Region Service Center at 711 Independent Ave., Grand Junction, CO 81505, 970-255-6100. The application deadline is March 31. Successful applicants will be notified by mail.

5. Youth Turkey Extended Season

Youths under 18 years of age may hunt turkey from the Saturday before Thanksgiving through the Sunday after Thanksgiving, provided they possess an unfilled youth fall turkey license (including, but not limited to, hunt code TE000U3R). Youths may only hunt in the GMU their original unfilled license was valid in; youths with unfilled OTC licenses may hunt in any OTC GMU but may not hunt in a limited unit that the original OTC license was not valid in. All hunters must comply with applicable regulations for the hunt in which they participate, and are accompanied by a mentor. A mentor must be at least 18 years of age and comply with hunter education requirements. The mentor may not hunt.

D. Season Dates and Units - Unlimited Licenses.

1. Spring Seasons

Units	Hunt Code	Date Open	Date Closed	Licenses
001, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 016, 017, 018, 019, 020, 022, 024, 028, 029, 030, 031, 032, 033, 038, 039, 040, 041, 042, 046, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059 except on the Beaver Creek SWA and the Table Mountain State Trust Land Lease, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 082, 083, 084, 085, 086, 087, 088, 089, 090, 093, 094, 095, 097, 098, 099, 100, 104, 105, 106, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 126, 128, 130, 131, 133, 134, 135, 136, 137, 138, 140 except on James M. John and Lake Dorothey State Wildlife Areas, 141, 142, 143, 144, 145, 146,	TM000U1R	04/12/2025	05/31/2025	Unlimited

147, 161, 171, 181, 191, 211, 214, 231, 301, 391, 411, 421, 441, 461, 481, 500, 501, 511, 512, 521, 551, 561, 581, 591, 681, 682, 691, 711, 741, 751, 771, 791, 851 except the Bosque del Oso SWA, 861, 951, and private land portions of 91, 92, 101, 102, 103, 107, 109, 124, 125, 127, 129, 132, 139.				
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## 2. Fall Seasons

Unit	Hunt Code	Open Date	Close Date	Licenses
001, 003, 004, 005, 006, 007, 008, 009, 010, 011, 012, 013, 014, 016, 017, 018, 019, 020, 022, 023, 024, 028, 029, 031, 032, 033, 038, 039, 040, 041, 042, 043, 046, 048, 049, 050, 051, 052, 053, 054, 055, 056, 057, 058, 059 except on the Beaver Creek SWA and the Table Mountain State Trust Land Lease, 060, 061, 062, 063, 064, 065, 066, 067, 068, 069, 070, 071, 072, 073, 074, 075, 076, 077, 078, 079, 082, 083, 084, 085 except on the Spanish Peaks State Wildlife Area, 086, 087, 088, 094, 104, 105, 110, 112, 113, 114, 116, 117, 118, 119, 121, 122, 123, 128, 130, 131, 133, 134, 135, 136, 137, 138, 140 except on the James M. John and Lake Dorothy State Wildlife Areas, 141, 142, 143, 144, 145, 147, 161, 171, 181, 191, 211, 214, 231, 301, 391, 411, 421, 431, 441, 461, 481, 500, 501, 511, 512, 521, 551, 561, 581, 591, 681, 682, 691, 711, 741, 751, 771, 791, 851 except on the Bosque del Oso SWA, 861, 951, and private land portions of 101, 102,.	TE000U2R	9/01/2025	10/05/2025 and 10/31/2025	Unlimited West of I-25 and GMU 140 and East of I-25 (excluding GMU 140)

## 3. Private Land Only Late Seasons

- a. Private land only licenses are valid on all private land within the game management unit upon which the license holder has permission to hunt.

Unit	Hunt Code	Open Date	Close Date	Licenses
112, 113	TF000U2R	12/15/2025	01/15/2026	Unlimited

- E. Season Dates and Units - Limited Licenses and Limited License Areas. Limited licenses shall be valid only for the time period and game management unit(s) or area(s) indicated on the license.

1. Spring Season.				
Unit	Hunt Code	Date Opened	Date Closed	Licenses
				Bearded Turkey Only
2	TM002O1R	04/12/2025	05/31/2025	15
15, 27,37 and 361	TM015O1R	04/12/2025	05/31/2025	15
21	TM021O1R	04/12/2025	05/31/2025	15
23	TM023O1R	04/12/2025	05/31/2025	20

<b>1. Spring Season.</b>				
<b>Unit</b>	<b>Hunt Code</b>	<b>Date Opened</b>	<b>Date Closed</b>	<b>Licenses</b>
				<b>Bearded Turkey Only</b>
23 – private land only	TM023P1R	04/14/2025	05/31/2025	40
25	TM025O1R	04/12/2025	05/31/2025	40
34	TM034O1R	04/12/2025	05/31/2025	40
35, 36	TM035O1R	04/12/2025	05/31/2025	20
43, 431	TM043O1R	04/12/2025	05/31/2025	60
44	TM044O1R	04/12/2025	05/31/2025	80
47	TM047O1R	04/12/2025	05/31/2025	15
59 - Beaver Creek State Wildlife Area and Table Mountain State Trust Land Lease only	TM059O1R	04/12/2025	05/02/2025	5
59 - Beaver Creek State Wildlife Area and Table Mountain State Trust Land Lease only	TM059O2R	05/03/2025	5/31/2025	10
59 - Beaver Creek State Wildlife Area and Table Mountain State Trust Land Lease only – youth only	TM059K1R	04/12/2025	05/31/2025	10
80	TM080O1R	04/12/2025	05/31/2025	10
81	TM081O1R	04/12/2025	05/31/2025	20
91	TM091O1R	04/12/2025	05/02/2025	30
91, 92, 96, 101, 102-youth only	TM091K1R	04/12/2025	05/31/2025	150
91	TM091O2R	05/03/2025	05/31/2025	30
92	TM092O1R	04/12/2025	05/02/2025	30
92	TM092O2R	05/03/2025	05/31/2025	30
96	TM096O1R	04/12/2025	05/02/2025	50
96 - private land only	TM096P1R	04/12/2025	05/02/2025	75
96	TM096O2R	05/03/2025	05/31/2025	50
96 - private land only	TM096P2R	05/03/2025	05/31/2025	75
101, 102	TM101O1R	04/12/2025	05/02/2025	25
101, 102	TM101O2R	05/03/2025	05/31/2025	25
103, 107, and 109	TM103O1R	04/12/2025	05/02/2025	35
103,107, and 109	TM103O2R	05/03/2025	05/31/2025	35
103, 107, 109 - youth only	TM103K1R	04/12/2025	05/31/2025	35
124, 125, and 129	TM124O1R	04/12/2025	05/31/2025	25
124, 125, and 129 - youth only	TM124K1R	04/12/2025	05/31/2025	15
127, 132	TM127O1R	04/12/2025	05/31/2025	30
139	TM139O1R	04/12/2025	05/31/2025	10
140 - Lake Dorothey State Wildlife Area only	TM140O1R	04/12/2025	05/31/2025	30
140 - James John State Wildlife Area only	TM140O2R	04/12/2025	05/31/2025	20
444	TM444O1R	04/12/2025	05/31/2025	45
444 – Private Land Only	TM444P1R	04/12/2025	05/31/2025	30

<b>1. Spring Season.</b>				
<b>Unit</b>	<b>Hunt Code</b>	<b>Date Opened</b>	<b>Date Closed</b>	<b>Licenses</b>
				<b>Bearded Turkey Only</b>
851 - Bosque del Oso State Wildlife Area only	TM851O1R	04/12/2025	05/31/2025	20
<b>Total</b>				<b>1315</b>

<b>2. Fall Season</b>				
<b>Unit</b>	<b>Hunt Code</b>	<b>Date Opened</b>	<b>Date Closed</b>	<b>Licenses</b>
				<b>Either Sex</b>
15, 27, 37 and 361	TE015L1R	09/01/2025	10/05/2025	15
25	TE025L1R	09/01/2025	10/05/2025	15
34	TE034L1R	09/01/2025	10/05/2025	25
47	TE047L1R	09/01/2025	10/05/2025	25
59 - Beaver Creek State Wildlife Area and Table Mountain State Trust Land Lease only	TE059L1R	09/01/2025	10/05/2025	15
85 - Spanish Peaks State Wildlife Area - Oberosler Tract only	TE085L1R	09/01/2025	10/05/2025	10
85 - Spanish Peaks State Wildlife Area – Tochter Tract only	TE085L2R	09/01/2025	10/05/2025	10
85 -Spanish Peaks State Wildlife Area - Sakariason Tract only	TE085L3R	09/01/2025	10/05/2025	10
91	TE091L1R	09/01/2025	10/31/2025	30
91, 92, 96, 101, and 102 – youth only	TE091K1R	09/01/2025	10/31/2025	35
92	TE092L1R	09/01/2025	10/31/2025	30
96	TE096L1R	09/01/2025	10/31/2025	75
101, 102	TE101L1R	09/01/2025	10/31/2025	30
103, 107, and 109	TE103L1R	09/01/2025	10/31/2025	5
103, 107, 109 - youth only	TE103K1R	09/01/2025	10/31/2025	5
124, 125 and 129	TE124L1R	09/01/2025	10/31/2025	15
124, 125 and 129 - youth only	TE124K1R	09/01/2025	10/31/2025	15
126, 146	TE126L1R	09/01/2025	10/31/2025	20
127, 132	TE127L1R	09/01/2025	10/31/2025	20
139	TE139L1R	09/01/2025	10/31/2025	5
140 - Lake Dorothey State Wildlife Area only	TE140L1R	09/01/2025	10/05/2025	10
140 - James John State Wildlife Area only	TE140L2R	09/01/2025	10/05/2025	10
444	TE444L1R	09/01/2025	10/05/2025	30
851 - Bosque del Oso State Wildlife Area only	TE851L1R	09/01/2025	10/05/2025	10



<b>2. Fall Season</b>				
<b>Unit</b>	<b>Hunt Code</b>	<b>Date Opened</b>	<b>Date Closed</b>	<b>Licenses</b>
				<b>Either Sex</b>
<b>Total</b>				<b>470</b>

F. Special Licenses for Nuisance Turkeys

1. The Director shall have the authority to establish special hunting seasons for turkeys, between December 1 and March 31 on an annual basis, when necessary to control nuisance turkeys. The Area Wildlife Manager will determine the type of license(s) (either-sex or hen only) most appropriate to control the conflict.
  - a. Nuisance turkey hunts are limited to a maximum of 50 licenses per landowner, per year.
    1. The Area Wildlife Manager shall provide the landowner with special application forms for distribution to individuals of their choice. Participants shall submit the completed application form with payment to the Division office indicated on the application. Nuisance turkey licenses shall be sold at the fall season license price.
  - b. Prior to approving the hunt, the Division shall:
    1. Verify that conflicts are occurring.
    2. Designate what area shall be open to hunting.
    3. Determine the manner of hunting that will be permitted.
    4. Determine the number of hunters allowed to hunt in each designated area.
  - c. Hunting will be done under the direction of a District Wildlife Manager, following approval by the owner of land where such conflict is occurring.
  - d. Hunters shall hunt in designated areas and on the dates indicated on the license.
    1. A map or a written description of the designated area open to hunting (which would include, but would not be limited to landowner(s) name, game management unit, township, range and section(s) and/or identification of landmarks such as roads, rivers, or fence lines which coincide with boundaries), will be provided to each licensed hunter by the Division.
  - e. Any person who purchases a license for a nuisance turkey season shall be required to complete a Division harvest survey form and return it to the Area office that is nearest the location of the hunt no later than 5 days after the season ends.

**PHIL WEISER**  
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**STATE OF COLORADO**  
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**Office of the Attorney General**

Tracking number: 2025-00024

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-3**

**CHAPTER W-3 - FURBEARERS AND SMALL GAME, EXCEPT MIGRATORY BIRDS**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:31:16

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

### **CCR number**

2 CCR 406-5

### **Rule title**

2 CCR 406-5 CHAPTER W-5 - SMALL GAME - MIGRATORY BIRDS 1 - eff 05/01/2025

### **Effective date**

05/01/2025

**FINAL REGULATIONS - CHAPTER W-5 - MIGRATORY BIRDS**

**ARTICLE II – Regular Seasons, Areas, Dates and Limits**

**#505 – Sora and Virginia Rail**

A. Statewide:

1. Dates: September 1 - November 9 annually.
2. Daily Bag Limit: Twenty-five (25) soras or Virginia rails singly or in the aggregate.
3. Possession Limit: Three (3) daily bag limits.

**#506 – Sandhill Crane**

A. All areas east of the Continental Divide except North Park (Jackson County) and the San Luis Valley.

1. Dates: October 4 – November 30, 2025.
2. Daily Bag Limit: Three (3).
3. Possession Limit: Three (3) daily bag limits.

**#507 – Wilson's Snipe**

A. Statewide

1. Dates: September 1 – December 16 annually.
2. Daily Bag Limit: Eight (8).
3. Possession Limit: Three (3) daily bag limits.

**#508 – Mourning Dove and White-Winged Dove**

A. Statewide.

1. Dates: September 1 – November 29 annually.
2. Daily Bag Limit:
  - a. Fifteen (15) mourning doves or white-winged doves singly or in the aggregate.
3. Possession Limit:
  - a. Three (3) daily bag limits.
4. Special Conditions and Restrictions

- a. While in the field or during transport, all dressed (not fully feathered) doves shall be counted against the daily bag or possession limit for mourning and white-winged doves.

#### **#509 – Band-Tailed Pigeon**

- A. Statewide.
  - 1. Dates: September 1 – 14 annually.
  - 2. Daily Bag Limit: Two (2).
  - 3. Possession Limit: Three (3) daily bag limits.

#### **#510 – Crow**

- A. Statewide.
  - 1. Dates: November 1, 2025 – February 28, 2026.
  - 2. Daily Bag Limit: Unlimited.
  - 3. Possession Limit: Unlimited.
  - 4. Special Conditions and Restrictions – Recorded or electronically amplified calls may be used during this season.

#### **#511 – Duck and Coot**

- A. Central Flyway Northeast Zone – All areas east of Interstate 25 and north of Interstate 70.
  - 1. Dates:
    - a. First season: October 18 – November 30, 2025.
    - b. Second season: December 11, 2025 – January 31, 2026.
  - 2. Daily Bag Limit:
    - a. Ducks and Mergansers: Six (6) in the aggregate. Of the six (6), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
  - 3. Possession limit: Three (3) daily bag limits.
- B. Central Flyway Southeast Zone – All areas east of Interstate 25 and south of Interstate 70, and all of El Paso, Pueblo, Huerfano and Las Animas Counties.
  - 1. Dates:
    - a. October 28, 2025 – January 31, 2026.
  - 2. Daily Bag Limit:

- a. Ducks and Mergansers: Six (6) in the aggregate. Of the six (6), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
  - 3. Possession limit: Three (3) daily bag limits.
- C. Central Flyway Mountain/Foothills Zone – All areas west of Interstate 25 and east of the Continental Divide, except El Paso, Pueblo, Huerfano and Las Animas Counties.
  - 1. Dates:
    - a. First season: October 4 – November 30, 2025.
    - b. Second season: December 25, 2025 – January 31, 2026.
  - 2. Daily Bag Limit:
    - a. Ducks and Mergansers: Six (6) in the aggregate. Of the six (6), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
  - 3. Possession limit: Three (3) daily bag limits.
- D. Pacific Flyway Western Zone – All areas west of the Continental Divide not included in the Eastern Zone.
  - 1. Dates:
    - a. First season: October 4 – October 21, 2025.
    - b. Second season: November 6, 2025 - January 31, 2026.
  - 2. Daily Bag Limit:
    - a. Ducks and Mergansers: Seven (7) in the aggregate. Of the 7 (seven), no more than two (2) female mallards, three (3) pintails, two (2) canvasback, two (2) redheads, and two (2) scaup. No scaup may be taken after January 12, 2026.
    - b. Coots: Twenty-five (25).
  - 3. Possession limit:
    - a. Three (3) daily bag limits.
- E. Pacific Flyway Eastern Zone - All of Routt, Grand, Summit, Eagle, and Pitkin counties, those portions of Saguache, San Juan, Hinsdale, and Mineral counties west of the Continental Divide, and those portions of Gunnison County except the North Fork of the Gunnison River Valley (GMUs 521, 53, and 63), and that portion of Moffat County east of the northern intersection of Moffat County Rd 29 with the Moffat-Routt County line, south along Moffat County Rd 29 to the intersection of Moffat County Rd 29 with the Moffat-Routt County line (Elkhead Reservoir State Park).

1. Dates:
  - a. First season: October 4, 2025 – January 16, 2026.
2. Daily Bag Limit:
  - a. Ducks and Mergansers: Seven (7) in the aggregate. Of the 7 (seven), no more than two (2) female mallards, three (3) pintails, two (2) canvasback, two (2) redheads, and two (2) scaup. No scaup may be taken after December 28, 2025.
  - b. Coots: Twenty-five (25).
3. Possession limit:
  - a. Three (3) daily bag limits.

#### **#512 – Goose**

##### **A. North Park – Jackson County**

1. Dates:
  - a. Dark goose:
    1. First season: October 4, 2025 – January 16, 2026.
  - b. Light goose: November 1, 2025 – February 15, 2026.
2. Daily Bag Limit:
  - a. Dark goose: Five (5).
  - b. Light goose: Fifty (50).
3. Possession limit:
  - a. Dark goose: Three (3) daily bag limits.
  - b. Light goose: Unlimited.

##### **B. South Park – All of Chafee, Custer, Fremont, Lake, Park, and Teller Counties.**

1. Dates:
  - a. Dark goose:
    1. First season: October 4, 2025 – January 16, 2026.
  - b. Light goose: November 1, 2025 – February 15, 2026.
2. Daily Bag Limit:
  - a. Dark goose: Five (5).
  - b. Light goose: Fifty (50).

3. Possession limit:
  - a. Dark goose: Three (3) daily bag limits.
  - b. Light goose: Unlimited.
- C. San Luis Valley – All of Alamosa, Conejos, Costilla, and Rio Grande counties, and those portions of Archuleta, San Juan, Saguache, Mineral, and Hinsdale counties east of the Continental Divide.
  1. Dates:
    - a. Dark goose:
      1. First Season: October 4 – October 22, 2025.
      2. Second Season: November 22, 2025 – February 15, 2026.
    - b. Light goose: November 1, 2025 – February 15, 2026.
  2. Daily bag limit:
    - a. Dark goose: Five (5).
    - b. Light goose: Fifty (50).
  3. Possession limit:
    - a. Dark goose: Three (3) daily bag limits.
    - b. Light goose: Unlimited.
- D. Balance of Central Flyway – All areas east of the Continental Divide, except North Park, South Park and San Luis Valley.
  1. Dates:
    - a. Dark goose: November 3, 2025 – February 15, 2026.
    - b. Light goose: November 1, 2025 – February 15, 2026.
  2. Daily Bag Limit:
    - a. Dark goose: Five (5).
    - b. Light goose: Fifty (50).
  3. Possession limit:
    - a. Dark goose: Three (3) daily bag limits.
    - b. Light goose: Unlimited.
- E. Pacific Flyway Western Zone – All areas west of the Continental Divide not included in the Eastern Zone.



1. Dates:
    - a. First season: October 4 – October 12, 2025.
    - b. Second season: November 6, 2025 – January 31, 2026.
  2. Daily Bag Limit:
    - a. Dark goose: Five (5).
    - b. Light goose: Ten (10).
  3. Possession Limit: Three (3) daily bag limits.
- F. Pacific Flyway Eastern Zone – All of Routt, Grand, Summit, Eagle, and Pitkin counties, those portions of Saguache, San Juan, Hinsdale, and Mineral counties west of the Continental Divide, and those portions of Gunnison County except the North Fork of the Gunnison River Valley (GMUs 521, 53, and 63), and that portion of Moffat County east of the northern intersection of Moffat County Rd 29 with the Moffat-Routt County line, south along Moffat County Rd 29 to the intersection of Moffat County Rd 29 with the Moffat-Routt County line (Elkhead Reservoir State Park).
1. Dates:
    - a. First season: October 4, 2025 – January 7 2026.
  2. Daily Bag Limit:
    - a. Dark goose: Five (5).
    - b. Light goose: Ten (10).
  3. Possession Limit: Three (3) daily bag limits.

### **ARTICLE III - Special Seasons, Areas, Dates and Limits**

#### **#513 – Youth, Veteran and Active Military Personnel Waterfowl Hunting Days**

- A. Central Flyway Northeast Zone – All areas east of Interstate 25 and north of Interstate 70.
  1. Dates: October 11 – October 12, 2025.
  2. Daily bag limit:
    - a. Ducks and Mergansers: Six (6) in the aggregate. Of the 6 (six), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
    - c. Dark Goose: Five (5).
  3. Possession limit: Three (3) daily bag limits.

- B. Central Flyway Southeast Zone – All areas east of Interstate 25 and south of Interstate 70, and all of El Paso, Pueblo, Huerfano and Las Animas Counties.
1. Dates: October 18 – October 19, 2025.
  2. Daily bag limit:
    - a. Ducks and Mergansers: Six (6) in the aggregate. Of the 6 (six), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
    - c. Dark Goose: Five (5).
  3. Possession limit: Three (3) daily bag limits.
- C. Central Flyway Mountain/Foothills Zone – All areas west of Interstate 25 and east of the Continental Divide, except El Paso, Pueblo, Huerfano and Las Animas Counties.
1. Dates: September 27 – September 28, 2025.
  2. Daily Bag Limit:
    - a. Ducks and Mergansers: Six (6) in the aggregate. Of the six (6), no more than five (5) mallards, of which no more than two (2) can be female, three (3) pintails, two (2) canvasback, two (2) redheads, three (3) wood ducks, and one (1) scaup.
    - b. Coots: Fifteen (15).
    - c. Dark Goose: Five (5).
  3. Possession limit: Three (3) daily bag limits.
- D. Pacific Flyway Western Zone – All areas west of the Continental Divide not included in the Eastern Zone.
1. Dates: October 25 – October 26, 2025.
  2. Daily bag limit:
    - a. Ducks and Mergansers: Seven (7) in the aggregate. Of the 7 (seven), no more than two (2) female mallards, three (3) pintails, two (2) canvasback, two (2) redheads, and two (2) scaup.
    - b. Coots: Twenty-five (25).
    - c. Dark Goose: Five (5).
    - d. Light Goose: Ten (10).
  3. Possession limit:
    - a. Three (3) daily bag limits.

- E. Pacific Flyway Eastern Zone – All of Routt, Grand, Summit, Eagle, and Pitkin counties, those portions of Saguache, San Juan, Hinsdale, and Mineral counties west of the Continental Divide, and those portions of Gunnison County except the North Fork of the Gunnison River Valley (GMUs 521, 53, and 63), and that portion of Moffat County east of the northern intersection of Moffat County Rd 29 with the Moffat-Routt County line, south along Moffat County Rd 29 to the intersection of Moffat County Rd 29 with the Moffat-Routt County line (Elkhead Reservoir State Park).
1. Dates: September 27 – September 28, 2025.
  2. Daily bag limit:
    - a. Ducks and Mergansers: Seven (7) in the aggregate. Of the 7 (seven), no more than two (2) female mallards, three (3) pintails, two (2) canvasback, two (2) redheads, and two (2) scaup.
    - b. Coots: Twenty-five (25).
    - c. Dark Goose: Five (5).
    - d. Light Goose: Ten (10).
  3. Possession limit:
    - a. Three (3) daily bag limits.
- F. Youth seasons are restricted to hunting by youth 17 years of age and younger accompanied by a mentor. A mentor must be 18 years of age or older and hold a valid hunter education certificate or be born before January 1, 1949, and must accompany the youth while in the act of hunting. Mentors are not authorized to hunt ducks, geese, mergansers, or coots during this season.
- G. Veteran and active military personnel seasons are restricted to hunting by veterans and members of the Armed Forces on active duty, including members of the National Guard and Reserves on active duty (other than training). For the purposes of this rule, the term “veteran” means a person who served in the active military, naval or air service, and who was discharged or released therefrom under conditions other than dishonorable. Acceptable forms of military identification include:
1. DD214;
  2. DD Form 2;
  3. DD Form 2765;
  4. Active, retired or veteran military identification cards;
  5. A current Colorado Driver's License or state issued identification card with the word 'Veteran' printed on it as specified in 42-2-303 (5)(a), C.R.S.;
  6. VA medical card; or
  7. For members of the National Guard and Reserves, current military orders for active duty other than training.

#### **#514 – September Teal**

- A. Lake and Chaffee counties and all areas east of I-25.
  - 1. Dates: September 13 – September 21, 2025.
  - 2. Daily bag limit: Six (6).
  - 3. Possession Limit: Three (3) daily bag limits.

#### **#515 – Early Canada Goose**

- A. Pacific Flyway – All areas west of the Continental Divide.
  - 1. Dates: September 1 – 9 annually.
  - 2. Daily bag limit: Five (5).
  - 3. Possession limit: Three (3) daily bag limits.

### **ARTICLE IV – Conservation Order Seasons, Areas, Dates and Limits**

#### **#516 – Light Goose**

- A. Central Flyway – All areas east of I-25.
  - 1. Dates:
    - a. February 16 – April 30, 2026.
  - 2. Daily bag limit: Unlimited.
  - 3. Possession limit: Unlimited.
  - 4. Special Conditions and Restrictions
    - a. Recorded or electronically amplified calls may be used to take light geese during the conservation order season.
    - b. Hunting of light geese is allowed from one-half (1/2) hour before sunrise to one-half (1/2) hour after sunset.
    - c. A Federal Migratory Bird Hunting and Conservation Stamp is not required to take light geese during the conservation order season.
    - d. Shotguns capable of holding more than three rounds in the magazine and chamber combined may be used to take light geese during the conservation order season.
    - e. All other regulations applicable to hunting migratory waterfowl in Colorado apply to taking light geese during the conservation order season.

### **ARTICLE V - Vacant**

**#517 – Vacant**

**ARTICLE VI - Falconry**

**#518 – Special Falconry Regulations**

- A. Falconry is a permitted means of taking migratory game birds during regular or extended seasons.
  - 1. Regular Seasons
    - a. General hunting regulations prescribed in this chapter, including seasons and hunting hours, apply to falconry. General season bag and possession limits do not apply to falconry.
    - b. Daily bag and possession limits for all permitted migratory game birds shall not exceed 3 and 9 birds, respectively, singly or in the aggregate. The falconry bag limit is not in addition to gun limits.
  - 2. Extended Seasons
    - a. There are no extended seasons.

**PHIL WEISER**  
Attorney General  
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**Office of the Attorney General**

Tracking number: 2025-00025

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-5**

**CHAPTER W-5 - SMALL GAME - MIGRATORY BIRDS**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:31:56

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", is written over a horizontal line.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

**Department**

Department of Natural Resources

**Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

**CCR number**

2 CCR 406-9

**Rule title**

2 CCR 406-9 CHAPTER W-9 - WILDLIFE PROPERTIES 1 - eff 05/01/2025

**Effective date**

05/01/2025

## FINAL REGULATIONS - CHAPTER W-9 - WILDLIFE PROPERTIES

### ARTICLE II - Property-Specific Provisions

#### #901 - Property-Specific Regulations

See Appendix B for a list of properties without property-specific regulations, to which only restrictions in #900 apply)

- A. On all Division properties which have reservations available or required, those reservations may be made by phone or online (cpw.state.co.us). Reservations for small game and waterfowl hunting may not be made more than 14 days in advance of the hunt date, nor after 12:00 noon on the day before the hunt date. Reservations for big game hunting may not be made more than 45 days in advance of the start of the season for which the reservation is being made. Unless otherwise specified, reservations for big game hunting are valid throughout the season designated by the license. Hunters who wish to cancel a reservation must do so no later than 12:00 noon on the day before the hunt date. Failure to hunt a reserved area without prior cancellation, or follow check station procedures, may cause forfeiture of the privilege to make reservations for the remainder of the hunting season. Hunters are limited to a maximum of one reservation per hunt date. Hunters must possess a valid license for the species to be hunted in order to make a reservation. Reservations are not transferable. The individual named on the reservation must be at the property on the day of the hunt. Hunters with reservations may only hunt the hunt area specified on the reservation. Any exceptions to the above restrictions will be listed under property specific regulations.
- B. In addition to or in place of those restrictions listed in regulation #900, the following provisions or restrictions apply:
  1. **Adams State Wildlife Area - Routt County**
    - a. Public access is prohibited from December 1 through July 15.
    - b. Discharge of firearms or bows is prohibited, except while hunting.
  2. **Adobe Creek Reservoir State Wildlife Area - Bent and Kiowa Counties**
    - a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while camping, while hunting, or while fishing.
    - b. Public access to the frozen surface of the lake is prohibited.
    - c. Public access to the dams, inlets, and outlet structures is prohibited, except while fishing.
    - d. Launching and use of all vessels is allowed.
    - e. Water contact activities are allowed.
    - f. Camping is allowed in designated and established camping areas only.
    - g. Fires are allowed within an established containment structure in designated areas.
  3. **Alberta Park Reservoir State Wildlife Area - Mineral County**
    - a. Launching and use of all vessels is allowed.
    - b. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  4. **Almont Triangle State Wildlife Area - Gunnison County**
    - a. Public access is prohibited from December 1 through April 30.
  5. **Andrews Lake State Wildlife Areas - San Juan**
    - a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand.
  6. **Andrick Ponds State Wildlife Area - Morgan County**



- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. Public access is limited to Saturdays, Sundays, Wednesdays, and state and federal holidays.
  - c. From June 1 through August 31 wildlife viewing is allowed from designated area only.
  - d. From September 1 through the dark goose season, only migratory bird hunting within designated areas is permitted. Reservations are required and valid until sunrise, and are limited to three (3) per hunter annually. Reservations must be made in accordance with #901.A of these regulations.
  - e. Hunters must check-in and out at check stations. Hunters may not check-in until 4:00 a.m. and can only hunt the area reserved. Hunters may check-in on a first-come, first-serve basis after a hunter checks out or after sunrise if a hunter has not checked-in. Maximum of four (4) hunters allowed per hunting area.
  - f. From the end of the dark goose season through the spring turkey season, only turkey hunting is permitted. During spring turkey season, reservations are required and valid until sunrise. Hunters must check-in and out at the check station on CR AA, but may hunt the entire property.
  - g. During waterfowl and turkey seasons, scouting is prohibited, except on Thursdays from 10:00 a.m. – 2:00 p.m. All persons must check-in and out at check stations. All firearms and dogs are prohibited while scouting.
  - h. Hunting with centerfire rifles is prohibited.
  - i. Hunting on Clark Lake is prohibited.
  - j. Discharge of firearms or bows is prohibited, except while hunting.
  - k. Fishing is prohibited.
  - l. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
  - m. Dog training is prohibited.
- 7. Apishapa State Wildlife - Las Animas County**
- a. Public access is prohibited from June 1 through August 15.
  - b. Camping is allowed in designated parking areas by licensed hunters during an established big game, spring turkey, and fall turkey season plus three (3) days before and three (3) days after each season.
- 8. Arkansas River/Big Bend State Wildlife Area (Fishing Easement) - Chaffee County**
- a. Public access is prohibited, except while fishing.
  - b. Parking and access is allowed from designated parking areas only.
  - c. Dogs are prohibited.
- 9. Atwood State Wildlife Area - Logan County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. All recreational activities, except deer hunting, are prohibited on opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - c. The launching or takeout of vessels is prohibited during waterfowl seasons.
  - d. Dog training is prohibited.
  - e. Horse use is prohibited.
- 10. Axial Basin State Wildlife Area**
- a. Vehicle access is restricted to Moffat Co Rds 32, 55, and 132.

- b. The placing of any portable blind, marker, stand or related structure is prohibited prior to August 1 annually and must be removed within 24 hours after harvesting an animal or within seven (7) days after the end of the archery pronghorn season, whichever comes first.

**11. Badger Basin State Wildlife Area (Fishing Easement) - Park County**

- a. Public access is prohibited, except while fishing.
- b. Public access is allowed within the fenced and posted easement only.
- c. Parking and access is allowed from designated parking areas only.
- d. Hunting is prohibited.

**12. Banner Lakes State Wildlife Area - Weld County**

- a. Public access is prohibited north of Colo 52 from April 1 through July 15
- b. Public access is restricted to foot traffic only.
- c. Parking and access is allowed from designated parking areas only.
- d. Public access is prohibited from the first day of the regular waterfowl season to the day before the first day of pheasant season, except for waterfowl hunting on Saturdays, Sundays, Mondays and state and federal holidays. During this period reservations are available for waterfowl, but not required. Reservations are valid throughout the reserved day until the hunter with the reservation checks out. Hunters may check-in on a first come, first served basis after a hunter with a reservation checks out, or if no reservation exists for a hunt area after 12:00 midnight immediately preceding the hunt, or if a reserved area is not claimed by legal sunrise. Reservations may be made in accordance with #901.A of these regulations. No more than four hunters are allowed per reservation. Hunters with reservations may only hunt the hunt area specified on the reservation.
- e. Waterfowl hunters must check-in and check out at the designated check station.
- f. Discharge of firearms or bows is prohibited, except while hunting, training hunting dogs, or bowfishing.
- g. Fishing is prohibited from October 1 through the end of February.
- h. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand when used as an aid for fishing or hunting or dog training.
- i. Horse use is prohibited.
- j. Bicycles are prohibited.
- k. Dog training is allowed north of Colo 52 during February, March and July 16 to August 31 only. Dog training is allowed south of Colo 52 from February 1 through August 31 only.
- l. Field trials may be authorized during February, March, and August only. No more than four (4) field trials will be allowed per year, except that the number of group training events will not be limited.
- m. Domestic birds, feral birds, or privately owned game birds may be released for field trials and for dog training south of Colo 52 by permit only, in accordance with the provisions of this chapter and other applicable regulations, including, but not limited to, #007, #008, #009, #801 and #804 of these regulations. All such birds taken during training activities shall be removed from the State Wildlife Area by the dog training permittee and all privately owned game birds shall be prepared for human consumption.
- n. The Division is authorized to implement a dog training reservation system should overcrowding become an issue on the State Wildlife Area.

**13. Basalt State Wildlife Area - Eagle and Pitkin Counties**

- a. From March 15 through October 14, firearms may only be discharged on the shooting range on Monday, Tuesday, Thursday, and Friday from 7:00 a.m. until 7:00 p.m., and on Saturday and Sunday from 9:00 a.m. until 5:00 p.m. From October 15 through March 14, firearms may only be discharged on the shooting range on Monday, Tuesday, Thursday, and Friday from 9:00 a.m. until 4:00 p.m., and on Saturday and Sunday from 9:00 a.m. until 4:00 p.m.
  - b. With the exception of Christine Lake and the Basalt Shooting Range, public access is prohibited from December 1 through July 15, except while spring turkey hunting.
  - c. Discharge of firearms or bows is prohibited, except while hunting or on the designated shooting range.
  - d. Vessel use is prohibited.
  - e. Camping is allowed by licensed hunters during an established big game or turkey season plus three (3) days before and three (3) days after each season.
  - f. Camping is prohibited within one-quarter (1/4) mile of the Frying Pan River.
  - g. Dogs are prohibited.
- 14. Bayfield Lions Club Shooting Range - La Plata County**
- a. Public access is allowed April 1 through November 30.
  - b. Public access is allowed from 9:00 a.m. to 8:00 p.m. from April 1 through October 31.
  - c. Public access is allowed from 10:00 a.m. to 5:00 p.m. from November 1 through November 30.
  - d. Pistol or rifle shooting is prohibited on the shotgun trap range.
  - e. Shotguns, shooting slugs only, are allowed on the pistol-rifle range.
  - f. Except for muzzleloaders, rifles are restricted to those smaller than .50 caliber.
  - g. Except for clay targets, glass or other breakable targets are prohibited.
  - h. Public access to Bayfield Lions Club Shooting Range is exempt from requirements set forth in section #900(C)1 of these regulations.
- 15. Beaver Creek Reservoir State Wildlife Area - Rio Grande County**
- a. Discharge of firearms or bows is prohibited.
  - b. Launching and use of all vessels is allowed.
  - c. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- 16. Beaver Creek State Wildlife Area - Fremont County**
- a. Public access is prohibited from August 15 through April 30, except while hunting or fishing or while wildlife viewing from established parking areas.
  - b. Dogs are prohibited.
- 17. Beaver Lake State Wildlife Area (Marble) - Gunnison County**
- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand when used as an aid for fishing.
  - b. Motor vehicles are prohibited on the dam.
  - c. Discharge of firearms or bows is prohibited.
- 18. Bellaire Lake State Wildlife Area - Larimer County**
- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor.
  - b. Public access to Bellaire Lake State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

19. **Bergen Peak State Wildlife Area - Clear Creek and Jefferson Counties**
- Discharge of firearms or bows is prohibited, except while hunting.
  - Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
20. **Big Meadows State Wildlife Area - Mineral County**
- Launching and use of all vessels is allowed.
  - Operating a vessel in a manner that creates a whitewater wake is prohibited.
21. **Big Thompson Ponds State Wildlife Area - Larimer County**
- Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise daily, except while fishing or when authorized by a night hunting permit.
  - Vessel use is prohibited, except for hand-launched vessels that are propelled by hand when used as an aid for fishing or hunting.
  - Discharge of firearms or bows is prohibited, except while hunting or bowfishing.
  - Horse use is prohibited.
  - Bicycles are prohibited.
  - Dog training and field trials are prohibited.
22. **Bighorn Springs State Wildlife Area (Fishing Easement) - Chaffee County**
- Public access is prohibited, except while fishing.
  - Public access is prohibited from one-half (1/2) hour after sunset to sunrise.
  - Parking and access is allowed from designated parking areas only.
  - Dogs are prohibited.
23. **Bill Patterson State Wildlife Area – Garfield County**
- Waterfowl hunting is allowed from designated blinds only.
  - Hunting is allowed with shotguns only.
  - Discharge of firearms or bows is prohibited, except while hunting.
  - Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).
24. **Billy Creek State Wildlife Area - Ouray and Montrose Counties**
- Camping is allowed by licensed hunters during an established big game season plus (3) days before and (3) days after each season.
  - Public access is prohibited from January 1 through April 30, except for hunting, fishing, and trapping along the Uncompahgre River corridor from US Hwy 550 to 100 feet from the east bank of the river.
  - Launching and take out of non-motorized vessels is allowed.
25. **Bitterbrush State Wildlife Area - Moffat County**
- Public access is prohibited from January 15 through April 30.
  - Motor vehicle access is restricted to Moffat Co Rds 59 and 143.
  - The placing of any portable blind, marker, stand or related structure is prohibited prior to August 1 annually and must be removed within 24 hours after harvesting an animal or within seven (7) days after the end of the archery pronghorn season, whichever comes first.
26. **Blacktail Conservation Easement - Routt County**
- Public access is prohibited from December 1 through July 15.

- b. Discharge of firearms or bows is prohibited, except while hunting.
27. **Bliss State Wildlife Area - Larimer County**
- a. Vessel use is prohibited.
28. **Blue River State Wildlife Area - Summit County**
- a. Overnight parking is prohibited.
  - b. Discharge of firearms or bows is prohibited.
29. **Bob Terrell State Wildlife Area - Garfield County**
- a. Launching and use of vessels is allowed, except that launching and take out of personal watercraft (PWC) is prohibited.
  - b. Discharge of firearms or bows is prohibited.
30. **Bodo State Wildlife Area - La Plata County**
- a. Public access is prohibited from December 1 through April 30, except that:
    - 1. Small game hunting is allowed south of CR 210.
    - 2. Public access to the Smelter Mountain Trail is allowed by foot only from 10:00 a.m. - 2:00 p.m.
  - b. Discharge of firearms or bows is prohibited, except while hunting.
  - c. Launching of paragliders is allowed from the Smelter Mountain Trail, subject to the restrictions listed in a.2 above.
  - d. Dogs are allowed from May 1 through September 30 but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
  - e. Dogs are allowed pursuant to #900(C)(15) from October 1 through November 30.
31. **Boedecker Reservoir State Wildlife Area - Larimer County**
- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise except while fishing.
  - b. Fishing is prohibited from vessels from November 1 through the last day of the migratory waterfowl season.
  - c. Launching and use of all vessels is allowed.
  - d. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - e. Sail surfboards are prohibited.
  - f. Discharge of firearms or bows is prohibited, except while hunting or bowfishing.
  - g. Horse use is prohibited.
32. **Bosque del Oso State Wildlife Area - Las Animas County**
- a. Public access is prohibited from December 1 through April 30, except for properly licensed big game and spring turkey hunters and one non-hunting companion.
  - b. Fishing is prohibited on the South Fork of the Purgatoire River within the boundaries of the Bosque del Oso State Wildlife Area from the first day after the Labor Day holiday weekend to the first day of the Memorial Day holiday.
  - c. Parking and access is allowed from designated parking areas only.
  - d. Discharge of firearms or bows is prohibited, except while hunting or bowfishing.
  - e. Camping is allowed by licensed hunters during an established big game, spring turkey, and fall turkey season plus three (3) days before and three (3) days after each season.
  - f. Fires are allowed within a containment structure in designated camping areas.

- g. Leaving any unattended food or trash is prohibited unless it is being stored in a bear resistant manner or container.
- 33. Bravo State Wildlife Area - Logan County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - c. The launching or takeout of vessels is prohibited during waterfowl seasons.
  - d. Field trials are prohibited.
- 34. Brower State Wildlife Area - Weld County**
- a. Public access is prohibited from the day after the spring turkey season through August 31. Additionally, public access is prohibited from the day after the close of the regular goose season through the day before the opening of the spring turkey season.
  - b. Public access is prohibited, except while hunting.
  - c. Public access is prohibited one (1) hour after sunset to 4:00 a.m.
  - d. Parking is allowed in the designated parking area only.
  - e. Fishing is prohibited.
  - f. Discharge of firearms or bows is prohibited, except shotguns or bows may only be used while hunting.
  - g. Horse use is prohibited.
- 35. Brownlee State Wildlife Area (Fishing Lease) - Jackson County**
- a. Public access is prohibited, except while fishing.
  - b. Discharge of firearms or bows is prohibited.
- 36. Brownlee II State Wildlife Area (Fishing Lease) - Jackson County**
- a. Public access is prohibited, except while fishing.
  - b. Discharge of firearms or bows is prohibited.
- 37. Browns Park State Wildlife Area - Moffat County**
- a. Public use is prohibited within the posted administrative area of the Calloway Unit.
  - b. Public access on the Wiggins Unit is allowed by foot or horseback only except along the main road that runs east and west on the south end of the property.
  - c. Camping is allowed in the Cold Springs Mountain Unit and west of Beaver Creek in the Beaver Creek Unit except as posted.
  - d. Fires are allowed within a containment structure.
- 38. Brush State Wildlife Area - Morgan County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. All recreational activities, except deer hunting, are prohibited on the opening weekend of regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - c. The launching or takeout of vessels is prohibited during waterfowl seasons.
- 39. Brush Hollow State Wildlife Area - Fremont County**
- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - b. Hunting and the discharge of firearms or bows is prohibited.

**40. Brush Prairie Ponds State Wildlife Area - Morgan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. From September 1 through the dark goose season, only hunting allowed. Hunters must check-in and out at the check station.
- c. From September 1 through November 30, only migratory bird hunting within designated areas is allowed, and only on Saturdays, Sundays, Wednesdays, and state and federal holidays. Reservations are required and valid until sunrise, and are limited to three (3) per hunter annually. Reservations must be made in accordance with #901.A of these regulations.
- d. Hunters may not check-in until 4:00 a.m. and can only hunt the area reserved or which they check into. Hunters may check-in on a first-come, first-serve basis after a hunter checks out or after sunrise if a hunter has not checked-in. Maximum of four (4) hunters and two (2) vehicles allowed per hunting area.
- e. From September 1 through November 30, scouting is prohibited, except on Thursdays from 10:00 a.m. – 2:00 p.m. All persons must check-in and out at the check station. All firearms and dogs are prohibited while scouting.
- f. From December 1 through the dark goose season, hunters may check-in on a first-come, first-serve basis after 4:00 a.m. or after a hunter checks out. Five (5) hunting areas are open for check-in. Hunters properly checked in may hunt anywhere on the property.
- g. Up to two (2) hunting areas are reserved each year for residents with a physical address of Brush, CO. Applications to enter the drawing are available at the CPW Brush Service Center in mid-August. Hunters must possess a valid license to hunt waterfowl to enter the drawing. Hunters may apply for one hunt area per day, but can list multiple requests on one application. Hunters successful in the drawing are required to comply with all hunting restrictions listed in regulation #901.A of these regulations.
- h. Discharge of a firearm or bow is prohibited, except while hunting.

**41. Buena Vista State Wildlife Area - Chaffee County**

- a. Public access to Buena Vista State Wildlife Area is exempt from requirements set forth in section #900(C)1. of these regulations.

**42. Burry State Wildlife Area (Fishing Lease) - Garfield County**

- a. Public access is prohibited, except while fishing.
- b. Public access is limited to designated points as posted.
- c. Dogs are prohibited.

**43. Centennial State Wildlife Area - Gunnison County**

- a. Public access is prohibited from December 1 through June 30.
- b. Dog training and field trials are prohibited.

**44. Centennial Valley State Wildlife Area – Weld County**

- a. Public access is prohibited from one (1) hour after sunset – 4:00 a.m.
- b. Public access is prohibited from the day after the last day of the spring turkey season through August 31.
- c. During the spring turkey season, public access is prohibited except for licensed turkey hunters that have a turkey hunting reservation. A total of ten (10) reservation slots per day will be available for spring turkey hunters during the spring turkey season. Turkey hunters with a reservation may hunt the entire property. There is no annual limit on the

number of turkey reservations. Reservations must be made in accordance with #901.A of these regulations. A maximum of four (4) hunters are allowed per turkey hunting reservation slot.

- d. During the regular duck seasons, public access is limited to Saturdays, Sundays, Wednesdays, and state and federal holidays. Reservations are required to hunt waterfowl and small game, and are limited to three (3) per hunter annually. Waterfowl and small game hunters may only hunt the areas specified on their reservation. Reservations must be made in accordance with #901.A of these regulations.
- e. All reservation hunters must check out at one of the check stations located in each parking lot of the property.
- f. Small game and waterfowl hunting is prohibited on the opening weekend of the regular plains rifle deer season and the opening day and first weekend of the late plains rifle deer season.
- g. Discharge of firearms or bows is prohibited, except while hunting.
- h. Hunting with centerfire rifles is prohibited.
- i. Horse use is prohibited.

**45. Cerro Summit State Wildlife Area - Montrose County**

- a. Public access is prohibited, except while fishing and hunting only.
- b. Public access is allowed by foot only.
- c. Parking and public access to the property is allowed from designated parking areas only.
- d. Hunting is prohibited from December 1 to August 14.
- e. Fishing is prohibited from December 1 to February 28.
- f. Dogs are allowed as an aid in small game hunting only. Dogs are prohibited from entering the water.
- g. Vessel use and water contact activity is prohibited, except for launching and use of float tubes (with waders) for fishing only.

**46. Chaffee County Shooting Range State Wildlife Area - Chaffee County**

- a. Public access is prohibited from sunset to sunrise.

**47. Champion State Wildlife Area (Fishing Easement) - Chaffee County**

- a. Public access is prohibited, except while fishing.
- b. Parking and access is allowed from designated parking areas only.

**48. Chance Gulch State Wildlife Area – Gunnison County**

- a. Public access is prohibited from March 1 through June 30, except for through traffic on Gunnison Co Rd 42a and established roads connecting to designated BLM roads.

**49. Cherokee State Wildlife Area (Upper Unit, Middle Unit, Lower Unit, Lone Pine Unit, Roy Brown Unit) - Larimer County**

- a. Public access is prohibited from September 1 to May 1, except while hunting and fishing.
- b. Hunting and fishing access after the close of the last big game season is by foot only.
- c. Horse use is restricted to designated roads and trails, except for horses used as an aid in hunting big game.
- d. Horse use is prohibited while hunting mountain lion.
- e. Horse use is allowed on the Rattlesnake Loop on the Lone Pine Unit from May 2 through August 31.
- f. Camping is allowed.



- g. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- 50. Chesmore State Wildlife Area - Chaffee County**
- a. Public access to Chesmore State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.
- 51. Christina State Wildlife Area (Elk River Fishing Easement) - Routt County**
- a. Public access is prohibited, except while fishing.
  - b. Discharge of firearms or bows is prohibited.
- 52. Chubb Park Ranch State Wildlife Area - Chaffee County**
- a. Discharge of firearms or bows is prohibited, except while hunting.
- 53. Chuck Lewis State Wildlife Area - Routt County**
- a. Public access is prohibited from sunset to sunrise except while hunting or fishing.
  - b. Overnight parking is prohibited.
  - c. Big game and small game hunting are prohibited.
  - d. Waterfowl hunting is allowed, except for within 50 yards of the bridge on Routt Co Rd 14F.
  - e. Horses are allowed in the parking area.
  - f. Discharge of firearms or bows is prohibited, except while hunting.
- 54. Cimarron State Wildlife Area - Montrose and Gunnison Counties**
- a. Snowmobile use is prohibited.
  - b. Overnight parking is prohibited.
  - c. Public access is prohibited from January 1 through June 30.
- 55. Clear Creek Reservoir State Wildlife Area - Chaffee County**
- a. Camping is allowed in designated areas only.
  - b. Fires are allowed within a containment structure in designated camping areas.
  - c. Fishing is prohibited from the dam, spillway, outlet structures and downstream to US 24.
- 56. Cline Ranch State Wildlife Area - Park County**
- a. Public access is allowed in designated parking area only.
  - b. Overnight parking is prohibited
  - c. Fishing access is restricted to designated fishing areas (beats) only. Access to each fishing beat is restricted to occupants of the vehicle parked in the parking stall assigned to that beat (determined by corresponding number). No more than four anglers are allowed per vehicle, and only one vehicle is allowed per stall.
  - d. Fishing is prohibited from October 1 through the end of February.
  - e. Hunting access is limited to occupants of vehicles parked in designated parking stalls with a maximum of four hunters per vehicle.
  - f. Discharge of firearms or bows is prohibited, except while hunting.
  - g. Dog training and field trials are prohibited.
- 57. Coal Creek Ranch State Wildlife Area (Access Easement) - Rio Blanco County**
- a. Public access allowed from May 1 through November 30 while fishing only.

- b. Public access is allowed while deer and elk hunting during the archery and muzzleloader season only.
  - c. Public access is limited to four hunters per day and hunters must sign in and out of property as posted.
  - d. Parking and access is allowed from designated parking areas only.
- 58. Coalbed Canyon State Wildlife Area – Dolores County**
- a. Discharge of firearms or bows is prohibited, except while hunting.
- 59. Cochetopa State Wildlife Area - Saguache County**
- a. Public access is allowed by foot only from designated parking areas.
  - b. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except when a hunter is retrieving downed game.
  - c. Big game hunting is prohibited north of the posted east/west center line of Section 27, Range 2 East, Township 46 North.
  - d. Dogs are prohibited.
- 60. Coller State Wildlife Area - Rio Grande and Mineral Counties**
- a. Overnight parking is prohibited.
  - b. Snowmobile use is prohibited.
  - c. Vessel use is prohibited, except for launching and take out of vessels that are propelled by hand.
  - d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- 61. Collins Mountain Ranch State Wildlife Area (Access Easement) – Rio Blanco County**
- a. Public access is prohibited, except while deer or elk hunting.
  - b. Hunting allowed by reservation only.
  - c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - d. Motor vehicle use is prohibited, except for on designated roadways or through permission of the ranch owners. All other access is restricted to walk-in access only.
  - e. Discharge of firearms or bows prohibited, except while hunting.
  - f. Fishing is prohibited.
- 62. Colorado River Island State Wildlife Area - Mesa County**
- a. Hunting is prohibited, except for waterfowl hunting from designated blinds.
  - b. Waterfowl hunting is allowed by reservation only.
  - c. All hunter must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - d. Discharge of firearms or bows is prohibited, except while hunting.
- 63. Colorow Mountain State Wildlife Area - Rio Blanco County**
- a. Public access is prohibited from February 1 through April 30.
  - b. Motorized vehicles are prohibited in the Scenery Gulch Unit.

- c. Motorized vehicles are prohibited in the Tschuddi Unit north of the designated camping area.
- d. Parking and access is allowed from designated parking areas only.
- e. Discharge of firearms or bows is prohibited within 200 yards of camping or parking areas or any structure.
- f. Discharge of firearms or bows is prohibited, except while hunting.
- g. Camping is allowed in designated areas only.
- h. Fires are allowed within a containment structure.

**64. Columbine State Wildlife Area - Douglas County**

- a. Discharge of firearms is prohibited.
- b. Fishing is prohibited.
- c. Hunting is prohibited.
- d. Public access is prohibited in riparian areas for the protection of Preble's meadow jumping mouse, as posted.

**65. Cottonwood State Wildlife Area - Morgan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. The launching or takeout of vessels is prohibited during waterfowl seasons.

**66. Cottonwood Creek State Wildlife Area - Chaffee County**

- a. Public access to Cottonwood Creek State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**67. Cowdrey Lake State Wildlife Area - Jackson County**

- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Discharge of firearms or bows is prohibited, except while hunting.
- c. Camping is allowed in designated areas only.
- d. Fires are allowed within an established containment structure in designated areas.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**68. Creede State Wildlife Area – Mineral County**

- a. Hatchery Tract
  - 1. Hunting and the discharge of firearms or bows is prohibited.
  - 2. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
  - 3. Overnight parking is prohibited.
- b. Mountain Views RV Park Fishing Easement
  - 1. Public access is allowed from designated access points as posted.
  - 2. Public access within the high water mark of the Rio Grande River is prohibited, except while fishing.
- c. Deep Creek Bridge Tract
  - 1. Hunting and the discharge of firearms or bows is prohibited.
  - 2. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.

- 3. Overnight parking is prohibited.
  - d. Vessel use is prohibited, except for launching and take out of vessels that are propelled by hand.
- 69. Crooked Wash Ranch State Wildlife Area (Access Easement) – Moffat County**
- a. Public access is prohibited, except while elk hunting.
  - b. Hunting allowed by reservation only.
  - c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - d. Discharge of firearms or bows is prohibited, except while hunting.
  - e. Motor vehicle use is prohibited, except for on designated roadways or through permission of the ranch owners. All other access is restricted to walk-in access only.
  - f. Fishing is prohibited.
- 70. Cross Canyon State Wildlife Area - Dolores County**
- a. Public access during the first two days of the rifle deer and elk seasons is restricted to youth and a non-hunting mentor.
  - b. Parking is allowed in designated parking areas only.
  - c. Discharge of firearms or bows is prohibited, except while hunting.
  - d. Dog training and field trials are prohibited.
- 71. Dan Noble State Wildlife Area - San Miguel County**
- a. Miramonte Reservoir Tract
    - 1. Camping is allowed in designated areas only.
    - 2. Discharge of firearms or bows is prohibited, except while hunting.
    - 3. Launching and use of all vessels is allowed. Trailered vessels must be launched from boat ramps.
    - 4. Waterskiing and personal watercraft (PWC) are allowed in designated areas only on the western half of the reservoir. Waterskiing is allowed from 10:00 a.m. to sunset.
    - 5. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
  - b. Greager Tract
    - 1. Public access is prohibited from March 1 through May 15, except under permit issued by AWM/DWM for viewing purposes.
    - 2. Public access is allowed by foot or horseback only.
    - 3. Viewing site is limited to area selected by Division personnel.
    - 4. Viewing parties will abide by all restrictions and conditions on the permit.
    - 5. Snowmobile use is prohibited.
  - c. John Kane Tract
    - 1. Public access is prohibited from March 1 through May 15.
    - 2. Public access is allowed by foot or horseback only.
    - 3. Snowmobile use is prohibited.
- 72. Dawn Pond State Wildlife Area - Bent County**
- a. Public access is prohibited, except while fishing; hunting is by landowner permission only.
  - b. Parking and access is allowed from designated parking areas only.
  - c. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand or electric motors are allowed when used as an aid in fishing or hunting.

- 73. Delaney Butte Lakes State Wildlife Area - Jackson County**
- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - b. Launching or takeout of any vessel from a trailer or motor vehicle is prohibited except at established boat ramps.
  - c. Discharge of firearms or bows is prohibited, except while hunting.
  - d. Fires are allowed within an established containment structure in designated areas.
  - e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).
- 74. Devil Creek State Wildlife Area - Archuleta County**
- a. Snowmobile use is prohibited.
  - b. Discharge of firearms or bows is prohibited, except while hunting.
- 75. Deweese Reservoir State Wildlife Area – Custer County**
- a. Vessel use is prohibited, except while fishing. Any other water recreation use, other than fishing, is restricted to owners with deeded recreation rights on Deweese Reservoir.
  - b. OHV use is prohibited. Snowmobile use is allowed only as an aid in ice fishing.
  - c. Camping is allowed by reservation only in designated and established camping areas.
  - d. Fires are allowed within an established containment structure in designated camping areas.
  - e. Glass containers are prohibited.
  - f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- 76. Diamond J State Wildlife Area (Hunting and Fishing Lease) - Jackson County**
- a. Public access is allowed while fishing, small game hunting, and waterfowl hunting only.
  - b. Hunting is allowed with shotguns or by falconry only.
  - c. Discharge of firearms or bows is prohibited, except while hunting.
- 77. Dolores River State Wildlife Area - Montezuma County**
- a. Parking is allowed in designated parking areas only.
  - b. Fishing is prohibited in the rearing ponds.
- 78. Dome Lakes State Wildlife Area - Saguache County**
- a. Discharge of firearms or bows is prohibited in the designated safety zones or as posted.
  - b. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except when used as an aid in hunting waterfowl.
  - c. Camping is allowed in designated areas.
  - d. Fires are allowed within a containment structure in designated camping areas.
- 79. Dome Rock State Wildlife Area - Teller County**
- a. Public access is prohibited from December 1 through July 15 in the area bounded on the east by the Sand Creek Trail, on the north by the Dome Rock Trail, and on the west and south by the property boundaries. The Dome Rock Trail west of the Jack Rabbit Lodge is closed from December 1 through July 15.
  - b. Parking and public access is allowed from designated parking lots and connecting trails from Mueller State Park only.

- c. Horse and pack animal use is allowed on designated roads and trails only, except when used as an aid to big game hunting.
  - d. Rock climbing is prohibited.
  - e. Dogs are prohibited.
- 80. Douglas Reservoir - Larimer County**
- a. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except while fishing.
  - b. Hunting and the discharge of firearms or bows is prohibited.
  - c. The use of any vessel or single compartment air or gas filled flotation device and all water contact is prohibited, unless actively fishing.
  - d. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - e. Sailboards, sailboats and ice skating is prohibited.
  - f. OHV and snowmobile use is prohibited.
  - g. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- 81. Dowdy Lake State Wildlife Area - Larimer County**
- a. Launching and use of all vessels is allowed.
  - b. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - c. Public access to Dowdy Lake State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.
- 82. Dry Creek Basin State Wildlife Area - San Miguel County**
- a. Snowmobile use is prohibited.
  - b. Camping is allowed in designated areas by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
- 83. Duck Creek State Wildlife Area - Logan County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. One field trial per year in February, March, or August may be authorized.
- 84. Dune Ridge State Wildlife Area - Logan County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
  - b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - c. The launching or takeout of vessels is prohibited during waterfowl seasons.
- 85. Dutch Gulch State Wildlife Area - Gunnison County**
- a. Public access is prohibited from March 1 through June 30, except for through traffic on Gunnison Co. Rd 42 and on established roads connecting to designated BLM roads.
- 86. Eagle River State Wildlife Area (Fishing Leases) - Eagle County**
- a. Public access is prohibited, except while fishing.
  - b. Public access is limited to designed points as posted.
  - c. Dogs are prohibited
- 87. Eagle Rock State Wildlife Area - Yuma County**

- a. Public access prohibited from 9 p.m. - 4 a.m.
- b. Public access is allowed by foot traffic only.
- c. Horse use is prohibited, except while used in hunting.
- d. Dog training is prohibited.

**88. Echo Canyon Reservoir State Wildlife Area - Archuleta County**

- a. Launching and use of all vessels is allowed.
- b. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- c. Discharge of firearms or bows is prohibited, except while hunting.
- d. Snowmobile use is prohibited.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**89. Elk Springs Ranch State Wildlife Area - Moffat County**

- a. Public access is prohibited from March 1 through August 14.

**90. Elliott State Wildlife Area - Morgan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. Landowner permission is required to hunt deer on access easement.
- d. The launching or takeout of vessels is prohibited during waterfowl seasons.
- e. Lonetree Tract:
  - 1. From September 1 through the regular duck seasons, hunters must check-in and out at check station. Hunters may not check-in until 4:00 a.m.
- f. Hamlin Tract:
  - 1. From September 1 through the regular duck seasons, hunters must check-in and out at check stations. Hunters may check-in on a first-come, first-serve basis after 4:00 a.m. or after another hunter checks out. Hunters may only hunt the area they check into, and must comply with youth-mentor only area restrictions as posted. Maximum of four (4) hunters allowed per hunting area.
- g. Union Tract:
  - 1. Only waterfowl hunting allowed from designated blinds or areas, and only on Saturdays, Sundays, Wednesdays, and state and federal holidays. Reservations are required and valid until sunrise, and are limited to three (3) per hunter annually. Reservations must be made in accordance with #901.A of these regulations.
  - 2. All hunters must check-in and out at check station. Hunters may not check-in until 4:00 a.m. and can only hunt the area reserved or which they check into. Hunters may check-in on a first-come, first-serve basis after a hunter checks out or after sunrise. A maximum of four (4) hunters allowed per hunting area.
  - 3. During waterfowl seasons, scouting is prohibited, except on Thursdays from 10:00 a.m. until 2:00 p.m. All persons must check-in and out at the check station. All firearms and dogs prohibited while scouting.

**91. Emerald Mountain State Wildlife Area - Routt County**

- a. Public access is prohibited from December 1 through July 15.
- b. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- c. Public access is allowed by foot and horseback only.

92. **Escalante State Wildlife Area - Mesa, Delta & Montrose Counties**
- a. Public access is prohibited on the Hamilton and Lower Roubideau tracts from March 15 through July 31.
  - b. Public access is prohibited in the Lower Roubideau tract youth area as posted from August 1 through March 14 except for youth fishing and hunting. No more than one mentor per youth hunter may engage in hunting.
  - c. Field trials may be authorized during February, March, August, and September only.
  - d. Dog training is prohibited on the Hamilton and Lower Roubideau tracts during any upland game bird or migratory bird season.
  - e. Game birds listed in #009(B) of these regulations may be released by the Division or its agent for educational or training purposes without seasonal or numerical restrictions.
93. **Fish Creek State Wildlife Area - Dolores County**
- a. Public access is prohibited from December 1 through June 30.
  - b. Camping is allowed in designated parking areas by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
94. **Flagler Reservoir State Wildlife Area - Kit Carson County**
- a. Hunting is prohibited, except for youth mentor hunting only. No more than one mentor per youth hunter may engage in hunting.
  - b. Camping is allowed by licensed hunters during an established big game season or spring and fall turkey season plus three (3) days before and three (3) days after each season or while actively fishing.
  - c. Fires are allowed within an established containment structure in designated areas.
95. **Flanders Ranch State Wildlife Area (Hunting and Fishing Easement) – Routt County**
- a. Public access is allowed by foot only.
  - b. Public access is allowed from designated parking areas only.
  - c. Fishing is prohibited during established big game hunting seasons.
  - d. Waterfowl and big game hunting is allowed by reservation only.
  - e. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - f. Discharge of firearms or bows is prohibited, except while hunting.
  - g. Launching and take out of vessels is prohibited.
  - h. Dogs are allowed but must be kept under control on a physical leash by the handler, except as authorized in #900(C)(15).
96. **Frank State Wildlife Area - Weld and Larimer counties**
- a. Public access, including fishing and wildlife-related recreation, is prohibited north of the Poudre River.
  - b. Discharge of firearms or bows is prohibited, except while bowfishing.
  - c. Hunting is prohibited.
  - d. Operating a vessel in a manner that creates a whitewater wake is prohibited.
  - e. Bicycles are allowed.



- 97. Franklin Island State Wildlife Area - Mesa County**
- a. Hunting is prohibited, except for waterfowl hunting from designated blinds.
  - b. Waterfowl hunting is allowed by reservation only
  - c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - d. Discharge of firearms or bows is prohibited, except while hunting.
- 98. Frantz Lake State Wildlife Area - Chaffee County**
- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor.
  - b. Hunting and the discharge of firearms or bows is prohibited.
  - c. Water contact activities are allowed.
  - d. Bicycles are allowed.
  - e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
- 99. Frenchman Creek State Wildlife Area - Phillips County**
- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- 100. Frying Pan State Wildlife Area (Fishing Lease) - Eagle County**
- a. Public access is prohibited except while fishing.
  - b. Public access is limited to designated point as posted.
  - c. Dogs are prohibited.
- 101. Garfield Creek State Wildlife Area - Garfield County**
- a. Public access is prohibited from December 1 through July 15, except for spring turkey hunters.
  - b. Grouse hunting is prohibited on the Upper Baldy Unit.
  - c. Hunting is prohibited within 75 yards of the center line of Garfield Co Rds 312 and 328.
  - d. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.
  - e. Discharge of firearms or bows is prohibited, except while hunting.
  - f. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
  - g. Fires are allowed within a containment structure while camping.
- 102. Granada State Wildlife Area - Prowers County**
- a. Parking and access is allowed from designated parking areas only.
  - b. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except while actively hunting or fishing.
  - c. Midwestern Farms Tract
    - 1. Hunting is prohibited, except in the area south of the river road.
    - 2. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- 103. Granby Ranch Conservation Easement - Grand County**
- a. Public access (Gazebo and associated Gazebo trail excluded) is prohibited from November 15 through April 14.
  - b. Public access is allowed on designated trails only.

- c. Bicycles are allowed on designated trails only.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).
- e. Public access to Granby Ranch Conservation Easement is exempt from requirements set forth in section #900(C)1 of these regulations.

**104. Grand Junction - West Lake State Wildlife Area - Mesa County**

- a. Public access is prohibited from 9:00 p.m. – 6:00 a.m.
- b. Vessel use is prohibited.
- c. Hunting is prohibited.
- d. Dogs are allowed.
- e. Public access to Grand Junction - West Lake State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**105. Granite State Wildlife Area (Fishing Easement) - Chaffee County**

- a. Public access is prohibited, except while fishing.
- b. Launching and take out of vessels is prohibited.
- c. Dogs are prohibited.
- d. Mining activities and panning are prohibited.

**106. Grieve Ranch Conservation Easement - Routt County**

- a. Public access is prohibited on the hay meadows north of Routt County Road 129.
- b. Public access to the Little Snake River while fishing is only allowed on the river corridor plus 20 feet above the high water line on either bank.
- c. Discharge of firearms or bows is prohibited except while hunting.
- d. OHV and snowmobile use is prohibited.
- e. Camping is allowed in designated areas only.
- f. Fires are allowed within a containment structure in designated campgrounds.

**107. Groundhog Reservoir State Wildlife Area - Dolores County**

- a. Launching and use of vessels may be allowed as posted. Contact the Durango CPW office for current information. When allowed, trailered vessels must be launched from CPW boat ramp. When allowed, operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Snowmobiles are allowed only as an aid in ice fishing.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- d. Public access to Groundhog Reservoir State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**108. Gunnison River State Wildlife Area (Van Tuyl and Redden) - Gunnison County**

- a. Bicycles are allowed on the Van Tuyl trail system except as stated in these regulations.
- b. Public access to the Gunnison River is by foot only from the Van Tuyl trail intersection at the Y-gate.
- c. Discharge of firearms or bows is prohibited, except for waterfowl hunting on the Van Tuyl tract only.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except when used as an aid in hunting waterfowl.

**109. Gunnison State Wildlife Area - Gunnison County**

- a. Public access is prohibited from December 1 through April 30.
- b. Public access is allowed year-round on the West Beaver Creek trail that originates from National Park Service lands, and crosses the corner of the Gunnison SWA onto Bureau of Land Management lands along the southwest property boundary.
- c. Public access to the Blinberry Gulch parcel is prohibited from December 1 through June 30.
- d. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except for lawful hunting activities.
- e. Beaver Creek Trail is restricted to foot and horseback travel only.
- f. Camping is allowed in designated areas by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
- g. Fires are allowed within a containment structure in designated camping areas.
- h. Archery range users must comply with archery range rules as posted.

**110. Gypsum Ponds State Wildlife Area - Eagle County**

- a. Public access is prohibited between sunset and sunrise, except while hunting or fishing.
- b. Parking and public access is allowed through designated points as posted only.
- c. Launching and take out of vessels prohibited.
- d. Dogs are prohibited from March 15 through July 15. When allowed dogs must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**111. Hardeman State Wildlife Area (Fishing Easement) – Lake County**

- a. Public access is prohibited, except while fishing.
- b. Launching and take out of vessels is prohibited.
- c. Hunting and the discharge of firearms or bows is prohibited.
- d. Dogs are prohibited.
- e. Mining activities and panning are prohibited.

**112. Harmon State Wildlife Area (Fishing Easement) - Chaffee County**

- a. Public access is prohibited, except while fishing.
- b. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise.
- c. Hunting and the discharge of firearms or bows is prohibited.
- d. Dogs are prohibited.

**113. Haviland Lake State Wildlife Area - La Plata County**

- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor.
- b. Discharge of firearms or bows is prohibited, except while hunting.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**114. Hayden Shooting Range – Routt County**

- a. Public access is prohibited from sunset to sunrise.
- b. Exploding targets and any targets other than paper and cardboard are prohibited.
- c. All rounds must impact designated berms, except for shotguns using bird shot.

**115. Headwaters Ranch State Wildlife Fishing Easement – Lake County**

- a. Public access is prohibited, except while fishing.
  - b. Parking and access is allowed from designated parking areas only.
  - c. Dogs are prohibited.
- 116. Heckendorf State Wildlife Area - Chaffee County**
- a. Parking and access is allowed from designated parking areas only.
  - b. Public access is prohibited from August 15 through April 30, except while hunting or while wildlife viewing from established parking areas.
- 117. Hereford Haven State Wildlife Area – Routt County**
- a. Public access is allowed by foot only.
  - b. Waterfowl hunting is allowed by reservation only.
  - c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
  - d. Big game and small game hunting prohibited.
  - e. Discharge of firearms or bows is prohibited, except while hunting.
  - f. Fishing is prohibited during established big game seasons.
  - g. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except when used as an aid in hunting.
- 118. Higel State Wildlife Area - Alamosa County**
- a. Public access is prohibited from September 1 through February 14, except on Saturdays, Sundays, Wednesday, and state and federal holidays.
  - b. From September 1 through February 14, a valid access permit must be obtained. A maximum of 25 permits will be issued per day and are available at no charge on a first-come, first-served basis. Permits may be obtained by emailing [montevista.wildlife@state.co.us](mailto:montevista.wildlife@state.co.us) or by calling (719) 587-6900.
    - 1. Reservations may be made up to 14 days in advance, but not less than two days before the date requested.
  - c. Public access is prohibited from February 15 through July 15 annually.
  - d. The Area Wildlife Manager may authorize special use of the area during closures to accommodate educational or scientific uses if it will not be detrimental to nesting or migrating water birds.
- 119. Hohnholz Lakes State Wildlife Area - Larimer County**
- a. Boating is prohibited, except for craft propelled by hand, wind or electric motor.
  - b. Camping is prohibited, except within the Laramie River camping area.
  - c. Public access is prohibited on the Grace Creek access road except to licensed hunters, beginning August 16 through the last day of the fourth rifle season.
  - d. Sail surfboards are prohibited.
- 120. Holbrook Reservoir State Wildlife Area - Otero County**
- a. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.
  - b. Launching and use of all vessels is allowed.
  - c. Water contact activities are allowed.
  - d. Camping is allowed in designated and established camping areas.
  - e. Fires are allowed within an established containment structure in designated areas.

**121. Holly State Wildlife Area - Prowers County**

- a. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.

**122. Holyoke State Wildlife Area - Phillips County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.

**123. Home Lake State Wildlife Area - Rio Grande County**

- a. Public access is prohibited from sunset to sunrise, except for fishing.
- b. Hunting and the discharge of firearms or bows is prohibited.
- c. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, wind, electric motor, or motorboats up to 10 horsepower.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- e. Public access to Home Lake State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**124. Horse Creek Reservoir State Wildlife Area (Timber Lake) - Bent & Otero Counties**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise daily, except while fishing.
- b. Public access to the frozen surface of the lake is prohibited.
- c. Public access to the dams, inlets, and outlet structures is prohibited, except while fishing.

