



**COLORADO**  
Department of Health Care  
Policy & Financing

Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

November 1, 2019

Members of the Colorado General Assembly  
c/o Legislative Council  
State Capitol Building  
200 East Colfax  
Denver, CO 80203

Dear Members of the General Assembly:

I am pleased to submit the Department of Health Care Policy and Financing (HCPF)'s 2019 Regulatory Agenda Report and 2020 Regulatory Agenda, in compliance with Colo. Rev. Stat. §2-7-203, as amended by House Bill 12-1008. The Department's 2019 Regulatory Agenda has also been submitted to the Colorado Secretary of State for publication in the Colorado Register, and will be posted to our website.

The Department's 2019 Regulatory Agenda Report provides a brief summary of all permanent, temporary and emergency rules reviewed, revised and adopted since the Department's 2018 Departmental Regulatory Agenda was filed on November 1, 2018, as well as the status, comments, and information relative to stakeholder input. Pursuant to Colo. Rev. Stat. § 24-4-103.3(4), the 2019 Regulatory Agenda Report also reflects the results of the Department's mandatory rule review activity over the past year. Effective July 1, 2018, all permanent rules adopted by the Department, as reflected in the 2019 Regulatory Agenda Report, involved early stakeholder engagement, as described by the Department's procedures for public participation in rulemaking (available online at <https://www.colorado.gov/hcpf/regulatory-resource-center>).

Information pertaining to a specific rule can be obtained by contacting Chris Sykes, [Chris.Sykes@state.co.us](mailto:Chris.Sykes@state.co.us) or 303-866-4416.

Pursuant to Colo. Rev. Stat. §2-7-203(2)(a)(II), we will be prepared to discuss our 2018 Regulatory Agenda Report and 2019 Regulatory Agenda with the Department's Joint Committee of Reference during our upcoming SMART Act hearing.



Sincerely,



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Kim Bimestefer  
Executive Director

- CC: Legislative Council Library  
State Library  
John Bartholomew, Finance Office Director, HCPF  
Tracy Johnson, Medicaid Director, HCPF  
Bonnie Silva, Community Living Office Director, HCPF  
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Chris Sykes, Medical Services Board Coordinator, HCPF



2020

Regulatory Agenda

January 1, 2020-December 31, 2020



**COLORADO**  
Department of Health Care  
Policy & Financing

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Denver, CO 80203

## Overview

The Colorado Department of Health Care Policy and Financing submits the following 2020 Regulatory Agenda in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. §2-7-203(4). Pursuant to state law, annually on November 1 executive-branch agencies must file a Departmental Regulatory Agenda (DRA) containing:

- A list of new rules or amendments that the department or its divisions expect to propose in the next calendar year;
- The statutory or other basis for adoption of the proposed rules;
- The purpose of the proposed rules;
- The contemplated schedule for adoption of the rules;
- An identification and listing of persons or parties that may be affected positively or negatively by the rules; and

The Regulatory Agenda also includes, pursuant to Colo. Rev. Stat. §24-4-103.3, rules to be reviewed as part of the Department's "Regulatory Efficiencies Reviews" during 2017 (which are denoted as such in the "purpose" column). The DRA is to be filed with Legislative Council staff for distribution to committee(s) of reference, posted on the department's web site, and submitted to the Secretary of State for publication in the Colorado Register. Each department must also present its DRA as part of its "SMART Act" hearing and presentation pursuant to Colo. Rev. Stat. §2-7-203(2)(a)(III)(A).

The following constitutes Department of Health Care Policy and Financing’s Regulatory Agenda for 2019-2020 and is provided in accordance with Colo. Rev. Stat. §24-7-203(2)(a)(IV):

Schedule	Rule Number	Rule Title	New rule, revision, or repeal?	Statutory or other basis for adoption or change to rule	Purpose of Proposed Rule	Stakeholders <i>Consider including high-level outreach bullets</i>
			If only a part of a CCR is repealed, it should be classified as “revised”	Statutory authority		Categories of stakeholders, not individual stakeholders
August/September 2020	10 CCR 2505-10, 8.001	Electronic Visit Verification	New Rule	21 <sup>st</sup> Century Cures Act	Mandate the use of EVV for required services and outline provider responsibilities.	1713 distinct providers and 62,718 providers.
June 2020	10 CCR 2505-10, Section 8.510	Consumer Directed Attendant Support Services	Revision	Existing Rule at 8.510	Modification to existing rule to service definitions and vendor communication requirements.	Undetermined until stakeholder engagement is completed and rule changes determined.

July 2020	10 CCR 2505-10, Section 8.489; 8.490	Personal Care / Homemaker	Revision	Existing rules at 8.489, 8.490	Language updates to ensure consistency between services	Health First Colorado members, providers.
July 2020	10 CCR 2505-10, Section 8.485.200	Limitations on Payment to Family Members	Revision	8.485.200	Language updates to match existing policy / legislative authority	Health First Colorado members, providers.
Nov/Dec 2020	10 CCR 2505-10, Section 8.497	Program for All-Inclusive Care of the Elderly	Revision	8.497	Updates to clarify language and add processes	4 PACE Organizations
Nov/Dec 2020	10 CCR 2505-10, Section 8.600	HCBS provider requirements	Revision	8.600	Include Final Settings Rule requirements, CIR requirements, CAPS checks requirements for all HCBS providers	HCBS providers and stakeholders
July 2020	10 CCR 2505-10, Section 8.500; 8.600	Supported Employment Supports and Services	Revision	8.500 and 8.600	Update rule to fit newer Supported Employment processes and models	HCBS providers and individuals in services.

July 2020	10 CCR 2505-10, Section 8.501	State-SLS updates (may not be needed)	Revision	8.501	May need to update these new regulations based upon feedback from the first year of operation	CCB, Providers and individuals in services
Dec. 2019- Jan. 2020	10 CCR 2505-10, 8.470	HBU Eligibility criteria	Revision	Existing rule at 8.470 CRS 25.5-1-303.3	Clarification of eligibility criteria and required documentation	HBU providers, Hospital discharge planners
4 <sup>th</sup> Quarter 2020	Section 8.470	HBU Ventilator weaning incentivization	Revision	Existing rule at 8.470 CRS 25.5-1-303.3	Adjustment in rate methodology to incentivize ventilator weaning and discharge rates	HBU providers
Dec. 2019- Jan.2020	10 CCR 2505-10, Section 8.482.33	PETI-Pre-existing Medical expenses	Revision	8.482.33 addition CRS 25.5-1-303.3 42 CFR § 435.725	Defining procedures/limitations for the use of SNF PETI as a means to pay for expenses incurred prior to Medicaid eligibility.	SNF providers/residents

Jan. 2020	10 CCR 2505-10, Section 8.430	Clarification on Medicaid SNF beds	Revision	8.430 CRS 25.5-1-303.3	Clarifying definition of Existing Facility	SNF providers
Rule Making Process Estimated Nov/Dec 2020	Section 8.400 – 8.409 & Section 8.442 – 8.443	Intermediate Care Facility Language Updated	Revision	CRS 25.5-1-303.3	The Department intends to revise language within 10 CCR 2505-10, section 8.400 to add requirements related to the operation of Intermediate Care Facilities and remove outdated language	Intermediate Care Facilities Providers
Rule making process estimated to begin in February 2020. Must be effective July 1, 2020.	10 CCR 2505-10, Section 8.392	FINANCING OF THE SINGLE ENTRY POINT SYSTEM including Section 8.392.1.A – Reimbursement Methodology and Section 8.392.1.B – Cost Allocation	Revision	The Department is implementing a Fee for Service (FFS) and Per Member Per Month (PMPM) rate methodology to pay the twenty-four (24) Single Entry Point (SEP) agencies for contract activities conducted starting July 1, 2020. 10 CCR 2502-10 Section	The Department intends to revise and/or strike language from current regulation to ensure that Department practice aligns with regulation. Due to the upcoming implementation of SEP rates on July 1, 2020, many parts of this regulation will no longer be accurate.	Twenty (20) County-Based Single Entry Point (SEP) agencies and four (4) Private-Based SEPs.

