



# 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, January 9, 2024, 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 23-06-06-A, Revision to the Medical Assistance Act Rule concerning School Based Health Centers, Section 8.295**

Medical Assistance. The proposed rule will convert the existing School Based Health Centers (SBHC) Benefit Coverage Standard (BCS) into Department rule. The SBHC BCS was developed in conjunction with SBHC stakeholders in 2012. The purpose of this rulemaking is to include the substantive content of the SBHC BCS in Department rule and remove the incorporation by reference of the SBHC BCS. SBHC stakeholders were included in the development of the proposed rule. SBHC stakeholders were included in the development of the proposed rule. There are no intended substantive changes to SBHC policy in the proposed rule.

The authority for this rule is contained in 42 U.S.C.A. § 1396d(a)(4)(B) and 42 CFR 440.40(b); C.R.S. § 25.5-5-102(1)(g) and Sections 25.5-1-301 through 25.5-1-303 (2023).

### **MSB 23-03-13-A, Creation of Medical Assistance Act Section Rule concerning Case Management, Member Rights and Responsibilities Home and Community Based Services and Provider Agency Requirements, Section 8.7000**

Medical Assistance. The Office of Community Living is restructuring and revising certain rules to come into alignment with federal requirements for conflict free case management under Colorado's Case Management Redesign. Case Management Redesign (CMRD) refers to several initiatives aimed at simplifying access to long-term services and supports, creating stability for the case management system, increasing and standardizing quality requirements, ensuring accountability, and achieving federal compliance. Updates to rule language is necessary to mirror the policies created for CMRD and to be able to hold agencies accountable to the CMRD requirements outside of contracts. The

purpose of these new regulations is to meet the goals of CMRD by updating and consolidating the regulations pertaining to case management agencies, Home and Community Based Services (HCBS) waivers and services under each waiver, HCBS provider agencies, and member rights and responsibilities. The secondary goal is to simplify the regulations pertaining to the waivers, services, case management agencies, and provider agencies. The regulations were duplicative, confusing, and included outdated language and requirements. The new rules are streamlined and far easier to navigate, regardless the reader.

As noted above, the regulations have been streamlined provide better organization. The regulations have been structured by waivers, case management, provider requirements, and services. The changes for each of the new sections are outlined below.

#### Waiver Rules

Rule Contents: The waiver rules include general definitions, functional and financial eligibility, and provisions that are specific to each waiver.

#### Case Management Rules

Rule Contents: These rules include general case management definitions, case management agency requirements, case manager requirements and duties, and member rights and responsibilities.

#### Provider and Services Rules

Rule Contents: These rules include provider agency and service-related definitions, general HCBS provider agency regulations, and all HCBS service-specific rules and requirements in alphabetic order.

The authority for this rule is contained in 42 CFR § 441.301(c)(1)(vi); C.R.S. 25.5-6.701- 706; C.R.S. 25.5-6-601- 607; C.R.S. 25.5-6-13.01- 13.04; C.R.S. 27-10.5-101- 103; C.R.S. 25.5-6-301-313; C.R.S. 7-10.5-101-103; C.R.S. 27-10.5-401; C.R.S. 25.5-6-401-411; C.R.S. 25.5-6-901; C.R.S. 25.5-5-306(1) and C.R.S. 27-10.5-102(11); C.R.S. 25.5-5-305; C.R.S 25.5-6-17 and Sections 25.5-1-301 through 25.5-1-303 (2023).

### **MSB 23-11-28-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule concerning Transition Services Setup Expenses, Section 8.553.6**

Medical Assistance. The Department is revising this section of the rule, 10 CCR 2505-10 8.553.6 to increase the available Transition Setup Expenses from \$1,500 to \$2,000 to allow members transitioning into the community the ability to set up a basic household, pay required deposits to obtain a lease and secure basic utilities, and hire cleaning or pest eradication services to ensure these members are moving into a safe environment.

The authority for this rule is contained in Sections 25.5-6-1501 C.R.S. (2023) and Sections 25.5-1-301 through 25.5-1-303 (2023).