**125. Horsethief Canyon State Wildlife Area - Mesa County**

- a. Public access is prohibited from March 15 through July 15 as posted except while spring turkey hunting.
- b. Public access is prohibited between sunset and sunrise, except while fishing and hunting.
- c. All turkey hunting; and waterfowl hunting west of Blind #1 south of the Colorado River are allowed by reservation only.
- d. All turkey hunters; and waterfowl hunters west of Blind #1 south of the Colorado River must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- e. Waterfowl hunting is prohibited from Wednesday through Friday of each week, except for on Thanksgiving Day, Christmas Day, and New Year's Day.
- f. Hunting is allowed with shotguns, hand-held bows, and muzzle-loading rifles or by falconry.
- g. Quail hunting is prohibited.
- h. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.
- i. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).
- j. Public access to Horsethief Canyon State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**126. Hot Creek State Wildlife Area - Conejos County**

- a. Vehicles are prohibited from January 1 through April 30.
- b. Snowmobile use is prohibited.
- c. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
- d. Fires are allowed within a containment structure.

**127. Hot Sulphur Springs State Wildlife Area - Grand County**

- a. Public access is prohibited on the Byers Canyon Rifle Range, except between sunrise and sunset.
- b. Public access on the Byers Canyon Rifle Range is prohibited from January 1 through April 30.
- c. Discharge of firearms or bows is prohibited, except while hunting or on the designated shooting range.
- d. Camping is allowed in designated campgrounds, in designated sites from May 15 through December 15.
- e. Fires are allowed within an established containment structure in designated areas.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**128. Huerfano State Wildlife Area - Huerfano County**

- a. Camping is allowed by licensed hunters during an established big game season or spring and fall turkey season plus three (3) days before and three (3) after each season or when engaged in fishing activities.

**129. Hugo State Wildlife Area - Lincoln County**

- a. Camping is allowed by licensed hunters during an established big game season or spring and fall turkey season plus three (3) days before and three (3) days after each season or while actively fishing.
- b. Fires are allowed within an established containment structure in designated areas.

**130. Indian Run State Wildlife Area - Routt County**

- a. Discharge of firearms or bows is prohibited, except while hunting.
- b. Discharge of firearms or bows is prohibited in designated safety zones, or as posted.
- c. Camping is allowed in designated areas only.
- d. Fires are allowed within a containment structure.

**131. Jackson Lake State Wildlife Area - Morgan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m., except while fishing.
- b. Fishing is prohibited from October 1 through the dark goose season.
- c. Ice fishing is prohibited.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Hunting with centerfire rifles is prohibited.
- f. Vessels and hunting are prohibited on frozen surface of lake.
- g. During the teal season and the first split of the regular duck season, reservations are required on Saturdays, Sundays, and state and federal holidays to hunt waterfowl. Reservations are valid until sunrise and are limited to three (3) per hunter annually. Reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations. Reservations are not required Monday through Friday, except state and federal holidays, and hunters may check-in on a first-come, first-served basis.
- h. Waterfowl hunters must check-in and out at the check station. Hunters may not check-in until 4:00 a.m. and can only hunt the area reserved. Hunters may check-in on a first-come, first-served basis after a hunter checks out or after sunrise if a hunter has not checked in. A maximum of four (4) hunters are allowed per hunting area.

**132. Jackson State Wildlife Area (Fishing Lease) - Garfield County**

- a. Public access is prohibited, except while fishing.
- b. Public access is allowed from designated points as posted only.
- c. Dogs are prohibited.

**133. James M. John State Wildlife Area - Las Animas County**

- a. Public access is prohibited from December 1 through June 30.
- b. Hunting access is prohibited during the archery, muzzleloader, and regular rifle bear, deer and elk seasons, except for licensed big game hunters that have a hunting access permit. Permits are issued through a drawing process. Applications for fall hunting access permits are available July 1 online. Applications are due July 21. Permit holders must comply with all provisions of the hunting access permit.
- c. Camping is allowed by licensed hunters during an established big game or turkey season plus three (3) days before and three (3) days after each season.
- d. Camping is prohibited within one-hundred (100) feet of any stream.
- e. Dogs are prohibited.

**134. James Mark Jones State Wildlife Area - Park County**

- a. Public access is prohibited January 1 through May 1.
- b. Camping is allowed from May 2 through August 13.
- c. Camping is allowed by licensed hunters from August 14 through the end of the late elk season.
- d. Fires are allowed within an established containment structure in designated areas.
- e. Dog training and field trials are prohibited.

**135. Jean K. Tool State Wildlife Area - Morgan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. The launching or takeout of vessels is prohibited during waterfowl seasons.

**136. Jensen State Wildlife Area - Rio Blanco County**

- a. Public access is prohibited from January 1 through July 15.
- b. Discharge of firearms or bows is prohibited, except while hunting.
- c. Camping is allowed in designated areas only.
- d. Fires are allowed within a containment structure.

**137. Jerry Creek Reservoirs State Wildlife Area (Jerry Creek Reservoirs #1 and #2) - Mesa County**

- a. Public access to the frozen surface of the lake is prohibited.
- b. Vessel use is prohibited, except for launching and use of float tubes for fishing.
- c. Hunting is prohibited.
- d. Discharge of firearms or bows is prohibited.

**138. Jim Olterman/Lone Cone State Wildlife Area - Dolores County**

- a. Snowmobile use is prohibited.

- b. Camping is allowed in designated areas by licensed hunters during an established big game season or spring turkey season plus (3) days before and (3) days after each season.

**139. Joe Moore Reservoir State Wildlife Area - Montezuma County**

- a. Launching and use of vessels may be allowed as posted. Contact the Durango CPW office for current information. When allowed, operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Discharge of firearms or bows is prohibited, except while hunting.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**140. Jumbo (Julesburg) Reservoir State Wildlife Area - Logan and Sedgwick Counties**

- a. Property is limited to 250 vehicles.
- b. Hunting is prohibited from the frozen surface of the lake.
- c. Discharge of firearms or bows is prohibited, except while hunting.
- d. Launching and use of all vessels is allowed.
- e. Waterskiing is prohibited from 7:00 p.m. – 10:00 a.m., Friday through Monday of Memorial Day weekend.
- f. Vessels are prohibited within 50 feet of outlet structure.
- g. Launching of motorized vessels or sailboats is prohibited if the Aquatic Nuisance Species (ANS) inspection station is closed.
- h. Hand-launched and hand-powered vessels shall only be used for fishing, to set-up/pick-up decoys or retrieve downed waterfowl after the ANS inspection station closes for the year or until the reservoir is frozen.
- i. Camping is allowed in designated areas in designated number sites.
- j. One camping unit is allowed per campsite.
- k. Quiet hours will be enforced from 10:00 p.m. – 6:00 a.m. Legal hunting activities are except from quiet hours.
- l. Fires are allowed within a containment structure in designated camping areas.
- m. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**141. Jumping Cow State Wildlife Area - Elbert County**

- a. Hunting access is allowed by permit only. Hunters must have a valid license for their activity prior to applying for a permit. Permit holders shall have their permit on their person at all times while on the property. Permits may designate specific geographic hunting zones; in this case permits are restricted to the listed zone and are not valid property-wide. Access permits for hunters will be issued free of charge. Permits may be obtained via a drawing process. Permits on the Woodard Unit will be issued with priority given to mobility-impaired hunters and youth (accompanied by one hunting mentor). Applications are available from the CPW in Denver (303)291-7227. Application due dates are as follows:
  - 1. Applications for fall hunting access are due the 3rd Monday in August.
  - 2. Spring turkey applications are due the 3rd Monday in March.
- b. Hunting is restricted to dove, turkey, doe pronghorn, antlerless elk, antlerless white-tailed deer, and antlerless mule deer. Hunting on the Woodard Unit is restricted to waterfowl, small game (excluding dove, turkey, and coyote), doe pronghorn, antlerless mule deer, and antlerless white-tailed deer.



- c. Permitted hunters may take one other person (an observer) who is not hunting with them onto the property; however that person must remain with the permit holder at all times. On the Woodard Unit, a mobility-impaired person may bring two non-hunting companions.
- d. Permitted hunters may not enter the property prior to the first Monday after the opening day of their individual season. Permits valid for hunting dove, wild turkey, or that are valid for the Woodard Unit only, may access the property on opening day of their season.
- e. Vehicular access to the property is restricted. Motor vehicle use is only allowed on marked existing roadways that lead to marked parking areas. All other access is restricted to foot and horseback only. On the Woodard Unit, mobility-impaired hunters are allowed to use an Off-highway vehicle (OHV) for hunting and game retrieval as specified on their permit.
- f. All gates on the property shall be left in the condition in which they are found after passing through the gateway.
- g. Public access is allowed from two hours prior to sunrise to one hour after sunset except that when an animal is harvested the successful hunter is allowed to remain as long as is necessary to remove the animal.
- h. Dogs are prohibited on the Woodard Unit.

**142. Junction Butte State Wildlife Area - Grand County**

- a. Vehicles are prohibited, except from the day after Labor Day through December 31.

**143. Karney Ranch State Wildlife Area - Bent County**

- a. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except when an animal is harvested the successful hunter may remain as long as necessary to remove the animal.
- b. Public access is prohibited in the designated safety zones, or as posted.
- c. Parking and access is allowed from designated parking areas only.
- d. Ornate box turtle collection and/or release is prohibited.
- e. Night hunting with artificial light may be permitted as provided in regulation #303.E.10.

**144. Karval Reservoir State Wildlife Area - Lincoln County**

- a. Camping is allowed by licensed hunters during an established big game season or spring and fall turkey season plus three (3) days before and three (3) days after each season or while actively fishing.
- b. Fires are allowed within an established containment structure in designated areas.

**145. Kemp-Breeze State Wildlife Area - Grand County**

- a. Public access on the Breeze Unit hay meadow wetland is prohibited from March 15 through July 15.
- b. Fishing at the Breeze Unit Kids Pond is restricted to youth fishing only and those anglers with mobility impairments.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**146. Kinney Lake State Wildlife Area- Lincoln County**

- a. Camping is allowed by licensed hunters during an established big game season or spring and fall turkey season plus three (3) days before and three (3) days after each season or while actively fishing.

- b. Fires are allowed within an established containment structure in designated areas.

**147. Knight-Imler State Wildlife Area - Park County**

- a. Public access is prohibited beyond 25 feet from the center line of the stream.

**148. Knudson State Wildlife Area - Logan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. Landowner permission required to hunt deer on access easement.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Horse use is prohibited, except when used as an aid in hunting.
- f. The launching or takeout of vessels is prohibited during waterfowl seasons.

**149. La Jara Reservoir State Wildlife Area - Conejos County**

- a. Camping is allowed, except during established big game seasons when camping is allowed only by licensed big game hunters plus three (3) days before and three (3) days after each season.
- b. Fires are allowed within a containment structure.

**150. La Jara Creek State Wildlife Area - Conejos County**

- a. Vehicles are prohibited from January 1 through the last Thursday prior to Memorial Day.
- b. Snowmobile use is prohibited.
- c. Camping is allowed while engaged in hunting or fishing activities.
- d. Fires are allowed within a containment structure.

**151. Lake Beckwith State Wildlife Area - Pueblo County**

- a. Ice fishing and all public access to the frozen surface of the lake is prohibited.
- b. Hunting and the discharge of firearms or bows is prohibited.
- c. Vessel use is prohibited except for hand-launched vessels that are propelled by hand, wind or electric motor.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
- e. Public access to Lake Beckwith State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**152. Lake Dorothy State Wildlife Area - Las Animas County**

- a. Public access to trails A & B is allowed by foot, bicycle, and horseback use only.
- b. Public access to trails C & D is allowed by foot and horseback only. Public access to these trails is prohibited from December 1 through April 30 and from May 15 through June 30, except for licensed spring turkey hunters.
- c. Parking and access is allowed from designated parking areas only.
- d. Hunting access is prohibited during the archery, muzzleloader, and regular rifle bear, deer and elk seasons, except for licensed big game hunters that have a hunting access permit. Permits are issued through a drawing process. Applications for fall hunting access permits are available July 1 online. Applications are due July 21. Permit holders must comply with all provisions of the hunting access permit.
- e. Trapping is prohibited.

- f. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand when used as an aid for fishing.
- g. Camping is allowed by licensed hunters during an established big game, spring and fall turkey season plus three (3) days before and three (3) days after each season.
- h. Camping is prohibited within two hundred (200) yards of Lake Dorothy or one-hundred (100) feet of any stream, except in designated areas.

**153. Lake John State Wildlife Area - Jackson County**

- a. Discharge of firearms or bows is prohibited, except while hunting.
- b. Camping is allowed west of Lake John Dam.
- c. Fires are allowed within an established containment structure in designated areas.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all-time except as authorized in #900(C)(15).

**154. Lake Pueblo State Wildlife Area - Pueblo County**

- a. Discharge of firearms or bows is prohibited, except shotguns or bows may be used while hunting or bowfishing.
- b. Launching and use of all vessels is allowed.
- c. Water contact activities are allowed.
- d. Jumping, diving, or swinging from cliffs, ledges or man-made structures is prohibited, including, but not limited to, boat docks, marina infrastructure, and the railroad trestle in Turkey Creek.
- e. Bicycles are prohibited.
- f. Field trials may be authorized during February, March, August, and September only.

**155. Leatha Jean Stassen State Wildlife Area - Mesa County**

- a. Public access is prohibited between sunset and sunrise except while fishing.
- b. Hunting is prohibited.

**156. Lennartz State Wildlife Area - Logan County**

- a. Public access is prohibited.

**157. Little Snake State Wildlife Area - Moffat County**

- a. The placing of a portable blind, marker, stand or related structure is prohibited prior to August 1 annually.
- b. Camping is allowed in self-contained camping trailers or campers by licensed hunters during any deer, elk, or pronghorn season plus three (3) days before and (3) days after each season.

**158. Loma Boat Launch State Wildlife Area - Mesa County**

- a. Parking and access is allowed from designated areas only.
- b. Launching and use of vessels is allowed, except that the launching and take out of personal watercraft (PWC) is prohibited.
- c. Discharge of firearms or bows is prohibited.
- d. Dogs are allowed.

**159. Lon Hagler State Wildlife Area - Larimer County**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while fishing.

- b. Parking is allowed in designated parking areas only.
- c. Fishing is prohibited in the inlet structure and the annex pond.
- d. Vessel use is prohibited, except when used as an aid for fishing. Sailboats are prohibited.
- e. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- f. Horse use is prohibited.
- g. Target practice is prohibited.
- h. Dogs are allowed but must be kept under control on physical leash by the handler at all times unless on a vessel.
- i. Dogs are prohibited west of the lake side parking lots except between September 1 and the last day of February when used as an aid to hunting.
- j. Dogs are prohibited on the annex pond and adjacent lands, as posted, to protect wildlife habitat and nesting wildlife.

**160. Lone Dome State Wildlife Area - Montezuma and Dolores counties**

- a. Overnight parking is prohibited, except in designated areas.

**161. Louisiana Purchase Ranch State Wildlife Area (Access Easement) – Moffat County**

- a. Public access is prohibited, except while deer or elk hunting.
- b. Hunting allowed by reservation only.
- c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Vehicle use is prohibited, except for on designated roadways or through permission of the ranch owners. All other access is allowed by foot only.
- f. Fishing is prohibited.

**162. Love Meadow Watchable Wildlife Area - Chaffee County**

- a. Public access is prohibited, except while wildlife viewing from established parking area.
- b. Public access to Love Meadow Watchable Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**163. Manville State Wildlife Area (Fishing Lease) - Jackson County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.

**164. Mason Family State Wildlife Area – Hinsdale County**

- a. Camping is allowed in designated areas only.
- b. Fires are allowed within a containment structure in designated camping areas.
- c. Food, trash or other attractants must be stored or secured in bear-resistant containers or inside vehicles.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**165. McCluskey State Wildlife Area - Delta County**

- a. Public access is prohibited, except while hunting or trapping.
- b. Public access is prohibited from the day after the conclusion of the annual big game seasons through April 30.
- c. Dogs are prohibited.

**166. Meeker Pastures State Wildlife Area - Rio Blanco County**

- a. Hunting big game is allowed with archery equipment only.

**167. Melon Valley State Wildlife Area - Otero County**

- a. Hunting is prohibited on weekends, except for youth mentor hunting only. No more than one mentor per youth hunter may engage in hunting.
- b. Camping is allowed from August 15 through May 31.

**168. Messex State Wildlife Area - Washington and Logan Counties**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. Landowner permission required to hunt deer on access easement.
- d. The launching or takeout of vessels is prohibited during waterfowl seasons.

**169. Mike Higbee State Wildlife Area - Prowers County**

- a. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except while camping or while actively hunting or fishing.
- b. Game birds listed in #009(B) of these regulations may be released by the Division or its agent for educational or training purposes without seasonal or numerical restrictions.
- c. Camping is allowed in designated and established camping areas.

**170. Miller Ranch State Wildlife Area - Gunnison County**

- a. Public access is prohibited from March 1 through June 30.
- b. Hunting is prohibited north of Gunnison Co Rd 7 except for mentored youth hunting by permit only. A maximum of four free permits will be available daily on a first-come, first-served basis. Permits are available by reservation through the Gunnison Service Center at 300 W. New York Ave., Gunnison, CO, or by calling 970-641-7060. Reservations may be made up to 30 days in advance but not less than two days before the requested hunt date. Upon reservation, the youth hunter and mentor will be provided a map with access points and restrictions. Mentors are not allowed to hunt.
- c. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.
- d. Dogs are prohibited.

**171. Mitani-Tokuyasu State Wildlife Area - Weld County**

- a. Public access is prohibited from one (1) hour after sunset through 4:00 a.m.
- b. Public access prohibited from the day after the close of the spring turkey season through August 31.
- c. Hunting access is limited to occupants of vehicles legally parked in 1 of 4 spaces in the designated parking area. A reservation is required to occupy a parking space from 4:00 a.m. until noon. Reservations may be made in accordance with #901.A of these regulations. After noon each day, parking spaces are available on a first-come, first-serve basis.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Horse use is prohibited.

**172. Mogensen Ponds State Wildlife (Fishing) Area - Mesa County**

- a. Hunting is prohibited, except for waterfowl hunting from designated blinds.
- b. Discharge of firearms or bows is prohibited, except while hunting.

**173. Mountain Home Reservoir State Wildlife Area - Costilla County**

- a. Launching and use of all vessels is allowed.
- b. Operating a vessel in a manner that create a whitewater wake is prohibited.
- c. Camping is allowed in designated areas.
- d. Fires are allowed within an established containment structure in designated camping areas.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except when used as an aid in hunting.

**174. Mount Evans State Wildlife Area - Clear Creek County**

- a. Public access is prohibited from January 1 through June 14.
- b. Public access is restricted to only fishing and hunting activities from the day after Labor Day through the end of the 4th regular rifle season.
- c. Vehicles are prohibited from the day after Labor Day through June 14, except during regular rifle deer and elk seasons.
- d. Groups of 25 or more people must obtain a permit prior to use. Permits shall be issued to limit access to no more than one group at one time.
- e. Camping is allowed but limited to five (5) days in any 45 day period, except during established big game seasons when camping is restricted to licensed big game hunters.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**175. Mount Ouray State Wildlife Area - Chaffee County**

- a. Parking and access is allowed from designated parking areas only.
- b. Hunting with centerfire rifles is prohibited.

**176. Mount Shavano State Wildlife Area - Chaffee County**

- a. Public access is prohibited south of Chaffee Co. Rd. 154 and west of Colorado State Highway 291.
- b. From the west end of the Mount Shavano SFU, upstream to the marked property boundary, discharge of firearms or bows is prohibited, except while hunting. Hunting with centerfire rifles is prohibited.
- c. From the east end of the Mount Shavano SFU, downstream to the Colo. Hwy 291 Bridge, discharge of firearms or bows is prohibited except while hunting. Hunting is allowed with hand-held bows only.
- d. Hunting is prohibited from the Colorado State Highway 291 Bridge downstream to Chaffee County Road 175.
- e. Bicycles are allowed.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.

**177. Mount Werner State Wildlife Area (Fishing Easement) – Routt County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.

**178. Murphy State Wildlife Area (Fishing Lease) - Jackson County**

- a. Public access is prohibited, except while fishing.
  - b. Discharge of firearms or bows is prohibited.
- 179. Nakagawa State Wildlife Area - Weld County**
- a. Discharge of firearms or bows is prohibited, except when hunting.
- 180. Narraguinnep Reservoir State Wildlife Area - Montezuma County**
- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while fishing.
  - b. Launching and use of vessels may be allowed as posted. Contact the Durango CPW office for current information.
  - c. Glass containers are prohibited.
  - d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
  - e. Public access to Narraguinnep Reservoir State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.
- 181. North Fork State Wildlife Area - Larimer County**
- a. Public access is prohibited, except while fishing.
  - b. Public access to North Fork State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.
- 182. North Lake State Wildlife Area - Las Animas County**
- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor when used as an aid to fishing.
- 183. Oak Ridge State Wildlife Area - Rio Blanco County**
- a. Public access is prohibited on the Oak Ridge Unit from December 1 through July 15 except for CPW youth outreach turkey hunts April 1 through 30 and valid GMU 23 turkey license holders and their companion May 1 through 31.
  - b. Public access is prohibited on Sleepy Cat Ponds Unit and Sleepy Cat Fishing Easement, except while fishing.
  - c. Discharge of firearms or bows is prohibited, except while hunting.
  - d. Hunting is allowed south of Rio Blanco Co Rd 8, west of Rio Blanco Co Rd 17, and north and east of Rio Blanco Co Rd 10 by archery equipment only.
  - e. Launching and use of vessels not associated with fishing or hunting activities are allowed in designated areas only.
  - f. Operating a vessel in a manner that creates a whitewater wake is prohibited on Lake Avery.
  - g. Water contact activities are allowed in designated areas only.
  - h. Camping is allowed in designated areas only.
  - i. Dogs are allowed but must be kept under control on a physical leash by the handler at all times on the Lake Avery Unit except as authorized in #900(C)(15).
- 184. Ogden-Treat State Wildlife Area (Fishing Easement) - Fremont County**
- a. Public access is prohibited, except while fishing.
  - b. Parking and access is allowed from designated parking areas only.
  - c. Dogs are prohibited.

**185. Orchard Mesa Wildlife Area - Mesa County**

- a. Public access is allowed only from the parking area located on “C” Road between 30 and 31 Roads.
- b. Public access is allowed by foot only.
- c. Public access is prohibited from March 15 through July 15.
- d. Small game hunting is prohibited, except for waterfowl hunting.
- e. Big game and waterfowl hunting is allowed by reservation only.
- f. Big game hunting is allowed with archery equipment only.
- g. Waterfowl hunting is allowed from designated blinds only.
- h. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- i. Discharge of firearms or bows is prohibited, except while hunting.

**186. Orient Mine State Wildlife Area – Saguache County**

- a. Public access to adjacent public lands through the property for hunting purposes is allowed October 1 through May 31 annually. Hunters wishing to gain access across the property to adjacent federal lands must contact the Orient Land Trust and adhere to their check-in/out procedures.
- b. Public access through the property for all purposes is prohibited three (3) hours before sunrise and three (3) hours after sunset, except when an animal has been harvested on adjacent public lands.
- c. Public access to the property is allowed by foot only from adjacent public lands.
- d. Hunting and the discharge of firearms or bows is prohibited.
- e. Public access to Orient Mine State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**187. Overland Trail State Wildlife Area - Logan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. The launching or takeout of vessels is prohibited during waterfowl seasons.

**188. Owl Mountain State Wildlife Area - Jackson County**

- a. Discharge of firearms prohibited, except while hunting.

**189. Paddock State Wildlife Area - Lake County**

- a. Public access is prohibited from August 15 through November 30, except while hunting with a valid bighorn sheep, deer, elk or bear license.
- b. Fishing access is prohibited, except in Iowa Gulch and Upper Empire Gulch.
- c. Dogs are prohibited.

**190. Parachute Ponds State Wildlife Area - Garfield County**

- a. Public access to the frozen surface of the lake is prohibited.
- b. Vessel use is prohibited, except for launching and use of float tubes for fishing only.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).



- 191. Parvin Lake State Wildlife Area - Larimer County**
- a. Vessel use is prohibited, except for launching and use of float tubes for fishing only.
  - b. Anglers must enter the area on foot through the gate at the check station and must check-in and out at the check station when open.
- 192. Pastorius Reservoir State Wildlife Area - La Plata County**
- a. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, wind or electric motor.
  - b. Discharge of firearms or bows is prohibited, except while hunting.
  - c. Hunting is prohibited, except on Saturdays, Sundays, and Wednesdays.
  - d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- 193. Perins Peak State Wildlife Area - La Plata County**
- a. Public access is prohibited west of La Plata County Road 208 from December 1 through April 30, except turkey hunters.
  - b. Public access is prohibited east of La Plata Co Rd 208 from December 1 through July 31.
  - c. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
  - d. Discharge of firearms or bows is prohibited, except while hunting.
  - e. Snowmobile use is prohibited.
  - f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times from May 1 through September 30 west of CR 208 and from August 1 through September 30 east of CR 208, except as authorized in #900(C)(15).
  - g. Dogs are allowed pursuant to #900(C)(15) from October 1 through November 30.
- 194. Perkins State Wildlife Area (Access Easement) - Grand County**
- a. Public access is prohibited, except while hunting.
- 195. Piceance State Wildlife Area - Garfield/Rio Blanco County**
- a. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted on the Little Hills Unit.
  - b. Camping is allowed.
  - c. Camping is allowed in designated areas only on the Yellow Creek and Square S Units.
  - d. Fires are allowed within in a containment structure.
- 196. Pikes Peak State Wildlife Area - Teller County**
- a. Public access is prohibited from April 1 through July 15.
  - b. Dogs are prohibited.
- 197. Plateau Creek State Wildlife Area - Mesa County**
- a. Public access is prohibited from December 1 through April 30, except for on the shooting range.
  - b. Discharge of firearms or bows is prohibited, except while hunting or on the designated shooting range.
  - c. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
  - d. Fires are allowed within a containment structure while camping.

**198. Playa Blanca State Wildlife Area - Alamosa County**

- a. Public access is prohibited from February 15 through July 15.
- b. Public access is allowed in designated areas on Tuesdays, Thursdays, and Saturdays from July 16 through February 14.
- c. Camping is allowed during waterfowl hunting seasons by licensed waterfowl hunters and only in parking areas with self-contained camping trailers or campers.

**199. Pony Express State Wildlife Area - Sedgwick County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. The launching or takeout of vessels is prohibited during waterfowl seasons.

**200. Pot Creek State Wildlife Area (Access Easement) – Moffat County**

- a. Public access is prohibited, except while elk hunting.
- b. Hunting allowed by reservation only.
- c. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Motor vehicle use is prohibited, except on designated roadways or through permission of the ranch owners. All other public access is allowed by foot only.
- f. Fishing is prohibited.

**201. Pothook Ranch State Wildlife Area (Fishing Easement) – (Slater Creek) Moffat County**

- a. Public access is prohibited, except for fishing, wildlife viewing and hunting with a limited Ranching for Wildlife big game license valid for this property.
- b. Public access is allowed by foot only from the designated parking areas/access points only.
- c. Public fishing is allowed within 20 feet of the high water line of both banks of Slater Creek only.
- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. Overnight parking is prohibited.

**202. Poudre River State Wildlife Area - Larimer County**

- a. Discharge of firearms or bows is prohibited, except when hunting or bowfishing.
- b. Public access to Poudre River State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**203. Prewitt Reservoir State Wildlife Area - Logan and Washington Counties**

- a. Property limited to 250 vehicles.
- b. From October 1 through the dark goose season, fishing is restricted to the dam, ice fishing is restricted to 50 yards of the dam, and boating is prohibited, except for craft propelled by hand or electric motor used to set and pick up decoys and retrieve downed waterfowl.
- c. Hunting prohibited as posted, including hunting from floating devices.

- d. Discharge of firearms or bows is prohibited, except while hunting.
- e. OHV and snowmobile use is prohibited.
- f. Launching and use of all vessels is allowed. Sailing and windsurfing prohibited, except in July and August.
- g. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- h. Waterskiing and personal watercraft (PWC) use is prohibited.
- i. Camping is allowed only in camping areas at designated campsite markers.
- j. Only one camping unit is allowed per campsite.
- k. Quiet hours will be enforced from 10:00 p.m. – 6:00 a.m. Legal hunting activities are exempt from quiet hours.
- l. Fires are allowed within a containment structure in designated camping areas.
- m. Glass containers are prohibited.
- n. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**204. Pridemore State Wildlife Area (Fishing Lease) - Chaffee County**

- a. Public access is prohibited, except while fishing.
- b. Launching and take out of vessels is prohibited.
- c. Dogs are prohibited.

**205. Puett Reservoir State Wildlife Area - Montezuma County**

- a. Launching and use of vessels may be allowed as posted. Contact the Durango CPW office for current information. When allowed, operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Dogs are allowed but must be kept under control on a physical leash by the handler at all time, except as authorized in #900(C)(15).

**206. Queens State Wildlife Area (Nee Noshe, Nee So Pah, Nee Gronda, Upper Queens and Lower Queens (Neeskah)) - Kiowa County**

- a. Operating a vessel in a manner that creates a whitewater wake in the channel between Upper Queens and Lower Queens (Neeskah) is prohibited.
- b. Swimming is allowed.
- c. Hunters must check-in and out of fields/pits at the check station during waterfowl season.
- d. Camping is allowed in designated and established camping areas.
- e. Fires are allowed within an established containment structure in designated areas.
- f. Nee Noshe
  - 1. From December 1 through the last day of migratory waterfowl season, vessel use is allowed, as posted, only to retrieve downed waterfowl.
  - 2. Launching and use of all vessels is allowed.
  - 3. All water contact activities are allowed.

**207. Radium State Wildlife Area - Grand, Routt, and Eagle Counties**

- a. Hunting is prohibited in the designated safety zone, or as posted.
- b. Camping is allowed except as posted.
- c. Fires are allowed within a containment structure.

**208. Ralston Creek State Wildlife Area - Jefferson County**

- a. Discharge of firearms or bows is prohibited except while hunting.

**209. Ramah State Wildlife Area - El Paso County**

- a. Discharge of firearms or bows is prohibited, except while hunting or bowfishing. Discharge of archery equipment is allowed on the established archery shooting range.
- b. Hunting with centerfire rifles is prohibited.
- c. Game birds listed in #009(B) of these regulations may be released by the Division or its agent for educational or training purposes without seasonal or numerical restrictions.

**210. Red Lion State Wildlife Area - Logan County**

- a. From September 1 through the regular duck seasons, hunters must check-in and out at check station. Hunters may not check-in until 4:00 a.m.
- b. Hunting prohibited from floating devices and frozen surface of the lake.
- c. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor when used as an aid for fishing, or to set and pick up decoys, and retrieve downed waterfowl. Vessels must be launched from a designated area as posted.

**211. Red Mountain State Wildlife Area - Grand County**

- a. Public access is prohibited from December 1 through April 14.
- b. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**212. Reddy State Wildlife Area (Fishing Easement) - Lake County**

- a. Public access is allowed while fishing only.
- b. Public access is allowed only within 30 feet of the high water line, or as otherwise posted.
- c. Parking and access is allowed from designated parking areas only.
- d. Dogs are prohibited.

**213. Rio Blanco Lake State Wildlife Area - Rio Blanco County**

- a. Public access to the Rosenlund Unit is allowed for day use only.
- b. Parking and public access is allowed from designated parking areas only.
- c. Hunting big game is allowed with archery equipment only.
- d. Launching and use of all vessels is allowed.
- e. Water contact activities are allowed.
- f. Camping is allowed.
- g. Fires are allowed within a containment structure.
- h. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**214. Rio Grande River State Wildlife Area (Del Norte Fishing Easements) - Rio Grande County**

- a. Public access is prohibited, except while fishing.
- b. Vessel use is prohibited, except for launching and take out of vessels propelled by hand is allowed at the CR 17 ramp.

**215. Rio Grande State Wildlife Area - Rio Grande County**

- a. Public access is prohibited from February 15 through July 15. The Area Wildlife Manager may authorize access during this closure if the proposed access will not adversely impact nesting or wintering bird populations.

- b. From July 16 through February 14, hiking, horseback riding, and dogs kept under control on a physical leash by the handler are allowed on established roads.
  - c. From July 16 through February 14, non-motorized vessels lawfully floating through this property may portage around the Centennial Ditch diversion.
  - d. The Area Wildlife Manager may post area specific closures to manage waterfowl hunting pressure during established waterfowl seasons, to protect maintenance and construction equipment and to protect human health and safety.
  - e. Camping is allowed during waterfowl hunting seasons by licensed waterfowl hunters in those parking areas with toilet facilities.
- 216. Rito Hondo Reservoir State Wildlife Area - Hinsdale County**
- a. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, wind or electric motor when used as an aid for fishing or hunting.
- 217. Road Canyon Reservoir State Wildlife Area - Hinsdale County**
- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- 218. Roaring Fork/Gianinetti State Wildlife Area (Fishing Lease) - Garfield County**
- a. Public access is prohibited, except while fishing.
  - b. Public access is allowed from designated points as posted only.
  - c. Dogs are prohibited.
- 219. Rock Creek State Wildlife Area - Grand County**
- a. Camping is allowed.
  - b. Fires are allowed within an established containment structure.
- 220. Rocky Ford State Wildlife Area - Otero County**
- a. Camping is allowed from August 15 through May 31.
- 221. Roeber State Wildlife Area - Delta County**
- a. Public access is prohibited, except while hunting and fishing.
  - b. Public access is prohibited from the day after the conclusion of the annual big game seasons through April 30.
  - c. Hunting and the discharge of firearms or bows is prohibited in the open space easement area.
  - d. Dogs are prohibited.
- 222. Rosemont Reservoir State Wildlife Area - Teller County**
- a. Public access is prohibited in the dam area, vicinity of the caretaker's house, and north side of the reservoir or as posted.
  - b. Parking and access is allowed from designated parking areas only.
  - c. Vessel use is prohibited, except launching and use of float tubes for fishing only.
  - d. Fishing is prohibited from 9:00 p.m. until 5:00 a.m.
  - e. Ice fishing is prohibited.
  - f. Discharge of firearms is prohibited.
  - g. Dogs are prohibited.
- 223. Runyon/Fountain Lakes State Wildlife Area - Pueblo County**
- a. Public access is prohibited from 9:30 p.m. - 7:30 a.m., except while fishing.

- b. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind, or electric motor when used as an aid in fishing.
- c. Bicycles are allowed.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.

**224. Russell Lakes State Wildlife Area - Saguache County**

- a. Public access is prohibited from February 15 through July 15.
- b. Public access is prohibited, except as posted, to protect wintering and nesting waterfowl, and to protect administrative areas of the property.
- c. Section 29 (Herrance Lake and Island Lake) shall be closed during waterfowl hunting season.
- d. During the first split waterfowl season, Russell Lakes SWA shall close at 1:00 p.m. daily to all recreation.
- e. Parking is allowed in designated parking areas only.
- f. Camping is allowed during waterfowl hunting seasons by licensed waterfowl hunters and only in parking areas with self-contained camping trailers or campers.
- g. Field trials may be authorized during February, March, August, and September only.
- h. Public access to established restroom facilities is exempt from requirements set forth in section #900(C)1 of these regulations.

**225. Sam Caudill State Wildlife Area - Garfield County**

- a. Launching and use of vessel is allowed, except that the launching and take out of personal watercraft (PWC) is prohibited.
- b. Discharge of firearms or bows is prohibited.

**226. Sanchez Reservoir State Wildlife Area - Costilla County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.
- c. Camping is allowed.

**227. Sand Draw State Wildlife Area - Sedgwick County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. Hunting is allowed for youth/mentor hunting only. A maximum of one (1) mentor per youth hunter may hunt.

**228. Sands Lake State Wildlife Area - Chaffee County**

- a. Hunting and the discharge of firearms or bows is prohibited.
- b. Bicycles are allowed.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.

**229. Sandsage State Wildlife Area - Yuma County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. Discharge of firearms or bows is prohibited, except shotguns with birdshot or bows may be used while hunting.

**230. Sandy Bluffs State Wildlife Area - Yuma County**

- a. Public access is prohibited from June 1 through August 31.

- b. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- c. Dog training is prohibited.

**231. San Luis Hills SWA - Costilla County**

- a. Camping is allowed while engaged in hunting or fishing activities.
- b. Fires are allowed within a containment structure when associated with hunting or fishing activities.

**232. San Luis Lakes State Wildlife Area - Alamosa County**

- a. Public access north of the buoy line and east-west fence line is prohibited from February 15 through July 15. From July 16 through February 14:
  - 1. Public access is allowed by foot or horseback only.
  - 2. Bicycles are allowed as an aid in hunting and fishing only.
  - 3. Game carts are allowed.
- b. Operating a vessel north of the buoy line is prohibited.
- c. Camping is allowed in designated areas.
- d. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**233. Sarvis Creek State Wildlife Area - Routt County**

- a. Discharge of firearms or bows is prohibited, except while hunting.
- b. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
- c. Fires are allowed within a containment structure while camping.

**234. Sawhill Ponds – Boulder County**

- a. Public access is prohibited between midnight and 5:00 a.m.
- b. Other activities may be prohibited as posted, to implement the management agreement between Colorado Parks and Wildlife and the City of Boulder.
- c. Vessel use is prohibited.
- d. Hunting is prohibited.
- e. Horseback riding is allowed on established maintenance roads.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
- g. Public access to Sawhill Ponds State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**235. Sedgwick Bar State Wildlife Area - Sedgwick County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
- c. The launching or takeout of vessels is prohibited during waterfowl seasons.

**236. Sego Springs State Wildlife Area - Conejos County**

- a. Public access is prohibited from February 15 through July 15.
- b. Camping is allowed while engaged in hunting or fishing activities.
- c. Fires are allowed within a containment structure while engaged in hunting or fishing activities.

- d. Field trials may be authorized during August and September only.

**237. Seymour Lake State Wildlife Area - Jackson County**

- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Discharge of firearms or bows is prohibited, except while hunting.
- c. Camping is allowed in designated areas only.
- d. Fires are allowed within an established containment structure in designated areas.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times except as authorized in #900(C)(15).

**238. Sharptail Ridge State Wildlife Area - Douglas County**

- a. Public access is allowed from sunrise to sunset.
- b. Public access is allowed by foot only.
- c. Hunting is prohibited except for deer and elk hunting only.
- d. Deer and elk hunting is only allowed by permit with a Sharptail Ridge SWA hunting permit obtained by a separate drawing. Hunters must have a limited deer or elk license for unit 51 before applying. No more than two hunters will be permitted daily. Group applications are allowed for a maximum of two (2) applicants per group. Permits will be valid for a minimum of two (2) days and a maximum of three (3) days beginning after Labor Day, and will be based on the length of the underlying season and maximization of individual hunter opportunity. Permit applications are available from the Division in Denver 303-291-7227.
- e. Permitted hunters may take one other person (an observer) who is not hunting with them while hunting, however that person must remain with the hunter at all times.
- f. Permitted hunters may park inside in the parking area behind the gate during the times for which they are permitted. Driving anywhere else on the property is prohibited.
- g. Public access to Sharptail Ridge State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**239. Shriver-Wright State Wildlife Area - Rio Grande County**

- a. Hunting with centerfire rifles is prohibited.
- b. Discharge of firearms or bows is prohibited except while hunting or bows used on the archery range.
- c. Bows used on the archery range must adhere to the following:
  - 1. Target and field point only (no broadheads).
  - 2. Crossbows are prohibited.
  - 3. All persons must adhere to range safety rules as posted.
- d. Camping is allowed during waterfowl hunting seasons by licensed waterfowl hunters and only in parking areas with self-contained camp trailers or campers.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized by #900(C)(15).
- f. Public access to Shriver-Wright State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**240. Sikes Ranch State Wildlife Area - Baca and Las Animas Counties**

- a. Public access is prohibited from one (1) hour after sunset until one (1) hour before sunrise, except when an animal is harvested the successful hunter may remain as long as necessary to remove the animal or when authorized by a night hunting permit.
- b. Public access is prohibited in the building envelope and designated safety zones, or as



posted.

- c. Parking and access is allowed from designated parking areas only.
- d. Trapping is prohibited, except by permit only. Permit holders shall have their permit on their person at all times while trapping. Permits may be obtained by calling the Lamar Service Center.

**241. Simmons State Wildlife Area - Yuma County**

- a. Public access is prohibited from June 1 through August 31.
- b. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- c. Dog training is prohibited.

**242. Simpson Ponds State Wildlife Area - Larimer County**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise except while fishing or when authorized by a night hunting permit.
- b. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand when used as an aid for fishing or hunting.
- c. Discharge of firearms or bows is prohibited, except while hunting or bowfishing.
- d. Horse use is prohibited.
- e. Bicycle riding is prohibited.

**243. Skaguay Reservoir State Wildlife Area - Teller County**

- a. Operating a vessel in a manner that creates a whitewater wake is prohibited.

**244. SKCK State Wildlife Area (Fishing Access) – Routt County**

- a. Public access is prohibited, except while fishing.
- b. Public access is allowed in the designated “Fishing Access Area” and “Public Access Detour” highlighted on the posted property map.
- c. Public access is allowed to walk-in access only.
- d. Public access is prohibited from one (1) hour after sunset to sunrise daily.
- e. Public access is prohibited from December 1 through March 31.
- f. Hunting and discharge of firearms or bows is prohibited.

**245. Smith Lake State Wildlife Area - Larimer County**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while fishing.
- b. Hunting and the discharge of firearms or bows is prohibited.
- c. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- d. OHV and snowmobile use is prohibited.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**246. Smith Reservoir State Wildlife Area - Costilla County**

- a. Public access is prohibited from February 15 through July 15 on the north and east shore areas.
- b. Fishing is prohibited from November 1 through the last day of the waterfowl season, except within two-hundred (200) yards of the dam.
- c. Motor vehicles are prohibited within fifty (50) feet of the water.
- d. Field trials may be authorized during February, March, August and September only.

**247. South Republican State Wildlife Area - Yuma County**

- a. Parking and access is allowed from designated parking areas only.
- b. Field trials may be authorized during February, March, August, and September only. No more than two trials may be authorized during the February-March period and no more than one field trial may be authorized during the August-September period.
- c. Waterfowl hunting is prohibited as posted. Waterfowl hunting access is prohibited on the downstream face of the dam.
- d. Camping is allowed in designated and established camping areas.
- e. Fires are allowed within an established containment structure in designated areas.

**248. Spanish Peaks State Wildlife Area - Las Animas County**

- a. Parking and access is allowed from designated parking areas only.
- b. Camping is allowed by licensed hunters during an established big game, spring and fall turkey season plus three (3) days before and three (3) days after each season.
- c. Fires are allowed within an established containment structure in designated camping areas.

**249. Stalker Lake State Wildlife Area - Yuma County**

- a. After October 31, hunting is prohibited, except in areas east of Stalker Lake dam.
- b. Hunting on the western half of Stalker Lake is prohibited.
- c. Discharge of firearms or bows is prohibited, except for bows on the designated archery range.
- d. Discharge of firearms or bows is prohibited, except shotguns with birdshot, or bows may be used while hunting.
- e. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand or electric motor.

**250. Steamboat Springs State Wildlife Area (Fishing Easement) – Routt County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.

**251. Storm Mountain Access Road - Larimer County**

- a. Public access is prohibited as posted.
- b. Off-highway vehicles (OHV) must be trailered until on US Forest Service land.
- c. Public access to the Storm Mountain Access Road is exempt from requirements set forth in section #900(C)1 of these regulations.

**252. Summit Reservoir State Wildlife Area - Montezuma County**

- a. Launching of vessels may be allowed as posted. Contact the Durango CPW office for current information. When allowed, operating a vessel in a manner that creates a whitewater wake is prohibited.
- b. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**253. Tamarack Ranch State Wildlife Area - Logan County**

- a. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- b. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.

- c. All hunters must check-in and out at the check station, and must park at the hunting area they are checked into. After 9:00 a.m., hunters may hunt adjacent areas. Deer and turkey hunters are only required to check into East, West, or South Tamarack Area.
- d. From October 25 through the regular duck seasons, reservations are available, but not required, on weekends and state and federal holidays. Reservations must be made in accordance with #901.A of these regulations.
- e. A maximum of three (3) field trials may be authorized during February, March, or August, and one (1) in September.
- f. Vessel use is prohibited during waterfowl seasons.
- g. Camping is allowed in designated areas only.
- h. Augmentation Ponds:
  - 1. From the first day of the second duck season through the dark goose season, waterfowl hunting is allowed only through a lottery drawing.
  - 2. Hunting is limited to a specific pond/hunt area on each day.
  - 3. To enter drawing, hunters must send a letter or postcard postmarked by September 30 to the CPW Brush Service Center, with name, address, phone number, CID number, and desired reservation dates. Hunters must possess a valid license to hunt waterfowl to enter drawing. Hunters may apply for multiple hunt dates on one postcard.
  - 4. Hunters successful in the drawing are required to comply with all hunting restrictions in #901.A of these regulations. All hunters must check-in and out at the check station. Maximum of four (4) hunters allowed per group per day. Hunters must park in designated parking areas, but are allowed to drop off decoys via existing four-wheel-drive only roads, as posted. Hunters must remain on existing roads as posted.
  - 5. During the light goose conservation order season, all hunters must check-in and out at check station.

**254. Tarryall Reservoir State Wildlife Area - Park County**

- a. Public access is prohibited from the dam, spillway and outlet structures.
- b. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- c. OHV and snowmobiles use is prohibited.
- d. Discharge of firearms, pellet guns, or bows is prohibited in established campgrounds.
- e. Camping is allowed in designated campgrounds in designated number sites.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**255. Taylor River State Wildlife Area - Gunnison County**

- a. Public access is prohibited from Taylor Dam to 325 yards downstream.
- b. Parking is allowed in designated parking areas only.
- c. Hunting and the discharge of firearms or bows is prohibited.

**256. Thurston Reservoir State Wildlife Area - Prowers County**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise daily, except while fishing.
- b. Public access to the frozen surface of the lake is prohibited.
- c. Public access to the dams, inlets, and outlet structures is prohibited, except while fishing.
- d. Operating a vessel in a manner that creates a whitewater wake is prohibited from November 1 through the last day of the migratory waterfowl season.

**257. Tilman Bishop State Wildlife Area - Mesa County**

- a. Public access is prohibited from March 15 through July 15.
- b. Public access is allowed by foot only.
- c. Hunting is allowed with archery equipment and shotguns with shot-shells or by falconry only.
- d. Big game and waterfowl hunting is allowed by reservation only.
- e. Waterfowl hunting is allowed from designated blinds only.
- f. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- g. Discharge of firearms or bows is prohibited, except while hunting.

**258. Timpas Creek State Wildlife Area - Otero County**

- a. Camping is allowed from August 15 through May 31.

**259. Tomahawk State Wildlife Area - Park County**

- a. Dog training and field trials are prohibited.

**260. Tomichi Creek State Wildlife Area - Gunnison County**

- a. Public access is prohibited from the end of the waterfowl season through June 30, except while fishing.
- b. Dog training and field trials are prohibited.

**261. Totten Reservoir State Wildlife Area - Montezuma County**

- a. Public access is prohibited along the north shore from March 1 through May 31, as posted
- b. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while fishing.
- c. Glass containers are prohibited.
- d. Hunting is prohibited in the inlet area as posted.
- e. Launching and use of vessels may be allowed as posted. Contact the Durango CPW office for current information. When allowed, operating a vessel in a manner that creates a whitewater wake is prohibited.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).
- g. Public access to Totten Reservoir State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**262. Trujillo Meadows State Wildlife Area - Conejos County**

- a. Launching and use of all vessels is allowed.
- b. Operating a vessel in a manner that creates a whitewater wake is prohibited.

**263. Turk's Pond State Wildlife Area - Baca County**

- a. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, or electric motor when used as an aid in fishing or hunting.
- b. All human activity is prohibited within a one-quarter (1/4) mile of the high water line around Turk's Pond including the administrative buildings, from the opening day of the regular duck season through the last day of the regular dark goose season as posted.

Hunters are allowed inside the closure only to retrieve downed waterfowl. Hunters must leave firearms outside of the closure.

**264. Twenty Mile Pond State Wildlife Area (Fishing Easement) – Routt County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.

**265. Twin Spruce Ponds State Wildlife Area- Montezuma County**

- a. Public access is prohibited from sunset to sunrise.
- b. Parking and public access is allowed from designated parking areas only.
- c. Glass containers are prohibited.
- d. Hunting and discharge of firearms or bows is prohibited.
- e. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand.

**266. Two Buttes Reservoir State Wildlife Area - Baca and Prowers Counties**

- a. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, or electric motor in the ponds below the dam.
- b. Launching and use of all vessels is allowed on the reservoir.
- c. Water contact activities are allowed on the reservoir only.
- d. Camping is allowed in designated and established camping areas.
- e. Fires are allowed within an established containment structure in designated areas.

**267. Upper Red Cliff Ranch State Wildlife Area - Custer County**

- a. Public access is prohibited from December 1 through April 30, except for properly licensed hunters and one non-hunting companion.
- b. Parking and access is allowed from designated parking areas only.
- c. Hunting access is allowed by reservation only.
- d. All hunters must comply with the Hunter Reservation System and reservations must be made through the Hunter Reservation System in accordance with #901.A of these regulations.
- e. Discharge of firearms or bows is prohibited, except while hunting.
- f. Camping is allowed by licensed hunters during an established big game or turkey season plus three (3) days before and three (3) days after each season. Camping is prohibited within one hundred (100) feet of any stream.
- g. Dog training and field trials are prohibited.

**268. Verner State Wildlife Area (Fishing Lease) - Jackson County**

- a. Public access is prohibited, except while fishing.
- b. Discharge of firearms or bows is prohibited.

**269. Wahatoya State Wildlife Area - Huerfano County**

- a. Hunting and the discharge of firearms or bows is prohibited.
- b. Vessel use is prohibited, except for hand-launched vessels that are propelled by hand, wind or electric motor when used as an aid for fishing.
- c. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.

**270. Walker State Wildlife Area - Mesa County**

- a. Public access is prohibited between sunset and sunrise except for on the paved portion of the Riverfront trail and while fishing.
- b. Overnight parking is prohibited.
- c. Discharge of firearms or bows is prohibited, except while bowfishing.
- d. Hunting is prohibited.
- e. Dogs are allowed on the paved portion of the Riverfront Trail, but must be kept under control on a physical leash by the handler at all times.

**271. Watson Lake State Wildlife Area - Larimer County**

- a. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise, except while fishing.
- b. Public access onto the fish passage structure located on the northeast side of Watson Lake State Wildlife Area is prohibited.
- c. Public access is prohibited to the northwest side as posted to prevent access to the water outtake and fish disposal area.
- d. Fishing from the walls of the fish passage or fishing in the fish passage is prohibited.
- e. The use or possession of live minnows is prohibited.
- f. Vehicle parking is prohibited on the South Dam.
- g. Launching and take out of vessels is prohibited.
- h. Hunting and discharge of firearms or bows is prohibited.
- i. Ice fishing is prohibited.
- j. Ice skating is prohibited.
- k. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**272. Waunita Watchable Wildlife Area - Gunnison County**

- a. Public access is allowed from April 1 through April 30 annually only, except during the second full week (Sunday through Sunday) of the month when public access is prohibited. Public access is prohibited at all other times.
- b. Discharge of firearms or bows is prohibited.
- c. Dogs are prohibited.

**273. Webster State Wildlife Area - Weld County**

- a. Public access is prohibited, except from September 1 through the last day of spring turkey season.
- b. Public access is allowed only for licensed hunters or members of a hunting party, and only on Saturdays, Sundays, Wednesdays and state and federal holidays.
- c. Public access is prohibited from one (1) hour after sunset to 4:00 a.m.
- d. Hunters may only access the property by parking in a designated, numbered parking spot inside the parking lot. Parking along the access road or Weld Co Rd 394 is prohibited.
- e. Discharge of firearms or bows is prohibited, except while hunting.
- f. Hunting with centerfire rifles and muzzleloaders is prohibited.
- g. Hunting is prohibited in the inflow or outflow canals.
- h. Horse use is prohibited.

**274. Wellington State Wildlife Area - Larimer and Weld Counties**

- a. Public access is prohibited on the Wellington and Schware Units from March 15 through July 15.

- b. Public access is prohibited on the Wellington Unit from the first day of the regular waterfowl season to the first day of the pheasant season, except on Saturday, Sundays, Wednesday and state and federal holidays.
- c. Hunting with centerfire rifles is prohibited.
- d. Target practice is prohibited, except when authorized by the area wildlife manager.
- e. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand and used for waterfowl hunting, dog training or field trials.
- f. Field trials may be authorized on the Wellington and Schware units during February, March 1 through 14, and August only. Field trials may be authorized on the Cobb Lake Unit year-round.
- g. Game birds listed in #009(B) of these regulations may be released on the Cobb Lake Unit by the Division or its agent for educational or training purposes without seasonal or numerical restrictions.
- h. Domestic birds, feral birds, or privately-owned game birds may be released year-round for dog training on the Cobb Lake Unit by permit only, in accordance with the provisions of this chapter and other applicable regulations, including, but not limited to, #007, #008, #009, #801 and #804 of these regulations. All such birds taken during training activities shall be removed from the State Wildlife Area by the dog training permittee and all privately-owned game birds shall be prepared for human consumption.
- i. Horse use is prohibited, except at the Cobb Lake Unit, where horses may be used during field trials.
- j. The Division is authorized to implement a dog training reservation system should overcrowding become an issue on the State Wildlife Area.

**275. West Lake State Wildlife Area - Larimer County**

- a. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, wind or electric motor.
- b. Public access to West Lake State Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**276. West Rifle Creek State Wildlife Area - Garfield County**

- a. Public access is prohibited on the designated shooting range between sunset and sunrise.
- b. Discharge of firearms or bows is prohibited, except while hunting or on the designated shooting range.
- c. Camping is allowed by licensed hunters during an established big game season plus three (3) days before and three (3) days after each season.
- d. Fires are allowed within a containment structure while camping.

**277. Whitehorse State Wildlife Area - Adams County**

- a. Public access is limited to youth and mentors who have received certification to use the property as participants in the youth hunting program.
- b. Public access is limited to dates specified by the program.
- c. Parking and access is allowed from designated parking areas only.
- d. Reservations are available to authorized participants for waterfowl hunting. Reservations must be made in accordance with #901.A of these regulations. Hunters with reservations may only hunt the area specified on the reservation, except when hunting areas which are unreserved and unoccupied.

- e. Waterfowl hunters must check-in and check-out at the designated check station and the reservation holder must be present while hunting.

**278. Williams Creek Reservoir State Wildlife Area - Hinsdale County**

- a. Launching and use of all vessels is allowed.
- b. Operating a vessel in a manner that creates a whitewater wake is prohibited.
- c. Discharge of firearms or bows is prohibited, except while hunting.
- d. Snowmobiles are allowed only as an aid in ice fishing.
- e. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**279. Willow Creek State Wildlife Area (Fishing and Hunting Lease) - Yuma County**

- a. Public access is prohibited from June 1 through August 31.
- b. Public access is prohibited from 9:00 p.m. – 4:00 a.m.
- c. Dog training is prohibited.
- d. Horse use is prohibited.

**280. Willow Creek Reservoir State Wildlife Area (Fishing/Hunting Lease) - Grand County**

- a. Public access is prohibited, except while fishing, small game, and waterfowl hunting.
- b. Public access is allowed only through designated access points as posted.
- c. Hunting with centerfire rifles prohibited.

**281. Wind in the Willows State Wildlife Area - Hinsdale County**

- a. Public access to the Easement Area is allowed from a single point located at the southerly end of the property, just north of the bridge on Hinsdale Co Rd 33, near the intersection of Hinsdale Co Rd 33 and Hinsdale Co Rd 30. Public access to the Easement Area from any other portion of the property is prohibited.
- b. Public access is prohibited, except while fly fishing only.
- c. Public access is prohibited from one (1) hour after sunset to one (1) hour before sunrise.
- d. Public access is allowed by foot only.
- e. Fishing access is allowed only on the Lake Fork of the Gunnison River, including twenty (20) feet on either side of the riverbank.
- f. Dogs are prohibited.

**282. Windy Gap Watchable Wildlife Area - Grand County**

- a. Public access is prohibited outside of the viewing area.
- b. Public access is prohibited from sunset to sunrise.
- c. Discharge of firearms or bows is prohibited.
- d. Hunting is prohibited.
- e. Fishing is prohibited.
- f. Dogs are allowed but must be kept under control on a physical leash by the handler at all times.
- g. Public access to Windy Gap Watchable Wildlife Area is exempt from requirements set forth in section #900(C)1 of these regulations.

**283. Woods Lake State Wildlife Area - San Miguel County**

- a. Vessel use is prohibited, except for launching and use of vessels that are propelled by hand, wind or electric motor.



- b. Dogs are allowed but must be kept under control on a physical leash by the handler at all times, except as authorized in #900(C)(15).

**284. Yampa River State Wildlife Area - Routt County**

- a. Discharge of firearms or bows is prohibited, except while hunting.
- b. Launch or take out of vessels, except those being actively used for fishing, hunting or wildlife viewing is prohibited.

**285. Yarmony Ranch State Wildlife Area (Hunting and Fishing Easement) - Jackson County**

- a. Public access is prohibited, except while hunting or fishing.
- b. Hunting is allowed for elk, moose and pronghorn with a limited public access permit only.
- c. Limited public access permits may be obtained by contacting the CPW Steamboat Springs Service Center at 970-870-3333.
- d. To obtain a limited public access permit, hunters must already possess a big game license for one of the specific hunt codes permitted on the property.
- e. Limited access permits will be valid starting the 1st day of the season of the license.
- f. Hunters may only access the property during the dates specified on their limited public access permit and may be accompanied by up to two (2) people who are not hunting.
- g. Public access by hunters with a limited public access permit is prohibited prior to two (2) hours before sunrise and after one (1) hour following sunset, except that when an animal has been harvested, the successful hunter and their non-hunter companion shall be allowed to remain as long as necessary to remove it.
- h. Fishing is prohibited during established big game hunting seasons.
- i. Parking and public access is allowed from designated parking areas only.
- j. Public access is allowed by foot and horseback only.
- k. Discharge of firearms or bows is prohibited in the designated safety zones, or as posted.
- l. Discharge of firearms or bows is prohibited, except while hunting.
- m. Building blinds is prohibited.

**ARTICLE III - STATE TRUST LANDS**

**#902 - REGULATIONS APPLICABLE TO ALL STATE TRUST LANDS LEASED BY COLORADO PARKS AND WILDLIFE**

**C. DEFINITIONS**

- 1. "Youth mentor hunting" means hunting by youths under 18 years of age. Youth hunters under 16 years of age shall at all times be accompanied by a mentor when hunting on youth mentor properties. A mentor must be 18 years of age or older and hold a valid hunter education certificate or be born before January 1, 1949.

**D. Public Access to State Trust Lands Leased by Colorado Parks and Wildlife**

- 1. Public access is prohibited from March 1 through August 31, unless otherwise posted.
- 2. All newly enrolled properties are closed to public access until September 1 of the year of enrollment, unless otherwise posted.
- 3. Public access is prohibited from one-half (1/2) hour after sunset to one-half (1/2) hour before sunrise, except as posted, in accordance with the lease agreement with the State Land Board.
- 4. Public access is restricted to hunting and fishing.

5. Public access is prohibited for all persons 16 years of age and older who do not hold:
  - a. a hunting license valid for the current license year, or
  - b. a valid fishing license.

Annual hunting licenses, including all big game hunting licenses, small game hunting licenses, turkey hunting licenses, and annual fishing licenses are only valid for the individual specified on the license, and, subject to #902.B.1. and #903, authorize such individual to enter, use or occupy any State Trust Lands leased by the Division or portion thereof from March 1 through March 31 of the following year, also known as the current license year. Daily or multi-day fishing and small game licenses are only valid for the individual specified on the license, and authorize such individual to enter, use or occupy any State Trust Lands leased by the Division or portion thereof only on the date(s) indicated on the license.

#### **E. Prohibited Activities**

Except as otherwise provided in these regulations, the following provisions apply to all State Trust Lands leased by Colorado Parks and Wildlife:

1. It is unlawful for any person to enter, use or occupy any area or portion thereof for any purpose when posted against such entry, use or occupancy.
2. Motorized vehicle use is restricted to designated roads.
3. Littering is prohibited. All trash must be packed out by State Trust land users.
4. Camping and fires are prohibited, unless otherwise posted.
5. Where camping is permitted as posted, it is unlawful to leave a camp, pitched tent, shelter, motor vehicle, or trailer unattended for more than 48 hours, or to camp or to park a travel trailer or camper on any one State Trust Land Hunting and Fishing Access Program property for more than 14 days in any 45-day period.
6. Access is by foot or horseback only, unless otherwise posted.
7. No outfitting or non-wildlife related public access is permitted.
8. Target practice or non-hunting-related shooting is prohibited.
9. It is unlawful to possess the following types of ammunition and/or firearms: tracer rounds, armor-piercing rounds, military hardened rounds with explosive or radioactive substances, .50 caliber BMG rounds, or fully automatic firearms.
10. It is unlawful to possess, store, or use hay, straw, or mulch which has not been certified as noxious weed free in accordance with the Weed Free Forage Crop Certification Act, Sections 35-27.5-101 to 108, C.R.S., or any other state or province participating in the Regional Certified Weed Free Forage Program. See Appendix A of this chapter. All materials so certified shall be clearly marked as such by the certifying state or province. Exempted from this prohibition are persons transporting such materials on Federal, State, or County roads that cross State Trust Lands leased by the Division, and hay produced on the property where it is being used.
11. Consumption of alcoholic beverages on lands and waters under the supervision, administration, and/or jurisdiction of the Division is permitted with the following exceptions:

- a. It shall be prohibited to consume alcoholic beverages on any archery or firearm range unless specifically authorized by a concession contract, cooperative agreement or Commercial Use Permit, and then only allowed in areas specifically designated by the contract, agreement, or permit.
- c. It shall be prohibited to sell and/or dispense alcoholic beverages on any lands and waters under the supervision, administration, and/or jurisdiction of the Division unless specifically authorized by a concession contract, cooperative agreement, or Commercial Use Permit, and then only allowed in areas specifically designated by the contract, agreement, or permit and the applicant party has obtained all appropriate licenses and permits to sell and/or dispense alcoholic beverages.
- d. It shall be prohibited to be present on any lands and waters under the supervision, administration, and/or jurisdiction of the Division when under the influence of alcohol or any controlled substance to the degree that may endanger oneself or another person, damage property or resources, or may cause unreasonable interference with another person's enjoyment of any lands or waters under the supervision, administration, and/or jurisdiction of the Division.

#### **F. Criteria for Posting Prohibited Activities**

When these regulations provide that an activity is prohibited, except as posted or permitted as posted, Colorado Parks and Wildlife may control these activities by posting signs. Colorado Parks and Wildlife shall apply the following criteria in determining if an activity shall be restricted or authorized pursuant to posting:

- 1. Public safety.
- 2. Proximity to a calving or lambing area.
- 3. Proximity to a corral, loading chute or similar structure maintained for the purpose of handling domestic livestock.
- 4. Proximity to private structures such as outbuildings, houses, barns, storage sheds or similar structures.
- 5. Proximity to agriculture equipment.
- 6. Whether protection of roads or trails is necessary to prevent excessive damage caused by human use
- 7. Negative impacts on wildlife resources or domestic livestock, or agricultural products.
- 8. Whether the area can provide additional public benefits and remain consistent with all applicable agreements.

#### **G. Closure of Properties to Public Use**

- 1. The Director of Colorado Parks and Wildlife may establish and enforce temporary closures of, or restrictions on, lands or waters leased by the Division from the State Land Board, or portions thereof, for a period not to exceed nine months, when any one of the following criteria apply:
  - a. The property has sustained a natural or man-made disaster such as drought, wildfire, flooding, or disease outbreak which makes public access unsafe, or where access by the public could result in additional and significant environmental damage.
  - b. The facilities on the property are unsafe.

- c. To protect threatened or endangered wildlife species, protect wildlife resources from significant natural or manmade threats, such as the introduction or spread of disease or nuisance species, changing environmental conditions or other similar threats, protect time-sensitive wildlife use of lands or waters, or facilitate Division-sponsored wildlife research projects or management activities.
- 2. Whenever such closure is instituted, the area(s) involved shall be posted indicating the nature and purpose of the closure. It shall be unlawful for any person or vehicle to enter any such area(s) posted as closed.

### **#903 – Property Specific Regulations**

A. In addition to or in place of those restrictions listed in regulation #902, the following provisions or restrictions apply:

1. **Aguilar TV Hill – Las Animas County**
  - a. Access is restricted as posted on the east side of the property.
2. **Alamaditas Mesa – Conejos County**
  - a. Public access is prohibited from March 1 through August 14.
3. **Aldrich Gulch – Custer County**
  - a. Open for big game hunting only August 15 through the end of February.
  - b. Hunting by handheld bow, crossbow, shotgun and muzzleloader only.
4. **Antelope Creek – Grand County**
  - a. ATV and snowmobile access allowed on designated route as posted at East Carter Creek gate entrance during hunting season only.
5. **Antero – Park County**
  - a. Open for hunting from August 15 through the end of February only.
  - b. Open for fishing year-round.
6. **Apishapa North – Las Animas County**
  - a. Motorized vehicles are prohibited past parking lot.
7. **Atwood – Logan County**
  - a. Public access is prohibited from June 1 – August 31.
  - b. Public access is prohibited from 9:00 pm – 4:00 am.
  - c. Hunting with centerfire rifles is prohibited.
  - d. The launching or takeout of vessels is prohibited during waterfowl seasons.
  - e. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
8. **Badger Creek (Lower Badger Creek Unit, Upper Badger Creek Unit) – Fremont/Park County**
  - a. Lower Badger Creek Unit is open for public access for fishing year-round. Lower Badger Creek and Upper Badger Creek Units are open for public hunting access from September 1 through the end of February.
  - b. Fishing is prohibited on the Upper Badger Creek Unit.
9. **Bakers Peak - Moffat County**

- a. Open for public access from August 1 through the end of February.
  - b. Motorized vehicles are prohibited off of state or county roads.
  - c. Only portable hunting blinds are allowed.
10. **Bakerville – Clear Creek County**
- a. Open for fishing year-round.
  - b. Access to the property is off of I-70 right-of-way only.
  - c. Access is by foot only.
11. **Baking Powder Ridge – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
12. **Bald Mountain – Moffat County**
- a. Public access is prohibited March 1 through August 15.
13. **Bear Gulch – Custer County**
- a. Open for public access from the first day of archery deer and elk season through May 31.
14. **Beddows Mountain – Custer County**
- a. Open for public access from the first day of archery deer and elk season through May 31.
  - b. Rifle hunting is restricted to youth mentor hunting only. Mentors are not allowed to use rifles.
  - c. All hunting other than youth mentor hunting is restricted to bows, muzzle-loaders or shotguns.
  - d. Parking is prohibited on Hwy 69.
  - e. Shooting is prohibited within 500 feet of Hwy 69 and manmade structures.
15. **Big Hole Butte – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
16. **Big Hole Gulch – Moffat County**
- a. Open for hunting from August 15 through the end of February.
  - b. Open year-round for fishing.
  - c. Only portable hunting blinds are allowed.
17. **Big Sandy Creek – Cheyenne County**
- a. Open for hunting from August 15 through the end of February only.
18. **Big Springs – El Paso County**
- a. Access is prohibited except by foot from designated parking areas only.
  - b. Parking is prohibited except in designated areas.
  - c. Camping is prohibited.
  - d. Overnight parking is prohibited.
19. **Black Hawk – Huerfano County**
- a. Public access is prohibited from June 1 through August 31.
  - b. Motorized vehicles are prohibited off of county roads.
20. **Black Mountain – Huerfano County**
- a. Public access is prohibited from June 1 through August 31.
21. **Black Sage Pass – Gunnison County**
- a. Open for fishing year-round.
  - b. Open for other public access from August 15 through the end of February.

22. **Blue Lake – Bent County**  
a. Open for public fishing access year-round.  
b. Public access is prohibited on the islands from May 15 through August 31.  
c. Camping is allowed as posted.
23. **Blue Spring – Huerfano County**  
a. Public access is prohibited from June 1 through August 14.  
b. Hunting is prohibited in the safety zone along the east boundary, as posted.
24. **Boston Flats – Moffat County**  
a. Open for fishing access year-round.  
b. Open for hunting from September 1 through the end of February  
c. Access is by foot only.
25. **Box Creek – Lake County**  
a. Access is by foot only.  
b. Public access is prohibited from March 1 – August 14.
26. **Bravo – Logan County**  
a. Public access is prohibited from March 1 – August 31.  
b. Public access is prohibited from 9:00 pm – 4:00 am.  
c. Public access is from Bravo SWA parking areas only.  
d. On the opening weekend of the regular plains rifle deer season and the first day and weekend of the late plains rifle deer season, only deer hunting is permitted.  
e. The launching or takeout of vessels is prohibited during waterfowl seasons.
27. **Brett Gray Ranch – Lincoln County**  
a. Access is prohibited except by foot and from designated parking areas only.  
b. Parking is prohibited except in designated areas.  
c. Camping is prohibited.  
d. Overnight parking is prohibited.  
e. Hunting bobcat, coyote, black-tailed prairie dog, rattlesnake, snapping turtle, badger, swift fox, muskrat and raccoon is prohibited.
28. **Browns Park – Moffat County**  
a. Open for public fishing access on the Green River year-round.  
b. Open for big game and small game hunting year-round, during open hunting seasons only.
29. **Buckwater Draw – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
30. **Bull Canyon – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
31. **Bull Mountain – Larimer County**  
a. Motorized vehicles are prohibited off of county roads.
32. **Burchfield – Baca County**  
a. Access is by foot only.
33. **Burro Springs – Saguache County**  
a. Public access is prohibited from March 1 – April 30.

- b. Collection of shed antlers, shed horns, or antlers or horns naturally attached to skull plates is prohibited from January 1 – April 30.
  - c. During big game hunting season only, public access is prohibited from one and one-half (1 ½) hours after sunset to one and one-half (1 ½) hours before sunrise. Public access is prohibited from one-half (1/2) hour after sunset to one-half (1/2) hour before sunrise during all other times.
  - d. Motorized vehicle use is restricted to designated roads. The use of off-highway vehicles (OHV) to retrieve big game is prohibited.
  - e. Camping is prohibited
  - f. Fires are prohibited
- 34. Carter Creek – Grand County**
- a. Except as otherwise allowed in this regulation, public access is limited to hunting only.
  - b. ATV and snowmobile access allowed on designated route in Section 31 as posted at East Carter Creek gate entrance during hunting season only.
- 35. Carter Place – San Miguel County**
- a. Access to the property is through BLM only.
- 36. Castor Gulch – Moffat County**
- a. Open for public access from August 1 through the end of February.
- 37. Cedars – Moffat County**
- a. Open for public access from August 1 through the end of February.
  - b. Only portable hunting blinds are allowed.
- 38. Cedar Springs – Moffat County**
- a. Motorized vehicle access is permitted only on CR 23 and BLM #1558.
- 39. Chubb Park – Chaffee County**
- a. Camping is permitted only as posted.
  - b. Motorized vehicle access is permitted on county roads as posted.
- 40. Coal Bank Gulch – Routt County**
- a. Open for public access from the first day of archery deer and elk season through the end of February.
  - b. Hunting with archery, muzzle-loaders, shotguns firing a single slug, and rimfire rifles only.
  - c. Hunting is limited to youth mentor hunting only. No more than one mentor per youth hunter may engage in hunting.
- 41. Coal Creek – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
- 42. Coal Ridge – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
- 43. Cody Park – Fremont County**
- a. Public access is prohibited from June 1 through August 14.
- 44. Cohagen – Jackson County**
- a. Open for public access from August 15 through the end of February.
- 45. Cold Springs Mountain – Moffat County**
- a. Access is allowed from August 1 through December 31.