				8.392 requires revision to ensure that Department practice aligns with regulation.		
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Spring or summer of 2020	10 CCR 2505-10, Section 8.290	School Health Services	Revision	Update on Federal guidance per SMD letter #14-006	Expand SHS services to not be limited to children on Individualized Education Programs (IEP) and Individualized Family Service Plan (IFSP) but instead to include other Plans of Care such as behavioral plan and health care plan.	support CCBs and Case Managers with rules on what is an appropriate use of this program
December 2019/January 2020	10 CCR 2505-10, Section 8.960	Colorado Dental Health Care Program for Low-Income Seniors	Revision	Update procedure amounts, add procedure, and changes from 2020 code book	HB19-1326 allows the Dental Advisory Committee (DAC) to change procedure amounts. DAC will be lowering some amounts. DAC passed procedure D1354 to	Public School Districts - Positively



					be added to fee schedule, any updates in the 2020 CDT Dental Procedure Code book needs to be changed in fee schedule.	
December 2019/January 2020	10 CCR 2505-10, Section 8.5000	Hospital Community Benefit Accountability	New Rule	HB19-1320	The proposed rule provides definitions of key terms and details the meeting and reporting requirements for reporting hospitals. This information will be used by the Department in its annual report to the general assembly	D1354 and code book updates will affect grantees and seniors-Positively. Procedure change amounts will affect majority of grantees positively, however, some grantees don't want the rates lowered. These specific grantees would see the rate change as negative impact.
December 2019/January 2020	10 CCR 2505-10, Section 8.4000	Hospital Expenditure Report Data Collection	New Rule	HB19-1001	The proposed rule details the data collection process (statement submissions and reporting submissions) for the Hospital Expenditure Report. The proposed rule provides essential details missing from the statute. The proposed rule also adds specifications on the statements to be collected, ensuring that hospitals provide	Hospitals – negatively General public - positively

					meaningful and comparable data.	
February/March 2020	10 CCR 2505-10, Section 8.3000	Healthcare Affordability and Sustainability Fee	Revision	Colorado Affordability and Sustainability Enterprise Act of 2017 (SB 17-267)	The proposed rule will change Healthcare Affordability and Sustainability (HAS) fee and payment rates for Federal Fiscal Year (FFY) 2019-20. The proposed rule will also create the Hospital Transformation Program (HTP).	Hospitals - Positively
April 2020	10 CCR 2505-10, Section 8.100.4.C	Revisions to the Medicaid Eligibility Rules Concerning MAGI Methodology for Income Calculation	Revision	42 CFR 435.952(c)	Implements policy changes to how long an applicant/member responds to an IEVS discrepancy	The change will have an affect on any applicant/member that has declared earned income and the length of time to have a reasonable opportunity period to clarify any discrepancy with the state interface IEVS.

July 2020	10 CCR 2505-10, Section 8.100.1, 8.100.2, 8.100.3, and 8.100.4	Revisions to the Medicaid Eligibility Rules Concerning Clarification	Revision	42 CFR Parts 431, 435	Based on the 2019 regulatory review of rule, incorporates changes to wording of rules to provide clarification on the intention of the policy.	The change will have a positive affect by providing clarity on the policies for the programs.
September 2020	10 CCR 2505-10, Section 8.100.5 and 8.100.6	Revisions to the Medicaid Eligibility Rules Concerning Clarification	Revision	42 CFR Parts 431, 435	Based on the 2019 regulatory review of rule, incorporates changes to wording of rules to provide clarification on the intention of the policy.	The change will have a positive affect by providing clarity on the policies for the programs.
October 2020	10 CCR 2505-10, Section 8.100.3.K.1, 8.100.5.G and 8.100.1.	Revisions to the Medicaid Eligibility Rules Concerning Considerations of Income Deeming Income and Resources of Sponsors to the Sponsored Non-Citizen	Revision	8 U.S.C 1631	Implements policy on how the income and resources of sponsors of non-citizens is deemed available to the sponsored non-citizen.	The change will affect any non-citizen applicant who has been sponsored in order to be a legal permanent resident of the United States and could have a positive effect by non-citizens gaining eligibility due to the lower income and resources deemed available to them.

<p>Spring 2020 for July 1, 2020 approval</p>	<p>10 CCR 2505-10, Section 8.205; 8.212</p>	<p>Medicaid Managed Care Program and Community Behavioral Health Services</p>	<p>Revision</p>	<p>42 CFR Section 438 CRS 25.5 Article 5 Part 4</p>	<p>Update/rework rule to comply with federal requirements, revised state statute, and align with changes to the Accountable Care Collaborative program.</p>	<p>Update/rework rule to comply with federal requirements, revised state statute, and align with changes to the Accountable Care Collaborative program.</p>
<p>Spring 2020 for July 1, 2020 approval</p>	<p>10 CCR 2505-10, Section 8.075</p>	<p>Client Overutilization Program</p>	<p>Revision</p>	<p>42 CFR 440.230 (d)</p>	<p>Update the overutilization criteria to align with current best practices and changes to the Accountable Care Collaborative program.</p>	<p>Update the overutilization criteria to align with current best practices and changes to the Accountable Care Collaborative program.</p>
<p>Spring 2020 for July 1, 2020 approval</p>	<p>10 CCR 2505-10, Section 8.745</p>	<p>Special Connections</p>	<p>Revision</p>	<p>CRS 25.5 Article 5 Part 325</p>	<p>Authorization to provide residential and inpatient benefit for individuals with substance use disorders who qualify renders the Special Connection rule obsolete. Work will be absorbed into larger Accountable Care Collaborative program and the rule identified above.</p>	<p>Authorization to provide residential and inpatient benefit for individuals with substance use disorders who qualify renders the Special Connection rule obsolete. Work will be absorbed into larger Accountable Care Collaborative program and the rule identified above.</p>

<p>Spring 2020 for July 1, 2020 approval</p>	<p>10 CCR 2505-10, Section 8.746</p>	<p>Outpatient Fee-for-Service Substance Use Disorder Treatment</p>	<p>Revision</p>	<p>CRS 25.5-5-202</p>	<p>Add residential and inpatient benefit and also align with changes to the Accountable Care Collaborative program.</p>	<p>Add residential and inpatient benefit and also align with changes to the Accountable Care Collaborative program.</p>
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# 2019

## Regulatory Agenda REPORT

January 1, 2019-December 31, 2019



**COLORADO**  
Department of Health Care  
Policy & Financing

### Overview

The Colorado Department of Health Care Policy and Financing submits the following 2019 Regulatory Agenda Report in fulfillment of the statutory requirements set forth in Colo. Rev. Stat. §2-7-203(4), detailing the results of the past year's rules review activity.

Hearing or Adoption Date	Rule Number	Rule Title	New Rule, Revision, or Repeal?	Statutory or Other Basis for Adoption of Rule	Purpose of Proposed Rule	High-Level Stakeholders <i>Consider including high level outreach bullets</i>	Status <i>Adopted/ Not Adopted/ Withdrawn/ Ongoing</i>	Included on FY19 Agenda?
<i>Department may choose to include the originally anticipated hearing or adoption date, in addition to the actual date.</i>			<i>If only a part of a CCR is repealed, it should be classified as "Revise"</i>	<i>Statutory authority.</i>	<i>What is the rule intended to accomplish?</i>	<i>List categories of stakeholders that may be positively or negatively affected not individual stakeholders</i>	<i>Select one of the following options: (a) adopted (include date of adoption), (b) not adopted, (c) withdrawn or (d) ongoing.</i>	<i>Select one of the following options: (a) Yes, if the rule was published in the FY17 Agenda, and (b) No, if the rule was unplanned or an emergency rule.</i>
January 2019	MSB 18-07-23-A	Revision to the Medical Assistance Rule concerning Payments to Non-DRG Hospitals for Inpatient Services to include Freestanding Long Term Acute Care Hospitals and Freestanding Rehabilitation Hospital,	Revise	25.5-4-402(1) C.R.S. (2018)	Freestanding Long Term Acute Care and Freestanding Rehabilitation Hospitals are being reimbursed under APR-DRG and included in section 8.300.A. Changing reimbursement to a step-down per diem methodology to better align with national practices and provides more accurate reimbursement for long-term and short-term stays. Adding per diem rules to existing section 8.300.5.D.	Health First Colorado members & providers	A January 2019	B

