



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, June 9, 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 23-01-13-A, Revision to the Medical Assistance Act Rule concerning Care and Case Management System, Sections 8.390, 8.393, 8.400, 8.500 & 8.615

Medical Assistance. Changes have been made throughout 8.300, 8.400, 8.500. The current rule identifies by name the ULTC 100.2 as the instrument used to determine eligibility for LTSS and incorporates the instrument in its entirety into the regulations. The changes remove this language and replaces it with updated terminology and language to allow for an use of second instrument, which will be used concurrent to the ULTC 100.2, but with only one of the two instruments being used on any one member for any single certification period. This is in preparation for the eventual replacement of the ULTC 100.2 with the new instrument, the Colorado Single Assessment Level of Care Eligibility Determination Screen.

The authority for this rule is contained in Section 25.5-6-104, C.R.S. and Sections 25.5-1-301 through 25.5-1-303 (2022).

MSB 23-03-09-A, Revision to the Medical Assistance Act Rule concerning the Coverage of OTC Opioid Antagonists, Section 8.800.4.D

Medical Assistance. This proposed rule will include opioid antagonists to the list of over the counter (OTC) drug classes which the Department may cover. The Food and Drug Administration (FDA) recently approved an OTC formulation of the opioid antagonist, naloxone. Current Department rules restrict coverage of the OTC version of naloxone; therefore, this rule change will allow the Department to cover OTC naloxone and increase member access to lifesaving medications.

The authority for this rule is contained in 1927 42 USC 1396r-8(d)(2) and Sections 25.5-1-301 through 25.5-1-303 (2022).

MSB 23-03-14-B, Revision to the Medical Assistance Rule concerning Adult Day Services Dementia Training, Section 8.491

Medical Assistance. Senate Bill 22-079 was signed into Colorado law in May 2022. Within this bill it requires that by July 1, 2024, the State Board shall adopt rules requiring all direct-care staff members at Adult Day Care Facilities to obtain dementia training pursuant to curriculum prescribed or approved by the State Department in collaboration with stakeholders that is consistent with the rules pursuant to Colorado Revised Statutes 25.5-6-314. The proposed regulations are necessary to come into compliance with Senate Bill 22-079 prior to the July 1, 2024 deadline. The new regulations ensure that all direct-care staff members of Adult Day Services providers receive dementia training as outlined in Senate Bill 22-079.

The authority for this rule is contained in Colorado Senate Bill 22-079 and Sections 25.5-1-301 through 25.5-1-303 (2022).

MSB 23-04-24-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 American Rescue Plan Act of 2021 (ARPA), Public Law 117-2 Sections Section 25.5-1-207 (5), C.R.S. and Sections 25.5-1-301 through 25.5-1-303 (2022).