



# 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, October 13, 2023, beginning at 9:00 a.m., 1900 E. 3rd Ave Durango, CO 81301. 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](mailto:chris.sykes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto: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](http://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 23-04-25-A, Revision to the Medical Assistance Rule Concerning Dental Therapists in Federally Qualified Health Centers, Section 8.700.1.B**

Medical Assistance. This rule clarifies that dental therapists are included within the definition of a visit to a Federally Qualified Health Center and thus can be reimbursed for services performed in that setting

The authority for this rule is contained in Sections 12-220-102 through 12-220-508, C.R.S. and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2023).

### **MSB 23-05-23-A, Revision to the Post-Eligibility Treatment of Income Rules, Sections 8.486.60, 8.509.17, 8.515.85.O**

Medical Assistance. The Department is making changes to the regulations pertaining to the process for Post Eligibility Treatment of Income (PETI). PETI is the calculation used to determine the member's obligation (payment) for the payment of services. This applies to all individuals receiving services within an Assisted Care Facility (ACF) or Supported Living Program (SLP) through the Home and Community-Based Service (HCBS) Elderly, Blind, and Disabled (EBD), Brain Injury (BI), and Community Mental Health Supports (CMHS) waivers.

The Department received budgetary approval in 2022 to increase the maximum Personal Needs Allowance (PNA) amount, allowing members to maintain a larger portion of their income. To operationalize this change, the Department must modify the order of operation in which the PETI is calculated by case managers.

The sections of rule impacted by these changes include 10 CCR 2505-10 8.486.60, 8.509.17, and 8.515.85.O which dictate the process for Case Management Agencies (CMAs) to complete PETI worksheets for the EBD, BI, and CMHS waivers. With the revisions to the rules, the regulatory process for PETI will align with the PETI worksheet updates and calculations made by the CMAs. The Benefits and Services Management Division has worked extensively with the Operations &

Administration Division, and the Case Management & Quality Performance Division, the Finance Office, and the Health Information Office to develop the new worksheet, instructions, and training for CMAs.

The authority for this rule is contained in 42 C.F.R. 435.726 (2023); 25.5-4-401; 25.5-6-309; 25.5-6-606(2); 25.5-6-704(4)(a) C.R.S. (2022) and Sections 25.5-1-301 through 25.5-1-303 (2023).