- b. Camping is allowed only during big game seasons.
  - c. Motorized travel permitted on designated roads.
  - d. Motorized travel prohibited on the portion of the State Trust Land on the west side of the Browns Park SWA Wiggins unit.
46. **Copper Gulch – Fremont County**
- a. Discharge of firearms is restricted to hunting with muzzleloaders, shotguns, and rimfire rifles only.
47. **Cottonwood Creek – Routt County**
- a. Open for public access from the first day of archery deer and elk season through May 31.
  - b. Hunter numbers may be limited through a mandatory check station when necessary to control overcrowding, resource damage or trespassing on neighboring private property.
48. **Cottonwood Ridge – Fremont County**
- a. Open for fishing year-round.
  - b. Hunting is prohibited from June 1 through August 31.
49. **Crooked Top - Park County**
- a. Access is permitted from Forest Service Rd 101 only.
50. **Crystal Lake – Lake County**
- a. Access is by foot only.
  - b. Open for fishing year-round.
51. **Daley Gulch – Gunnison/Saguache Counties**
- a. Open for public fishing access year-round, and from September 1 through the end of February for hunting.
  - b. Camping is allowed only as posted.
52. **Deer Haven – Fremont County**
- a. Open for hunting from September 1 through May 31.
53. **Dick’s Peak – Park County**
- a. Access is by foot only.
54. **Dirty Gulch - Fremont**
- a. Open for public access from September 1 through May 31.
55. **Dobbins Spring – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
56. **Douglas Mountain – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
57. **Dry Creek – Rio Grande County**
- a. Hunting is prohibited in the safety zone along the east boundary of Section 16, as posted.
  - b. Hunting is prohibited from June 1 through August 14.
58. **Duck Creek – Logan County**
- a. Public access is prohibited from March 1 – August 31.
  - b. Public access is prohibited from 9:00 pm – 4:00 am.
  - c. Public access is from the Duck Creek SWA parking area only.



59. **East Boone Draw – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
60. **East Carter Mountain – Grand County**  
a. Except as otherwise allowed in this regulation, public access is limited to hunting only.  
b. Motorized vehicles are restricted to Chimney Rock road unless posted otherwise.  
c. Parking is allowed at designated parking lots only.  
d. ATV and snowmobile use allowed on designated route as posted at gate in Section 24 during hunting season only.  
e. Hunting not allowed in safety zone, as posted along east fence line.  
f. Camping and campfires only allowed as posted within 300 feet of Chimney Rock Road.
61. **East Delaney Butte Lake – Jackson County**  
a. Open for hunting from August 15 through the end of February.  
b. Open for fishing year-round.  
c. Access is by foot only.
62. **Elk Mountain – Jackson County**  
a. Open for fishing year-round.  
b. Open for hunting from August 15 through the end of February.  
c. Access to the property is from the parking lot only.
63. **Elk Springs #3 – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
64. **Fernleaf Gulch – Fremont County**  
a. Open for public access from September 1 through May 31.  
a. Access is by foot and horseback only, except on BLM Sand Gulch Road.  
b. Motorized vehicles are prohibited off of BLM Sand Gulch Road.
65. **Florence – Fremont County**  
a. Public access is prohibited from June 1 through August 31.  
b. Access to the property is through National Forest land only.
66. **Fly Gulch – Routt County**  
a. Open for youth mentor hunting only.
67. **Ford Bridge – Logan County**  
a. Public access is prohibited from March 1 – August 31.  
b. Public access is prohibited from 9:00 pm – 4:00 am.  
c. Hunting with centerfire rifles is prohibited.  
d. The launching or takeout of vessels is prohibited during waterfowl seasons.
68. **Fortification – Moffat County**  
a. Access and hunting allowed through Frosty Acres Ranch only. Contact the Frosty Acres Ranch for reservations at 970-824-8935 or 970-824-9568.  
b. Hunting is restricted to cow elk only.  
c. Access is from parking area off Highway 13 only.  
d. Access is by foot only.  
e. Open for hunting from day after 4<sup>th</sup> season through the end of the late season in December.
69. **Fourmile – Moffat County**  
a. Open for big game and small game hunting from August 1 through the end of February.

- b. Motorized vehicle use is prohibited off of the County Rd.
  - c. Only portable hunting blinds are allowed.
70. **Froze Creek – Custer County**
- a. Open for public access from August 15 through the end of February.
  - b. Access is by foot only.
71. **Godiva Rim – Moffat County**
- a. Open for public access from August 1 through the end of February.
  - b. Motorized vehicle use is restricted to BLM Rd 2124.
72. **Grape Creek – Fremont County**
- a. Open for fishing year-round as posted along Grape Creek.
  - b. Open for hunting from August 15 through May 31.
73. **Grassy Creek – Routt County**
- a. Open for fishing year-round.
  - b. Open for hunting from August 15 through the end of February.
74. **Greasewood – Moffat County**
- a. Open for public access from August 1 through the end of February.
  - b. Access is by foot only.
75. **Greasewood Lake – Weld County**
- a. Access is by foot only.
76. **Great Divide – Moffat County**
- a. Open for public access from August 1 through the end of February.
  - b. Only portable hunting blinds are allowed.
  - c. Motorized vehicle use is restricted to county roads only.
77. **Hiawatha – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
78. **High Creek – Park County**
- a. Open for hunting from August 15 through the end of February.
  - b. Open for fishing year-round.
79. **Hightower – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
80. **Homestead – Moffat County**
- a. Open for public access from August 15 through the end of February.
81. **Horse Gulch – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
82. **Independence Mountain – Jackson County**
- a. Open for public access from August 15 through the end of February.
  - b. ATVs are allowed between 10:00 a.m. and 2 p.m. on designated roads otherwise closed to motorized traffic, for game retrieval only.
83. **Indian Creek – Jackson County**
- a. Open for public access from August 15 through the end of February.

- b. Hunting is prohibited with centerfire rifles in the northeast (NE) 1/4 of Section 16.
- c. Access to the property if from the parking lot off of County Road 21 only.

**84. Jack Springs – Moffat County**

- a. Public access is prohibited from March 1 through August 14.

**85. Jimmy Dunn Gulch – Moffat/Routt Counties**

- a. Open for public access from the last Saturday in August through the end of February.
- b. Hunter numbers may be limited through a mandatory check station when necessary to control overcrowding, resource damage or trespassing on neighboring private property.

**86. Johnny Moore Mountain – Jackson County**

- a. Open for public access from August 15 through the end of February.
- b. The southern portion of the property only is open year-round for fishing as posted.

**87. Jumping Cow - Elbert County**

- a. Hunting is restricted to dove, turkey, doe pronghorn, antlerless elk, antlerless white-tailed deer, and antlerless mule deer.
- b. Hunting and fishing access is allowed by permit only. Hunters and anglers must have a proper and valid license for their activity prior to applying for a permit. Permit holders shall have their permit on their person at all times while on the property. Permits may designate specific geographic hunting zones; in this case permits are restricted to the listed zone and are not valid property-wide. Access permits for hunters and anglers will be issued free of charge. Permits may be obtained via a drawing process. Applications are available from the DOW in Denver (303)291-7227. Application due dates are as follows:
  - 1. Dove, fall turkey, doe pronghorn, antlerless elk, antlerless white-tailed deer, and antlerless mule deer applications due the 3<sup>rd</sup> Monday in August.
  - 2. Spring turkey applications due 3<sup>rd</sup> Monday in March.
  - 3. Fishing applications due 14 days prior to intended access date.
- c. Permitted hunters and anglers may take one other person (an observer) who is not hunting or fishing with them onto the property; however that person must remain with the permit holder at all times.
- d. Permitted hunters other than those hunting dove and wild turkey may not enter the property prior to the first Monday after the opening day of their individual season.
- e. Vehicular access to the property is restricted. Motor vehicle use is only allowed on marked existing roadways that lead to marked parking areas. All other access is restricted to foot and horseback only.
- g. All gates on the property shall be left in the condition in which they are found after passing through the gateway.
- h. Access is permitted from two hours prior to sunrise to one hour after sunset. In the event that an animal has been harvested by a hunter, the hunter may remain as long as is reasonable to recover and remove the animal from the property.
- i. Camping is prohibited.
- i. Fires are prohibited.

**88. Karney Ranch - Bent County**

- a. Camping is prohibited.
- b. Fires are prohibited.
- c. Firewood collection is prohibited.
- d. Off-highway vehicle (OHV) use is prohibited.

- e. Public access is allowed one hour before sunrise until one hour after sunset, except that when an animal is harvested the successful hunter is allowed to remain as long as is necessary to remove the animal.
  - f. Ornate box turtle collection and/or release is prohibited.
  - g. Night hunting with artificial light may be permitted as provided in regulation #W-303.E.10.
  - h. Foot access only. All vehicles are restricted to roads and parking lots.
  - i. Dogs are prohibited except as an aid to hunting.
  - j. No public access to signed safety zones.
  - k. Public access is allowed year-round for hunting small game, turkey and furbearers.
  - l. Public access is allowed August 15 through December 31 for deer and pronghorn hunting.
- 89. Karval – Lincoln County**
- a. Access is prohibited except by foot from designated parking areas only.
  - b. Parking is prohibited except in designated areas.
  - c. Camping is prohibited.
  - d. Overnight parking is prohibited.
- 90. Kemp Draw – Jackson County**
- a. Motorized vehicles are restricted to designated roads and Jackson County Road 21.
  - b. Open for public access from August 15 through the end of February.
- 91. LaGarde Creek – Larimer County**
- a. Open for fishing year-round.
  - b. Open for hunting from September 1 through the end of February.
- 92. La Jara – Conejos County**
- a. Open for fishing year-round.
  - b. Open for hunting from September 1 through the end of February.
  - c. Camping is permitted only as posted.
  - d. From the first day of archery big game season through the last day of the last regular rifle season, motor vehicle access is prohibited on that portion bounded on the north by a signed fence line beginning at a point along La Jara Creek in the SW ¼ of section 32, T35N, R6E, extending east along this fence line approximately 2.2 miles to a signed corner post in the SW ¼ of section 34, T35N, R6E; on the east by a signed fence line that extends from the above-described corner approximately 4 ¾ miles south to La Jara Creek; and on the south and west by La Jara Creek.
- 93. Landsman Creek – Kit Carson/Yuma County**
- a. Open for hunting from September 1 through May 31.
  - b. Access is by foot only.
- 94. Little Cochetopa Creek – Chaffee County**
- a. Open for public access from September 1 through May 31.
- 95. Little La Garita Creek – Saguache County**
- a. Open for hunting from September 1 through the end of February.
- 96. Little Sheep Mountain – Huerfano County**
- a. Public access is prohibited from June 1 through August 31.
  - b. Motorized vehicles are prohibited off of county road.
- 97. Lone Tree Gulch – Moffat County**
- a. Public access is prohibited from March 1 through August 14.

98. **Los Creek – Saguache County**  
a. Open for public access from August 15 through the end of February.
99. **Los Mogotes Peak – Conejos County**  
a. Public access is prohibited from March 1 through August 14.
100. **Lost Creek – Weld County**  
a. Discharge of firearms is restricted to hunting with muzzleloaders, shotguns and rimfire rifles only.  
b. Hunting prohibited in safety zones as posted.
101. **MacFarlane Reservoir – Jackson County**  
a. Open for public access from August 15 through the end of February.  
b. For big game hunters, motorized access is allowed on the two track route traveling north off of Jackson Co. Rd 28 one mile to the designated parking area. Big game hunting access beyond the parking area is limited to foot or horseback only.  
c. For waterfowl and small game hunters, motorized access to MacFarlane Reservoir is allowed on the designated two track route only.  
d. All other two track roads are closed to motorized travel.
102. **Manzanares Creek – Huerfano County**  
a. Open for public access from August 15 through May 31.  
b. Motorized vehicle use is restricted to county roads only.
103. **Maverick Flats – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
104. **Maxwell Park – Chaffee County**  
a. Public access is prohibited from March 1 through August 14.  
b. Maximum of four vehicles in the parking area and maximum of three people per vehicle.  
c. Access is through parking areas only.
105. **Maybell – Moffat County**  
a. Open for fishing and wildlife watching year-round.  
b. Camping is prohibited.  
c. Open for hunting from August 15 through the end of February.  
d. Access is limited to foot and horseback only on that portion of the property west of Moffat County Rd 19.
106. **Maynard Gulch – Routt County**  
a. Open for public access from the first day of archery deer and elk season through May 31.  
b. Vehicle parking is prohibited, except in designated areas.  
c. Hunter numbers are regulated through a mandatory check station, when necessary to control overcrowding, resource damage or trespassing on neighboring private property.
107. **McArthur Gulch – Park County**  
a. Public access is prohibited from June 1 through August 31.  
b. Hunting is limited to elk and deer hunting from September 1 through the end of the third combined rifle season and turkey hunting during the spring turkey season.  
c. Hunting is prohibited with centerfire rifles.  
d. Hunting is prohibited in the safety zone around the ranch house and outbuildings, as posted.
108. **McCoy Gulch – Fremont County**

- a. Public access is prohibited from June 1 through August 31.
- 109. Meadow Creek – Larimer County**
  - a. Open year round for wildlife-related activities north of Larimer CR 80C.
  - b. Open September 1 to the end of February for hunting south of Larimer CR 80C.
  - c. South of Larimer CR 80C, access is by foot and horseback travel only.
  - d. Vehicle access north of Larimer CR 80C is only allowed during specific times of year when the Middle Cherokee Management Area is open to vehicle travel.
- 110. Menefee Peak – Montezuma County**
  - a. Public access is prohibited from June 1 through August 31.
- 111. Middle Carter (Gunsight)- Grand County**
  - a. Except as otherwise allowed in this regulation, public access is limited to hunting only.
  - b. Camping and fires are permitted within 300 feet of Chimney Rock road (CR 27/FS 103) as posted.
- 112. Middle Park – Grand County**
  - a. Motorized vehicle access and parking is restricted as posted.
- 113. Middle Wolf Creek – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 114. Milk Creek – Grand County**
  - a. Motorized vehicles are restricted to County Road 184 (Hwy 40, MM 163) and parking area (MM 165) unless posted otherwise.
  - b. Motorized vehicle access through gate in Section 11 is restricted to use on designated track when road is dry.
  - c. Parking is restricted in Section 14 as posted.
- 115. Mineral Hot Springs – Saguache County**
  - a. Open for public access from August 15 through the end of February.
- 116. Mishak Lakes – Saguache County**
  - a. Open for public access from August 15 through the end of February.
- 117. Monument Butte – Moffat County**
  - a. Motorized vehicles are prohibited off of county road.
- 118. Moody Creek – Routt County**
  - a. Hunting is prohibited north of Moody Creek.
- 119. Moonhill – Routt County**
  - a. Hunting is prohibited with centerfire rifles.
  - b. Motorized vehicles are prohibited.
  - c. Snowmobiles are prohibited.
  - d. Bicycles are prohibited.
  - e. Firewood cutting is prohibited.
- 120. Moosehead Mountain – Moffat County**
  - a. Open for public access from August 15 through the end of February.
- 121. Morapos Creek – Moffat County**

- a. Access from parking lot on BLM land off County Road on south side of the property only.  
No access from other sides of the property.
- 122. Morrison Creek – Routt County**
  - a. Motorized vehicles are prohibited off of county road.
- 123. Mud Springs – Park County**
  - a. Open for public access from September 1 through the end of February.
  - b. Hunting is restricted to big game and small game hunting only.
- 124. Newlin Creek – Fremont County**
  - a. Open for public access from September 1 through May 31.
  - b. Hunting is prohibited with centerfire rifles.
  - c. Hunting is prohibited within a buffer zone bounded on the east by the property boundary, on the north and south by the property boundary and extending 1/4 mile west of the east property line.
- 125. North Canyon – Baca County**
  - a. Public access is prohibited from March 1 through August 14.
  - b. Access is by foot only.
- 126. North Rabbit Creek – Larimer County**
  - a. Open year-round for fishing.
  - b. Open year-round for small game hunting.
  - c. Open August 15 to January 31 for big game hunting.
  - d. Access is by foot and horseback only, except during big game seasons when vehicle access is allowed to Cherokee SWA.
  - e. Parking is not permitted on the property.
  - f. All activities not listed above are prohibited from September 1 to May 1.
- 127. North Scandinavian Gulch – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 128. Overland Trail – Logan County**
  - a. Public access is prohibited from June 1 – August 31.
  - b. Public access is prohibited from 9:00 pm – 4:00 am.
  - c. Public access is from Overland Trail SWA parking area only.
  - d. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - e. The launching or takeout of vessels is prohibited during waterfowl seasons.
- 129. Owl Creek – Jackson County**
  - a. Open for fishing year-round.
  - b. Open for hunting from August 15 through the end of February.
- 130. Owl Mountain – Jackson County**
  - a. Open for public access from August 15 through the end of February.
- 131. Oxbow – Moffat County**
  - a. Open for public hunting access from August 15 through the end of February.
- 132. Parkdale – Fremont County**

- a. Open for public access for fishing year-round. Open for public hunting access from September 1 through the end of February.
- 133. Pass Creek – Larimer County**
  - a. Access is by foot only.
  - b. Access is permitted from south side of the property where it joins USFS land.
- 134. Pat Canyon/Whitby – Baca County**
  - a. Access is by foot only.
  - b. Motorized vehicles are prohibited.
- 135. Peck Mesa – Moffat County**
  - a. Open for public access from August 1 through the end of February.
  - b. Only portable hunting blinds are allowed.
  - c. Motorized vehicle use is restricted to Moffat County Road 10 only.
- 136. Pfister Draw – Larimer County**
  - a. Motorized vehicles are prohibited.
- 137. Pine Tree Gulch – Moffat County**
  - a. Open for public access from September 1 through May 31.
  - b. Access to the property is from parking lot on County Road 57 only.
- 138. Pinkham Mountain – Jackson County**
  - a. Open for public access from August 15 through the end of February.
- 139. Pinnacle Rock – Fremont County**
  - a. Public access is prohibited from June 1 through August 31.
- 140. Pinon Hills – Conejos County**
  - a. Open for hunting from September 1 through the end of February.
- 141. Pole Gulch – Moffat County**
  - a. Public access is prohibited from March 1 through July 31
  - b. Only portable hunting blinds are allowed.
- 142. Poudre River – Larimer County**
  - a. Open for fishing year-round, as posted.
  - b. Open for hunting from September 1 through May 15.
  - c. All public access is prohibited east of US Hwy 287.
  - d. Access is allowed from Colorado Highway 14 and U.S. Forest Service lands.
- 143. Powder Wash – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 144. Prospect – Weld County**
  - a. Access to the property is from the designated parking area only.
  - b. Open for small game and waterfowl hunting only.
- 145. Ptarmigan – Grand County**
  - a. Open for hunting from September 1 through the end of February.
  - b. Motorized vehicles are prohibited, except snowmobiles on one foot of snow.
- 146. Punkin Center – Lincoln County**



- a. Access is prohibited except by foot from designated parking areas only.
  - b. Parking is prohibited except in designated areas.
  - c. Camping is prohibited.
  - d. Overnight parking is prohibited.
- 147. Quakey Mountain – Gunnison County**
- a. Open for public access from August 15 through the end of February.
- 148. Rabbit Ears – Jackson County**
- a. Open for fishing year-round.
  - b. Open for hunting from August 15 through the end of February.
  - c. As posted, there is a closure area on the west side from August 15 to September 1.
- 149. Rajadero Canyon – Conejos County**
- a. Motorized vehicles are prohibited off of existing trails.
- 150. Rattlesnake Hill – Moffat County formerly Temple Gulcha**
- a. Hunting is prohibited within a one quarter mile safety zone along the east boundary of the property, as posted.
- 151. Red Canyon – Jackson County**
- a. Open for public access from August 15 through the end of February.
  - b. Access to the property is only from the parking area on USFS road.
  - c. Trailer access is prohibited past the parking area.
- 152. Red Lion Ranch – Logan County**
- a. Public access is prohibited from June 1 through August 31.
  - b. Public access is prohibited from 9:00 pm – 4:00 am.
  - c. All recreational activities, except deer hunting, are prohibited on the opening weekend of the regular plains rifle deer season and on the opening day and first weekend of the late plains rifle deer season.
  - d. The launching or takeout of vessels is prohibited during waterfowl seasons.
- 153. Red Wash – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
- 154. Reservoir Draw – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
- 155. Ridge Road – Jackson County**
- a. Open for public access from August 15 through the end of February.
- 156. Robinson Draw – Moffat County**
- a. Public access is prohibited from March 1 through August 14.
- 157. Rosita – Custer County**
- a. Open for public access from the first day of archery deer and elk season through May 31.
  - b. Discharge of firearms is restricted to hunting with muzzleloaders and shotguns.
- 158. Sage Creek – Routt County**
- a. Open for public access from the first day of archery deer and elk season through May 31.
- 159. Saguache Creek – Saguache County**
- a. Open for public access from August 15 through the end of February.

- 160. Saint Charles – Pueblo County**  
a. Discharge of firearms is prohibited within a quarter mile of any building.  
b. Hunting is prohibited, except from August 15 through the end of February.  
c. Access to the property is from parking areas only.
- 161. Sakariason – Las Animas County**  
a. Access is restricted as posted on the west side of the property.  
b. Hunting is prohibited, except from September 1 through May 31.
- 162. Sand Creek – Jackson County**  
a. Open for public access from August 15 through the end of February.  
b. Camping is permitted only as posted.
- 163. Sand Gulch #1 – Fremont County**  
a. Open for public access from September 1 through May 31.  
b. Motorized vehicles are prohibited off of the BLM access road.
- 164. Sand Gulch #2 – Fremont County**  
a. Open for public access from September 1 through May 31.
- 165. Sand Gulch #3 – Fremont County**  
a. Open for public access from September 1 through May 31.
- 166. Sand Gulch #4 – Fremont County**  
a. Open for public access from September 1 through May 31.
- 167. Sandy Bluffs – Yuma County**  
a. Public access is prohibited from June 1 through August 31.  
b. Public access is prohibited from 9:00 pm – 4:00 am.  
c. Public access is prohibited east of US 385.
- 168. San Luis Hills – Conejos County**  
a. Open for public access from August 15 through the end of February.
- 169. San Luis Lakes – Alamosa County**  
a. Open for public access from July 15 through the end of February.  
b. Access allowed from the San Luis Lakes State Wildlife Area only. Access is by foot or horseback only.  
c. Bicycles are prohibited.  
d. Game carts are allowed.
- 170. Scandinavian Gulch – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
- 171. Schultz Canyon – Huerfano County**  
a. Public access is prohibited from June 1 through August 31.
- 172. Sevenmile Ridge – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
- 173. Shaw Creek – Rio Grande County**  
a. Open for public access from September 1 through the end of February, and through March 31 for mountain lion hunting only.

- b. Access is by foot and horseback only.
- 174. **Sheephead Basin – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 175. **Shepherd Springs – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 176. **Short Creek Baldy – Fremont County**
  - a. Open for public access from September 1 through May 31.
- 177. **Sikes Ranch – Baca County**
  - a. Camping is prohibited.
  - b. Fires are prohibited.
  - c. Off-highway vehicle (OHV) use is prohibited.
  - d. Wood cutting or gathering is prohibited.
  - e. Public access is allowed one hour before sunrise until one hour after sunset, except that when an animal is harvested the successful hunter is allowed to remain as long as is necessary to remove the animal, and except when authorized by a night hunting permit.
  - f. Trapping is allowed by permit only. Permit holders shall have their permit on their person at all times while trapping. Permits may be obtained by calling the Lamar Service Center at 719-336-6600 or the local District Wildlife Manager at 719-980-0025.
  - g. Public access is prohibited in the building envelope and designated safety zones, as posted.
  - h. Parking is allowed in designated parking lots only.
  - i. All motorized travel is restricted to the primary access route (CR O).
- 178. **63 Ranch – Park County**
  - a. Open for hunting from August 15 through the end of February.
  - b. Open for fishing year-round.
- 179. **South 80 – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 180. **South Middle Creek – Huerfano County**
  - a. Public access is prohibited from June 1 through August 31.
- 181. **South Nipple Rim – Moffat County**
  - a. Open for hunting from August 15 through the end of February.
  - b. Discharge of firearms is prohibited with 100' of buildings/corrals as posted.
- 182. **Spencer Draw – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 183. **State Line – Baca County**
  - a. Access is by foot only.
- 184. **Steel Canyon – Saguache County**
  - a. Open for hunting from August 15 through the end of February.
- 185. **Steinhoff Hill – Larimer County**
  - a. Big game hunting is prohibited, except by means of archery.
  - b. Small game hunting is prohibited, except by means of archery or shotguns not firing single slugs.

186. **Stokes Gulch – Routt County**  
a. Open for public access from the first day of archery deer and elk season through May 31.
187. **Stonehouse Gulch – Saguache County**  
a. Open for public access from August 15 through the end of February.
188. **Stoney Face Mountain – Fremont County**  
a. Open for public access from September 1 through May 31.
189. **Sweetwater – Kiowa County**  
a. Open for fishing from the last day of Waterfowl Season (or as posted) through October 31.  
b. Open for hunting Sept. 1 through the last day of Waterfowl Season (or as posted) to March 30.
190. **Table Mountain – Fremont County**  
a. Camping is prohibited, except during big game season in designated areas only.  
b. Horseback riding is prohibited, except during big game season.  
c. Public access is prohibited from June 1 through August 31.
191. **Tallahassee Road – Fremont County**  
a. Open for public access from September 1 through May 31.
192. **Tarryall Creek – Park County**  
a. Public access is allowed on the northeast corner of Tarryall Creek year-round for fishing.  
b. Open for public big and small game hunting access from September 1 through the end of February.
193. **Taylor Draw – Jackson County**  
a. Open for public access from August 15 through the end of February.
194. **Ted's Canyon – Moffat County**  
a. Open for public access from August 15 through the end of February.  
b. Hunting is restricted to big game and small game hunting only.
195. **Texas Creek #1 – Fremont County**  
a. Open for public access from September 1 through May 31.  
b. Access is by foot and horseback only, except on 217 A Road.
196. **The Sloughs – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
197. **Thompson Draw – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
198. **Three Sisters – Jackson County**  
a. Open for public access from August 15 through the end of February.  
b. Access to the property is from parking area at the end of County Road 12E only.
199. **Tomichi Dome – Gunnison County**  
a. Open for fishing year-round.  
b. Open for public hunting access from August 15 through the end of February.  
c. Camping is permitted only as posted.

200. **Trowel – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
201. **Turkey Gulch – Fremont County**  
a. Open for hunting from September 1 through May 31.
202. **Turkey Track Ranch – El Paso County**  
a. Access to the property is from designated parking area only. No access is allowed from county roads.  
b. Public access prohibited from March 1 – August 14.  
c. Access is by foot only.  
d. Building permanent blinds prohibited.
203. **Turner’s Creek – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
204. **Vaughn Draw – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
205. **Vermillion Creek – Moffat County**  
a. Public access is prohibited from March 1 through August 14.
206. **Vincente Canyon – Conejos County**  
a. Open for hunting from August 15 through May 31  
b. Open for fishing year-round.  
c. Camping is allowed only as posted.
207. **Warmer Gulch – Park County**  
a. Open for public access from September 1 through May 31.
208. **Waugh Mountain – Fremont/Park County**  
a. Open for public access from the first day of archery pronghorn season through May 31.
209. **Weber Canyon – Montezuma**  
a. Open for public access from September 1 through the last day of the spring turkey season.  
b. Public access from March 1 through the last day of the spring turkey season is for mountain lion and turkey hunting only.
210. **Werner Arroyo – Saguache County**  
a. Open for public access from August 15 through the end of February.
211. **West Bear Gulch – Fremont County**  
a. Public access is prohibited from June 1 through August 31.
212. **West Carter Mountain – Grand County**  
a. Motorized vehicles are restricted to Chimney Rock Road unless posted otherwise.  
b. Camping and campfires are allowed within 300 feet of Chimney Rock road (CR 27/FS 103) as posted.
213. **Whetstone Mountain – Gunnison County**  
a. Open for public access from August 15 through the end of February.

- b. Access is by foot and horseback only.
- 214. **Willow Creek – Moffat County**
  - a. Open for public access from September 1 through May 31.
- 215. **Windy Ridge – Grand County**
  - a. Motorized vehicle access is restricted to County Road 184.
  - b. Motorized vehicle access through gate in Section 11 is restricted to use on designated track when road is dry.
  - c. Parking is restricted in Section 14 as posted.
- 216. **Winter Valley Gulch – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 217. **Yampa River – Routt County**
  - a. Open for public access from the first day of archery deer and elk season through May 31.
  - b. Access to the property is from parking area provided in SWA only.
- 218. **Youghal – Moffat County**
  - a. Public access is prohibited from March 1 through August 14.
- 219. **Zapata Falls – Alamosa County**
  - a. Open for public access to the waterfall year-round on the Bureau of Land Management trail easement.
  - b. Overnight parking is prohibited.
  - c. Hunting is prohibited within designated safety zones adjacent to the waterfall trail.
  - d. Public access is allowed September 1 through the end of February for big and small game hunting.

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**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

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**Office of the Attorney General**

Tracking number: 2025-00026

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-9**

**CHAPTER W-9 - WILDLIFE PROPERTIES**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:32:18

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", is written over a horizontal line.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Natural Resources

### **Agency**

Colorado Parks and Wildlife (406 Series, Wildlife)

### **CCR number**

2 CCR 406-16

### **Rule title**

2 CCR 406-16 CHAPTER W-16 - PARKS AND WILDLIFE PROCEDURAL RULES 1 -  
eff 05/01/2025

### **Effective date**

05/01/2025



**FINAL REGULATIONS - 1CHAPTER W-16 - PARKS AND WILDLIFE PROCEDURAL RULES**

**ARTICLE VI – Refunds, Reimbursements, Restoration of Preference Points and Reissues**

**#1670 – Refunds, Restoration of Preference Points and Reissues**

See also §§ 33-4-102 (6) for statutory provisions related to refunds

**A. General Refund Procedures** – Except as provided herein, anyone may request and be given a refund for a license no later than fourteen (14) days prior to the opening day of the applicable turkey season for turkey licenses or thirty (30) days prior to the opening day of the season for which the license was issued for all other licenses, minus a \$15.00 processing fee. The \$15.00 processing fee will not be charged for refunds requested on youth licenses, in the case of Division error, or if any of the following circumstances prevent the license holder from exercising the intended benefits of the license: extreme medical circumstances involving the license holder or a license holder's immediate family member, death of the license holder, death of the license holder's immediate family member, military orders, or jury duty. Requests must have a valid U.S. postmark, or be submitted at a Division office at least fourteen (14) days prior to the opening day of the applicable turkey season or thirty (30) days prior to the opening day of any other season for which the license was issued. Youth are exempt from the (14) days prior requirement for turkey licenses and the (30) days prior requirement for big game licenses and may submit a request up to the day before the start of the season.

1. All refunds shall be requested on a form provided by or in the format requested by the Division.
2. All requests for license refunds must be accompanied by the entire license and carcass tag when applicable.
3. Refunds may be requested by mail or in person at any Division office.
4. Refunds shall only be issued to the person whose credit card was used or name appears on the license.
5. Licenses purchased through non-Division license agents will be refunded at cost less license agent fee.
6. No refunds shall be made in any circumstance where the license holder was hunting in the field during an active season for the license and designated species as specified in Commission rules and regulations.
7. No refunds shall be made on any special licenses listed in 33-4-102(2), C.R.S., or any auction or raffle licenses as provided for in 33-4-116 or 33-4-116.5, C.R.S., or on any exchanged license, or on any license that costs less than \$15.00 with the exceptions of resident youth turkey and resident youth big game licenses, or to any person whose license privileges have been suspended by the Commission.
8. When the \$15.00 processing fee exceeds the original refund amount, no refund shall be issued and the remainder of the processing fee shall be waived.
9. Until January 1, 2028, all limited licenses returned to the Division for a refund or preference point restoration will be available for reissue after the request has been processed using the

current leftover list and following all other license purchase regulations, except for the following limited licenses:

- a. Turkey, deer, elk, pronghorn and bear hunt codes which required five (5) or more resident preference points to draw as determined by the current year's limited license draw;
  - b. Bighorn sheep, mountain goat, and moose licenses;
  - c. All public Ranching for Wildlife licenses.
10. Until January 1, 2028, the following limited licenses returned for refund or preference point restoration will be reissued by the Division manually:
- a. Turkey, deer, elk, pronghorn and bear hunt codes which required five (5) or more resident preference points to draw as determined by the current year's limited license draw;
  - b. Bighorn sheep, mountain goat, and moose licenses;
  - c. All public Ranching for Wildlife licenses.

If the next in line regular draw list applicant accepts one of the aforementioned first choice licenses that has been returned and reissued, all accumulated preference points for that species become void. If a license cannot be manually reissued to one of the first five people on the regular draw list, the license will become available for reissue using the current leftover license list. Public Ranching for Wildlife licenses will not be reissued within fourteen (14) days of the start date for the respective hunt code or be available for sale off the leftover license list.

11. Beginning January 1, 2028, the following processes will be used to reissue limited licenses returned to the Division:
- a. All limited licenses surrendered, unpaid for by the payment deadline, or returned to the Division for a refund or preference point restoration after completion of the regular drawing and prior to the secondary drawing application period will be made available for auto reissue. These licenses will be automatically reissued to the applicant next in line to draw the license, by residency, if the applicant has opted-in to accept auto reissued licenses for that hunt code and is eligible to receive the license. Applicants who receive an auto-reissued license will be charged the applicable license fee and, if the license was applied for as a first choice, all accumulated preference points for that species will become void. Applicants who opt-out of the auto-reissue process for that hunt code will be skipped and will not be automatically reissued the license. Licenses that are still remaining after the auto-reissue process is complete will be made available for application in the secondary drawing.
  - b. All limited licenses surrendered, unpaid for by the payment deadline, or returned to the Division for a refund or preference point restoration after completion of the secondary drawing and prior to the start of leftover sales will be made available for auto-reissue. These licenses will be automatically reissued to the applicant next in line to draw the license, by residency, if the applicant has opted-in to accept auto reissued licenses for that hunt code and is eligible to receive the license. Applicants who receive an auto-reissued license will be charged the applicable license fee, and, if the license was applied for as a first choice in the regular drawing, all accumulated preference points for that

species will become void. Applicants who opt-out of the auto-reissue process for that hunt code will be skipped and will not be automatically reissued the license. Licenses that remain after the auto-reissue process is complete will be made available for purchase through the leftover license list and will not require the use of preference points.

- c. All limited licenses surrendered or returned to the Division for a refund or preference point restoration after the start of leftover sales and with a season start date two weeks or more from the date of the return, will be made available for auto-reissue. These licenses will be automatically reissued to the applicant next in line to draw the license, by residency, if the applicant has opted-in to accept auto reissued licenses for that hunt code and is eligible to receive the license. Regular drawing applications will be processed prior to secondary draw applications. Applicants who receive an auto-reissued license will be charged the applicable license fee and, if the license was applied for as a first choice in the regular drawing, all accumulated preference points for that species will become void. Applicants who opt-out of the auto-reissue process for that hunt code will be skipped and will not be automatically reissued the license. Licenses that are still remaining after the auto-reissue process is complete will be made available for purchase through the leftover license list and will not require the use of preference points.
  - d. All limited licenses surrendered or returned to the Division for a refund or preference point restoration after the start of leftover sales and with a season start date less than two weeks from the date of the return, will not be made available for auto-reissue.
    - i. For all bighorn sheep, mountain goat, and moose licenses: Licenses will be reissued by the Division manually. If the next in line regular draw list applicant manually accepts one of the aforementioned first choice licenses that has been returned and reissued, all accumulated preference points for that species become void. If a license cannot be manually reissued to one of the first five people on the regular draw list, the license will become available for purchase using the leftover license list. Public Ranching for Wildlife licenses will not be reissued within fourteen (14) days of the start date for the respective hunt code or be available for sale off the leftover license list.
    - ii. For all deer, elk, pronghorn and bear licenses: Licenses will be available for purchase after the request has been processed using the current leftover license list.
12. Requests for refunds after the opening of the season will be accompanied by a signed affidavit that the license has not been used and circumstances precluded the licensee from being able to use the license. In addition, to be eligible for a refund the failure to apply for a refund less than thirty (30) days prior to the opening day of the season for which the license was issued cannot be due to a lack of diligence on the part of the licensee. The Division's License Administration Manager will render a decision on the refund request on behalf of the Division and the Commission and such decision shall constitute final agency action. Circumstances for which reimbursement will be considered shall be limited to:
- a. Extreme medical circumstances involving the license holder or a license holder's immediate family member;
  - b. Death of the license holder or death of a license holder's immediate family member;
  - c. Active and reserve members of the United States armed forces whose military orders overlap with the season dates of the returned license; or

- d. Individuals on jury duty whose jury duty service overlaps with the season dates of the returned license.

## **B. Other Refunds**

1. Refunds or antlerless licenses may be issued in any unit approved by the Division for the same species in the same year to hunters who harvest a deer, elk or moose in which Chronic Wasting Disease (CWD) is detected through the Division's CWD monitoring or testing programs. Where there is no open season or insufficient time remains to reasonably exercise the benefits of a license granted in the same year, the Division may issue the licensee an antlerless license for the same species in the following year in the same Game Management Unit where the CWD detected animal was harvested, or if antlerless hunting is not permitted in the applicable GMU, the Division may designate a substitute GMU. If the season closes prior to October 31 in the unit, the license will be valid through October 31. The provisions of this regulation shall apply to any hunter who harvests a moose after January 1, 2006 in which CWD is detected. Licenses issued pursuant to this provision shall not be considered part of the quota otherwise established by the Commission for that GMU.
2. Except for cases of Division error, no refunds shall be issued for any annual license, one-day, or five-day license, mountain lion license or preference point fee.

## **C. Restoration of Preference Points**

1. License preference points used to obtain the license will not be restored except as follows:
  - a. No later than fourteen (14) days prior to the opening day of the applicable turkey season for turkey licenses or thirty (30) days prior to the opening day of the season for all other licenses, preference points may be restored to the pre-drawing level in lieu of a refund at the licensee's request.
  - b. Less than fourteen (14) days prior to the opening day of the applicable turkey season for turkey licenses or thirty (30) days prior to the opening of the season for all other licenses, the License Administration Manager may restore license preference points to the pre-drawing level and/or issue a monetary refund if any of the following circumstances prevent the license holder from exercising the intended benefits of the license:
    1. Extreme medical circumstances involving the license holder or a license holder's immediate family member;
    2. Death of a license holder's immediate family member;
    3. Active and reserve members of the United States armed forces whose military orders overlap with the season dates of the returned license; or
    4. Individuals on jury duty whose jury duty service overlaps with the season dates of the returned license.
  - c. Beginning with the 2025 draw season, when a license is not paid for by the payment deadline, the license privilege will be removed from the customer's account. Any points used to obtain the license will be restored to the pre-draw level.

- D. Requests for refunds and/or restoration of license preference points due to extreme medical circumstances involving the license holder or a license holder's immediate family member, the death of a license holder's immediate family member, military orders that prevents the service

member from exercising the intended benefits of the license or jury duty will be accompanied by sufficient evidence demonstrating that the license has not been used and circumstances precluded the licensee from being able to use the license. In addition, sufficient documentation is required to prove extreme medical circumstances, death, military orders or jury duty service.

#### **E. Time Restriction**

1. A refund or preference point restoration will be denied when the request is submitted more than thirty (30) days after the opening of the season for which the license was issued. Provided further that all time limits will be extended for active and reserve members of the United States armed forces whose military service requirements precluded their application for a refund or preference point restoration within said periods.
2. When additional documentation is requested and required by the Division to approve a refund and/or restoration of preference points request, the requestor will have thirty (30) days from the mailing date indicated on the notification letter to submit all the required documentation. If required documentation is not submitted prior to the 30-day deadline, the request will be considered closed and denied. No requests from the previous year will be considered after January 31, annually.

#### **F. Director Disaster Relief Authority**

1. When, in the determination of the Director, existing Parks and Wildlife regulations will have a significant negative impact following a natural disaster that displaces persons from their homes, or closes areas to public access and results in a time-critical demand for use of park resources or a complete (or near complete) loss of hunting opportunity, the Director is authorized to take emergency administrative actions, including, but not limited to:
  - a. Issuance of license fee refunds.
  - b. Restoration of preference points.
  - c. Exchange of big game hunting licenses for leftover or over-the-counter licenses.
  - d. Issue similar guaranteed licenses for another license year.
  - e. Suspension of length of stay camping limits on Division-owned or controlled properties.
  - f. Imposition of administrative requirements associated with the application for relief granted under this section.

**PHIL WEISER**  
Attorney General  
**NATALIE HANLON LEH**  
Chief Deputy Attorney General  
**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
General



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**Office of the Attorney General**

Tracking number: 2025-00027

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Colorado Parks and Wildlife (406 Series, Wildlife)**

**on 03/05/2025**

**2 CCR 406-16**

**CHAPTER W-16 - PARKS AND WILDLIFE PROCEDURAL RULES**

The above-referenced rules were submitted to this office on 03/07/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 25, 2025 08:32:43

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", is written over a horizontal line.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Regulatory Agencies

### **Agency**

Division of Professions and Occupations - State Plumbing Board

### **CCR number**

3 CCR 720-1

### **Rule title**

3 CCR 720-1 PLUMBING RULES AND REGULATIONS 1 - eff 04/30/2025

### **Effective date**

04/30/2025

## DEPARTMENT OF REGULATORY AGENCIES

### State Plumbing Board

## PLUMBING RULES AND REGULATIONS

### 3 CCR 720-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 1.1 STATEMENT OF BASIS AND PURPOSE

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- C. These Rules shall be binding on every person and legal entity authorized to practice, offer to practice, or perform plumbing or plumbing contracting as well as jurisdictions granted authority to perform permitting and inspections and their inspectors in Colorado. All licensees, registrants and plumbing inspectors under Title 12, Article 155 of the Colorado Revised Statutes are charged with having knowledge of the existence of these Rules and shall be deemed to be familiar with their provisions and to understand the Rules. In these Rules, the word "licensee" shall mean any person holding a master plumber license, journeyworker plumber license, or residential plumber license. In these Rules, the word "registrant" shall mean any person registered as a plumbing apprentice and any person or legal entity registered with the Board as a plumbing contractor.

...

#### 1.2 STANDARDS

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- E. Revisions and Exceptions to the Incorporated Codes

1. Revisions and Exceptions to the Colorado Plumbing Code

...

- c. IPC Section 202 Definitions

Add new definitions to read:

**Direct Supervision.** Direct supervision means that the supervising licensed master plumber, journeyworker plumber, or residential plumber is physically present at the same physical addresses listed on the permits and where the apprentice is working or no more than five minutes distance from the apprentice within the same construction or job site.



*State Plumbing Board*

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...

2. Revisions and Exceptions to the International Residential Code Part VII incorporated as the Colorado Plumbing Code

...

- c. IRC Section R202 Definitions

Add new definitions to read:

**Direct Supervision.** Direct supervision means that the supervising licensed master plumber, journeyworker plumber, or residential plumber is physically present at the same physical addresses listed on the permits and where the apprentice is working or no more than five minutes distance from the apprentice within the same construction or job sites.

...

### 1.3 APPRENTICES REGISTRATION AND RECORDKEEPING

- D. Direct Supervision. Direct Supervision of apprentices is defined within Board Rules, sections 1.2(E)(1)(c) and (2)(c).

...

### 1.4 APPLICATIONS AND LICENSING

- A. Applications for License or Registrations.

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3. Documentation for Plumbing License. Any applicant for the residential, journeyman, or master plumber's license shall furnish evidence as to his or her training and experience to qualify for licensure by:

...

- e. The hours of practical experience required to qualify for licensure are:

- (1) Residential Plumber 3,400
      - (2) Journeyworker Plumber 6,800
      - (3) Master Plumber 8,500

- f. Applicants cannot verify their own experience.

...

*State Plumbing Board*

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## B. Licenses and Registration Issuance.

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1. Issuance. Residential, journeyworker or master plumber licenses will be issued upon successful passing of the respective examination and meeting the qualifications within Title 12 of Article 155, C.R.S. Water conditioning registrations shall be issued upon application approval based on proper documentation as outlined in 1.4(A)(4) of these Rules.

...

## E. Renewal and Reinstatement (Effective July 1, 2020)

...

2. **Reinstatement.** An expired license or registration may be reinstated by submitting a reinstatement application, paying the current reinstatement fee, and meet the appropriate requirements below.
  - a. Expired for More Than Sixty Days But Less Than Three Years. If the license or registration has expired for more than sixty days but less than three years, the applicant must provide evidence of completion, since applicant's most recent licensing event (original; license, renewal, or reinstatement) preceding the application for reinstatement, of eight hours of continuing education, as defined in Board Rule 1.4(E)(3).
  - b. Expired for More Than Three Years. If the license has been expired for more than three years, pursuant to section 12-155-112(2)(b)(II), C.R.S. the applicant must demonstrate competency to practice by satisfactorily passing the State plumbing examination. In the case of Water Conditioning Installers and Water Conditioning Principals, registrants shall re-affirm that their certifications per board Rule 1.4(A)(5) are current and active.

## 3. Continuing Education Requirements

...

- e. Attesting Providers. Continuing education providers must be listed with the Board and attest that their courses and instructors meet the continuing education requirements of Board Rule sections 1.4 (E)(3)(d)(1) through (4), The list of Attesting Providers with expire on December 31st of the final year of the current code cycle.

...

- (4) Instructors. Courses must be taught by instructors with the following qualifications:

**State Plumbing Board**

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...

- (b) Instructor's background and experience must meet at least one of the following criteria.
  - (i) Hold a minimum of a Colorado master plumber's license or journeyworker plumber's license (or equivalent) plus a minimum of five years of journeyworker plumber field experience;

**4. Inactive License Status and Reactivation**

- a. Inactive License. Pursuant to section 12-70-101, C.R.S., any licensee may apply to the Board to transfer his or her license to inactive status. Such application shall be in the form and manner designated by the Board. The holder of an inactive license shall not be required to comply with continuing education requirements for renewal so long the license remains inactive.

- (1) Each holder of an inactive license shall renew once every three years with the Board in the same manner as active license holders and pay a fee pursuant to section 12-155-105(1)(d), C.R.S.

...

- b. Reactivation of Inactive License. An inactive license may be reactivated by submitting the proper application, paying the current reactivation fee, and meeting the appropriate requirements below.

...

- (2) Inactive for More Than Three Years. Pursuant to section 12-115- 110(4)(c), C.R.S., a licensee whose license has been inactive for more than three years must demonstrate education to practice by any of the following:

...

- (c) Provide verification of active licensure in a non-reciprocal state as follows:
      - (i) Verify an active residential plumber's license, journeyworker plumber's license, or master plumber's license in non-reciprocal state, respective to the license you are reinstating;

**F. Pumping Equipment License**

**License required.** Any individual licensed as a residential plumber, journeyworker plumber, or master plumber under Title 12, Article 155 of the Colorado Revised Statutes who intends to

**State Plumbing Board**

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install, alter, or repair “pumping equipment”, as defined by section 37-91-102(13), C.R.S., shall first apply for and obtain licensure with the Water Well Construction and Pump Installation Contractors Board prior to commencing any such activity. Failure to comply with the licensure requirements set forth herein shall be, if proven, a violation of sections 12-155-113(1)(b) and 12-20-404, C.R.S.

...

**N. Requirements for Displaying Registration and License**

1. On and after July 1, 2025, plumbing contractors are required to display their plumbing contractor registration number and the license number of their master plumber on their vehicles, billing materials, bid sheets, and website pursuant to section 12-155-125, C.R.S. The purpose of these rules is to ensure transparency and accountability among plumbing contractors by requiring the display of relevant registration and license information wherever public interaction occurs. Compliance with the requirements includes:
  - a. **Company Vehicles**
    - (1) All company owned vehicles, or any vehicle used for the company's business purposes for any length of time must display the plumbing contractor's registration number and the company's master plumber's license number issued by the Board.
    - (2) The registration and license numbers must be prominently displayed in at least two locations on the vehicle.
    - (3) The registration and license numbers must be readable, and the lettering and numbering must be at least two inches in height.
  - b. **Bid Sheets**
    - (1) All bid forms must include the registration and license numbers.
    - (2) For bid forms that are provided to the public by a general contractor, the plumbing contractor must ensure the registration and license numbers are:
      - (a) Entered onto the general contractor's bid form; or,
      - (b) Within a coversheet the plumbing contractor submits to the general contractor to be provided to the public.
    - (3) The registration and license numbers should appear on the cover page or at the top of the first page.
  - c. **Billing Materials**

**State Plumbing Board**

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- (1) Plumbing contractor invoices, receipts, and other billing documents must include the registration and license numbers.
- (2) The registration and license numbers should be placed near the contractor's contact information.
- d. Websites
  - (1) The registration and license numbers must be displayed prominently on the homepage of the company website.
  - (2) The registration and license numbers should also appear on the "Contact Us" and "About Us" pages to ensure visibility.
  - (3) Any plumbing contractor advertising on any website, including social media, shall also display the required registration and license numbers.
- e. Plumbing contractors must ensure all required displays are updated in the event of changes to the company's plumbing contractor number or master plumber's license number within 90 days.

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**1.7 ENFORCEMENT**

...

**B. Reporting Felony Convictions**

- 1. A licensee or registrant, as defined in sections 12-155-103(3), (4), (9), (10), and (13), C.R.S., including but not limited to registered plumbing apprentices, registered plumbing contractors, or licensed plumbers (residential, journeyworker, and master) shall inform the Board, in a manner set forth in this Rule, within forty- five days of the conviction of the licensee or registrant of a felony under the laws of any state or of the United States.

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- D. The following is the current fine schedule adopted by the Board pursuant to section 12-155-123(2), C.R.S.

...

<b>Violation</b>	<b>Statutory/Rule Provision</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>

**State Plumbing Board**

Engaging in the business, trade or calling of a journeyworker plumber without a license	12-155-108(1) 12-155-113(1)(a) 12-155-113(1)(o)	\$225	\$600	Up to \$2,000
Supervision by a residential, journeyworker, or master plumber of more than three apprentice plumbers at the same jobsite	12-155-124(1) 12-155-113(1)(a)	\$375	\$600	Up to \$2,000 per day
Failure of a plumbing contractor to display their plumbing contractor and/or the plumbing contractor's master plumber license number per statute and rule requirements.	12-155-125 12-155-113(1)(a) 12-155-113(1)(s)	\$225	\$600	Up to \$2,000 per day

**1.9 STATE PLUMBING INSPECTORS**

- A. Applicant. All applicants for the position of state plumbing inspector must possess a current journeyworker or master plumber license issued by the State of Colorado.
- B. Plumbing License. Plumbing inspectors must maintain a current Colorado journeyworker or master plumbing license.

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**Editor's Notes****History**

Entire rule eff. 01/01/2008.

Entire rule eff. 04/01/2010.

Rules 2.3.A, 2.4.1-2.4.2, 6.4 eff. 09/01/2011.

Entire rule eff. 03/15/2014.

Rules 2.3, 3.1 eff. 12/15/2014.

**State Plumbing Board**

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Entire rule eff. 02/14/2016.

Rules 2.5.1.27, 4.1, 4.2, 4.5.4, 4.5.5, 4.6-4.13, 6.1, 7.4 eff. 04/01/2016.

Rules 1.2 A-C, 1.2 D.4, 1.2 D.7-10, 1.2 E, 1.3, 1.4 A, 1.4 E, 1.6 B.8 eff. 06/14/2020. Rule 1.4.D repealed eff. 06/14/2020.

Rule 1.3 C eff. 08/30/2021.

Rule 1.4 L.2 eff. 12/15/2021.

Rule 1.10 emer. rule eff. 10/26/2022.

Rule 1.10 eff. 12/15/2022.

Rules 1.2, 1.3 A,B, 1.4 A,B,E,L, 1.5 E, 1.7 D eff. 04/14/2023.

Rule 1.2 E.1 eff. 12/15/2023. Rule 1.10 repealed eff. 12/15/2023.

**Annotations**

Rules 1.10 B. and 1.10 C. (adopted 10/26/2022) were not extended by Senate Bill 23-102 and therefore expired 05/15/2023.

**PHIL WEISER**  
Attorney General  
**NATALIE HANLON LEH**  
Chief Deputy Attorney General  
**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
General



**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

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**Office of the Attorney General**

Tracking number: 2025-00009

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
Division of Professions and Occupations - State Plumbing Board

**on 02/26/2025**

**3 CCR 720-1**

**PLUMBING RULES AND REGULATIONS**

The above-referenced rules were submitted to this office on 02/27/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 18, 2025 07:01:28

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", with a stylized flourish extending to the right.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General



## **Permanent Rules Adopted**

**Department**

Department of Regulatory Agencies

**Agency**

Public Utilities Commission

**CCR number**

4 CCR 723-4

**Rule title**

4 CCR 723-4 RULES REGULATING GAS UTILITIES 1 - eff 04/30/2025

**Effective date**

04/30/2025

## **COLORADO DEPARTMENT OF REGULATORY AGENCIES**

### **Public Utilities Commission**

#### **4 CODE OF COLORADO REGULATIONS (CCR) 723-4**

##### **PART 4**

##### **RULES REGULATING GAS UTILITIES**

#### **GAS COST ADJUSTMENT, PRUDENCE REVIEW, AND PERFORMANCE INCENTIVE**

##### **4600. Overview and Purpose.**

Rules 4601 through 4610 are used by utilities to revise gas rates on an expedited basis, to reduce the volatility of gas costs for customers, and to improve their management of gas costs. These rules provide instructions for the filing of: gas cost adjustment filings; annual gas purchase plan submittals; annual gas purchase and deferred balance reports; gas price risk mitigation plans; and gas performance incentive mechanisms. The purpose of the Gas Cost Adjustment is to enable utilities, on an expedited basis, to reflect in their rates for gas sales and gas transportation services, as applicable, the increases or decreases in gas costs, including (but not limited to) gas commodity costs and upstream services costs. The purpose of the Gas Purchase Plan is to describe the utility's plan for purchases of gas commodity and upstream services in order to meet the forecasted demand for sales gas service during each month of the gas purchase year. The purpose of the Gas Purchase and Deferred Balance Report is to present the utility's actual purchases of gas commodity and upstream services during each month of the gas purchase year. The combined purpose of the Gas Price Risk Management Plan and the Gas Performance Incentive Mechanism is to address the volatility of gas commodity costs recovered from the utility's customers and to align the utility's financial incentives with the financial interests of its customers regarding incurred gas commodity costs.

##### **4601. Definitions.**

The following definitions apply to rules 4600 through 4610 unless a specific statute or rule provides otherwise. In the event of a conflict between these definitions and a statutory definition, the statutory definition shall apply.

- (a) "Account No. 191" means an account under the Federal Energy Regulatory Commission Uniform System of Accounts (USOA) used to account for the difference between purchased gas costs and revenues collected by a utility's gas cost adjustment.
- (b) "Base gas cost" means a rate component which is expressed in at least the accuracy of one mil (\$0.001) per Mcf or Dth which reflects the cost of gas commodity and upstream services, when applicable, included in the utility's base rates for sales gas and gas transportation service.
- (c) "Base rates" means the utility's currently effective rates for sales gas and gas transportation service as authorized by the Commission in the utility's last general rate case.

- (d) "Current gas cost" means a rate component of the GCA which is expressed in at least the accuracy of one mil (\$0.001) per Mcf or Dth and which reflects the cost of gas commodity and upstream service projected to be incurred by the utility during the GCA effective period.
- (e) "Deferred gas cost" means a rate component of the GCA which is expressed in at least the accuracy of one mil (\$0.001) per Mcf or Dth and which is designed to amortize over the GCA effective period the under- or over-recovered gas costs reflected in the utility's Account No. 191 or other appropriate costs for a defined period such as a gas purchase year.
- (f) "Forecasted design peak day quantity" means the total quantity of gas commodity anticipated to be required to meet firm sales and firm gas transportation service demand on the utility's system on a design or historical peak day.
- (g) "Forecasted gas commodity cost" means the cost of gas commodity, including appropriate adjustments for storage gas injections and withdrawals, approved hedging program costs, and for exchange gas imbalances, which is projected to be incurred by the utility during the GCA effective period and which is determined by using forecasted gas purchase quantity and forecasted purchase prices.
- (h) "Forecasted gas purchase quantity" means the quantity of gas commodity the utility anticipates it will purchase during the GCA effective period, based upon the forecasted sales gas quantity, adjusted for system gas loss, use, or other anticipated variances.
- (i) "Forecasted purchase prices" means index prices, fixed prices, or other gas contracting price options used in the calculation of the forecasted gas commodity cost.
- (j) "Forecasted sales gas quantity" means the quantity of gas commodity projected to be sold by the utility during the GCA effective period, based upon the normalized quantity of gas commodity sales, adjusted for anticipated changes.
- (k) "Forecasted upstream service cost" means the total cost of upstream services projected to be incurred by the utility during the GCA effective period.
- (l) "Gas commodity throughput" means the amount of gas commodity flowing through the utility's jurisdictional gas facilities during a defined period of time.
- (m) "Gas cost adjustment" or "GCA" means the tariff mechanism by which a gas rate is adjusted to reflect increases or decreases in gas costs.
- (n) "GCA effective period" means the period of time that the GCA rate change is intended to be in effect before being superseded on the effective date of the next scheduled GCA.
- (o) "GCA filing" means an application or advice letter filing to adjust the GCA rate.
- (p) "GCA rate area" means the geographic portion of the utility's service area in which a GCA rate is calculated and billed to customers. A utility may have a single GCA rate area that covers its entire service area or multiple GCA rate areas as established by the Commission.

- (q) "Gas performance incentive mechanism" (GPIM) means an incentive mechanism implemented in conjunction with a GPRMP that aligns the utility's financial incentives with the financial interests of its customers regarding incurred gas commodity costs.
- (r) "GPIM total gas costs" means the utility's incurred expenditures on gas commodity for applicable sales gas rate schedules in each past calendar quarter calculated in accordance with the utility's GCA tariff sheets on file with the Commission.
- (s) "GPIM total gas quantity" means the quantity of gas commodity purchased (Mcf or Dth) for applicable sales gas rate schedules for each past calendar quarter calculated in accordance with the utility's GCA tariff sheets on file with the Commission.
- (t) "Gas price risk management plan" (GPRMP) means a plan governing the calculation of the GCA subject to a maximum cap and a minimum threshold pursuant to paragraph 4603(g).
- (u) "Gas purchase and deferred balance report" (GPDBR) means a report pursuant to rule 4608 which is filed with the Commission and which describes the utility's actual purchases of gas commodity and upstream services in order to meet sales gas demand during the gas purchase year.
- (v) "Gas purchase plan" (GPP) means a submittal pursuant to rule 4605 that describes the utility's planned purchases of gas commodity and upstream services to be used to meet sales gas demand during the gas purchase year.
- (w) "Gas purchase year" means a 12-month period from July 1 through June 30.
- (x) "Gas transportation service" means the delivery of gas commodity on the utility's pipeline system (either transmission or distribution) pursuant to any of the utility's gas transportation rate schedules on file with the Commission.
- (y) "Index price" means a published figure identifying a representative price of natural gas commodity available in a geographic area or at specific gas purchasing points during a specified time interval (i.e., daily, weekly, or monthly).
- (z) "Long-term contract" means a firm, fixed-price supply contract with an initial term of 12 months or more in duration.
- (aa) "Mil" means one-tenth of one cent (\$0.001).
- (bb) "Normalized" means the process of adjusting gas quantities to reflect normal historic temperature based on National Oceanic and Atmospheric Administration data or other data as appropriate.
- (cc) "Peak day" means a defined period (such as a 24 hour period or a three consecutive coincidental or non-coincidental day average), not less than 24 hours, during which gas commodity throughput is at its maximum level on the utility's system.
- (dd) "Propane utility" means a public utility as defined in § 40-1-103, C.R.S., that operates for the purpose of supplying the public propane but does not supply natural gas or other fuels.

- (ee) "Receipt point/area" means the point or group of points in a discrete geographic area, such as a supply basin, hub, or market area, at which the utility acquires title to the gas commodity purchased.
- (ff) "Sales gas service" means the regulated sale of gas commodity by the utility to customers on the utility's jurisdictional gas system.
- (gg) "Service level" means the type or level (whether base, swing, or peak) of gas supply service contracted for by the utility based upon the respective obligations of the supplier to deliver and sell, and the utility to take and purchase, gas commodity.
- (hh) "Upstream services" means all transmission, gathering, compression, balancing, treating, processing, storage, and like services performed by others under contract with the utility for the purpose of effectuating delivery of gas commodity to the utility's jurisdictional gas facilities.

**4602. Schedule for Filings by Utilities.**

Utilities subject to rules 4600 through 4609 shall make the required filings in accordance with the following schedule.

- (a) Utilities with more than 50,000 full service customers shall file with the Commission quarterly GCA filings. Additional GCA filings may also be filed as necessary pursuant to paragraph 4603(b).
- (b) Utilities with fewer than 50,000 full service customers shall file with the Commission either quarterly GCA filings or two GCA filings per year with effective dates for GCA rates of November 1 and April 1. Additional GCA filings may also be filed as necessary pursuant to paragraph 4603(b).
- (c) Propane utilities shall file an annual GCA filing with an effective date of November 1. Additional GCA filings may also be filed as necessary pursuant to paragraph 4603(b).
- (d) All utilities shall file their GPP submittal annually on or before June 1 for the next gas purchase year beginning July 1.
- (e) The GPDBR for the preceding gas purchase year in which a GPP was filed shall be filed annually by October 1.
- (f) All utilities, except for propane utilities, shall implement a GPRMP through their GCA filings. Modifications to a GPRMP shall be accomplished through an application filing separate from a GCA filing.
- (g) Utilities with fewer than 50,000 full service customers and propane utilities are not required to include a GPIM in their GCA tariff sheets pursuant to rule 4607.
- (h) Utilities with more than 50,000 full service customers shall file an application to include a GPIM within their GCA tariff sheets pursuant to rule 4607 within 60 days of the effective date of these rules. The initial GPIM for utilities with more than 50,000 but less than 500,000 full service customers shall be established in accordance with paragraph 4607(a). The initial GPIM for

utilities with more than 500,000 full service customers shall be established in accordance with paragraph 4607(b). Once established by application, the utility shall implement a GPIM through their GCA filings. Modifications to a GPIM shall be accomplished through an application filing separate from a GCA filing.

- (i) No later than 90 days after the conclusion of a full heating season covered by the utility's initial GPIM, the utility shall file an application for the renewal of the GPIM. Implementation of the initial GPIM shall continue until the renewed GPIM goes into effect. For the utilities with an initial GPIM based on the framework set forth in paragraph 4607(a), the renewal application shall present an analysis of the implementation of the utility's initial GPIM as approved by the Commission and an analysis of GPIM benchmark gas rate and GPIM sharing amount in paragraph 4607(b) as if they had instead been implemented over the same period as the initial GPIM. The utility may propose to implement a modified GPIM provided that the Commission determines the modified GPIM comports with the requirements of § 40-3-120, C.R.S.

#### **4603. Gas Cost Adjustments.**

- (a) **Scheduled filings.** A utility shall submit a GCA filing to adjust its GCA. The GCA filing shall be filed pursuant to the schedule provided in rule 4602. The GCA filing shall be submitted not less than two weeks in advance of the proposed effective date.
- (b) **Additional filings.** If the projected gas costs have changed from those used to calculate the currently effective gas cost or if a utility's deferred gas cost balance increases or decreases sufficiently, the utility may submit a GCA filing to revise its currently effective GCA to reflect such changes, provided that the resulting change to the GCA equates to at least one cent (\$0.01) per Mcf or Dth.
- (c) **Applicability of the GCA.** The GCA shall be applied to all utility sales gas rate schedules. A utility engaged in the provision of gas transportation service may calculate a GCA that may be applied to transportation gas rate schedules in order to reflect appropriate costs. Absent a Commission decision, a utility engaged in the provision of gas transportation service shall not be required to calculate a transportation GCA factor.
- (d) **Interest on under- or over-recovery.** The amount of net interest accrued on the average monthly balance in Account No. 191 (whether positive or negative), is determined by multiplying the monthly balance by an interest rate equal to the Commission-authorized customer deposit rate for gas utilities. If net interest is positive, it will be excluded from the calculation of the deferred gas cost.
- (e) **Financial gas commodity hedging.** Costs related to gas price volatility risk management through financial hedging for jurisdictional gas supply may be included for recovery through the GCA, if allowed by tariffs or by Commission decision. Such costs are subject to the prudence review and standard provided in rule 4608.
- (f) **Calculation of the GCA.** The GCA shall be calculated to at least the accuracy of one mil per Mcf or Dth pursuant to the following formula, subject to individual GCA rule variances granted by the Commission:

$$\text{GCA} = (\text{current gas cost} + \text{deferred gas cost}) - (\text{base gas cost}).$$

- (g) Gas price risk management plan. The calculation of the GCA shall be subject to a maximum cap based on a set percentage of an average of the utility's historical GCAs and to a minimum threshold based on a set percentage of an average of the utility's historical GCAs in accordance with the utility's gas price risk management plan as approved by the Commission. Prudently incurred costs above the maximum cap shall be recorded in a deferred balance that is recoverable and amortized over an appropriate timeline of no more than five years with financing costs, as determined by the Commission. Collections at the minimum threshold shall be recorded in a reserve fund, not to exceed an amount established by the Commission, and shall be used to offset any deferred balance of prudently incurred costs above the maximum cap.

**4604. Contents of GCA Filings.**

- (a) A GCA filing shall meet the following requirements.
  - (I) Every GCA filing shall contain attachments 1 through 9. The attachments shall meet the requirements set out in this rule.
  - (II) The attachments shall be organized in a manner that specifically references, and responds to, the requirements contained in each subparagraph of this rule.
  - (III) Attachments 2, 3, 5, and 6 shall be provided in executable format with all cell formulas intact, using spreadsheet software that is compatible with software used by Commission staff.
  - (IV) Cross-referenced and footnoted work-papers fully explaining the amounts shown in each attachment shall be submitted and provided to Commission staff at the same time as the application. Work-papers shall be provided in executable format with all cell formulas intact, using spreadsheet software that is compatible with software used by Commission staff.
  - (V) The filing shall cross-reference the proceeding numbers of the associated GPP submittals.
  - (VI) An explanation of all pro forma adjustments shall be provided, if applicable.
- (b) GCA attachment No. 1 - GCA summary. This attachment shall clearly illustrate all of the following principles.
  - (I) The impact the utility's currently effective GCA has on each sales gas customer class and, when applicable, the gas transportation rate class on a total dollar and mil (\$0.001, minimum) per Mcf or Dth basis.
  - (II) The impact the utility's proposed GCA has on each sales gas customer class and, when applicable, gas transportation rate class on a total dollar and mil (\$0.001, minimum) per Mcf or Dth basis; and
  - (III) The percent change in total bill for a customer of average usage for each sales gas customer class. This percent change in total bill calculation shall include an itemization

of the monthly service and facility charge, base rates and GCA commodity components, and all other tariff charges on the customer bill.

- (c) GCA attachment No. 2 - Current Gas Cost Calculation. This attachment shall contain the calculation of the current gas cost and shall provide month-by-month information with respect to the forecasted gas commodity cost, forecasted gas purchase quantity, forecasted market prices, forecasted upstream service cost, and forecasted sales gas quantity. The utility shall present all such information in a format comparable with, and corresponding to, the information forecasted in the utility's GPP, as required pursuant to rule 4606.
- (I) The utility shall calculate current gas cost at least to the accuracy of the nearest mil (\$0.001) per Mcf or Dth according to the following formula, subject to individual GCA rule variances granted by the Commission:
- $$\text{current gas cost} = (\text{forecasted gas commodity cost} + \text{forecasted upstream service cost}) / \text{forecasted sales gas quantity}.$$
- (II) The utility shall present all such information in a format comparable with, and corresponding to, the information forecasted in the utility's GPP submittal for each month of the GCA effective period, as required pursuant to rule 4606.
- (d) GCA attachment No. 3 - Deferred Gas Cost Calculation. This attachment shall contain the details of the utility's actual gas purchase costs, the calculation of deferred gas cost, the implementation of the utility's GPRMP, and the calculation of the GPIM symmetric sharing amounts, as approved by the Commission. In addition, this attachment shall provide month-by-month information detailing the activity in USOA Account No. 191 by subaccount and period as applicable, interest on under- or over-recovery, GPIM sharing amounts, and all other included gas costs authorized for recovery in the GCA. The utility shall calculate deferred gas cost as the aggregate total of the under- or over-recovered gas costs reflected in its Account No. 191, or other approved gas costs, recorded at the close of business for each month of the period at issue (such as the previous gas purchase year), plus interest on under- or over-recovery (if net amount is negative), divided by forecasted sales gas quantity for the next 12-month period. The utility shall calculate deferred gas cost at least to the accuracy of the nearest mil per Mcf or Dth. Each cost a utility includes in the deferred gas cost calculation shall be itemized and clearly identified and itemized for applicability to the period at issue. In its GCA filings, the utility shall reflect actual deferred costs for the most recent period, or as otherwise approved by the Commission.
- (e) GCA attachment No. 4 - Current Tariff. This attachment shall contain the tariff pages which illustrate the gas cost components of the utility's currently effective rates for sales gas service and, where applicable, gas transportation service.
- (f) GCA attachment No. 5 - Forecasted Gas Transportation Demand. This attachment applies only to utilities that have a GCA component within their authorized rates for gas transportation service. This attachment shall provide the following information, with all demand forecast information provided on a Mcf or Dth basis:
- (I) a forecast of gas commodity throughput attributable to gas transportation service for each month of the GCA effective period; and



- (II) a forecast of firm backup supply demand quantities (to the extent the utility has such service) under the utility's firm gas transportation service agreements for each month of the GCA effective period.
- (g) GCA attachment No. 6 - current gas cost allocations. This attachment shall fully explain and justify the method(s) used to do each of the following:
  - (I) allocate the costs associated with the gas commodity and upstream services to each specific sales gas customer class and, where applicable, gas transportation customer rate class; and
  - (II) derive the amount of the GCA applied to each specific sales gas customer class, subject to the utility's GPRMP and GPIM, and, where applicable, gas transportation customer rate classes.
- (h) GCA attachment No. 7 - Customer Notice. This attachment shall provide the form of notice to customers and the public concerning the utility's proposed GCA change. In its customer notice for each sales gas customer class, the utility shall include the following:
  - (I) current and proposed GCA rates and percentage change;
  - (II) comparison of the previous gas purchase year's last average annual bill under prior rates and the projected average annual bill under the proposed GCA rates and percentage change in the total bill amount using an average usage amount for each customer class;
  - (III) comparison of the prior year's peak winter month bill under prior rates and the projected peak winter month bill under the proposed GCA rates and percentage change using an average peak winter month usage amount for each customer class; and
  - (IV) a statement that the utility made a separate gas purchase report filing in accordance with rule 4608 to begin the initial prudence review evaluation process for the prior gas purchase year.
- (i) GCA attachment No. 8 - components of delivered gas cost. This attachment shall detail the itemized rate components of delivered gas cost to the customer (rate), per rule 4406.
- (j) GCA attachment No. 9 - proposed tariff. This attachment shall contain the tariff sheets proposed by the utility to reflect the proposed GCA change.
- (k) GCA attachment No. 10 - GPIM sharing amounts. As applicable, this attachment shall detail the calculation of GPIM sharing amounts per rule 4607 and any sharing amounts included in the deferred gas cost calculation presented in attachment No. 3. The calculation of the sharing amounts shall be provided in executable format with all cell formulas intact, using spreadsheet software that is compatible with software used by Commission staff.

**4605. Gas Purchase Plans.**

- (a) GPP filing requirements. The utility shall file its GPP as a "Submittal for Determination of Completeness of GPP." This submittal shall include the following proceeding caption: "In the

matter of Gas Purchase Plans and Gas Purchase Reports for [utility] for the Gas Purchase Year from July 1, [year] through June 30, [year]."

- (b) Contents of GPP filing. In the GPP, the utility shall submit to the Commission the following:
  - (I) the information required by rule 4606;
  - (II) the utility's forecasted quantity of gas to be purchased over the ensuing gas purchase year for each service level;
  - (III) the utility's forecasted pricing for each receipt point/area; and
  - (IV) the utility's portfolio management plan.
- (c) Commission procedures for processing filings. Upon receipt of a GPP submittal, the Commission shall assign a proceeding number and shall review the submittal solely for completeness (i.e., compliance with the information requirements of these rules). The Commission shall not: hold a hearing on the substance of the GPP, entertain interventions by interested parties, require the filing of testimony or permit discovery. The Commission shall not render a decision approving or disapproving the substantive information contained in the submittal.
- (d) Review timelines. Commission staff shall review the submittal and, within 15 calendar days of the filing, shall provide written notification to the utility of any deficiencies in the submittal. The utility shall file the requested information, or a written statement indicating that the utility believes the additional information is not required, within 15 calendar days after the date of the Commission staff notification. Upon receipt of final information or the written statement, Commission staff shall place the submittal on the agenda for consideration at the next available Commissioners' weekly meeting. If the Commission fails to mail its determination on completeness of the submittal within 15 calendar days of receipt of final information or the written statement, the submittal shall be deemed complete.
- (e) Utilities with multiple GCA rate areas. A utility with more than one approved GCA rate area in Colorado shall file a separate GPP for each GCA rate area. These GPPs may be filed in a single submittal.
- (f) Modified GPP. A utility shall file a new GPP within 30 days of its determination that the currently effective GPP no longer substantively reflects active purchasing conditions or the utility's planned purchasing practices.

