



# 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 11, 2021, beginning at 9:00 a.m., in the eleventh floor conference room at 303 East 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](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 20-08-10-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning Telehealth in Home and Community-Based Services, to add Section 8.615**

Medical Assistance. The Office of Community Living (OCL), Benefits and Services Management Division is requesting to revise regulations to include the addition of Telehealth service delivery to select Home and Community-Based Services (HCBS). The addition of Telehealth as a service delivery option is a policy change and rule revision that will give HCBS waiver members an additional choice in how waiver services are delivered. During the COVID - 19 Public Health Emergency (PHE) and through the Department's completion of Appendix K, the Department has temporarily allowed for select HCBS to be delivered through Telehealth. As we near the end of Appendix K's authority, the Department is looking to sustain Telehealth as a service delivery option for select HCBS, in efforts to continue to offer our members additional flexibilities in how they are supported in the community of their choice. The addition of regulations will give members and providers regulatory parameters for how Telehealth can be utilized in HCBS to maintain service integrity, and ensure our member's health and safety.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021) and Sections 25.5-6 and Sections 25.5-10 C.R.S..

### **MSB 21-01-21-A, Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning Transitional Living, Section 8.516.30**

Medical Assistance. Revision to the regulations pertaining to the Transitional Living Program (TLP) within the Home and Community Based Services (HCBS) Brain Injury (BI) Waiver. The Transitional Living benefit is a post-acute residential setting for members with recent neurologic damage. The Department reimburses providers through a per diem payment. Members are responsible for paying room and board directly to the provider. All the other HCBS residential benefits adhere to the annually established the room and board amount set by the Department. Revisions to these

regulations will align the TLP room and board amount to the established process utilized for all the residential settings.

The authority for this rule is contained in Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021) and Section 25.5-6-704, C.R.S..

**MSB 21-01-28-A, Revision to the Medical Assistance Rule concerning FFY 20-21 Healthcare Affordability & Sustainability (HAS) Fees & Payments Amendment, Creation of Hospital Transformation Program (HTP) & Rural Support Program (RSP), Section 8.3000**

Medical Assistance. The rule change makes necessary revisions for the federal fiscal year (FFY) 2020-21 Healthcare Affordability & Sustainability (HAS) fees and supplemental payments. Inpatient per-diem fees and Outpatient percentage fees are updated to account for changes to estimated Medicaid expansion costs, estimated administration costs, and HAS supplemental payments. Without the rule change there will not be enough HAS fees to fund Colorado Medicaid and CHP+ expansions and HAS supplemental payments. The rule change includes revisions to the Disproportionate Share Hospital (DSH) supplemental payment for the FFY 2022 DSH allotment and revisions to the Hospital Quality Incentive Payment (HQIP) supplemental payment for changes recommended by the HQIP sub-committee and approved by the Colorado Healthcare Affordability and Sustainably Enterprise (CHASE) Board.

The rule change also includes the creation of the Hospital Transformation Program (HTP) and Rural Support Program (RSP). The HTP will leverage supplemental payments as incentives designed to improve patient outcomes and lower Medicaid cost. Hospitals must work to achieve certain milestones established by the hospital in the first year of the program. Hospitals not achieving milestones or completing activities will have their HAS supplemental payments reduced with the reduced payments going to hospitals achieving the milestones or completing the activities. The RSP will provide complementary funding to the HTP to prepare critical access and rural hospitals for future value-based environments.

The authority for this rule is contained in 42 CFR 433.68 and 42 U.S.C. § 1396b(w) (2021); Section Section 25.5-5-102(1)(c), C.R.S. (2021) and Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021) and 25.5-4-402.4(4)(b), (g), C.R.S..