		Sections 8.300.1 8.300.5.A, 8.300.5.C, 8.300.5.D						
January 2019	MSB 18- 08-24-A	Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning the Children's Extensive Supports (CES) waiver to remove: Behavioral Services at Section 8.503.40.3, Personal Care at Section 8.503.40.8, and Vision Service at Section 8.503.40.13	Revise	25.5-6-409, C.R.S. (2017)	The rule change is necessary to remove services no longer approved in the waiver application CO.4180.R04.03 for the Children's Extensive Supports (CES) waiver. Per guidance from the Centers for Medicare and Medicaid Services (CMS), the CES waiver services including: Behavioral Services, Personal Care and Vision Services are duplicative to services available in State Plan pursuant to the Early and Periodic Screening, Diagnostic Treatment (EPSDT) benefit. Those 20 years of age and younger can access the above services through EPSDT and so the removal of these services from this waiver rule is necessary to have aligned waiver applications and rules.	Health First Colorado members	A January 2019	B



<p>January 2019</p>	<p>MSB 18-06-25-A</p>	<p>Revision to the Medical Assistance Rule concerning School Health Services Program Claims Submission and Interim Payment, Section 8.290.6.D</p>	<p>Revise</p>	<p>25.5-5-318 C.R.S. (2017)</p>	<p>The proposed changes to the SHS rules are to maintain the 120 days for timely filing and not have the SHS Program go with the new update to 365 days to submit claims. Changing to 365 days would have a negative impact on the school districts because it would delay payments to the school districts. In addition if we do not update the SHS rules the SHS state plan amendment would have to be updated as the two would be contradicting each other.</p>	<p>Health First Colorado members, providers.</p>	<p>A January 2019</p>	<p>B</p>
<p>January 2019</p>	<p>MSB 18-06-20-A</p>	<p>Revision to the Medical Assistance Rule concerning Drug Benefits, Section 8.800.4</p>	<p>Revise</p>	<p>Title XIX of the Social Security Act, Sections 1903(i)(21), 1927(d)(2) and 1935(d)(1) and (2); 42 CFR 441.25</p>	<p>First, the Department is moving “agents when used for cosmetics purposes or hair growth” in section 8.800.4.B to section 8.800.4.C, to comply with federal regulation at 1903 (i) (21). CMS required the Department to remove this language from our State Plan and now the Department must move it to 8.800.4.C (drugs that are never a pharmacy benefit). Second, stakeholders requested that the Department make clarifications at 8.800.4.B because it was not clear which drug categories the Department covers; therefore, language was rearranged to clarify. Lastly, the Department is expanding</p>	<p>Health First Colorado members</p>	<p>A January 2019</p>	<p>B</p>

					coverage of select non-prescription drugs (Bisacodyl, Docusate Sodium and Ferrous Sulfate) to Medicaid members and clarifying the specific non-prescription drug categories that are currently covered by the Department.			
January 2019	MSB 18-06-01-A	Revision to the Medical Assistance Rule concerning Speech Language Pathology, Section 8.200.3	Revise	42 USC 1396d(a)(11) ; 42 CFR 440.110	Certain Speech Language Pathology (SLP) benefit documentation requirements are being revised to improve program fidelity by replacing permissive language with mandatory language. This revision is necessary to ensure provider documentation of a client's initial evaluation include an assessment of the factors which influence the treatment diagnosis and prognosis, and a discussion of the inter-relationship between the diagnoses and disabilities for which the referral was made. In addition, care plans must cover a period no longer than 90 days or the time frame documented in the Individual Family Service Plan. Finally, documentation must follow the Subjective, Objective, Assessment and Plan (SOAP) format for each visit and include a subjective element, an objective element, an assessment	Health First Colorado members	A January 2019	B

					<p>component, and a plan component. Mandatory documentation requirements are necessary for program integrity and compliance oversight. Revision also clarifies that payment for therapies provided as part of a client's school requirement are not separately billable to Medicaid. The Department reimburses school districts for SLP services rendered to clients. Providers rendering SLP services to clients as part of the school requirement are reimbursed by the school district and may not submit additional claims to the Department for reimbursement. Finally, the revision includes miscellaneous citation updates, terminology updates, and removal of obsolete language.</p>			
February 2019	MSB 18-11-09-A	Revision to the Medical Assistance Rule concerning Prior Authorization for New Drugs, Sections 8.800.7 & 8.800.16	Revise	1927 [42 U.S.C. 1396r-8] (d)	The proposed rule at, Section 8.800.7.D, 8.800.7.E, 8.800.16.A.5 and 8.800.16.B, clarifies preexisting prior authorization language and defines the prior authorization process for new drugs.	Health First Colorado members, providers.	A February 2019	B

February 2019	MSB 18-10-16-A	Revision to the Medical Assistance Eligibility Rules concerning General and Citizenship Requirements, Sections 8.100.3.G and 8.100.4.B	Revise	d 25.5-4-205, C.R.S. (2018)	The proposed rule change will amend 10 CCR 2505-10 8.100.3.G and 8.100.4.B to update the language describing the Verify Lawful Presence (VLP) interface electronic verification process. The Department of Homeland Security (DHS) and the Centers for Medicare and Medicaid Services (CMS) have updated how states must connect to and use the Systematic Alien Verification for Entitlements (SAVE) Program to provide more prompt verification of immigration status. As such, the language in the rule must be updated to reflect the new process. This rule change does not affect eligibility criteria for non-citizens. Rather, it only updates the language which describes the electronic process by which immigration status is verified with the Department of Homeland Security.	Health First Colorado members	A February 2019	B
March 2019	MSB 18-12-20-A	Revision to the Medical Assistance Rule concerning Durable Medical Equipment Start of Service, Section 8.590	Revise	42 CFR 410.38 (g)(3)	The Department is modifying Section 8.590.7.N to define the “Start of Service” for durable medical equipment products which require a face-to-face encounter. As a part of this rule revision, the Department is adding a “Start of Service” definition to Section 8.590.1.	Health First Colorado members, providers.	A March 2019	B

<p>March 2019</p>	<p>MSB 18-08-21-A</p>	<p>Revision to the Medical Assistance Rule concerning Life Skills Training, Home Delivered Meals, Peer Mentorship, and Transition Setup, Section 8.553</p>	<p>Revise</p>	<p>42 U.S.C. §1396n(c) and The Social Security Act, §1915(c), <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999), Section 25.5-6-1501 C.R.S. (2018)</p>	<p>The purpose of the proposed rule-- Life Skills Training, Home Delivered Meals, Peer Mentorship, and Transition Setup, 10 C.C.R. 2505-10, 8.553, as consistent with its state authority § 6-1501, 25.5 C.R.S.--is to implement, through six adult HCBS waivers, services to support eligible persons in their transition from an institutional or setting to a Home- or Community-Based setting, as well as supporting all eligible persons on the respective waivers to develop or sustain independence through change of circumstance. These services uphold Colorado's commitment to the federal precedent established through the United States Supreme Court ruling in <i>Olmstead v. L.C.</i>, 527 U.S. 581 (1999), that, under appropriate conditions, individuals with disabilities have a qualified right to receive state funded supports and services in the least restrictive environment, including in the community setting rather than institutions or institution-like settings. The need for the new rule is further justified by Federally required assessments indicate that</p>	<p>Health First Colorado members</p>	<p>A March 2019</p>	<p>B</p>
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					more persons living in institutional settings expressed an interest in transitioning to home- or community-based settings than currently have transitions available to them. In order to ensure a successful transition, such persons will need ongoing services and supports after the transition.			
March 2019	MSB 18-08-16-A	Revision to the Medical Assistance rule concerning Targeted Case Management - Transition Services, Sections 8.519 and 8.760	Revise	42 CFR 441.18, 25.5-10-209.5 C.R.S. (2018), 25.5-6-106 C.R.S. (2018)	Medicaid recipients who are eligible for Home and Community Based Services, reside in a nursing home or Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF-IDD) and are willing to participate and have expressed interest in moving to a home and community-based setting. Medicaid recipients receiving Home and Community Based Services provided by the State operated Regional Centers who want to transition to a private Home and Community Based Services Provider. Services are expected to begin while an individual is living in a facility and continue through transition and integration into community living, based on the community risk assessment. Excluded are children under the age of 18.	Health First Colorado members	A March 2019	B

