

## MARCH 2021 EMERGENCY JUSTIFICATION FOR MEDICAL ASSISTANCE RULES ADOPTED AT THE MARCH 12, 2021 MEDICAL SERVICES BOARD MEETING

## MSB 21-02-24-A Revision to Medical Assistance Special Financing rule concerning the Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960

For the preservation of public health, safety and welfare

Effective January 1, 2021, many Medicare Advantage Plans added dental benefits that seniors cannot opt out of. Dental coverage through Medicare Advantage Plans varies, with some plans offering a minimal dental benefit. Numerous seniors currently receiving services through the Colorado Dental Health Care Program for Low Income Seniors were in the middle of dental treatment plans on January 1, 2021, and their services stopped due to this Medicare Advantage Plan change. This left seniors with emergent dental needs, i.e., dentures, infections, extractions, etc. This rule change will allow Colorado's low income seniors to access necessary dental care not covered by Medicare Advantage or after Medicare Advantage benefits have been exhausted.

The emergency rulemaking is necessary for the preservation of public health, safety, and welfare.

## MSB 21-03-09-A Revision to the RHC Rule Concerning Adding Provider Types to RHC Visit, Section 8.740

For the preservation of public health, safety and welfare

The Medical Assistance Program changed coverage on July 1, 2018 to pay for short term behavioral health services as a state plan benefit for all Medicaid clients enrolled in the Behavioral Health Managed Care program. Previously these services were only available through the Managed Care Entities for clients enrolled in the behavioral health program. RHCs have been providing the services as contractors with the Managed Care Entities that cover behavioral health for Colorado Medicaid. When providing services under the managed care plan, visits with licensed professional counselors, licensed marriage and family therapists, and licensed addiction counselors were paid as encounters to the RHC using the prospective payment system. If we did not add these providers to the definition of an RHC visit, we would



be out of compliance for paying for these services. If we no longer paid RHCs for these services, it would have a great detrimental effect on behavioral health services provided in rural areas.

Therefore, this rule is necessary for the preservation of public health, safety and welfare as well as to comply with state or federal law.

The emergency rulemaking is necessary for the preservation of public health, safety, and welfare.

