



COLORADO

Department of Health Care
Policy & Financing

Medical Services Board

AUGUST 2018 EMERGENCY JUSTIFICATION FOR MEDICAL ASSISTANCE RULES ADOPTED AT THE AUGUST 10, 2018 MEDICAL SERVICES BOARD MEETING

MSB 18-07-23-B Revision to the Medical Assistance Rule Drug Payment Methodology for Outpatient Hospitals, Section 8.300

For the preservation of public health, safety and welfare

Emergency rule-making is imperatively necessary. The Medical Assistance Program changed coverage on July 1, 2018, to pay for short term behavioral health services without a specific diagnosis as a state plan benefit for all Medicaid clients enrolled in the Behavioral Health Managed Care program. Previously these services were only available through the Managed Care Entities (previously known as Behavioral Health Organizations) for clients enrolled in the behavioral health program and covered for specific diagnoses. Federally Qualified Health Centers (FQHCs) have been providing the services as contractors with the Managed Care Entities that cover behavioral health for Colorado Medicaid. When providing the services under the managed care program, visits with individuals supervised by licensed clinical social workers, licensed psychologists, licensed marriage and family therapists, and licensed professional counselors are paid as encounters to the FQHCs using the prospective payment system. With the change in coverage allowing HCPF to pay for those services as state plan benefits, an emergency rulemaking is necessary to comply with federal law or to preserve the public health, safety, and welfare, in accordance with C.R.S. § 24-4-103(6).

The emergency rulemaking is necessary to keep in compliance with the current policy. This rule change is crucial for the preservation of public health, safety, and welfare.





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AUGUST 2018 EMERGENCY JUSTIFICATION FOR MEDICAL ASSISTANCE RULES ADOPTED AT THE AUGUST 10, 2018 MEDICAL SERVICES BOARD MEETING

MSB 18-06-15-A, Revision to the Medical Assistance Rule concerning Adding Provider Types to FQHC Visit, Section 8.700

For the preservation of public health, safety and welfare

Emergency rule-making is imperatively necessary. The Medical Assistance Program changed coverage on July 1, 2018, to pay for short term behavioral health services without a specific diagnosis as a state plan benefit for all Medicaid clients enrolled in the Behavioral Health Managed Care program. Previously these services were only available through the Managed Care Entities (previously known as Behavioral Health Organizations) for clients enrolled in the behavioral health program and covered for specific diagnoses. Federally Qualified Health Centers (FQHCs) have been providing the services as contractors with the Managed Care Entities that cover behavioral health for Colorado Medicaid. When providing the services under the managed care program, visits with individuals supervised by licensed clinical social workers, licensed psychologists, licensed marriage and family therapists, and licensed professional counselors are paid as encounters to the FQHCs using the prospective payment system. With the change in coverage allowing HCPF to pay for those services as state plan benefits, an emergency rulemaking is necessary to comply with federal law or to preserve the public health, safety, and welfare, in accordance with C.R.S. § 24-4-103(6).

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