**4606. Contents of the GPP.**

A GPP submittal shall contain the following attachments. The utility shall organize attachments in a manner that specifically references, and responds to, the requirements of paragraphs (a) through (d) of this rule. With its submittal, the utility shall provide cross-referenced and footnoted work-papers fully explaining the amounts shown in each attachment.

- (a) GPP attachment No. 1 - gas purchase schedule. This attachment shall provide a forecast of the specific gas commodity supplies, segregated by receipt point/area, which the utility plans to

purchase in order to meet forecasted sales gas demand during each month of the applicable gas purchase year.

- (b) GPP attachment No. 2 - gas purchasing pricing description. For each specific receipt point/area, this attachment shall provide an estimate of applicable ranges of forecast index prices expected to be incurred, short-term fixed prices (one-year or other appropriate term), and other relevant pricing options, as applicable to the portfolio management plan described in GPP attachment 3.
- (c) GPP attachment No. 3 - portfolio management plan. This attachment shall provide a plan stating how the utility plans to manage its gas supply portfolio for the gas purchase year. This attachment shall also include a description and analysis of the options the utility considered, or will consider, and the steps the utility has taken, or will take, to reduce customers' risk of gas price volatility for the gas purchase year. To the extent a utility proposes to use gas price volatility risk management tools, this attachment shall include a description of the utility's policy for implementing such risk management tools, including a projection of such costs and the assumptions underlying all cost estimates.
- (d) GPP attachment No. 4 - forecasted upstream service costs. This attachment shall include the following information for each month of the applicable gas purchase year:
  - (I) An itemized list of all upstream services, by provider and service level or rate schedule, and associated costs, that the utility expects to purchase in the upcoming gas purchase year in order to meet sales gas and gas transportation demand.
  - (II) A comparison of forecasted design peak day delivery quantity with all sources of capacity available to the utility, including forecasted upstream services, forecasted gas commodity to be purchased directly into the utility's distribution system (i.e., city gate purchases) on a firm basis, and the utility's own gas storage facilities or purchased gas storage capacity.
  - (III) A comprehensive explanation of the utility's forecasted level of planned upstream service purchases.
  - (IV) Forecasted capacity release volumes and revenues for release of upstream capacity by the utility.

**4607. Gas Performance Incentive Mechanism.**

In conjunction with its GPRMP, the utility shall implement a GPIM in accordance with this rule and the specific terms set forth in its GCA tariff sheets. The utility shall implement a GPIM for each GCA rate area with more than 50,000 full service customers or each purchasing region as specified in the utility's GPP.

- (a) An application to establish a GPIM for a utility with more than 50,000 but less than 500,000 full service customers shall contain the following elements. The utility shall specifically reference and respond to the requirements of subparagraphs (I) through (IV) of this rule and shall provide cross-references and footnoted work-papers in executable format with all cell formulas intact, using spreadsheet software that is compatible with software used by Commission staff.

- (I) GPIM benchmark. Methodology to establish the GPIM benchmark for commodity gas purchases based on verifiable, reported market indices, with a reasonable adjustment, and for appropriate locations.
- (II) GPIM commodity gas volumes. Description and explanation of all gas volumes to be included in the GPIM.
  - (A) The volumes and costs associated with fixed-price, long-term supply contracts may be excluded from the GPIM and risk sharing calculation.
  - (B) The volumes and costs associated with storage injections and withdrawals, including both physical and contract storage, may be excluded from the GPIM and risk sharing calculation. Utilities shall provide a description of storage assets to be either included or excluded from the GPIM.
  - (C) The volumes and costs associated with associated with financial hedging shall be excluded from the GPIM and risk sharing calculation.
  - (D) All other actual gas volumes and costs shall be subject to the GPIM with consideration of reasonable adjustments as determined by the Commission.
- (III) Upstream supply costs. Description and explanation of upstream costs included in the GPIM risk sharing mechanism, including the methodology for developing an appropriate benchmark for such costs, if appropriate.
- (IV) Risk sharing amount. Methodology for calculating the risk sharing amount.
  - (A) A formula will calculate a percentage of the difference between the actual gas costs and the benchmark formula for applicable gas volumes, either positive or negative, borne or retained by the utility, subject to applicable limitations.
  - (B) The utility shall explain:
    - (i) any proposed deadband around the GPIM benchmark whereby price variation within the deadband is excluded from risk sharing formula;
    - (ii) any proposed cap or floor on the results of the risk sharing; and
    - (iii) any proposed methodology for applying force majeure or similar provisions to the risk sharing mechanism.
  - (C) Backcasting analysis, based on a minimum of the most recent three years of historical data, will demonstrate how the proposed GPIM benchmark would have been calculated and how the proposed risk sharing mechanism would have performed over the historical period. This analysis shall assume the utility made no changes to its actions in response to the mechanism and ignore any force majeure or similar events. The utility may, in its discretion, present additional analysis.

- (b) An application to establish a GPIM for a utility with more than 500,000 full service customers shall contain the following elements. The utility shall specifically reference and respond to the requirements of subparagraphs (I) through (IV) of this rule and shall provide cross-references and footnoted work-papers in executable format with all cell formulas intact, using spreadsheet software that is compatible with software used by Commission staff.
- (I) GPIM benchmark gas rate. The GPIM benchmark gas rate for the completed calendar quarter preceding the GCA filing will be calculated as the average of the GPIM total gas cost for that same quarter in the previous three years divided by the GPIM total gas quantity for the same quarters in the previous three years.
  - (II) GPIM actual gas rate. The GPIM actual gas rate for the completed calendar quarter preceding the GCA filing will be calculated as the GPIM total gas cost for that quarter divided by the GPIM total gas quantity for that same quarter.
  - (III) GPIM sharing amount. The GPIM sharing amount will be calculated as four percent of the difference between the GPIM benchmark gas rate and the GPIM actual gas rate, either positive or negative, multiplied by the GPIM total gas quantity for the completed calendar quarter preceding the GCA filing, subject to the following limitations:
    - (A) the GPIM sharing amount for a quarter shall be zero if the difference between the GPIM benchmark gas rate and the GPIM actual gas rate is less than \$0.50 per Mcf or Dth;
    - (B) the GPIM sharing amount for a quarter shall be the difference between the GPIM benchmark gas rate and the GPIM actual gas rate that is above or below the \$0.50 per Mcf or Dth threshold in subparagraph 4607(b)(III)(A); and
    - (C) the utility's cumulative quarterly GPIM sharing amounts summed across all GCA rate areas or purchasing regions, positive or negative, shall be capped over a rolling twelve-month period at an amount equal to a 30 basis point return on the utility's rate base as established by the Commission in the utility's most recent base rate proceeding, set solely on the equity share of the utility's capital structure.
  - (IV) The utility may request, and the Commission may grant, a force majeure exception upon good cause shown after such an event has occurred. The force majeure exception may allow the utility to exclude costs from the GPIM that are deemed to be either associated with the force majeure event as defined by the utility's tariffs on file with the Commission or associated with force majeure events as defined in the utility's upstream gas supply, storage, and transportation agreements and tariffs.
- (c) Unless subject to the limitations in subparagraph 4607(a)(IV)(B)(ii) or subparagraph 4607(b)(III)(C), the GPIM sharing amount shall be accounted for in the utility's deferred gas cost calculation for the quarterly GCA filing.
- (I) To the extent a GCA calculation is subject to a maximum cap specified in a utility's GPRMP, any new positive GPIM sharing amount will not be accounted for in the deferred gas cost calculation but instead be subject to a carryforward into subsequent GCA

quarterly filings. The carried forward GPIM amount shall be eligible to offset incurred negative GPIM sharing amounts.

- (II) To the extent a GCA calculation is subject to a minimum threshold specified in a utility's GPRMP, any new negative GPIM sharing amount will not be accounted for in the deferred gas cost calculation but instead be accounted for in the deferred gas cost calculation in subsequent quarterly GCA filings in which the GCA calculation is above the minimum threshold.

**4608. Gas Purchase and Deferred Balance Reports and Prudence Reviews.**

- (a) GPDBR filing requirements. The utility shall file a GPDBR in accordance with paragraph 4602(e) for the review and approval of the calculation of the deferred GCA balance including the implementation of the utility's GPIM, as applicable, for the previous four quarters ending June 30. The GPDBR shall be filed under the previous year's GPP proceeding number (filed approximately 15 months previously). Specific attachments or other information may be filed under seal; however, an explanation of the confidential nature of the attachments or information must be included in the GPDBR filing.
- (b) Prudence review process. Based on the initial evaluation of the GPDBR, including the results of the GPIM, the Commission may initiate a prudence review hearing. The Commission shall initiate this hearing by written order within 120 days of the filing of the GDBPR. The prudence review may result in tariff or rate changes that could affect different classifications of customers.
- (c) Prudence review standard. For purposes of GCA recovery, the standard of review to be used in assessing the utility's action (or lack of action) in a specific gas purchase year is: whether the action (or lack of action) of a utility was reasonable in light of the information known, or which should have been known, at the time of the action (or lack of action). The Commission may consider, as appropriate, whether the utility employed carefulness, precaution, attentiveness, and good judgment.
- (d) Burden of proof. If the Commission elects to hold a hearing, the utility shall have the burden of proof and the burden of going forward to establish the reasonableness of actual gas commodity and demand costs paid by the utility, actual costs incurred in volatility management, and actual upstream service costs of any nature incurred during the review period.
- (e) Utility testimony and attachments. If the Commission sets a hearing, the utility shall file its testimony supporting gas cost recovery for the gas purchase year at issue. The testimony shall be filed in question-and-answer format. The utility shall file its testimony not later than 45 days after the Commission sets the matter for hearing.

**4609. Contents of the GPDBR.**

A GPDBR shall contain the following attachments. The utility shall organize the attachments in a manner that specifically references, and responds to, paragraphs (a) through (d) of this rule. The utility shall also present all such information in a format comparable with, and corresponding to, the information forecasted in the utility's GPP submittal as required pursuant to rule 4606 and GCA filing pursuant to rule 4604. The utility shall provide an explanation of, and justification for, any material deviations from its GPP. All underlying support documentation and work-papers shall be made available. With its filing, the utility shall provide cross-referenced and footnoted work-papers fully explaining the amounts shown in each attachment.

- (a) GPDBR attachment No. 1 - actual gas commodity purchases. This attachment shall provide, in a format comparable to the information provided in GPP attachment 1, the quantities of, and actual invoice costs of, specific gas commodity supplies, segregated by receipt point/area that the utility purchased in order to meet actual sales gas and gas transportation demand during the peak day and for each month of the gas purchase year. Each gas utility shall provide a description and explanation of the following:
  - (I) the volumes and costs associated with fixed-price, long-term supply contracts;
  - (II) the volumes and costs associated with storage injections and withdrawals, including both physical and contract storage; and
  - (III) the volumes and costs associated with financial hedging.
- (b) GPDBR attachment No. 2 - description of actual market prices. This attachment shall provide, in a format comparable to the information provided in GPP attachment 2, actual index prices, short-term fixed prices (one-year, or other appropriate term), and other relevant pricing options for each specific receipt point area, as applicable to the portfolio management plan described in GPP and GPR attachments 3.
- (c) GPDBR attachment No. 3 - actual portfolio purchases. This attachment shall provide, in a format comparable to the information provided in GPP exhibit 3, a comparison of the utility's portfolio management plan and the results actually achieved through the implementation of this plan (or modification thereto), in order to demonstrate, using the standard of review specified in paragraph 4608(c), the prudence of actual portfolio purchases. This attachment shall include a detailed itemization of gas price volatility risk management costs if applicable.
- (d) GPDBR attachment No. 4 - actual upstream service costs. This attachment shall provide, in a format comparable to the information provided in GPP attachment 4, the following information for each month of the gas purchase year:
  - (I) an itemized list of the upstream services the utility actually purchased in order to meet sales gas and gas transportation demand;
  - (II) an itemized listing of the specific costs the utility incurred to purchase upstream services;
  - (III) actual peak day demand experienced by the utility during the gas purchase year; and

- (IV) an itemized list of capacity release volumes and revenues.
- (e) GPDBR attachment No. 5 - deferred balances. This attachment shall provide monthly deferred balances for the 12 months ending June 30.
- (f) GPDBR attachment No. 6 - GPIM results. This attachment shall provide, for the 12 months ending June 30:
  - (I) the quarterly GPIM benchmark gas rates and GPIM actual gas rates;
  - (II) the quarterly and twelve-month cumulative GPIM sharing amounts; and
  - (III) the calculation of the applicable cap on GPIM sharing amounts.

**4610. Confidentiality.**

- (a) For each attachment filed by the utility as confidential under rules 4600 through 4610, the utility shall provide, at a minimum, a version of the attachment with publicly available information.
- (b) The Office of the Utility Consumer Advocate (UCA) may provide each utility annually, on or before January 1 of each year, an executed generic nondisclosure agreement with the utility so that the utility shall provide such confidential information to the UCA when any utility filings are made pursuant to rules 4600 through 4609 for the subsequent year.

**4611. – 4699. [Reserved].**



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**Office of the Attorney General**

Tracking number: 2024-00212

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Public Utilities Commission**

**on 02/25/2025**

**4 CCR 723-4**

**RULES REGULATING GAS UTILITIES**

The above-referenced rules were submitted to this office on 02/25/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 17, 2025 08:10:56

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Regulatory Agencies

### **Agency**

Division of Professions and Occupations - State Board of Licensed Professional Counselor Examiners

### **CCR number**

4 CCR 737-1

### **Rule title**

4 CCR 737-1 LICENSED PROFESSIONAL COUNSELOR EXAMINERS RULES AND  
REGULATIONS 1 - eff 05/15/2025

### **Effective date**

05/15/2025

## DEPARTMENT OF REGULATORY AGENCIES

### State Board of Licensed Professional Counselor Examiners

## LICENSED PROFESSIONAL COUNSELOR EXAMINERS RULES AND REGULATIONS

### 4 CCR 737-1

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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...

#### 1.14 LICENSURE BY EXAMINATION (C.R.S. § 12-245-604)

...

##### C. Post-Graduate Experience Requirements.

...

##### 3. Supervision.

- a. The Board may accept any of the following as a supervisor provided the proposed supervisor's experience is substantially equivalent to those within the scope of a licensed professional counselor:

...

- (5) A licensed addiction counselor who, at the time of the supervision, was licensed by the Board in the jurisdiction in which the applicant's services were performed.

...

##### 4. Supervised Post-Graduate Practice in Professional Counseling.

- a. Has at least two years of post-master's practice or one year of postdoctoral practice in licensed professional counseling under clinical supervision;
- b. Has at least two thousand hours of practice in counseling, including at least one thousand five hundred hours of face-to-face direct client contact, or practice pursuant to section 12-245-603, under clinical supervision that is in person or is telesupervision and cannot be completed in fewer than twenty-four months and may involve supervision by more than one supervisor as defined in these rules; and
- c. For each one thousand hours of supervised practice in professional counseling, has received a minimum of fifty hours of supervision. A minimum of twenty-five of the fifty hours must be individual supervision, which may be in person or through telesupervision. The remaining twenty-five of the fifty hours of supervision earned may be either triadic supervision or group supervision with a maximum ratio of one supervisor to ten supervisees. No other modes of supervision will be accepted.

- d. The teaching of the practice of professional counseling may count up to 300 hours of post-doctoral practice in professional counseling under supervision, provided this teaching experience was supervised by a supervisor as defined in these Rules.
  - e. The teaching of the practice of professional counseling may count up to 300 hours of post-doctoral practice in professional counseling under supervision, provided this teaching experience was supervised by a supervisor as defined in these Rules and cannot be completed in fewer than twelve months and may involve supervision by more than one supervisor as defined in these rules
- D. Examination. In accordance with sections 12-245-204(4)(b), 12-245-604(1)(e), and 12-245-604(3), C.R.S., the Board establishes these requirements for the licensing examination to demonstrate professional competence in professional counseling, including special knowledge and skill in psychotherapy.
  - 1. Jurisprudence Examination. Applicants for both licensure and candidate registration shall be required to pass a Board developed jurisprudence examination.

...

#### 1.18 CONTINUING PROFESSIONAL COMPETENCE (C.R.S. § 12-245-606)

...

Effective May 22, 2024, licensed professional counselor candidates shall complete continuing professional development and educational hours prior to a second or subsequent renewal of a licensed professional counselor candidate registration to maintain the licensed professional counselors candidate registration.

...

- E. Professional Development Hours. Licensees shall complete forty PDH each renewal cycle in order to renew their license. Licensed professional counselor candidates shall complete sixty (60) PDH at the second and all subsequent renewal cycles.

...

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#### Editor's Notes

##### History

Rules 10, 17 emer. rules eff. 01/29/2008.

Rules 10, 17 eff. 03/01/2008.

Rules 12, 15, 19, 20 emer. rules eff. 01/01/2011.

Rules 12, 15, 19, 20 eff. 03/01/2011.

Entire rule emer. rule eff. 12/13/2011.

Entire rule eff. 02/01/2012.

Rule 14 eff. 07/01/2012.

Rule 12 eff. 03/16/2016.

Rules 1.6 A, 1.6 B.2, 1.7, 1.14, 1.22 emer. rules eff. 09/25/2020.

Rules 1.6 A, 1.6 B.2, 1.7, 1.12, 1.14, 1.16, 1.22, 1.23, Appendix A eff. 11/14/2020.

Rule 1.6 A eff. 04/30/2021.

Rules 1.12 C-D, 1.23, Appendix A eff. 08/30/2021.

Rule 1.8 B eff. 10/30/2021.

Rules 1.24, 1.25 emer. rules eff. 09/02/2022.

Rules 1.12, 1.24-1.26, Appendix B eff. 12/15/2022.

### **Annotations**

Rules 1.12 C., 1.12 D., 1.23 E.4. (adopted 09/25/2020) were not extended by Senate Bill 21-152 and therefore expired 05/15/2021.

Rules 1.25 B. and 1.25 C. were to be expired by Senate Bill 23-102. However, these rules were not adopted on or after November 1, 2021 and before November 1, 2022 pursuant to section 24-4-103(8)(c), C.R.S., and therefore were not removed.

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**Office of the Attorney General**

Tracking number: 2025-00016

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
Division of Professions and Occupations - State Board of Licensed Professional Counselor Examiners

**on 03/07/2025**

**4 CCR 737-1**

**LICENSED PROFESSIONAL COUNSELOR EXAMINERS RULES AND REGULATIONS**

The above-referenced rules were submitted to this office on 03/11/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 27, 2025 08:23:55

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Public Health and Environment

### **Agency**

Water Quality Control Commission

### **CCR number**

5 CCR 1002-43

### **Rule title**

5 CCR 1002-43 REGULATION NO. 43 - ON-SITE WASTEWATER TREATMENT  
SYSTEM REGULATION 1 - eff 04/30/2025

### **Effective date**

04/30/2025

## DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

### Water Quality Control Commission

## REGULATION NO. 43 - ON-SITE WASTEWATER TREATMENT SYSTEM REGULATION

### 5 CCR 1002-43

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 43.1 Authority

This regulation is promulgated pursuant to the On-site Wastewater Treatment System Act, 25-10-101, et seq. C.R.S.

#### 43.2 Scope and Purpose

##### A. Declaration

1. In order to preserve the environment and protect the public health and water quality; to eliminate and control causes of disease, infection, and aerosol contamination; and to reduce and control the pollution of the air, land and water, it is declared to be in the public interest to establish minimum standards and regulations for On-site Wastewater Treatment Systems (OWTS) in the state of Colorado and to provide the authority for the administration and enforcement of such minimum standards and regulations.
2. This regulation will apply to On-site Wastewater Treatment Systems as defined in section 25-10-103(12), C.R.S.

##### B. Purpose

1. The purpose of this regulation as authorized by the OWTS Act is to establish minimum standards for the location, design, construction, performance, installation, alteration and use of OWTS within the state of Colorado, and establish the minimum requirements for regulations adopted by local boards of health including but not limited to permit application requirements; requirements for issuing permits; the inspection, testing, and supervision of installed systems; the maintenance and cleaning of systems; the disposal of waste material and the issuance of cease and desist orders.

##### C. Effluent Discharged to Surface Waters

1. Any system that will discharge into surface waters must be designed by a professional engineer. The discharge permit application must be submitted for preliminary approval to the local public health agency. Once approved by the local public health agency, the application must be submitted to the Water Quality Control Division for review in accordance with the Water Quality Control Act, 25-8-101, et seq. C.R.S., and all applicable regulations of the Water Quality Control Commission. Compliance with such a permit will be deemed full compliance with this regulation.

##### D. Jurisdiction of Local Health Agencies



1. The jurisdiction of any local health agency extends over all unincorporated areas and over all municipal corporations within the territorial limits of the county or the counties comprising the district public health agency, but not over the territory of any municipal corporation that maintains its own public health agency.

### **43.3 Definitions**

1. "Absorption system" means a leaching field and adjacent soils or other system for the treatment of sewage in an On-site Wastewater Treatment System by means of absorption into the ground. See Soil treatment area.
2. "Accessible" means easily reached, attained or entered by the necessary equipment or maintenance provider.
3. "Alteration" (Alter) means to change in character or composition of the OWTS. This includes any modification to the OWTS resulting in a small yet significant difference.
4. "Applicant" means a person who submits an application for a permit for an On-site Wastewater Treatment System.
5. "Auxiliary building" means a non-residential structure, located on the same lot or parcel as the principal structure, and for an incidental use to the principal structure.
6. "Basal Area" means the effective surface area available to transmit the treated effluent from the filter media in a mound system into the in-situ receiving soils. The perimeter is measured at the interface of the imported fill material and in-situ soil. On sloping sites, only the area down-gradient from the up-slope edge of the distribution media may be included in this calculation.
7. "Bed" means a below-grade soil treatment area with a level sub-base, consisting of a shallow excavation greater than three feet wide containing distribution media and more than one lateral.
8. "Bedrock" means continuous rock that underlies the soil or is exposed at the surface. Bedrock is generally considered impervious, but if fractured or deteriorated, it may allow effluent to pass through without adequate treatment.
9. "Bedroom" means a room with an egress window, a closet, and/or is intended for sleeping purposes; or as defined by the local board of health, as stated in the local OWTS regulation.
10. "Biochemical Oxygen Demand, Five-Day" (BOD<sub>5</sub>) means quantitative measure of the amount of oxygen consumed by bacteria while stabilizing, digesting, or treating biodegradable organic matter under aerobic conditions over a five-day incubation period; expressed in milligrams per liter (mg/L).
11. "Biochemical Oxygen Demand, Carbonaceous Five Day" (CBOD<sub>5</sub>) means quantitative measure of the amount of oxygen consumed by bacteria while stabilizing, digesting, or treating the organic matter under aerobic conditions over a five-day incubation period while in the presence of a chemical inhibitor to block nitrification; expressed in milligrams per liter (mg/L).
12. "Building sewer" means piping that conveys wastewater to the first system component or the sewer main.
13. "Carbonaceous Biochemical Oxygen Demand" See Biochemical Oxygen Demand, Carbonaceous.

14. "Cesspool" means an unlined or partially lined underground pit or underground perforated receptacle into which raw household wastewater is discharged and from which the liquid seeps into the surrounding soil. Cesspool does not include a septic tank.
15. "Chamber" means an arch-shaped structure providing an open-bottom soil interface with permeable sidewalls, used for distribution of effluent in a soil absorption system.
16. "Cistern" means an enclosed unpressurized reservoir or tank for storing water as part of a potable water supply system.
17. "Cleaning" means the act of removing septage or other wastes from a wastewater treatment system component or grease/waste from a grease interceptor.
18. "Colorado Plumbing Code" means Rules and Regulations of the Colorado State Plumbing Board (3 CCR 720-1).
19. "Commission" means the Water Quality Control Commission created by section 25-8-201, C.R.S.
20. "Competent technician" means a person who has the appropriate expertise and is able to conduct and interpret the results of soil profile test pit excavations, percolation tests, and site evaluations. This individual has also met the required competencies for a "Competent Technician" as defined in section 43.5.1.
21. "Component" means a subsection of an On-site Wastewater Treatment System; a component may include multiple devices.
22. "Composting toilet" means a self-contained waterless toilet designed to decompose non-water-carried human wastes through microbial action and to store the resulting matter for disposal.
23. "Consistence" means the degree and kind of cohesion and adhesion that soil exhibits and/or the resistance of soil to deformation or rupture under an applied stress to an extent that the soil density would restrict permeability. Aspects of consistence are used to determine if the horizon will have permeability lower than that of the defined soil type. Additional insight to consistence can be found in the USDA-NRCS Field book for Describing and Sampling Soils; Version 3.0, Sept. 2012.
24. "Crest" means the highest point on the side of a dry gulch or cut bank.
25. "Cut-bank" means a nearly vertical slope caused by erosion or construction that has exposed historic soil strata.
26. "Deep gravel system" means a soil treatment area for repairs only where the trenches utilize a depth of gravel greater than 6 inches below the distribution pipe and sidewall area is allowed according to a formula specified in this regulation.
27. "Deficiency" See Malfunction.
28. "Department" means the Department of Public Health and Environment created by section 25-1-102, C.R.S.
29. "Design" means 1. the process of selecting, sizing, locating, specifying, and configuring treatment train components that match site characteristics and facility use as well as creating the associated written documentation; and 2. written documentation of size, location, specification and configuration of a system.

- 30. "Design capacity" See Flow, Design.
- 31. "Design flow" See Flow, Design.
- 32. "Designer, on-site wastewater treatment system" means a practitioner who utilizes site evaluation and investigation information to select an appropriate OWTS and prepares a design document in conformance with this regulation.
- 33. "Disinfection" means the process of destroying pathogenic microorganisms in sewage through the application of ultraviolet light, chlorination, or ozonation.
- 34. "Distribution" means the process of dispersing wastewater or effluent to one or more components, devices, or throughout a soil treatment area.
- 35. "Distribution box" means a watertight component that receives effluent from a septic tank or other treatment unit and distributes effluent via gravity in approximately equal portions to two or more distribution laterals in the soil treatment area.
- 36. "Division" means the division of administration of the department of which the Water Quality Control Division is a part.
- 37. "Domestic wastewater" See Wastewater, domestic.
- 38. "Domestic Wastewater Treatment Works" means a system or facility for treating, neutralizing, stabilizing, or disposing of domestic wastewater which system or facility has a designed capacity to receive more than 2,000 gallons of domestic wastewater per day. The term "domestic wastewater treatment works" also includes appurtenances to such system or facility such as outfall sewers and pumping stations and to equipment related to such appurtenances. The term "domestic wastewater treatment works" does not include industrial wastewater treatment plants or complexes whose primary function is the treatment of industrial wastes, notwithstanding the fact that human wastes generated incidentally to the industrial process are treated therein. 25-8-103 (5), C.R.S.
- 39. "Dosing" means a high rate periodic discharge into a soil treatment area.
- 40. "Dosing, demand" means configuration in which a specific volume of effluent is delivered to a component based upon patterns of wastewater generation from the source.
- 41. "Dosing, pressure" means a uniform application of wastewater throughout the intended portion of the soil treatment area through small diameter pipes and orifices, under pressure. For this definition, the term pressure indicates that the system is capable of creating upward movement of effluent out of the distribution system piping.
- 42. "Dosing, timed" means a configuration in which a specific volume of effluent is delivered to a component based upon a prescribed interval, regardless of facility water use.
- 43. "Dosing siphon" means a device used for demand dosing effluent; which stores a predetermined volume of water and discharges it at a rapid rate, from a tank at a given elevation to a component at a lower elevation, accomplished by means of atmospheric pressure and the suction created by the weight of the liquid in the conveying pipe.
- 44. "Dosing tank" means a tank, compartment or basin that provides for storage of effluent from a septic tank or other treatment unit intended to be delivered to a soil treatment area at a high rate periodic discharge.

- 45. "Drainfield" See Soil treatment area.
- 46. "Drop box" means a device used for sequential distribution of effluent by gravity flow to a lateral of a soil treatment area.
- 47. "Dry gulch" See Gulch, dry.
- 48. "Drywell" means an unlined or partially lined underground pit (regardless of geometry) into which drainage from roofs, basement floors, water softeners or other non-wastewater sources is discharged and from which the liquid seeps into the surrounding soil.
- 49. "Effective Size" means the size of granular media such that 10 percent by weight of the media is finer than the size specified.
- 50. "Effluent" means the liquid flowing out of a component or device of an On-site Wastewater Treatment System.
- 51. "Effluent filter" means a removable, cleanable (or disposable) device installed on the outlet piping of a septic tank for the purpose of retaining solids larger than one-eighth inch and/or modulating effluent flow rate. An effluent filter may be a component of a pump installation. An effluent filter may also be installed following the septic tank but before higher level treatment components or a soil treatment area.
- 52. "Effluent pipe" means non-perforated pipe that conveys effluent from one On-site Wastewater Treatment System component to the next.
- 53. "Environmental health specialist" means a person trained in physical, biological, or sanitary science to carry out educational and inspectional duties in the field of environmental health.
- 54. "Evapotranspiration/absorption system" means an unlined On-site Wastewater Treatment component that uses evaporation, transpiration, and absorption for dispersal of effluent.
- 55. "Evapotranspiration system" means an On-site Wastewater Treatment component with a continuous, impermeable liner that uses evapotranspiration and transpiration for dispersal of effluent.
- 56. "Failure" means a condition existing within any component of an OWTS which prevents the system from functioning as intended, and which results in the discharge of untreated or partially treated wastewater onto the ground surface, into surface water or ground water, or which results in the back-up of sewage into the building sewer. Other conditions within an OWTS component that are deemed by a local public health agency to be a threat to public health and/or safety may also be deemed a failure.
- 57. "Field performance testing" means data gathering on a system in actual use that is being proposed for Division acceptance.
- 58. "Floodplain (100-year)" means an area adjacent to a stream which is subject to flooding as the result of the occurrence of a one hundred (100) year flood, and is so adverse to past, current or foreseeable construction or land use as to constitute a significant hazard to public or environmental health and safety or to property or is designated by the Federal Emergency Management Agency (FEMA) or National Flood Insurance Program (NFIP). In the absence of FEMA/NFIP maps, a professional engineer must certify the flood plain elevations.

- 59. "Floodway" means the channel of a river or other watercourse and the adjacent land areas that must be reserved in order to discharge the base flood without cumulatively increasing the water surface elevation more than one foot or as designated by the Federal Emergency Management Agency or National Flood Insurance Program. In the absence of FEMA/NFIP maps, a professional engineer must certify the floodway elevation and location.
- 60. "Flow, daily" means the measured volume of wastewater generated from a facility in a 24-hour period expressed as gallons per day.
- 61. "Flow, design" means the estimated volume of wastewater per unit of time for which a component or system is designed. Design flow may be given in the estimated volume per unit such as person per unit time that must be multiplied by the maximum number of units that a facility can accommodate over that time.
- 62. "Flow equalization" means a system configuration that includes sufficient effluent storage capacity to allow for regulated flow on a daily or multi-day basis to a subsequent component despite variable flow from the source.
- 63. "Flow equalizer" means an adjustment device to evenly distribute flow between outlets in a distribution box or other device that may be out of level.
- 64. "Grease interceptor tank" means a watertight device located outside a facility designed to intercept, congeal, and retain or remove fats, oils, and grease from sources such as commercial food-service that will generate high levels of fats, oils and greases.
- 65. "Ground water" means that part of the subsurface water that is at or below the saturated zone.
- 66. "Groundwater condition" means a condition in the soil profile where a seasonal or current ground water surface has been identified, thus creating a vertical separation requirement to the infiltrative surface of a soil treatment area.
- 67. "Ground water surface" means the uppermost limit of an unconfined aquifer at atmospheric pressure.
- 68. "Guidelines" means State Board of Health Guidelines on Individual Sewage Disposal Systems, 5 CCR 1003-6 – predecessor of Regulation 43, On-site Wastewater Treatment System Regulation, 5 CCR 1002-43.
- 69. "Gulch, dry" means a deep, narrow ravine that receives discontinuous storm influenced flows, for a short duration, in direct response to a rain event and is not interconnected to a groundwater source.
- 70. "Health officer" means the chief administrative and executive officer of a local public health agency, or the appointed health officer of the local board of health. Health officer includes a director of a local public health agency.
- 71. "Higher level treatment" means designated treatment levels other than treatment level 1. (See Table 6-3)
- 72. "Holding tank" See Vault.
- 73. "Individual Sewage Disposal System" means a term used for On-site Wastewater Treatment System in Colorado regulations from 1973 until 2013.

- 74. "Infiltrative surface" means designated interface where effluent moves from distribution media or a distribution product into treatment media or original soil. In standard trench or bed systems this will be the interface of the distribution media or product and in-situ soil. Two separate infiltrative surfaces will exist in a mound system and an unlined sand filter, one at the interface of the distribution media and fill sand, the other at the interface of the fill sand and in-situ soil.
- 75. "Inspection port" means an access point in a system component that enables inspection, operation and/or maintenance.
- 76. "Invert" means elevation of the bottom of the inside pipe wall or fitting.
- 77. "Lateral" means a pipe, chamber or other component used to transport and distribute effluent.
- 78. "Leach field" See Soil treatment area.
- 79. "Limiting layer" means a horizon or condition in the soil profile that exhibits a limited capability for treatment, but will readily accept the effluent. Generally speaking, this includes fractured bedrock, and type R-0 soils (see Table 10-1A).
- 80. "Liner" means an impermeable synthetic or natural material used to prevent or restrict infiltration and/or exfiltration. For the purposes of this regulation, the minimum thickness of a liner must be 30 ml.
- 81. "Linear loading rate" means the amount of effluent applied per linear foot along the contour (gpd/linear ft.).
- 82. "Local board of health" means any local, county, or district board of health.
- 83. "Local health department" See local public health agency.
- 84. "Local public health agency" means any county, district, or municipal public health agency and may include a county, district, or municipal board of health to oversee On-site Wastewater Treatment System permitting and inspection or an on-site wastewater treatment system program. A local public health agency may designate another agency to administer the OWTS program.
- 85. "Long-term acceptance rate" (LTAR) means design parameter expressing the rate that effluent enters the infiltrative surface of the soil treatment area at equilibrium, measured in volume per area per time, e.g. gallons per square foot per day (gal/ ft<sup>2</sup> /day).
- 86. "Malfunction" means the condition in which a component is not performing as designed or installed and is in need of repair or modification in order to function as originally intended.
- 87. "Manufactured media" See Media, other manufactured.
- 88. "Media" means solid material that can be described by shape, dimensions, surface area, void space, and application.
- 89. "Media, enhanced manufactured" means an accepted proprietary manufactured distribution product that includes synthetic media contained within one or more external permeable outer layers which promote the movement of the effluent, and is placed on a specified sand base or media that does not mask the infiltrative surface of the in-situ soil.
- 90. "Media, other manufactured" means an accepted proprietary manufactured distribution product made of synthetic media for distribution of effluent that is placed directly on the in-situ soil.

91. "Media, treatment" means non-or slowly-degradable media used for physical, chemical, and/or biological treatment in an On-site Wastewater Treatment System component.
92. "Mound" means a soil treatment area whereby the infiltrative surface is at or above original grade at any point.
93. "Nitrogen reduction" means a minimum 50 percent reduction of influent nitrogen strength which is the minimum objective of NSF/ANSI Standard 245 - Wastewater Treatment Systems - Nitrogen Reduction (2023 version).
94. "On-Site Wastewater Treatment System" or "OWTS" and, where the context so indicates, the term "system" means an absorption system of any size or flow or a system or facility for treating, neutralizing, stabilizing, or dispersing sewage generated in the vicinity, which system is not a part of or connected to a sewage treatment works.
95. "OWTS Act" means the On-site Wastewater Treatment System Act, 25-10-101, et seq. C.R.S.
96. "Percolation test" means a subsurface soil test at the depth of a proposed absorption system or similar component of an OWTS to determine the water absorption capability of the soil, the results of which are normally expressed as the rate at which one inch of water is absorbed. The rate is expressed in minutes per inch.
97. "Performance standard" means minimum performance criteria for water quality and operation and maintenance established by the regulatory authority to ensure compliance with the public health and environmental goals of the state or public health agency.
98. "Permeability" means the property of a material which permits movement of water through the material.
99. "Permit" means a permit for the construction or alteration, installation, and use, or for the repair of an On-site Wastewater Treatment System.
100. "Person" means an individual, partnership, firm, corporation, association, or other legal entity and also the state, any political subdivision thereof, or other governmental entity.
101. "Pressure distribution" See Dosing, pressure.
102. "Privy" means an above grade structure allowing for the disposal of excreta not transported by a sewer and which provides privacy and shelter and prevents access to the excreta by flies, rodents, or other vectors.
  - a. Pit privy – privy over an unlined excavation.
  - b. Vault privy – privy over a vault.
103. "Professional engineer" means an engineer licensed in Colorado, in accordance with section 12-120-201, *et. seq.*, C.R.S. and practicing within their areas of expertise, consistent with 4 CCR 730-1.
104. "Professional geologist" means a person who is a graduate of an institution of higher education which is accredited by a regional or national accrediting agency, with a minimum of thirty semester (forty-five quarter) hours of undergraduate or graduate work in a field of geology and whose post-baccalaureate training has been in the field of geology with a specific record of an

additional five years of geological experience to include no more than two years of graduate work. 23-41-208, C.R.S.

105. "Proprietary product" means a manufactured component or other product that is produced by a private person. It may be protected by patent, trademark or copyright.
106. "Public domain technology" means a system that is assembled on location from readily available components and is based on well-established design criteria and is not protected by patent, trademark or copyright.
107. "Record drawing" means construction drawings provided to illustrate the progress or completion of the installation of an OWTS, or components of the OWTS; typically based on field inspections by the designer or local public health agency.
108. "Redoximorphic" means a soil property that results from the reduction and oxidation of iron and manganese compounds in the soil after saturation with water and subsequent desaturation.
109. "Remediation system" means a treatment system, chemical/biological additive or physical process that is proposed to restore the soil treatment area of an OWTS to intended performance.
110. "Repair" means restoration of functionality and/or treatment by reconstruction, relocation, or replacement of an On-site Wastewater Treatment System or any component thereof in order to allow the system to function as intended.
111. "Replacement system" See Repair.
112. "Riser" means a watertight vertical cylinder and lid allowing access to an OWTS component for inspection, cleaning, maintenance, or sampling.
113. "Restrictive layer" means a condition in the soil profile that restricts the vertical movement of the effluent. This may include impervious bedrock, glacial till, platy soils, sodic soils, or soils with a cementation class of "strongly cemented" or greater.
114. "Rock-plant filter" means a designed system which utilizes treatment media and various wetland plants to provide treatment of wastewater through biological, physical, and chemical processes. Also called a constructed wetland.
115. "Sand filter" means an engineer designed OWTS that utilizes a layer of specified sand as filter and treatment media and incorporates pressure distribution.
116. "Sand filter, lined" means an engineer designed OWTS that has an impervious liner and under-drain below the specified sand media. Lined sand filters may be intermittent / single pass where the effluent is distributed over the sand bed a single time before distribution to a soil treatment area, or re-circulating where part of the effluent is returned to an earlier component for additional treatment before distribution to a soil treatment area.
117. "Sand filter, unlined" means an engineer designed OWTS that includes a layer of specified sand used as a treatment media without a liner between the sand and the existing soil on which it is placed.
118. "Seepage pit" means an excavation deeper than it is wide that receives septic tank effluent and from which the effluent seeps from a structural internal void into the surrounding soil through the bottom and openings in the side of the pit.



- 119. "Septage" means a liquid or semisolid that includes normal household wastes, human excreta, and animal or vegetable matter in suspension or solution generated from a residential septic tank system. Septage may include such material issued from a commercial establishment if the commercial establishment can demonstrate to the Division that the material meets the definition for septage set forth in this subsection. Septage does not include chemical toilet residuals.
- 120. "Septic tank" means a watertight, accessible, covered receptacle designed and constructed to receive sewage from a building sewer, settle solids from the liquid, digest organic matter, store digested solids through a period of retention, and allow the clarified liquids to discharge to other treatment units for final disposal.
- 121. "Sequential distribution" means a distribution method in which effluent is loaded into one trench and fills it to a predetermined level before overflowing to the succeeding trench through a drop box. Effluent does not pass through the distribution media before it enters any succeeding trenches. The effluent is dispersed through a drop box at the proximal end of the system, allowing for portions of the absorption area to be isolated.
- 122. "Serial distribution" means a distribution method in which effluent is loaded into one trench and fills it to a predetermined level before passing through a relief pipe or device to the succeeding trench. The effluent passes through the distribution media before entering succeeding trenches which may be connected to provide a single uninterrupted flow path.
- 123. "Sewage" means a combination of liquid wastes that may include chemicals, house wastes, human excreta, animal or vegetable matter in suspension or solution, and other solids in suspension or solution, and that is discharged from a dwelling, building, or other establishment. See also Wastewater, domestic.
- 124. "Sewage treatment works" has the same meaning as "domestic wastewater treatment works" under section 25-8-103, C.R.S.
- 125. "Site evaluation" means a comprehensive analysis of soil and site conditions for an OWTS.
- 126. "Site evaluator" means a practitioner who conducts preconstruction site evaluations, including visiting a site and performing soil analysis, a site survey, or other activities necessary to determine the suitability of a site for an OWTS.
- 127. "Slit trench latrine" means a temporary shallow trench for use as disposal of non-water-carried human waste.
- 128. "Soil" means 1. unconsolidated mineral and/or organic material on the immediate surface of the earth that serves as a medium for the growth of plants and can potentially treat wastewater effluent; 2. unconsolidated mineral or organic matter on the surface of the earth that has been subjected to and shows effects of: a) pedogenic and environmental factors of climate (including water and temperature effects) and b) macro and microorganisms, conditioned by relief, acting on parent material over a period of time.
- 129. "Soil evaluation" means a percolation test, soil profile, or other subsurface soil analysis at the depth of a proposed soil treatment area or similar component or system to determine the water absorption capability of the soil, the results of which are normally expressed as the rate at which one inch of water is absorbed or as an application rate of gallons per square foot per day.

- 130. "Soil horizon" means layers in the soil column differentiated by changes in texture, color, redoximorphic features, bedrock, structure, consistence, and any other characteristic that affects water movement or treatment of effluent.
- 131. "Soil morphology" means 1. physical constitution of a soil profile as exhibited by the kinds, thickness, and arrangement of the horizons in the profile; and by the texture, structure, consistence, and porosity of each horizon; and 2. visible characteristics of the soil or any of its parts.
- 132. "Soil profile test pit excavation" means a trench or other excavation used for access to evaluate the soil horizons for properties influencing effluent movement, bedrock, evidence of seasonal high ground water, and other information to be used in locating and designing an On-site Wastewater Treatment System.
- 133. "Soil structure" means the naturally occurring combination or arrangement of primary soil particles into secondary units or peds; secondary units are characterized on the basis of type, size class, and grade (degree of distinctness).
- 134. "Soil texture" means proportion by weight of sand, silt, and clay in a soil.
- 135. "Soil treatment area" means the physical location where final treatment and dispersal of effluent occurs. Soil treatment area includes drainfields, mounds and drip fields.
- 136. "Soil treatment area, alternating" means final treatment and distribution component that is composed of two soil treatment areas that are independently dosed.
- 137. "Soil treatment area, sequencing" means a soil treatment area having more than two sections that are dosed on a frequent rotating basis.
- 138. "State Waters" has the meaning set forth under section 25-8-103. C.R.S.
- 139. "Strength, wastewater" means the concentration of constituents of wastewater or effluent; usually expressed in mg/L.
- 140. "Suitable soil" means a soil which will effectively treat and filter effluent by removal of organisms and suspended solids, which meets long-term acceptance rate requirements as defined in Table 10-1, and has the required vertical thickness below the infiltrative surface and above a limiting layer.
- 141. "Systems cleaner" means a person engaged in and who holds themselves out as a specialist in the cleaning and pumping of On-site Wastewater Treatment Systems and removal of the residues deposited in the operation thereof.
- 142. "Systems contractor" means a person engaged in and who holds themselves out as a specialist in the installation, renovation, and repair of On-site Wastewater Treatment Systems.
- 143. "Systems maintenance provider" means a person engaged in and who holds themselves out as a specialist in routine or periodic actions taken to assure that the On-site Wastewater Treatment System is functioning as intended, and/or that the On-site Wastewater Treatment System is meeting performance requirements.
- 144. "Tiny home" means a structure (a non-recreational vehicle) that has only one bedroom and has 400 sq.ft. or less of livable space, including lofts. In this instance, the OWTS may be sized for only one bedroom.

- 145. "Total suspended solids" means measure of all suspended solids in a liquid; typically expressed in mg/L.
- 146. "Transfer of Title" means change of ownership of a property.
- 147. "Transfer of Title Inspector" means a person engaged in and who holds themselves out as a specialist in conducting evaluations and observations of an existing On-site Wastewater Treatment System serving a structure that is proposed for property transfer, to assess if the system is functioning as intended.
- 148. "Treatment level" means defined concentrations of pollutants to be achieved by a component or series of components of an OWTS.
- 149. "Treatment media" See Media, treatment.
- 150. "Treatment unit" means a component or series of components where solids or pollutants are removed from wastewater or effluent from a preceding component.
- 151. "Trench" means 1. below-grade soil treatment area consisting of a shallow excavation with a width of 3 feet or less containing distribution media and one lateral; and 2. excavation for placement of piping or installation of electrical wire or conduit.
- 152. "Uniformity coefficient" means a value which is the ratio of D60 to D10 where D60 is the soil diameter of which 60 percent of the soil weight is finer and D10 is the corresponding value at 10 percent finer. (A soil having a uniformity coefficient smaller than 4 would be considered "uniform" for purposes of this regulation.)
- 153. "Vault" means a watertight, covered receptacle, which is designed to receive and store excreta or wastes either from a building sewer or from a privy and is accessible for the periodic removal of its contents. If the vault is intended to serve a structure or structures that are projected to generate a domestic wastewater flow of greater than two thousand gallons per day at full occupancy, the vault would be considered a domestic wastewater treatment works. Vaults are On-site Wastewater Treatment Systems.
- 154. "Visual and tactile evaluation of soil" means determining the properties of soil by standardized tests of appearance and manipulation in the hand.
- 155. "Volume, effective" means the amount of effluent contained in a tank under normal operating conditions; for a septic tank, effective volume is determined relative to the invert of the outlet. For a dosing tank, the effective volume under normal conditions is determined relative to the invert of the inlet and the control off level.
- 156. "Wastewater, domestic" means combination of liquid wastes (sewage) which may include chemicals, household wastes, human excreta, animal or vegetable matter in suspension or solution, or other solids in suspension or solution which are discharged from a dwelling, building or other structure.
- 157. "Wastewater, high strength" means 1. wastewater from a structure having BOD<sub>5</sub> greater than 300 mg/L; and/or TSS greater than 200 mg/L; and/or fats, oils, and grease greater than 50 mg/L; or, 2. effluent from a septic tank or other pretreatment component (as defined by NSF/ANSI Standard 40 testing protocol) that has BOD<sub>5</sub> greater than 180 mg/L; and/or TSS greater than 80 mg/L; and/or fats, oils, and grease greater than 25 mg/L and is applied to an infiltrative surface.

158. "Wastewater pond" means a designed pond which receives exclusively domestic wastewater from a septic tank and which provides an additional degree of treatment.
159. "Watercourse means a natural or artificial channel through which water flows, either continuously or intermittently, and exhibits a connection to an actual or elevated groundwater table. A watercourse includes the bed of a channel that flows only seasonally (e.g., creek, stream, irrigation ditch). Hollows, ravines, or roadside ditches that are normally dry are not considered a watercourse.
160. "Water Quality Control Commission" See Commission.
161. "Water Quality Control Division" See Division.
162. "Wetland, constructed" See Rock-plant filter.
163. "Wetlands" means those areas that are inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs and similar areas.

**Table 3-1 Abbreviations and Acronyms**

AASHTO	American Association of State Highway and Transportation Officials
ANSI	American National Standards Institute
ASTM	American Society for Testing and Materials
BOD	Biochemical Oxygen Demand
C.R.S.	Colorado Revised Statutes
CBOD	Carbonaceous Biochemical Oxygen Demand
CPOW	Colorado Professionals in Onsite Wastewater
CSA	Canadian Standards Association
ETL	Electrical Testing Laboratories
gpd	gallons per day
IAPMO	International Association of Plumbing and Mechanical Officials
ISDS	Individual Sewage Disposal System

LTAR	Long-term Acceptance Rate
mg/L	milligrams per Liter
MPI	Minutes Per Inch
NAWT	National Association of Wastewater Technicians
NDDS	Non-pressurized Drip Dispersal System
NPCA	National Precast Concrete Association
NRTL	Nationally Recognized Testing Laboratory
NSF	NSF International
OWTS	On-site Wastewater Treatment System(s)
STA	Soil Treatment Area
TL	Treatment Level
TN	Total Nitrogen
TSS	Total Suspended Solids
UL	Underwriters' Laboratories

#### **43.4 Applicability**

##### **A. Regulations Adopted by Local Boards of Health**

###### **1. Regulation Coverage**

- a. An OWTS with design capacity less than or equal to 2,000 gpd must comply with regulations adopted by local boards of health pursuant to this regulation and the OWTS Act. Within the jurisdiction of the local public health agency, the regulations promulgated by the local board of health govern all aspects of OWTS permits, performance, location, construction, alteration, installation, and use.
- b. An OWTS with design capacity greater than 2,000 gpd must comply with this regulation, site location and design approval in section 25-8-702, C.R.S., and the discharge permit requirements in the Water Quality Control Act, 25-8-501, et seq. C.R.S.

(1) Applicable Commission regulations include, but are not limited to, the following:

- (i) Regulation 22 - Site Location and Design Approval Regulations for Domestic Wastewater Treatment Works (5 CCR 1002-22); and associated policies.

- (ii) Regulation 41 - The Basic Standards for Ground Water (5 CCR 1002-41).
  - (iii) Regulation 42 - Site-Specific Water Quality Classifications and Standards for Ground Water (5 CCR 1002-42).
  - (iv) Regulation 61 - Colorado Discharge Permit System Regulations (5 CCR 1002-61).
  - (v) Regulation 62 - Regulations for Effluent Limitations (5 CCR 1002-62).
- (2) For systems greater than 2,000 gpd, the Division is also authorized to determine those parts of this regulation identified as the prerogative of the local public health agencies.
  - (3) The requirements for maintenance and standards of performance for systems greater than 2,000 gpd shall be determined by the site application approval and discharge permit.
  - (4) In the interest of facilitating communication of local public health agency concerns regarding a design being reviewed by the Division, the local public health agency can provide comments to the Division for consideration during the Division's review of the proposed design and discharge permit application. Under such a coordinated process, the Division retains final authority for approval or denial of each domestic wastewater treatment works that is regulated under the site location approval and Colorado Discharge Permit System regulations. Prior to approval or denial of each OWTS domestic wastewater treatment works, the Division must acknowledge and consider local OWTS regulations when they are more stringent and restrictive than this regulation.

2. Local Regulations

- a. Local boards of health have one year from the effective date of this regulation to update their local regulations which must be as stringent as this regulation.
- b. Local boards of health may seek a determination by the Division that their existing local regulations are as stringent as this regulation.
- c. After one year from the effective date of this regulation, if a local board of health has not finalized regulations pursuant to section 25-10-104(2), C.R.S. and section 43.4.A.3 of this regulation, the Division will propose local rules based on this regulation to the Commission for approval for use in that county or district.

3. Procedures to Adopt or Revise Regulations by the Local Board of Health:

- a. A local board of health must submit its proposed regulations to the Division for preliminary review at least 30 days prior to a public hearing before a local board of health.
- b. The local board of health must hold a public hearing on the proposed regulations before adopting final regulations.

- c. The local board of health must give notice of the time and place of the public hearing at least once and at least 20 days in advance in a newspaper of general circulation within its area of jurisdiction.
- d. The local board of health may make changes or revisions to the proposed regulations after the public hearing and prior to final adoption, and no further public hearing is required regarding the changes or revisions.
- e. All local regulations must be transmitted to the Division no later than five days after final adoption and become effective 45 days after final adoption unless the Division notifies the local board of health before the forty-fifth day that the regulations or any portions of the local regulations determined by the Division are not as stringent as the OWTS Act or with this regulation. Any portions of the local regulations determined by the Division not to be in compliance with the OWTS Act and this regulation will not take effect or be published as regulations of the local board of health. For those portions of its regulations that do not comply, the local board of health may submit revisions to the Division. Only after the Division has determined that the local board of health's revised regulations comply with the OWTS Act and this regulation may the local board of health's revised regulations take effect and be published. Until the Division makes this determination, this regulation controls the unapproved portions of the local regulations.

**B. Permit Application Requirements and Procedures**

- 1. Prior to installing, altering, or repairing a system, the applicant must obtain a permit from the local public health agency.
- 2. An applicant must submit a complete application that is consistent with section 43.4.B.3. to the local public health agency prior to installing, altering or repairing a system.
- 3. Minimum Permit Application Requirements:
  - a. Owner name and contact information;
  - b. Property address;
  - c. Property legal description;
  - d. Type of permit;
  - e. Report from Site and Soil Evaluation (section 43.5);
  - f. System design with a legible, accurate site plan which shows pertinent physical features on subject property, and on adjacent properties, as noted in Table 7-1; and
  - g. Other information, data, plans, specifications and tests as required by local public health agency.
    - (1) When specific evidence suggests undesirable soil conditions exist, additional hydrological, geological, engineering or other information provided by a professional engineer or geologist may be required to be submitted by the applicant. This requirement will not prejudice the right of

the local public health agency to develop its own information from its own source at its own expense.

4. Permit Fees

- a. A local board of health may set fees for permits. The permit fees may be no greater than required to offset the actual indirect and direct costs of the local public health agency. 25-10-107, C.R.S.
- b. Permit application fees must be submitted by an applicant with the permit application, and are due and payable upon receipt of the permit application.
- c. The local board of health may make provision for the waiver of any local permit fee normally required for an OWTS.

5. Other Fees

- a. A local board of health may set fees for inspections, soil evaluation, and other services performed by the local public health agency. The fees must be no greater than required to offset the actual indirect and direct costs of the services, and must not exceed the maximum amounts specified in section 25-10-107, C.R.S.
- b. Surcharge - The local public health agency must collect a fee for each permit issued for a new, repaired, or upgraded OWTS and transmit funds to the Colorado Department of Public Health and Environment for use in funding the state's OWTS program, as identified in the On-site Wastewater Treatment System Act 25-10-107(3) C.R.S. until replaced by a fee(s) becoming effective in Regulation 102 adopted under Section 25-8-210(1)(a)(X) C.R.S.

6. Permit Term

- a. An OWTS permit expires one year after the date of issuance if construction has not commenced, or as specified by local board of health regulations.
- b. Any change in plans or specifications of the OWTS after the permit has been issued invalidates the permit unless the permittee receives written approval from the local public health agency for such changes.

7. Repair Permit

- a. The owner or occupant of a property on which an OWTS is not in compliance must obtain a repair permit from the local public health agency. The applicant must apply for a repair permit within two business days after receiving notice from the local public health agency that the system is not functioning in compliance with the OWTS Act or applicable regulations, or otherwise constitutes a nuisance or a hazard to public health or water quality.
- b. The repair permit must provide for a reasonable period of time within which the owner or occupant must make repairs. At the end of that period, the local public health agency must inspect the system to ensure it is functioning properly. Concurrently with the issuance of a repair permit, the local public health agency may issue an emergency use permit authorizing continued use of a



malfunctioning system on an emergency basis for a period not to exceed the period stated in the repair permit. Such an emergency use permit may be extended, for good cause shown, in the event repairs may not be completed in the period stated in the repair permit through no fault of the owner or occupant and only if the owner or occupant will continue to make repairs to the system.

8. A permit must be required for a change of use, or the expanded use of an OWTS where it has been determined that the existing OWTS is not sized to accommodate the expected additional hydraulic or organic load. The OWTS must be replaced or modified to handle such an increase unless it is determined that the existing system is adequately designed and constructed.
9. Regulations of the local board of health must include provisions that provide for review by the local board of health of applications denied by the local public health agency when requested by an applicant.
10. The issuance of a permit and specifications of terms and conditions therein will not constitute assumption of liability, nor create a presumption that the local public health agency or its employees may be liable for the failure or malfunctioning of any system. Permit issuance will not constitute a certification that the system, the equipment used in the system, or any component used for system operation will ensure continuous compliance with the provision of the OWTS Act, the regulations adopted thereunder, or any terms and conditions of a permit.
11. No OWTS permit shall be issued to any person when the subject property is located within a municipality or special district that provides public sewer service, except where such sewer service to the property is not feasible in the determination of the municipality or special district, or the permit is otherwise authorized by the municipality or special district.

**C. Determination**

1. A local public health agency must determine whether the information provided in the permit application, site and soil evaluations, assumptions and calculations, and design of the proposed OWTS are in compliance with the requirements of the OWTS Act and regulations adopted pursuant thereto. If the submittal is determined to be in compliance, authorization to begin installation may be given.

**D. Access to Site**

1. For the purpose of inspecting and enforcing applicable regulations and the terms and conditions of any permit issued and investigating and responding to complaints, the local public health agency is authorized to enter upon private property at reasonable times and upon reasonable notice for the purpose of determining whether or not an operating OWTS is functioning in compliance with the OWTS Act and applicable regulations adopted pursuant thereto and the terms and conditions of any permit issued and to inspect and conduct tests in evaluating any permit application. The owner or occupant of every property having an OWTS must permit the local public health agency access to the property to make inspections, conduct required tests, take samples, and monitor compliance.

**E. Inspection Stages**

1. Local regulations must specify the stages of site evaluation, construction, installation, alteration, or repair at which the local public health agency must require inspections.
  2. Before a system is placed in use, the owner, the owner's agent or the systems contractor must provide the local public health agency and the engineer, if engineer designed, with notice that the progress of the work has been sufficiently completed to allow inspections to determine if all work has been performed in accordance with the permit requirements and to determine compliance of the system with the OWTS Act and the regulations adopted thereunder.
- F. Final approval of the permit by the local public health agency must include, but is not limited to:
1. Receipt of letter from the engineer certifying construction of the OWTS as per the approved design plan, if the OWTS was engineer designed. This letter must include any modifications to the permitted and approved design, general observations noted during the inspection(s), and the corresponding dates of all inspections.
    - a. For designs that include a pressurized distribution system, a residual head test (squirt height), at the distal end of each lateral, must be conducted to determine the adequacy of system design and construction. Results from this inspection must be included within both the engineer's certification and the final permit acceptance documents.
  2. Receipt of a record drawing which includes a scale drawing showing all components of the OWTS including their location from known and findable points, dimensions, depths, sizes, manufacturers' names and models as available, and other information relative to locating and maintaining the OWTS components;
  3. Final inspection prior to backfilling the OWTS by the local public health agency confirming that it was installed according to the permit requirements and regulations or variances to the regulations; and
  4. Identification of system contractor.
- G. Division Authority to Administer and Enforce
1. Wherever the term local board of health or local public health agency is used in this regulation, said terms must also include the Division under its designated authority for the purposes of administering and enforcing the provisions of this regulation where necessary to protect the public health and environment.
- H. Primary Enforcement Responsibility
1. The primary responsibility for enforcement of the provisions of the OWTS Act and the regulations adopted under said article will lie with the local board of health.
  2. In the event that a local board of health fails to administer and enforce the provisions of said section and the regulations adopted under the OWTS Act, the Division may assume such functions of the local public health agency or local board of health as may be necessary to protect the public health and environment. 25-10-110, C.R.S.
- I. Product Development Permit

1. For products that have not received Division acceptance under section 43.13.D, the manufacturer may apply to the local public health agency for a product development permit. Requirements for proprietary treatment product acceptance are located in section 43.13.D of this regulation.
2. For products or types of systems which have not been otherwise accepted by the Division pursuant to section 43.13.D, the local board of health may approve an application for product development permit only if the system has been designed by a professional engineer, and only if the application meets all requirements of section 43.4.I, items 3 through 11.
3. Before a product development permit is issued by the local public health agency, the Division must determine that the product to be tested qualifies for testing under the product development evaluation based on information submitted to the Division.
  - a. Applicant must provide evidence of nationally accepted third-party testing of the product to be evaluated, or;
  - b. Provide test data from multiple single-family homes under normal working conditions that meet the following criteria:
    - (1) Test data must be provided from a minimum of four sites.
    - (2) Each system must be tested over a period of at least one year.
    - (3) Each system must be sampled at least three times during the year with at least one sample obtained during cold weather conditions.
    - (4) Laboratory results for all parameters for which acceptance is being requested must be submitted.
4. A local board of health must not arbitrarily deny any person the right to consideration of an application for such a system and must apply reasonable performance standards in determining whether to approve such an application; 25-10-108 (2), C.R.S.
5. A completed application for a product development permit must be submitted to the local public health agency at least 30 days in advance of installation of the product.
6. An application for a product development permit must include the following:
  - a. Proof of the ability to install a replacement OWTS in compliance with all local requirements in a timely manner in the event of a failure or malfunction of the system under testing;
  - b. A description of the product under development including performance goals;
  - c. Documentation signed by the owner of the proposed product development site allowing access to the local public health agency and Division for inspection of the site; and
  - d. Design documents as required in section 43.5.G of this regulation.
7. Other than the performance standards identified in section 43.4.I(3) above, the local public health agency may stipulate additional requirements for the product development permit necessary to ensure that the system performs as intended.

8. A product development permit is a site-specific permit. Product development testing at multiple sites requires a product development permit for each site.
  9. During the term of the product development permit, all data collected is to be submitted to the Division and the local public health agency.
  10. The local public health agency may revoke or amend a product development permit, if the continued operation or presence of the product under development:
    - a. Presents a risk to the public health or environment;
    - b. Causes adverse effects on the proper function of the OWTS on the site;
    - c. Leaks or discharges effluent on the surface of the ground; or
    - d. If the developer of the product fails to comply with any requirements stipulated on the permit by the local public health agency or the Division.
  11. If the product development permit is revoked, the product developer must install the replacement system within the time frame established by the local public health agency.
  12. Once the system is installed and approved, the local public health agency must supply the Division with a copy of the completed OWTS permit.
- J. Prohibition of OWTS in Unsuitable Areas
1. A local board of health may prohibit issuance of OWTS permits in accordance with applicable land use laws and procedures for defined areas in which the local board of health determines that construction and use of additional OWTS may constitute a hazard to public health or water quality.
- K. Licensing of Systems Contractors, Systems Cleaners, Systems Maintenance Providers, and Transfer of Title Inspectors
1. The local board of health may adopt regulations which provide for the licensing of systems contractors, systems cleaners, systems maintenance providers, and transfer of title inspectors.
    - a. The local public health agency may charge a fee, not to exceed actual costs, for the initial license and for a renewal of the license. The initial licensing and renewals thereof must be for a period of not less than one year.
    - b. The local board of health may revoke the license for violation of the applicable provisions of the OWTS Act and the implementing regulations or for other good cause shown, after a hearing conducted upon reasonable notice to the licensee and at which the licensee may be present, with counsel, and be heard.
- L. Transfer of Title Inspections
1. A local board of health may choose to require a property owner of a residence or other building/facility served by an OWTS to have an inspection of that system to demonstrate that the system is functioning according to design prior to the sale or transfer of title of the property. A local board of health is not required to develop a transfer of title inspection program.

2. The local board of health may identify types of transfer of title that are not required to have inspections.
3. Transfer of Title inspectors must be certified by the National Association of Wastewater Technicians or an equivalent program approved by CDPHE and the local public health agency. Inspectors for higher level treatment systems must have training relevant to the specific system or certification by the equipment manufacturer.
4. Transfer of title and inspection reports must be provided on forms furnished or approved by the local public health agency. The report must include, as appropriate:
  - a. Owner's name and contact information;
  - b. Physical address of property;
  - c. Legal description of property;
  - d. Name of Inspector, Inspector's NAWT or other applicable certification number;
  - e. Date and time of the inspection(s);
  - f. A record drawing, either from the local public health agency records (verified by the inspector) or from the site inspection;
  - g. Statement of the size, type and capacity of the septic tank, pump chamber (when applicable), and soil treatment area;
    - (1) A septic tank inspection report completed within the previous 12 months, including a septic tank pumping receipt, when applicable, based on the inspection report;
    - (2) An inspection report completed within the previous 12 months for any mechanical components such as pumps, alarms or higher level treatment systems; and
    - (3) An inspection report completed within the previous 12 months providing a detailed report noting the condition of the soil treatment area.
  - h. All components that are found to be in a state of malfunction.
  - j. To the extent possible, the inspector must identify if the OWTS may be encroaching on the required setback to the onsite water supply. Buried wells, snow cover, or other circumstances may prevent the inspector from making this determination. If such circumstances are encountered, they must be stated in the report; and
  - k. The local public health agency may require a water quality analysis of the water supply (i.e.: nitrates, *E. coli*, etc.). For example, in cases where the OWTS encroaches on required setbacks to onsite or adjacent water supplies, or localized water quality concerns have been identified.
5. Minimum Criteria

- a. Items noted in the inspection report that do not comply with the following criteria and conditions must be corrected along with necessary permits and inspections prior to the issuance of a final acceptance document:
  - (1) All tanks must be watertight, structurally sound and in good working order and provided with safe and secure lids;
  - (2) All internal devices and appurtenances such as tees, effluent filters and/or baffles, must be intact and in working order;
  - (3) Alarms, control devices, and components necessary for the proper operation of the system are present and in good working order;
  - (4) A soil treatment area, or other means of subsurface wastewater treatment, must be present and not in a state of failure;
  - (5) Cesspools must be properly abandoned and a conforming OWTS must be installed. Where site conditions preclude the installation of a conforming OWTS, the criteria for repairs established within section 43.10.I must be followed.
  - (6) There are no unapproved wastewater discharges from the system or structures; and
  - (7) Any items meeting the conditions of a "Failure", as defined in this regulation, have been corrected to the acceptance of the local public health agency.
- 6. Issuance of an Acceptance Document
  - a. When the criteria set forth above have been met, the local public health agency must issue an acceptance document, using terminology adopted by the local public health agency, setting forth the terms and conditions of approval; including, as appropriate:
    - (1) Statement of the size, type and capacity of the system and a record drawing, either from the local public health agency records (verified by the inspector) or from the inspection reports;
    - (2) A copy of the inspection report that was provided to the local public health agency.
    - (3) Evidence of past system failures as shown in local public health agency records;
    - (4) Circumstances or factors that may have affected the ability of the inspector to evaluate the system;
    - (5) Whether the system meets the permitting requirements of the local public health agency; and
    - (6) Other information the local public health agency may require.
- 7. The acceptance document will remain valid until the date of real estate closing or for a maximum period of twelve months, whichever comes first.

8. Renewal of an Acceptance Document
  - a. If a local public health agency has established a time period for the acceptance document of 6 months or less and provided it has not expired, an acceptance document may be renewed one time for a period of up to six months upon completion of the appropriate form and payment of the required fee.
9. Waiver of an Acceptance Document
  - a. If it is determined by the local public health agency that an OWTS does not meet the requirements for issuance of an acceptance document, a conditional acceptance document may be issued, provided that the purchaser of the property agrees to obtain a permit and complete all necessary repairs to the system (or connect to a sanitation district, if appropriate) within the time frame established by the local public agency.
10. Revocation of an Acceptance Document
  - a. An acceptance document must be revoked if it is determined that the system is no longer functioning in accordance with this regulation or that false or misleading material statements were made on the application or inspection reports.
11. Penalties
  - a. Failure to obtain an acceptance document for a covered transaction as provided by this regulation will subject the owner who failed to obtain the document to a penalty assessed under section 25-10-113, C.R.S.
- M. Permit for the Continued Use of an On-site Wastewater Treatment System
  1. A local board of health may choose to issue a permit authorizing the continued use of an OWTS. A local board of health is not required to develop an additional permit program for the continued use of an OWTS.
  2. A local board of health may set fees for permits authorizing the continued use of an OWTS. The fees must be no greater than required to offset the actual indirect and direct costs of the services for this program; 25-10-107, C.R.S.
  3. Permits for the continued use of an OWTS may be issued for purposes, including but not limited to:
    - a. An "Operating permit" used for maintenance and inspections performed on an OWTS at regular intervals;
    - b. A "Use permit" used for transfer of title inspections; or
    - c. Other situations deemed necessary or useful by a local public health agency.
  4. A local public health agency may determine the time frame for the permit either at equal time intervals or based on recurring events.
  5. A local public health agency may revoke the permit for non-compliance.

6. A local public health agency may assess penalties for non-renewal of a permit as required, or non-compliance with the terms of a permit as allowed in this regulation.
- N. Variance Procedure
1. General
    - a. The purpose of this section is to provide a procedure for local public health agencies to consider variances from the design and/or siting requirements of the OWTS regulations. A local board of health may adopt these procedures or more stringent procedures, but is not required to adopt any variance procedure. Variances may only be included in permits issued by those local public health agencies which formally adopt and implement a state approved variance procedure.
    - b. The local board of health may set fees for processing an OWTS permit with a variance in accordance with section 25-10-107, C.R.S. This permit fee may be the standard OWTS permit fee or may be a separate fee based upon the cost of processing a permit with a variance.
  2. Requirements for Variance Consideration
    - a. To consider a variance request, the local board of health must adopt a procedure for issuing variances.
    - b. Where the local board of health adopts a variance procedure, the board must hear the variance request.
    - c. The local board of health will determine what type of variances will require public hearings. Prior to the rendering a decision on a variance request requiring a public hearing, a public hearing must be held. The hearing must be the subject of a public notice or notice must be sent via certified mail, with a minimum 20-day reply time from the date of mailing, to all adjacent property owners.
    - d. Variance requests must be accompanied by:
      - (1) Site-specific request identifying the specific criteria from which a variance is being requested;
      - (2) Technical justification by a professional engineer or professional geologist, which indicates the specific conditions which exist and/or the measures which will be taken that support a finding that the variance will result in no greater risk than that associated with compliance with the requirements of the regulation. Examples of conditions which exist, or measures which might be taken, include but are not limited to the following: evidence of a natural or manmade physical barrier to the movement of effluent to or toward the feature from which the variance is requested; placement of a manmade physical barrier to the movement of effluent to or toward the feature from which the variance is requested; soil replacement with sand filter media to reduce the infiltration rate of the effluent such that the travel time of the effluent from the absorption field to the physical feature is no less than the travel time through the native soils at the prescribed setback, and Higher Level Treatment;



- (3) A discussion of alternatives considered in lieu of the requested variance;
    - (4) Technical documentation for selected alternative, which may include a testing program, which confirms that the variance does not increase the risk to public health and to the environment; and
    - (5) A statement of the hardship that creates the necessity for the variance.
  - e. The applicant has the burden of proof to demonstrate that the variance is justified and will pose no greater risk to public health and the environment than would a system meeting the regulations.
- 3. The local board of health has the authority to impose site-specific requirements and conditions on any variance granted.
- 4. Outcome of the Variance Proceeding
  - a. The applicant must be notified, in writing, of the local board of health's decision regarding the request for a variance. The notice of a denial of a variance must include those reasons which form the basis for the denial. The notice of an approval of a variance must include any conditions of the approval. The variance, and any conditions thereof, must be recorded on the deed to the property and any expenses associated with that recording must be the responsibility of the party obtaining the variance.
- 5. Prohibitions on the Granting of Variance Requests
  - a. No variance shall be issued where the property can accommodate a conforming OWTS.
  - b. No variance shall be issued to mitigate an error in construction involving any element of property improvements.
  - c. No variance shall be allowed solely for economic gain.
  - d. No variance shall be issued, if it will result in a setback reduction to an offsite physical feature that does not conform to the minimum setbacks defined in Table 7-1 of this regulation without the board of health considering any concerns of the owner of property containing said feature. Property lines are considered offsite features. The property owner containing said feature must be notified of the time and date of the hearing.
  - e. No variance shall be issued, if it reduces the separation to ground water or bedrock based on the level of treatment in Table 7-2.
  - f. No variance from the horizontal setback from a well shall be issued unless it also meets the variance requirements of the Board of Examiners of Water Well Construction and Pump Installation Contractors.
  - g. No variance shall be issued for the installation of a higher level treatment system based on sizing or separation reductions without the local public health agency having a maintenance and oversight program as defined in section 43.14.D.
- 6. Variances for Repair of Failing Systems

- a. When a proposed variance for a system repair or upgrade would result in encroachment on minimum distances to physical features on neighboring properties required by the Division, the hearing procedures in 43.4.N.2 and 43.4.N.5.d above must be followed.
  - b. For the repair of or upgrade to an existing system where the existing system does not meet the required separation distances and where conditions other than lot size precludes adherence to the required distances, a variance to the separation distances may be requested. The repairs or upgrade must be no closer to features requiring setbacks than the existing facilities. Variances requesting setbacks no closer than existing setbacks do not have to provide technical justification from a professional engineer or professional geologist.
- 7. Findings on Appeal
  - a. A request for review must be made within 60 days after denial of an application by the local public health agency.
  - b. The applicant must bear the burden of supplying the local board of health with sufficient evidence to document that the denied system will be constructed and used in such a manner that will result in no greater risk than that associated with compliance with the requirements of the regulation, comply with the declaration and intent of this regulation, and comply with all applicable state and local regulations and required terms and conditions in any permit.
  - c. Such review must be conducted pursuant to the requirements of section 24-4-105, C.R.S.
- O. General Prohibitions; Section 25-10-112, C.R.S.
  - 1. No city, county, or city and county shall issue to any person:
    - a. A permit to construct or remodel a building or structure which includes plumbing that is not serviced by a sewage treatment works until the local public health agency has issued a permit for an OWTS.
    - b. An occupancy permit for the use of a building that is not serviced by a sewage treatment works until the local public health agency makes a final inspection of the OWTS, provided for in section 25-10-106 (1) (h), C.R.S. and the local public health agency approves the installation.
  - 2. No person shall;
    - a. Construct or maintain any dwelling or other occupied structure which is not equipped with adequate facilities for the sanitary disposal of sewage. "Adequate facilities" do not include OWTS that are deemed to be failed, or any such condition that the local public health agency determines to be a public health and/or safety concern.
    - b. Construct a new occupied structure that includes plumbing, without connecting to a domestic wastewater treatment works or obtaining an OWTS permit issued by the local public health agency and installing a compliant OWTS.