<p>April 2019</p>	<p>MSB 19-01-17-A</p>	<p>Revision to the Medical Assistance Rule concerning Federally Qualified Health Centers Reimbursement, Section 8.700</p>	<p>Revise</p>	<p>HB 18-1007</p>	<p>The purpose of this rule revision is to reimburse Federally Qualified Health Centers (FQHCs) separately for the administration of antagonist injections for medication-assisted treatment for substance use disorders. FQHCs are currently reimbursed an all-inclusive encounter rate for one-on-one, face-to-face services between a member and an eligible provider. For the administration of antagonist injections for medication assisted treatment for substance use disorders, FQHCs can currently bill as an FQHC and be reimbursed at the FQHC encounter rate as these drugs are administered by a physician. Pursuant to House Bill (HB) 18-1007, if a pharmacy or pharmacist has entered into a collaborative pharmacy practice agreement with one or more prescribers to administer antagonist injections for medication-assisted treatment for substance use disorders, the pharmacist administering the drug must receive an enhanced dispensing fee that aligns with the administration fee paid to a provider in a clinical setting. Therefore,</p>	<p>Health First Colorado members, providers.</p>	<p>A April 2019</p>	<p>B</p>
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					<p>FQHCs that have an in-house pharmacy may bill for the administration of the drug if provided by a pharmacist in the pharmacy. This rule revision will allow FQHCs to bill separately from the encounter rate for the administration of the drug similar to a provider in a non-FQHC clinical setting. This rule revision is necessary to align with the policy implemented due to HB 18-1007 and to incentivize the administration of antagonist injections for medication-assisted treatment for substance use disorders.</p>			
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<p>April 2019</p>	<p>MSB 19-01- 28-A</p>	<p>Revision to the Medial Assistance Rule concerning Long Term Acute Care and Rehabilitation Per Diem Reimbursement, Sections 8.300.5.D.3</p>	<p>Revise</p>	<p>25.5-4-402(1), C.R.S. (2018)</p>	<p>As the rule is currently written, the use of the term 'Freestanding' will incorrectly exclude two Long Term Acute Care locations. To leave the language as is will eliminate the budget neutral implementation of the new per diem reimbursement methodology. To correct the exclusion, the Department is removing the term 'Freestanding' and replacing with corrected language 'Excludes Hospital Distinct Part Units and Hospital Satellite Locations'. The update will ensure all intended Long Term Acute Care Hospitals and Rehabilitation Hospitals are included in the new reimbursement methodology while continuing 'Hospital Distinct Part Units and Hospital Satellite Locations' remain on their existing reimbursement methodology outlined in rule 10 CCR 2505-10 8.300.</p>	<p>Health First Colorado members, providers.</p>	<p>A April 2019</p>	
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<p>April 2019</p>	<p>MSB 19-01-02-A</p>	<p>Revision to the Medical Assistance Rule concerning Reimbursement Rate Increase for Direct Support Professional Workforce Stabilization, Section 8.505</p>	<p>New rule</p>	<p>25.5-6-406 C.R.S. (2018)</p>	<p>This rule implements House Bill 18-1407, which requires the Department to increase specific services in specific waivers by 6.5%. The increased funding must be reserved and used to increase compensation of direct support professionals. The rule establishes the requirement for the use of the funds, the reporting requirements, and the Department's ability to audit provider reported information.</p>	<p>Health First Colorado members, providers.</p>	<p>A April 2019</p>	<p>A</p>
<p>April 2019</p>	<p>MSB 18-09-05-A</p>	<p>Revision to the Medical Assistance Rule Concerning Healthcare Affordability and Sustainability Fee Collection and Disbursement, Section 8.3000</p>	<p>Revise</p>	<p>42 CFR 433.68, section 25.5-4-402.4(4)(g), C.R.S</p>	<p>Make necessary changes for the FFY 18-19 time frame. Updates healthcare affordability and sustainability fee amounts and payments amounts.</p>	<p>Health First Colorado members, providers.</p>	<p>A April 2019</p>	<p>B</p>

<p>April 2019</p>	<p>MSB 18-11-16-A</p>	<p>Revision to the Medical assistance Rule concerning the Exception to the Waiting List Protocol, Section 8.500.7</p>	<p>New rule</p>	<p>25.5-10-207.5(1)(a)(VIII)(6)(b) (2018)</p>	<p>House Bill 18-1407 requires the Department to promulgate rules regarding the criteria for reserve capacity waiver enrollments for individuals with intellectual and developmental disabilities (I/DD). The criteria must include but is not limited to the age of the custodial parent or caregiver, the loss of the custodial parent or caregiver, incapacitation of the custodial parent or caregiver, any life-threatening or serious persistent illness of the custodial parent or caregiver and a threat to the health or safety that the custodial parent or caregiver places on the person with I/DD. The Department has solicited feedback from persons with I/DD, family members, guardians, advocates, and other stakeholders through contract work completed by the LNUSS group in May of 2017 and Department facilitated meetings in January 2019 regarding the current reserve capacity criteria and proposed changes.</p>	<p>Health First Colorado members</p>	<p>A April 2019</p>	<p>B</p>
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<p>May 2019</p>	<p>MSB 19-01-31-A</p>	<p>Revision to the Colorado Indigent Care Program Rule Concerning CICIP SSNs and Clinic Payment Timeline Update, Sections 8.904 and 8.905</p>	<p>Revise</p>	<p>25.5-3-101 through 25.5-3-111, C.R.S. (2018)</p>	<p>The proposed rule amends sections 8.904.G Social Security Numbers and 8.905.B.d Payment notification for Colorado Indigent Care Program (CICP) Clinic Providers. Section 8.904.G adds language about individuals who are ineligible to obtain a social security number and Section 8.905.B.d shifts the date the Department must notify CICP Clinic Providers of their payment for the year from the end of July to the end of August.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>
<p>May 2019</p>	<p>MSB 19-02-14-A</p>	<p>Revision to The Medical Assistance Rule concerning Nursing Facility Reimbursement, Section 8.400</p>	<p>Revise</p>	<p>n 25.5-4-402.4(4)(g), C.R.S (2018)</p>	<p>The rule change revises the methodology to calculate the Medicaid Management Information System (MMIS) per diem reimbursement rate and the methodology to calculate one of the five nursing facility supplemental payments.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>

<p>May 2019</p>	<p>MSB 19-01-04-A</p>	<p>Revision to the Medical Assistance Home and Community Based Services for Elderly Blind and Disabled Rule Concerning Non-Medical Transportation Section 8.494</p>	<p>Revise</p>	<p>25.5.6.313(1) C.R.S. (2018)</p>	<p>The Department is revising this section of the rule, 10 CCR 8.494, to allow for the use of public transportation under the Non-Medical Transportation (NMT) service. This addition will apply to the Elderly, Blind and Disabled (EBD), Community Mental Health Supports (CMHS), Spinal Cord Injury (SCI), and Brain Injury (BI) waivers.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>
<p>May 2019</p>	<p>MSB 18-10-23-A</p>	<p>Revision to the Medical Assistance Benefits Rule Concerning Transgender Services, Section 8.735</p>	<p>Revise</p>	<p>45 CFR Part 92</p>	<p>The rule revision will remove what had been numbered as Sections 8.735.5.E.3.s. and 8.735.5.E.4.c. - “permanent hair removal to treat surgical tissue donor sites” - from the list of surgeries and add a “Permanent Hair Removal” subsection at 8.735.4.E. These changes will clarify that hair removal is not subject to the authorization requirements at what is now Section 8.735.4.F.2. that apply to the listed surgeries. The revision also includes a correction to the numbering within the rule section and clarification of prior authorization requirements.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>

