



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, December 10, 2021, 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 21-08-04-B, Revision to the Medical Assistance Act Rule concerning Consumer Directed Attendant Support Services EVV Compliance, Section 8.510

Medical Assistance. Revision to Consumer Directed Attendant Support Services to incorporate Electronic Visit Verification requirements, establish responsibilities and policies for client or Authorized Representative non-compliance.

The authority for this rule is contained in 21st Century Cures Act, 42 U.S.C. § 1396b(l); Sections 25.5-1-301 through 25.5-1-303, C.R.S. § 25.5-6-1102 et seq (2021).

MSB 21-05-24-B, Revision to the Medical Assistance Rule concerning Maternity Services Episode Based Payments, Section 8.733

Medical Assistance. The Department implemented a maternity bundled payment program in 2020 with a detailed program rule in place under the Medical Assistance Rule concerning Maternity Services Episode Based Payments, Section 8.733. The goal of the program is to improve maternal health outcomes by improving care quality and health equity while reducing cost. The program gives providers performance linked opportunities to earn extra incentive payments besides the fee-for-service reimbursement for maternity services. A few key program implementation updates have been implemented during the first program year (Nov. 2020 – Oct. 2021), including specifying mandatory participation timeline, adding mental health considerations into the current threshold setting process, and delaying downside risk implementation. This rule update aims to include those program updates and fix a few language alignment issues.

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

MSB 21-07-20-C, Revision to the Rural Health Center Rules Concerning Reimbursement, Section 8.740

Medical Assistance. This rule revision will update Rural Health Center reimbursement and rate setting. This rule revision will clarify the Alternative Payment Rate setting methodology, interim rate setting for new Rural Health Clinics, Prospective Payment System rate setting for new Rural Health Clinics, and establish a scope of service rate adjustment process for Rural Health Clinics.

The authority for this rule is contained in 1902(bb) SSA and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021) and 25.5-6-1203, C.R.S. (2021).

MSB 21-10-29-A, Revision to the Medical Assistance Rule concerning Qualifications of Case Managers, Sections 8.393.1.J.; 8.519.5. and 8.603.9

Medical Assistance. The rules at 8.393.1.J.; 8.519.5.; 8.603.9 outline the education and experience qualifications for case managers in the SEP, HCBS and CCB systems. Currently there is a workforce shortage impacting the system and the department is requesting changes to the qualifications to allow for more avenues to qualify as a case manager, hoping to increase the pool of candidates.

The authority for this rule is contained Section 25.5-10-209.5, C.R.S.; Sections 25.5-1-301 through 25.5-1-303, C.R.S..

MSB 21-10-29-B, Revision to the Medical Assistance Act Rule concerning Long-Term Home Health and Private Duty Nursing Prior Authorization Requirements, Sections 8.520.8, 8.540.2 and 8.540.7

Medical Assistance. Update the long-term home health and private duty nursing rules to resume prior authorization on a tiered schedule over the course of ten months.

The authority for this rule is contained in 21st Century Cures Act, 42 U.S.C. § 1396b(l); Sections 25.5-1-301 through 25.5-1-303, C.R.S. § 25.5-6-1102 et seq (2021).