



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 12, 2017, 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 to you for publication, pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 16-04-12-A, Revision to the Medical Assistance Long Term Care Single Entry Point System Rule Concerning Regarding Sections 8.390, 8.391, 8.392, 8.393, and 8.394

Medical Assistance. The purpose of updating this rule is to ensure that it reflects the most current processes and programs and that all language is necessary, clear and non-duplicative. The update of this rule coincides with the Department's regulatory efficiency review process.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-6-105, C.R.S. (2016).

MSB 16-08-01-A, Revision to the Medical Assistance Rule Concerning Community Mental Health Services Program Capitation Rate Setting, Section 8.215.6.C.3

Medical Assistance. The statute regarding Cost Containment Mechanisms within the Community Mental Health Services Program Capitation Rate Setting, 10 C.C.R. 2505, Section 8.215.6.C.3, currently requires behavioral health organizations to maintain a medical loss ratio (MLR) of 77%. Recently released regulations from CMS now require all capitated programs to maintain a (MLR) of 85%. Therefore, the state rule needs to be changed to reflect the federally required 85% MLR for behavioral health organizations.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2015), and 25.5-4-102, 25.5-4-205.5, C.R.S. (2016), and 25.5-5-411, C.R.S. (2016)

MSB 16-11-22-A, Revision to the Colorado Indigent Care Program Rule Concerning Modernizing the CICIP, Section 8.900

Revision to the Special Financing Division Colorado Indigent Care Program Rule Concerning Modernizing the CICIP. Rule #MSB 16-11-22-A reorganizes, clarifies, and simplifies the Colorado Indigent Care Program to ease administrative requirements on CICIP providers and applicants, while preserving a safety net of access to health care for qualified low-income Coloradans. The proposed rule creates a formal CICIP advisory council appointed by the Executive Director. The payment methodology for CICIP stand-alone clinics is revised to incorporate quality metrics.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-3-101 through 25.5-3-111, C.R.S. (2016).

MSB 16-12-19-A, Revision to the Medical Assistance Rule Concerning Supports Intensity Scale Assessment and Support Levels, Section 8.612.3

Medical Assistance. The Department seeks to change the rules at 10 CCR 2505-10, 8.612.3, Support Levels. Currently, there is a table in rule that reflects the algorithm used to develop the support levels. The authors of the Supports Intensity Scale (SIS), American Association for Intellectual and Developmental Disabilities (AAIDD), have re-named the instrument, re-numbered some questions, and added three new questions to the tool. The Division for Intellectual and Developmental Disabilities has worked to make certain that these changes will not affect the current levels of support individuals receive. No changes to the current Support Levels will be necessary. The Department is simply updating the name of the instrument and including the new algorithm table in the rules.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5 - 6 -401, et seq., C.R.S. (2016); 25.5 - 6- 1102, C.R.S. (2016).

MSB 17-01-17-B, Revision to the Medical Assistance Intellectual and Developmental Disabilities Rule Concerning the Inclusion of Consumer Directed Attendant Support Services (CDASS) in the Home and Community Based Services Supportive Living Services (HCBS-SLS) Waiver Program, Section 8.500.90

Medical Assistance. To add Consumer Directed Attendant Support Services (CDASS), as a service delivery option, to the rule governing the Home and Community Based Services Supportive Living Services Wavier (HCBS-SLS). This will allow individuals utilizing services in the HCBS-SLS waiver to direct their Personal Care, Homemaker and Health Maintenance waiver services, including recruiting their support staff, setting wages, supervising and setting their supports staff schedules.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-10-204(2), C.R.S. (2016).

MSB 17-01-18-A, Revision to the Medical Assistance Rule Concerning Managed Care Grievance and Appeals, Section 8.209

Medical Assistance. The Center for Medicaid and Medicare Services released new grievance and appeals timelines for Medicaid Managed Care programs in the Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions related to Third Party Liability; Final Rule set forth in 81 FR 27498 (May 6, 2016). Therefore, the rule governing the grievance and appeals process, 10 C.C.R. 2505-10, Section 8.209,

is being amended to reflect the respective grievance and appeals timelines set forth by the Center for Medicaid and Medicare Services.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-5-406, C.R.S. (2016).

MSB 17-01-30-A, Revision to the Medical Assistance Benefits Rule Concerning Vision Services, Section 8.203

Medical Assistance. This rule defines the amount, duration, and scope of coverage for the Vision Services benefit at 10 C.C.R. 2505-10, Section 8.203.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-5-202(1), C.R.S. (2016).

MSB 17-02-23-A, Revision to the Medical Assistance Rule Concerning the definition of a Caretaker Relative at Section 8.100.1

Medical Assistance. The proposed rule changes amend 10 CCR 2505-10 §8.100.1 to incorporate changes to the definition of a Caretaker Relative as defined in the Code of Federal Regulations. This policy change will align the definition of caretaker relatives to our Medicaid State Plan Amendment. Among these changes: revisions to the current definition of Caretaker Relatives by changing to include any adult with whom the child is living and who assumes primary responsibility for the dependent child's care. This proposed rule will apply to caretaker relatives with whom the dependent child is living with and who assumes responsibility for the dependent child. The benefit of this rule change is to ensure a caretaker relative is eligible for the MAGI Parent/Caretaker Relative category, if they assume responsibility for the dependent child living in the home.

The proposed rule change would align state regulation with the Medicaid State Plan amendment. The Department already implemented the policy outlined in this document on January 1, 2014, when the State Plan was amended to change the definition of caretaker relative. Therefore, there would not be any costs to the Department or any other agency due to the implementation and enforcement of the proposed rule, nor would there be any effect on state revenues.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 42 CFR §435.4.

MSB 17-02-23-B, Revision to the Medical Assistance Rule Concerning Persons Requesting Long-Term Care through Home and Community Based Services (HCBS) or the Program of All-Inclusive Care for the Elderly (PACE), Section 8.100.7.B.1

Medical Assistance. The purpose of this rule is to amend 10 CCR 2505-10 § 8.100.7.B.1 in order to implement HB 16-1321. The House Bill directs the Department to allow individuals who are financially eligible under the Working Adults with Disabilities Buy-In category to receive Home and Community Based Services (HCBS) under the Brain Injury (BI) and Spinal Cord Injury (SCI) waivers if the level of care is met for the respective waiver. In order to maintain competitive employment, it is necessary to allow access to the long term services and supports provided by the respective waivers.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 25.5-6-1403, C.R.S. (2016).