<p>May 2019</p>	<p>MSB 19-01-23-A</p>	<p>Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960D</p>	<p>Revise</p>	<p>25.5-3-404, C.R.S. (2018), C.R.S.</p>	<p>The Dental Advisory Committee have approved procedure codes D0277, D4346, and D7471 to be incorporated into Appendix A. The statute authorizing the Colorado Dental Health Care Program for Low-Income Seniors, Section 10 CCR 2505-10 Section 8.960.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>
<p>May 2019</p>	<p>MSB 19-01-22-A</p>	<p>Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning Supportive Living Programs, Section 8.515.85</p>	<p>Revise</p>	<p>25.5-6-704 C.R.S. (2018)</p>	<p>Minor changes to the SLP regulations are being made. The intention of this rule change is to add a second allowed licensure type to ensure the sustainability of all current SLP providers while maintaining appropriate oversight of the health, safety, and welfare of people receiving SLP services.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>

<p>May 2019</p>	<p>MSB 19-01-08-A</p>	<p>Revision to the Medical Assistance Rule concerning Family Support Services Program (FSSP) Regulations, Section 8.613</p>	<p>Revise</p>	<p>25.5-10-303 C.R.S. (2018)</p>	<p>The proposed regulations will create a standard method for enrollment and prioritization of those receiving services, ensuring funding goes to families who need it most. These regulations will codify roles and processes of the Family Support Council (FSC), Community Centered Boards (CCBs), and case managers.</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>
<p>May 2019</p>	<p>MSB 18-11-07-A</p>	<p>Revision to the Medical Assistance Benefits Rule Concerning Transgender Services, Section 8.735</p>	<p>New Rule</p>	<p>25.5-10-206(1) C.R.S. (2018)</p>	<p>The rule promulgates services and service categories for the State Supported Living Services (State-SLS) Program. This program uses state only funds, and until now has not had regulations overseeing its implementation. These rules will allow Community Centered Boards to implement this program equally across the state, while allowing the Department of Health Care Policy and Financing (the Department) the ability to</p>	<p>Health First Colorado members, providers.</p>	<p>A May 2019</p>	<p>B</p>

					track and asses the quality of the services rendered.			
June 2019	MSB 19-03-29-A	Revision to the Medical Assistance Rule concerning HCBS BI Incorporation by Reference cleanup, Section 8.515.1	Revise	25.5-1-301 through 25.5-1-303, C.R.S. (2018)	This rule corrects the incorporation by reference language at 10 CCR 2505-10, Section 8.515.1, originally adopted by the Medical Services Board (MSB) in rule number MSB 18-08-21-A at the March 8, 2019 MSB meeting, to comply with 24-4-103(12.5), CRS. This rule is a technical update to comply with the incorporation by reference requirements of 24-4-103(12.5) and includes no substantive policy changes.	Health First Colorado members, providers.	A June 2019	B



<p>June 2019</p>	<p>MSB 19-02-12-A</p>	<p>Revision to the Medical Assistance Eligibility Rules Concerning General Eligibility Requirements and Verification Requirements, Sections 8.100.3.I, 8.100.4.B, and 8.100.5.B</p>	<p>Revise</p>	<p>42 C.F.R. § 435.910(h) (2018); section 25.5-4-204, C.R.S. (2018)</p>	<p>The proposed rule change will amend 10 CCR 2505-10 8.100.I, 8.100.4.B, and 8.100.5.B to incorporate the exceptions for providing a Social Security Number (SSN) when applying for, or receiving Medical Assistance, as detailed in 42 C.F.R. §435.910. In particular, 42 C.F.R. §435.910(h) lists the following exemptions: not eligible to receive an SSN, does not have an SSN and may only be issued an SSN for a valid non-work reason in accordance with 20 C.F.R. 244.104, or refuses to obtain an SSN because of a well-established religious objection.</p> <p>Currently, 8.100.3.I does not list any of the federally allowable exceptions for providing an SSN, while 8.100.4.B and 8.100.5.B only reference an exception for providing an SSN due to a religious exemption. The SSN exemptions will be listed in 8.100.3.I as part of the Additional General Eligibility Requirements to clearly indicate the rule applies to all applicants and recipients of Medical Assistance. The exceptions to be added to 8.100.3.I will</p>	<p>Health First Colorado members, providers.</p>	<p>A June 2019</p>	<p>B</p>
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				<p>also be referenced in 8.100.4.B and 8.100.5.B, and additional language edits will be made to reinforce that an individual must not be required to submit an SSN if they meet one of the exceptions in federal regulations.</p> <p>There will be no change to the citizenship and eligible non-citizen eligibility requirements with this rule change. The exceptions for providing an SSN apply to any applicant or recipient of Medical Assistance, regardless of citizenship or immigration status. The current paper and online applications for Medical Assistance already allow an individual to report these exceptions as a reason for why an SSN is not provided on the application. There are no anticipated costs to the Department or any other agency, and no anticipated effect on state revenues. The benefit of the rule is to align policy with federal regulation, as well as potentially eliminate barriers for those that are applying for or receiving Medical Assistance who do not have an SSN and may believe they are not allowed</p>			
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					to apply for assistance. Inaction would result in the Department being out of compliance with federal regulation under 42 CFR §435.910.			
June 2019	MSB 19-03-01-B	Revision to the Medical Assistance Rule concerning In-Home Support Services, Section 8.552	Revise	25.5-6-1201, C.R.S. (2017)	In-Home Support Services is a service-delivery option for waiver participants. This revision adds mandatory provider training, task definitions for services, and clarification of secondary / contiguous tasks. Amending the rule will improve implementation of In-Home Support Services and provide clarity to participants, agencies, and case managers. Additionally, the task definitions have been added to the rule to streamline definitions between other delivery options including Consumer Directed Attendant Support Services (CDASS) and Long Term Home Health (LTHH).	Health First Colorado members, providers.	A June 2019	B
June 2019	MSB 18-09-18-A	Revision to the Medical Assistance Long-Term Services	Revise	25.5-6-1101 C.R.S (2018)	The Department is clarifying roles and responsibilities of case management agencies, clients, authorized	Health First Colorado	A June 2019	B

		and Supports Rule Concerning Consumer Directed Attendant Support Services, Section 8.510			representatives and Financial Management Service vendors. The rule change identifies additional services which are currently performed as health maintenance activities in Consumer Directed Attendant Support Services (CDASS). The Department is also identifying services that may be participant directed under the Home and Community Based Supported Living Services (HCBS-SLS) waiver.	members, providers.		
July 2019	MSB 19-01-30-A	Revision to the Medical Assistance Rule concerning Program Integrity, Section 8.000	Revise	Section 1919(e)(5) of the Social Security Act	The purpose of this rule change is to define each existing category with greater clarity and include detailed explanations of the documents necessary for verifying clinical eligibility for the HBU program. The desired outcome of this change would be to reduce delays to Client admission and decrease any financial burdens placed on the State as a result of these delays.	Health First Colorado members, providers.	A July 2019	B
July 2019	MSB 19-04-16-A	Revision to the Medical Assistance Rules concerning Case Management and Quality Performance, Sections 8.393,	Revise	Section 25.5-10-211.5 C.R.S (2018)	HB 17-1343, requires the Department to implement Conflict Free Case Management (CFCM) for individuals with intellectual and developmental disabilities (I/DD). HB 17-1343 requires the Department to create a third party entity	Health First Colorado members, providers.	A July 2019	B

