



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, March 10, 2023, beginning at 9:00 a.m., in the eleventh floor conference room at 303 E 17th 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 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, 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.

This notice is submitted pursuant to § 24-4-103(3)(a) and (11)(a), C.R.S.

MSB 22-11-03-A, Revision to the Medical Assistance Act Rule concerning Medicaid Eligibility Quality Control, Section 8.080

Medical Assistance. The Medicaid Eligibility Quality Control (MEQC) rule at Section 8.080 is obsolete after the MEQC authority was moved to Section 1.020.10.1 of the Department's Executive Director rules. Section 8.080 is therefore being removed and the authority for MEQC is in Section 1.020.10.1.

The authority for this rule is contained in 42 CFR Part 455, Subpart A; Title 25.5, Article 4, Part 3, C.R.S. (2022) and Sections 25.5-1-301 through 25.5-1-303 (2022).

MSB 22-09-19-A, Revision to the Medical Assistance Rule concerning CHRP Respite and Capacity Limit Rule Change, Section 8.508.100

Medical Assistance. The Department is seeking to make two changes to the Children's Habilitation Residential Program (CHRP), a Home and Community Based Service waiver for children and youth with intellectual/developmental disabilities who have complex medical or behavioral support needs that put them at risk of, or in need of, out of home placement. The Department is changing the provider capacity regulations to remove specific capacity limitation and instead reference the Colorado Department of Human Services (CDHS) regulations. Currently, HCPF regulations mirror CDHS regulations on provider capacity. This can cause significant confusion if the rules do not match. By simply referencing the CDHS regulations, HCPF would no longer need to revise regulations each time CDHS modifies the capacity limitations within rule.

Additionally, the Department is proposing to revise regulations in order to expand access to respite on the CHRP waiver. Expanding the respite unit limits to align with the current respite limits established for the Children's Extensive Support Waiver will allow members to better utilize the benefit and will allow for a potential overage request to be approved by the department when

absolutely necessary. The Department obtained budget approval for this change through the FY22-23 budget. This change will align the regulations with the new service appropriations.

The authority for this rule is contained in Section 1915(c) of the Social Security Act, 42 U.S.C § 1396n (2022) and Sections 25.5-1-301 through 25.5-1-303 (2022).

MSB 23-01-31-A, Revision to the Medical Assistance Rule concerning Verified Information at Renewal, Section 8.100.3.P

Medical Assistance. The proposed rule change will amend 10 CCR 2505-10 section 8.100.3.P to update the lookback period of three months to six months when determining if a case has up-to-date information as part of the ex-parte review at renewal. Policy received guidance from CMS that allows states the flexibility to determine whether verified information is considered up-to date and states can consider information verified within the last 6 months. The lookback period determines if a member's case has up-to-date information, if not, this information is requested at renewal. System updates have been made to implement this change.

The authority for this rule is contained in 42 CRF § 435.916, § 435.948, and § 435.949 and Sections 25.5-1-301 through 25.5-1-303 (2022).

CHO 23-01-31-B, Revision to the Child Health Plan Plus Program Rule concerning Verified Information at Renewal, Section 140

Medical Assistance. The proposed rule change will amend 10 CCR 2505-3 section 140.1 to update the lookback period of three months to six months when determining if a case has up-to-date information as part of the ex-parte review at renewal. Policy received guidance from CMS that allows states the flexibility to determine whether verified information is considered up-to date and states can consider information verified within the last 6 months. The lookback period determines if a member's case has up-to-date information, if not, this information is requested at renewal. System updates have been made to implement this change.

The authority for this rule is contained in 42 C.F.R §457.343 and §457.380 and Sections 25.5-1-301 through 25.5-1-303 (2022).