3. The construction of new, or the repair of existing, cesspools is prohibited. Where an existing cesspool is failing, a conforming OWTS must be installed. Where space is not available for a conforming OWTS, the criteria for repairs established within section 43.10.I must be followed.
4. A person must not connect more than one dwelling, commercial, business, institutional or industrial unit to the same OWTS unless such multiple connection was specified in the application submitted and in the permit issued for the system.
5. An OWTS must receive only such biodegradable wastes for treatment and distribution as are compatible with those biological treatment processes that occur within the septic tank, any additional treatment unit, and the soil treatment area. This does not include industrial, animal, or process waste.
6. All persons shall dispose of septage removed from systems in the process of maintenance or cleaning at an approved site and in an approved manner.

**P. Cease and Desist Orders**

1. The local public health agency may issue an order to cease and desist from the use of any OWTS or sewage treatment works which is found by the health officer not to be functioning in compliance with the OWTS Act or with applicable regulations or is found to constitute a hazard to public health, or has not otherwise received timely repairs under the provisions of section 25-10-106 (1) (j), C.R.S. Such an order may be issued only after a hearing which shall be conducted by the health officer not less than 48 hours after written notice thereof is given to the owner or occupant of the property on which the system is located. The order shall require that the owner or occupant bring the system into compliance or eliminate the health hazard within thirty days, or thereafter cease and desist from the use of the system. A cease and desist order issued by the health officer shall be reviewable in the district court for the county wherein the system is located and upon a petition filed not later than ten days after the order is issued.

**Q. Penalties; Section 25-10-113, C.R.S.**

1. Any person who commits any of the following acts or violates any of the provisions of this section commits a civil infraction as defined in section 18-1.3-503, C.R.S.:
  - a. Constructs, alters, installs, or permits the use of any OWTS without first applying for and receiving a permit as provided for in section 25-10-106, C.R.S.;
  - b. Constructs, alters, or installs an OWTS in a manner which involves a knowing and material variation from the terms or specifications contained in the application, permit or variance;
  - c. Violates the terms of a cease and desist order that has become final under the terms of section 25-10-106 (1) (k), C.R.S.;
  - d. Conducts a business as a systems contractor without having obtained the license provided for in section 25-10-109 (1), C.R.S., in areas which the local board of health has adopted licensing regulations pursuant to that section;

- e. Conducts a business as a systems cleaner without having obtained the license provided for in section 25-10-109 (2), C.R.S., in areas which the local board of health has adopted licensing regulations pursuant to that section;
  - f. Falsifies or maintains improper records concerning system cleaning activities not performed or performed improperly; or
  - g. Willfully fails to submit proof of proper maintenance and cleaning of a system as required by regulations adopted by the local board of health.
- 2. Upon a finding by the local board of health that a person is in violation of this regulation, or of rules adopted and promulgated pursuant to section 25-10-104, the local board of health may assess a penalty of up to fifty dollars for each day of violation. In determining the amount of the penalty to be assessed, the local board of health shall consider the seriousness of the danger to the health of the public caused by the violation, the duration of the violation, and whether the person has previously been determined to have committed a similar violation.
- 3. A person subject to a penalty assessed pursuant to section 43.4.Q.2 may appeal the penalty to the local board of health by requesting a hearing before the appropriate body. The request must be filed within thirty days after the penalty assessment is issued. The local board of health shall conduct a hearing upon the request in accordance with section 24-4-105, C.R.S.

#### **43.5 Site and Soil Evaluation**

- A. A site and soil evaluation must be conducted for each property on which an OWTS is proposed, to determine the suitability of a location to support an OWTS, and to provide the designer a sound basis to select the most appropriate OWTS design for the location and application.
  - 1. Each site evaluation must consist of:
    - a. Preliminary investigation;
    - b. Reconnaissance;
    - c. Detailed soil investigation; and
    - d. Report and site plan.
- B. Preliminary site investigation: Research of information relative to the site and anticipated conditions must be conducted. Information gathered as part of the preliminary investigation must include, but is not limited to:
  - 1. Property Information:
    - a. Address;
    - b. Legal description;
    - c. Existing structures; and
    - d. Location of existing or proposed wells on the property.
  - 2. Local public health agency records.

3. Location of physical features, on and off the property that will require setbacks as identified in Table 7-1.
  4. Preliminary soil treatment area size estimate based on information on existing or planned facility and local regulations.
  5. Other information required by local public health agency.
  6. Additional published information that may be useful to the site-specific evaluation; as available:
    - a. Soil Information;
    - b. Topography;
    - c. Survey;
    - d. Easements;
    - e. Floodplain maps;
    - f. Delineated wetland maps;
    - g. Geology and basin maps, descriptions;
    - h. Climate information; and
    - i. Aerial photographs;
- C. Reconnaissance: A visit to the property to evaluate the topography and other surface conditions that will impact the location and design of the OWTS must be conducted. Information gathered as part of the site reconnaissance may include, but is not limited to:
1. Landscape position;
  2. Topography;
  3. Vegetation;
  4. Natural and cultural features; and
  5. Current and historic land use.
- Note: The reconnaissance evaluation may be conducted concurrently with the detailed soil investigation.
- D. Detailed Soil Investigation
1. Soil investigations to determine the long-term acceptance rate of a soil treatment area must be conducted per the following criteria:
    - a. Visual and tactile evaluation of two or more soil profile test pit excavations must be conducted to determine soil type as well as to determine whether a limiting layer is encountered.

- b. In addition to the two soil profile test pit excavations, percolation testing may be conducted to obtain additional information regarding the long-term acceptance rate of the soil.
  - c. If the site evaluation includes both a visual tactile evaluation of soil profile test pit excavations and percolation tests, and the results from these two evaluations do not coincide with the same LTAR as noted in Table 10-1, the designer must use the more restrictive LTAR in determining the size of the soil treatment area.
- 2. Procedure for performing visual and tactile evaluations of soil in order to determine a long-term acceptance rate:
  - a. Evaluation of two or more soil profile test pit excavations must be performed to determine soil types, limiting layers, restrictive layers, groundwater conditions, and the best depth for the infiltrative surface. The total number of soil profile test pit excavations beyond the required two shall be based on the judgment of the competent technician.
  - b. At least one of the soil profile test pit excavations must be performed in the portion of the soil treatment area anticipated to have the most limiting or restrictive conditions.
  - c. The minimum depth of the soil profile test pit excavation must be to any limiting layer, groundwater condition, or four feet below the infiltrative surface of the in-situ soil, whichever is encountered first.
  - d. Layers and interfaces that interfere with the treatment and dispersal of effluent must be noted. Thus, any restrictive soil characteristic such as consistence, as defined by a cementation class, also needs to be evaluated.
    - (1) When cemented soils are encountered, the evaluation must identify the cementation class from rupture resistance as provided in Table 5-1, "Rupture Resistance".
    - (2) Per the "Rupture Resistance" Table noted in item d.1 above, when the "Cementation Class" is identified within the soil profile as "strongly", "very strongly cemented", or "indurated" that layer will be classified as a "restrictive layer".
    - (3) Note: Cemented soils will typically have characteristics of Type 3A or 4A soils (Table 10-1). Long term acceptance rates should coincide with the appropriate soil type classification or be adjusted to address the level of cementation.

**Table 5-1: Rupture Resistance:** Blocks, Peds, Clods – Estimate the class by the force required to rupture (break) a soil unit.

Dry Cementation Class	Specimen Falls Under
Loose	Intact specimen not obtainable
Non-cemented	Very slight force between fingers
Extremely weakly cemented	Slight force between fingers
Very weakly cemented	Moderate force between fingers
Weakly cemented	Strong force between fingers
Moderately cemented	Moderate force between hands
Strongly Cemented	Foot pressure by full body weight
Very Strongly Cemented	Blow of > 4.5 lbs., but not body weight
Indurated	Blow of $\geq$ 4.5 lbs. weight dropped at 6 inches

Source: NRCS Field Book for Describing and Sampling Soils, Version 3.0; 2021 Reprint; Consistence section, pg. 2-63.

Dry Rupture Resistance applies to soils that are moderately dry or

- e. The soil observations must be conducted at or immediately adjacent to the location of the proposed soil treatment area, but if possible, not under the final location of a trench or bed.
  - f. Each soil profile test pit excavation observed at the proposed soil treatment area must be evaluated under adequate light conditions with the soil in an unfrozen state.
  - g. The soil observation method must allow observation of the different soil horizons that constitute the soil profile.
  - h. Soil profile test pit observations must be conducted prior to percolation tests to determine whether the soils are suitable to warrant percolation tests and, if suitable, at what depth percolation tests must be conducted.
  - i. The soil type at the proposed infiltrative surface of the soil treatment area or a more restrictive soil type within the treatment depth must be used to determine the long-term acceptance rate from Table 10-1 or Table 10-1A. The treatment depth is two to four feet depending on the required thickness for the treatment level below the infiltrative surface from Item 4, Table 7-2.
  - j. Soils data, previously collected by others at the site can be used for the purposes of an OWTS design at the discretion of the local public health agency. It is recommended that the data be verified, at a minimum, by performing an evaluation of a soil profile test pit excavation.
3. Soil descriptions for determination of a limiting layer must include:
- a. The depth of each soil horizon measured from the ground surface and a description of the soil texture, and structure of each soil horizon;
  - b. Depth to the bedrock;
  - c. Depth to the periodically saturated soil as determined by:
    - (1) Redoximorphic features and other indicators of water levels, or
    - (2) Depth of standing water in the soil observation excavation, measured from the ground surface, if observed, unless redoximorphic features indicate a higher level.
4. When a percolation test is determined to be necessary to obtain additional information regarding soil permeability, the following procedures for performing percolation tests must be followed:
- a. The percolation testing shall be performed by a professional engineer or by a trained person under the supervision of a professional engineer or by a competent technician.
  - b. Number of test holes; Location
    - (1) Soil percolation tests shall be performed in at least three test holes in the area in which the soil treatment area is to be located, spaced evenly over the proposed area.



- (2) If the likely depth of a proposed infiltrative surface is uncertain, percolation tests must be performed at more than one depth to determine the depth of the infiltrative surface.
- c. Dimensions
  - (1) The percolation test hole must have a diameter of eight to 12 inches and be terminated a minimum of six inches and a maximum of 18 inches below the proposed infiltrative surface.
- d. Change in Soil
  - (1) If a change of soil type, color or structure is present within those soils comprising the depth of soil below the infiltrative surface as required in Table 7-2 for vertical separation, a minimum of two soil percolation holes must be terminated in the changed soil, and percolation tests must be conducted in both holes.
- e. Percolation Tests
  - (1) The percolation tests must be conducted using the hole preparation, soil saturation and rate measurement procedures described below.
  - (2) Preparation of Percolation Test Holes
    - (i) Excavate the hole to the depth and diameter required.
    - (ii) Carefully scrape the bottom and sides of the hole with a knife blade or sharp instrument to remove any smeared soil surfaces and provide a natural soil interface into which water may percolate.
    - (iii) Remove all loose soil from the hole.
    - (iv) Add two inches of very coarse sand or fine gravel to protect the bottom of the hole from scouring and sediment.
  - (3) Presoak
    - (i) The hole must be presoaked adequately to accomplish both saturation, which is filling the void spaces between the soil particles, and swelling, which is the intrusion of water into the individual soil particles.
    - (ii) To presoak the hole, carefully fill the hole with clean water to a minimum depth of 12 inches over the gravel placed in the bottom of the hole. In most soils, it is necessary to refill the hole by supplying a surplus reservoir of clean water, possibly by means of an automatic siphon, to maintain water in the hole for at least four hours and preferably over-night. Determine the percolation rate 24 hours after water is first added to the hole. This procedure is to ensure that the soil is given ample time to swell and to approach the condition it will be in during the wettest season of the year. In type 1 soils, (sand and loamy sand; Table

10-1), the swelling procedure is not essential and the test may be conducted after the water from one filling of the hole has completely seeped out of the hole.

(4) Percolation Rate Measurement

- (i) With the exception of type 1 soils, percolation rate measurements must be made on the day following the presoak procedure.
- (ii) If water remains in the percolation test hole after the swelling period, adjust the depth to approximately six inches above the gravel in the bottom of the hole. From a fixed reference point, measure the drop in water level over a 30-minute interval. The drops are used to calculate the percolation rate.
- (iii) If no water remains in the hole after the swelling period, carefully add clean water to bring the depth of water in the hole to approximately six inches above the top of the gravel in the bottom of the hole. From a fixed reference point, measure the drop in water level at 30 minute intervals for four hours, refilling to six inches over the top of the gravel as necessary. The drop in water level that occurs during the final 30-minute period is used to calculate the percolation rate. If the water level drops during prior periods provide sufficient information, the procedure may be modified to suit local circumstances. The requirement to conduct a four-hour test under this section is waived if three successive water-level drops do not vary by more than 1/16 inch; however, in no case shall a test under this section be less than two hours in duration.

(5) Sandy Soils

- (i) In sandy soils or other soils in which the first six inches of water seeps out of the hole in less than 30 minutes, after the 24 hour swelling period, the time interval between measurements must be ten minutes and the test conducted for one hour. The drop that occurs during the final ten minutes must be used to calculate the percolation rate.
- (ii) If the soil is so sandy or coarse-textured that it will not retain any water, then the infiltration rate must be recorded as less than one minute per inch.

(6) Special Soil Types

- (i) A local public health agency may identify soil types in its area for which different procedures such as extra presoaking or an extended testing time to obtain a valid percolation rate will be required.

(7) Percolation Rate Determination and Reporting

- (i) The field percolation rate will be the average rate of the percolation rates determined for all percolation test holes observed in the proposed soil treatment area in minutes per inch. The average percolation rate determined by the tests must be used in determining the long-term acceptance rate for the proposed system from Table 10-1.
  - (ii) The technician performing the percolation tests shall furnish an accurate scale drawing, showing the location of the soil profile test pit excavations and/or percolation holes tied to lot corners or other permanent objects. The drawing must meet the criteria in section 43.5.F.1.g. The information in the subsections following section 43.5.F.1.g.1 through 43.5.F.1.g.5 may be included but is not required for this drawing. All holes must be clearly labeled to relate to the information provided for the profile test pits and percolation tests.
- (8) Alternate Percolation Testing
  - (i) Alternate percolation test procedures may be approved, provided the test results of alternate procedures are substantially equivalent to those determined using the test procedures described in this section.
  - (ii) Prior approval from the local public health agency of alternate percolation test procedures is required.

E. Evaluation and marking of Soil Profile Test Pit Excavations or Percolation Holes

1. The engineer or technician conducting the soil profile test pit excavations or percolation tests must, upon completion of the tests, adequately mark and identify each excavation or hole to allow easy location by others.
2. The objective of the regulation is to ensure a detailed and accurate identification of the soils on each site, while concurrently ensuring the safety of the practitioner, general public and wildlife. In order to accomplish this, the following items are noted:
  - a. In order to address public safety concerns, the regulatory intent is to backfill all soil profile test pits promptly after the soil evaluation is complete.
  - b. The local public health agency may identify additional requirements within their local OWTS regulation that would necessitate a joint evaluation of the soils along with the engineer or competent technician.
  - c. If the local public health agency does not require a joint evaluation, and the excavator intends to backfill the excavation prior to an evaluation by the local public health agency, the local public health agency may require the excavator to communicate their intent with the local public health agency prior to the date of the excavation.
  - d. The local public health agency may identify additional requirements within their local OWTS regulation that requires the installation of inspection ports in order to confirm that the elevation of an actual or seasonal water table (a groundwater

condition) does not encroach on the vertical separation requirement to the proposed infiltrative surface of the soil treatment area.

**F. Soils Report and Site Plan**

1. A written report must describe the results of the preliminary investigation, reconnaissance, and detailed evaluations. The report may be in text and/or tabular form and must include a drawing locating features relative to the proposed OWTS location and test locations. The report may be included as part of the OWTS design document. The report must include, but is not limited to:
  - a. Company name, address, telephone number, e-mail address, and name of individual, credentials and qualifications of the individual conducting the site evaluation;
  - b. Preliminary and detailed evaluations, providing information from the surface site characteristics assessment and soils investigation;
  - c. Dates of preliminary and detailed evaluations;
  - d. A graphic soil log, to scale, indicating depth of the soil test pit excavation, soil description and classification, depth to any limiting layer encountered, type of equipment used to excavate the soil profile test pit and date of soils investigation.
  - e. Setback distances to features listed in Table 7-1;
  - f. Setback distances to features listed in Table 7-2, existing on the site or within applicable setback limits, whichever is greater;
  - g. A drawing created to a scale that provides the complete property boundary lines. The minimum drawing size is 8.5-inches by 11-inches. If the property is too large to adequately show site evaluation information, a detailed drawing that includes the information required from the site and soil evaluation that will impact the location of the OWTS must be submitted. Drawings must indicate dimensions, have a north arrow and graphic scale, and include:
    - (1) Fixed, non-degradable temporary or permanent benchmark, horizontal and vertical reference points of the proposed soil treatment area; soil observations; percolation testing results and pertinent distances from the proposed OWTS to all required setbacks, lot improvements, easements; ordinary high water mark of a pond, creek, stream, lake, wetland or other surface waters, and detention or retention ponds; and property lines;
    - (2) Contours or slope direction and percent slope;
    - (3) The location of any visible or known unsuitable, disturbed or compacted soils;
    - (4) The estimated depth of periodically saturated soils and bedrock, or flood elevation, if applicable; and
    - (5) The proposed elevation of the infiltrative surface of the soil treatment area, from an established datum (either ground surface or a benchmark);

- h. Anticipated construction-related issues, if applicable;
- i. An assessment of how known or reasonably foreseeable land use changes are expected to affect the system performance, including, but not limited to, changes in drainage patterns, increased impervious surfaces and proximity of new water supply wells, if applicable; and
- j. A narrative explaining difficulties encountered during the site evaluation, including but not limited to identifying and interpreting soil and landform features and how the difficulties were resolved, if applicable.

**G. Design Document**

- 1. The report and site plan may be attached to the design document or the report and site plan may be combined with the design information as a single document.
- 2. The design document must include a brief description of the facility and its proposed use, basis and calculations of design flow, and influent strength.
- 3. The design document must contain all plan details necessary for permitting, installation and maintenance, including:
  - a. Assumptions and calculations for each component, including dose volume, total dynamic head (TDH) and gallons per minute (GPM) for all dosing systems;
  - b. A fixed, non-degradable temporary or permanent benchmark, (North America Vertical Datum or assumed elevation is acceptable);
  - c. A scale drawing showing location of each OWTS component and distances to water supplies, surface water, easements, physical and health impact features on both the subject and adjacent properties requiring setbacks;
  - d. Layout of soil treatment area, dimensions of trenches or beds, distribution method and equipment, distribution boxes, drop boxes, valves, or other components used;
  - e. Contours or slope direction and percent slope for the area of the OWTS;
  - f. Elevation or depth of infiltrative surface of the soil treatment area, the septic tank invert, and all other components of the OWTS. For sites with minimal elevation change, providing the depth of the components from grade is acceptable. However, where the site has noticeable elevation changes, it is the expectation that the proposed elevations of all components, relative to a site benchmark, be provided.
  - g. Special structural design considerations, as applicable to ensure the long-term integrity of each component;
  - h. References to design manuals or other technical materials used;
  - i. Installation procedures, as applicable;
  - j. Operation and maintenance manuals or instructions; and
  - k. Other information that may be useful such as photos and cross-section drawings.

- H. Site protection: Prior to and during construction, the proposed soil treatment area and replacement area, if any, must be protected from disturbance, compaction, or other damage by means of staking, fencing, posting, or other effective methods.
- I. Qualifications for a Competent Technician
  - 1. Percolation Tests
    - a. Competencies needed:
      - (1) Set up equipment;
      - (2) Perform and run percolation tests according to the procedures identified in section 43.5.D.4 of this regulation; and
      - (3) Record results and calculate percolation rates.
    - b. Local public health agencies may approve training for percolation testing.
  - 2. Visual and Tactile Evaluation of Soil
    - a. Competencies needed:
      - (1) Identify soil types by hand texturing and observation;
      - (2) Identify presence or absence of soil structure;
      - (3) Identify type and grade of soil structure;
      - (4) Identify soil consistence/cementation;
      - (5) Recognize evidence of highest seasonal water surface;
      - (6) Identify limiting layers, restrictive layers, and groundwater conditions;
      - (7) Determine the appropriate depth for infiltrative surface of OWTS, soil profile test pits, and for percolation tests, if used; and
      - (8) Understand basic principles of OWTS siting and design.
    - b. Possible demonstrations of competence in visual and tactile evaluation of soil:
      - (1) Degree in soil science, agronomy, geology, other majors if a course(s) in soil morphology was included; or
      - (2) Attendance at training or workshop for soil evaluation for OWTS including both class and field work.
        - (i) If the training or workshop includes an exam to verify acceptable completion of the course, a passing grade on the exam must be attained.
    - c. The Division must approve training for visual and tactile evaluation of soil.

#### **43.6 Wastewater Flow and Strength**

- A. Wastewater Flows

1. A local public health agency may require the installation of a meter to measure flow into the facility or the OWTS.
2. Single-Family Residential Homes:
  - a. Design flow per person must be at least 75 gallons per day (gpd).
  - b. A local public health agency may only increase the wastewater design flow per person to 100 gpd on a case by case basis, where justified.
  - c. The minimum design flow for a new home must be for a two-bedroom house unless otherwise noted in this regulation. The minimum design flow for the repair or replacement of an OWTS of an existing one-bedroom home must, at a minimum, be for one-bedroom unless bedrooms are added.
  - d. For homes up to and including three bedrooms, the assumed number of persons per bedroom is two for design purposes.
  - e. For homes with more than three bedrooms, the assumed number of persons is six persons (first three bedrooms x two persons per bedroom) plus one additional person for each bedroom more than three bedrooms.
  - f. A local public health agency may increase the number of persons per bedroom to two for all bedrooms for design purposes.
  - g. Table 6-1 summarizes the design flows for single-family residential homes up to six bedrooms. A local public health agency has authority to adjust these values as described in sections 43.6.A.2.b and 43.6.A.2.f.
  - h. If a new home has unfinished areas, a local public health agency may increase the number of bedrooms used for the design of the OWTS by one or two bedrooms based on an assumption that 150 square feet of unfinished space can be converted into a bedroom, if the space can meet building code requirements for a bedroom.
  - i. A local public health agency may increase the design flows per bedroom by 50 gal. per additional bed, where there are provisions for more than two occupants within a bedroom, such as bunk beds, etc. The intent of this section is to address short-term rental units and other similar uses.
  - j. Accessory Dwelling Units
    - (1) An “accessory dwelling unit” is considered a smaller, independent residential dwelling located on the same lot or parcel as a stand-alone single-family home.
    - (2) A new or expanded OWTS must be sized for the number of bedrooms proposed within the accessory dwelling unit.

**Table 6-1 Single-Family Residential Design Flows**

# Bedrooms	Occupancy (# of Persons)	Wastewater Flow Per Person (gallons/day)	Design Flow (gallons/day)
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2	4	75	300
3	6	75	450
4	7	75	525
5	8	75	600
6	9	75	675

3. Auxiliary Buildings

- a. If a single-family home has an auxiliary building, such as a non-commercial shop with plumbing fixtures, the flow may be conveyed to the OWTS of the home, or to a separate OWTS constructed to handle the flow from the auxiliary facility.
- b. If the flow from the auxiliary building is only generated by residents of the home, it will be assumed that the OWTS for the home will be adequately sized to include the auxiliary building if the flows are combined.
- c. If the auxiliary building will have users in addition to residents, and the flow from the auxiliary building will flow to the OWTS of the home, the design flow of the home must include the increased use of each fixture proposed.
- d. If the auxiliary building has a separate OWTS, the system must be sized on the basis of Table 6-2 and a septic tank detention time of 48 hours.

4. Multi-Family and Commercial On-site Wastewater Treatment Systems

- a. Design flow values and strengths for multi-family and commercial systems must be determined from:
  - (1) Table 6-2; or
  - (2) An analysis of peak flows and strengths from at least three comparable facilities or from the facility, if it is an existing facility, must be submitted to the local public health agency for approval. The analysis must include:
    - (i) Metered water flows for inside use only for at least a year, or if use is seasonal, for a full season. If metered flows are less than full capacity, they must be paired with actual use in units of persons present or meals served or other units as appropriate so that an actual daily rate per unit can be determined. The daily rate per unit times the number of units at full occupancy will be the design flow.
    - (ii) Total Suspended Solids and BOD<sub>5</sub> or CBOD<sub>5</sub> tests at times of full use. At least three samples taken at least one week apart are required. Sampling that provides equivalent and representative data through "composite sampling" may be allowed
    - (iii) Explanation and justification for the comparability of the tested facilities with the proposed facility.



- (3) When a specific use is proposed which is not addressed within Table 6-2, and where flow data from similar facilities is not available, the design document must provide reference to an alternate regulatory or industry standard for OWTS from where the proposed flow and water quality data was obtained. Estimates must include peak flows relative to full occupancy.
5. Flow Equalization
  - a. Flow equalization may be used if a facility has flows that vary from day to day by more than four times the average flow.
  - b. The highest peak assumed must be at least equal to the full capacity of the facility.
  - c. The stored flow must be distributed to the soil treatment area before the next greater-than-average peak.
  - d. Flow equalization may be used only if:
    - (1) The facility is non-residential;
    - (2) The facility is only used for one purpose;
    - (3) Flows will follow a predictable pattern; and
    - (4) There is a long-term expectation that size and pattern of the flows will remain the same.
  - e. Timed dosed pressure distribution or timed dosed NDDS must be used. The soil treatment area reduction for pressure distribution (Table 10-2) must not be used in addition to the flow equalization reduction.
  - f. Contingency plans must be specified for expanding the capacity of the OWTS in the event of changed use at the facility.

**TABLE 6-2 For Design Purposes, the Estimated Daily Wastewater Flow and BOD<sub>5</sub> Load is “Per Person” Unless Otherwise Noted<sup>5</sup>**

RESIDENTIAL WASTEWATER	GPD	BOD <sub>5</sub> IN POUNDS PER DAY
Single-family dwellings, Accessory dwelling units	75	.20
<b>Auxiliary buildings, by fixture type</b>		
Bath/Shower	14.7	.014
Dishwasher	1.8	.002

Kitchen sink with garbage grinder	5.8	.052
Laundry washer	19.5	.037
Lavatory	8.4	.021
Water closet (toilet)	24.8	.029
<b>Residential, Other</b>	<b>GPD</b>	<b>BOD<sub>5</sub> IN POUNDS PER DAY</b>
Boarding and rooming houses (users absent during working hours)	50	.15
Hotels and motels per room	75	.15
Mobile home	75	.20
Multiple-family dwellings or apartments	75	.20
Mobile home park per space	300	.80
Tiny Homes <sup>3</sup> , per unit	150	.40
Vacation home rental; per additional bed space provided; in addition to the 150 gal./bedroom <sup>4</sup>	50	.20
<b>COMMERCIAL WASTEWATER</b>	<b>GPD</b>	<b>BOD<sub>5</sub> IN POUNDS PER DAY</b>
<b>Day-use, or Transient Facilities</b>		
Examples: Airports or bus stations per passenger; fairgrounds per person attending; ball parks, race tracks, stadiums, theaters or auditoriums per seat	5	.02
Airport per employee	10	.06
Banquet halls per seat with food preparation, per event	7.5	.06
Banquet halls per seat, no food preparation, per event	5	.02

Barber and beauty shops per chair	100	.70 <sup>1</sup>
Bowling alleys per lane - toilet wastes only	5	.03
Convenience Stores with self-serve beverages	See footnote 7	See footnote 7
Country club per member	30	.02
County club per employee	20	.06
Dentist offices per non-wet chair	50	.14
Doctor offices per doctor	250	.80 <sup>1</sup>
Farm workers, factories and plants, exclusive of industrial wastewater, per employee per eight-hour shift – no showers	20	.05
Farm workers, factories and plants exclusive of industrial wastewater per employee per eight-hour shift - showers provided	35	.08
Laundries, self-service per commercial washer	400	.75
Office buildings per employee per eight-hour shift	15	.06
Service stations per toilet fixture	250	.50 <sup>1</sup>
Stores and shopping centers per square foot of retail space	.1	.01 <sup>1</sup>
Work or construction camps semi-permanent with flush toilets	50	.17

Work or construction camps semi-permanent without flush toilets	35	.02
<b>FOOD SERVICE ESTABLISHMENT</b>	<b>GPD</b>	<b>BOD<sub>5</sub> IN POUNDS PER DAY</b>
Coffee shop per customer	3.5	.50 <sup>1, 8</sup>
Restaurant open 1 or 2 meals per seat	50	.06/meal
24-hour restaurant per seat	75	.07/meal served
Restaurant with paper service only per seat	25	.01/meal served
Additional for bars and cocktail lounges per seat	30	.02
Drive-in restaurant per car space	50	.02
<b>INSTITUTIONAL WASTEWATER WITHOUT KITCHENS UNLESS OTHERWISE NOTED</b>	<b>GPD</b>	<b>BOD<sub>5</sub> IN POUNDS PER DAY</b>
Churches per seat; without any food service, or other uses	3.5	.01
Churches, per seat; warming kitchen only, no major food service	5	.01
Churches, per seat; with food service, per meal served	7.5	.02
Hospitals per bed space	250	.20
Nursing homes; Group homes for developmentally disabled, per bed space	125	.20
Schools, Boarding per person	100	.17
Schools, Day without cafeteria, gym or showers	15	.04

Schools, Day with cafeterias, no gym or showers	20	.08
Schools, Day with cafeterias, gym and showers	25	.10
Schools, Day additional for school workers	15	.06
<b>RECREATIONAL AND SEASONAL WASTEWATER USE</b>	<b>GPD</b>	<b>BOD<sub>5</sub> IN POUNDS PER DAY</b>
Camps, day, no meals served	15	.12
Children's camp, overnight with meals and showers	50	.12
Luxury resort <sup>6</sup>	125	.17
Resort night and day	50	.12
Campground per campsite <sup>2</sup>	50	.12
Public park flush toilet per fixture per hour when park is open	36	.04 lbs./ fixture
Public park urinal per fixture per hour when park is open	10	.01 lbs./fixture
Public park shower per fixture per hour when park is open	100	.10 lbs./ fixture
Public park faucet per fixture per hour when park is open	15	.04 lbs./ fixture
Swimming pools and bathhouses	10	.06
Travel trailer parks with individual water and sewage hookup per unit <sup>2</sup>	100	.24
Travel trailer park without individual water and sewage hookup per unit <sup>2</sup>	50	.12

1. BOD levels may require further verification depending on the specific use of the facility.
  2. Laundry facilities are to be calculated on a per commercial washer basis in accordance with other elements of this table.
  3. For a “tiny home” the OWTS may be sized as a one-bedroom home..
  4. As stated in section 43.6.A.2.i, the local public health agency may increase the “per bedroom” design flows for vacation home rentals relative to the expected maximum occupancy of the home. These flows are in addition to the 150 gal./bedroom requirement.5. Note that discharges from non-domestic sources such as process waste, industrial waste, microbreweries, dog kennels, veterinary clinics, horse barns, etc. are not addressed in this regulation. Such discharges must obtain permitting as a Class V Injection Well through the EPA, as appropriate.
  6. A “Luxury Resort” will typically include a spa, restaurant/bar, pool, etc.
  7. Wastewater from convenience stores will likely meet the requirements of high strength waste. Studies indicate that BOD<sup>5</sup> effluent levels will range between 500 – 1500 mg/l. The exact levels will depend on products available (i.e.: coffee, soda, etc.), number of patrons, and how often the excess from each product is disposed. Flows from each facility can also vary substantially depending on location and the size of the store. Locations adjacent to freeways could have significantly more flow than a site located in a residential area. Subsequently, the design engineer must provide data from similar facilities in order to afford an estimation of projected peak daily flows.
  8. Wastewater from coffee shops will likely meet the requirements of high strength waste. Studies indicate that BOD<sup>5</sup> effluent levels may exceed 500 mg/l. The exact levels will depend on the drink options (i.e.: latte, espresso, etc.), number of patrons, and how often the excess from each product is disposed. Flows from each facility can also vary substantially depending on location and the size of the store. Subsequently, the design engineer must provide data from similar facilities in order to afford an estimation of projected peak daily flows.
- B. Wastewater Strength**
1. Table 6-3 includes levels of treatment that can be achieved by various OWTS components, excluding the soil treatment area. Systems qualifying for these treatment levels except TL1 produced by a septic tank alone must be approved under section 43.13. of this regulation. If soil treatment area or vertical separation distance reductions are permitted, the local public health agency must have a maintenance oversight program under section 43.14.D. in place.
  2. High strength waste must be reduced to at least Treatment Level TL1 quality or lower before applying to a soil treatment area. Waste strength levels defined in Tables 6-3 and 6-4 must be used to determine compliance.

**Table 6-3 Treatment Levels<sup>6</sup>**

Treatment Level	BOD <sub>5</sub> (mg/L)	CBOD <sub>5</sub> <sup>1</sup> (mg/L)	TSS (mg/L)	Total Nitrogen (mg/L)	Fecal Coliform <sup>5</sup>
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TL1 <sup>2</sup>	180	-	80	60-80	
TL2	-	25	30	N/A <sup>3</sup>	
TL2N	-	25	30	>50% reduction <sup>4</sup>	
TL3	-	10	10	N/A <sup>3</sup>	
TL3N	-	10	10	20	
TL3ND	-	10	10	20	≤200 per 100 mL.

Shading indicates higher treatment levels.

1. Requirements for CBOD<sub>5</sub> are only related to effluent samples from a higher level treatment system.
2. Domestic septic tank effluent prior to soil treatment or higher level treatment has a wide range of concentrations. These values are typical, but values used for design must account for site-specific information.
3. Total Nitrogen does not apply to Treatment Levels TL2 and TL3. Processes intended to reduce total nitrogen are addressed in Treatment Levels TL2N and TL3N. Any total nitrogen reductions that may be observed for TL2 and TL3 are as a result of the treatment process for BOD<sub>5</sub> and TSS reductions.
4. NSF/ANSI Standard 245 – Wastewater Treatment Systems – Nitrogen Reduction requires reduction of 50 percent rather than an absolute value.
5. TL3ND requires effluent to be treated to TL3N standards prior to disinfection. The disinfection must meet the requirements of section 43.12.H.
6. With the exception of fecal coliform, treatment level requirements are based on values obtained from composite sampling.

**Table 6-4 High Strength Wastewater\***

	<b>BOD<sub>5</sub> (mg/L)</b>	<b>TSS (mg/L)</b>	<b>Fats, Oils, Grease (FOG) (mg/L)</b>
Septic Tank Influent	>300	>200	>50
Septic Tank Effluent	>180	>80	>25

\* High strength wastewater prior to a septic tank has a wide range of concentrations. These values are typical, but values used for design purposes must account for site-specific information.

#### **43.7 Minimum Distances between Components of an On-site Wastewater Treatment System and Physical Features**

- A. Horizontal distances from the various components of a system to pertinent terrain features, including streams, lakes, water courses, springs, wetlands, wells, subsurface drains, cisterns, water lines, suction lines, dry gulches, cut banks, dwellings, other occupied buildings and property lines, must be in accordance with Table 7-1. The setback requirements are applicable for minimum system performance and treatment levels with specific modifications allowed for higher treatment levels as provided in Table 7-2. All distance setback modifications must be analyzed and approved by the local board of health or local public health agency and be in complete compliance with the variance or administrative procedures identified within this regulation and those of the local board of health. Acceptable methods of analyzing horizontal separation distances with higher treatment levels include but are not limited to:
  - 1. Analyzing the intended uses of impacted surface and/or ground waters;
  - 2. Contacting adjacent property owners for potential conflicts with property line encroachments; and
  - 3. Analyzing potential impacts that system locations may have on building foundations and other potentially affected features.
- B. Reductions in separation distances with higher level treatment must include provisions for operation and maintenance for the life of the system, as described in section 14.D.
- C. Dry Gulches, Cut Banks and Fill Areas
  - 1. Separation distances to dry gulches, cut banks and fill areas in Table 7-1 must apply unless the designer or design engineer determines by observation of the exposed slope of the dry gulch or cut bank or by soil profile test pit excavations that a limiting layer is present that will direct or allow the effluent from the soil treatment area to move laterally and surface. In this instance, a greater distance may be required.
  - 2. A lesser distance may be used if it can be demonstrated by a professional engineer or professional geologist that the use of a barrier, such as a minimum 30 mil PVC liner placed between the soil treatment area and the slope of the dry gulch, cut bank or fill area will prevent effluent surfacing laterally.
  - 3. The separation distance between a component and the crest of a dry gulch or cut bank will be evaluated for potential erosion or slope instability if the component and the slope are in close proximity. If there is potential for erosion or instability, the separation distance must be increased until the risk is minimized.
- D. Components of an OWTS listed in Table 7-1 must be installed or located in accordance with the minimum distance requirements provided in the table or such increased distances provided by local board of health regulations, unless otherwise noted below:
  - 1. A local board of health may choose to allow the local public health agency to permit the installation of an OWTS at a reduced property line setback in accordance with the following criteria:
    - a. If a property can accommodate the installation of an OWTS no closer than the required minimum 10-foot property line setback, it must do so. If the proposal complies with the requirements of this section and is deemed acceptable by the local public health agency, the local public health agency may administratively allow a reduction to the setback.



- b. The property line setback must not be reduced to any less than 3 ft., unless a variance by the Board of Health is provided.
- c. The property line setback encroachment must be proposed at the time of permit application and must include the following information:
  - (1) A statement from the applicant and/or designing engineer providing the reason for the reduced property line setback request.
  - (2) The applicant must demonstrate that the allowance of encroachment of the property line setback will not inhibit the development of surrounding properties (i.e. by allowing the encroachment of the property line setback, a neighboring property would not be able to meet the minimum setback requirement between the subject OWTS and a proposed adjacent well).
  - (3) The applicant must demonstrate that all activities associated with the installation of the proposed OWTS will not encroach on a neighboring property, and/or provide written permission from the adjacent owner or property manager of said property allowing the encroachment of machinery or excavated materials in order to install the proposed OWTS.
  - (4) The proposed OWTS must comply with all other required setbacks noted in Table 7-1. The local public health agency approval of the encroachment must only be for the referenced property line setback.
  - (5) The applicant must submit a survey of the property line(s) that the proposed setback encroachment will impact. The survey must include:
    - (i) A survey completed by a Colorado registered professional land surveyor in accordance with section 12-120-301 *et seq.*, C.R.S.
    - (ii) A legal description and drawing of the subject property. Said drawing must also include the location of the proposed OWTS, onsite and adjacent wells.
    - (iii) The surveyor must clearly mark the surveyed property line(s) in a manner that is clearly defined and will not degrade over time due to exposure to the elements. The markings must remain in place until after system construction and final approval by the local public health agency.
- d. Prohibitions
  - (1) Approval for an encroachment of the property line setback must not be provided after installation of the OWTS. Any post-construction reduction will require a variance by the Board of Health.
  - (2) A reduction in the setback to a property line may only be granted where a minimum separation of six feet between soil treatment areas on all adjacent properties is provided.

- (3) The size of the soil treatment area must comply with section 43.10.C of Reg. 43.
  - (4) Property line setback reductions are prohibited where multiple systems on the subject property are proposed and the combined capacity of the systems exceeds 2,000 GPD.
- E. Table 7-2 provides the required site evaluation, design, and treatment level considerations necessary to evaluate the site and to design and locate the soil treatment area component of an OWTS.
  - 1. Items 1, 2 and 3 in Table 7-2 address the allowable horizontal setback distance between the soil treatment area and the following physical features:
    - a. Setback distance from soil treatment area to on-site well (Item 1);
    - b. Setback distance from soil treatment area to water features (Item 2); and
    - c. Setback distance from soil treatment area to a dry gulch or cut bank (Item 3).
  - 2. Item 4 in Table 7-2 addresses the required vertical separation distance between the infiltrative surface of the soil treatment area and the limiting layer, or the required depth, of soil comprising the soil treatment area.
  - 3. The designer may select the level of treatment from Table 7-2 to be applied to the soil treatment area that is necessary in order to accommodate the site conditions, if higher level treatment for that purpose is permitted by the local public health agency.

**Table 7-1 Minimum Horizontal Distances in Feet between Components of an On-Site Wastewater Treatment System and Water, Physical and Health Impact Features<sup>7, 10</sup>**

	Spring, Well, <sup>1, 9</sup> Suction Line, Underground Potable Water Supply Cistern <sup>4</sup>	Potable Water Supply Line <sup>2</sup>	Structure w/basement, crawl space or footing drains	Structure without basement, crawl space or footing drains	Property Lines <sup>11</sup> , upslope curtain drain	Subsurface Drain, Intermittent Agricultural Irrigation Lateral <sup>7</sup> , Lined Pond or Irrigation Channel, Drywell, Storm sewer, Stormwater Structure	Surface Water, Lake, Water Course, Open Irrigation Channel <sup>7</sup> , Stream, Wetland	Dry Gulch, Cut Bank, Fill Area (from Crest), in-ground pools	Septic Tank, Higher level treatment Unit, Dosing Tank, Vault or Privy
Septic Tank, Higher Level Treatment Unit, Dosing Tank, Effluent pipe <sup>2</sup> , Vault or Vault Privy	50 <sup>2</sup>	10 <sup>2</sup>	5	5	10	10	50	10	--
Building Sewer	50 <sup>2</sup>	5 <sup>6</sup>	0	0	10 <sup>2</sup>	10 <sup>2</sup>	50 <sup>2</sup>	10 <sup>2</sup>	--
STA Trench, STA Bed, Unlined Sand Filter, Sub-surface Dispersal System, Seepage Pit	100 <sup>3</sup>	25 <sup>2</sup>	20	10	10	25	50 <sup>3</sup>	25	5
Lined Sand Filter	60	10 <sup>2</sup>	15	10	10	10	25	10	5

Lined Evapo- transpiration Field or Outside of Berm of Lined Wastewater Pond	60	10 <sup>2</sup>	15	15	10	10	25	10	5
Open Unlined Sand Filter in Soil With a Percolation Rate Slower than 60 Minutes per Inch, Unlined Evapotranspirati on System, Outside of Berm of Unlined Wastewater Pond, or System Not Relying on STA for Treatment Other than Aerosol	100	25 <sup>2</sup>	20	10	10	25	25	15	10
Slit Trench Latrine, Pit Privy	100	50 <sup>2</sup>	25	25	25	25	100	25	N/A
System Not Relying on STA for Dispersal	100 <sup>3</sup>	10 <sup>2</sup>	125	125 <sup>5</sup>	10	0	25 <sup>3</sup>	10	10

- NOTE: The minimum distances shown above must be maintained between the OWTS components and the features described. Where soil, geological or other conditions warrant, greater distances may be required by the local board of health or by the Water Quality Control Commission pursuant to section 25-8-206, C.R.S. and applicable regulations. For repair or upgrading of existing OWTS where the size of lot precludes adherence to these distances, a repaired OWTS must not be closer to setback features than the existing OWTS, as reviewed and approved by the local public health agency. 1. Includes potable wells, irrigation wells and monitoring wells set within a potable aquifer and infiltration galleries permitted as wells by the Division of Water Resources. All horizontal setbacks to a potable water supply must be met unless a variance by the Board of Examiners of Water Well Construction and Pump Installation Contractors is granted per section 18.2 of the Water Well Construction Rules, 2 CCR 402-2, (Division of Water Resources). Setback requirements which may necessitate a variance are found within section.10.2 or 11.4 of the Water Well Construction Rules, as applicable. The minimum horizontal setback that may be granted for new construction through a variance is to 75 feet; and must meet the requirements of Table 7-2 of this regulation. Setbacks for existing wells must comply with requirements of section 43.10.1.2.
2. Crossings or encroachments may be permitted at the points as noted above provided that the potable water or wastewater conveyance pipe is encased for the minimum setback distance on each side of the crossing. A length of pipe with a minimum Schedule 40 rating [ASTM Standard D3034-24 (2024 version)] of sufficient diameter to easily slide over and completely encase the conveyance must be used. Rigid end caps of at least Schedule 40 rating [ASTM Standard D3034-24 (2024 version)] must be glued or secured in a watertight fashion to the ends of the encasement pipe. A hole of sufficient size to accommodate the pipe must be drilled in the lowest section of the rigid cap so that the conveyance pipe rests on the bottom of the encasement pipe. The area in which the pipe passes through the end caps must be sealed with an approved underground sealant compatible with the piping used. Piping of equal or higher strength may also be used. Other methods of separation between the potable water pipe and a component of the OWTS that provide equal protection are allowed. These may include, but are not limited to, concrete or controlled flowable fill encasement extending no less than 10 feet each side of the crossing, or an impermeable geo-membrane curtain extending at least two feet below the potable water pipe and no less than 10 feet each side of the crossing. These methods must be reviewed and approved by the local public health agency.
  3. Add eight feet additional distance for each 100 gallons per day of design flows between 1,000 and 2,000 gallons per day, unless it can be demonstrated by a professional engineer or geologist by a hydrologic analysis or the use of a barrier, consisting of a minimum 30 mil PVC liner or equivalent, that contamination will be minimized. If effluent meets Treatment Level 3N and the local public health agency has a maintenance oversight program in accordance with section 14.D. of this regulation, the distance addition is not required. Flows greater than 2,000 gallons per day must be hydrologically analyzed for flow, velocity, hydraulic head, and other pertinent characteristics as means of estimating distances required to minimize contamination as part of the Division site application and permitting process.
  4. All horizontal setbacks to an underground potable water supply cistern must be met unless a variance by the Board of Examiners of Water Well Construction and Pump Installation Contractors is granted per section 18.2 of the Water Well Construction Rules, 2 CCR 402-2. Setback requirements which may necessitate a variance are found within section.10.2 or 11.4 of the Water Well Construction

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- Rules, as applicable. The minimum horizontal setback that may be granted through a variance is to 25 feet. Noted setbacks are not required to above ground cisterns.
5. If the structure is not used as a habitable unit, the isolation may be reduced by the local board of health to no less than 50 feet.
  6. Building sewer installations shall meet the design requirements of the Colorado Plumbing Code.
  7. Where ditch companies have a specific right of easement for “reasonable and necessary use to access, operate, and maintain ditches”, all OWTS components must maintain a minimum of 25’ setback from the crest of the ditch/channel.
  8. Sites with multiple OWTS on a single property where the total flows are > 2,000 gpd must meet the increased required setbacks as provided in WQSA-6 (Policy 6).
  9. Per 2 CCR 402-10 (6.4.2) Geothermal wells shall be located at least 100 feet to the nearest source or potential source of contamination, unless a variance has been obtained from the state engineer.
  10. Setback from a utility easement: While a specific setback for components of an OWTS to a utility easement is not specifically identified, the intent of the regulation is provided herein. The setback from utility easements is dependent on whether the utility is above or below ground. For above ground utilities, components of an OWTS must not be installed in areas where construction or maintenance vehicles may be required to travel in order to gain access to the utility. For utilities installed below grade, the objective is to setback the utility far enough away from the soil treatment area so that sewage will not seep into a utility trench excavation. The setback is also necessary to prevent construction or maintenance vehicles from driving on any component of an OWTS. Where remote properties have a blanket utility easement, the owner/operator of the OWTS will be responsible for providing signage or physical barriers as needed to reduce the risk of vehicular traffic or other disturbance to the OWTS. In all instances, a five foot setback will typically address most concerns.
  11. In specific circumstances, the local public health agency may allow for a reduced setback from a property line to the OWTS; per the requirements of section 43.7.D.1.

**Table 7-2 Minimum Separation Distance Requirements in Feet from Soil Treatment Area, Relative to Treatment Level Provided<sup>3</sup>**

ITEM	OWTS DESIGN CONSIDERATION	Treatment Levels 1 and 2	Treatment Level 2N <sup>4</sup>	Treatment Level 3 <sup>4</sup>	Treatment Level 3N <sup>4</sup>	Treatment Level 3ND <sup>4</sup>
	<b><u>Horizontal Separation Distances</u></b>					
1	Distance from soil treatment area to wells <sup>5</sup>	100	100	100	100 <sup>1</sup>	100 <sup>1</sup>
2	Distance from effluent pipes & soil treatment area to pond, creek, lake, or other surface water feature	50	25	25	25	25
3	Distance from soil treatment area to dry gulch or cut bank	25	10	10	10	10
	<b><u>Vertical Separation Distances</u></b>					
4A	Treatment depth in feet from infiltrative surface to a limiting layer, or groundwater condition	4 feet <sup>2</sup> (3 feet with pressure dosing)	2.5	2.5	2	1
4B	Treatment depth in feet from infiltrative surface to a limiting layer, or groundwater condition with the inclusion of an unlined sand filter	3 (TL1) 2.5 (TL2)	2.5	2	2	1

NOTE: Treatment levels are defined in Table 6-3. Reductions in separation distances with higher level treatment may be granted only if the local public health agency regulations have included provisions for operation and maintenance.

1. All setback distance reductions to the 100 foot requirement for wells and soil treatment areas must be in full compliance with the minimum standards and variance requirements of the State of Colorado Division of Water Resources: Rules and Regulations for Water Well Construction, Pump Installation, Cistern Installation, and Monitoring and Observation Hole/Well Construction. For TL 3N and TL3ND effluent, a reduction to 75 feet is allowed if a variance from the Water Well Construction Regulations is obtained. Note that the Division of Water Resources does not address inquiries for existing wells. Local agencies must follow the same review principles, as provided within division's guidance document; "Variances for water wells"; March 2019.

2. Reductions in the vertical separation requirements for the use of higher level treatment systems with seepage pits are not allowed. The bottom of the excavation of a seepage pit must be a minimum of four feet above a limiting layer.
3. Refers to the quality of effluent applied to the distribution media
4. Pressure dosing is required for all TL2N, TL3, TL3N, and TL3ND systems
5. Includes potable wells, irrigation wells and monitoring wells set within a potable aquifer and infiltration galleries permitted as wells by the Division of Water Resources.

#### **43.8 Design Criteria – General**

- A. The OWTS for single-family homes shall be designed to accommodate the proposed flows from the structure as defined in 43.6.A.2. Flow estimates for multi-family or commercial OWTS must comply with 43.6.A.4 Expected waste strength as noted in Table 6-3 and Table 6-4 must also be addressed, where applicable. Installation of low flow fixtures or the separation of toilet waste or other sources of wastewater does not allow for the reduction in the size of an OWTS, except as provided in section 43.12.E.
- B. OWTS shall be designed and constructed to achieve the treatment level specified by the design.
- C. OWTS must be designed and constructed such that each component shall function, when installed and operated, in a manner not adversely affected by normal operating conditions including erosion, corrosion, vibration, shock, climatic conditions, and usual household chemicals. Each component must be free of non-functional protrusions or sharp edges, or other hazards, which could cause injury to persons, animals, or properties. Design must be such as to exclude flies and rodents and other vectors and to prevent the creation of nuisances and public health hazards and must provide for efficient operation and maintenance.
  1. Spray-type foams that harden are not acceptable as a sealant for OWTS components.
- D. Accessibility for Inspection, Maintenance, and Servicing
  1. Septic tanks must have watertight risers over each access manhole. All risers must be a minimum of 20 inches inside diameter and extend to or above final grade, unless otherwise specified in this regulation.
  2. For new construction, the top of any septic tank, dosing tank or vault must be no deeper than four feet below finished grade.
  3. Each treatment component of an OWTS other than the septic tank and soil treatment area must be equipped with access manholes with risers that extend to or above final grade, located to permit periodic physical inspection, collection and testing of samples and maintenance of all components and compartments.
  4. Riser Lids
    - a. Each riser lid must be watertight, brought to or above the surface, and must have a secure closing mechanism, such as a lock, special headed bolts or screws, or sufficient weight (defined as 59 pounds) to prevent unauthorized access.



- b. Access risers for all new septic tanks, ~~pump tanks~~, seepage pits, or vaults, must include a structurally sound interior grate, or other similar secondary safety feature, securely installed below the tank lid to prevent persons~~children~~, pets, or wildlife from falling into the tank.
- 5. Components that require access for maintenance must be accessible from the ground surface. This includes but not be limited to maintenance of pumps, siphons, valves, distribution boxes, drop boxes, cleanouts, effluent filters, inlet and outlet baffles, aerators, treatment equipment and other devices.
- 6. Components must be designed and constructed so that, when installed, they must be easily maintained, sampled, and serviced according to the manufacturer's recommendations. Easy physical access to treatment components by maintenance personnel and equipment must be provided.
- E. Plumbing Codes: Plumbing fixtures, building sewers, vents, sewer lines and other appurtenances must be designed, operated and maintained so as to comply with the minimum requirements of the most recently revised locally enforceable plumbing code. In absence of a local plumbing code, designs must adhere to the Colorado Plumbing Code (3 CCR 720-1). A local plumbing permit may be required.
- F. Electrical Equipment, If Used
  - 1. All electrical work, equipment, and material must comply with the requirements of the currently applicable National Electrical Code as designated by the State Electrical Board Rules and Regulations (3 CCR 710-1). A local electrical permit may be required.
  - 2. Electrical components must be protected from moisture and corrosive gases.
- G. Indicators of Failure or Malfunctioning for Systems Utilizing Mechanical Apparatus: A signal device must be installed which will provide a recognizable indication or warning to the user that the system or component is not operating as intended. This indication or warning must be a visual signal and an audible signal, and be located in a centralized area within visual and audible range of the system user. A signal or message may also be sent remotely to a maintenance provider.
- H. Sampling Access
  - 1. If sampling for testing or as a requirement for a permit will be required of effluent from a component other than the soil treatment area, an accessible sampling point must be provided.
  - 2. If sampling of the treated wastewater from the soil treatment area will be required for testing or as a requirement for a permit, a monitoring well or wells must be constructed. Monitoring wells must be located down gradient from the soil treatment area, accessible, and provided with a properly securable cover at or above the ground surface. Monitoring wells up gradient of the system may also be required. Lysimeters or other collection devices under the soil treatment area may be used instead of a monitoring well if approved by the local public health agency or other issuer of a permit.
- I. Component Operating Instructions

1. The manufacturer of proprietary treatment units utilizing mechanical components must provide clear, concise written instructions covering the components which, when followed, must assure proper installation and safe and satisfactory operation and maintenance.
  2. If the OWTS uses public domain technology, the design engineer must provide clear, concise written instructions covering the components which, when followed, must assure proper installation and safe and satisfactory operation and maintenance.
- J. Surface Activity: Activity or use on the surface of the ground over any part of the OWTS must be restricted. The soil treatment area must not be subject to damage or soil compaction from livestock, vehicular traffic, recreational use, or other site development activity. Construction equipment not necessary to install the OWTS must be kept off of the soil treatment area to prevent undesirable compaction of the soils. If compaction occurs, the disturbed or compacted soil must be re-evaluated and/or new soil evaluations performed. The system must be redesigned if the soil permeability has changed.
- K. Floodplains and Floodways
1. A new, expanded or repair/replacement OWTS installed in a 100-year floodplain must meet or exceed the requirements of the Federal Emergency Management Agency and the local emergency agency. Additional requirements are provided below:
    - a. OWTS installations in floodplain zones beginning with letters "A" or "V" are considered high-risk areas. Systems installed in these areas must be designed by a professional engineer.
    - b. Repairs of an existing system must meet the requirements as feasible.
    - c. The system as approved by a local public health agency must be designed to minimize or eliminate infiltration of floodwaters into the system and discharge from the system into the floodwaters. The OWTS must be located to avoid impairment to floodwaters or contamination from them during flooding.
  2. A new or expanded OWTS must not be installed in a floodway designated in a 100-year floodplain where a conforming OWTS outside the floodway can be installed. For any new OWTS or system repair that may affect the floodway delineation, appropriate procedures must be followed including revision of the floodway designation, if necessary.
    - a. Installations within a floodway requires a professional engineer to certify that an OWTS cannot be installed outside of the floodway.
    - b. OWTS installations in a floodway must be designed by a professional engineer.
- L. Business Commercial, Industrial, Institutional or Multi-Family Dwelling Wastewater Systems
1. An OWTS that will serve a business, commercial, industrial or institutional property, or a multifamily dwelling must:
    - a. Be designed by a professional engineer;
    - b. Receive only such biodegradable wastes for treatment and distribution as are compatible with those biological treatment processes that occur within the septic

tank, any additional treatment unit, and the soil treatment area. This does not include industrial, animal, or process waste; and

- c. Receive authorization by rule or a class V underground injection permit from the United States Environmental Protection Agency (EPA) before an application for an OWTS permit is approved if the system may receive non-residential wastewater or is otherwise covered by the EPA underground injection control program. Subsequent to acceptance by the EPA, the local public health agency may choose to also issue a permit for this type of use.

#### **43.9 Design Criteria – Components**

##### **A. Tanks and Vaults**

1. Watertightness
  - a. Septic tanks, vaults, dosing tanks, other treatment components, risers and lids must not allow infiltration of ground water or surface water and must not allow the release of wastewater or liquids through other than designed openings.
  - b. When the final compartment of a tank is being proposed for use as a pump or siphon chamber, the wall between this chamber and the previous chamber must be watertight except for the intended hydraulic opening.
  - c. Acceptable watertightness testing methods performed at a manufacturer's site or in the field include water filling the tank or vacuum testing.
2. Tank Installation: All tanks are to be installed level, and placed on a uniform surface or bedding which does not contain rocks, roots or other items that could create point loading on the tank.
  - a. If imported bedding is needed, common options include a 5" depth of compacted pea gravel or similar material.
3. Tank Anchoring: In locations where ground water or floodwaters may cause instability problems to the septic tank, vault, or other treatment unit in the OWTS due to flotation, the tank, vault or unit must be anchored in a manner sufficient to provide stability when the tank is empty. Risers must be included in the buoyancy calculations.
  - a. If a manufacturer provides recommendations for anchoring designs, they may be used if they meet the conditions present at the site.
  - b. If a manufacturer does not provide recommendations for provisions to compensate for buoyancy, or if the professional engineer chooses to provide his/her own designs, the anchoring system design must be prepared by the professional engineer.
4. Identification and Data Marking: All tanks and treatment units must be permanently and legibly marked in a location for the purpose of inspection that is readily visible when inspected before backfilling. The marking inscription must include the following:
  - a. Name of manufacturer;
  - b. Model or serial number, if available;

- c. Effective volume and unit of measure;
- d. Maximum depth of earth cover and external loads the tank is designed to resist; and
- e. Inlet and outlet identifications, if relevant.

**B. Septic Tanks**

- 1. The manufacturer must provide sufficient information to demonstrate that the tank will meet the design specification.
- 2. Sizing Requirements:
  - a. Sizing for residential capacity for new installations must be based upon the number of bedrooms according to Table 9-1:

**Table 9-1 Minimum Septic Tank Size Based on Number of Bedrooms**

Number of Bedrooms	Tank Capacity (gallons)
2 or 3	1,000
4	1,250
Each Additional	250

- b. For multi-family and non-residential applications, a septic tank must be sized to permit detention of incoming wastewater design flows for a minimum of 48 hours.
    - c. For systems that remove toilet waste for separate treatment, tank capacity may be less than 1,000 gallons, if it provides a minimum of 48-hours detention time.
    - d. Minimum tank size for new installations other than for a single-family residence is 400 gallons.
    - e. Where a grinder pump is installed prior to the septic tank, the required tank volume must be increased by at least 500 gallons above the required volumes provided in Table 9-1.
    - f. If a proprietary aerobic treatment component is installed, the minimum septic tank (or trash tank) volume may be reduced to the volume as determined by the manufacturer. This volume will typically be provided on the CDPHE product acceptance document, which can be found on the CDPHE OWTS webpage.
- 3. Inspection and Testing of Septic Tank Watertightness
  - a. Testing of septic tanks must be performed and evaluated as specified in section 9 of ASTM C1227-22 (2022 version or earlier) (Standard Specification for Precast Septic Tanks) for concrete tanks or in Standard IAPMO/ANSI Z1000 (2019 version) (American Standards for Prefabricated Septic Tanks) for other prefabricated septic tanks.

- b. Each unit must be inspected in the field for conditions that may compromise its watertightness.
  - c. The inspection in the field must be conducted by the local public health agency and be performed after the tank installation but before backfilling.
  - d. If the inspection in the field indicates that the tank may be damaged or is not watertight, the inspector may require that the tank be tested for watertightness by the tank manufacturer or the system contractor.
- 4. Septic Tank Design and Dimension Criteria
  - a. A septic tank must have two or more compartments or more than one tank may be used in series, unless otherwise noted in this regulation. The first compartment of a two-compartment tank or the first tank in a series must hold no less than one-half of the required effective volume.
  - b. Inlet invert must be at least two inches higher than the outlet invert.
  - c. Inlet tee or baffle must extend above the surface of the liquid at least five inches and must extend a minimum of eight inches below the liquid surface. However, the inlet tee or baffle must not extend to a depth of more than 40 percent of the liquid depth measured from the liquid surface.
  - d. Outlet tee or baffle must extend at least five inches above and 14 inches below the outlet invert, however it must not extend to more than 40 percent of the liquid depth measured from the liquid surface. The outlet tee or baffle that accommodates an effluent filter must be located so that the effluent filter has sufficient clearance to be removed through the access opening with a riser in place.
  - e. The distance from the outlet invert to the underside of the tank top must be at least ten inches.
  - f. Liquid depth must be a minimum of 30 inches and the maximum depth must not exceed the tank length.
  - g. The transfer of liquid from the first compartment to the second or successive compartment must be made at a liquid depth of between 35 and 40 percent of the liquid depth measured from the liquid surface.
  - h. At least one access opening no less than 20 inches across must be provided in each compartment of a septic tank.
  - i. A septic tank must have a minimum of 25 square feet of liquid surface area and have at least a six-foot separation between inlets and outlets. Septic tanks in series, combined, must have a minimum of 25 square feet of liquid surface area and the sum of the distances between inlets and outlets of all tanks must be at least six feet. The requirements for liquid surface area and separation between inlet and outlet may be waived for tanks with less than 750-gallon effective volume.

- j. Tanks proposed to be located below vehicular traffic areas must have the appropriate AASHTO H-20 or HS-20 ratings for such use.
  - 5. Concrete Septic Tank Structural Design
    - a. Concrete septic tanks must comply with the structural design criteria of ASTM C1227-22 (2022 version) (Standard Specification for Precast Septic Tanks).
    - b. The design for each tank model and size by each manufacturer must be certified by a professional engineer as complying with these design and structural requirements and the water-tightness standard of this regulation.
    - c. Certification by a professional engineer must be submitted to the Division for acceptance.
    - d. Tank slab lids, mid-seam tanks, and the connections between the tank and risers must be designed to provide for a watertight seal.
  - 6. Fiberglass, Fiberglass-Reinforced Polyester, and Plastic Tanks
    - a. All fiberglass, fiberglass-reinforced polyester, and plastic tanks must meet the minimum design and structural criteria of IAPMO/ANSI Z1000 (2019 version) (American Standards for Prefabricated Septic Tanks) and be certified by a professional engineer as meeting these standards. The professional engineer certifying the criteria must be registered or licensed in the United States, but need not be registered in Colorado.
    - b. All tanks must be sold and delivered by the manufacturer or manufacturer's designated representative, preferably completely assembled. On-site tank assembly will be allowed on an as-needed basis.
    - c. Tanks must be structurally sound and support external forces as specified in the standard referenced above when empty and internal forces when full. Tanks must not deform or creep resulting in deflection of more than five percent in shape as a result of loads imposed.
    - d. All tanks must be constructed of sound, durable materials and not be subject to excessive corrosion, decay, frost damage, or cracking.
    - e. All seams or connections including to risers must be sealed to be watertight.
  - 7. Metal tanks are prohibited.
- C. Abandonment of Tank
- 1. A tank may be completely removed and the parts disposed of safely.
  - 2. If the tank will remain in place:
    - a. The tank must be pumped to remove as much waste as possible;
    - b. The bottom of the tank must be broken so the tank neither floats nor fills with water;
    - c. The top must be collapsed and the sides may be broken into the void;

- d. The remaining void must be filled with gravel, sand or compacted soil; and
    - e. The filled excavation will be graded to surroundings, allowing for settling.
  - 3. The local public health agency may require abandonment of a tank that is deemed to be a hazard.
- D. Pipe Standards and Bedding Requirements:
  - 1. Pipe Standards
    - a. All wastewater pipes used in portions of an OWTS that are pressurized must be constructed of compatible pipe, primer, bonding agent, and fittings. Flexible couplings to connect pipes may only be used in portions of an OWTS that are intended for gravity flow of the wastewater.
    - b. Where unperforated plastic pipe and fittings are used for gravity flow, the minimum wall thickness of the pipe must conform to ASTM Standard D 3034-21 (2021 version) or equivalent or greater strength. Schedule 40 pipe is preferred.
    - c. Perforated distribution pipe surrounded by rock within a soil treatment area must have a minimum wall thickness and perforations conforming to ASTM Standard D2729-21 (2021 version) or equivalent or greater strength. Corrugated polyethylene pipe with a smooth interior that meets ASTM F667/F667M (2021 version) or AASHTO M252-24 (2024 version) specifications or equivalent may be used.
    - d. Schedule 40 [ASTM Standard D3034-24 (2024 version)] or pipe of equivalent or greater strength must be used where pipe is installed in the following locations:
      - (1) Under driveways, roadways, or other areas where vehicular traffic is expected. Properly compacted select bedding material must be installed in such cases. Additional frost protection, such as installing 2" foam board or double-encasement of the pipe, is recommended.
      - (2) Five feet prior to and beyond all tanks; and
      - (3) In instances where sewer line setback distances are granted a variance for any reason.
    - e. Tile pipe, open-joint pipe, and cast iron pipe must not be used in an OWTS.
    - f. Pressure pipe must be rated for the intended use to accommodate pump discharge pressure. Cellular (foam) core piping must not be used in pressurized systems.
  - 2. Bedding: All system piping, except for distribution laterals within the soil treatment area, must be bedded with select material before final inspection by the local public health agency. Select bedding material must consist of loose, granular material, free from stones, clods, frozen soil, or other deleterious material. Select material may consist of on-site job-excavated or imported material. Bedding material must be mechanically compacted to support piping.
- E. Cleanouts required between the building and the septic tank:

1. Cleanouts must have a secure cap and a riser extending to or easily accessible from grade. The installation of a straight tee or sanitary tee is acceptable.
  2. If a cleanout is not already provided outside of the building, a two-way cleanout, no smaller than the building sewer, must be installed between the building and the septic tank, as close to the home as practical, but at a distance no further than 50 feet of the outside wall. Local Building Codes may also apply.
    - a. For long runs of piping, building sewers must have a cleanout installed at intervals of not more than 100 feet.
  3. Where a sewer has a change of horizontal direction greater than 45 degrees, a cleanout must be installed at the change of direction unless a cleanout already exists within 50 feet upstream of this fitting. Where more than one change of direction greater than 45 degrees occurs within 50 feet of a developed length of piping, the cleanout for the first change of direction may serve as the cleanout for all changes within that 50 feet of developed length of pipe.
- F. **Distribution Box:** A distribution box, if used, must be of sufficient size to distribute effluent equally to the laterals of a trench or absorption bed system. The box must be constructed with the inlet invert at least one inch above the level of the outlet inverts. Flow equalizers or similar devices must be used to adjust the flow between laterals. Access to the box must be provided with a manhole riser with access lid at or above grade if the top of the box does not reach final grade.
- G. **Drop Box:** In sequential distribution, a watertight box may be used to transfer the effluent to the following trench when the effluent in a trench has received the designed level for overflow to the next trench. A drop box shall have a riser at or above final grade, if the top of the drop box does not reach final grade. Outlet pipes in sequential distribution must be designed and installed so that they may be capped off for resting periods.
- H. **Stepdown/Relief Pipe:** In sequential distribution, an unperforated pipe may be used to transfer the effluent to the following trench when the effluent in a trench has received the designed level for overflow from that trench.
- I. **Wastewater Pumping and Dosing Siphon Systems**
1. **Pumps**
    - a. Non-clog pump opening must have at least two-inch diameter solids handling capacity where raw wastewater is pumped. A pump opening must not have more than 3/4-inch diameter solids handling capacity if previously settled effluent is pumped.
    - b. Pumps must be certified to the UL778 (Edition 6 or earlier version) electrical safety standard, bear the seal of approval of CSA, UL or an equivalent testing program, and be constructed of corrosion resistant materials.
    - c. Grinder pumps must also be certified to NSF/ANSI Standard 46 (2022 or earlier version) and bear the seal of approval of the NSF or equivalent testing and certification program.



