

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan Benefits Package 200 and 210

Rule Number: MSB 08-09-04-A

Division / Contact / Phone: CHP+ / Joy Twesigye / 3646

SECRETARY OF STATE

RULES ACTION SUMMARY AND FILING INSTRUCTIONS

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 08-09-04-A, Children's Basic Health Plan Benefits Package 200 and 210
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 200 and 210, Colorado Department of Health Care Policy and Financing, Medical Assistance (10 CCR 2505-3).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace current text in 10 CCR 2505-3 beginning at §210 H through 210 X.31 with the new text provided. The text of rule MSB 08-08-05-B is included in the portion of the rule in this rule change. Therefore, this rule should be published prior to MSB 08-08-05-A so that the new language in that rule is not published over.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan Benefits Package 200 and 210
Rule Number: MSB 08-09-04-A
Division / Contact / Phone: CHP+ / Joy Twesigye / 3646

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Senate Bill 08-160 concerning improvements to health care for the Children's Basic Health Plan states mental health services should be at least as comprehensive as those provided by Medicaid. In order to reflect this change in the benefits package of the program, 10 C.C.R. 2505-3, Sections 200 and 210 of the Children's Basic Health Plan rules have been changed.

2. An emergency rule-making is imperatively necessary

☐ to comply with state or federal regulation and/or

☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-8-107,C.R.S. 2007; SB 08-160

Initial Review **10/10/2008**

Proposed Effective Date **01/01/2009**

Final Adoption

Emergency Adoption

11/14/2008

DOCUMENT #01

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan Benefits Package 200 and 210
Rule Number: MSB 08-09-04-A
Division / Contact / Phone: CHP+ / Joy Twesigye / 3646

REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The class of persons that will be affected and benefit from this proposed rule change are Children's Basic Health Plan program clients.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

By providing a more full mental health benefit CHP+ members will be able to access more services, receive treatment at increased levels as medically necessary and in turn have increased health outcomes.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

Costs associated with implementing this benefit change have been fully addressed in the fiscal note submitted to the legislature. Currently per capita costs for CHP+ mental health services are approximately \$70.57. The proposed benefit increase would add approximately \$38.85 to the per capita cost. Total estimated costs to increase CHP+ mental health benefits is \$3.0 million in FY 2008-09 increasing to \$6.7 million in FY 2009-10 for a full year of implementation.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

Costs associated with implementing this benefit change have been fully addressed in the fiscal note submitted to the legislature. By providing a more full mental health benefit CHP+ members will be able to access more services, receive treatment at increased levels as medically necessary and in turn have increased health outcomes. The costs of inaction are noncompliance with State statute.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

At this time there are no less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There were no alternative methods considered for the proposed rule.

200 BENEFITS PACKAGE

210 The following are covered benefits including any applicable limitations:

H. Mental Illness Treatments such as: *Eff 12/30/2007*

1. Neurobiologically-based mental illness including: *Eff 12/30/2007*

- a. Schizophrenia; *Eff 12/30/2007*
- b. Schizoaffective disorder; *Eff 12/30/2007*
- c. Bipolar affective disorder; *Eff 12/30/2007*
- d. Major depressive disorder; *Eff 12/30/2007*
- e. Specific obsessive compulsive disorder; *Eff 12/30/2007*
- f. Panic disorder; *Eff 12/30/2007*

2. Mental disorders including: *Eff 12/30/2007*

- a. Post traumatic stress disorder *Eff 12/30/2007*
- b. Drug and alcohol disorders *Eff 12/30/2007*
- c. Dysthymia *Eff 12/30/2007*
- d. Cyclothymia *Eff 12/30/2007*
- e. Social phobia *Eff 12/30/2007*
- f. Agoraphobia with panic disorder *Eff 12/30/2007*
- g. General anxiety *Eff 12/30/2007*
- h. Anorexia Nervosa exclusive of residential treatment *Eff 12/30/2007*
- i. Bulimia exclusive of residential treatment *Eff 12/30/2007*

3. All other mental illness; *Eff 12/30/2007*

- a. Inpatient coverage ~~shall be limited to 45 inpatient days with the option of converting those 45 inpatient days to 90 outpatient days of day treatment services;~~ *Eff 12/30/2007*
- b. Outpatient coverage ~~shall be limited to 20 visits;~~ *Eff 12/30/2007*

I. Physical Therapy, Speech Therapy and Occupational Therapy shall be limited to 30 visits per diagnosis per year. Effective November 1, 2007, Physical, Speech and Occupational Therapy services shall be unlimited for children from birth up to the child's third birthday.
Eff 12/30/2007

J. Durable Medical Equipment shall be limited to the lesser of the purchase price or rental price for medically necessary durable medical equipment that shall not exceed two thousand dollars per year. [Eff 12/30/2007](#)

