



# 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, February 10, 2023, beginning at 9:00 a.m., in the eleventh floor conference room at 303 E 17<sup>th</sup> 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](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 22-10-04-A, Revision to the Medical Assistance Act Rule concerning the Supports Intensity Scale Assessment, Section 8.612.**

Medical Assistance. The Supports Intensity Scale and Support Level Algorithm rule change is necessary to improve on the equity, transparency and person-centeredness of SIS-related processes and address stakeholder concerns.

The amendments to this rule include adding clarification to the algorithm table to better articulate the "floors/ceilings" of the formula for each Support Level, additional requirements for CMAs to provide the SIS assessment results to Members following their assessment, along with requiring CMAs to review these results at the Member's initial and annual person-centered support planning meeting. There is also language added for the provision of a "transition/step down" process by way of the Support Level Review when a Member has an additional Safety Risk, so that Members and their providers do not experience a "cliff" in funding and service provision when a Member no longer meets the Safety Risk definitions.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303 (2022).

### **MSB 22-07-19-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule concerning Life Skills Training, Home Delivered Meals, Peer Mentorship, & Transition Setup Services, Section 8.553**

Medical Assistance. The Department is revising this section of the rule, 10 CCR 2505-10 8.553 to include the Home Delivered Meals expanded benefit for eligible waiver members who have been discharged from the hospital. These changes include eligibility criteria and utilization parameters for the new benefit.

Additional changes in this section of the rule include updating references of the Spinal Cord Injury (SCI) waiver to the Complementary and Integrative Health (CIH) waiver, clarifying eligibility criteria for the transition services benefits, and updating provider requirements for Peer Mentorship.

The authority for this rule is contained in Sections 25.5-6-1501 C.R.S. (2021) and Sections 25.5-1-301 through 25.5-1-303 (2022).

**MSB 22-12-28-A, Revision to the Medical Assistance Rule Concerning the Rural Provider Access and Affordability Stimulus Grant Program, Section 8.8000**

Medical Assistance. Create rules to administer the Rural Provider Access and Affordability Stimulus Grant Program established through the enactment of Senate Bill 22-200 including a methodology to determine which rural providers are qualified for grant funds, permissible uses of grant money, and reporting requirements for grant recipients.

The authority for this rule is contained in the American Rescue Plan Act of 2021 (ARPA), Public Law 117-2; Section 25.5-1-207 (5), C.R.S. (2022) and Sections 25.5-1-301 through 25.5-1-303 (2022).

**MSB 22-12-28-B, Revision to the Medical Assistance Rule Concerning Medicare-Only Provider Types, Section 8.125 & 8.126**

Medical Assistance. This rule clarifies that Medicare-Only Providers means a provider enrolled in the Medical Assistance Program for purposes of Medicare cost-sharing only, pursuant to 42 CFR §455.410(d).

The authority for this rule is contained in the 42 CFR Parts 412, 413, 425, 455, and 495 and Sections 25.5-1-301 through 25.5-1-303 (2022).

**MSB 22-12-28-C, Revision to the Medical Assistance Act Rule Concerning Inpatient Payment Rates for Opioid Antagonist, Section 8.300.5.D**

Medical Assistance. House Bill 22-1326 appropriates funding allowing the Department of Health Care Policy and Financing to reimburse opioid antagonist drugs outside of its current reimbursement methodology. Currently, there is not distinct reimbursement for the opioid antagonist drug Naloxone in the payment bundles used for outpatient hospital payment calculation. This rule change will allow the Department to make payment outside of the payment bundles, creating greater incentive to inpatient hospitals to provide take-home Naloxone to patients at-risk for opioid overdoses.

The authority for this rule is contained in HB 22-1326 and Sections 25.5-1-301 through 25.5-1-303 (2022).