



# 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, December 8, 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 23-05-05-A, Revision to the Medical Assistance Act Rule concerning Unilateral Cochlear Implants, Section 8.200.3.D.1.2.e.iii-iv**

Medical Assistance. The proposed rule adds unilateral cochlear implants to the list of covered cochlear implants in the speech, language, and hearing section of the physician services rule for pediatric members that meet Federal Drug Administration (FDA)-approved age guidelines. The current rule covers bilateral cochlear implants for pediatric members, but not unilateral cochlear implants. Bilateral and unilateral cochlear implants are covered under Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for pediatric members aged 20 and under, the proposed rule references the EPSDT authority for this coverage.

The authority for this rule is contained in 42 CFR 440.110(c) (2023); Section 25.5-5-202(I)(I), C.R.S. and Sections 25.5-1-301 through 25.5-1-303 (2023).

### **MSB 22-12-09-A, Revision to the Medical Assistance Rule concerning Resident Personal Needs Accounts, Section 8.400**

Medical Assistance. The proposed rule revises section 8.482 and other sections needed to be updated to clarify nursing facility responsibilities for resident personal needs accounts and post eligibility treatment of income. Other sections of the rule needed to be updated for person-centered wording and to delete outdated wording.

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

**MSB 23-07-17-A, Revision to the Medical Assistance Act Rule concerning the Wellness Education Benefit Section 8.7400**

Medical Assistance. The Wellness Education Benefit is a new service that seeks to prevent hospitalization or movement into an institutional setting by assisting Children’s Home and Community-Based (CHCBS) waiver members and their families in obtaining, processing, and understanding information that assists with managing health-related issues, promoting community living, and achieving goals identified in their person-centered support plans. Not only will this benefit provide members with additional information on community living, but it will help members maintain waiver eligibility by providing a monthly waiver service to members. This rule establishes eligibility, definitions, case management responsibilities, and provider responsibilities in the CHCBS waiver benefits section of rule.

The authority for this rule is contained in Section 1915 (b) (4) submitted to CMS. Approval expected 1/1/24; Senate Bill 23-214 and Sections 25.5-1-301 through 25.5-1-303 (2023).

**MSB 23-06-05-A, Revision to the Medical Assistance Rule concerning Rural Sustainability Payments, Section 8.8500**

Medical Assistance. A Sustainability Payment of \$100,000 per Critical Access Hospital and \$20,000 per Rural Health Center will be issued March 1, 2024 and each subsequent year on August 1st annually for all qualified rural providers participating in the state’s Rural Connectivity Program.

The authority for this rule is contained in 42 CFR Sec 440.20; 42 CFR 405 and 491; Sections C.R.S. § 25.5-5-202(1)(b); Sections C.R.S. § 25.5-5-102(1)(a-b), (i) and Sections 25.5-1-301 through 25.5-1-303 (2023).