K. Transplants must be medically necessary and are limited to: [Eff 12/30/2007](#)

1. Liver; [Eff 12/30/2007](#)
2. Heart; [Eff 12/30/2007](#)
3. Heart/lung; [Eff 12/30/2007](#)
4. Cornea; [Eff 12/30/2007](#)
5. Kidney; [Eff 12/30/2007](#)
6. Bone marrow which shall be limited to the following conditions: [Eff 07/30/2007](#)
 - a. Aplastic anemia; [Eff 07/30/2007](#)
 - b. Leukemia; [Eff 07/30/2007](#)
 - c. Immunodeficiency disease; [Eff 07/30/2007](#)
 - d. Neuroblastoma; [Eff 07/30/2007](#)
 - e. Lymphoma; [Eff 07/30/2007](#)
 - f. High risk stage ii and iii breast cancer; [Eff 07/30/2007](#)
 - g. Wiskott aldrich syndrome; [Eff 07/30/2007](#)
7. Peripheral stem cell support which shall be limited to the following conditions: [Eff 07/30/2007](#)
 - a. Aplastic anemia; [Eff 07/30/2007](#)
 - b. Leukemia; [Eff 07/30/2007](#)
 - c. Immunodeficiency disease; [Eff 07/30/2007](#)
 - d. Neuroblastoma; [Eff 07/30/2007](#)
 - e. Lymphoma; [Eff 07/30/2007](#)
 - f. High risk stage II and III breast cancer; [Eff 07/30/2007](#)
 - g. Wiskott aldrich syndrome; [Eff 07/30/2007](#)

M. Home health care; [Eff 07/30/2007](#)

N. Hospice care; [Eff 07/30/2007](#)

O. Prescription medication; [Eff 07/30/2007](#)

P. Kidney dialysis shall be excluded only if the member is also eligible for Medicare; [Eff 07/30/2007](#)

- Q. Skilled nursing facility care must be provided only when there is a reasonable expectation of measurable improvement in the members' health status. *Eff 07/30/2007*
- R. Vision services shall be limited to: *Eff 07/30/2007*
1. Vision screenings for age appropriate preventative care; *Eff 07/30/2007*
 2. Referral required for refraction services; *Eff 07/30/2007*
 3. Maximum fifty dollar benefit for eyeglasses; *Eff 07/30/2007*
- S. Audiology services shall be limited to: *Eff 07/30/2007*
1. Hearing screenings for age appropriate preventative care; *Eff 07/30/2007*
 2. A maximum of eight hundred dollars per year for hearing aides for the following conditions: *Eff 07/30/2007*
 - a. congenital *Eff 07/30/2007*
 - b. traumatic injury *Eff 07/30/2007*
- T. Intractable pain; *Eff 07/30/2007*
- U. Autism; *Eff 07/30/2007*
- V. Case management is covered only when medically necessary; *Eff 07/30/2007*
- W. Dietary counseling/nutritional services shall be limited to: *Eff 07/30/2007*
1. Formula for metabolic disorders; *Eff 07/30/2007*
 2. Total parenteral nutrition; *Eff 07/30/2007*
 3. Enterals and nutrition products; *Eff 07/30/2007*
 4. Formulas for gastrostomy tubes; *Eff 07/30/2007*
- X. Dental services are limited to: *Eff 07/30/2007*
1. Those dental services described in the Evidence of Coverage provided to enrollees aged 18 and under by the MCO (or its designee) with which the Department has contracted for the applicable plan year to provide such dental services; *Eff 07/30/2007*
 2. Orthodontic and prosthodontic treatment for cleft lip or cleft palate in newborns (covered as a medical service in accordance with 10-16-104, C.R.S.); and *Eff 07/30/2007*
 3. Treatment of teeth or periodontium required due to accidental injury to naturally sound teeth (covered as a medical service in accordance with 10-16-104, C.R.S.). A physician or legally licensed dentist must perform treatment within 72 hours of the accident. *Eff 07/30/2007*
- Y. Therapies covered shall include: *Eff 07/30/2007*
1. Chemotherapy; *Eff 07/30/2007*

2. Radiation; [Eff 07/30/2007](#)

X. The following are not covered benefits: [Eff 07/30/2007](#)

1. Acupuncture; [Eff 07/30/2007](#)

2. Artificial conception; [Eff 07/30/2007](#)

3. Biofeedback; [Eff 07/30/2007](#)

4. Storage Costs for umbilical blood; [Eff 07/30/2007](#)

~~5. Inpatient chemical dependency treatment;—~~[Eff 07/30/2007](#)

~~6~~5. Chiropractic care; [Eff 07/30/2007](#)

~~7~~6. Convalescent care or rest cures; [Eff 07/30/2007](#)

~~8~~7. Cosmetic surgery; [Eff 07/30/2007](#)

~~9~~8. Custodial care; [Eff 07/30/2007](#)

~~10~~9. Domiciliary care; [Eff 07/30/2007](#)

~~11~~10. Duplicate coverage; [Eff 07/30/2007](#)

~~12~~11. Government institution or facility services; [Eff 07/30/2007](#)

~~13~~12. Hair loss treatments; [Eff 07/30/2007](#)

~~14~~13. Hypnosis; [Eff 07/30/2007](#)

~~15~~14. Infertility services; [Eff 07/30/2007](#)