		8.500, 8.600 & 8.700			to assist with the choice of case management agencies. The Department has completed 10 stakeholder engagements to gather feedback and recommendations. The Department along with stakeholders and expert recommendations developed qualifications for Case Management Agency and Case Manager qualifications. The Department has worked closely with stakeholders in the development of the qualifications which included 12 stakeholder meetings in various locations across the State of Colorado and in informal public comment period. This rule further defines the case management agency and case manager role, separate and distinct from eligibility and case management.			
August 2019	MSB 19-05-07-A	Revision to the Medical Assistance Long-Term Services and Supports HCBS Benefit Rule Concerning the Children's Extensive Supports (CES) waiver, Section 8.503	Revise	Section 1902(a)(10)(B) and 1915(c) of the Social Security Act; section 25.5-6-409 C.R.S. (2018)	The rule revisions to section 8.503 are necessary to remove dated language and update incorrect citations of C.R.S. The Department has removed the heading "Professional services" as it's own service category for the following: massage, movement therapy, and hippotherapy. Instead, each of these services is now it's	Health First Colorado members, providers.	A August 2019	B

					own service with definition, eligibility for, and scope. Updating offensive language aligns with the Department's commitment to person-centeredness. Updating outdated citations allow for all stakeholders to more easily reference other rules and statues that are applicable to the CES waiver. Removing the heading of "professional services" will assist the Department in future goals to align like benefits and services among other waivers.			
August 2019	MSB 18-12-27-A	Revision to the Medical Assistance Rule Concerning Employment First, Section 8.500	New rule	42 U.S.C. § 1396n(c)(5)(B) (2018); 42 C.F.R. § 440.180(c)(2)(iii) (2019); section 25.5-10-204, C.R.S. (2018)	This rule promulgates the requirements of Senate Bill 18-145, enacted in C.R.S. 25.5-10-204 (2018), which implements the Employment First Advisory Partnership recommendations to advance competitive integrated employment for Health First Colorado (Colorado Medicaid) clients eligible for Supported Employment services through the Home and Community Based Services for the Developmentally Disabled waiver and the Home and Community Based Services for Supported Living Services waiver. Rule provisions include requiring reporting of employment data for Supported Employment	Health First Colorado members	A August 2019	B

					service eligible clients, training and certification requirements for select Supported Employment service providers, and reimbursement to providers for the costs of such training and certification.			
August 2019	MSB 19-06-06-A	Revision to the Medical Assistance Rule concerning the FQHC Rule, Section 8.700	Revise	Section 1902(bb) of the Social Security Act	This rule revision contains multiple changes to current FQHC rules, including: adding new billable behavioral health provider types; revising outstationing payment to FQHCs; changing the current Alternative Payment Methodology (APM) to reimburse different cost-based rates for physical health, dental, and specialty behavioral health services; and adding a quality component to FQHC rates that will be effective July 1, 2020. This rule change is necessary to account for several changes occurring for ACC 2.0. This rule change is also necessary to change the FQHC payment methodology. The Department has been working on this payment reform activity for FQHCs for over two years.	Health First Colorado members, providers.	A August 2019	<b>B</b>
September 2019	MSB 19-07-17-A	Revision to the Medical Assistance Benefits Rule Concerning	Revise	42 U.S.C. § 1396d(a)(12) ; 42 CFR § 440.120, 42 CFR §	Stiripentol, a drug used to treat an epileptic condition known as Dravet Syndrome, is now FDA approved. Due to the recent FDA approval of	Health First Colorado memb	A September 2019	<b>B</b>

		Pharmaceuticals, Section 8.800.4.C		447.50; 25.5-5-201(1)(a), C.R.S. (2018)	Stiripentol, its reference under 10 C.C.R. 2505-10, Section 8.800.4.C.5.a, as a non-FDA approved drug will be deleted. The Department currently covers Stiripentol and will continue to cover Stiripentol. This rule change is simply a technical clean-up to remove its designation as a non-FDA approved drug.	ers, providers.		
September 2019	MSB 19-03-05-A	Revision to the Medical Assistance Rule concerning Durable Medical Equipment Reimbursement, Section 8.590.7.K	Revise	42 CFR 440.70, 440.120; Senate Bill 19-207	This rule making will ensure the State is in compliance with the July 1, 2019 appropriation and implement the across-the-board rate increase for all DMEPOS providers.	Health First Colorado members, providers.	A September 2019	B
September 2019	MSB 19-02-05-A	Revision to the Medical Assistance Rule concerning Children's Habilitation Residential Program, Section 8.508	Revise	Section 1902(a)(10)(B) of the Social Security Act, 42 U.S.C. § 1396a (2011). The waiver was granted under Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n (2011). 42 U.S.C. § §	HB 18-1328 authorized changes to the Home and Community Based Services-Children's Residential Habilitation Program (HCBS-CHRP) waiver to improve services for children and youth with intellectual and developmental disabilities and complex behavior support needs: removal of the eligibility requirement that the child or youth is in foster care, transfer of the administration of the waiver from the Colorado Department of Human Services (CDHS) to the Department of Health Care	Health First Colorado members, providers.	A September 2019	B



				1396a and 1396n; 25.5-5-306, C.R.S. and 25.5-6-903 C.R.S. (2018)	Policy (the Department) and Financing, transfer of case management from the County Departments of Human Services to Case Management Agencies, and the addition of two new services. The Department is proposing this regulation to update the rules to be in alignment with statute and define the changes made to the HCBS-CHRP waiver.			
September 2019	MSB 19-05-29-A	Revision to the Medical Assistance Eligibility Rules Concerning Adult Dental Annual Limit Increase, Section 8.201.6	Revise	42 USC 1396d(a)(10) (2019); 25.5-5-202(1)(w) (2018)	The 2019 Long Bill (SB19-207) passed by the Colorado General Assembly increases the Colorado Medicaid annual adult dental limit from \$1,000 to \$1,500, effective July 1, 2019. Moreover, immediate adoption is imperatively necessary for the preservation of public health, safety and welfare because clients will be able to receive additional necessary dental care.	Health First Colorado members, providers.	A September 2019	B
October 2019	MSB 19-07-19-A	Revision to the Medical Assistance Rule Concerning Correction to Hospital Quality Incentive Payment (HQIP) Supplemental Payment Language, Section 8.3004.F	Revise	42 C.F.R. 433.68; 25.5-4-402(4)(g) (2018)	The current language for the Hospital Quality Incentive Payment (HQIP) supplemental payment, reimbursed to a hospital through the Healthcare Affordability and Sustainability (HAS) program, incorrectly states psychiatric hospitals, long term care hospitals, and rehabilitation hospitals are	Health First Colorado members, providers.	A October 2019	B

					excluded from the supplemental payment. Psychiatric hospitals are the only hospital type excluded from the supplemental payment. This rule change will list psychiatric hospitals as the only hospital type excluded from the HQIP supplemental payment to comply with both the approved State Plan and CHASE board recommendations. This rule change will have no impact on hospitals or the Department.			
October 2019	MSB 19-04-19-B	Revision to the Medical Assistance Benefits Rule Concerning Emergency Medical Transportation, Section 8.018	Revise	42 CFR §§ 431.53, 440.170(a) (2019); 25.5-5-202(2), C.R.S. (2018)	The proposed revisions to this rule (1) incorporate existing Emergency Medical Transportation (EMT) provider eligibility and responsibility requirements, (2) change terminology of Critical Care Transportation to Specialty Care Transportation, and (3) add and align applicable definitions for clarification.	Health First Colorado members, providers.	A October 2019	B
October 2019	MSB 19-07-10-B	Revision to the Medical Assistance Rule Concerning Colorado National Provider Identifier Number, Section 8.126	Revise	House Bill 18-1282	HB 18-1282 requires newly enrolling and currently enrolled Organization Health Care Providers (not individuals) to obtain and use a unique National Provider Identifier (NPI) for each service location and provider type enrolled in the Colorado interChange.	Health First Colorado providers.	A October 2019	B

October 2019	MSB 19-04-19-A	Revision to the Medical Assistance Benefits Rule Concerning Non-Emergent Medical Transportation, Section 8.014	Revise	42 U.S.C. § 1396(a)(70) (2019); 42 C.F.R. 440.170(a) (2019) and 25.5-5-202(2) C.R.S. (2018). 25.5.-5-324 C.R.S. (2018)	The proposed revisions to this rule will (1) incorporate existing Non-Emergent Medical Transportation (NEMT) policies; (2) include member responsibilities, exceptions to the requirement that members are reimbursed the shortest distance for personal vehicle mileage reimbursement, and the timeline for members to submit documentation for reimbursement; and (3) add provider eligibility and responsibilities and provider trip report documentation requirements; and (4) add and align applicable definitions.	Health First Colorado members, providers.	A October 2019	B
October 2019	MSB 19-07-10-A	Revision to the Medical Assistance Special Financing Rule Concerning Colorado Dental Health Care Program for Low-Income Seniors, Section 8.960	Revise	42 C.F.R. 162.1002(a) (4); 25.5.3-404(4) C.R.S. (2019)	The purpose of this rule is to comply with HB 19-1326 that states a maximum amount per procedure must not be less than the current reimbursement schedule of Medicaid. There are 36 procedure codes in Appendix A that are required to change.	Health First Colorado members, providers.	A October 2019	B
June 2019	10 CCR 2505-10, Section 8.100.1	Definitions	Revise	42 CFR 435.603, Section 36B(d)(2) of the Internal Revenue Code, Section 1902( e)(14)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				of the Act, Section 131 of the Internal Revenue Code, Title 26 U.S. Code 62 , Tax cuts and Jobs Act( Pub.L. No. 115-123,;BBA of 2018)				
June 2019	10 CCR 2505-10, Section 8.100.2	Legal Basis	Revise	Colorado Revised Statute Title 25.5, 42 CFR Part 92	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.A	Application Requirements	Revise	42 CFR §435.906, 42 CFR §435.907(d), 42 CFR §435.907(f)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.B	Residency Requirements	Revise	42 CFR §435.403	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

