



# 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, July 12, 2024, beginning at 9:00 a.m., at 303 E 17<sup>th</sup> Avenue, 11<sup>th</sup> 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](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, 303 E. 17<sup>th</sup> 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](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 24-03-19-A, Revision to the Medical Assistance Eligibility Rules concerning Buy-in Monthly Premium Waiver Extension, 8.100.6.Q.1.f.vii and 8.100.6.P.1.f.vi (Nancy Brenes, Office of Medicaid Operations)**

Medical Assistance. The proposed rule change will amend 10 CCR 2505-10 8.100.6.Q.1.f.vii. and 8.100.6.P.1.f.vi to incorporate changes to the duration of the extension period for the Working Adults with Disabilities (WAWD) and the Children's Buy-In with Disabilities (CBWD) programs. Currently, it is stated that the Department will continue to waive premiums until the last day of the twelfth month following the end of the COVID - 19 Public Health Emergency. The change will reflect that this extension will continue past the end of the emergency declaration and until further notice from the Department.

The rule must be updated to reflect an additional extension to waive the collection of monthly premiums. The Department has issued a memo to reflect the extension of waiving of premiums and no additional Colorado Benefits Management System changes are needed since we have already been waiving premiums.

The authority for this rule is contained in Sections 25.5-1-301-303 (2023).

### **MSB 24-01-03-A, Creation of the Medical Assistance Act Rule concerning the Money Follows the Person Demonstration, Section 8.555 (Matthew Bohanan, Office of Community Living)**

Medical Assistance. Transition coordination services in the Department of Health Care Policy & Financing (the Department) was established April 30, 2018, by House Bill 18- 1326, Support for Transition from Institutional Settings. Passed with unanimous support, this enactment directed the Department to provide community transition services and supports to people who are in institutional settings, are eligible for Medicaid, and desire to transition to a home- and community-based setting. The Department implemented these services on January 1, 2019.

The purpose of this new rule is to codify State Authority to implement a Money Follows the Person (MFP) Demonstration. Implementation of the MFP Demonstration will include expansion of the Targeted Case Management - Transition Coordination (TCM-TC) benefit in addition to the creation of MFP Supplemental Services that allow for the provision of support otherwise unavailable through Medicaid.

Money Follows the Person (MFP) is a Federal Demonstration Grant that serves adult members who live in qualified institutional settings and have a desire to move to the community supported by Medicaid State Plan benefits and waiver services.

Expansion of the TCM-TC rules is addressed through MSB # 23-10-25-C where the service authorization limit was increased from 240 units to 360 units. This new rule set will represent operational guidance concerning the integration of TCM-TC into the MFP Demonstration. MFP Supplemental Services will represent short-term resources available to members for a specified period of time and will include Environmental Adaptations, Peer Mentorship, Pre-tenancy Support, Housing Assistance, and Food Assistance.

The purpose of this new rule set is necessary to create program oversight and accountability.

The authority for this rule is contained in 42 USC 1396a and 25.5-1-301-303 (2023).

**MSB 23-08-23-A, Revision to the Medical Assistance Act Rule concerning Non-Emergent Medical Transportation for Children and Siblings, Section 8.014 (Russ Zigler, Health Policy Office)**

Medical Assistance. The proposed rule will add children and/or siblings of a member, or the children of the member's escort, to the list of additional passengers for non-emergent medical transportation (NEMT) in the following circumstances:

- If a member does not have access to childcare for their children for the duration of the trip to and from the medical services, the child(ren) may accompany the member.
- If a member's escort does not have access to childcare for the member's siblings for the duration of the trip to and from the member's medical services, the member's siblings may accompany the member.
- If a member's escort does not have access to childcare for their children for the duration of the trip to and from the member's medical services, the escort's children may accompany the member.

The proposed rule ensures that members have access to NEMT when they do not have childcare for their children for duration of the trip to and from the medical services, or for the children of the

member's escort or the member's siblings when the member requires an escort and the escort does not have access to childcare for the duration of the trip.

NEMT providers may not charge for the additional passengers authorized under the proposed rule.

The authority for this rule is contained in 42 C.F.R. § 431.53 (2024); Sections 25.5-1-801, C.R.S. (2024) and 25.5-1-301-303 (2023).

