



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 Thursday, November 9, 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 17-03-08-A, Revision to the Medical Assistance Rule Concerning the Mistreatment, Abuse, Neglect, and Exploitation (MANE) of at-risk adults with intellectual and developmental disabilities, Section 8.600.4

Medical Assistance. HB16-1394 aligned the definitions of Mistreatment, Abuse, Neglect, and Exploitation (MANE) across the criminal statutes, Department of Human Services statutes, and Health Care Policy and Financing statutes. The Department is updating these definitions in 10 CCR 2505-10, 8.600.4 and related terms. Additionally, the Department is proposing changes to 10 CCR 2505-10, 8.608.8 pertaining to MANE investigations, consistent with the federally approved waiver.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 and 25.5-10-221(2)C.R.S. (2016).

MSB 17-07-17-A, Revision to the Medical Assistance Rule Concerning the Qualified Medication Administration Person (QMAP), Section 8.603.9

Medical Assistance. The statute governing the standards for Qualified Medication Administration Persons (QMAP), Section 25-1.5-302, C.R.S. was amended pursuant to HB16-1424. Therefore, the rules implementing the program, 10 C.C.R. 2505-10, Section 8.603.9 is being updated. QMAPs are required to attend a program at an Approved Training Entity as designated by the Colorado Department of Public Health and Environment.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 and 25-1.5-302(1) C.R.S. (2016).

MSB 17-07-28-A, Revision to the Medical Assistance Rule Concerning Outpatient Hospital Reimbursement, Section 8.300.6

Medical Assistance. Reimbursement for Medicaid outpatient hospitals services was increased by 1.4 percent (1.4%) pursuant to the FY 2017-18 Long Appropriations Bill, Senate Bill 17-254, Therefore, the rules for the reimbursement for outpatient hospital services, 10 C.C.R. 2505-10 Section 8.300.6 are being revised to include the increased reimbursement effective July 1, 2017.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), and 24-4-103(6).

MSB 17-08-21-B, Revision to the Medical Assistance Rule Concerning Adding the Asset Verification Program as a Valid Verification Source for Certain Liquid Assets. Section 8.100.5.B.1.e

Medical Assistance. The purpose of this rule is include the Asset Verification Program, which is an electronic data source, as a valid way to verify resources in 25.5-10 section 8.100.5.B.1.e. Section 1940 of the Social Security Act set forth the requirement that states implement a federally mandated electronic interface that will verify assets held in depository institutions, such as checking and savings accounts. This rule adds the Asset Verification Program as a valid way to verify liquid assets.

The classes of persons who will be affected are those whose eligibility for Medical Assistance includes an asset test. These are groups that are referred to as Non-MAGI. When certain assets are able to be verified by an electronic data source, such as the Asset Verification Program, the burden to provide physical verifications of those assets will be reduced which will decrease the time in which eligibility determinations can be completed.

The Department received administrative resources through FY 2017-18 R-7 "Oversight of State Resources" to implement the Asset Verification Program in compliance with federal law. The Department does not anticipate that verifying resources through this program would result in a change to the number of clients determined eligible for medical assistance; rather, it would allow the verification to happen through an electronic mechanism rather than through supplemental paper verifications.

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2017), 25.5.1.101(4) C.R.S. (2017) and 42 U.S.C. 1396w.

MSB 17-08-23-A, Revision to the Medical Assistance Eligibility Rules Concerning Persons Requesting Long Term Care through Home and Community Based Services (HCBS) or the Program of All Inclusive Care for the Elderly (PACE) for individuals that are in the Working Adults with Disabilities category to be able to access Supported Living Services Waiver Services at 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 Supported Living Services waiver if the level of care is met for that waiver. This allows qualifying individuals to access increasingly competitive employment opportunities.

Advisory groups were consulted for input and recommendations on the implementation of the change. The Supportive Living Program (SLP) Workgroup, waiver participants, family members and providers participated.

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).

MSB 17-08-31-A, Revision to the Medical Assistance Rule Concerning the Consideration of Trusts in Determining Medical Assistance Eligibility

Medical Assistance. The 21st Century Cures Act signed on December 13, 2016 by President Obama permits a disabled individual to establish their own disability trust. Previously, the law required a disability trust to be established by the individual's parent, grandparent, legal guardian, or by the court. Colorado's General Assembly addressed the change in federal law by passing H.B. 17-1280 which amended section 15-14-412.8, C.R.S. of the Colorado Probate Code to permit disabled individuals to establish disability trusts on their own behalf. The Department is making this change to its rules to comply with the General Assembly's direction. See also, CMS State Medicaid Director Letter, Implications of the Cures Act for Special Needs Trusts (Aug. 2, 2017).

The authority for this rule is contained in 25.5-1-301 through 25.5-1-303 C.R.S. (2016), 15-14-412.8, C.R.S. (2016) and 42 U.S.C 1396p(d)(4)(A).