~~16~~15. Maintenance therapy; [Eff 07/30/2007](#)

~~17~~16. Nutritional therapy unless specified otherwise; [Eff 07/30/2007](#)

~~18~~17. Elective termination of pregnancy, unless the elective termination is to save the life of the mother or if the pregnancy is the result of an act of rape or incest; [Eff 07/30/2007](#)

~~19~~18. Personal comfort items; [Eff 07/30/2007](#)

~~20~~19. Physical exams for employment or insurance; [Eff 07/30/2007](#)

~~24~~20. Private duty nursing services; [Eff 07/30/2007](#)

~~22~~21. Routine foot care; [Eff 07/30/2007](#)

~~23~~22. Sex change operations; [Eff 07/30/2007](#)

~~24~~23. Sexual disorder treatments; [Eff 07/30/2007](#)

~~25~~24. Taxes; [Eff 07/30/2007](#)

~~26~~25. TMJ treatment; *Eff 07/30/2007*

~~27~~26. Other therapies and treatments which are not medically necessary; *Eff 07/30/2007*

~~28~~27. Vision services unless specified otherwise; *Eff 07/30/2007*

~~29~~28. Vision therapy; *Eff 07/30/2007*

~~30~~29. War-related conditions; *Eff 07/30/2007*

~~34~~30. Weight-loss programs; *Eff 07/30/2007*

~~32~~31. Work-related conditions; *Eff 07/30/2007*

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan, Hearing Aid Benefit, Section 210.S
Rule Number: MSB 08-08-05-B
Division / Contact / Phone: Children's Basic Health Plan / Amy L. Scangarella / (303) 866-3856

**SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS**

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 08-08-05-B, Children's Basic Health Plan, Hearing Aid Benefit, Section 210.S
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) Senate Bill 08-057 - CBHP Benefits Rule 210.S.2.a. and b. reworded, Colorado Department of Health Care Policy and Financing, Medical Assistance (10 CCR 2505-3).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace current text at 10 CCR 2505-3 beginning at §210 S through §210 S. 2.b with the new text attached. MSB 08-09-04-A includes the old text of this rule change and should therefore be published before MSB 08-08-05-B.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Children's Basic Health Plan, Hearing Aid Benefit, Section 210.S
Rule Number: MSB 08-08-05-B
Division / Contact / Phone: Children's Basic Health Plan / Amy L. Scangarella / (303) 866-3856

STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

Senate Bill 08-057 requires expanding specific hearing aid benefits.

2. An emergency rule-making is imperatively necessary

☐ to comply with state or federal regulation and/or

☐ for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

25.5-8-107(1)(a)(I), C.R.S. (2008)
25.5-1-301 through 25.5-1-303 (2008)

Initial Review **10/10/2008**
Proposed Effective Date **01/01/2009**

Final Adoption **11/14/2008**
Emergency Adoption

DOCUMENT #02

Title of Rule: Children's Basic Health Plan, Hearing Aid Benefit, Section 210.S

Rule Number: MSB 08-08-05-B

Division / Contact / Phone: Children's Basic Health Plan / Amy L. Scangarella / (303) 866-3856

REGULATORY ANALYSIS

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The class of persons that will be affected and benefit from this proposed rule change are Children's Basic Health Plan program clients (children only).

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The population affected by this rule change will now receive hearing aids no more than once every five years unless otherwise medically necessary, without a limit on the amount to be paid by the CHP+ program. Hearing aids will also no longer be limited to congenital or traumatic injury conditions. No longer having a maximum allowable amount on hearing aids for children will allow them to have access to appropriate equipment for their specific condition which will optimize audibility and listening skills. In addition to the hearing aid(s) the enrolled child will also have services and supplies available including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to accepted professional standards. Having condition appropriate equipment and services will reduce state expenditures on special education and alternative treatments that would otherwise be necessary if a hearing aid were not provided.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

The Department was appropriated \$54,300 in Fiscal Year 2008 - 09 to implement this change in hearing aid benefits. Per the fiscal note for Senate Bill 08-057, the Fiscal Year 2009 - 10 costs are estimated to be \$116,800. This amendment will increase benefits which impact the Department's budget. In the long run, cost savings to the state may be expected for this population due to a more thorough approach to addressing childhood hearing loss.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

See number 3 above.

Inaction would result in the Department not being in compliance with state statute.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

At this time there are no less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There were no alternative methods considered for the proposed rule.

BENEFITS PACKAGE

200-210

210 The following are covered benefits including any applicable limitations:

S. Audiology services shall be limited to:

a.1. Hearing screenings for age appropriate preventative care;

~~2. A maximum of eight hundred dollars per year for hearing aides for the following conditions:~~

~~2. congenita~~ Hearing aids without financial limitation for enrollees age 18 and under no more than once every five years unless medically necessary including:

a. A new hearing aid when alterations to the existing hearing aid cannot adequately meet the needs of the child

b. Services and supplies including, but not limited to, the initial assessment, fitting, adjustments, and auditory training that is provided according to accepted professional standards. traumatic injury