**MSB 24-02-22-B, Revision to the Medical assistance Rule concerning Transition Coordination Services & Targeted Case Management – Transition Coordination (TCM-TC), Section 8.519.27 & 8.763 (Nora Brahe, Office of Community Living)**

Medical Assistance. This revision to Targeted Case Management (TCM-TC) Transition Coordination rules will expand the eligibility to individuals who are at-risk of being placed in an institutional setting.

Colorado is committed to the federal precedent, that under appropriate conditions individuals with disabilities have a qualified right to receive state funded supports and services in the least restrictive environment, including in the community setting rather than institutions or institution-like settings. The benefit established in 10 CCR 2505-10 8.519.27 Transition Coordination Services and 8.763 Targeted Case Management and Transition Coordination (TCM-TC) advances that commitment.

Transition Coordination Services in the Department of Health Care Policy and Financing (the Department) was established April 30, 2018, by House Bill 18-1326, Support for Transitions from Institutional Settings. Passed with unanimous support, this enactment directs the Department to provide community transition services and supports to people who are in institutional settings, are eligible for Medicaid, and desire to transition to a home and community-based setting. Targeted Case Management-Transition Coordination (TCM-TC) officially began providing transition services to Medicaid members on January 1, 2019. Implementation of TCM-TC is based on the success of the Money Follows the Person (MFP) grant program, which Colorado implemented as the Colorado Choice Transitions (CCT) demonstration in 2013. Concluding December 31, 2018, the CCT program helped 702 people transition from institutional settings to the community.

TCM-TC is a permanent Medicaid benefit that works in combination with the State Plan and waiver services to reduce barriers to community access, while supporting a variety of life-changing events for members living in the community. The purpose of the proposed TCM-TC rule revision is to expand eligibility for the benefit to individuals who are at-risk of admission to institutions or institution-like settings.

Informed choice is central to person-centered philosophy and members' potential to thrive in a less restrictive setting. Helping individuals who desire to live and receive services in a community-based setting supports informed choice. TCM-TC provides this assistance as well as acting as a bridge from institutional settings to community-based supports and services.

The need for the rule revision is further justified by Federally required assessments that indicate that more people living in institutional settings expressed an interest in living in home or community-based settings than current services can support.

A change in service eligibility will likely decrease the number of individuals who are placed in institutional settings.

The authority for this rule is contained in 42 U.S.C. §1396n(c) and The Social Security Act, §1915(c) and 25.5-1-301-303 (2023).

**MSB 24-05-29-A, Revision to the Medical Assistance Act Rule concerning Doula Services, Section 8.734 (Erica Schaler, Policy Development and Implementation Section)**

Medical Assistance. The Department of Health Care Policy and Financing (Department) intends to provide coverage for doula services for Medicaid-enrolled pregnant persons effective July 1, 2024. These changes will increase access to care for all pregnant persons throughout the perinatal period to improve birth-related outcomes.

The authority for this rule is contained in 42 C.F.R. 440.130(c); C.R.S. Section 25.5-4-506(6) and 25.5-1-301-303 (2023).

**MSB 24-05-29-B, Revision to the Medical Assistance Act concerning the Coverage of FDA-Approved Imported Drugs, Section 8.800.4.B (Korri Conilogue, Pharmacy Office)**

Medical Assistance. The purpose of this proposed rule change is to allow the Department the authority to cover FDA-approved imported drugs and other selected prescribed drugs that are not covered outpatient drugs. This would help members to maintain access to critical drugs that have become unavailable in the United States in addition to allowing the Department to cover a broader number of prescribed products for members. Therefore, the Department is seeking an amendment to 10 C.C.R. 2505-10, Section 8.800.4.B, to include selected prescribed drugs that are not covered outpatient drug as a covered benefit.

The authority for this rule is contained in 25.5-1-301-303 (2023).

**MSB 24-05-29-C, Revision to the Medical Assistance Act Rule concerning Doula Services, Section 8.200.2.D.a (Erica Schaler, Policy Development and Implementation Section)**

Medical Assistance. Pursuant to C.R.S. 25.5-4-506, provide doula benefit for Medicaid-enrolled pregnant persons effective July 1, 2024. In order to implement the doula benefit, this proposed amendment removes doulas from the rule requiring all providers who are not provided oversight by the Colorado Department of Regulatory Agencies (DORA), practice under the direct supervision of a physician. In order for doulas to be effective, they must provide community-based care. If physician oversight is required, it destroys the integrity of the community-based aspect of this important service.

The authority for this rule is contained in 42 CFR 440; C.R.S. Section 25.5-4-506 and 25.5-1-301-303 (2023).