June 2019	Section 8.100.3.C	Transferring Requirements	Revise	42 CFR 435.603, Section 36B(d)(2) of the Internal Revenue Code, Section 1902( e)(14) of the Act, Section 131 of the Internal Revenue Code, Title 26 U.S. Code 62 , Tax cuts and Jobs Act( Pub.L. No. 115-123,:BBA of 2018)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.D	Processing Requirements	Revise	42 CFR 435.912 and 42 CFR 435.956(b)(2) , 42 CFR 435.917	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.E	Retroactive Medical Assistance Coverage	Revise	42 CFR §435.915, 1902(a)(34) of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

						providers.		
June 2019	10 CCR 2505-10, Section 8.100.3.F	Groups Assisted Under the Program	Remain as is	42 CFR §435.930	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.G	General and Citizenship Eligibility Requirements	Revise	42 CFR §435 Subpart E; 42 CFR §435.400, 42 CFR §435.403	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.H	Citizenship and Identity Documentation Requirements	Revise	42 CFR §435.406, 42 CFR §435.407; 42 CFR §435.949; 42 CFR §435.956	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.I	Additional General Eligibility Requirements	Revise	42 CFR §435.907(e); 42 CFR §435.910, 42 CFR §435.910(a), 42 CFR §435.610(1)(	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				a), 42 CFR §435.610(2)(iii), 42 CFR §431.51(b)(i) and §431.51(b)(ii)				
June 2019	10 CCR 2505-10, Section 8.100.3.J	Supplemental Security Income (SSI) And Aid To The Needy Disabled (AND) Recipients	Revise	42 CFR §435.120; §435.909, Sec.1920(a)(10)(A)(i); Sec. 1619(b)(3)(B), Sec. 1920(a)(10)(A)(i), 42 CFR §435.603(k)(1), 42 CFR §435.831(c) H23:H24				
June 2019	10 CCR 2505-10, Section 8.100.3.K	Consideration of Income	Revise	20 CFR §416.1166(a), §416.1204, §416.1166a(b)(1)(i) 20 CFR §416.1102, 20 CFR §416.1110, 20 CFR §416.1110(a)(3), 20 CFR	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				<p>§416.1111, 42 CFR §435.831(b), 42 CFR §435.831(b), 20 CFR §416.975(a), 20 CFR §416.1110(b ) , §416.975(c), 20 CFR §416.975(a)- (d), 20 CFR §416.975(c), 20 CFR §416.975, 20 CFR §416.975(b)( 2), 20 CFR §416.1121(d ) , 20 CFR §416.1110(b ) , 20 CFR §416.1120, 20 CFR §416.1120(a ) ,(b), and (c)</p>				
June 2019	10 CCR 2505-10, Section 8.100.3.L	Consideration of Resources	Revise	42 CFR §435.602	Regulatory Efficiency Review	Health First Colora do memb ers,	Pending	B



						providers.		
June 2019	10 CCR 2505-10, Section 8.100.3.M	Federal Financial Participation (FFP)	Revise	42 CFR §435.1000, 42 CFR §435.1001, 42 CFR 435 Subpart K	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.N	Confidentiality	Revise	42 CFR §435.904(e)(4), 42 CFR §435.907(f), 42 CFR §431.306(g), 42 CFR §435.923(d)(2), 42 CFR §431.306(b), 42 CFR §431.306(d), 42 CFR §431.306(e), 42 CFR §431.305(a), 42 CFR §431.305(b)(1), 42 CFR §431.305(b)(2), 42 CFR §431.305(b)(3), 42 CFR	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				<p>§431.305(b)(4), 42 CFR</p> <p>§431.305(b)(5), 42 CFR</p> <p>§431.305(b)(7), 42 CFR</p> <p>§431.305(b)(7), 42 CFR</p> <p>§431.305(b)(6), 42 CFR</p> <p>§431.305(b)(8), 42 CFR</p> <p>§431.306(a), 42 CFR</p> <p>§431.306(f), 42 CFR</p> <p>§431.306(e), 42 CFR</p> <p>§431.306(g), 42 CFR</p> <p>§431.306(d), 42 CFR</p> <p>§431.306(a), 42 CFR</p> <p>§431.306(b)</p>				
June 2019	10 CCR 2505-10, Section 8.100.3.O	Protection Against Discrimination	Revise	Title VI of the 1963 Civil Rights Act, 42 CFR 431 Subpart F, 42 CFR §435.901, 45 CFR 80,	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				84, 91, 42 CFR §495.356(a), §495.356(b)				
June 2019	10 CCR 2505-10, Section 8.100.3.P	Redetermination of Eligibility	Revise	42 CFR §435.916(a)(1), 42 CFR §435.916(a)(2), 42 CFR §435.916(a)(3)(B), 42 CFR §435.917(b), 42 CFR §435.907(a)(3), 42 CFR §435.901(5)(iii), 42 CFR §435.608(a), 42 CFR §435.904(d); 42 CFR 435.916(d); 42 CFR 435.952, Sec. 1917(e)(2)(B)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.3.Q	Continuous Eligibility (CE) for Medical Assistance programs	Revise	42 CFR 435.916; CRS 25.5-1-303(3)(a); CRS 25.5-4-205 & 209Section	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				504 of the Rehabilitation Act of 1973, 42 CFR §435.926(1), §435.926(2)(c), 42 CFR §435.926(d), 42 CFR §435.926(b)(2), 42 CFR §435.926(c)(2), 42 CFR §435.926(c)(2), 42 CFR §435.120, 42 CFR §435.172				
June 2019	10 CCR 2505-10, Section 8.100.4.A	MAGI Application Requirements	Remain as is	42 CFR 435.907	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.B	MAGI Category Verification Requirements	Revise	42 CFR 435.406, 435.407, 42 CFR 435.945, 435.948, 435.952	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

June 2019	10 CCR 2505-10, Section 8.100.4.C	MAGI Methodology for Income Calculation	Revise	42 CFR 435.4, 42 CFR 435.119	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.D	Income Disregard	Revise	42 CFR 435.603(d)4	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.E	Determining MAGI Household Composition	Revise	36B(ii) IRC, 42 CFR 435.952.(1)(2)(i), 26 U.S.C. Sec. 6012 (a) (1)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.F	MAGI Category Presumptive Eligibility	Revise	42 CFR Part 431 and 42 part 483.12, 1902(a)(0)(i)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.G	MAGI Covered Groups	Revise	42 CFR 435.100	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

						providers.		
June 2019	10 CCR 2505-10, Section 8.100.4.H	Needy Persons Under 21	Revise	42 CFR 441.180 - 441.182,190 5(h)(1)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.I	Transitional Medical Assistance and 4 Month Extended Medical Assistance	Revise	42 CFR 435.112 and 435.115,190 2(a)(52); 1902(e)(1); 1925; 1931(c)(2); 408(a)(11)(A),408(a)(11)(B) and 1931(c)(1)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.4.J	Express Lane Eligibility	Revise	42 CFR 435.603(j)(1), 1902(e)(13)(A)(i)(IV),1902(e)(14)(D)(ii); 1902(dd); 1942(a); 2107(e)(1)(G)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