- (1) Where a grinder pump is used prior to the septic tank, an effluent filter is required to be installed on the outlet of the septic tank. Additional tank requirements are provided in section 43.9.B.2.e.
  - (2) Where a grinder pump is used prior to the septic tank, the effluent pipe from the grinder pump must be connected to the sewer line prior to the inlet of the septic tank.
2. Floats and Switches
  - a. Automatic liquid level controls must be provided to start and shut off pumps at a frequency or level specified in the design.
  - b. Floats must be mounted on a stem separate from the pump discharge piping to allow for removal, adjustment, and replacement of the float from grade without removing the pump. Components used to hold the floats must be securely attached and of a material that is resistant to corrosion and will not absorb water.
  - c. Float switches must be certified to the UL60947-4-1 (Edition 4 or earlier version), or CSA C22.2 No. 205-17 (2017 or earlier version) electrical safety standards, bear the seal of approval of CSA, UL or an equivalent certification program, and be constructed of corrosion resistant materials.
  - d. Dosing siphons for pressure dosing and higher level treatment systems must provide for a means of determining the number of dosing events.
3. Location of Pump or Siphon
  - a. A pump or a siphon may be installed in a separate tank following the septic tank. The tank must be of sufficient volume to allow pump or siphon cycling commensurate with the design capacity.
  - b. The second compartment of a two-compartment septic tank may only be used as the pump tank when the tank is specifically designed for this purpose and it can be demonstrated to the satisfaction of the local public health agency that the minimum 48-hour detention time will not be decreased. The pump must be screened to remove solids greater than 1/8", assuring that only liquid effluent will be discharged. The transfer of liquid from the first to the second compartment must be at an elevation that is between the inlet and outlet invert elevations, and through a standard tee designed and located as per the requirements of section 43.9.B.4.d. Siphons must not be installed in the second compartment of a two-compartment tank.
  - c. The use of a three-compartment septic tank, sized to provide the required effective volume in the first two compartments with the pump or siphon in the third compartment is acceptable for tanks specifically designed for this purpose. The transfer of liquid from the second to the third compartment must be at an elevation that is between the inlet and outlet invert elevation, and through a standard tee designed and located as per the requirements of section 43.9.B.4.d.
4. Pump or Siphon Discharge Piping

- a. The discharge pipe from the pumping or siphon chamber must be protected from freezing by burying the pipe below frost level or sloping the pipe to allow it to be self-draining. Drainage must be provided through the bottom of the pump or through a weep hole located in the discharge pipe prior to exiting the tank.
  - b. The pump discharge piping must have a quick disconnect that is accessible from grade to allow for easy pump access and removal.
  - c. The pipe must be sized to maintain a velocity of two or more feet per second.
  - d. Pressure pipes must be designed to prevent air or vacuum locking and allow self-draining of the pipes.
- 5. Access
  - a. The pump or dosing system tank, chamber, or compartment must have a minimum 24-inch nominal diameter access riser, made of corrosion-resistant material, extending to or above ground level. A smaller diameter riser may only be installed if it is accepted by the Division as an integral component of a specific product during the product review process.
  - b. The access riser must have a watertight connection to the pump or dosing chamber/compartment to prevent infiltration or exfiltration. All other intrusions to the riser for electrical or other component access must also be watertight.
- 6. Splice Box (Junction box)
  - a. Splice boxes must be located outside the pump system access riser and be accessible from the ground surface.
  - b. Wire splices are prohibited inside the tank, dosing chamber or riser. Wire splicing must be completed with corrosion-resistant, watertight connectors.
- 7. Controls
  - a. Control panels or other electrical boxes used to control the functions of an OWTS must comply with the following, as appropriate:
    - (1) The pump system must have an audible and visual alarm notification in the event an excessively high water condition occurs.
    - (2) The pump must be connected to a circuit breaker separate from the alarm breaker and from any other control system circuits.
    - (3) An electrical disconnect must be provided within the line of sight of the pump chamber.
    - (4) The pump system must be provided with a means that will allow the pump to be manually operated; such as an H.O.A. switch (Hand/Off/Auto).
    - (5) The pump system for pressure dosing and higher level treatment systems must have a mechanism for tracking both the amount of time the pump runs and the number of cycles the pump operates.

- (6) Must bear the seal indicating acceptable product testing from a U.S. Department of Labor, Occupational Safety and Health Administration Nationally Recognized Testing Laboratory (NRTL) (<https://www.osha.gov/dts/otpcanrtl/nrtllist.html>), such as UL or ETL.
- (7) The bottom of the control panel must be at least 30 inches above grade.

**J. Effluent Filters**

- 1. A local public health agency may require that effluent filters be installed in all septic tanks in new installations and repairs where the septic tank is replaced.
- 2. When effluent filters are required, the septic tank outlet, or the outlet of the last septic tank in series, must include an effluent filter that retains solids greater than one-eighth inch in size. Effluent filters must be sized to meet the estimated daily design flow and waste strength.
- 3. If a pump is used to remove septic tank effluent from the final compartment of the septic tank, the effluent must be filtered prior to dispersal into the soil treatment area. An effluent filter, pump vault equipped with a filter cartridge, or a filter on the discharge pipe, would all be considered acceptable.
- 4. The effluent filter must be cleaned at manufacturer-recommended intervals, or more often, if use patterns indicate.
- 5. An alarm may be installed on an effluent filter indicating need for maintenance. A local public health agency may require all effluent filters to be equipped with alarms.
- 6. Where an ejector pump, grinder pump or non-clog pump is proposed for use prior to the septic tank, an effluent filter must be installed on the outlet of the septic tank.
- 7. The handle of the effluent filter must extend to within 12 inches of grade.

**K. Grease Interceptor Tanks**

- 1. All commercial food service facilities and other facilities generating fats, oils and greases in their waste must install a grease interceptor tank.
- 2. Grease interceptor tanks shall treat only those portions of the total wastewater flow in which grease and oils are generated.
- 3. The grease interceptor must have a minimum of two compartments and must be sized proportionate to the amount of fats, oils and grease it receives, the peak flow rate through the tank, and the expected cleaning frequency.
- 4. The inlet and outlet tees or baffles must extend into the bottom 1/3 of the liquid volume, but must be at least 12 inches off the inside floor of the interceptor.
- 5. The inlet and outlet tees or baffles must extend at least 5 inches above the liquid level and must provide for a free vent area across the liquid surface.

**43.10 Design Criteria – Soil Treatment Area**

- A. The size and design of the soil treatment area must be based on the results of the site and soil evaluation, design criteria, and construction standards for the proposed site and OWTS selected.
- B. At proposed soil treatment area locations receiving domestic wastewater, where any of the following conditions are present, the OWTS must be designed by a professional engineer and approved by the local public health agency:
1. For OWTS installed in soil types 3A, 4, 4A, 5, FBR, DBR, R-0, R-1 R-2, and R-3, as specified in Tables 10-1 and 10-1A of this regulation;
  2. For OWTS that include components which provide Treatment Levels TL2, TL2N, TL3, TL3N and TL3ND effluent; or an NDDS;
  3. The maximum seasonal level of the ground water surface is less than four feet below the bottom of the proposed infiltrative surface;
  4. Where a limiting layer, restrictive layer, or groundwater condition exists less than four feet below the bottom of the proposed infiltrative surface;
  5. In floodplains or floodways, as required in section 43.8.K
  6. The ground slope is in excess of thirty percent;
  7. Pressure distribution is used; or
  8. OWTS for business, commercial, industrial, institutional use, or multi-family dwellings.
- C. Calculation of Infiltrative Surface of Soil Treatment Area
1. The infiltrative surface of a trench or bed receiving any treatment level of effluent is only the bottom area. No sidewall credit is allowed except in deep gravel trenches and seepage pits that are permissible in repairs (see 43.10.1.5 and 6).
  2. Long-term acceptance rates (LTARs) are shown in Tables 10-1 and 10-1A.
  3. Factors for adjusting the size of the soil treatment area are in Tables 10-2 and 10-3.
  4. The required area for a soil treatment area is determined by the following formula:  
$$\text{Soil Treatment Area in square feet required} = \frac{\text{Design Flow (in gallons per day)}}{\text{LTAR (in gallons per day per square foot)}}$$
    - a. Adjusted Soil Treatment Area = Required Soil Treatment Area x Size Adjustment Factor(s).
    - b. Size adjustment factors for methods of application are in Table 10-2.
    - c. Size adjustment factors for types of distribution media are in Table 10-3.
    - d. A soil treatment area receiving TL1 effluent may be multiplied by the size adjustment factors within Table 10-2 and Table 10-3.
    - e. The distribution media options within Table 10-3 may be used for distribution of higher level treatment system effluent (TL2 – TL3ND), however, the size reduction factors within Table 10-3 must not be used. Sizing reductions for higher

level treatment systems are achieved through increased LTAR's provided in Table 10-1 and may only be used in locations where the local public health agency implements a maintenance oversight program as defined in section 43.14.D.

5. A soil treatment area receiving TL2, TL2N, TL3, TL3N or TL3ND effluent must be pressure dosed.
  - a. For products that combine distribution and higher level treatment within the same component, pressure distribution of the effluent over the soil treatment area must be used.
  - b. TL2 – TL3ND effluent may be applied by gravity flow in soil types 3, 3A, or 4, for designs where reductions in the soil treatment area size or vertical/horizontal separation reductions are not being requested.

**Table 10-1 Soil Treatment Area Long-term Acceptance Rates by Soil Texture, Soil Structure, Percolation Rate and Treatment Level**

Soil Type, Texture, Structure and Percolation Rate Range					Long-term Acceptance Rate (LTAR); Gallons per day per square foot <sup>2</sup>		
Soil Type	USDA Soil Texture	USDA Soil Structure-Type	USDA Soil Structure-Grade	Percolation Rate (MPI)	Treatment Level 1 <sup>1</sup>	Treatment Level 2 and 2N <sup>1</sup>	Treatment Level 3, 3N and 3ND <sup>1*</sup>
R	>35% Rock (>2mm), or Fractured or Deteriorated Bedrock: See Table 10-1A					>35% Rock (>2mm), or Fractured or Deteriorated Bedrock: See Table 10-1A	
1	Sand, Loamy Sand	Single Grain	0 (Structurele	5-15	0.80	1.40	1.55

			ss)				
2	Sandy Loam, Loam, Silt Loam	PR (Prismatic) BK (Blocky)  GR (Granular)	2 (Moderate)  3 (Strong)	16-25	0.60	1.0	1.1
2A	Sandy Loam, Loam, Silt Loam	PR, BK, GR Massive	1 (Weak)  0 (Structureless)	26-40	0.50	0.80	0.90
3	Sandy Clay Loam, Clay Loam, Silty Clay Loam	PR, BK, GR	2, 3	41-60	0.35	0.55	0.65
3A	Sandy Clay Loam, Clay Loam, Silty Clay Loam	PR, BK, GR Massive	1  0 (Structureless)	61-75	0.30	0.45	0.55
4	Sandy Clay, Clay, Silty Clay	PR, BK, GR	2, 3	76-90	0.20	0.30	0.30
4A <sup>3</sup>	Sandy Clay, Clay, Silty Clay	PR, BK, GR Massive	1  0 (Structureless)	91-120	0.15	0.20	0.20
5 <sup>3</sup>	Soil Types 2-4A	Platy	1, 2, 3	121+	0.10	0.15	0.15

NOTE: Shaded areas require system design by a professional engineer.

1. Treatment levels are defined in Table 6-3.
2. The determination of long-term acceptance rates must also include an evaluation of soil consistence (identification of "cementation class"). Refer to the Rupture Resistance chart, Table 5-1, in section 43.5.D. Moderately to Very strongly cemented soils will typically have characteristics of Type 3A or 4A soils. Long term acceptance rates should be reduced to coincide with the expected permeabilities.

3. Soil types 4A and 5 will require the effluent to be dispersed via pressure distribution, with a minimum of two alternately dosed zones.
- \* Higher long-term acceptance rates for Treatment Level 3N may be allowed for OWTS required to have a discharge permit, if the capability of the design to achieve a higher long-term acceptance rate can be substantiated.

Table 10-1A<sup>1</sup> Design Criteria for Soils with High Rock Content (Type “R” Soils) <sup>2,5,6</sup>

Soil Matrix Type, Percent of Rock, Size of Rock, Excavation Difficulty, and Soil Permeability <sup>3</sup>				Required sand depth relative to the quality of effluent applied to the distribution cell <sup>7</sup>			
Soil Type <sup>1</sup>	Soil Matrix Type, Percent of Rock, and Size of Rock <sup>3,4</sup>	Excavation Difficulty <sup>1</sup>	Soil Permeability; Minutes Per Inch (MPI) <sup>1, 2</sup>	Treatment Level 1 <sup>7, 8</sup>	Treatment Level 2 and 2N <sup>7</sup>	Treatment Level 3 and 3N <sup>7</sup>	Treatment Level 3ND <sup>7</sup>
FBR	In-situ Fractured Bedrock (FBR)	Low Moderate High Very High Extremely High	0 – >90  Usually rapid in highly fractured bedrock.	Minimum 3-foot deep Unlined Sand Filter	Minimum 2.5-foot deep Unlined Sand Filter	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter
DBR	In-situ Deteriorated Bedrock (DBR)	Low Moderate High	41 – >90  Typically slower than the material textures	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter	Sand media not required	Sand media not required
R-0	Soil Type <sup>3</sup> 1  (Sand and Loamy Sand)  where more than 35% rock is greater than 2 mm in size.	Low- Tile spade with arm pressure.	0 to 15	Minimum 3-foot deep Unlined Sand Filter	Minimum 2.5-foot deep Unlined Sand Filter	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter
R-1	Soil Type <sup>3</sup> 2 – 4, with 35 - 65% rock (>2mm); where 50% or more of the rock is less than 20	Low - Tile spade with arm pressure,  To,	16 to 90  Varies relative to soil type and cementation class.	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter	Sand media not required	Sand media not required



	mm (3/4 inch) in size	Moderate - Tile spade with foot pressure.					
R-2	Soil Type <sup>3</sup> 2 – 4, with more than 65 Rock (>2mm); <b>OR</b> contains 35 - 65% rock (>2mm), where 50% or more of rock is more than 20 mm (3/4 inch)	Low - Tile spade with arm pressure,  To,  Moderate - Tile spade with foot pressure.	16 to 90  Varies relative to soil type and cementation class.	Minimum 3-foot deep Unlined Sand Filter	Minimum 2.5-foot deep Unlined Sand Filter	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter
R-3	Soil Type <sup>3</sup> 2 – 4 (Loam, Clay Loam, Clay) with 65% or more of the rock is greater than >2mm <b>OR,</b> Soil Type <sup>3</sup> 4A and 5 (Structureless Clay, or other Platy Structured Soil) with more than 35% rock	High – Tile spade is difficult, pick using over-the-head swing is easy.  Very High – Pick with over-the-head swing is moderate to markedly difficult.  Extremely High – Pick with over-the-head swing is nearly impossible.	Greater than 90 Soil Type <sup>3</sup> 2 – 4 (Loam, Clay Loam, Clay)  More than 65% of the Rock is greater than 2mm in size. <b>OR,</b> 50% or more of Rock is greater than 20 mm (3/4 inch) in size.	Minimum 3-foot deep Unlined Sand Filter	Minimum 2.5-foot deep Unlined Sand Filter	Minimum 2-foot deep Unlined Sand Filter	Minimum 1-foot deep Unlined Sand Filter

1) General guidance for Table 10-1A:

- a) FBR: Fractured Bedrock – As this category encompasses a variety of site conditions where the percentage of rock, excavation difficulty, and permeability may vary substantially, all information

- must be used by the design engineer to determine the proper long term acceptance rate. Table 10-1B provides guidance for this determination.
- b) DBR: Deteriorated Bedrock – As this category encompasses a variety of site conditions where the percentage of rock, excavation difficulty, and permeability may vary substantially, all information must be used by the design engineer to determine the proper long term acceptance rate. Table 10-1C provides criteria for this determination.
  - c) Soil Type R-0 is a limiting layer due to rapid permeability and a high rock content that provides limited surface area for adequate treatment.
  - d) Soil Type R-2 and R-3 are restrictive layers due to reduced permeability and/or a high rock content, each providing a limited surface area for adequate treatment. In many cases, the only difference between an R-2 and R-3 soil type will be the “excavation difficulty” and/or soil permeability.
  - e) An OWTS installed in “Type R Soils” must disperse effluent through an unlined sand filter, unless one of the following conditions are met:
    - i) Treatment Level 3ND is attained and the requirements of 43.12.F are met.
    - ii) Site conditions are determined to be a soil Type DBR, or R-1, and Treatment Level 3 or 3N effluent is attained prior to dispersal to the soil treatment area.
  - f) “Excavation Difficulty” is provided in Table 10-1C
- 2) Provisions for determining the long-term acceptance rates for soils referenced in this chart are provided in section 43.11.C.3. The design of systems in type “R” soils must conform to the requirements of sections 43.11.C.2 and 3.
  - 3) The “Soil Matrix Type, Percentage and Size of Rock” column references the soil types described in Table 10-1.
  - 4) The percentage of rock may be determined by a gradation conducted per ASTM standard D6913-17 (2017. version), or a visual determination as per pgs. 7-1 through 7-9 of the NRCS Field Book, Version 3, 2021 reprint.
  - 5) All systems installed in a type “R” soil must be designed by a professional engineer.
  - 6) Pressure distribution is required for all “R” Soil Types and shall comply with the requirements of sections 43.10.E.3.
  - 7) Minimum imported sand depths are provided in this table. NOTE HOWEVER THAT AN ADDITIONAL VERTICAL SEPARATION ABOVE A LIMITING LAYER OR GROUNDWATER CONDITION MAY BE NECESSARY TO MEET THE REQUIREMENTS OF TABLE 7-2.
  - 8) Type “R” soil treatment systems that are designed per the criteria noted in the Treatment Level 1 column of this table do not require operation and maintenance oversight by the local public health agency.

**Table 10-1B: Fractured Bedrock (FBR) LTAR Guidance**

FBR: Distance between fractures*	Code	LTAR
<4 inches	1	Soil Type 1
4 to < 18 inches	2	Soil Type 1
18 to < 40 inches	3	Soil Type 2
40 to < 80 inches	4	Soil Type 3
≥ 80 inches	5	Soil Type 4

Table 10-1B is intended to provide guidance to the design engineer in determining the appropriate LTAR for the soil treatment area. Fractured bedrock formations typically consist of many variables, resulting in a wide range of permeabilities. The design engineer should take all factors into consideration before identifying a specific LTAR for each site. In certain instances, percolation tests may be necessary to more accurately identify the appropriate LTAR.

\*Describes the dominant (average) horizontal spacing between vertical joints (geogenic cracks or seams) in the bedrock layer.

Reference: NRCS Field Book for Describing and

**Table 10-1C: LTAR Determination for Deteriorated Bedrock (DBR)**

**Excavation Difficulty:** The relative force or energy required to excavate the soil/rock.

Class	Criteria
Low	Excavation by tile spade requires arm pressure only; impact energy or foot pressure is not needed
Moderate	Excavation by tile spade requires impact energy or foot pressure; arm pressure is insufficient
High	Excavation by tile spade is difficult but easily done by pick using over-the-head swing
Very High	Excavation by pick with overhead swing is moderately to markedly difficult. Backhoe excavation by 50 – 80 hp tractor CAN be made in moderate time.

Extremely High	Excavation by pick is nearly impossible. Backhoe excavation by 50 – 80 hp tractor CANNOT be made in a reasonable time.
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Note: Depending on the “Excavation Difficulty” in a DBR soil, the proposed LTAR must increase by the following: one soil type for “moderate”, two soil types for “high”, and three soil types for “very high” or “extremely high” excavation difficulty from the soil type of the observed soil texture; with a maximum soil type 5 LTAR. Soil types provided in Table 10-1.

Source: NRCS Field Book for Describing and Sampling Soils, Version 3.0; 2021 Reprint; Consistence section, pg. 2-69.

**D. Allowable Soil Treatment Area Sizing Adjustments:**

1. The soil treatment area size determined by dividing the design flow rate by the long-term acceptance rate may be adjusted by factors for method of treatment, soil treatment area design, and type of distribution media.
2. For the purpose of Table 10-1, a "baseline system," i.e. adjustment factor of 1.00, is considered to be Treatment Level 1 (TL1) applied by gravity to a gravel-filled trench.
3. Sizing adjustments are not allowed for systems placed in type “R” soils. The maximum LTAR’s are provided in section 43.11.C.3.b.
4. Long term acceptance rates for use of the higher level treatment categories listed in Table 10-1 will only apply provided the system is inspected and maintained as specified in the requirements of section 43.14.D, Permitting and Oversight of Maintenance for Soil Treatment Area Reductions and Vertical and Horizontal Separation Distance Reductions Based on Use of Higher Level Treatment.

**Table 10-2 Size Adjustment Factors for Methods of Application in Soil Treatment Areas Receiving Treatment Levels 1, 2, 2N, 3, 3N and 3ND Effluent**

Type of Soil Treatment Area	Method of Effluent Application from Treatment Unit Preceding Soil Treatment Area		
	Gravity	Dosed (Siphon or Pump)	Pressure Dosed
Trench	1.0	0.9	0.8
Bed	1.2	1.1	1.0

**Table 10-3 Size Adjustment Factors for Types of Distribution Media in Soil Treatment Areas for Receiving Treatment Level 1 Effluent**

Type of Soil Treatment Area	Type of Distribution Media Used in Soil Treatment Area <sup>1</sup>		
	Category 1	Category 2	Category 3
	Rock or Tire Chips	Other Manufactured Media	Chambers or Enhanced Manufactured Media
Trench or Bed; Soil Types 1 - 4	1.0	0.9	0.7
Trench or Bed; Soil Types 4A - 5	1.2	1.1	1.0

1. All proprietary distribution products must receive acceptance and the applicable size adjustments through Division review per the applicable requirements of section 43.13.

**E. Design of Distribution Systems**

**1. General**

- a. The infiltrative surface and distribution laterals must be level.
- b. The infiltrative surface must be no deeper than four feet below grade unless TL2 or higher effluent is applied to the distribution media and the system is inspected and maintained as specified in the requirements of section 43.14.D. The depth of the infiltrative surface will be measured on the up-slope side of the trench or bed.
- c. Where a conforming soil treatment area is reasonably accessible, the soil treatment area must not be placed below a paved surface, or an area where vehicular traffic occurs or is expected. If a compliant site for the soil treatment area cannot be identified, it may be placed below a paved surface when all of the following conditions are met:
  - (1) The effluent must be treated to TL2 or higher prior to being applied to the distribution media.
  - (2) The distribution system must be designed to accommodate the vehicular loading.
  - (3) Size adjustment factors identified in Table 10-3 must not be applied.
- d. Trenches must follow the ground surface contours so variations in infiltrative surface depth are minimized. Beds must be oriented along contours to the degree possible.
- e. Pipe for gravity distribution must be no less than three inches in diameter.

- f. A final cover of soil suitable for vegetation at least ten inches deep must be placed from the top of the geotextile or similar pervious material in a rock and pipe system, chamber, or manufactured media, up to the final surface grade of the soil treatment area. The backfill material must be void of cobbles, boulders, building debris, or other non-permeable material. The preferred soil cover is a sandy loam textured material, topped with two – three inches of topsoil.
  - g. Following construction, the ground surface must be graded to divert stormwater runoff or other outside water from the soil treatment area. The area must be protected against erosion. Subsurface drains upslope of the soil treatment area may be installed to divert subsurface flow around the area.
  - h. Backfilling and compaction of soil treatment areas must be accomplished in a manner that does not impair the intended function and performance of the storage/distribution media and soil and distribution laterals, allows for the establishment of vegetative cover, minimizes settlement and maintains proper drainage.
  - i. Dosing may be used for soil treatment area distribution. The dose must be sized to account for the daily flow and the dosing frequency.
- 2. Distribution Laterals; Must meet the requirements of section 43.9.D as applicable.
  - a. Distribution between laterals in a soil treatment area must be as level as possible. Uneven settling of portions of the distribution system following construction must be addressed by provisions in the design to adjust flows between laterals.
  - b. The maximum length of distribution laterals must not exceed 150 feet.
  - c. Distribution laterals longer than 100 feet must be pressure dosed or the application of the effluent must be at the center of the lateral through a distribution box.
  - d. A local public health agency may limit the length of distribution laterals to a maximum of 100 feet.
  - e. For absorption beds, the separating distance between parallel gravity distribution laterals must not exceed six feet (center-to-center), and a distribution lateral must be located within three feet of each sidewall and end-wall.
  - f. The end of a distribution pipe must be capped, unless it is in a bed or trenches in a level soil treatment area, where the ends of the pipes may be looped.
  - g. To promote equal distribution to the soil treatment area, the effluent pipe on a gravity flow system must be connected to as near to the middle of the distribution header as possible. However, it must be offset from any distribution lateral so as to not provide a direct pathway into a single lateral. Note that the installation of a distribution box with flow levelers is preferred, as this will further assist in better distribution of the effluent.

- h. Orifices must be oriented downward unless pressure distribution is used and provision for pipe drainage is included.
  - 3. Pressure Distribution
    - a. Design plans for pressure distribution systems must identify the exact specifications for the following items:
      - (1) General Design Parameters: Not all combinations of the variables noted below will result in a proper distribution system design. The design engineer must justify through calculations &/or design software that the selected values will concur with the requirements noted below.
        - (i) Distribution pipe size: 3/4 inch – 1.5 inches (PVC Class 200, min.). 2-inch distribution pipe may only be used where other design modifications cannot overcome a greater than 10% variation in the pressure head between the initial and distal orifices.
        - (ii) Distribution pipe spacing: 18 inches – 48 inches
        - (iii) Orifice size: 1/8 inches – 3/8 inches
        - (iv) Orifice spacing: 18 inches – 48 inches
        - (v) Proposed dose volume: Will vary with design (0.25 – 1.0) gallons/orifice/dose, or 3 - 5 times distribution pipe volume
        - (vi) To promote equal distribution within the soil treatment area, the forcemain within a pressure distribution system must be connected to as near to the middle of the distribution header as possible. This connection must be offset from any distribution lateral to prevent preferential flow to a single lateral. An allowable alternative to this configuration is provided below:
          - (a) Connections to the end of the distribution header are only allowed for soil treatment areas having a width of 12' or less, and no more than 4 laterals. For such configurations, a minimum 2" diameter manifold is required.
      - (vii) Operating head at the distal end of distribution pipes:
        - (a). For systems with orifices 5/32 inch or less, the minimum squirt height is five feet.
        - (b) For systems with orifices 3/16 inch or greater, the minimum squirt height must be at least 12 inches above final grade, but never less than 30 inches above the lateral invert.
        - (c) As part of the final inspection of an OWTS installation with pressure distribution, a residual head test (squirt

height), at the distal end of each lateral, must be conducted to determine the adequacy of system design and construction. Results from this inspection must be included within both the engineer's certification and the final permit acceptance documents.

(2) Pump/siphon information; Total Dynamic Head; gallons/minute; and,

(3) Drain-back volume from forcemain, when applicable.

- b. The separating distance between parallel distribution pipes in a pressure distribution absorption bed must not exceed four feet, and the outer distribution pipe must be located within two feet of each sidewall and endwall. Additional requirements for the design of sand filters are noted in sections 43.11.C.2 and 3.
- c. Flushing assemblies must be installed at the distal end of each lateral and be accessible from finished grade. A sweeping 90 degree or bends limited to 45 degree are suggested.
- d. Effluent must be screened to retain solids 1/8" or greater prior to dosing a pressure distribution system. An effluent filter may be installed at the tank outlet, or within a screened pump vault. The filter may also be installed within the discharge line, inside the pump chamber.

**F. Soil Treatment Area Requirements**

**1. Trenches**

- a. Trenches must be three feet wide or less.
- b. The separating distance between trenches must be a minimum of four feet sidewall-to-sidewall.
- c. Distribution laterals used in a trench must be as close to the center of the trench as possible.

**2. Beds**

- a. Maximum width for a bed must be 12 feet, unless the bed receives effluent meeting Treatment Level 2 quality or better.
- b. The separating distance between beds must be a minimum of six feet sidewall-to-sidewall.

**3. Serial and Sequential Distribution:**

- a. New serial distribution systems, where the effluent must pass through the first trench in order to access subsequent trenches, are prohibited.
- b. A sequential distribution system may be used where the ground slope does not allow for suitable installation of a single level soil treatment area unless a distribution box or dosing chamber is used.



- c. The horizontal distance from the side of the absorption system to the surface of the ground on a slope must be adequate to prevent lateral flow and surfacing.
  - d. Adjacent trenches or beds must be connected with a stepdown/relief pipe or a drop box arrangement such that each trench fills with effluent to near the top of the gravel or chamber outlet before flowing to succeeding treatment areas. Note that in a sequential distribution configuration, effluent does not pass through the first trench before it enters subsequent trenches.
- 4. Alternating Systems
  - a. An alternating system must have two or more zones that must be alternated on an annual or more frequent basis.
  - b. For repairs, each section must be a minimum of 50 percent of the total required soil treatment area. For new installations, each separate soil treatment area must meet the minimum sizing requirements of this regulation.
  - c. A diversion valve or other approved diversion mechanism that requires the owner or operator to manually alternate zones of the OWTS may be installed on the septic tank effluent line allowing soil treatment area sections to be alternated.
  - d. The diversion mechanism must be readily accessible from the finished grade.
- 5. Sequencing Zone Systems
  - a. Sequencing zone systems have two or more soil treatment area sections that are dosed on a frequent rotating basis.
  - b. Where soil conditions are similar between the sections, each section area must be the same size. If soil conditions are such that long-term acceptance rates are different, each section may be sized for the same dose, but different long-term acceptance rates.
  - c. An automatic distribution valve must be used.
  - d. Dosing of each system must be evaluated by the design engineer based on projected daily flow rates, number of zones, and soil types.
- 6. Inspection Ports
  - a. A 4-inch inspection port accessible from ground surface must be installed at the terminal end of each lateral in a trench system and at each corner of a bed system. The bottom of the inspection port must extend to the infiltrative surface and not be connected to the end of a distribution pipe.
  - b. Inspection ports in chambers may be installed according to manufacturer's instructions if the infiltrative surface and effluent levels can be observed from the inspection port
  - c. Additional inspection ports connected to distribution pipes may be installed.
  - d. In addition, a local public health agency may require an inspection port at the initial end of each lateral in a trench system.

- e. The top of inspection ports may be terminated below the final grade if each is housed in a component such as a valve box for a lawn irrigation system and has a removable cover at the ground surface.
- f. Perforations/slots in the inspection ports of a rock and pipe installation shall be provided from near the base of the pipe, and extending to at least eight inches above the infiltrative surface. Multiple slots or orifices must be provided.

**G. Storage/Distribution Media**

**1. Rock and Pipe**

- a. The perforated pipe must be surrounded by clean, graded gravel, rock, or other material of equal efficiency which must range in size from 1/2 inch to 2 1/2 inches. AASHTO M43-05 (2005 version) size No. 3 coarse aggregate meets this specification.
- b. At least six inches of gravel, rock or other material must be placed below the pipe. The gravel, rock or other material must fill around the pipe and be at least two inches above the top of the distribution pipe.
- c. The top of the placed gravel or such material used must be covered with non-woven permeable geotextile meeting a maximum thickness rating of 2.0 ounces per square yard or equivalent pervious material. An impervious covering must not be used.

**2. Chambers**

- a. Chambers must be installed with the base of the unit on in-situ soil or, if placed on acceptable media, the manufacturer's installation instructions must be followed so as to prevent chambers from settling into the media.
- b. Effluent pipes from the distribution box or manifold must enter the chamber at least six inches above the base of the chamber on standard height chambers, and at least 3 inches above the base of the chamber on the low profile models
- c. Installation must be according to manufacturer's instructions.
- d. Effluent may be distributed by gravity, pump or siphon.
- e. As per section 43.13.E.1.d, if the total area covered by chambers is at least 90 percent of the excavated area, it may be approved as being the equivalent square footage of the total excavation.

- (1) The area below the chamber endcaps must not be included in the calculations of the soil treatment area.

**3. Media, Enhanced, or Other Manufactured**

- a. Manufactured media must be installed with the base on the in-situ soil or placed on acceptable media meeting the manufacturer's specifications for proprietary distribution products or combined treatment/distribution products.
- b. Installation must be according to manufacturer's instructions.

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- c. Pressure distribution is required for TL2-TL3N effluent, unless otherwise noted in this regulation.
  - 4. Drip Dispersal Systems
    - a. The infiltrative surface area must be calculated using the long-term acceptance rate for the site or a more conservative value if recommended by the manufacturer. Adjustment factors in Tables 10-2 and 10-3 may not be used.
    - b. Driplines must be installed on manufacturer's spacing recommendations.
    - c. Drain-back must be provided for all drip lines, pipes and pumps.
    - d. Provisions must be made to minimize freezing in the distribution pipes, driplines, relief valves, and control systems.
    - e. Provisions must be made for filtering, back-flushing, or other required maintenance.
  - 5. Tire Chips
    - a. The pipe may be surrounded with clean, uniformly-sized tire chips.
    - b. Tire chips must be nominally two inches in size and may range from 1/2 inch to a maximum of four inches in any one direction.
    - c. Wire strands must not protrude from the tire chips more than 0.75 inches.
    - d. Tire chips must be free from balls of wire and fine particles less than two mm across.
    - e. The top of the tire chips used must be covered with non-woven permeable geotextile meeting a maximum thickness rating of 2.0 ounces per square yard or equivalent pervious material. An impervious covering must not be used.
  - H. Soil replacement systems

The construction of a soil replacement system is permitted to bring the soil treatment area into compliance with the requirements of this regulation

    - 1. When a soil type "R" is removed, the following requirements must be met:
      - a. All added soil must comply with the following specifications:
        - (1) Added soil must meet the specifications of imported treatment sand media, as specified in section 43.11.C.2.d.
        - (2) The long-term acceptance rates as specified in section 43.11.C.3.b must be used. No additional sizing adjustments are allowed.
        - (3) The depth of the added media must comply with the requirements of Table 10-1A.
          - (i) In order to utilize the reduced vertical separation requirements for TL2 or higher quality effluent, the local public health agency

must have a program for inspection and oversight as specified in section 43.14.D.4.

- (4) All added soil must be completely settled prior to installation of components as specified and approved by the design engineer.
  - (5) Pressure distribution must be used.
- 2. When a sand media is added to soil treatment area or to an excavation where a soil type 1-5 (Table 10-1) is the underlying soil, the following requirements must be met:
  - a. Added soil must meet the specifications of imported treatment sand media, as specified in section 43.11.C.2.d.
  - b. Unless the design follows the criteria for a sand filter or mound system design where  $\geq 24$  inches of sand is installed as required in section 43.11, or a higher level treatment system has been installed and the local public health agency implements an maintenance over sight program as provided in section 43.14.D, the TL1 long-term acceptance rate of the most restrictive soil within 12" below the sand base must be used.
  - c. For sites where the proposed soil treatment area had been previously filled, the existing fill material must be removed and replaced with imported treatment sand meeting the specifications of section 43.11.C.2.d. The excavation must also extend at least 12" below the original grade (grade prior to fill). Only existing fill material meeting the requirements of a soil type 1 will be allowed to remain.
    - d. All added soil must be completely settled prior to installation of components.

**I. Repairs**

- 1. When space is not available or if there are other site limitations that preclude other soil treatment area options for OWTS repairs, wide beds, deep gravel trenches, deep beds and seepage pits may be considered for repairs only. Other options are vaults or higher level treatment systems, if the local board of health permits them. For the specific repair or modification of an existing cesspool where site conditions preclude installing a conforming OWTS, one of the preceding repair options, or installing a septic tank, the local board of health may consider a variance per the requirements of section 43.4.N. For a cesspool variance, the applicant has the burden of proof to demonstrate that (1) the variance is justified due to specific site constraints, and (2) installing a septic tank is not feasible under section 43.4.N.2.e.
- 2. Repairs to failing systems must conform to setbacks identified in Table 7-1 when possible. When this is not possible using all available methods described above, the jurisdiction with authority may permit reductions to setbacks. At no point will a setback reduction be approved by the jurisdiction less than what the existing separation is to the existing OWTS. In maximizing this setback distance, all methods available in section 43.10.I.1 must be utilized, including but not limited to the use of Higher Level Treatment, wide beds, seepage pits, etc., where allowed. Any setback reduction beyond what the existing failing system presents must be approved by the local board of health as outlined in section 43.4.N, if the local board of health has opted to allow variances.

3. Soils information obtained for the previous OWTS installation may be used if the information meets the requirements of section 43.5.D.2.j. Otherwise, an additional soils investigation will be required.
4. Wide Beds: For repairs, beds may be wider than 12 feet without being required to receive effluent meeting Treatment Level 2 quality or better.
5. Deep Beds: For repairs, the infiltrative surface of a bed may be no deeper than five feet. Size adjustments as provided for in Tables 10-2 and 10-3 must not be applied. System sizing will be based strictly on the soil type and corresponding LTAR.
6. Deep Gravel Trenches
  - a. Deep gravel trenches may only be installed in soil type 1, 2, 2A, and 3. Installations in soil types 3A, 4, 4A, 5 and R are prohibited.
  - b. The length of an absorption trench may be calculated by allowance for the sidewall area of additional depth of gravel in excess of six inches below the bottom of the distribution pipe according to the following formula:

$$\text{Adjusted Length} = L \times \frac{(W+2)}{(W+1+2D)}$$

Where:

L = length of trench prior to adjustment for deep gravel

W = width of trench in feet

D = additional depth in feet of gravel in excess of the minimum required six inches of gravel below the distribution pipe

- c. Vertical separation requirements provided in Table 7-2 must be met
  - d. Maximum allowable depth from existing grade to the trench bottom is five feet.
  - e. Evaluation of soil profile test pit excavations or percolation tests must be performed at the proposed infiltrative surface depth.
  - f. Size adjustments as provided for in Tables 10-2 and 10-3 must not be applied to deep gravel trenches.
6. Seepage Pits
  - a. For repairs, the potential risk to public health and water quality may be evaluated by the local public health agency. If risk is low in the determination of the local public health agency, a seepage pit without higher level treatment may be used.
  - b. If the risks are not low, higher level treatment of at least TL2N must be attained prior to discharge to these systems for final dispersal.
  - c. Reductions in the vertical, horizontal separation or system sizing requirements for the use of higher level treatment systems with seepage pits are not allowed.

- d. A seepage pit must consist of a buried structure of precast perforated concrete, or cinder or concrete block laid dry with open joints.
  - (1) Pits must be provided with both vertical sidewall and top supporting structural concrete or other material of equal structural integrity.
  - (2) The excavation must be larger than the structure by at least 12 inches on each side and may not exceed 5 feet beyond the structure wall.
  - (3) The over-excavated volume must be filled with clean, graded gravel or rock, which may range in size from ½ inch to 2 ½ inches. AASHTO M43-05 (2005 version) size No 3 coarse aggregate meets this specification.
  - (4) The capacity of the pit must be computed on the basis of long-term acceptance rates determined for each stratum penetrated. The weighted average of the results must be used to obtain a design figure.
  - (5) Soil strata in which the percolation is slower than 30 minutes per inch must not be used for absorption or seepage. These strata must not be included in the weighted average to determine the long-term acceptance rate.
  - (6) The infiltrative surface of the pit is the vertical wall area (based on dug perimeter) of the pervious strata below the inlet plus the bottom of the excavated area.
  - (7) The bottom of the pit excavation must be greater than four feet above a limiting layer, restrictive layer, or groundwater condition.
- d. Pits must be separated by a distance equal to three times the greatest lateral dimension of the largest pit. For pits over 20 feet in depth, the minimum space between pits must be 20 feet.
- e. The requirements for the design and construction of seepage pits for the treatment and dispersal of on-site wastewater on new sites is defined in section 43.12.B.

**7. Wastewater Ponds**

- a. Construction of new wastewater ponds is prohibited.
- b. For repairs of an existing wastewater pond, the potential for risk to public health and water quality may be evaluated by the local public health agency. If risk is low in the determination of the local public health agency, the repair of a wastewater pond may be permitted, however the following criteria must be followed:
  - (1) A septic tank must precede the wastewater pond.
  - (2) The depth of the design volume of the wastewater pond must be at least five feet.
  - (3) A wastewater pond must have two feet of free board above the design volume of the pond.

- (4) A wastewater pond must be fenced to keep out livestock, pets, vermin, and unauthorized people.
  - (5) Wastewater ponds must be designed on the basis of monthly water balance including design flow, precipitation, evaporation, and seepage.
  - (6) Wastewater ponds must be constructed so the seepage out of the bottom or sides does not exceed 1/32 of an inch per day. If this limit cannot be achieved using compacted natural soil materials including soil additives, an impermeable synthetic membrane liner must be used.
  - (7) If the evapotranspiration does not exceed the rate of inflow of effluent from the structure, a soil treatment area meeting the requirements of this regulation must be installed to accept the excess flow.
  - (8) Maintenance must include preventing aquatic and wetland plants from growing in or on the edge of the pond, protecting sides from erosion, and mowing grasses on the berm and around the pond.
  - (9) Wastewater ponds must be designed by a professional engineer.
- 8. Vaults
  - a. The allowable use of vaults for repairs in a local jurisdiction is determined by the local board of health.
  - b. Criteria for vaults are in section 12.C. of this regulation.
- 9. Higher Level Treatment Options
  - a. Reduction in required soil treatment area for repairs is possible with higher level treatment only where the local public health agency meets the requirements of section 43.14.
  - b. Design criteria for higher level treatment systems are in section 43.11.
- 10. Remediation Systems
  - a. The intent of a remediation technology or process is to sufficiently increase the infiltration rate through the infiltrative surface at the bottom of an existing trench or bed and restore permeability to the soil below. Treatment levels as defined in Table 6-3 are not granted to remediation technologies.
  - b. A local public health agency may permit the use of remediation technologies or processes to address an existing failure or malfunction within a soil treatment area.
  - c. The use of a remediation technology or process constitutes an alteration to the OWTS, and therefore the owner must obtain a permit for this work from the local public health agency.
  - d. Upon approval of the local public health agency, a system owner may choose to try a remediation technology or process to see if an existing problem with the soil

treatment area will be resolved. The system owner bears the risk and cost of this attempt and is aware that an additional repair may be required.

- e. Remediation technologies and processes must not adversely affect groundwater, surface water, any existing components, the long-term effectiveness of the soil treatment area, or the environment.
- f. If the remediation technology or process does not correct the problem with the system, a conforming OWTS must be installed per the requirements in this regulation within a time frame determined by the local public health agency.
- g. The local public health agency may require monitoring and/or maintenance of the remediation technology or process as a stipulation of permit issuance.

#### **43.11 Design Criteria – Higher Level Treatment Systems**

##### **A. General**

1. Higher level treatment systems must be designed by a professional engineer.
2. Higher level treatment systems may be public domain technology systems or proprietary systems.
  - a. Public domain technology systems must be designed, installed and maintained according to established criteria and any additional criteria established by the local public health agency. When design criteria are not specifically provided in this regulation, the criteria used in the design must be from a reference commonly used as an industry standard and the criteria must be cited in the design.
  - b. Proprietary systems must be designed, installed, and maintained according to manufacturer's instructions and additional criteria identified in the Technology Review and Acceptance process, section 43.13.
3. Reductions to soil treatment area or separation distances based on higher level treatment systems must not be permitted unless the local public health agency has adopted a program for permitting and oversight of inspections and maintenance in section 43.14.D.
  - a. Exception: Application rates for unlined sand filters and mound systems provided within sections 43.11.C.3.b and c, and sections 43.D.2 and 3, may be applied without the implementation of a local public health agency maintenance oversight program as described in section 43.14.D. However, maintenance of these systems is always recommended.
4. Soil treatment areas for higher level treatment systems must be pressure dosed.
5. Systems must be capable of accommodating all anticipated flows and organic loads.
6. Ventilation and air systems: Mechanical components must be installed in a properly vented location and all vents, air intakes, and air hoses must be protected from snow, ice, or water vapor accumulations.
7. Covers, barriers, or other protection: All systems must be installed to include protection of openings against entry of insects, rodents, other vectors and unauthorized people.



- B. The treatment levels identified in Table 6-3 are specified in this section for public domain technology. Proprietary treatment systems will be assigned a treatment level by the technology review and acceptance process in section 43.13. Adequate maintenance for each system must be required and documented as in section 43.14.D.
- C. Sand Filters
1. A lined intermittent sand filter, or a recirculating sand filter, may be used as a higher level treatment system prior to dispersing the effluent into a soil treatment area.
  2. Intermittent (Single Pass) Sand Filters; General Requirements
    - a. The treatment level for intermittent sand filters is considered TL3.
    - b. Size adjustment factors provided in Tables 10-2 and 10-3 are not applicable for sand filters.c. Pressure distribution is required. The design of the distribution system must comply with the requirements of section 43.10.E.3
    - d. Sand Filter Treatment Media
      - (1) The depth of the sand media below the distribution system must be at least 24 inches unless otherwise noted in Table 10-1A for type "R" soils.
      - (2) "Imported Treatment Sand" media requirements:
        - (i) Effective size: 0.15-0.60 mm
        - (ii) Uniformity coefficient:  $\leq 7.0$
        - (iii) Percent fines passing #200 sieve must be  $\leq 3.0$
        - (iv) 100% must pass the 3/8" sieve;  $\geq 95\%$  must pass the #4 sieve;  $>65\%$  must pass the #10 sieve (2 mm).
      - (3) A gradation of the sand media used must be provided.
        - (i) The gradation must be dated no more than four months prior to the installation date. However, a gradation of the actual material placed in the excavation is recommended.
        - (ii) The gradation must be provided to the local public health agency on letterhead from either the source gravel pit, or independent materials testing laboratory.
    - e. Gravel Requirements
      - (1) Clean, graded gravel, or rock, must range in size from 1/2 inch to 2 1/2 inches. AASHTO M43-05 (2005 version) size No.3 coarse aggregate meets this specification.
      - (2) The gravel must surround the distribution pipes used to disperse the effluent and must be at least 6 inches below and 2 inches above the pipes.

- (3) Division accepted manufactured media may be used as an alternative to specified gravel.
  - f. Filter Fabric Requirements
    - (1) The top layer of gravel must be covered with a non-woven permeable geotextile fabric meeting a maximum thickness rating of 2.0 ounces per square yard or equivalent pervious material.
  - g. Final Cover Material
    - (1) 8 inches – 10 inches of Type 1 or 2 soil with an additional 2 inches top soil
  - h. Sand filters must not be used to treat wastewater that does not conform to TL1 treatment level or better.
- 3. Unlined (Open Bottom) Sand Filters
  - a. All requirements of 43.11.C.2.a - h will apply to unlined sand filters.
  - b. Application rates for the distribution media where a minimum of 24 inches of imported treatment sand is installed:
    - (1) Maximum hydraulic loading rate for TL1 effluent applied to “imported treatment sand” in an unlined sand filter is 0.8 gal./sq.ft./day.
    - (2) Maximum hydraulic loading rate for TL2, TL2N, TL3, TL3N, or TL3ND effluent applied to “Imported treatment sand” is the soil type 1 LTAR for the treatment level of the effluent received, TL2 or TL3 (Table 10-1).
  - c. Application rates for the in-situ soil where a minimum of 24 inches of imported treatment sand is installed:
    - (1) Maximum hydraulic loading rate for the in-situ soil when TL1 – TL3ND effluent is applied to the “Imported treatment sand” is TL3 LTAR, (Table 10-1) of the most restrictive soil within 12 inches below the sand base.
  - d. The upper infiltrative surface of an unlined sand filter receiving TL1 effluent must be at least three feet above a limiting layer or groundwater condition.
  - e. The upper infiltrative surface of an unlined sand filter receiving TL2 or TL2N effluent must be at least two and one-half feet above a limiting layer, or groundwater condition.
  - f. The upper infiltrative surface of an unlined sand filter receiving TL3, or TL3N effluent must be at least two feet above a limiting layer, or groundwater condition.
  - g. The upper infiltrative surface of an unlined sand filter receiving TL3ND effluent must be at least one foot above a limiting layer, or groundwater condition.

- h. Where adjacent sand filters are installed, the base of the excavation for each sand filter must be no closer than six feet, sidewall to sidewall.
  - 4. Lined, Single-Pass Sand Filters
    - a. All requirements for application rates provided within section 43.11.C.2.b will apply to lined sand filters.
    - b. The minimum depth of the sand media in a lined sand filter must be two feet.
    - c. An intermediate layer of pea gravel, two inches in thickness, must be placed between the sand filter media and the course under-drain media to prevent the migration of sand into the lower layer of under-drain gravel. ASTM C 33-23 (2023 version), No. 8, coarse aggregate meets this specification.
    - d. A minimum four-inch diameter slotted Schedule 40 PVC [ASTM Standard D2729-21 (2021 version)] under-drain pipe must be used to collect the treated effluent. The under-drain pipe must be installed in the center of a 5 inches thick bed of washed, graded gravel, or rock ranging in size from 1/2 inch to 2 1/2 inches. AASHTO M43-05 (2005 version), No.3 coarse aggregate meets this specification.
    - e. Lined sand filters must have an impervious liner on the sides and bottom of the filter. The liner must consist of a minimum 30 mil thick PVC material or equivalent.
    - f. Effluent collected by the under-drain must be dispersed to a soil treatment area. The soil treatment area may be sized with a maximum long-term acceptance rate of the receiving soil for TL3 effluent.
    - g. The base of the liner must be at least two feet above an actual or seasonal high ground water elevation.
  - 5. Lined, Recirculating Sand Filter
    - a. Treatment level:
      - (1) Treatment level provided within recirculating sand filters is TL3.
    - b. General Design Parameters: Not all combinations of the variables noted below will result in a proper distribution system design. Engineer must justify through calculations or design software that the selected values will concur with industry standards.
      - (1) Distribution pipe size: 3/4 inch – 2 inches (PVC Class 200, min.)
      - (2) Distribution pipe spacing: 18 inches – 36 inches (24 inches typ.)
      - (3) Orifice size: 1/8 inch – 1/4 inch
      - (4) Orifice spacing: 18 inches – 36 inches (24 inches typ.)
      - (5) Pressure head at end of distribution pipe: 24 inches – 72 inches (60 inches typ.)

- c.     Dosing:
  - (1)     Timed dosed, pressure distribution is required. The design of the distribution system must comply with the requirements of section 43.10.E.3.a.
  - (2)     Recirculation ratio: 3:1 – 5:1
  - (3)     Gallons/orifice/dose: 1 – 3 (2.0 typ.)
  - (4)     Hydraulic loading: 3 - 5 gal./sq.ft./day (4 – 5 typ.)
  - (5)     Dosing time “ON”; <2.5 min. (<2.0 typ.)
  - (6)     Number of cycles/day: 48 – 120
- d.     Top gravel requirements:
  - (1)     Washed, graded gravel, or rock, must range in size from 1/2 inch to 2 1/2 inches. AASHTO M43-05 (2005 version), No.3 coarse aggregate meets this specification.
  - (2)     The gravel must surround the distribution pipes used to disperse the effluent and must be at least 6 inches below and 2 inches above the pipes.
  - (3)     State accepted manufactured media may be used as an alternative to specified gravel.
  - (4)     Soil cover is prohibited. The upper gravel layer must be open to the atmosphere.
- e.     Filter media requirements:
  - (1)     Effective size: 1.5 – 2.5 mm
  - (2)     Uniformity coefficient:  $\leq 3$
  - (3)     Fines passing #200 sieve:  $\leq 1.0$
  - (4)     Media depth (min.):  $\geq 24$  inches
- f.     Intermediate gravel layer:
  - (1)     An intermediate layer of pea gravel, two inches in thickness, must be placed between the coarse underdrain media and the sand filter media to prevent the migration of sand into the lower layer of under-drain gravel. ASTM C 33-16 (2016 version), No. 8 coarse aggregate meets this specification.
- g.     Under-drain requirements:
  - (1)     A minimum four-inch diameter slotted Schedule 40 PVC [ASTM Standard D 2729-21 (2021 version)] under-drain pipe must be used to collect the treated effluent. The under-drain pipe must be installed in the center of a 5 inches thick bed of washed, graded gravel, or rock ranging in size from

1/2 inch to 2 1/2 inches. AASHTO M43-05 (2005 version), No.3 coarse aggregate meets this specification.

- h. PVC liner requirements:
  - (1) Lined sand filters must have an impervious liner on the sides and bottom of the filter. The liner must consist of a 30 mil thickness PVC material or equivalent.
  - (2) The base of the liner must be at least two feet above an actual or seasonal high ground water elevation.
- i. Effluent collected from the recirculating sand filter must be discharged to a soil treatment area. The soil treatment area may be sized with a maximum long-term acceptance rate of the receiving soil for TL3 effluent.

**D. Mound Systems**

- 1. When the infiltrative surface area of the imported sand media receiving wastewater effluent is at or above the natural ground surface at any point, it shall be considered a mound system. Mound designs can include a variety of parameters:
  - a. A mound installation where all of the imported sand is installed above existing grade.
  - b. A mound installation where the top of the imported sand is installed entirely above existing grade but the base of the imported sand is installed below existing grade.
  - c. A mound installation where the top of the imported sand is installed both above and below existing grade.
- 2. Sand Fill Loading Rate (Top of imported treatment sand)
  - a. For mound systems that receive TL1 effluent, and provides A MINIMUM OF 24 INCHES of imported treatment sand media, the LTAR for the imported treatment sand is 0.8 gal./sq/ft/day.
  - b. For mound systems that receive TL2, – TL3ND effluent, and provides A MINIMUM OF 24 INCHES of imported treatment sand media, the upper infiltrative surface of the imported treatment sand is to be sized on the soil type 1 LTAR for the treatment level of the effluent received, as provided in Table 10-1; TL2 or TL3.
  - c. Where TL1 effluent dispersed to the distribution media in mound systems where LESS THAN 24 inches of sand is installed, the LTAR of the imported treatment sand is the TL1 LTAR of the most restrictive soil layer within 36 inches of the upper infiltrative surface (top of imported sand).
  - d. Where TL2 – TL3ND effluent dispersed to the distribution media in mound systems where LESS THAN 24 inches of sand is installed, the system is to be sized on the LTAR of most restrictive soil layer within 36 inches of the upper infiltrative surface (top of imported sand), relative to the treatment level of the

effluent received; TL2 or TL3. Note that in order to utilize the loading rates provided by the treated effluent, the local public health agency must have adopted a program for oversight of inspection and maintenance as provided in section 43.14.D. Otherwise the TL1 application rates noted in section 2.c above apply.

3. Soil Loading Rate (Base of imported treatment sand)

- a. Mound systems that **provide a minimum of 24 inches** of imported treatment sand media may use the TL3 application rates (Table 10-1) of the most restrictive in-situ soil layer within 12 inches of the imported sand base. Size adjustment factors within Table 10-3 must not be applied to mound designs where TL3 application rates are used. However, the adjustment factors they may be applied if TL1 application rates are used.
- b. A mound system may **include less than 24 inches** of imported treatment sand media on a site where a lesser depth of sand media is sufficient to meet vertical separation requirements above a “limiting layer” or “groundwater condition”, as specified in Table 7-2. When less than 24 inches of treatment sand is imported, the following criteria apply:
  - (1) Where TL1 effluent is applied, TL1 application rates for the most restrictive in-situ soil layer within 36 inches of the top of the imported sand must be used. Size adjustment factors within Table 10-3 may be used.
  - (2) Where the local public health agency PROVIDES an oversight program as referenced in 43.14.D, and the effluent is treated to TL2 – TL3ND quality prior to dispersal into the distribution media, the LTAR is the soil loading rate of the most restrictive in-situ soil layer within 12 inches of the imported sand base for the treatment level of the effluent received, as provided in Table 10-1; TL2 or TL3. Vertical separation requirements of Table 7-2 must be met, relative to the treatment level of the effluent received. Size adjustment factors within Table 10-3 may not be used.
  - (3) Where the local public health agency DOES NOT PROVIDE an oversight program as referenced in 43.14.D, and the effluent is treated to TL2 – TL3ND quality prior to dispersal into the distribution media, TL1 application rates noted in section 43.11.D.2.c above must be used. Size adjustment factors within Table 10-3 may be used.

4. Linear loading rates

- a. The design engineer must evaluate many factors to achieve an accurate determination of the linear loading rate. While application rates for the in-situ receiving soil under the mound is a main component, placement on the slope, and percent of slope must also be addressed when defining the linear loading rate. If the movement of the effluent is primarily vertical, then the linear loading rate is not as critical. However, if the movement of the effluent will be primarily horizontal, as would be expected in soil types 3 through 5 (Table 10-1), then the

- linear loading rate is extremely important and long narrow mounds are necessary.
- b. When TL1 effluent is applied to the distribution media of a mound system installed above in-situ soil types with permeabilities less than 60 min./inch (Table 10-1, and Table 10-1A), the suggested linear loading rate is between 6 gpd/lin.ft. and 12 gpd/lin.ft. The maximum width of the distribution media in a mound system installed above these soil types is 12 feet when TL1 effluent is applied to the distribution media of a mound system.
  - c. When TL2 - 3ND effluent is applied to the distribution media of a mound system installed above in-situ soil types with permeabilities less than 60 min./inch (Table 10-1, and Table 10-1A), the linear loading rate may exceed 12 gpd/lin.ft.; subsequently the mound may be wider than 12 feet.
  - d. When TL1 - TL3ND effluent is applied to mound systems installed above in-situ soil types with permeabilities exceeding 60 min./inch (Table 10-1, and 10-1A), the suggested linear loading rate is between 3 gpd/lin.ft. and 5 gpd/lin.ft. The maximum width of the distribution media in a mound system placed above these soil types is 12 feet, however once calculated, a lesser width may be required.
5. Mound systems must conform to the design requirements of sections 43.11.C.2 and 3, unless otherwise specified within this section; 43.11.D.
  6. The basal area must be determined using the requirements for the soil loading rate and linear loading rate provided above.
  7. The final cover over a mound system must extend at least twelve inches horizontally beyond the perimeter of the distribution media prior to sloping down to existing grade. The final slope of the mound must be no greater than three feet horizontal to one-foot vertical.
  8. The surface of the mounded area must be planted with a suitable vegetative cover; preventing erosion and promoting run-off..
  9. Suggested references for the design and installation of mound systems are, "The CDPHE Mounded Wastewater Treatment Systems Technical Guidance" and "*The Wisconsin Mound Soil Absorption System: Siting, Design, and Construction Manual, January 2000*". Note that these are suggested guidance, and where the requirements of this regulation differ from those in the referenced mound documents, the requirements of this regulation will govern in those cases.
- E. Rock Plant Filter (Constructed Wetland) Treatment before a Soil Treatment Area
1. A rock plant filter system must be designed by a professional engineer.
  2. The design must be site specific and include specifications for: loading, capacity, dimensions, liner material, filter media, effluent depth and depth control mechanism, density and species of plant material, and other site specific information.
  3. The treated effluent from a rock plant filter must be distributed to a soil treatment area.

4. Although producing higher level treatment, rock plant filters must not be assigned a treatment level higher than TL1 because of system and seasonal variability.

#### **43.12 Design Criteria – Other Systems**

##### **A. Evapotranspiration and Evapotranspiration/Absorption Systems:**

1. Non-Pressurized Drip Dispersal System (NDDS):
  - a. An NDDS is considered a type of evapotranspiration/absorption system. However as specific design criteria are provided for an NDDS (see section 43.12.A.1.c and d), they are exempt from the additional requirements of pressure distribution, and items within section 43.12.A.2, 3 and 4.
  - b. New NDDS installations are prohibited unless the local public health agency has a maintenance oversight program in place as described in section 43.14.D.4.
  - c. The design of a NDDS must follow the procedures stated in the document titled: *The Colorado Professionals in Onsite Wastewater Guidelines for the Design and Installation of Non-Pressurized Drip Dispersal Systems (NDDS), Revision: October, 2024*. The document is available from Colorado Professionals in Onsite Wastewater ([www.cpow.net](http://www.cpow.net)).
  - d. The width of an NDDS system may be wider than 12 feet.
2. The following section provides general criteria which must be followed when an evapotranspiration or evapotranspiration/absorption bed is proposed.
  - a. The design may only be permitted in arid climates where the annual evaporation rate exceeds the annual precipitation rate by more than 20 percent, and where site characteristics dictate that conventional methods of effluent dispersal are not appropriate.
  - b. The design may only be permitted in soil types 4, 4A and 5.
  - c. The system must be designed by a professional engineer.
  - d. If data for the Pan Evaporation Rate is provided, it must be multiplied by 0.70, or less, to obtain the equivalent Lake Evaporation Rate.
  - e. The width of the bed may be wider than 12 feet.
  - f. The required capillary or wicking sand must meet the gradation requirements in Table 12-1 and be approved by the design engineer.
    - (1) The gradation of the wicking sand must be submitted to the local public health agency on letterhead from either the source gravel pit, or independent materials testing laboratory. The gradation must be dated not more than one month prior to the installation date.
  - g. This sand is to be covered by a crowned, thin layer of loamy-sand mix and appropriate vegetation that will assist in drawing the water to the surface.
  - h. Adjustment factors as provided in Tables 10-2 and 10-3 must not be used.



**Table 12-1 Gradation of Wicking Sand for Evapotranspiration Beds (Fine Sand)**

Sieve Size	Percent Passing
4	100
40	50-70
200	<15

3. For systems designed strictly as an evapotranspiration bed, the following criteria must be met:
  - a. Design data to be furnished must include, but shall not be limited to: system dimensions, distribution system design, specifications of distribution media and wicking sand, liner material if used, bedding, properties of the soil under the system, vegetation cover, and a water balance calculation including annual precipitation and storage requirements for periods of the year when evapotranspiration does not occur.
  - b. The following formula must be used for determining the minimum area necessary for total evapotranspiration of septic tank effluent:

$$\text{Area (in square feet)*} = \frac{\text{Design Flow (in gallons per day)} \times 586}{\text{Lake Evaporation Rate at the Site (in inches per year)}}$$

\* Additional area may be required based on the annual water balance calculations.

- c. Designs will include a rock and pipe, or other Division approved proprietary distribution product, with the centerline of the distribution system laterals no more than 6 feet on center and within 3 feet of the sidewall or endwall. A thin non-woven fabric may be placed above the distribution system. Capillary wicking of the effluent is accomplished by a uniform depth layer of the specified sand media (capillary wicks), no more than 24 inches deep, placed between and above the distribution media. The base of the evapotranspiration bed may be no more than 30 inches below finished grade.
  - d. Capillary wicks which penetrate between the distribution system to the bottom of the bed, must be at least 15 percent of the bed surface area. The wicks must be uniformly spaced throughout the system.
  - e. Except for dwellings, if the system is designed for summer use only, as determined by the local public health agency, the surface area may be multiplied by 0.6 to obtain the required area.
4. For systems designed as an evapotranspiration/absorption bed, the following criteria must be met.

- a. Data to be furnished must include, but is not limited to: system dimensions, distribution system design, specifications of wicking sand, properties of the soil under the evapotranspiration/absorption bed, provision for vegetation cover, and a water balance calculation including annual precipitation and storage requirements for periods of the year when evapotranspiration does not occur.
- b. Design will include a rock and pipe, or other Division approved proprietary distribution product, with the centerline of the distribution system laterals no more than 6 feet on center. A thin non-woven fabric as defined within section 43.10.G.1.c may be placed above the distribution media. Capillary wicking of the effluent is accomplished by a uniform depth layer of the specified sand media (capillary wicks) no more than 24 inches deep placed between and above the distribution media. The infiltrative surface may be no more than 30 inches below finished grade.
- c. Capillary wicks which penetrate between the distribution system to the bottom of the bed, must be at least 15 percent of the bed surface area. The wicks must be uniformly spaced throughout the bed.
- d. Amount of storage and evapotranspiration capacities may be reduced by the volume of effluent absorbed by the underlying soil based on the long-term acceptance rate for that soil type and the formulas provided in section 43.12.A.4.e below.
- e. The following formula must be used for determining the minimum area necessary for evapotranspiration/absorption of septic tank effluent:
  - (1) 
$$\text{Area (sq. ft.)}^* = \frac{\text{Flow (gpd)}}{(\text{LTAR} + \text{ETR})}$$
    - (i) LTAR refers to the long-term acceptance rate of the underlying soil as provided in Table 10-1 for TL1 effluent.
    - (ii) ETR refers to the evapotranspiration rate derived from the following formula:

$$\text{ETR (gal./day sq. ft.)} = \frac{\text{Lake Evaporation Rate at the Site (in inches per year)}}{586}$$

\* Additional area may be required based on the annual water balance calculations.

B. Seepage Pits

1. The construction of new seepage pits for the treatment and dispersal of on-site wastewater on new sites is prohibited unless:
  - a. A trench or bed system will not meet the design, sizing or setback requirements of this regulation on the proposed site;
  - b. The seepage pit is designed by a professional engineer; and
  - c. The design includes higher level treatment of at least TL2N.

2. The design requirements for new seepage pits must also comply with requirements as defined in 43.10.I.6.c and d.
  3. Pressure distribution is not required for dispersal into a seepage pit.
- C. Vaults Other Than Vault Privies
1. A local board of health may allow or prohibit vaults for use at a permanently occupied facility, except where section 43.12.C.2 applies.
  2. Vaults are prohibited where any of the following conditions exist:
    - a. Sites that cannot provide access for pumping and general system maintenance.
    - b. Full time or limited use in new construction where the property can accommodate an OWTS with a soil treatment area.
  3. Vaults may be permitted where any of the following conditions exist:
    - a. For full time use when an existing OWTS is in a state of failure and cannot be replaced.
    - b. For full time or limited use on a property which cannot accommodate an OWTS with soil treatment area
    - c. If the structure is on land where the installation of an OWTS with soil treatment area is not permitted.
    - d. For systems where a portion of the wastewater flows are separated, such as toilet wastes only, or a private recreational vehicle dump station, into a vault. The portion not retained in the vault must be treated in an OWTS sized per the requirements of this regulation.
    - e. Variances may be granted for specialized commercial uses.
  4. Design and Capacity Requirements
    - a. A vault must be accessible for routine pumping and maintenance.
    - b. A vault must have a minimum 500-gallon effective volume or be capable of holding a minimum of the 48-hour design wastewater flow, whichever is larger.
    - c. A vault must provide visual or an audible signal device or both, indicating filling to a maximum of 75 percent capacity, thus indicating when pumping is necessary.
    - d. Concrete, fiberglass, and plastic tanks are allowed for use as a vault. All tanks must meet the structural design requirements of section 43.9.B.5 or 6, as applicable.
    - e. Vaults must be watertight, and meet the requirements of section 43.8.D and 43.9.A.1.a.
    - f. Metal vaults are prohibited.
- D. Privies

1. Vault Privy
  - a. A local board of health may prohibit the new construction of vault privies.
  - b. A local board of health may prohibit the continued use of existing vault privies.
  - c. Effective volume of the vault must be no less than 400 gallons and it must be constructed of concrete, fiberglass or plastic. The vaults for privies must meet the structural and watertightness requirements of section 43.9.B.5 or 6, as applicable. .
  - d. A vault privy must be built to include: fly- and rodent-tight construction, a superstructure affording complete privacy, an earth mound around the top of the vault and below floor level that slopes downward away from the superstructure base, a floor, and a riser of concrete or other impervious material with hinged seats and covers of easily cleanable, impervious material. All venting must be fly-proofed with No. 16 or tighter mesh screening.
2. Pit Privy
  - a. A local board of health may prohibit the new construction of pit privies.
  - b. A local board of health may prohibit the continued use of existing pit privies.
  - c. If pit privies are permitted by the local public health agency:
    - (1) The bottom of the pit must be located above at least four feet of suitable soil and four feet above a limiting layer;
    - (2) The pit must have at least 400 gallons of effective volume; and
    - (3) The superstructure must provide complete privacy and have fly- and rodent-tight construction, an earth mound around the top of the pit and below floor level that slopes downward away from the superstructure base, a floor, and a riser of concrete or other impervious material with hinged seats and covers of easily cleanable, impervious material. All venting must be fly-proofed with No. 16 or tighter mesh screening.

**E. Incinerating, Composting and Chemical Toilets**

1. The local board of health may permit incinerating, composting and chemical toilets. Chemical toilets are limited to situations identified in section 43.12.E.7 below.
2. The use of an incinerating, composting or chemical toilet will not reduce the required size of the OWTs as noted in section 43.8.A; except under the following conditions:
  - a. The local board of health may choose to permit reductions in the size of soil treatment areas based on incinerating, or composting toilets, only if:
    - (1) There is no flush toilet available in the structure(s),
    - (2) The septic tank size must meet the requirements of Table 9-1 with no reductions allowed,

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- (3) Before permitting a reduction in the size of a soil treatment area for the use of incinerating or composting toilets, the local public health agency must implement the following programs:
        - (i) A Transfer of Title inspection program per section 43.4.L. All acceptance documents must include a notation of the alternative toilet system that is installed;
        - (ii) A Use permit program per section 43.4.M with required inspections and permit renewals no greater than three years apart. Inspections must confirm that no flush toilets have been installed, and provide observations relative to general maintenance of the alternative fixtures, and
      - (4) The reduction in the soil treatment area will be calculated by reducing the estimated wastewater flows (as provided in section 43.6) from the structure by no more than 25%, unless the structure has no water source or plumbing fixtures (e.g., remote access structure with composting toilet only).
    - 3. Permitting of an incinerating or composting toilet may also be subject to the jurisdiction of a local agency regulating plumbing or the Colorado Plumbing Board, whichever has jurisdiction over plumbing in the location.
    - 4. An incinerating or composting toilet may be used for toilet waste where an OWTS is installed for treating wastewater remaining after removal of toilet waste. Subject to local board of health or other applicable regulations or codes (e.g., Colorado Plumbing Code if a local code does not exist), the compartment may be located within a dwelling or building provided the unit complies with the applicable requirements of this regulation, and provided the installation will not result in conditions considered to be a health hazard as determined by the local public health agency. Compartment and appurtenances related to the unit must include fly-tight and vector-proof construction and exterior ventilation.
    - 5. Composting Toilets
      - a. Composting toilets must meet the requirements of NSF/ANSI Standard 41 (2023 version) and bear the seal of approval of the NSF or an equivalent testing and certification program.
      - b. An approved composting toilet must treat deposits of feces, urine, and readily decomposable household garbage that are not diluted with water or other fluids and are retained in a compartment in which aerobic composting will occur.
      - c. The effective volume of the receptacle must be sufficient to accommodate the number of persons served in the design of the unit installed. The effective volume of the unit must include sufficient area for the use of composting materials which must not be toxic to the process or hazardous to persons and which must be used in sufficient quantity to assure proper decomposition.
      - d. Residue from the composting toilet must be removed when it is filled to 75 percent of capacity. Residue from the unit must be properly disposed of by

methods recommended by the manufacturer and acceptable to the local public health agency. Disposal methods must prevent contamination of water and not cause a public health nuisance. Disposal using solid waste practices is recommended.

- e. If a system will be installed where low temperature may be a factor, design and installation must address the effects of the low temperature.
- f. Composting toilets must be operated according to manufacturer's specifications.

6. Incinerating Toilets Acceptance Requirements

- a. Incinerating toilets must meet the requirements of the NSF Protocol P157 (2022 version) and bear the seal of approval of the NSF or an equivalent testing and certification program.
- b. An approved incinerating toilet must be designed, installed, and maintained in accordance with all applicable federal, state, and local building, plumbing, and air-pollution requirements, and manufacturer's instructions.

7. Portable Chemical Toilets

- a. The local public health agency, or other agency with authority, may issue a permit for the use of a portable chemical toilet, but is not required to.
- b. Use of a portable chemical toilet in permanently occupied buildings is prohibited except during construction or under emergency circumstances as determined by the local public health agency. Proper ventilation of a chemical toilet used inside must be required.

F. Disinfection Systems

- 1. Disinfection components must meet the requirements of NSF/ANSI Standard 385 (version 2022), or prior acceptance through NSF/ANSI Standard 46 – version 2022 or earlier, and bear the seal of approval of the NSF or an equivalent testing program. This component may be installed between the higher level treatment system and the pump tank, or within the pump tank.
  - a. All methods of disinfection shall effectively reduce the fecal coliform count to  $\leq 200$  organisms per 100 mL.
  - b. If chlorination is used as the disinfection method, a free chlorine residual of two tenths of a milligram per liter (0.2 mg/l) must be maintained in the pump tank.
  - c. The use of disinfection systems is only allowed provided the effluent is treated to TL3N quality prior to entering the disinfection system, and the local public health agency has implemented an inspection and maintenance oversight program, as specified in the requirements of section 43.14.D.

G. Slit Trench Latrine

- 1. If permitted by the local board of health, a slit trench latrine must be utilized only in remote or emergency situations when other approved sanitary means are unavailable. Other agencies may have more stringent regulations that must be adhered to.

2. A slit trench latrine must be considered a temporary convenience to be used no longer than seven days and must be backfilled and graded to match its surroundings when its use is discontinued.
  3. A slit trench latrine must be located only in a place that does not adversely affect public health or the environment. The location must provide ample privacy and should be exposed to several hours of sunlight each day. A slit trench latrine must not be located:
    - a. In a building;
    - b. In a covered or partially covered location such as a cave or overhanging cliff; or
    - c. On a slope of greater than 30 percent.
  4. A slit trench latrine must be installed only in suitable soil.
  5. A slit trench latrine must be excavated approximately one-foot wide and two feet deep for the required length. All human waste and tissue placed into the slit trench latrine must be covered with at least two inches of soil at least once a day or more frequently if requested by the local public health agency.
- H. Treatment Systems Other Than Those Discharging Through a Soil Treatment Area or Sand Filter System
1. For systems discharging to State Waters, see section 2.C.
  2. Systems that discharge other than through a soil treatment area or a sand filter system must:
    - a. Be designed by a professional engineer;
    - b. Be reviewed by the local board of health; and
    - c. Not pose a potential health hazard or private or public nuisance or undue risk of contamination.
    - d. Not allow drainage of effluent off of the property of origin.
  3. The local board of health may choose to permit only systems that do not allow drainage of effluent off the property of origin.
  4. The following minimum performance criteria must be required for all permitted systems pursuant to this section:
    - a. If effluent discharge is made into areas in which the possibility exists for occasional direct human contact with the effluent discharge, the effluent at the point of discharge must meet the minimum treatment criteria of TL3 effluent and specifically adhere to each of the following standards:
      - (1) The geometric mean of the *E. coli* density must not exceed 15 per 100 milliliters when averaged over any five consecutive samples, and no single sample result for *E. coli* can exceed 126 per 100 milliliters.

