



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

NOTICE OF PROPOSED RULES

The Medical Services Board of the Colorado Department of Health Care Policy and Financing will hold a public meeting on Friday, April 8, 2022, beginning at 9:00 a.m., in the eleventh floor conference room at 303 East 17th Avenue, Denver, CO 80203. Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303-866-4416 or chris.sykes@state.co.us or the 504/ADA Coordinator hcpf504ada@state.co.us at least one week prior to the meeting.

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

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

MSB 21-02-05-A, Revision to the Medical Assistance Act Rule concerning Services for Individuals with Intellectual and Developmental Disabilities Sections 8.609.5 and 8.609.7

Medical Assistance. The Department is proposing several revisions to the Residential Habilitation Service and Supports (RHSS) and Individual Residential Services and Supports (IRSS) regulations. These proposed regulations build off stakeholder engagement and rule revisions that were completed in 2019. Since the implementation of the revised regulations, the Department has worked with the Colorado Department of Public Health and Environment (CDPHE) and the Division of Housing (DOH) on gaps in the regulations. The sister agencies have expressed concerns for the health, safety and welfare of participants receiving residential services due to a lack of oversight of the residential settings and an inability to cite organizations for improper care or oversight. The proposed changes will help to close the identified gaps in the regulations and enhance the Department's oversight of our residential settings.

The authority for this rule is contained in Section 25.5-10 C.R.S. (2021) and Sections 25.5-1-301 through 25.5-1-303 (2021).

MSB 22-01-06-B, Revision to the Medical Assistance Rule concerning Update Inpatient Base Rates for fiscal year 22-23, Section 8.300.5

Medical Assistance. The rules authorizing the annual adjustment schedule for Inpatient Hospital Base Rates, 10 CCR 2505-10, Section 8.300.5.A.3.e will be modified to allow the rates to be updated using the State Budget Action as defined by the Legislature for State Fiscal Year 2022-23.

The authority for this rule is contained in 42 C.F.R. § 447.253(b)(1) (2021); Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021), C.R.S. & 25.5-4-402, C.R.S. (2021).

MSB 22-01-10-A, Revisions to the Medical Assistance Rules concerning the Participant Directed Programs Rules, Sections 8.510 & 8.552

Medical Assistance This rule changes the minimum attendant age from 18 to 16 years of age in Consumer Directed Attendant Support Services (CDASS) and In-Home Support Services (IHSS). This rule is necessary to ensure that members have access to a larger pool of prospective attendants to provide attendant services in home and community settings and will prevent unnecessary institutionalization.

The authority for this rule is contained in Colorado Combined Appendix K Approval; Sections 25.5-6-11 and 25.5-6-12, C.R.S. (2021) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021).

MSB 22-02-26-A, Revision to the Medical Assistance Act Rule concerning Pediatric Long-Term Home Health Prior Authorization Exceptions, Section 8.520.8.C

Medical Assistance. The proposed rule removes prior authorization requirements for Certified Nurse Assistant services, physical therapy services, occupational therapy services, and speech-language therapy services in relation to the reinstatement of pediatric long-term home health prior authorization, which is currently being implemented in accordance with the tiered schedule established by rule number MSB 21-11-17-B adopted at the December 2021 Medical Services Board meeting.

The Department recently met with Health First Colorado (Colorado's Medicaid program) members and families, providers, and other stakeholders about concerns related to the pediatric long-term home health (LTHH) benefit prior authorization request (PAR) process. Based on these conversations, the Department has made the decision to temporarily pause the CNA, physical therapy, occupational therapy, and speech-language pathology pediatric LTHH PAR process effective November 1, 2021 until June 1, 2022, at the earliest. It is important to note that only the PARs related to the CNA, physical therapy, occupational therapy, and speech-language pathology pediatric LTHH benefit will be paused. Pediatric LTHH Skilled Nursing Visits, and Private Duty Nursing (PDN) services will continue to require a PAR. Benefits will be reinstated back to November 1, 2021 for Health First Colorado members whose PARs were denied during this time, so there is no gap in services or payment for services.

The Department understands the stakeholders' concerns and wants to hear more perspectives to inform the exploration of long-term solutions to address the issue within state and federal guidelines. Therefore, the Department will use the temporary pause to collaborate with stakeholders to identify and address issues. The Department will reach out to stakeholders about upcoming engagement opportunities in the coming weeks.

The authority for this rule is contained Sections 25.5-1-301 through 25.5-1-303, C.R.S..

MSB 22-02-27-A, Revision to the Medical Assistance Rule concerning Abortion Services, Section 8.770

Medical Assistance. The proposed rule aligns Department rule with current policy and the requirements of Senate Bill 21-142, enacted at Colorado Revised Statute, Section 25.5-4-415, which authorized providers licensed by the state and acting within their scope of practice and federal regulations to perform abortions reimbursed by Medicaid, and removed the requirement that abortions reimbursed by Medicaid be performed in a licensed health care facility.

The authority for this rule is contained in C.R.S. § 25.5-4-415 (2021) and Sections 25.5-1-301 through 25.5-1-303 (2021).