



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, September 13, 2024, beginning at 9:00 a.m., at 303 E 17th Avenue, 11th Floor Conference Room, 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, 303 E. 17th Ave, Ste 1100, 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 24-04-18-A, Revision to Case Management Redesign (CMRD) Member Rights, Provider Agency, and Benefits and Services Regulations, Sections 8.400, 8.500 & 8.7000

Medical Assistance. The Office of Community Living is restructuring and revising certain rules to come into alignment with federal requirements for conflict free case management under Colorado's Case Management Redesign. These revised rules are codified at 10 C.C.R. 2505-10, Section 8.7000-7500. Case Management Redesign (CMRD) refers to several initiatives aimed at simplifying access to long-term services and supports, creating stability for the case management system, increasing and standardizing quality requirements, ensuring accountability, and achieving federal compliance. Updates to rule language are necessary to mirror the policies created for CMRD and to be able to hold agencies accountable to the CMRD requirements outside of contracts. The purpose of these updates is to delete old or conflicting rule provisions being made obsolete by the adoption of 8.7000-7500 and provide further updates to member rights, provider agency, and benefits rules. These rule updates, revise and move certain regulations to the new section of rules at 8.7000-7500 and remove references to rules that are now repealed. Additionally, prompted by discussions with the Centers for Medicare & Medicaid Services (CMS) regarding the renewal of the Children's Extensive Supports (CES) Waiver, the Department is requiring that settings where Youth Day Services are provided comply with the HCBS Settings Final Rule, as required by CMS, in order to allow members to continue receiving as much of this service as they need.

The authority for this rule is contained in 42 CFR § 441.301(c)(1)(vi); C.R.S. 25.5-6.701- 706; C.R.S. 25.5-6-601- 607; C.R.S. 25.5-6-13.01- 13.04; C.R.S. 27-10.5-101- 103; C.R.S. 25.5-6-301-313; C.R.S. 7-10.5-101-103; C.R.S. 27-10.5-401; C.R.S. 25.5-6-401-411; C.R.S. § 25.5-6-901; C.R.S. 25.5-5-306(1); and C.R.S. 27-10.5-102(11); C.R.S. 25.5-5-305; C.R.S. 25.5-6-17. and Sections 25.5-1-301-303 (2024).

MSB 24-05-30-A, Revision to Case Management Redesign (CMRD) Case Management Agency and Waiver rules, Sections 8.400, 8.500 & 8.7000

Medical Assistance. The Office of Community Living is restructuring and revising certain rules to come into alignment with federal requirements for conflict free case management under Colorado's Case Management Redesign. These revised rules are codified at 10 C.C.R. 2505-10, Section 8.7000-7500. Case Management Redesign (CMRD) refers to several initiatives aimed at simplifying access to long-term services and supports, creating stability for the case management system, increasing and standardizing quality requirements, ensuring accountability, and achieving federal compliance. Updates to rule language are necessary to mirror the policies created for CMRD and to be able to hold agencies accountable to the CMRD requirements outside of contracts. The purpose of these updates is to further update case management and waiver rules and remove references to rules that are now repealed.

The authority for this rule is contained in 42 CFR § 441.301(c)(1)(vi); Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2024); and C.R.S. 25.5-6.701- 706; C.R.S. 25.5-6-601- 607; C.R.S. 25.5-6-13.01- 13.04; C.R.S. 27-10.5-101- 103; C.R.S. 25.5-6-301- 313; C.R.S. 7-10.5-101-103; C.R.S. 27-10.5-401; C.R.S. 25.5-6-401-411; C.R.S. § 25.5-6-901; C.R.S. 25.5-5-306(1); and C.R.S. 27-10.5-102(11); C.R.S. 25.5-5-305; C.R.S and 25.5-6-17.

MSB 24-05-07-A, Revision to Medical Assistance Rule concerning the Addition of Procedures to Schedule A of the Dental Health Care Program for Low-Income Seniors, Section 8.960

Medical Assistance. The Dental Advisory Committee recommended that addition of D7285-Incisional biopsy of oral tissue-hard (bone, tooth), D7410-Excision of benign lesion up to 1.25 cm, and D7460-Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm. The Dental Health Care Program for Low-Income Seniors does not allow procedures that address the full scope of the older adults that need an incisional biopsy of a hard tissue (tooth or bone) and benign lesions and cyst or tumors. As the clinical need for these biopsies can be urgent, the older adults served by this program have the obstacle of having to pay the full dental price of these procedures. This is proving to be a barrier to receiving this care and some older adults are forgoing this procedure due to the amount they must pay. Not receiving these procedures could potentially put the older adult at risk of the lesion and cyst or tumor destroying the surrounding bone, tissue, and teeth.

The authority for this rule is contained in Section 25.5-3-404(4), C.R.S. and 25.5-1-301-303 (2024).

MSB 24-06-05-A, Revision of the Medical Assistance Rule concerning Nursing Home Financial Transparency and Reporting, Section 8.540

Medical Assistance. This rule implements portions of HB 23-1228 with the intent to improve fiscal stewardship and financial transparency in nursing facility reimbursement rate setting.

The authority for this rule is contained in HB 23-1228 revisions to C.R.S. 25.5-6-202(13) and 25.5-1-301-303 (2024).