- (2) The arithmetic mean of the standard five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>) must not exceed ten milligrams per liter when averaged over any three consecutive samples.
    - (3) The arithmetic mean of the total suspended solids must not exceed ten milligrams per liter when averaged over any three consecutive samples.
  - b. If the effluent discharge is made into an area so restricted as to protect against the likelihood of direct human contact with the discharged effluent, the effluent at the point of discharge must meet the treatment criteria of TL2 effluent and specifically adhere to each of the following standards:
    - (1) The geometric mean of the *E. coli* density must not exceed 126 per 100 milliliters when averaged over any five consecutive samples, and no single sample can exceed 325 *E. coli* per 100 milliliters.
    - (2) The arithmetic mean of the standard five-day carbonaceous biochemical oxygen demand (CBOD<sub>5</sub>) must not exceed 25 milligrams per liter when averaged over any three consecutive samples.
    - (3) The arithmetic mean of the total suspended solids must not exceed 30 milligrams per liter when averaged over any three consecutive samples.
- 5. To determine compliance with the standards contained in this section, the required sampling frequency for *E. coli*, CBOD<sub>5</sub>, and total suspended solid levels must be performed at least once per month when the system is in operation and the results submitted to the local public health agency for compliance with the permit requirements.
- 6. Methods of Analysis - Sampling Points:
  - a. All effluent samples must be analyzed according to the methods prescribed in the American Public Health Association, American Water Works Association, and Water Environment Federation: Standards Methods for the Examination of Water and Wastewater, 24th edition, 2022 (International Standard Book Number: ISBN-10: 0875532993, ISBN-13: 978-0875532998).
  - b. The sampling point must be a location that is representative of final discharge from the system.

#### 43.13 Technology Review and Acceptance

- A. OWTS technologies must either be public domain, including but not limited to rock and pipe distribution systems, sand filters with pressure distribution and mound systems, with criteria for design, installation, maintenance and use as described in this regulation, or proprietary products that have received Division review and acceptance before the local public health agency may permit them for use.
- B. The Division must review and provide either comment or acceptance to the manufacturer for proprietary products in these technology categories:
  - 1. Proprietary treatment products (e.g. treatment systems);



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2. Proprietary distribution products (e.g. manufactured distribution products or subsurface dripline);
  3. Septic tanks;
  4. Others as needed.
- C. Product Acceptance Requirements – General:
1. To qualify for product acceptance, manufacturers desiring to sell or distribute proprietary products in Colorado must submit a completed application to the Division in the format provided by the Division and a report describing in detail the test procedures and data confirming the performance and properties of the product claimed by the manufacturer. Products within a single series or model line sharing distinct similarities in design, materials, capacities, configuration, and claiming the same level of treatment may be accepted under a single application. Products outside of the series or model line must be accepted under separate applications. The following information must be included in the application:
    - a. Manufacturer's name, mailing address, street address, and phone number;
    - b. Contact individual's name, mailing address, street address, phone number and email address. The contact individual must be vested with the authority to represent the manufacturer in the acceptance process;
    - c. Category of product (e.g., proprietary treatment product and treatment level requested, proprietary distribution product, septic tank);
    - d. Name, including specific brand and model, of the proprietary product;
    - e. A description of the functions of the proprietary product, along with any known limitations on the use of the product;
    - f. Product description and technical information, including dimensioned drawings; materials and characteristics; component design specifications; and volumes, design capacity, and flow assumptions and calculations, as relevant;
    - g. Siting and installation requirements;
    - h. Product performance information in appropriate product section;
    - i. Detailed description, procedure and schedule of routine service and maintenance events;
    - j. Copies of manufacturer's literature to include sales and promotion, design, installation, operation and maintenance, and owner instructions; and
    - k. Identification of information subject to protection from disclosure and trade secrets, if any.
  2. Upon receipt of an application, the Division must verify that the application is complete and meets the requirements for which the product is being evaluated. If the application is found to be complete, and the requirements of this section needed to accept the product are met, the Division will place the product on a list of accepted proprietary products for

the type of product. Installation and use of accepted products must comply with the requirements noted on the acceptance document provided by the Division.

3. Manufacturers must have readily accessible and up to date information for designers, regulators, product owners, and other interested parties about their product including:
  - a. Product manuals;
  - b. Design instructions;
  - c. Installation instructions;
  - d. Operation and maintenance instructions; and
  - e. A list of representatives and manufacturer-certified service providers in Colorado, if any. If none exist, information on how service on the product will be provided in Colorado.
4. If, at any time after a proprietary product has been accepted for use, the Division receives information that the product so accepted does not meet the required standards, or in any way constitutes a public health or environmental hazard, the Division may, at its discretion, revoke the product acceptance. The Division shall notify the manufacturer and local public health agencies within 30 days of any revocation.

**D. Proprietary Treatment Product Acceptance Requirements**

1. If a proprietary treatment product is submitted to meet a specific treatment level, a report with test procedures and data must be submitted to the Division to demonstrate that it can meet the treatment level for which the approval is being requested on a consistent basis in actual installations. The Division must approve the test methods and programs. Test results from product certification testing must also be submitted.
2. If a product is accepted for a specific treatment level, the product may also be used for applications requiring lower treatment levels. Reductions based on higher level treatment may not be applied unless the local public health agency has a maintenance oversight program in place as described in section 43.14.D.
3. Field Performance Testing
  - a. Testing must be performed by a neutral third party.
  - b. Testing for residential applications must be performed on a minimum of 12 single-family homes under normal operating conditions unless otherwise noted below:
    - (1) If the proprietary treatment product is requesting TL2 acceptance and that product has received NSF/ANSI 40 (2023 or earlier version) certification, the number of home sites to be tested may be reduced to six. The NSF/ANSI 40 (2023 or earlier version) certification must be submitted if the reduced number of test sites is requested.
    - (2) If the proprietary treatment product is requesting TL2N or TL3N acceptance and that product has received NSF/ANSI 245 (2023 or earlier version) certification, the number of home sites to be tested may be reduced to six. The NSF/ANSI 245 (2023 or earlier version)

certification must be submitted if the reduced number of test sites is requested.

- c. Each system must be tested over a period of at least one year.
- d. Each system must be sampled at least four times during the year with the sampling evenly distributed throughout the year.
- e. Laboratory results for all parameters for which acceptance is being requested must be submitted.
- f. Testing may be performed in Colorado under a Product Development Permit.
- g. Testing may be performed in locations other than Colorado. However, as part of the testing, the manufacturer must define, to the acceptance of the Division, what adjustments or modifications to the product will be required to compensate for the following conditions:
  - (1) Increased elevation results in lower atmospheric pressure and lower oxygen content. Adjustments or modifications to the treatment process may be required to compensate for these conditions and those adjustments or modifications must be specified.
  - (2) Winter season conditions in Colorado include cold temperatures that may affect product performance. Adjustments or modifications to the treatment process may be required to compensate for these conditions and those adjustments or modifications must be specified. This item must be addressed if nitrogen reductions are claimed.
- h. The report conclusions must indicate the proprietary treatment unit can consistently be expected to meet the treatment level for which acceptance is being requested.
- i. The report must include estimated operating costs for the first five years of the treatment system's life. This must include both estimated annual electricity or other energy costs, and routine inspection and maintenance costs, including replacement of parts.
  - (1) Energy and other costs are to be based on typical Denver, Colorado, costs at the time of the acceptance request.
  - (2) Replacement part costs must include shipping and handling.
  - (3) If media or other major part replacement is expected during the normal life of the system, the cost of replacement and the typical replacement interval must be included even if replacement is not expected within five years.
- 4. The manufacturer must identify the provisions that they have developed for the training of installers and service providers specific to their product line.
- 5. Following the adoption of Regulation 43 in 2013, that regulation provided limited provisions for the continued acceptance of treatment level 2 proprietary products that had

been previously accepted for use in Colorado prior to June 30, 2013, under NSF/ANSI 40 (2013 or earlier version) or equivalent testing. Only treatment products with a CDPHE acceptance letter dated after June 30, 2013 will be accepted for use in Colorado.

**E. Proprietary Distribution Product Acceptance Requirements**

**1. Proprietary manufactured distribution products must:**

- a. Be constructed or manufactured from materials that are non-decaying and non-deteriorating and do not leach chemicals when exposed to septic tank effluent and the subsurface soil environment;
- b. For gravity distribution systems, the product must provide a liquid storage volume at least equal to the storage volume within the assumed 30 percent void space in a rock and pipe distribution system assuming six inches of rock below the pipe and two inches above the pipe;
- c. Maintain the integrity of the trench or bed. The material used, by its nature and its manufacturer-prescribed installation procedures, must withstand the physical forces of the soil sidewalls, soil backfill and the weight of equipment used in the backfilling; and
- d. If the width of a proprietary manufactured distribution product is within 90 percent of the width of the excavation, it may be approved as being equivalent to the full width of the excavation, if information is provided that demonstrates distribution over the full width. Thus, the product must cover at least 90 percent of the excavated area in either a trench or bed configuration in order to receive sizing adjustments provided in Table 10-3.

**2. Chambers:**

- a. Include a sidewall that is structurally sound and capable of allowing aeration of the infiltrative surface and exfiltration of effluent while minimizing the intrusion of soil.
- b. Chambers construction shall meet IAPMO Property Standards, PS 63 (2019 version).

**3. Enhanced manufactured media:**

- a. The product must include synthetic media contained within one or more external permeable outer layers that promote the movement of the effluent and prevent the intrusion of soil from above the synthetic media. Manufacturer must demonstrate that the product has been adequately tested and functions as intended.
- b. For enhanced manufactured media that requires a specified layer of sand or other media to be placed below the actual product, the vertical separation requirements of this regulation will be determined from the base of the sand or other media, as the sand or media is an integral part of the component.

- c. For products that allow for sand extensions beyond the actual manufactured component, the distance of sand allowed from the edge of the excavation to the manufactured component may be up to six inches in a trench system and 24 inches in a bed system.
    - d. If sand media is proposed by the manufacturer as an integral part of the distribution product, it must meet the size and uniformity specifications as noted by the manufacturer.
  - 4. Other manufactured media:
    - a. In order to receive sizing adjustments provided in Table 10-3, the product must cover at least 90 percent of the excavated area in either a trench or bed configuration without the use of gravel, stone or other aggregate containing fines, which may compromise soil permeability.
  - 5. Proprietary subsurface dripline products must:
    - a. Be warranted by the manufacturer for use with OWTS effluent;
    - b. Specify required treatment level of influent to the driplines;
    - c. Be designed for resistance to root intrusion; and
    - d. Incorporate emitters that may be controlled either by use of pressure-compensation emitters or with a pressure regulator.
- F. Septic Tank Acceptance Requirements
  - 1. Septic tank design must conform to the requirements of section 43.9.B. of this regulation.
  - 2. Each manufacturer must annually test five percent of its tanks for water-tightness at the manufacturing facility, unless the tanks are certified for use as a septic tank by the International Association of Plumbing and Mechanical Officials (IAPMO) or Canadian Standards Association (CSA), or the manufacturer participates in the Plant Certification Program of the National Precast Concrete Association (NPCA).
  - 3. Water-tightness results must be sent to the Division on an annual basis unless otherwise addressed in section 43.13.F.2 above. The manufacturer must provide information that specifies measures taken to repair a tank that fails the water-tightness test. The manufacturer must also define the measures taken to prevent similar problems in future tanks.
  - 4. IAPMO, CSA, and NPCA certifications must be submitted to the Division for acceptance. Current certifications must be submitted to the Division on an annual basis.
- G. Other Product Acceptance Requirements
  - 1. The Division may adopt review and acceptance requirements for additional products as needed.

#### **43.14 Operation and Maintenance**

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- A. Responsibility: The owner must be responsible for maintenance of an OWTS unless the responsibility has been contractually assigned to a tenant or a third party or a public, quasi-public, or political subdivision.
- B. Service Label: For higher level treatment systems or other components under a service contract, a clearly visible, permanently attached label or plate giving instructions for obtaining service must be placed at a conspicuous location.
- C. The local board of health may adopt regulations for:
1. Scheduling of maintenance and cleaning;
  2. Practices adequate to ensure performance of an OWTS; and/or
  3. Submission of proof of maintenance and cleaning to the local public health agency by the owner of the system.
- D. Permitting and Oversight of Maintenance for Soil Treatment Area Reductions and Vertical and Horizontal Separation Distance Reductions Based on Use of Higher Level Treatment
1. Purpose: Reductions in requirements for soil treatment areas, vertical separation distances to limiting layers or reductions in horizontal separation distances by using higher level treatment systems are based on the criteria that these systems are functioning as designed. If these criteria are not met, failure or malfunction is likely, which could result in impairment to public health and water quality.
  2. The local board of health may choose to permit reductions in the size of soil treatment areas and horizontal and vertical separation distances based on higher level treatment of effluent, only if an oversight program for inspection, maintenance, and repair is implemented by the local public health agency. The local public health agency may designate a separate entity to conduct and maintain the oversight of this program. However, enforcement of the requirements of this regulation will remain with the local board of health. System monitoring may be required.
  3. A local board of health is not required to allow reductions in soil treatment areas or vertical or horizontal separation distances based on higher level treatment. If these reductions are not allowed, the local board of health is not required to implement section 43.14.D.
  4. Before permitting systems with a reduced soil treatment area or reduced vertical or horizontal separation distances as a result of higher level treatment, the installation of a disinfection component, or the installation of an NDDS, a local public health agency must develop an oversight program for inspections, maintenance, recordkeeping and enforcement to ensure and document that the systems are meeting the designed higher level treatment standards. Licensing of maintenance providers may be included in this program. At a minimum:
    - a. Maintain accessible records that indicate:
      - (1) Owner and contact information;
      - (2) Address and legal description of property;

- (3) Location of OWTS specifying location of septic tank, higher level treatment system, soil treatment area and other components;
    - (4) Description of OWTS installed;
    - (5) Level of treatment to be provided;
    - (6) Copy of current contract with a service provider;
    - (7) Inspection and maintenance performed:
      - (i) Dates system was inspected and/or maintained;
      - (ii) Name and contact information of inspector and/or maintenance provider;
      - (iii) Condition of system at inspection; and
      - (iv) Maintenance tasks performed;
    - (8) Permits, if required by the local public health agency for the work performed; and
    - (9) Condition of system at completion of any maintenance activity.
  - b. Require system inspection and maintenance on a schedule being the most frequent of:
    - (1) Manufacturer recommendations for proprietary systems or design criteria requirements for public domain technology;
    - (2) Local public health agency or Division requirements;
    - (3) For higher level treatment systems and disinfection systems, two inspections at six-month intervals for the first year of operation, followed by annual inspections for the life of the system.
5. Owner responsibilities:
- a. Ensure OWTS is operating, maintained and performing according to the required standards for the designated treatment level;
  - b. Maintain an active service contract with a maintenance provider at all times; and
  - c. Each time his/her current contract with a maintenance provider is renewed or replaced, send a copy to the local public health agency within 30 days of signing.
6. Maintenance provider responsibilities:
- a. Must notify the local public health agency when a service contract has been terminated.
  - b. Must obtain appropriate training/certification for specific proprietary treatment products as provided by the manufacturer necessary to provide the required operation and maintenance for said products.

**E. Monitoring and Sampling**

1. Sampling may be required by the local public health agency in conjunction with an enforcement action or to ensure compliance with the provisions of this regulation, as provided in section E.3 below.
  - a. Sampling and analysis must be performed according to American Public Health Association, American Water Works Association, and Water Environment Federation: Standards Methods for the Examination of Water and Wastewater, 24th edition, 2022 (International Standard Book Number: ISBN-10: 0875532993, ISBN-13: 978-0875532998)
2. Any owner or occupant of property on which an OWTS is located may request the local public health agency to collect and test an effluent sample from the system. The local public health agency may perform such collection and testing services. The owner or occupant must pay for the cost of these services.
  - a. If the local public health agency or a delegated third party collects and tests effluent samples, a fee not to exceed that which is allowed by the OWTS Act may be charged for each sample collected and tested. Payment of such charge must be stated in the permit as a condition for its continued use.
3. Conditions that provide for a local public health agency to require routine water quality monitoring include:
  - a. Indications of inadequate performance;
  - b. Location in sensitive areas;
  - c. Systems designed to meet TL3ND standards;
  - d. Treatment systems other than those discharging through a soil treatment area or sand filter system (43.12.G);
  - e. Remediation systems; and/or
  - f. Systems under use permits (43.4.M), or product development permits (43.4.I).

**43.15 Severability**

The provisions of this regulation are severable, and if any provisions or the application of the provisions to any circumstances are held invalid, the application of such provision to other circumstances, and the remainder of this regulation will not be affected thereby.

**43.16 Materials Incorporated by Reference**

Throughout these regulations, standards and requirements by outside organizations have been adopted and incorporated by reference. The materials incorporated by reference cited herein include only those versions that were in effect as of March 10, 2024, and not later amendments to the incorporated material.



Materials incorporated by reference are available for public inspection during normal business hours from the Water Quality Control Division, 4300 Cherry Creek Drive South, Denver, Colorado 80246. Copies may be purchased from the source organizations listed below.

**AASHTO, American Association of State Highway and Transportation Officials**

555 12<sup>th</sup> Street, Suite 1000

Washington, DC 20004

Phone: 202-624-5800

Email: [info@ashto.org](mailto:info@ashto.org)

[www.transportation.org](http://www.transportation.org)

**ANSI, American National Standards Institute**

1899 L Street, NW, 11<sup>th</sup> Floor

Washington, DC 20036

Phone: 212.642.4980

[www.ansi.org](http://www.ansi.org)

**ASTM, American Society for Testing and Materials**

ASTM International

100 Barr Harbor Drive

PO Box C700

West Conshohocken, PA 19428-2959

Phone: 610.832.9500

Email: [service@astm.org](mailto:service@astm.org)

[www.astm.org](http://www.astm.org)

**CPOW, Colorado Professionals in Onsite Wastewater**

P.O. Box 918

Strasburg, CO 80136

Phone: 720-626-8989

[www.cpow.net](http://www.cpow.net)

CSA, Canadian Standards Association

CSA Group Testing and Certification Inc.

178 Rexdale Boulevard

Toronto, Ontario M9W 1R3

Canada

Phone: 800-463-6727

Email: [sales@csagroup.org](mailto:sales@csagroup.org)

[www.csagroup.org](http://www.csagroup.org)

ETL, Electrical Testing Laboratories

The ETL Listed Mark is from Intertek Testing Services NA, Inc. (ITSNA)

545 East Algonquin Road, Suite F

Arlington Heights, Illinois 60005

Phone: 800 967 5352

[www.intertek.com](http://www.intertek.com)

IAPMO, International Association of Plumbing and Mechanical Officials

International Association of Plumbing and Mechanical Officials EGS (IAPMO)

4755 East Philadelphia Street

Ontario, CA 91761

Phone: 909-472-4100

Email: [iapmo@iapmo.org](mailto:iapmo@iapmo.org)

[www.iapmo.org](http://www.iapmo.org)

NPCA, National Precast Concrete Association

1320 City Center Drive, Suite 200

Carmel, IN 46032

Phone: 800-366-7731

[www.precast.org](http://www.precast.org)

NSF, International

NSF International (NSF)  
789 North Dixboro Road  
Ann Arbor, Michigan 48105  
Phone: 734-769-8010  
Email: [info@nsf.org](mailto:info@nsf.org)  
[www.nsf.org](http://www.nsf.org)

UL Underwriters Laboratories

Underwriters Laboratories Inc.  
333 Pfingsten Road  
Northbrook, Illinois 60062  
Phone: 847.272.8800  
Email: [CustomerExperienceCenter@ul.com](mailto:CustomerExperienceCenter@ul.com)  
[www.ul.com](http://www.ul.com)

Standard Methods for the Examination of Water and Wastewater, 24th edition.

A joint publication of the American Public Health Association, American Water Works Association, and Water Environment Federation  
Phone: 877-574-1233  
Email: [standardmethods@wef.org](mailto:standardmethods@wef.org)  
[www.standardmethods.org/Buy/](http://www.standardmethods.org/Buy/)

**43.17 – 43.21 Reserved**

**43.22 Statement of Basis and Purpose – September 20, 2000**

The Individual Sewage Disposal System Guidelines mandated by Article 10 of Title 25, Section 25-10-104 (1) C.R.S., were first adopted in October of 1973 as temporary emergency guidelines. The State Board of Health then adopted those Guidelines, with minor revisions, in 1974.

As more experience was gained in the field, many questions were directed to the Water Quality Control Division for resolution. Based on the subsequent discussions held with local health agencies, the General Services Section of this Division conducted a limited investigation into the various causes of the ISDS

failures throughout the State during the summer of 1977.

The Office of the Attorney General advised the Division of the need to review the 1974 Guidelines. The Division's experience had shown that some local jurisdictions had not adopted their own ISDS regulations as required by Section 25-10-104 (2). This made monitoring and enforcement difficult for this Division. Therefore, the Guidelines, which were adopted in May of 1979, contained a provision that the Guidelines became the local ISDS regulations for any jurisdiction, which failed to adopt its own regulations within one year.

The advent of alternatives in on-site treatment and disposal technology and the 1983 passage of HB 1400, which redefined an individual sewage disposal system, necessitated the revision of the 1979 Guidelines. The Department notified all local boards of health of the opportunity to participate in this revision and accepted all that attended the first two meetings as committee members.

The Colorado Court of Appeals ruled on June 9, 1988 that Language in Section IX of the 1984 Guidelines, providing that systems must "consistently meet" certain standards, is unconstitutionally vague. The 1988 Guidelines identified effluent sampling frequencies and defined the allowable amount and frequency of exceedances of those standards in response to the Court of Appeals ruling.

Further advances in on-site treatment and disposal technologies, as well as a need for general housekeeping review of the regulations, necessitated a revision of the 1988 Guidelines in 1994. This process was initiated by members of the Western Colorado Association of Environmental Health Officers who authored the initial draft of the revised Guidelines. Input was then solicited from all local health agencies. The resulting revisions were then referred back to all local health agencies and to those individuals who had expressed interest in the process.

The main objectives in the 1994 Guidelines were to incorporate new treatment and disposal alternatives, to generally improve the readability of the document, and to correct a long-standing error in the formula for sizing of evapotranspiration systems.

In 1997 the Colorado General Assembly made significant revisions to the Individual Sewage Disposal Systems Act. Among the revisions to the ISDS Act was a provision allowing the local board of health "to grant variances to ISDS rules in accordance with the guidelines for rules adopted and revised by the state board" (Section 25-10-105 (2) (a)). On January 19, 2000 the State Board of Health adopted Section XVIII Variance Procedure. This addition to the Guidelines established the framework for that local variance process. All other elements of the Guidelines remained as adopted in 1994.

A review of the newly adopted Section XVIII by the staff of the Office of Legislative Legal Services commenced a discussion of the respective roles of local boards of health and staff regarding the hearing and issuance of variances. The concern centered on the compatibility of the delegation of authority by the board of health to the health officer, environmental health specialist, or similarly qualified individual with the legislative provision granting the authority to grant variances to the local board of health. Ultimately, it was the opinion of the staff of the Office of Legislative Legal Services that the provisions of paragraph B.2.b., providing that "the board may delegate the authority to approve or deny variance requests to the health officer, environmental health specialist, or similarly qualified individual, as designated" to impose requirements and conditions on an approved variance, conflict with the ISDS Act. The ISDS Act, in Paragraph (2) (a) of 25-10-105 provides that "a local board of health shall have authority to grant variances to ISDS rules".

The purpose for adoption of these Guidelines is to bring the variance procedure into compliance with the provisions for such a process as defined in the enabling statute.

In these revised 2000 Guidelines, changes are made to delete provisions related to the delegation of authority from the Local Board of Health to the health officer, environmental health specialist, or other similarly qualified individual with respect to the variance process. The remaining changes proposed are for the purpose of readopting changes made at the previous rulemaking hearing so that the rule as published in CRS is consistent with that adopted by the Board. Language related to liability on the part of local boards of health, which grant variances, is also deleted. The description of the ISDS permit fee is expanded to cover permits with variances. Examples are provided describing conditions, which might exist, or actions, which might be taken to justify the granting of a variance. The prohibition on the granting of variances to mitigate construction errors is expanded to cover issues other than the ISDS itself.

All other element of the Guidelines remain as adopted in 1994 and all other provisions of Section XVIII establishing minimum procedural requirements regarding the application for, review of, and decision making regarding variances from elements of the ISDS Guidelines remain as adopted in January of 2000.

This statement of basis and purpose applies only to the current Guidelines and not to any previous version.

The above statements are intended to comply with section 24-10-103 C.R.S.

**43.23 Statement of Basis, Specific Statutory Authority and Purpose; March 12, 2013 Rulemaking, Final Action May 13, 2013, Effective June 30, 2013**

The provisions of sections 25-10-101 through 113, C.R.S. provide the specific statutory authority for adoption of this regulation. The Commission also adopted, in compliance with section 24-4-103(4), C.R.S., the following statement of basis and purpose.

**Basis and Purpose**

The March 2013 hearing culminated the efforts of many parties, both before and after the release of the "Recommendations of the Individual Sewage Disposal System Steering Committee" in February 2002, to improve Colorado's On-site Wastewater Treatment System (OWTS) framework. The Water Quality Control Division and numerous interested parties were engaged in a robust stakeholder process since the summer of 2009 to evaluate and recast the previous Individual Sewage Disposal System (ISDS) Guidelines that had not been substantively modified since 1994.

Because of the many changes and the reorganization of the ISDS Guidelines, the Commission repealed the ISDS Guidelines and adopted the On-site Wastewater Treatment System Regulation, Regulation #43. The new regulation built on the previous ISDS regulation to reflect a more current state of On-site Wastewater Treatment System industry practice and to provide more options and flexibility in design and local regulation.

In addition, provisions were included in the new regulation to incorporate changes made in House Bill (HB) 12-1126, the OWTS Act passed by the Colorado General Assembly in the 2012 legislative session. The major changes include revised versions of previous and addition of new definitions, updated terminology (such as changing "Individual Sewage Disposal Systems" to "On-site Wastewater Treatment Systems"), new requirements for design of OWTS, and optional provisions for local public health agencies to adopt in the areas of OWTS design, permitting, and operation.

An "authority" section was included to indicate the statutory authority for the regulation.

Previous section XII. on discharges to State waters from the ISDS Guidelines was incorporated into section 2. (Scope and Purpose). Content from other sections from the ISDS Guidelines were moved as

appropriate. These included moving several sections scattered throughout the ISDS Guidelines into section 4. of Regulation #43 (Applicability).

The terms individual sewage disposal system and local health departments were replaced throughout the regulation by the terms On-site Wastewater Treatment System and local public health agency, respectively, to reflect the terms used in statute.

The major definitions revised or added by the Commission include:

The definition of absorption system from the amended OWTS statute is still included in the regulation. However, the term soil treatment area based on current industry terminology has largely superseded its importance.

A definition of cesspool was added based on the definition in the OWTS statute as included in HB 12-1126.

The definition of drywell was revised to limit its use to non-wastewater sources.

A definition of effluent screen was included as there were several references to this component added throughout the regulation.

Definitions of OWTS failure and malfunction were added, as these are critical terms in implementation of an OWTS program by local public health agencies.

A definition of field performance testing was added for testing during normal operation at a field installation of new treatment systems that are being considered for acceptance by the Division.

The definition of design flow was modified to remove the reference to 150 percent of the average daily flow rate, as this concept is no longer in use for OWTS.

The definition of grey water system was removed as the Commission found that the OWTS application of the separation of toilet wastes with the remaining wastewater being treated in a down-sized OWTS is inconsistent with other uses of the term grey water.

The definition of liner was revised to be written in more general terms and the specific reference to the thickness of the material was incorporated into design criteria.

The definition of long-term acceptance rate (LTAR) was revised to be stated in terms of what the LTAR is rather than how it relates to other factors such as design flow and soil treatment area.

The definition of "mound system" was changed to "mound" and revised to clarify distinctions between mounds and other OWTS.

A definition of performance standard was added, as this concept is fundamental to revisions made in this version of the regulation.

The definitions of sanitarian and seepage bed or absorption bed were deleted based on their being redundant with other defined terms (environmental health specialist and soil treatment area bed, respectively).

A definition of septage was added consistent with the new definition added to the statute by HB 12-1126.

New definitions of site evaluation, site evaluator, soil, soil evaluator, soil profile hole and soil profile test pit excavation were added based on the increased emphasis in the new regulation on the need for robust

soils and site evaluations in the design of OWTS. In addition, several technically based definitions were added such as consistence, distribution, several sub-definitions under the definition of dosing, infiltrative surface, inspection port, limiting condition, nitrogen reduction, redoximorphic, remediation system, restrictive layer, riser, rock-plant filter, sequential distribution, soil morphology, soil structure, soil texture, and visual and tactile evaluation of soil. Many of these terms were included to provide context and greater detail to better describe the necessary processes for site and soil evaluation and designing an OWTS.

As previously indicated, content was moved from section II of the ISDS Guidelines to section 4. of Regulation #43. The Commission included several subsections to the Applicability section to identify other Commission regulations that may apply to OWTS with a design capacity of 2,000 gallons per day or greater and to be explicit that the requirements for maintenance and standards of performance (e.g., effluent limitations) will be determined by the site application approval and discharge permit processes for such OWTS. Also, the Commission adopted section 4.A.1.b to indicate that all other aspects of permitting, performance, and construction will be in conformance with the regulations adopted by the local board of health.

The Commission modified, in section 4.B. of Regulation #43, the provision from section IV.A.1. of the ISDS Guidelines to clarify that a permit must be issued by the local public health agency before construction is commenced on a new, altered, or repaired system. New detailed requirements for information to be submitted with a permit application were included.

In conformance with HB 12-1126, the Commission included language in section 4.B.4. on fees to indicate that fees for permits shall be based on the actual direct and indirect costs up to the statutory maximum and clarified that fees for other services such as soil evaluations will also be based on actual indirect and direct costs.

In section 4.B.7., the Commission clarified that the owner of a malfunctioning OWTS is required to obtain a repair permit whereas the applicable section of the ISDS Guidelines (IV.A.5) only required that application for a repair permit be made.

In section 4.F., the Commission established requirements for final approval of a permit for an OWTS.

The Commission included section 4.I. ("Product Development Permits") for proprietary treatment systems undergoing testing under actual operating conditions. It includes application requirements for such systems and other requirements such as for reporting of any data collected and authority for the local public health agency to revoke or amend the permit based on several identified factors.

The Commission, consistent with changes made in HB 12-1126, replaced the provisions of section IV.K.1. of the ISDS Guidelines with section 4.K. removing the requirement to hold a public hearing prior to prohibiting a permit for an OWTS and deleted the provision that such prohibitions are limited to areas where there are more than two dwellings per acre or areas that are subdivided for more than two dwellings per acre. Pursuant to the changes in the statute, the Commission adopted a simpler condition that provides that the areas shall be identified based on applicable local land use laws or areas defined by potential problems.

The Commission, in sections 4.L.1. and 4.L.3., modified the provisions of ISDS Guidelines sections IV.M.1. and 2., respectively, to authorize local boards of health to charge fees for initial licensing of OWTS contractors and cleaners and renewal of those licenses based on the actual cost to the local public health agency rather than the specific amounts in the Guidelines.

The Commission established a new optional transfer of title inspection provision that the local board of

health may choose to implement at its discretion. If adopted by a board of health, the local regulation would have to be consistent with the requirements of Regulation #43 except that the local board of health would have the authority to identify types of title transfers that are not required to be inspected. The Commission established application requirements, criteria determining that an OWTS is acceptable, a requirement that unacceptable OWTS be repaired, and other provisions, including for penalties should a property in a local public health agency jurisdiction transfer without obtaining a required inspection. The Commission finds it appropriate to adopt an optional title transfer inspection provision based on interest shown in the stakeholder group for a consistent approach to this practice and that there will be costs to be borne by the local public health agency in implementing the program so a mandate is not appropriate.

Provisions for a new optional renewable permit program were established. These permits could be used to set requirements for activities such as required maintenance, a schedule for required inspections of the performance of higher level treatment systems, when a transfer of title inspection is required or other requirements deemed necessary by the local board of health. Similar to the transfer of title inspection program, stakeholders indicated a desire for a consistent approach and the Commission did not find it appropriate to create a mandate where there would be a cost to the local public health agency.

Content in section XVIII. of the ISDS Guidelines regarding variance provisions became section 4.O. of Regulation #43. The Commission modified the requirements for local board of health hearings regarding variances and required a public hearing to be held on all variances.

The Commission moved content in section XV. of the ISDS Guidelines to section 4.O.7. of Regulation #43. Similarly, the Commission moved the un-numbered "General Prohibitions" section that follows section XV. to section 4.P. and the unnumbered "Penalties" section to section 4.R. The Commission, consistent with a change made in HB 12-1126, removed the prohibition against allowing an OWTS that did not meet required separation distance between maximum seasonal ground water table and the bottom of an absorption system to remain in use without compliance with the Guidelines. The Commission, consistent with section 25-10-112 (5) added a new requirement to properly dispose of septage.

The Commission incorporated site and soil evaluation requirements into section 5. of Regulation #43. These include significant revisions to the previous soil test provisions in section VII. of the ISDS Guidelines as well as the addition of more specific information to be provided regarding the proposed site such as a legal description of the property, location of features on and off the property for which setbacks may apply, and the characteristics of the site such as topography.

There had been no specific process identified in the ISDS Guidelines for a site and soil evaluation. The Commission determined that there are several elements of each that are consistent with current standard OWTS design industry practice and therefore appropriate to include in Regulation #43. These include a requirement to conduct an initial site evaluation, a reconnaissance evaluation of the site, and detailed soil evaluations, and prepare a report that documents the required information that will be used to support the design of the OWTS.

The process builds from a "desktop" preliminary investigation to identify site location and ownership information, soils information from available sources such as the Natural Resources Conservation Service, and, most importantly, information on physical features (property boundaries, streams, wells, etc.) from which setbacks will have to be determined. This information, facility information, and local OWTS regulations are used to identify a preliminary OWTS size. This is a sensible first step that will allow the system designer to become familiar with the general information to be refined and verified in the following steps.



The next step the Commission identified is a reconnaissance investigation to identify topography, landscape position, natural and cultural features, and vegetation. This is information that will assist in determining a preliminary location for the soil treatment area (STA) and where the soil investigation will be conducted.

The final step is to conduct the soils evaluation. The Commission found it imperative that this process be based on a thorough physical examination of the soil in the proposed STA. The soils provide critical treatment of the wastewater including reduction of pollutant concentrations and filtration to remove microorganisms before the treated wastewater reaches the ground water. The use of soil profile test pit excavations is accepted practice in the OWTS industry and the Commission, as part of its move to "modernize" the OWTS regulations, adopted this approach to ensure that the required level of treatment in the soils is achieved.

The ISDS Guidelines allowed a soil profile hole to be drilled along with the use of percolation tests. The Commission found that the use of soil profile holes does not provide critical information such as the seasonally high ground water level and limiting layers that are not bedrock. In order to provide for a transition to the use of soil profile test pit excavations, which allow an examination of the in-situ soil profile, the Commission allowed soil profile holes in conjunction with percolation tests to be used for a three-year period from the effective date of Regulation #43. After that time, at least one soil profile test pit excavation will be required if percolation tests are to be used to determine the LTAR. Visual and tactile evaluation in soil profile test pit excavations may be used to determine the LTAR without percolation tests.

The Commission included additional information on the conduct of percolation tests and soil evaluations based on current OWTS industry practice to ensure that the information used to size the soil treatment area is as accurate as practicable.

Percolation tests and soils evaluations are required to be conducted under the supervision of a professional engineer licensed under Colorado law or a competent technician as defined in the regulation. The Commission established expertise that the competent technician must possess to conduct percolation tests and soils evaluations and identified means by which the required expertise can be obtained. The Commission expects that individuals that do not possess this expertise will obtain the necessary training or degree. The Commission is aware that there is training available in soils evaluation, such as that available through the Colorado Professionals in On-Site Wastewater, and, to the extent practical, encourages the Division to ensure that training is available in different areas of the state.

The Commission required the preparation of a report documenting the site and soils information collected, to be used for the design of the OWTS and to determine whether other treatment prior to the STA is necessary. The Commission established elements of the report in order to ensure that the required information was provided for the design of the OWTS and that it was properly collected.

The Commission modified the requirements previously in section V. of the ISDS Guidelines in section 6. of Regulation #43. Modifications include establishing that the minimum size of a new single-family home for determination of the OWTS design flow is two bedrooms and providing the local public health agency the authority to increase the number of bedrooms based on unused space that could be converted into one or more bedrooms. The Commission included these provisions based on its intent that OWTS are often used for thirty or more years and that it is appropriate to size the OWTS based on an assumption that additional bedrooms are likely to be added in these types of situations. Also, the Commission deleted the provision that the maximum flow be 150 percent of the design flow and be used as the basis for the OWTS design. The Commission modified calculations of STA size rather than apply a factor to flow rates.

The other requirements regarding flow (gallons per day) and biochemical oxygen demand (pounds per day) for multi-family, commercial, and institutional facilities remains the same as in the ISDS Guidelines.

The Commission also included in section 6, various treatment levels (e.g., TL2 and TL2N) with associated levels of carbonaceous BOD<sub>5</sub>, total suspended solids, and total nitrogen that are used in conjunction with provisions in section 7, to determine where STA size or the depth of required soil can be reduced.

The Commission maintained the table of minimum horizontal distances between components of an OWTS and pertinent physical features from section VI of the ISDS Guidelines and added an option for reducing the applicable distance where higher level treatment (e.g., TL2N) is provided. This provides options to reduce the distance between the STA and identified physical features where higher level treatment is provided in contrast to the previous approach under which setback distances from identified features were required to be met regardless of level of treatment unless a variance was granted. This provides flexibility and the beginning of what may be a transition to a performance-based regulatory approach.

Where the distance from an STA to proximate physical features is allowed to be reduced due to provision of higher level treatment, the Commission included a requirement for mandatory operation and maintenance of the system in accordance with section 14.D. of Regulation #43.

The Commission, in section 8. of Regulation #43 (Design Criteria – General), modified the requirements from section VIII. of the ISDS Guidelines to add requirements in section 8.C. to ensure that septic tanks and treatment components are accessible for inspection, maintenance and servicing. The Commission finds that these activities must be performed in order for an OWTS to function properly and in order to protect public health and the environment. This will require installation of a riser at or above the ground surface for tanks, effluent screens and treatment components of new systems. Where risers are not provided or components are buried at a great depth, they often cannot be located when maintenance is required.

Minor modifications to the other provisions from section VIII. of the ISDS Guidelines in section 8. of Regulation #43 were made to clarify or add additional detail. The Commission included section VIII.D.7. of the ISDS Guidelines in section 8.K. whereas the remaining requirements of section VIII.D. were included in section 10 of Regulation #43.

The Commission, in section 9. of Regulation #43, modified the provisions of the ISDS Guidelines to require watertight testing of tanks either at the manufacturing site or at the property where the tank is to be installed. This is necessary to provide documentation of the tank's watertight condition prior to installation. For septic tanks, the Commission required that accepted test methods be used to demonstrate watertight conditions. The local public health agency inspector will conduct a field inspection after the tank has been placed in the final excavation but before the tank is buried and may require a watertightness test. This will aid in evaluating that factory tested tanks have not been damaged in transit. The Commission also modified the requirement that had been in the Guidelines regarding tank anchoring. Instead, manufacturer's instructions may be followed where provided or, where such instructions are not provided or a choice is made to use an alternate approach, a professional engineer is required to design the anchoring system.

The Commission bolstered the provisions for septic tank structural integrity to require that the manufacturer provide documentation regarding what load conditions a tank can withstand, including depth of burial and other loads or pressures including from the seasonally high level of ground water.

The Commission added more specific requirements for structural integrity for septic tanks (concrete and

fiberglass/plastic) that identify generally accepted industry standards to be met. Also, more specific requirements for pipe and pipe bedding and pumping and dosing systems were added based on current industry standards and practice.

Consistent with current industry practice for septic tank design, the Commission increased the minimum size of a tank for a residential application to 1,000 gallons and reduced the minimum tank size for OWTS serving non-residential buildings to 400 gallons. The requirements in section 9.B.4.d. of Regulation #43 for inlet and outlet tees or baffles were modified to ensure that installation and servicing of effluent screens can be accommodated. Other minor changes to tank dimension requirements were also made.

The Commission added a provision authorizing the use of effluent screens and providing that the local public health agency can require such screens. Additional requirements to ensure proper cleaning of screens and requiring an effluent screen where effluent is pumped from a septic tank were also included. The Commission encourages the use of effluent screens as they can prevent clogging of STA distribution piping and extend field life.

A requirement for a grease interceptor was added for commercial food establishments and other facilities that generate significant quantities of fats or grease. This is necessary to reduce organic load and wastes that are difficult to treat.

In section 10. of Regulation #43, the Commission laid out significantly more detailed requirements for the design of STA. As previously indicated, the design of the STA is to be based on information developed in the site and soil evaluation.

In section 10.B., the Commission expanded the conditions under which a professional engineer is required to design an STA to include presence of an impervious layer and different soil types rather than the requirements in the ISDS Guidelines that had limits based on presence of bedrock and percolation rate, respectively. This is in keeping with the increased focus on the importance of soil evaluation in the design of an STA.

The Commission adopted a design approach upon which the STA sizing is based on the LTAR rather than a calculation using the percolation rate. Soil percolation values, where collected, can be used to establish the LTAR. Of course, as indicated in section 5. (site and soil evaluation), the design of an STA can be based wholly on a soil evaluation through the use of visual and tactile examination of soils in a test pit excavation. This change in approach is supported by significant research in the field.

The Commission established LTARs based on the soil type and provided for an increase in the LTAR where higher-level treatment is provided prior to the soil absorption system. This approach adjusts the level of treatment that is required in the soil based on treatment having been provided prior to distribution into the STA. The Commission established a specific requirement for a sand filter to be provided where the soils contain large amounts of rock. This is appropriate, as rocky soils will likely allow wastewater to pass through the STA without being fully treated. The depth of the required sand filter is greater (three feet) for TL1 (septic tank effluent) treatment systems than for other (types 2N, 3, and 3N) systems (two feet).

The allowance of reduction in seepage bed or trench area where dosing and chambers are used is continued, although the reductions were adjusted. The Commission also added a reduction for manufactured media based on the reduction of fines in natural gravel and reduced compaction from the deposition of gravel. The Commission, based on research indicating that beds do not perform as well as trenches, included an upward adjustment (STA sizing factor greater than 1.0) for beds in table 10-2.

The Commission maintained the previous provisions regarding distribution systems and trenches/beds in Regulation #43 and also added requirements that limit the width of a bed to 12 feet to aid in air/oxygen transfer to improve aerobic treatment in the soil. Width of beds may be greater than 12 feet if treated septic tank effluent is applied. The width of evapotranspiration beds may be greater than 12 feet because air/oxygen transfer to the soil is not a component of evapotranspiration beds.

The Commission added a provision in section 10.E.1.b. limiting the depth of the infiltrative area to four feet, to improve oxygen transfer. The depth will be measured from the downslope side of the trench or bed. The Commission, in section 10.E.2., limited the length of gravity fed distribution lines to 100 feet and pressure dosed lines to 150 feet. A requirement to install an inspection port at the terminal end of each distribution line was added to allow the STA to be visually inspected to determine whether plugging or a structural problem is occurring. Also, criteria were included for the use of chambers, manufactured media, pressure distribution, sequencing systems, and drip lines as these commonly used design approaches/components were not addressed in the ISDS Guidelines.

The Commission modified the requirements for alternating systems to allow reductions to be given where dosing or manufactured media systems are used. The Commission deleted the required frequency of dosing that had been included in the ISDS Guidelines to allow more design flexibility.

The Commission added specific provisions for repairs allowing the use of deep gravel systems, wider beds, and seepage pits. These technologies had been allowed for new/enlarged systems under the ISDS Guidelines. The Commission determined that these technologies do not provide the same level of treatment or public health/water quality protection as the systems allowed under this regulation. Therefore, their use should be limited to repair situations where an allowed system cannot be properly installed due to site constraints or other limiting factors.

The Commission included additional requirements for new seepage pits to offset, as much as practicable, their performance limitations.

The Commission adopted section 11. for design criteria for higher level systems. This section generally replaces or consolidates the criteria previously in section VIII.B.2. and sections IX. and X. of the ISDS Guidelines. The Commission distinguished between higher level treatment systems using public domain technology design information and proprietary systems. The Commission required public domain technology systems to be designed, installed, and maintained in accordance with established criteria such as applicable references and any conditions established by the local public health agency. Proprietary systems must be designed, installed and maintained in accordance with manufacturer's instructions and any additional criteria established through the technology review and acceptance process in section 13. The Commission established these requirements to ensure that these more complex technologies will perform at the intended level since they are replacing simpler systems that may not rely on mechanical systems that are subject to failure and that require much less operational attention and maintenance. These systems will be assigned a treatment level based on those described in section 6.

In section 13., the Commission added significant detail to the previous provisions for sand filters in section VIII.C.5. of the ISDS Guidelines. These include subcategories for several different sand filter types and associated sizing requirements and minimum requirements. Other detail was added to ensure proper design and performance, such as allowable slope for a mound system and the distance between the bottom of the sand filter and the ground water or bedrock.

The Commission prohibited new wastewater ponds for single-family residences based on the difficulty of

maintaining adequate water levels in a small pond in semi-arid conditions. Additional items were added such as maintenance requirements and a maximum allowable seepage rate.

The Commission clarified that vaults may be used for full time occupancy properties where a failing OWTS cannot be replaced or for new systems where an OWTS with an STA is not feasible or for properties where an STA is not allowed.

The Commission provided authorization for local public health authorities to prohibit new and the use of existing vault privies and pit privies.

For incinerating and composting toilets, the Commission clarified that these may be subject to the requirements of a local plumbing agency or the Colorado Plumbers Board, whichever has jurisdiction in the specific location. The Commission added requirements for composting toilets including proper disposal of residue and accounting for low temperatures in the design.

The Commission expanded the provisions for acceptance of new product technology in section 13. of Regulation #43. This included a new requirement and associated elements for an application to be submitted in support of a proprietary treatment or remediation product. Also, product acceptance requirements were established for many types of products ranging from meeting National Sanitation Foundation requirements for composting toilets to detailed field performance testing to demonstrate performance for proprietary treatment products. Details for both the application and acceptance processes were added to provide the Division and technology proponents with a clear understanding of the level of information required and the basis for the Division's decision.

Also, the Commission established specific criteria for acceptance of remediation products that are necessary to ensure that owners of failing systems are not led to believe that the system can be remediated by the use of a remediation product when, in fact, repair or replacement is the only option.

The Commission, subject to a proprietary treatment product having met the NSF/ANSI Standard 40 or equivalent testing program and where at least one unit has been installed in Colorado as of the effective date of Regulation #43, allowed the continued use of a proprietary treatment product with a treatment level of TL2.

The provision of a public hearing where approval of a product has been denied has been removed as it is unnecessary. Final decisions of the Division, including the denial of a technology, may be appealed to the Commission pursuant to sections 25-8-202(k) and 25-8-401, C.R.S. The Commission's decision can be appealed by either party to the district court.

The Commission established new operation and maintenance (O&M) requirements including a mandatory O&M program where higher-level treatment is used as the basis for reduction of a vertical or horizontal setback distance or for a reduction in the STA area. This is appropriate given that the protection of public health and water quality under these circumstances depends on the proper functioning of the higher level treatment system and these systems must be operated and maintained to function at the intended level of treatment.

A local board of health must adopt regulations requiring appropriate O&M in order to offer a reduction in the setback distance or in the size of the STA where higher level treatment is proposed. The local board of health is not required to adopt this provision of the regulation. Where the provisions of the regulation are adopted, however, they must include requirements for the local public health agency to develop a program of inspections, maintenance, recordkeeping, and enforcement to ensure that the systems are meeting the designed higher level treatment standards and maintaining appropriate records.

The Commission included required minimum inspection and maintenance frequencies, depending on the type of higher level treatment (e.g., with or without mechanical parts), and a requirement for system owners to maintain an active maintenance contract at all times. The Commission modified the monitoring provisions of section XIV.D. of the ISDS Guidelines to clarify that a local public health agency can require monitoring where there are indications of inadequate performance, where an OWTS is located in a sensitive area, and for experimental systems and systems under product development permits. The monitoring of experimental systems and systems under product development permits is necessary in order to establish a baseline expectation for system owners and local public health agencies. A local board of health could choose to require additional monitoring at its discretion.

The Commission encouraged stakeholders to consider the following issues in the next review of Regulation #43: 1) mandatory inspections at title transfer (currently an option of the local public health agency), 2) inspection ports at both ends of the distribution lines (currently an option of the local public health agency), 3) use of E. coli instead of fecal coliform in Section 43.12.H, and 4) training and licensing. Although few training requirements are included in Regulation #43, the Commission supports efforts to increase training opportunities and requirements for OWTS practitioners in Colorado.

#### **PARTIES TO THE RULEMAKING HEARING**

1. Colorado Professionals in Onsite Wastewater
2. Eljen Corporation
3. Tri-County Health Department
4. Colorado Directors of Environmental Health
5. Board of County Commissioners for the County of Gunnison, Colorado
6. Underground Solutions, Inc.
7. Jefferson County School District R-1
8. Front Range Precast Concrete
9. Colorado Hospital Association

#### **43.24 Statement of Basis, Specific Statutory Authority and Purpose: April 10, 2017 Rulemaking, Final Action May 8, 2017, Effective June 30, 2017**

The provisions of sections 25-10-101 through 113, C.R.S. provide the specific statutory authority for adoption of this regulation. The Commission also adopted, in compliance with section 24-4-103(4), C.R.S., the following statement of basis and purpose.

#### **Basis and Purpose**

The April 10, 2017 Commission hearing culminated efforts of an extensive stakeholder process. Stakeholders from all sectors of the onsite industry including, regulators, practitioners and manufacturers reviewed and provided comment on the proposed revisions to Regulation 43.

The adoption of Regulation 43 in June of 2013 was the first major revision to these regulations since 1994. The purpose of the revision was to reflect current standards applied to the On-site

Wastewater Treatment System industry and to provide more options and flexibility in design and local regulation. Subsequent to the implementation of Regulation 43 it was noted that several sections throughout the regulation were in need of clarification. These items were defined and addressed by the stakeholders for the 2017 modification. In addition, there were a few sections within the regulation that were perceived to be in conflict with other sections of the regulation. These items were also identified and addressed by the stakeholders. Other various sections throughout the regulation were modified so as to provide clarity to the intent of that specific section as well as the overall regulation.

To align with the Colorado Legislative Drafting Manual, Chapter 5, 5.7.1 Guidelines for the Use of Plain Language and Principles of Grammar and Style, the Commission replaced technical language with plain language, where possible, and also replaced "shall" with "must" or "will" throughout the regulation when a thing or person "is required to" meet a condition for a consequence to apply.

### Section 43.3

New definitions for the following terms were added to assist in the clarification of regulatory requirements: accessible, bedroom, deficiency, record drawing, and repair. The following definitions were also added to provide clarification on system design and separation requirements: basal area, cistern, cut-bank, holding tank, linear loading rate, enhanced manufactured media.

The definition of "competent technician" was revised to more accurately define this term per the actual requirements of the regulation.

The definition of "domestic wastewater treatment works" was corrected to match the Colorado Water Quality Control Act.

The definition of "effective size" was revised to provide an accurate definition of this item.

The definition of "failure" was revised to further clarify what the stakeholders decided actually constitutes the failure of an OWTS and to assist in system evaluation under the Transfer of Title program.

The definition of "infiltrative surface" was revised to further clarify the distinct soil interfaces that would be considered an infiltrative surface.

A definition of "limiting layer" was developed to provide clarity and to address perceived conflicts between the separate definitions of limiting condition and restrictive layer, which were both removed. This new term will serve as the standard term for several site conditions that

require specific OWTS design considerations. This term was applied at various locations within the regulation as appropriate.

The definition of “liner” was revised to clarify the minimum thickness requirement of the liner material.

The definition of “malfunction” was revised to further define a condition that required attention, but would not necessarily be defined as a failure.

The definition of “manufactured media” was revised to clarify the difference between this component and the newly created category for “enhanced manufactured media”.

The definition of “mound” was revised to address the perceived conflict between the definition of a mound and the requirements for a mound in the design criteria within the regulation.

The definitions of “pressure distribution” and “dosing, pressure” were revised to further state the requirements of a distribution system in order to be considered a pressure dosed system.

The definitions of “sand filter, lined sand filter, and unlined sand filter” were revised to provide consistency and clarity across these three items.

The definition of “soil profile hole” was removed from the regulation as it is no longer used. Soil evaluations are now conducted by a visual and tactile evaluation of a soil profile test pit excavation.

The definition of “suitable soil” was revised to more concisely define the intent of the regulation, and to include new concepts and terms used in this revision.

The definition of “wastewater, high strength” was revised to further clarify the requirements and to accurately equate to Table 6-3 found later in the regulation.

An abbreviation for Non-pressurized Drip Dispersal System was added to Table 3-1.

#### Section 43.4

The Commission modified 43.4.A.1 from a reference to “equal to or greater than 2000 gpd” to “greater than”, to match the Colorado Water Quality Control Act.

The Commission modified sections 43.4.A.2 and 3 to refer to the update or revision of a local regulation compared to a promulgation or adoption as was required with the initial acceptance of Regulation 43.

The Commission modified section 43.4.F.2 by removing the term “as-built” and inserting “record drawing”, with additional requirements. This revision was suggested by industry to address potential legal concerns when using the term “as-built”.

The Commission revised the section on “Product Development Permits”, and removed the “Experimental Systems” section. The verbiage from the “Experimental Systems” section was modified and relocated to the “Product Development Permit” section; 43.4.I to be consistent with the OWTS Act. The Commission also further defined how a product can “qualify” for testing under a product development permit, and that local agencies are to supply the Division with a copy of the completed product development permit.

The Commission modified section 43.4.L; Transfer of Title Inspections. These modifications included extending the time that an inspection report was valid and redefining what items noted in the report were required to be repaired or replaced prior to issuance of an acceptance document, while others items were



only required to be identified to the owner. The Commission also removed the set time frame required to complete repairs per an acceptance waiver, now allowing the local public health agency to define the length of time allowed by the waiver.

The Commission renamed section 43.4.M from “Renewable Permits” to “Permits for the Continued Use of an OWTS”. The intent was to provide consistency where permits were issued for operation and maintenance of existing systems and for the acceptance of an OWTS at the time of Transfer of Title.

The Commission modified section 43.4.N.5.d to rescind the requirement that a variance to an off-site feature must not be granted without written consent of the owner of the property containing said feature. The Commission decided that this section could cause a taking of property without evidence of an environmental or public health concern. A clause was added to ensure that the adjacent property owner of the feature in question was notified of the time and date of the hearing.

The Commission modified section 43.4.N.5.g to further clarify that variances for system sizing or separation reductions were not allowed with the use of higher level treatment systems unless the LPHA had implemented a system maintenance and oversight program.

The Commission modified section 43.4.O.2 to also prohibit the repair of an existing cesspool; requiring the installation of a conforming OWTS. Previously, only new installations were prohibited.

The Commission decided to not provide additional requirements for the disposal of septage within section 43.4.O.5. The Commission recommends compliance with EPA 40 CFR, Part 503 Biosolids Rule as additional guidance regarding provisions and requirements for land application, surface disposal, pathogen destruction, vector attraction reduction and incineration of biosolids.

The Commission modified items within 43.4.P; Cease and Desist Orders, from allowing “a reasonable period of time” to bring the system into compliance, to “30 days”, to accurately comply with the requirements of the Colorado On-site Wastewater Treatment System Act.

The Commission modified items within 43.4.Q.1 to reference the correct statute regarding a Class 1 petty offense.

The Commission inserted sections from the OWTS Act, 25-10-113 (2) and (3), C.R.S., into 43.4.Q.2 and 3 to clarify the allowance for penalties based on comments received from local public health agencies.

#### Section 43.5

The Commission modified items within 43.5.B and C to further clarify what is required as part of a “Preliminary Investigation” and a “Reconnaissance Visit” prior to the design of an OWTS.

The Commission modified items within 43.5.D.1 to match the delayed implementation language of the original Regulation 43. Specifically, that following three years after the original effective date of Regulation 43 (June 30, 2013), a soil profile test pit excavation must be conducted during a site evaluation. The Commission also required a minimum of two soil profile test pit excavations to determine soil type and identify if any limiting layers exist. A percolation test still may be conducted in addition to the excavation in order to obtain additional information.

The Commission included a requirement indicating that the minimum depth of a soil profile test pit excavation must be to a limiting layer, or at least four feet below the infiltrative surface of the proposed soil treatment area.

The Commission included a specific reference to the evaluation of soil consistence and other similar conditions that may interfere with treatment and dispersal of effluent.

The Commission clarified the “Procedures for performing percolations tests”, in order to coincide with proper methodology for soil percolation testing.

The Commission modified items within 43.5.E.1; “Marking of Soil Profile Test Pit Excavations or Percolation Holes”, to require that excavations shall be suitably barricaded to prevent unauthorized access.

The Commission modified section 43.5.F.1.g indicating that site plan drawings are to include a fixed non-degradable temporary or permanent benchmark to ensure a more accurate OWTS installation, consistent with the approved design plans.

The Commission modified section 43.5.G.3 indicating that a design document for all dosing systems must now include calculations for total dynamic head and gallons per minute. Scaled drawings must now include separation distances to water supplies and surface water on both the subject and adjacent properties. Elevations or relative depth for the infiltrative surface, septic tank invert, and all other OWTS components must be provided.

The Commission removed the specific reference to septic tanks in former section 43.5.G.3.e regarding specifications for loads for burial depth and ground water, noting that per 43.13 the division must review and accept septic tanks from a manufacturer prior to the allowance of the installation of the tank.

The commission included the requirement that the proposed site for the soil treatment area be protected not only during OWTS construction, but also prior to OWTS construction so as to prevent soil compaction from other site activities.

The Commission modified items within 43.5.J.2.b to allow for a testing requirement within the soils training for a competent technician, if the training or workshop includes an exam.

#### Section 43.6

The Commission modified section 43.6.A.2 to only allow for a local public health agency to increase the design flow per person from 75 gpd to 100 gpd, “on a case-by-case basis”. This will increase statewide consistency but retain local flexibility where justified.

The Commission modified section 43.6.A.4 to allow for composite sampling when testing wastewater from multi-family or commercial systems.

The Commission included the allowance in section 43.6.A.5.e for the installation of a timed dosed NDDS where flow equalization is utilized.

The Commission made the following modifications to Table 6-2: separated out flows by fixture type to clarify that calculating flows using fixture values is strictly for auxiliary buildings; inserted estimated flows from a “tiny home” (<400 sq. ft.); increased the estimated flows for travel trailer parks with individual sewer and water connections to 100 gpd (this is in compliance with NFPA 1194, Section 7.8.2); provided additional direction for OWTS sizing for a church and group home.

The Commission made the following modifications to Table 6-3: indicated that septic tank effluent will be measured in BOD<sub>5</sub> and higher level treatment effluent will be measured in cBOD<sub>5</sub> so as to adhere to industry standards. Also, the constant of multiplying BOD<sub>5</sub> by 0.85 to obtain cBOD<sub>5</sub> was removed since there is not a set ratio for these constituents.

The Commission created Table 6-4 to assist in further clarifying the existing definition of “Wastewater, High Strength”.

#### Section 43.7

The Commission made the following modifications to Table 7-1: created separate isolation requirements for structures with and without basements, crawl spaces or footing drains to an OWTS; revised the separation requirements from a cistern to an OWTS to comply with the Water Well Contractors rules; added separation requirements from upslope curtain drains to an OWTS; added irrigation wells and monitoring wells set in a potable aquifer under well setbacks; added an allowance for other methods of encasement for crossings and encroachments; and referenced the Colorado Plumbing Code regarding the separation requirements to a building sewer.

The Commission made the following modifications to Table 7-2: expanded the vertical separation requirements above a limiting layer for TL2N and TL3 effluent to two and one-half feet to recognize that these treatment levels do not provide the same treatment as TL3N; further clarified that a horizontal separation reduction to 75 feet is allowed for TL3N effluent only after a variance is obtained from the Water Well Contractors Rules; and noted that the minimum vertical separation from the bottom of a seepage pit to a limiting layer is four feet.

#### Section 43.8

The Commission inserted a requirement within 43.8.D indicating that the maximum depth to the top of a new septic tank, new dosing tank or new vault shall be four feet and further clarified the requirements for riser lids. These requirements will allow for proper maintenance of each component.

The Commission further explained that the “sufficient weight” of a riser lid is defined as 59 pounds. This aligns with industry standards.

The Commission expanded the requirements within 43.8.G by requiring both an audio and visual alarm signal to ensure that the user will be notified if an electrical component is not functioning properly.

#### Section 43.9

The Commission modified section 43.9.A.1 to require a watertight seal between the final and the previous compartment of a tank if the last compartment is used as a pump or siphon chamber.

The Commission modified sections within 43.9 to reference the most current national standards for septic tank construction.

The Commission modified section 43.9.B.4 to ensure that the design of septic tanks, baffles, tees and access openings follow accepted industry standards.

The Commission inserted requirements for cleanouts in sewer lines so as to allow for proper access for maintenance.

The Commission inserted a section that requires a siphon-dosed system for pressure dosing and higher level treatment systems to be able to track the number of doses to the soil treatment area.

The Commission further clarified section 43.9.I.3 which references the design requirements for multiple compartment tanks that use the final compartment for the installation of a pump or dosing siphon.

The Commission inserted a section that provides for a smaller diameter riser over a pump chamber, but only when the riser is an integral component of a specific product that is accepted by the Division.

The Commission inserted a section that requires all intrusions on a pump chamber riser to be watertight.

The Commission modified the section on “Controls” to align with applicable codes and industry standards. This section now requires the following: To comply with applicable electrical codes, an electrical disconnect must be provided within line of sight of the pump chamber. To assist in operation and maintenance, a means of tracking both the pump run time and number of cycles for pressure dosing and higher level treatment systems is now required. All panels or boxes must bear the seal of a Nationally Recognized Testing Laboratory (NRTL), such as UL or ETL was expanded from only allowing UL listed.

The Commission modified section 43.9.J by defining what type of effluent screening is acceptable when effluent is dosed from the final compartment of a septic tank, and inserted a section that requires an effluent screen to be placed on the outlet from the septic tank when an ejector pump, grinder pump or non-clog pump is used prior to the septic tank.

The Commission inserted a section that requires the handle of an effluent screen to extend to within 12 inches of grade to allow for ease of maintenance.

The commission expanded the section relating to the size and design of “grease interceptor tanks” and their internal components to bring the regulations more into alignment with accepted industry standards.

#### Section 43.10

The Commission inserted a section that allows for the application of higher level treated effluent by gravity distribution in soil types 3, 3A, 4, 4A, and 5 for designs where reductions in soil treatment area size or vertical/horizontal separation are not applied.

The Commission modified Table 10-1 to allow for increased long-term application rates (10%+/-) in cases where higher level treated effluent is applied to a soil type 1, 2, 3, or 3A. These increases are within accepted industry parameters for the application of treated effluent. This was completed to modify parts of the current regulation whereby certain designs using the sizing adjustment factors provided in Tables 10-2 and 10-3 would be smaller in size than a design applying higher level treated effluent to the same site. With this modification, the commission removed section 43.10.D.3, which only allowed for a fifty percent size reduction to the baseline system when the size adjustments for Tables 10-2 and 10-3 were applied. The Commission also modified the identifiers for soil structure so as to accurately concur with the USDA soils manual.

The Commission removed soil type “0” from Table 10-1 and placed it within a new Table 10-1A. This new table was created to address concerns from local agencies regarding design requirements within the current regulation for sites with a high content of rock. To clarify and provide flexibility, the table includes three “Type R” soil identifiers describing a soil that contains a certain percentage and size of rock that is allowed, how it is to be applied to the soil, at what rate it is to be applied, and the depth of treatment sand that is required below the distribution system. This table will provide for more engineered design options in these soil types. While percentages of media sizes are determined by weight through ASTM gradation testing, the Commission chose to also allow characterization of rock size percentages by volume, similar to USDA field methods, to provide designers the ability to evaluate rock percentages in the field. The Commission recommends that future discussions regarding changes to this regulation include consideration of whether the regulation should allow a facility to apply for a variance from the design criteria requirements outlined in Table 10-1A where alternative or additional testing methods have been conducted and where it can be demonstrated that the alternative design will provide equal or improved treatment of the effluent.

The Commission modified Table 10-3 to clarify the manufactured media terminology by creating new categories for proprietary manufactured distribution media; “Enhanced Manufactured Media” and “Other Manufactured Media” (both defined in the definition section of this revision). Other Manufactured Media will receive a 0.9 reduction in system size, while Enhanced Manufactured Media will receive a 0.7 reduction in system size. Additional sections for these two types of manufactured media indicating design and installation criteria has been provided in section 43.10.G. The acceptance criteria for these products defined in section 43.13.E have also been expanded.

The Commission clarified Section 43.10.E.1.b by stating that the infiltrative surface may only be greater than four feet deep if TL2 or greater effluent is applied and the system is inspected and maintained as per section 43.14.D of this regulation. The Commission also modified the maximum infiltrative surface depth for systems installed on a slope. The 4 foot maximum depth will now be measured from the up-slope side of the trench or bed. This provides consistency throughout the regulation and promotes aerobic conditions within the treatment zone.

The Commission clarified various sections of the regulation by revising specific references of distribution “lines”, to distribution “laterals”.

The Commission inserted a sub-section in 43.10.E.2 which requires the forcemain or distribution pipe to be connected to a distribution header as near to the center of the header as possible. The intent is to provide more equal distribution to the entire distribution system.

The Commission moved and expanded the section on “Pressure Distribution” to ensure that system designs align with industry standards. This section now requires the following: the inclusion of pump information, drain-back volume and calculations or a design software reference that indicates equal flow to the entire distribution system will be provided, parallel distribution lines must not exceed four feet center to center and the outer distribution pipe must be located at least two feet to the sidewall and endwall, and flushing assemblies must be installed on each lateral and be accessible from grade. A LPHA may require that all effluent dosed to a pressure distribution system be screened prior to entering the distribution system.

The Commission modified the section on trenches by reducing the required distance between adjacent trenches from six feet to four feet (sidewall to sidewall) to assist in constructing systems on sites with steep slopes or restricted area.

The Commission modified the section on inspection ports by requiring a 4 inch minimum inspection port at the terminal end of each lateral in a trench system and at each corner of a bed system. This modification was implemented after discussions with local public health agencies relative to the Commission’s request in the original Statement of Basis and Purpose that stakeholders consider inspection ports at both ends of distribution lines.

The Commission modified the section on “Alternating Systems”, now requiring each new soil treatment area in an alternating system meet the minimum sizing requirements of the regulation. The fifty percent sizing will remain for repairs to existing systems.

The Commission modified various sections of the regulation to provide a consistent size requirement for coarse aggregate (stone) when it is used. All applicable sections were changed to reference a range in size from ½” to 2 ½”. AASHTO M 43 size No. 3 coarse aggregate is noted as meeting this specification.

The Commission modified and greatly expanded on Section 10.H, “Soil Replacement Systems” in response to local agency and practitioner comments. Three cases are now described. Case 1, for use

with a soil type R; added soil must meet either the specifications of “preferred” or “secondary” sand media (as defined in section 43.11.C). Sand depth requirements and application rates are defined in Table 10-1A. Case 2, for use with a soil type R-1 (option 2); a maximum rock percentage and rock size has been defined. Soil depth requirements and application rates are defined in Table 10-1A. Case 3, for use when sand is proposed to be added above a soil type 1 – 5. Added soil must meet either the specifications of “preferred” or “secondary” sand media (defined in section 43.11.C). In each case where sand is added, a recent gradation of the sand media must be provided to ensure the quality of the product.

The Commission inserted a section that further defines the allowance for the reductions to setbacks in a repair situation where an existing OWTS is failing.

The Commission inserted a section for the allowance of “deep beds” in a repair situation of up to five feet deep. However, size adjustments allowing area reductions within Tables 10-2 and 10-3 may not be used in this case.

The Commission removed the reference of a “bed” from the section on “Deep Gravel Trenches”.

The Commission modified the following items within the section on Seepage Pits (Repairs): Changed the reference from a vertical cylinder to a “structure of precast perforated concrete with holes, or cinder or concrete block laid dry with open joints.”, noted that the excavation may not exceed 5 feet beyond the structure wall, revised the infiltrative surface to include the entire bottom area of the excavation, required that the bottom of a seepage pit must be a minimum of four feet above a limiting layer in all instances, and moved the requirements for the installation of “new” seepage pits to section 43.12.C for clarity.

The Commission moved the section on Remediation Systems from section 43.13.F and included it within the section on “repairs”, 43.10.I. The Commission also removed remediation systems from the divisions review for proprietary products acceptance and placed the acceptance under the control of the local public health agencies along with some specific review parameters.

#### Section 43.11

The Commission modified the following items within the section on Sand Filters: The treatment levels for single-pass and recirculating sand filters was defined. General design parameters for sand filters were established to ensure that the design of such systems will comply with accepted industry standards. Exact specifications (effective size, and uniformity coefficient) for “preferred” and “secondary” sand media are defined in this section. A recent gradation of the sand media (no more than one month old) must be provided to ensure the quality of the product.

The Commission modified the following items within the section on a Unlined Sand Filters: Application rates and sand depth requirements for “preferred” and “secondary” sand media was defined relative to the quality of effluent the was applied to the infiltrative surface.

The Commission modified the following items within the section on a Lined Sand Filters: Application rates and sand depth requirements for “preferred” and “secondary” sand media was defined. General design parameters for lined sand filters were established to ensure that the design of such systems will comply with accepted industry standards.

The Commission modified the following items within the section on Recirculating Sand Filters: General design parameters for recirculating sand filters were established to ensure that the design of such systems will comply with accepted industry standards. Specifications included, lateral and orifice spacing, recirculation ratios, gallons/dose, timer settings, media requirements, under-drain and liner requirements.

The Commission modified the section on “mound systems” to clarify design requirements and to bring the design criteria into alignment with accepted industry standards. The following items are noted: General mound design specifications, distribution piping requirements, sand media specifications, loading rates, vertical separation requirements, grading requirements, among others, have been further defined.

#### Section 43.12

The Commission moved and expanded on Section 43.12.A in order to clarify its original intent. This section was moved to 43.8.A as it references “general design criteria” which is a more appropriate location. This section was expanded to ensure that all OWTS for single family homes are sized per the flow requirements from section 43.6.A.2, and that the installation of low-flow fixtures or the separation of toilet waste does not allow for the reduction in the size of an OWTS. This is also consistent with the requirements of Regulation 86.

The Commission inserted the section on “Non-Pressurized Drip Dispersal System” in response to local agency and practitioner comments. A Non-Pressurized Drip Dispersal System is considered a type of an evapotranspiration/absorption system. The general design specifications noted in the “Colorado Professionals in Onsite Wastewater Guidelines for the Design and Installation of Non-Pressurized Drip Dispersal Systems (NDDS) September, 2016” must be followed when these systems are proposed.

The Commission modified the section on Evapotranspiration and Evapotranspiration/Absorption Systems. General design parameters for evapotranspiration and evapotranspiration/absorption systems were established to ensure that the design of such systems will comply with accepted industry standards.

The Commission expanded on the design requirements for “new” seepage pits. New items in this section state that the general design requirements for the repair of these systems must be followed. New seepage pits will only be allowed when the site cannot accommodate a trench or bed system. Pressure distribution is not required when TL2 or higher effluent is applied to the seepage pit.

The Commission modified the section on Wastewater Ponds by adding, “at least” when referencing the required depth of five feet.

The Commission modified the section on “Treatment Systems Other Than Those Discharging Through a Soil Treatment Area or Sand Filter System”. The following item was added: “These types of systems must not allow drainage of effluent off of the property of origin.”

The Commission modified all references to “fecal coliform”. Those references were changed to “*E. coli*”.

#### Section 43.13

The Commission modified section 43.13.D.3.b, reducing the number of residential home test sites for proprietary treatment products from twelve to six if the product received NSF/ANSI certification for the treatment level requested.

The Commission clarified section 43.13.D.3.j, noting that manufacturers that request continued acceptance of their product must submit a request for this acceptance and provide documentation of an actual installation to the Division.

The Commission clarified the section regarding the requirements for the testing of proprietary higher level treatment systems outside of Colorado.

The Commission revised section 43.13.E.1, noting that a “gravity” proprietary distribution product must provide equivalent storage volume to a rock and pipe system. Pressure distribution products are exempt from this requirement.

The Commission clarified section 43.13.E.1, noting that a proprietary distribution product must cover at least 90 percent of the excavation in order to receive sizing adjustments provided for in Table 10-3.

The Commission clarified section 43.13.F, providing more detail regarding the requirements for the acceptance of proprietary remediation products.

The Commission clarified the testing and reporting requirements for septic tank manufacturers’ testing of five percent of the tanks. The testing must be conducted “annually” and submitted to the Division, or the certifications from IAPMO, CSA or NPCA must be submitted to the Division on an annual basis.

#### Section 43.14

The Commission modified section 43.14.C.2 by allowing the local public health agency to designate a separate entity to maintain the oversight of OWTS maintenance where reductions in soil treatment area or vertical/horizontal separation distances are applied. The enforcement of the requirements of the regulation must remain with the local agency.

The Commission modified section 43.14.D.2 in response to local agency comments. The regulation now allows for the local public health agency to designate a separate entity to conduct and maintain the oversight program for the inspection and maintenance of higher level treatment systems. However, the enforcement of the requirements of the regulation will remain with the local board of health.

The Commission modified section 43.14.D.4.b. The frequency of inspection and maintenance for higher level treatment systems was changed to require, at a minimum, two inspections at six month intervals for the first year of system operation, then once every 12 months for the life of the system; or more stringent as required by the manufacturer or the local public health agency. The Commission recommended that future discussions regarding changes to this regulation explore whether higher level treatment systems should be required to conduct ongoing sampling for the life of that system.

The Commission inserted sections which define specific requirements of maintenance providers for higher level treatment systems. Providers must notify the LPHA when a contract has been terminated, and the provider must obtain appropriate training for specific proprietary treatment products from the manufacturer.

The Commission declined to adopt a mandatory operations and maintenance requirement for all onsite wastewater treatment systems. The Commission recommends that future discussions regarding changes to this regulation explore what level of operations and maintenance is needed for the different levels of these systems and how that should best be accomplished. In addition, the Commission encourages the future discussions consider whether onsite treatments system professionals should have certification or training requirements.

#### PARTIES TO THE RULEMAKING HEARING

1. Tri-County Health Department
2. Mesa County
3. Underground Solutions, Inc.



4. Infiltrator Water Technologies
5. Colorado Professionals in Onsite Wastewater (CPOW)
6. Colorado Directors of Environmental Health

**43.25 Statement of Basis, Specific Statutory Authority and Purpose: March 12, 2018 Rulemaking, Effective April 30, 2018**

The provisions of sections 25-10-101 through 113, C.R.S. provide the specific statutory authority for adoption of this regulation. The Commission also adopted, in compliance with section 24-4-103(4), C.R.S., the following statement of basis and purpose.

**Basis and Purpose**

At its March 12, 2018 rulemaking hearing, the Commission revised several sections in response to comments from the Office of Legislative Legal Services that additional information was needed to comply with section 24-4-103(4), C.R.S. The Commission conducted a “written comment only rulemaking hearing” to address these relatively minor issues as described below.

Regulation 43 references peer-reviewed technical standards developed by national technical organizations as the industry standard of practice for various OWTS components. Regulation 43 did not consistently include clear indication of the version of the standards being referenced. The references to these peer-reviewed technical standard were modified to clearly indicate the current version being referenced. As noted below, the contact information for the national organizations was also included in section 43.16.

There were some abbreviations used in the text that were not included in the table of abbreviations and acronyms, so Table 3-1 was expanded to include the following: CPOW, ETL, and NRTL.

In section 43.4.B.5.b, there was a reference to a section of the Water Quality Control Act and the water quality fund in regards to the requirement for counties to remit their state surcharge payments. The statutory cross-reference and the fund are no longer in existence. Section 43.4.B.5.b was therefore revised to clarify where counties are to send their surcharge payments to the state.

In section 43.9.I.1.b, the certification reference for pumps was unclear. The section was modified to indicate the UL778 (Edition 6) electrical safety standard for pumps.

In section 43.9.I.2.c, the certification reference for float switches was unclear. The section was revised to indicate the UL60947-4-1 (Edition 3) and CSA C22.2 No. 205-17 (2017 version) electrical safety standards for the float switches.

In section 43.9.I.7.a.6, the Nationally Recognized Testing Laboratory designation did not identify the source of the designation and was unclear about the seal requirement. Therefore, the section was modified to clarify that the seal indicates acceptable product testing, and to identify the U.S. Department of Labor, Occupational Safety and Health Administration as establishing the designation for testing laboratories.

In Table 10-1A, footnote 5 indicated that the gradation could be performed following ASTM standards or a field evaluation by volume, but did not include identification of the ASTM standard. The footnote was updated to identify ASTM standard D6913-17 (2017 version) for gradations.

In section 43.11.C.5.f.1, the previous reference to an acceptable example aggregate was in parentheses, but unclear. The section was revised to clarify that the example aggregate meets the requirement for the intermediate layer of pea gravel.

In section 43.12.A.1.b, the requirement for a design of a non-pressurized drip dispersal system (NDDS) was rephrased to clearly state the requirement to follow the procedures in the Colorado Professionals in Onsite Wastewater (CPOW) NDDS Guidelines document and to provide information for the original source organization.

In section 43.16, it was noted that standards developed by national technical organizations and identified in Regulation 43 were available for viewing at the Division office or could be purchased from the national organizations, but did not indicate where copies are available from those national organizations. The section was thus expanded to include contact information for the national organizations.

Separate from the Office of Legislative Legal Services review, there were a few formatting and typographical errors that were identified in the previous version (e.g., missing words, double period). These errors were corrected in the rulemaking.

**43.26 Statement of Basis, Specific Statutory Authority and Purpose: March 10, 2025 Rulemaking, Effective XX XX, XXXX**

The provisions of sections 25-10-101 through 113, C.R.S. provide the specific statutory authority for adoption of this regulation. The Commission also adopted, in compliance with section 24-4-103(4), C.R.S., the following statement of basis and purpose.

**Basis and Purpose**

The March 10, 2025 Commission hearing culminated efforts of an extensive stakeholder process. Stakeholders from all sectors of the onsite industry including, regulators, practitioners and manufacturers collaborated on, reviewed, and provided comment on the proposed revisions to Regulation 43.

The adoption of Regulation 43 in June of 2013 was the first major revision to the prior regulations since 1994. The Commission's purpose in adopting Regulation 43 was to reflect current standards applied to the On-site Wastewater Treatment System industry and to provide more options and flexibility in design and local regulation. In addition, the Commission intended to periodically review and incrementally improve the regulation for local implementation in counties having a range of resources available to their local programs. The revisions to Regulation 43 in 2017 and 2018 provided both clarifications and addressed perceived conflicts within various sections of the regulation that were identified subsequent to the first few years the regulation was administered. The intent of these current revisions of Regulation 43 was to continue the alignment of our OWTS regulation with accepted industry standards. Additional items included updating references to the most recent versions of technical standards, clarify general prohibitions and permitting requirements, and expanding on OWTS design requirements. Other various sections throughout the regulation were modified to provide clarity of the intent of that specific section as well as the overall regulation to assist with local implementation.

**Section 43.3**

New definitions for the following terms were added or modified to assist in the clarification or modification of regulatory requirements in other sections: alteration, disinfection, groundwater condition, gulch – dry, limiting layer, manufactured media – enhanced, professional engineer, restrictive layer, systems maintenance provider, transfer of title inspector, and watercourse:

The definition of “alteration” was added to provide clarity regarding the intent of existing references within multiple sections of the regulation.

The definition of “disinfection” was added to define the expectations of specific treatment components that were added to the regulation.

The definition of “groundwater condition” was added to the regulation to provide clarification of specific site conditions within the soil profile that effect various system design requirements.

The definition of “gulch – dry” was modified to provide clarification to specific site conditions during a rain event and how it relates to groundwater, and ultimately setbacks to a soil treatment area.

The definition of “limiting layer” was modified to allow for additional clarification of various conditions within the soil profile that effect various system design requirements.

The definition of “manufactured media – enhanced” was modified to clarify the classification of a specific type of manufactured distribution products.

The definition of “professional engineer” was modified to provide reference to the updated state statute, as well as to reference that the engineer must practice within their area of expertise; consistent with 4 CCR 730-1.

The definition of “restrictive layer” was added to the regulation to provide clarification of specific site conditions within the soil profile that effect various system design requirements.

The definition of “sequential distribution” was modified to remove possible confusion with serial distribution and to clarify that the significance of the design is the effluent does not pass through the distribution media before it enters any succeeding trenches and the design allows for portions of the absorption area to be isolated.

The definition of “systems maintenance provider” was added to the regulation to define the profession of individuals that oversee and maintain an OWTS, beyond just the historic term system cleaner.

The definition of “transfer of title inspector” was added to the regulation to define the profession of individuals that inspect an OWTS at the time of property transfer.

The definition of “experimental system” was deleted as it is a historic term that has not been in the regulation since 2017. New system technology proposals are addressed via 43.13.D and 43.4.I as a product development permit.

#### Section 43.4

The Commission expanded the conditions when an OWTS construction permit would be required to include a “change of use”, when the existing OWTS is not sized to accommodate the additional hydraulic or organic load. The prior regulation only specifically addressed “expanded use”, and local permitting agencies were having problems requiring system upgrades when a building changed how the building was used, possibly impacting the OWTS. (Section 43.4.B)

The Commission expanded the requirements for final OWTS installation approval by the design engineer. Local agencies had identified many instances where the approval letter submitted by the engineer only stated that the system was approved, and excluded any details regarding the actual installation. The additions to this section now require that the design engineer approval documentation must include any

modifications from the permitted system design, general observations, and corresponding dates of all inspections. (Section 43.4.F)

The Commission expanded the system start-up requirements for pressure distribution systems. The division was informed that in many cases when a final OWTS installation inspection did not include a residual head test, the system did not function as intended once the structure was occupied. The regulation now requires that a residual head test be conducted prior to final approval of the installation so as to ensure proper system function. (Section 43.4.F)

The Commission added provisions for boards of health to license “systems maintenance providers” and “transfer of title inspectors”, and to assess appropriate fees in compliance with statutory requirements. The division was informed that local agencies were in need of additional enforcement tools to address unethical behavior or the submission of falsified information by the few bad actors that they have encountered conducting these important functions. (Section 43.4.K)

The Commission expanded the requirements for transfer of title inspections to include the notation that, to the extent possible, the inspector must identify if the OWTS is encroaching on the required setback to on onsite water supply. Further, the Commission included provisions for the local public health agency to require a water quality analysis of the water supply in cases where the OWTS encroaches on required setbacks to the water supply for the home, or localized water quality concerns have been identified. (Section 43.4.L)

The Commission has prohibited the continued use of a cesspool on sites where a transfer of title inspection identified a cesspool as the existing means of sewage disposal. Noting that prior regulations had already prohibited both the installation of new cesspools and the repair of existing cesspools, this is a step forward to further prohibit the disposal of untreated sewage into the environment through cesspools. On sites where cesspools are identified, a conforming OWTS in compliance with Regulation 43 must be installed. If a conforming OWTS cannot be installed, the criteria for repairs established within section 43.10.I must be followed. The Commission added language within section 43.10.I to note that local boards of health may, under section 43.4.N, evaluate a site with a cesspool for a variance when the site conditions preclude installing a conforming OWTS, one of the listed repair options, or installing a septic tank. (Sections 43.4.L and 43.10.I)

Based on feedback from local permitting agencies, the Commission included clarification that local agencies can set a fee for operating permits or use permits. (Section 43.4.M)

The Commission included a note that a building or structure that includes plumbing needs a sewer connection or OWTS. This note is intended to provide a general recognition that on rural properties, an owner may construct a “building or structure” without plumbing (e.g., shop building, barn, rustic hunter “cabin” which is more like an enclosed shelter if it is without plumbing). The Commission clarified the meaning of “adequate facilities for the sanitary disposal of sewage”, noting that any failed system, or one that the local public health agency determines to be a public health or safety concern, is not adequate. (Section 43.4.O)

The Commission expanded the general prohibitions of the regulation to clarify that all new structures require either connection to a domestic wastewater treatment works or obtaining a permit from the local public health agency and installing a compliant OWTS. Further clarification was provided noting that any repair, replacement, or alteration to an OWTS required authorization or a permit from the local public health agency, and that an OWTS must only receive such biodegradable waste compatible with the biological treatment processes that occur within treatment components of an OWTS. (Section 43.4.O)

The Commission updated the provisions of the penalties section so as to match current statutory language. (Section 43.4.Q)

#### Section 43.5

Based on feedback from local permitting agencies, the Commission included clarification on the types of information to be compiled and submitted when applying for a local OWTS permit. (Sections 43.5.B and C)

The Commission clarified that restrictive layers and groundwater conditions must be identified during soil profile test pit excavations. (Sections 43.5.D and 43.5.I)

The Commission further expanded on the requirements to identify the “cementation class” of the soil profile when a restrictive soil layer is encountered. This will assist in the determination of the appropriate long term acceptance rate for the soil treatment area. To ensure consistent identification of this condition, a “rupture resistance” table, obtained from the USDA NRCS field book, was included in Table 5-1. (Sections 43.5.D and 43.5.I)

The Commission expanded the requirements for the evaluation of soil profile test pit excavations. In order to ensure a detailed and accurate identification of the soils on each site, while concurrently ensuring the safety of the practitioner, regulator, and general public, the Commission included provisions within the regulation indicating when soil profile test pits should be backfilled, and allowed for local public health agencies to identify inspection procedures for the evaluation of the soils within the test pits. The Commission provided an additional allowance for the local public health agency to require the installation of inspection ports to provide for an accurate evaluation of a seasonal water table. (Section 43.5.E)

The Commission clarified the expectations of how elevations must be provided on the design document for an OWTS, by clarifying the difference between the requirements of a flat site verses one with noticeable elevation changes. (Section 43.5.G)

#### Section 43.6

The Commission added an allowance for the local public health agency to increase the estimated wastewater flows per bedroom in cases such as a short-term rental, or similar use where additional bed spaces are provided. (Section 43.6.A)

The Commission added a section on “accessory dwelling units” to provide clarification as to the difference between this and an “auxiliary building” (i.e., non-residential). A more detailed definition of each use was provided to assist practitioners and local permitting agencies in making the correct determination. (Section 43.6.A)

The Commission further clarified what optional data could be used to determine estimated flows for a OWTS design. (Section 43.6.A)

The Commission expanded the categories within Table 6-2 (Flow estimates) to include; vacation home rentals, banquet halls, convenience stores, coffee shops, and children’s camps, to assist local permitting agencies. The Commission clarified in Table 6-2 that discharges from non-domestic sources such as process waste, industrial waste, microbreweries, dog kennels, veterinary clinics, horse barns, etc. are not addressed in this regulation; they are regulated through the Class V Underground Injection Control program administered through the EPA.

The Commission added an additional treatment level to Table 6-3; TL3ND. This identifier references water quality meeting TL3N standards for organic matter (e.g., BOD), total suspended solids (TSS) and total nitrogen (TN), but then adds a disinfection component with a fecal coliform criteria.

#### Section 43.7

Feedback from local permitting agencies noted the existing setback distances were a significant burden at some sites in some counties. The Commission provided local boards of health the option to allow the local public health agency to administratively reduce the setback requirements of a soil treatment area to a property line as long as the strict provisions provided in the regulations are met. The 10' setback requirement is to ensure adequate space to construct the system and store excavated materials; there is typically no public health concern in the relationship of a soil treatment area to a property line. Subsequently, this allowance has been provided with detailed limitations. (Section 43.7.D)

The Commission provided additional detail to Table 7-1, which references the minimum horizontal setbacks between OWTS components and other physical features. These items include, an "underground" potable water cistern, agricultural irrigation lateral, irrigation channels, storm sewer, surface water, in-ground pools, and effluent pipes. The Commission clarified in a Table 7-1 footnote that any variance to a potable water supply must be provided by the Board of Examiners of Water Well Construction and Pump Installation Contractors (Division of Water Resources), and that the minimum setback allowed is 75'. The Commission expanded the methods of separation allowed between a potable water pipe and a wastewater conveyance pipe; providing equal protection to what was previously allowed (e.g., cementitious flowable fill or encasement pipe). This was included to prevent existing water conveyance pipes from being cut in order to encase the pipe; thus possibly introducing contamination into the potable water system. Lastly, in Table 7-1 footnotes, the Commission included setback criteria for ditch company easements, utility easements, multiple OWTS, and geothermal wells, based on experiences of local permitting agencies.

The Commission expanded the categories within Table 7-2 (separation distances) to include the requirements for treatment level 3ND; the new treatment level including disinfection. The Commission further included additional terms to provide further clarification as to the intent of the regulation including, potable water wells, effluent pipes, and groundwater condition. To clarify and provide consistent application of the regulation relative to vertical separation distances in Table 10-1A and sections 43.11.C.3.d, e, and f, the Commission also inserted an additional row, 4B, in Table 7-2 for vertical separation distances for OWTS designs that include an unlined sand filter.

The Commission clarified in a Table 7-2 footnote that the Division of Water Resources does not address variances for existing wells, and that local agencies must follow the same principles when providing variances to required separation distances.

#### Section 43.8

Based on feedback from local permitting agencies, the Commission included clarification on component sealants, component maintenance access, and minimum size for access risers in septic tanks. Consistent with national OWTS industry safety initiatives, the Commission also included the requirement for secondary safety devices below the riser cover to prevent tank entry if the cover is unknowingly damaged or removed. This safety enhancement is for new tank risers, including replacements. (Sections 43.8.C and D)

#### Section 43.9

The Commission included a requirement that in order to assist in the structural integrity and longevity of tank installations, all tanks must be placed on a level uniform bedding that does not create point loading on the tank. Although commonly understood as an industry standard, feedback from local permitting agencies requested the addition. (Section 43.9.A)

The Commission clarified that proprietary treatment components do not have to meet the septic tank volume requirements identified in the regulation as long as the reduced volume is approved by the division in the technology acceptance letter. This reduced volume may be necessary for proper function of the treatment system. (Section 43.9.B)

The Commission included additional requirements on all tanks that are installed below vehicular traffic areas, requiring that they meet appropriate AASHTO H-20 or HS-20 standards to support vehicle loading. (Section 43.9.B)

The Commission included additional requirements for sewer and effluent pipes installed below vehicular traffic areas and at the inlet and outlet of all tanks. These additional requirements were added to improve the structural integrity of piping installed in these areas. (Section 43.9.D)

The Commission further clarified the requirements for sewer pipe cleanouts between the home and a septic tank. This allows for flexibility in the location of the cleanout when locating it directly outside the foundation is not feasible or practical. (Section 43.9.E)

The Commission expanded the requirements for systems that include a grinder pump that is installed prior to a septic tank. Since the use of a grinder pump causes finer particles, and more dispersion within the septic tank, additional requirements were necessary. The expanded requirements now necessitate that the effluent pipe from the grinder pump be connected to the sewer line prior to entering the septic tank, that the total tank volume must include an additional 500 gallons of septic tank capacity, and that the septic tank must now include an effluent filter. These additional requirements included in the regulation are to reduce the amount of solids entering soil treatment area. (Section 43.9.I)

The Commission expanded the requirements for the installation of an electrical control panel when the OWTS requires a pump. In order to provide access during winter months, the bottom of the control panel must be at least 30" above grade. (Section 43.9.I)

The Commission clarified the requirements for effluent filters to ensure that they meet the appropriate ANSI/NSF standards. (Section 43.9.J)

#### Section 43.10

To provide clarity to local permitting agencies, the Commission included additional soil types, soil conditions, and treatment levels within the regulation, and the Commission expanded on the conditions that required a professional engineer to design the OWTS. (Section 43.10.B)

Based on feedback from local permitting agencies relative to OWTS issues observed in slowly permeable soils, the Commission placed additional requirements on soil types 4A and 5. OWTS in these soils will be required to include pressure distribution of the effluent and provide at least two alternating zones. This will ensure equal distribution throughout the soil treatment area and provide additional time for the effluent to infiltrate into the soil. (Footnote to Table 10-1)

Based on feedback from stakeholders about OWTS issues in rocky soils, the Commission provided significant edits to Table 10-1A (Design criteria for soils with high rock content). These edits include the following:

- The addition of soil types “fractured bedrock” (FBR), and “deteriorated bedrock” (DBR). Practitioners and regulatory agencies alike noted that the identification of the various types of bedrock were being included in soil type R-0, which was originally intended to include sites with a very fast percolation rate. However, this is not always the case when FBR or DBR conditions are encountered. Thus, the new categories are now included in the table to more accurately describe these site conditions.
- The descriptive parameters of the various type R soils (i.e., soil matrix type, percent of rock, and size of rock) were further clarified to assist in the proper identification of each soil type.
- As the level of deterioration in weathered bedrock can vary significantly, an “excavation difficulty” column was added to this table. More dense (harder) bedrock will provide substantially slower permeability compared to less dense formations. To provide consistent identification of excavation difficulty, Table 10-1C was added to the regulation. This table was obtained from the U.S. Department of Agriculture’s (USDA) National Resource Conservation Service (NRCS) field book and describes five levels of excavation difficulty that can be easily understood by those evaluating the soil profile. Modifications to long term acceptance rates relative to the level of excavation difficulty were also provided.
- Soil permeability rates were added to each soil type to provide guidance as to the intent of each soil identifier.
- A column for the new treatment level, TL3ND, was inserted into the table. Due to the high level of treatment provided, the depth of the imported treatment sand required for TL3ND effluent was reduced.
- Additional guidance relative to the modifications to this table were provided within an expanded footnote section.
- To assist in the consistent identification of site conditions where fractured bedrock (FBR) exists, Table 10-1B was added to the regulation. This table was obtained from the USDA NRCS field book and identifies five categories, each identifying various spacing of fractures within the bedrock. The table then provides a suggested long term acceptance rate for each category. The intent of Tables 10-1B and 10-1C is to assist in consistent classification of the rock/soil conditions at a site and subsequently provide the appropriate long term acceptance rate.

The Commission modified the requirements of Table 10-3 (Size Adjustment Factors for Types of Distribution Media in Soil Treatment Areas for Receiving Treatment Level 1 Effluent) to create separate allowances for soil types 4A and 5. As previously noted, these soil types have extremely slow permeability, thus further reducing the required size of the soil treatment area was not appropriate.

The Commission clarified the allowances for specific OWTS design criteria in instances where the soil treatment area must be installed below paved surface or where vehicular traffic occurs. As these conditions provide for reduced oxygen levels to the soil treatment area, minimum treatment levels and a restriction on size adjustment factors are now included. (Section 43.10.E)

The Commission further clarified how effluent in a gravity flow distribution system must be connected to the distribution header of the system. This item was included to assist in the equal distribution of effluent. (Section 43.10.E.2.g)

Based on feedback from local permitting agencies, the Commission modified and expanded the requirements to clarify the design of pressure distribution dispersal systems. Modifications to this section included specifying operating head (i.e., squirt height) requirements relative to orifice size and elevation of the distribution pipe. Expanded requirements include allowances for an alternative location of where the forcemain in a pressure system can be connected to the distribution manifold, and that the effluent must



be screened prior to final dispersal. This is intended to assist in the equal distribution of the effluent. Additional expanded requirements (also noted in section 43.4) includes the inspection of a residual pressure head test on the distribution system prior to regulatory approval of the system. This is to ensure the proper function the system prior to occupancy of the structure. (Section 43.10.E)

The Commission removed the allowance to install a “serial distribution” system. This type of system is where the effluent must always travel through the initial trench in a soil treatment area before it can access the next trench. This type of system does not allow for system management, where one trench could be taken out of service and rested. Alternative installations such as a sequential distribution system, which in essence covers the same footprint, are still allowed. (Section 43.10.F)

The Commission provided clarity on the location of pipe perforations for inspection ports within the soil treatment areas. (Section 43.10.F)

The Commission clarified the requirements for the installation of chamber distribution systems. In order to provide for maximum usage of the soil treatment area a clarification was provided relative to the elevation that the effluent pipe from the septic tank could be connected to the chamber. Additional clarification was provided noting that the area beneath the endcaps to each chamber row must not be included in the soil treatment area calculations. This area is addressed through the allowance of the chambers only needing to cover 90 percent of the excavated area, and still receiving full credit for the square footage of the excavation. (Section 43.10.G)

The Commission clarified that the size adjustment factors in Tables 10-2 and 10-3 may not be used where drip dispersal systems are installed. As drip systems are a specific type of distribution, the manufacturers provide specific sizing requirements dependent on the soil type where the system is installed. Reductions to these sizing requirements are not appropriate. (Section 43.10.G)

The Commission modified the requirements for when imported treatment sand is installed in an excavation where a soil type 1 – 5 is the underlying soil. In order to assist in the effluent moving into the existing soil below the fill, the long term acceptance rate must be relative to the most restrictive soil within 12” below the sand base. (Section 43.10.H)

The Commission provided requirements for the installation of a soil treatment area where the site had been previously filled with soil materials. This section identifies procedures to ensure that the effluent will be properly treated and will be able to infiltrate into the in-situ soil layer below the fill material. (Section 43.10.H)

The Commission modified the requirements for the allowance of deep gravel trenches for repairs of OWTS. Due to the likelihood of smearing and compaction of the sidewalls of the excavation in soils with a high content of silt and clay, deep gravel trenches may not be installed in soil types 3A, 4, 4A, and 5. The Commission also clarified both the maximum depth of the trench and that all vertical separation requirements provided in Table 7-2 must be met. (Section 43.10.I)

The Commission clarified that as seepage pits concentrate the effluent in a smaller area verses a soil treatment area, sizing requirements for the use of higher level treatment systems with seepage pits are not allowed. (Section 43.10.I)

#### Section 43.11

The Commission moved items referencing pressure distribution design criteria from this section into section 10, which now includes all requirements for pressure distribution design in one location. (From Section 43.11.B to 43.10.E)

The Commission removed unlined sand filters from needing an oversight program when higher level treatment application rates are used. Since unlined sand filters are required for sites with high rock content to address inadequate treatment soil, even in counties without an oversight program, it is not appropriate for the regulation to mandate an oversight program where local agencies do not have the resources to conduct such a program. Specific application rates for these systems are provided within section 43.11.C.3 and 43.11.D. Subsequently, unlined sand filters were removed from section 43.11.C.1 as a stand-alone system that provides higher level treatment. (Sections 43.11.A and 43.11.C).

Based on feedback from local permitting agencies, the Commission removed the category of “preferred sand” and changed the identifier of “secondary” sand media. There is now only one specification; “imported treatment sand”. This identifies the specification of the quality of sand that must be met when sand is imported and used to treat the wastewater. Preferred sand, although ideal for OWTS, has a very limited availability in Colorado. In many instances, regulators were receiving designs specifying this material, only to find that it was not available and the design needed to be revised to include secondary sand; which requires a larger soil treatment area. Due to the limited availability of preferred sand, and to prevent further uncertainty with design submissions to local permitting agencies, the Commission determined that the specification for secondary sand will be used for the new requirement of “imported treatment sand”. (Section 43.11.C)

The Commission modified the requirements for the submission of a gradation for imported treatment sand. The previous regulation identified two different specifications for treatment sand, preferred and secondary. Gradations, no more than one month old, were required to ensure that the material specified was actually used for the installation. Noting that there is now only one specification for imported treatment sand, and after over seven years of gradation submissions, the industry has an understanding of where certain materials are available, and is aware of how gradations are obtained, the Commission is extending the allowance for the gradation to be no more than four months old. Further, the gradation must be provided on letterhead from either the source gravel pit, or independent materials testing laboratory. (Section 43.11.C)

The Commission has defined one single standard for the application of effluent to the distribution media in an unlined sand filter when TL1 effluent is dispersed. Previously two application rates were specified depending on the type of sand that was imported. Now that the Commission has defined only one criteria for the imported treatment sand, a standard application rate of 0.8 gal./sq.ft./day is now used. (Section 43.11.C)

Similarly, the Commission further defined the application of effluent to the distribution media in an unlined sand filter when TL2 – TL3ND effluent is dispersed. The updated criteria provides for soil type 1 application rates, relative to the level of treatment the effluent receives prior to dispersal. (Section 43.11.C)

The Commission clarified the allowable long term application rates for in-situ soils below unlined sand filters. When 24” of imported sand is provided, the dispersed effluent is ultimately treated to TL3 standards. Subsequently, the long term acceptance rate for the most restrictive soil within 12” below the sand base is used. This ensures that the effluent is applied at the appropriate rate and that the soil will accept the effluent. (Section 43.11.C)

The Commission clarified vertical separation requirements for the various treatment levels that the effluent receives. Effluent receiving higher levels of treatment are provided a less restrictive vertical separation. These sections also include vertical separation requirements for soil types DBR and R-1, which directly relate to the treatment level that the effluent receives prior to dispersal. (Section 43.11.C)

The Commission has identified a required setback between the base of adjacent sand filter systems. As these regulations now possibly require that the distribution system and the base of the sand filter be of varied sizing, depending on soil type, a six-foot separation requirement now applies to ensure that one system is not overloaded. This six-foot separation is consistent with other sections of this regulation. (Section 43.11.C)

The Commission clarified that the base of both a lined sand filter and a lined recirculation sand filter must be at least two feet above an actual or seasonal high water table. (Section 43.11.C)

The Commission provided significant edits to the section on “mound system” design criteria in Section 43.11.D. These edits include the following:

- Clarification was provided to identify the various types of mound systems that may be installed. The types are based on the elevation of both the imported treatment sand and the distribution system, relative to existing grade.
- Imported sand fill loading rates for mound systems with a minimum of 24” of imported treatment sand were modified to be consistent with the rates previously identified in this section for unlined sand filters, relative to the treatment level of the effluent that the system receives. Mound systems where at least 24” of imported sand is installed are in essence unlined sand filters, thus the consistent application between these sections is appropriate.
- Imported sand fill loading rates for mound systems with less than 24” of imported treatment sand were modified. When TL1 effluent is received, the long term acceptance rate for the most restrictive soil within 36” below the upper infiltrative surface is used. When TL2 – TL3ND effluent is received, the long term acceptance rate for the most restrictive soil within 36” below the upper infiltrative surface is used; relative to the treatment level of the effluent received. Each ensuring that the effluent is applied at the appropriate rate and that the soil will accept the effluent.
- Underlying soil loading rates for mound systems that provide a minimum of 24” of imported treatment sand was modified to use the TL3 LTAR of the most restrictive in-situ soil layer within 12” of the imported sand base. Ensuring that the effluent is applied at the appropriate rate and that the soil will accept the effluent.
- Underlying soil loading rates for mound systems that provide less than 24” of imported sand were modified. When TL1 effluent is received, the long term acceptance rate for the most restrictive soil within 36” below the upper infiltrative surface is used. When TL2 – TL3ND effluent is received and the local public health agency implements a program for required system maintenance (43.14.D), the long term acceptance rate for the most restrictive soil within 12” of the base of the imported sand is used; relative to the treatment level of the effluent received. If the local public health agency does not implement a program for required system maintenance, then the TL1 LTAR for the most restrictive in-situ soil layer within 36” of the top of sand is used. Each ensuring that the effluent is applied at the appropriate rate and that the soil will accept the effluent.
- Linear loading rates for mound systems were further clarified to provide the necessary requirements for systems with a soil permeability less than 60 min./inch, and those greater than 60 min./inch. Sites with a slower soil permeability require longer and narrower mounds, while the length to width ratio for soils with acceptable permeability is not as critical.

#### Section 43.12

Based on feedback from local permitting agencies, the Commission modified the requirements for non-pressurized drip dispersal systems (NDDS). As this type of system requires increased oversight to assist in the intended function and longevity of the system, new installations will only be allowed in counties where the local public health agency implements a program for system oversight and maintenance (43.14.D). Additionally, the revised publication, *Colorado Professionals in Onsite Wastewater Guidelines*

*for the Design and Installation of Non-Pressurized Drip Dispersal Systems (NDDS), Revision: October, 2024* was adopted as a procedural document that must be complied with. This is an update to the 2016 document that was previously referenced in this regulation. (Section 43.12.A)

The Commission expanded the requirements for wicking sand that is used in an evapotranspiration system. As this is a very specific sand that is seldom used in the installation of onsite wastewater treatment systems, a requirement has been added to the regulation requiring a gradation of the wicking sand media that is proposed for the actual installation. This gradation must not be dated more than one month prior to the installation. (Section 43.12.A)

The Commission modified the requirements for the prohibitions and allowed uses for vaults (other than vault privies). Since vaults must be pumped to empty them, vaults may not be installed in cases where access for pumping and general system maintenance cannot be provided. An allowance was also added for the use of a vault for private recreational vehicle dump station. Additional requirements for structural integrity and watertightness of the vault were provided. (Section 43.12.C)

The Commission provided additional requirements for structural integrity and watertightness for vault privies. This provides consistency with the design criteria for septic tanks and vaults (other than vault privies). (Section 43.12.D)

Based on feedback from local permitting agencies, the Commission allowed a local board of health to permit reductions in the estimated flows to the OWTS when composting or incinerating toilets are the only such fixtures in the structure; i.e.: no flush toilets. The size of the soil treatment area may be reduced by 25% when specific criteria provided in the regulation is followed. This provision may only be applied in jurisdictions where the local public health agency implements both a transfer of title and use permit program. Such programs require periodic inspections of the fixtures within the structure to ensure compliance with the regulation. (Section 43.12.E)

The Commission expanded the requirements for the use of incinerating toilets to ensure compliance with applicable federal, state, and local building, plumbing, and air-pollution requirements, and manufacturer's instructions. (Section 43.12.E)

Subsequent to the creation of treatment level 3ND, the Commission developed minimum standards for disinfection components that are integrated into the treatment train of an OWTS, to ensure that the component meets minimum standards. All disinfection systems must comply with specific NSF/ANSI standards (or equivalent), and maintain water quality below specific maximum fecal coliform levels. Further, disinfection systems are only allowed when the effluent is treated to TL3N quality prior to treatment within the disinfection system. This assists in the ability of the disinfection system to meet the noted requirements. Additional provisions for the use of chlorine disinfection were granted, identifying minimum free chlorine levels that must be maintained. (Section 43.12.F)

#### Section 43.13

The Commission expanded the requirements for manufacturers of proprietary treatment products. As operation and maintenance is critical to ensuring that the treatment system maintains the quality of effluent that it was approved for, the manufacturer must now identify the provisions that they have developed for the training of installers and service providers specific to their product line. (Section 43.13.D)

The Commission removed the allowance within the previous regulation that provided a transitioned acceptance process for proprietary treatment products that had been approved by the division reviewed

technologies accepted before 2013 upon request and issued new acceptance letters after 2013. After a period of more than 10 years, the Commission removed the transition review process and all proprietary treatment product requests will now be reviewed consistent with the current Section 43.13. Only treatment products with a CDPHE acceptance letter dated after June 30, 2013 are accepted for use in Colorado. (Section 43.13.D)

The Commission expanded the requirements for chamber distribution products. All approved chambers must now meet appropriate IAPMO standards of design and construction. Note that all currently accepted chambers products meet the IAPMO standard. (Section 43.13.E)

The Commission modified the requirements for enhanced manufactured media in order to more accurately identify how specific product lines currently in the market can meet the minimum standards and expectations of the regulation. (Section 43.13.E)

#### Section 43.14

The Commission expanded the types of systems that require inclusion in the local public health agencies oversight program for inspections, maintenance, recordkeeping and enforcement (section 43.14.D). Disinfection systems and NDDS systems were added to the current oversight program requirements for all higher level treatment systems, as operation and maintenance is critical to ensuring that these systems also maintain the quality of effluent expected.

The Commission clarified the standards for the analysis of water and wastewater sampling, ensuring that it complies with the American Public Health Association, American Water Works Association, and Water Environment Federation: Standards Methods for the Examination of Water and Wastewater. (Section 43.14.E)

The Commission expanded the allowances for local public health agencies to require water quality monitoring to include TL3ND systems, remediation systems, and systems that fall under local agency use permit programs. (Section 43.14.E)

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**Office of the Attorney General**

Tracking number: 2024-00571

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Water Quality Control Commission**

**on 03/10/2025**

**5 CCR 1002-43**

**REGULATION NO. 43 - ON-SITE WASTEWATER TREATMENT SYSTEM REGULATION**

The above-referenced rules were submitted to this office on 03/11/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 31, 2025 08:17:41

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", is written over a horizontal line.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Permanent Rules Adopted**

### **Department**

Department of Public Health and Environment

### **Agency**

Water Quality Control Commission

### **CCR number**

5 CCR 1002-55

### **Rule title**

5 CCR 1002-55 REGULATION NO. 55 - STATE FUNDED WATER AND  
WASTEWATER INFRASTRUCTURE PROGRAMS 1 - eff 04/30/2025

### **Effective date**

04/30/2025

# DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

## Water Quality Control Commission

### REGULATION NO. 55 – STATE FUNDED WATER AND WASTEWATER INFRASTRUCTURE PROGRAMS

#### 5 CCR 1002-55

*[Editor's Notes follow the text of the rules at the end of this CCR Document.]*

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#### 55.1 AUTHORITY, SCOPE AND PURPOSE

##### (1) Water Quality Improvement Fund

House Bill 06-1337 created the Water Quality Improvement Fund codified in section 25-8-608, C.R.S., of the Colorado Water Quality Control Act. House Bill 11-1026 amended the statute to authorize grants for stormwater management training and best practices training to prevent or reduce the pollution of state waters. Section 25-8-608(1.7)(c), C.R.S. provides the Water Quality Control Commission ("commission") with the authority to promulgate, implement and administer this regulation.

Funding is dependent upon annual appropriations by the Colorado General Assembly and is based on violations that were committed on or after May 26, 2006. The resulting penalties collected by the Water Quality Control Division ("division") are transmitted to the state treasurer for deposit to the credit of the fund.

The purpose of the fund is to improve water quality in Colorado by providing grant funds for water quality improvement projects and stormwater management training and best practices using civil penalties from water quality violations.

##### (2) Natural Disaster Grant Fund

House Bill 14-1002 created the Natural Disaster Grant Fund to be codified in section 25-8-608.7, C.R.S. – concerning the establishment of a grant program under the Colorado Water Quality Control Act to repair water infrastructure impacted by a natural disaster. The purpose of the fund is to award grants to local governments, including local governments accepting grants on behalf of and in coordination with not-for-profit public water systems, under rules promulgated by the commission for the planning, design, construction, improvement, renovation or reconstruction of domestic wastewater treatment works and public drinking water systems that have been impacted, damaged or destroyed in connection with a natural disaster, as defined in section 24-33.5-703(3), C.R.S. The division may also award grants to local governments to assist with the repair and restoration of on-site wastewater treatment systems as defined in section 25-10-103(12), C.R.S., that have been impacted, damaged, or destroyed in connection with a natural disaster. The division may only award grants to be used in counties for which the governor has declared a disaster emergency by executive order or proclamation under section 24-33.5-704, C.R.S.

Section 25-8-608.7(3), C.R.S. provides the commission with the authority to promulgate rules necessary to implement and administer the Natural Disaster Grant Fund.

##### (3) Small Communities Water and Wastewater Grant Fund

Senate Bill 14-025 revised and consolidated the Small Communities Water and Wastewater Grant Fund to be codified in section 25-1.5-208, C.R.S. – concerning the establishment of a grant program under the Colorado Water Quality Control Act to assist suppliers of water and domestic wastewater treatment works that serve a population of not more than five thousand people with meeting their responsibilities with respect to the protection of public health and water quality.

Continuous funding for the Small Communities Water and Wastewater Grant Fund is provided through money transferred to the fund pursuant to section 39-29-109(2)(a)(III), C.R.S., and any other moneys transferred to the fund by the General Assembly. Money for the fund originates



from the severance tax trust fund, up to \$10 million, and will be applied to both drinking water projects and wastewater projects.

Section 25-1.5-208(2), C.R.S. provides the commission with the authority to promulgate rules necessary to implement and administer the Small Communities Water and Wastewater Grant Program.

## **55.2 DEFINITIONS**

- (1) "Beneficial Use" - means the use of water treatment plant sludge in conjunction with wastewater treatment plant sludge to act as a soil conditioner or low grade fertilizer for the promotion of vegetative growth on land and that meets the requirements under Regulation #64 (5 CCR 1002-64), Colorado's biosolids regulation.
- (2) "Best Management Practices" - means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of "state waters". Best Management Practices also include treatment requirements, operating procedures and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.
- (3) "Consolidation" - means a proposed new construction or expansion of a drinking water supply system that will eliminate one or more existing water supply or treatment works. A letter of intent or a resolution adopted by the project participants must be provided to the division to guarantee the facilities will consolidate.
- (4) "Governmental Agency" – means any municipality, regional commission, county (or county on behalf of unincorporated areas), metropolitan district offering sanitation service, sanitation district used for funding a domestic wastewater treatment works project, water and sanitation district, water conservancy district, metropolitan sewage disposal district, other special district used for funding a project under this regulation.
- (5) "Impacted Water Body" – means a water body in which the designated use(s) of recreation, aquatic life, water supply, agriculture, and/or wetlands have been affected by pollutants associated with a violation of the Act, permit, control regulation, or final cease and desist order or clean-up order.
- (6) "Nonpoint source" – means a diffused pollution source that is not regulated as a point source, including, but not limited to, sources that are often associated with agriculture, inactive or abandoned mining, silviculture, urban runoff, or runoff from construction activities. Nonpoint source pollution does not emanate from a discernible, confined, and discrete conveyance (such as a single pipe) but generally results from land runoff, precipitation, atmospheric deposition, or percolation.
- (7) "Pollution" – means the man-made, man-induced, or natural alteration of the physical, chemical, biological, and radiological integrity of water.
- (8) "Public water system" - means a system for the provision to the public of water for human consumption through pipes or other constructed conveyances, if such system has at least fifteen service connections or regularly serves an average of at least 25 individuals daily at least 60 days per year. A public water system is either a community water system or a non-community water system. Such term does not include any special irrigation district. Such term includes: (a) Any collection, treatment, storage, and distribution facilities under control of the supplier of such system and used primarily in connection with such system; (b) Any collection or pretreatment storage facilities not under such control, which are used primarily in connection with such system.
- (9) "Waterborne Disease Outbreak" – means the significant occurrence of acute infectious illness, epidemiologically associated with the ingestion of water from a public water system which is deficient in treatment, as determined by the appropriate local or State agency.

## **55.3 WATER QUALITY IMPROVEMENT FUND CRITERIA**

(1) Entity Eligibility

Entities eligible for grants in Categories 1 through 4 include: 1) governmental agencies; 2) publicly owned water systems; 3) private not-for-profit public water systems; 4) not-for-profit watershed groups; 5) not-for-profit stormwater program administrator in accordance with section 25-8-802 C.R.S.; 6) not-for-profit training provider; and 7) private landowners impacted by a water quality violation.

Entities who pay a Colorado Water Quality Control Act civil penalty are prohibited from receiving a grant from this fund for a period of 5 years from the date of the payment of the penalty.

(2) Project Eligibility

As provided for under section 25-8-608(1.7)(a), C.R.S., the fund will provide grants to the following project categories:

Category 1 – Stormwater management training and best management practices training to reduce the pollution of state waters.

Category 2 - Projects that improve the water quality in the community or water body which has been impacted by a water quality violation that resulted in a penalty being imposed.

Category 3 – Planning, design, construction, or repair of stormwater projects and domestic wastewater treatment facilities identified on the current fiscal year's Water Pollution Control Revolving Fund Intended Use Plan.

Category 4 - Nonfederal match funding for the current fiscal year's nonpoint source projects as approved by the commission.

(3) Funding Allocation

All civil penalties collected by the division shall be transmitted to the state treasurer for deposit to the credit of the fund created by section 25-8-608(1.5), C.R.S. for violations committed on or after May 26, 2006 and shall be subject to annual appropriations by the Colorado General Assembly. The division will post on its web page a list of violators that have paid into the Water Quality Improvement Fund. The following allocations from the fund will be made:

Category 1 –The division will allocate up to \$300,000 of available funds with no one project initially receiving more than \$100,000. If the entire \$300,000 has not been fully utilized, the division will allocate the remaining Category 1 funds within the year per its prioritization procedures to eligible Category 1 project(s) which may result in certain projects ultimately receiving more than \$100,000.

Category 2 – 10% of available funds following allocations to Category 1 projects.

Category 3 – 60% of available funds following allocations to Category 1 projects; no one project can receive more than 25% of the available funds allocated to this category.

Category 4 – 30% of available funds following allocations to Category 1 projects.

For Categories 1 through 4, any funds not utilized in one category will be redistributed among the remaining categories based on their relative percentage of funding.

The division will retain five percent (5%) of the moneys allocated annually to the fund to cover the cost of administering Categories 1 through 4.

Funds may be carried over from previous years' appropriations and reallocated based upon the above distribution on an annual basis.

(4) Project Prioritization Criteria

If the fund lacks sufficient funds to cover all requests within each category, Priority 1 projects will be funded prior to Priority 2 projects, which will be funded prior to Priority 3 projects, which will be funded prior to Priority 4 projects. If it is determined that there are insufficient funds, further prioritization criteria will be applied as identified under each category in this section. The division may reallocate funding among categories based upon lack of requests or eligible projects within any category.

Criteria for funding project proposals within each category as described in Section 55.3 are as follows:

Category 1 – stormwater management training and best management practices training to reduce the pollution of state waters.

Priority 1 – Projects that implement stormwater management and best management practices training not previously available in Colorado, or previously limited in accessibility.

Priority 2 – Projects that will expand the content or availability of existing stormwater management and best management practices training.

Priority will be given to training providers that can demonstrate that training content will be relevant to implementation in Colorado with regard to Colorado's hydrology, climate and water rights, as applicable.

Priority will also be given to training providers that provide no- or low-cost training.

Additional prioritization criteria will include the expected water quality benefits, total population receiving training, availability of match, and readiness to proceed. Specific points available in each of these categories and tie breaking criteria will be included as an attachment to the request for application.

Category 2 - Projects that improve the water quality in the community or water body which has been impacted by a water quality violation.

Priority 1 – Projects that address impacts to a water supply designated use.

Priority 2 – Projects that address impacts to a recreation designated use.

Priority 3 – Projects that address impacts to an aquatic life designated use.

Priority 4 – Projects that address impacts to an agricultural or wetlands designated use.

Additional prioritization criteria will include financial/affordability, water quality benefits, permit compliance, readiness to proceed, and availability of matching funds. Specific points available in each of these categories and tie breaking criteria will be included as an attachment to the request for application.

Category 3 - Planning, design, construction, or repair of stormwater projects and domestic wastewater treatment facilities identified on the current fiscal year's Water Pollution Control Revolving Fund Intended Use Plan.

Priority 1 – Projects that improve water quality in the community or water body impacted by a violation.

Priority 2 – Planning, design, construction, or repair of stormwater projects.

Priority 3 – Projects identified on the current Water Pollution Control Revolving Fund Intended Use Plan.

Additional prioritization criteria will include financial/affordability, water quality benefits, permit compliance, readiness to proceed, and availability of matching funds. Specific points available in each of these categories and tie breaking criteria will be included as an attachment to the request for application.

Category 4 - Nonfederal match funding for nonpoint source projects.

Priority 1 – Projects that reduce or eliminate water quality impairments identified in Regulation #93 (5 CCR 1002-93), Colorado's Section 303(d) List.

Priority 2 – Projects that protect any established designated water quality use.

(5) Notification and Reporting

Applications for all of the Categories will be noticed and accepted by the division after the division determines availability of appropriation. For Categories 2 and 3, applicants will be responsible for demonstrating the impacts of the violation on the affected water body or community, and the related water quality improvement project benefits. The division will accept applications for Category 4 projects in accordance with the annual nonpoint source project schedule. The division will evaluate all applications and determine the grant award(s) for each category based on the criteria in the Entity Eligibility Section, Project Eligibility Section, Funding Allocation Section and Project Prioritization Section.

Grant recipients for Categories 1 through 4 will provide a final project report within 60 days of completion of the project. Final project reports shall include a detailed description of the project as implemented, all problems encountered and the solutions thereto, itemized project costs, a declaration that the project has been fully implemented as approved, and a description of the environmental and public health benefits resulting from implementation of the project. Information on the grant recipients, including project description and grant award, will be reported in the division's Annual Report to the commission, in accordance with section 25-8-305, C.R.S.

**55.4 NATURAL DISASTER GRANT FUND CRITERIA**

(1) Entity Eligibility

- (a) Local governments defined as governmental agencies in section 55.2 that own and operate domestic wastewater treatment works and public drinking water systems in a designated disaster emergency county by an executive order or proclamation under section 24-33.5-704, C.R.S.
- (b) Local governments accepting grants on behalf of and in coordination with not-for-profit public drinking water systems. in a designated disaster emergency county by an executive order or proclamation under section 24-33.5-704, C.R.S.
- (c) Local governments assisting with the repair and restoration of on-site wastewater treatment systems as defined in section 25-10-103(12), C.R.S. in a designated disaster emergency county by an executive order or proclamation under section 24-33.5-704, C.R.S.

(2) Project Eligibility

- (a) Domestic wastewater treatment works, public drinking water systems and on-site wastewater treatment systems that have been impacted, damaged or destroyed in connection with declared disaster emergencies.
- (b) Projects for the planning, design, construction, improvement, renovation or reconstruction of domestic wastewater treatment works or public drinking water systems that have been impacted, damaged or destroyed in connection with declared disaster emergencies.
- (c) Grant moneys under this section may be used as matching funds required to secure any other state and federal funding for the planning, design, construction, improvement, renovation or reconstruction of drinking water and wastewater infrastructure.

(3) Award Process and Funding Allocation

- (a) Appropriations are subject to approval by the Colorado General Assembly, and funding is contingent upon such final appropriation. Pending appropriation, the division will administer the funds per the Natural Disaster Grant Fund rules identified in this section and prioritize projects based upon the criteria in section 55.5(4) below. The division will notify all applicants of their funding status after the establishment of a fundable list. The division will post the fundable list on the division website to identify the recipients of funds and the amount of each award.
- (b) A portion of the Natural Disaster Grant Fund may be set-aside, as determined by the division, to assist local governments with grants for on-site wastewater treatment systems that have been impacted as a result of a declared disaster emergency. To sufficiently meet the demand indicated by the number of applications received and project type, the division has the authority to transfer funds between the set-aside for on-site wastewater treatment systems and the Natural Disaster Grant Fund. If a transfer occurs and project prioritization is required, the division will prioritize per section 55.4(4).
- (c) In the event that funds remain unallocated subsequent to a transfer of funds between the Natural Disaster Grant Fund and the on-site wastewater set-aside, the division has the authority to increase the amount of grant awards in priority order, highest to lowest, until all of the funds have been allocated or the application demand has been met.

(4) Project Prioritization

- (a) If the demand for funding in the Natural Disaster Grant Fund exceeds the available funds, the division shall rank each project based on population criteria, financial affordability factors, regionalization, utilization of multiple funding sources, and readiness to proceed and impacts as a result of a declared disaster emergency. If the demand for funding in the Natural Disaster Grant fund exceeds the available funds, the division will give priority to the applicants that have the lowest financial ability to pay. Specific point ranking criteria and associated points under each of the above factors will be included in the request for application. Projects will be funded in priority order from highest to lowest until all funds have been allocated.
- (b) Local governments that may receive funds from the set-aside portion for the rehabilitation for on-site wastewater treatment systems impacted by a declared disaster emergency will receive an equitable percentage of the funds requested. For example, if \$1 million is allocated to the set-aside portion and \$2 million is requested, each valid applicant will receive 50% of its application request.

**55.5 SMALL COMMUNITIES WATER AND WASTEWATER GRANT FUND CRITERIA**

(1) Entity Eligibility

- (a) Suppliers of water that serve a population of not more than five thousand people.

The department, in the name of the state and to the extent that state funds are appropriated therefor, may enter into contracts with both governmental agencies and not for-profit public water systems, as defined in section 25-1.5-201(1), C.R.S. or with counties representing unincorporated areas that serve a population of not more than five thousand people, to grant moneys for the planning, design, and construction of public water systems.

- (b) Domestic waste water treatment works that serve a population of not more than five thousand people.

The department, in the name of the state and to the extent that state funds are appropriated therefor, may enter into contracts with governmental agencies, or counties representing unincorporated areas that serve a population of not more than five thousand people, for domestic wastewater treatment works as defined in section 25-8-103(5), C.R.S. to grant moneys for eligible projects as defined in section 25-8-701(2), C.R.S.

- (c) During the grant application process, the department shall seek from the division of local government in the department of local affairs a fiscal analysis of the applying entity to determine financial need. Based upon its fiscal analysis, the division of local government shall issue or deny a certificate of financial need. If a certificate of financial need is issued, the department may authorize a state grant to the project in accordance with the project prioritization adopted by the department.

(2) Project Eligibility

- (a) Projects for the planning, design, and construction of public water systems or domestic wastewater treatment works that serve a population of not more than five thousand people and which are necessary for the protection of public health and water quality.

(3) Award Process and Funding Allocation

- (a) The division will administer the funds per the Small Communities Water and Wastewater Grant Fund rules identified in this section. The available funds will be allocated approximately 50/50 between water and wastewater projects. The division will adjust the 50/50 allocation if necessary depending upon the quantity and composition of the application requests. No more than 10% of the total available funds will be distributed to any single water and/or wastewater eligible project. The division will notify all applicants of their funding status after the establishment of a fundable list.

The fundable list will be posted on the division website to identify the recipients of funds and the amount of each award.

(4) Project Prioritization

(a) Drinking Water

- (i) If the demand for funding in the Small Communities Water and Wastewater Grant Fund exceeds the available funds, the division shall rank each project based on financial/affordability, drinking water quality and public health, Colorado Primary Drinking Water Regulation compliance, and readiness to proceed. The division will give priority to the applicants that have the lowest financial ability to pay based upon project ranking criteria. Specific point ranking criteria and associated points under each of the above factors will be included in the request for application. Projects will be funded in priority order from highest to lowest until all funds have been allocated.
- (ii) Additional points will be awarded if the need for the project is a result of a natural disaster in a county where the Governor has declared a disaster emergency by Executive Order or proclamation under section 24-33.5-704, C.R.S.

(b) Wastewater

- (i) If the demand for funding in the Small Communities Water and Wastewater Grant Fund exceeds the available funds, the division shall rank each project based on financial/affordability, water quality improvement, permit compliance, and readiness to proceed. The division will give priority to the applicants that have the lowest financial ability to pay based upon project ranking criteria. Specific point ranking criteria and associated points under each of the above factors will be included in the request for application. Projects will be funded in priority order from highest to lowest until all funds have been allocated.
- (ii) Additional points will be awarded if the need for the project is a result of a natural disaster in a county where the Governor has declared a disaster emergency by Executive Order or proclamation under section 24-33.5-704, C.R.S.

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**55.34 STATEMENT OF BASIS, SPECIFIC STATUTORY AUTHORITY, AND PURPOSE REGARDING STATE FUNDED WATER AND WASTEWATER INFRASTRUCTURE PROGRAMS, FEBRUARY 10, 2025 RULEMAKING, EFFECTIVE [DATE].**

The provisions of sections 25-8-202, C.R.S., 25-8-308, C.R.S., and 25-8-608, C.R.S. provide the specific statutory authority for adoption and implementation of the above regulations. The commission, in compliance with section 24-4-103(4), C.R.S., has adopted the following statement of basis and purpose.

**BASIS AND PURPOSE**

The following changes were made to the regulation to correctly indicate the grant amount a project may ultimately receive in Category 1 of the Water Quality Improvement Fund, to reflect the expiration of funding award timelines for specific grant funds that were authorized by the state legislature for the 2013 floods for the 2014-15 fiscal year and, as needed, the 2015-16 fiscal year, and to update the regulation to be consistent with the language in the Natural Disaster Grant Fund statute in section 25-8-608.7, C.R.S. Additional changes were made to correct typographical errors and to improve clarity and organization of the regulation.

**Authority, Scope and Purpose**

- Natural Disaster Grant Fund, Section 55.1(2)

Language was added to be consistent with section 25-8-608.7(2)(a), C.R.S. by adding “The division may also award grants to local governments with the repair and restoration of on-site wastewater treatment systems as defined in section 25-10-103(12), C.R.S.”

**Definitions**

- “Beneficial Use”, Section 55.2(1)

Language was amended to include the reference to Regulation #64 (5 CCR 1002-64), Colorado’s biosolids regulation.

**Water Quality Improvement Fund Criteria**

- Stormwater Management Training, Section 55.3(3)

Funding allocation, Category 1 clarified that per prioritization procedures, eligible Category 1 projects may result in certain projects ultimately receiving more than \$100,000.

**Natural Disaster Grant Fund Criteria**

- Entity Eligibility, Sections 55.4(1)(b), 55.4(1)(c)

Language was added to sections 55.4(1)(b) and 55.4(1)(c) to be consistent with section 55.4(a) by adding that the entity must have been impacted, damaged, or destroyed in connection with a natural disaster in a designated disaster emergency county by an executive order or proclamation under section 24-33.5-704, C.R.S.

- Project Eligibility, Sections 55.4(2)(a), 55.4(2)(b)

The Natural Disaster Grant Fund project eligibility criteria were updated by removing references to the 2013 flood from sections 55.4(2)(a) and 55.4(2)(b).

- Award Process and Funding Allocation, Section 55.4(3)(b)

The Natural Disaster Grant Fund Award Process and Funding Allocation provisions were updated by removing references to the 2013 flood in section 55.3(4)(b).

- Project Prioritization, Sections 55.4(4)(a), 55.4(4)(b)

Prioritization factors in the event demand for funding in the Natural Disaster Grant Fund exceeds the available funds was updated by removing references to the September 2013 flood in sections 55.4(4)(a) and 55.4(4)(b).

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## **Editor's Notes**

### **History**

Entire rule eff. 07/30/2007.

Entire rule eff. 03/30/2012.

Entire rule eff. 07/30/2012.

Rules 55.8, 55.14 eff. 06/30/2013.

Rules 55.9, 55.15 eff. 06/30/2014.

Entire rule eff. 09/30/2014.

Rules 55.1-55.3, 55.32 eff. 12/31/2017.

Rules 55.1-55.6, 55.33 eff. 01/30/2023.



**PHIL WEISER**  
Attorney General  
**NATALIE HANLON LEH**  
Chief Deputy Attorney General  
**SHANNON STEVENSON**  
Solicitor General

**TANJA WHEELER**  
Associate Chief Deputy Attorney  
General



**STATE OF COLORADO**  
**DEPARTMENT OF LAW**

**RALPH L. CARR**  
**COLORADO JUDICIAL CENTER**  
1300 Broadway, 10th Floor  
Denver, Colorado 80203  
Phone (720) 508-6000

**Office of the Attorney General**

Tracking number: 2024-00562

**Opinion of the Attorney General rendered in connection with the rules adopted by the**  
**Water Quality Control Commission**

**on 03/10/2025**

**5 CCR 1002-55**

**REGULATION NO. 55 - STATE FUNDED WATER AND WASTEWATER INFRASTRUCTURE**  
**PROGRAMS**

The above-referenced rules were submitted to this office on 03/11/2025 as required by section 24-4-103, C.R.S. This office has reviewed them and finds no apparent constitutional or legal deficiency in their form or substance.

March 31, 2025 08:16:57

A handwritten signature in blue ink, appearing to read "Philip J. Weiser", with a stylized flourish extending to the right.

**Philip J. Weiser**  
Attorney General  
by Russell D. Johnson  
Deputy Solicitor General

## **Terminated Rulemaking**

**Department**

Department of Regulatory Agencies

**Agency**

Division of Professions and Occupations - Board of Veterinary Medicine

**CCR number**

4 CCR 727-1

**Tracking number**

2025-00047

**Termination date**

03/27/2025

**Reason for termination**

Postponement of the Rulemaking Hearing

## **Nonrulemaking Public Notices and other Miscellaneous Rulemaking Notices**

**Filed on** 04/01/2025

### **Department**

Department of Public Health and Environment

### **Agency**

Water Quality Control Commission



## COLORADO

Water Quality  
Control Commission

Department of Public Health & Environment

### NOTICE OF PUBLIC INFORMATIONAL HEARING BEFORE THE COLORADO WATER QUALITY CONTROL COMMISSION

#### SUBJECT:

Routine review of the commission's current regulation titled:

“Regulations for Effluent Limitations”, Regulation #62 (5 CCR 1002-62).

#### PURPOSE OF HEARING:

This hearing is to fulfill State statutory requirements for routine review of regulations.

#### SCHEDULE OF IMPORTANT DATES:

Written comments due	04/30/2025	Additional submittal information below
Public Hearing	5/12/2025 9:00 a.m.	<a href="#">Remote Via Zoom</a>

#### PROCEDURAL MATTERS:

The commission encourages input from interested persons, either in writing prior to the hearing or orally at the hearing. Interested persons should provide their opinions or recommendations as to whether the foregoing regulation should be continued in its current form, repealed, or changed and if so in what respect.

The commission will receive all written submittals electronically. Submittals must be provided as PDF documents and may be emailed to [cdphe.wqcc@state.co.us](mailto:cdphe.wqcc@state.co.us), provided via an FTP site, CD or flash drive, or otherwise conveyed to the commission office so as to be received no later than the date shown above. Written comments will be available to the public on the commission's web site.

Any suggested changes deemed by the commission to require further action will be proposed as regulatory changes for subsequent public rulemaking. Recommendations for changes should be concise and supported by reference to the evidence that would be offered if the commission moved forward to formally consider the recommended regulatory amendments. At this informational hearing the commission does not desire to hear the full evidence that would be presented at a rulemaking hearing that would follow. The commission requests only the information needed to determine whether or not to propose a regulatory change. Oral public comment will be accepted at the hearing.



AUTHORITY FOR PUBLIC HEARING:

The provisions of 25-8-202(1)(f) C.R.S. and section 21.5 B of the "Procedural Rules" (5 CCR 1002-21) provide the authority for this hearing.

PARTY STATUS:

This is not a rulemaking hearing; therefore, party status provisions of 25-8-101 et. seq., and 24-4-101 et. seq., C.R.S. do not apply. Party status requests shall not be considered by the commission.

Dated this 10<sup>th</sup> day of March 2025 at Denver, Colorado.

WATER QUALITY CONTROL COMMISSION

A handwritten signature in blue ink, appearing to read 'Jojo La', is written over a horizontal line.

Jojo La, Administrator

## **Nonrulemaking Public Notices and other Miscellaneous Rulemaking Notices**

**Filed on** 04/01/2025

### **Department**

Department of Public Health and Environment

### **Agency**

Water Quality Control Commission



## COLORADO

Water Quality  
Control Commission

Department of Public Health & Environment

### NOTICE OF PUBLIC INFORMATIONAL HEARING BEFORE THE COLORADO WATER QUALITY CONTROL COMMISSION

#### SUBJECT:

Triennial review of the commission's regulation titled:

“Reclaimed Water Control Regulation”, Regulation #84 (5 CCR 1002-84).

#### PURPOSE OF HEARING:

This hearing is to fulfill State statutory requirements for triennial review of regulations.

#### SCHEDULE OF IMPORTANT DATES:

Written comments due	4/30/2025	Additional submittal information below
Public Hearing	5/12/2025 9:00 am	<a href="#">Remote Via Zoom</a>

#### PROCEDURAL MATTERS:

The commission encourages input from interested persons, either in writing prior to the hearing or orally at the hearing. Interested persons should provide their opinions or recommendations as to whether the foregoing regulation should be continued in its current form, repealed, or changed, and if so, in what respect.

The commission will receive all written submittals electronically. Submittals must be provided as PDF documents and may be emailed to [cdphe.wqcc@state.co.us](mailto:cdphe.wqcc@state.co.us), provided via an FTP site, or otherwise conveyed to the commission office so as to be received no later than the date shown above. Written comments will be available to the public on the commission's web site.

Any suggested changes deemed by the commission to require further action will be proposed as regulatory changes for subsequent public rulemaking. Recommendations for changes should be concise and supported by reference to the evidence that would be offered if the commission moved forward to formally consider the recommended regulatory amendments. At this informational hearing the commission does not desire to hear the full evidence that would be presented at a rulemaking hearing that would follow. The commission requests only the information needed to determine whether or not to propose a regulatory change. Oral public comment will be accepted at the hearing.



AUTHORITY FOR PUBLIC HEARING:

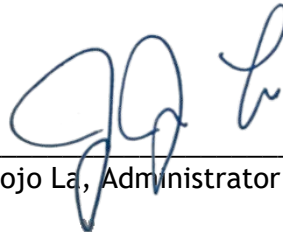
The provisions of 25-8-202(1)(f) C.R.S. and section 21.5 B of the "Procedural Rules" (5 CCR 1002-21) provide the authority for this hearing.

PARTY STATUS:

This is not a rulemaking hearing; therefore, party status provisions of 25-8-101 et. seq., and 24-4-101 et. seq., C.R.S. do not apply. Party status requests shall not be considered by the commission.

Dated this 10<sup>th</sup> day of March 2025 at Denver, Colorado.

WATER QUALITY CONTROL COMMISSION

A handwritten signature in blue ink, appearing to read 'Jojo La', is written over a horizontal line.

Jojo La, Administrator



## **Nonrulemaking Public Notices and other Miscellaneous Rulemaking Notices**

**Filed on** 04/01/2025

### **Department**

Department of Public Health and Environment

### **Agency**

Water Quality Control Commission



# COLORADO

Water Quality  
Control Commission

Department of Public Health & Environment

## NOTICE OF PUBLIC INFORMATIONAL HEARING BEFORE THE COLORADO WATER QUALITY CONTROL COMMISSION

### SUBJECT:

Triennial review of the commission's current regulation titled:

“Dillon Reservoir Control Regulation”, Regulation #71 (5 CCR 1002-71).

### PURPOSE OF HEARING:

This hearing is to fulfill State statutory requirements for triennial review of control regulations.

### SCHEDULE OF IMPORTANT DATES:

Written comments due	04/30/2025	Additional submittal information below
Public Hearing	05/12/2025 9:00 a.m.	<a href="#">Remote Via Zoom</a>

### PROCEDURAL MATTERS:

The commission encourages input from interested persons, either in writing prior to the hearing or orally at the hearing. Interested persons should provide their opinions or recommendations as to whether the foregoing regulation should be continued in its current form, repealed, or changed and if so in what respect.

The commission will receive all written submittals electronically. Submittals must be provided as PDF documents and may be emailed to [cdphe.wqcc@state.co.us](mailto:cdphe.wqcc@state.co.us), provided via an FTP site, or otherwise conveyed to the commission office so as to be received no later than the date shown above. Written comments will be available to the public on the commission’s web site.

Any suggested changes deemed by the commission to require further action will be proposed as regulatory changes for subsequent public rulemaking. Recommendations for changes should be concise and supported by reference to the evidence that would be offered if the commission moved forward to formally consider the recommended regulatory amendments. At this informational hearing the commission does not desire to hear the full evidence that would be presented at a rulemaking hearing that would follow. The commission requests only the information needed to determine whether or not to propose a regulatory change. Oral public comment will be accepted at the hearing.



AUTHORITY FOR PUBLIC HEARING:

The provisions of 25-8-202(1)(f) C.R.S. and section 21.5 B of the "Procedural Rules" (5 CCR 1002-21) provide the authority for this hearing.

PARTY STATUS:

This is not a rulemaking hearing; therefore, party status provisions of 25-8-101 et. seq., and 24-4-101 et. seq., C.R.S. do not apply. Party status requests shall not be considered by the commission.

Dated this 10<sup>th</sup> day of March 2025 at Denver, Colorado.

WATER QUALITY CONTROL COMMISSION

  
\_\_\_\_\_  
Jojo La, Administrator

## **Nonrulemaking Public Notices and other Miscellaneous Rulemaking Notices**

**Filed on** 04/04/2025

### **Department**

Department of Regulatory Agencies

### **Agency**

Division of Insurance



**COLORADO**

**Department of  
Regulatory Agencies**

Division of Insurance

## **New Rulemaking Hearing Date for Prescription Drug Affordability Board Proposed Rule 2024-00610**

The rulemaking hearing regarding proposed Rule 2024-00610 for the Prescription Drug Affordability Board that was scheduled for the April 11, 2025 meeting **has been moved to May 23, 2025**. The meeting will be held at 10:00 AM via webinar. Meeting links can be found at <https://doi.colorado.gov/insurance-products/health-insurance/prescription-drug-affordability-review-board>.

The Board is seeking approval for proposed Rule 2024-00610, to potentially set an upper payment limit for the prescription drug Enbrel.

## Calendar of Hearings

Hearing Date/Time	Agency	Location
05/08/2025 10:00 AM	Taxation Division	Virtual Hearing - See Comments
05/08/2025 10:00 AM	Taxation Division	Virtual Hearing - See Comments
05/08/2025 10:00 AM	Taxation Division	Virtual Hearing - See Comments
05/08/2025 10:00 AM	Taxation Division	Virtual Hearing - See Comments
05/08/2025 10:00 AM	Taxation Division	Virtual Hearing - See Comments
05/07/2025 08:00 AM	Colorado Parks and Wildlife (406 Series, Wildlife)	DoubleTree by Hilton Hotel Durango at 501 Camino Del Rio, Durango, 81301
07/16/2025 09:00 AM	Colorado Water Conservation Board	Salida, Colorado
05/09/2025 08:30 AM	Behavioral Health	1575 Sherman Street, Denver, CO 80203
04/30/2025 11:00 AM	Division of Insurance	Webinar or 1560 Broadway, STE 850, Denver CO 80202
04/30/2025 11:00 AM	Division of Insurance	Webinar or 1560 Broadway, STE 850, Denver CO 80202
05/01/2025 01:00 PM	Division of Professions and Occupations - Colorado Dental Board	Via Webinar Only
05/22/2025 11:00 AM	Division of Professions and Occupations - Colorado Medical Board	Webinar only - See below
04/30/2025 02:00 PM	State Personnel Board and State Personnel Director	Zoom webinar (attendees must register in advance) <a href="https://us06web.zoom.us/webinar/register/WN_U5IQVNcXTye mXnORBkdvaA#/registration">https://us06web.zoom.us/webinar/register/WN_U5IQVNcXTye mXnORBkdvaA#/registration</a>
05/09/2025 08:30 AM	Behavioral Health	1575 Sherman Street, Denver, CO 80203
05/21/2025 10:00 AM	Health Facilities and Emergency Medical Services Division (1011, 1015 Series)	Colorado Department of Public Health & Environment, 4300 Cherry Creek Drive South, Denver, CO 80246,
05/05/2025 11:00 AM	Division of Workers' Compensation	Virtual hearing via zoom - preregistration REQUIRED
05/01/2025 10:00 AM	Division of Workers' Compensation	Virtual hearing via zoom - preregistration REQUIRED
05/01/2025 10:00 AM	Governor's Office of Information Technology	Online on Zoom: <a href="https://us02web.zoom.us/meeting/register/PpQAbfyNRa-1SN2FAOMb1g#/registration">https://us02web.zoom.us/meeting/register/PpQAbfyNRa-1SN2FAOMb1g#/registration</a>
05/09/2025 09:30 AM	Colorado State Patrol	710 Kipling St., Suite 204, Lakewood, CO., 80215
05/09/2025 09:00 AM	Medical Services Board (Volume 8; Medical Assistance, Children's Health Plan)	303 East 17th Avenue, 11th Floor, Denver, CO 80203
04/30/2025 08:00 AM	Executive Director of Health Care Policy and Financing	303 East 17th Avenue, 11th Floor, Denver, CO 80203
05/09/2025 09:00 AM	Medical Services Board (Volume 8; Medical Assistance, Children's Health Plan)	303 East 17th Avenue, 11th Floor, Denver, CO 80203