June 2019	10 CCR 2505-10, Section 8.100.5.A	Application Requirements	Revise	42 CFR 435.900, 1200; 42 CFR 435.541; 1902(a)(10)(i)(XIII)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.B	Verification Requirements	Revise	42 CFR 435.910, 940, 945, 948, 949, 952, 956, 960, 970; 436.407	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.C	Effective Date Of Eligibility	Revise	42 CFR 435.260-269, 540; 1902(a)(34); 1902(a)(10)(A)(ii)(V)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.D	Medical Assistance Estate Recovery Program	Revise	42 CFR 435.700; 1917 of the Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.E	Availability of Resources and Income	Revise	20 CFR 416.1000-416.1182; 20 CFR 416.1201, 1266; 42	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

				CFR 416.200; 433.138, 145, 147, 148, 152, 610; 435.603, 911-913, 917, 945, 952		provid ers.		
June 2019	10 CCR 2505-10, Section 8.100.5. G	Income Requirements	Revise	20 CFR 416.1100- 1182, 1210; 42 CFR 435.230, 601	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5. H	Deeming Of Income And Resources For The OAP Program	Revise	POMS SI 01320.900; SI 00502.200; 42 CFR 435.232; 42 CFR 435.234	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.I	Income Disregards	Revise	20 CFR 416.1103; 1104;1110- 1182	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B



June 2019	10 CCR 2505-10, Section 8.100.5.J	Determining Ownership of Income	Revise	20 CFR §416.1000 - 1104; 20 CFR §416.1160 - 1169, 20 CFR §416.1160(a)(4), 20 CFR §416.1160(a)(1); 20 CFR §416.1160(a)(4), Sec. 1924(b)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.K	Income-Producing Property	Revise	20 CFR §416.1121(d); 20 CFR §416.1222	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.L	Department of Veterans Affairs (VA) Payments	Revise	38 CFR §3.551, 20 CFR §416.1103(a)(7), 20 CFR §416.1103(b)(1)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.5.M	Reverse Mortgages	Revise	C.R.S. 11-38-110	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

						providers.		
June 2019	10 CCR 2505-10, Section 8.100.5. N	Resource Requirements	Revise	20 CFR §416.1201 - 1266, 20 CFR §416.1201, 20 CFR §416.1201(a), 20 CFR §416.1245(3), 20 CFR §416.1218(1), 20 CFR §416.1216(a), 20 CFR §416.1216(b), 20 CFR §416.1230(a), 20 CFR §416.1230(5), 20 CFR §416.1230(8), 20 CFR §416.1231(5) and 20 CFR §416.1231(6), 20 CFR §416.1231(4)(b), 20 CFR §416.1201, 20 CFR	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				<p>§416.1201(a), 20 CFR                  §416.1201(a)(4)(b) and 20 CFR                  §416.1208(a), 20 CFR                  §416.1201(a)(4)(b), 20 CFR                  §416.1208(c), 43 CFR                  §433.36(c), Sec. 1902(a)(18); Sec. 1917(a) and (b), 20 CFR                  §416.1222(a), 20 CFR                  §416.1245(a), 20 CFR                  §416.1216(b)(2), 20 CFR                  §416.1218(b)(2), 20 CFR                  §416.1230(a), 20 CFR                  §416.1121(c)</p>				
June 2019	10 CCR 2505-10, Section 8.100.5. O	Treatment of Self-Funded Retirement Accounts	Revise	20 CFR §416.1202(a)(1), 42 CFR §435.608	Regulatory Efficiency Review	Health First Colorado memb	Pending	B

						ers, provid ers.		
June 2019	10 CCR 2505-10, Section 8.100.5. P	Treatment of Inheritances	Revise	20 CFR §416.1201(a) (4), 20 CFR §416.1201(a) (1), CRS Title 15	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6. A	Aged, Blind, and Disabled (ABD) General Information	Revise	42 CFR 435.120	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6. B	Disability Determinations	Revise	42 CFR 435.541	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6. C	SSI Eligibles	Revise	42 CFR 435.120	Regulatory Efficiency Review	Health First Colora do memb ers, provid ers.	Pending	B

June 2019	10 CCR 2505-10, Section 8.100.6.D	Pickle Amendment	Revise	Section 503 of P.L. 94-566; 42 CFR 435.135	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.E	Pickle Determination	Revise	Section 503 of P.L. 94-566; 42 CFR 435.135	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.F	1972 Disregard Individuals	Revise	20 CFR 416.1100-416.1182	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.G	Individuals Eligible in 1973	Revise	42 CFR 435.131-133	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.H	Eligibility for Certain Disabled Widow(er)s	Revise	42 CFR 137-38	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

						providers.		
June 2019	10 CCR 2505-10, Section 8.100.6.I	Eligibility for Disabled Widow(er)s	Revise	42 CFR 435.138	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.J	Disabled Adult Children	Revise	Section 1634c	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6.K	Old Age Pension (OAP) Eligibles	Revise	42 CFR §435.232 and 42 CFR §435.234, 42 CFR §435.232(a)(4), 42 CFR §435.232, 42 CFR §435.232(b)(2), Sec. 1902(a)(10)(A)(ii)(IV), 42 CFR §431.625(d)(2)(i),	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				Sec. 1634(a), Sec. 1902, 20 CFR §416.1201 - 1266				
June 2019	10 CCR 2505-10, Section 8.100.6.L	Qualified Medicare Beneficiaries (QMB)	Revise	Sec. 1902(a)(10)(E)(i); 1905(p), 42 CFR §400.200(4), Sec. 1905(p)(1), Sec. 1905(p)(1)(A), Sec. 1905(p)(1)(C); 1902(10)(E)(iv), Sec. 1905(p)(1)(B); 1902(10)(E)(iv), Sec. 1905(p)(2)(A), 20 CFR §416.1100; HI 00815.023, Sec. 1902(a)(10)(E), Sec. 1905(p)(1), Sec. 1905(a)(vi); 1839(a)(2),	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

				Sec. 1905(p)(3)(B); 1905(p)(3)(C), Sec. 1915(h)(2)(B), Sec. 1905(p)(1), 42 CFR §435.945, 20 CFR §404.26(b), 20 CFR §404.273				
June 2019	10 CCR 2505-10, Section 8.100.6.M	Specified Low Income Medicare Beneficiaries	Revise	Sec. 1902(a)(10)(E)(iii); Sec. 1905(p), Sec. 1905(p), Sec. 1905(p)(1)(B), Sec. 1905(p)(1)(C), Sec. 1905(p)(1)(B), Sec. 1905(p)(2)(A); Sec. 1612(a), 20 CFR §416.1100; 42 CFR §435.3	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B



June 2019	10 CCR 2505-10, Section 8.100.6. N	Medicare Qualifying Individuals 1 (QI1)	Revise	431.625; 1933, Sec. 1902(a)(10)(E)(iv); Sec. 1905(p); Sec. 1933(a)(3), Sec. 1933(a)(4), Sec. 1902(10)(E)(iv), Sec.1905(s)(3), Sec. 1905(s)(4)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.6. O	Qualified Disabled And Working Individuals	Revise	Sec. 1902(a)(10)(E)(iii); Sec. 1905(s), Sec.1905(s) Sec. 1905(s), Sec. 1905(s), Sec. 1905(s)(3), Sec. 1905(s)(2), 20 CFR 416.1163(3) and 20 CFR 416.1163(2), Sec. 1905(s)(4), Sec. 1818A(b)(2)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

<p>June 2019</p>	<p>10 CCR 2505-10, Section 8.100.6. P</p>	<p>Medicaid Buy-In Program for Working Adults with Disabilities</p>	<p>Revise</p>	<p>Sec. 1902(a)(10)(A)(ii)(XVI); 1916(g), Sec. 1902(a)(10)(A)(ii)(XVI), 42 CFR 435.210; 20 CFR 416.110; 20 CFR 416.1182, Sec. 1613(a), Sec. 1602, Sec. 1619(b)(3) and Sec. 1902(f), 42 CFR 435.218, 42 CFR 435.831</p>	<p>Regulatory Efficiency Review</p>	<p>Health First Colorado members, providers.</p>	<p>Pending</p>	<p>B</p>
<p>June 2019</p>	<p>10 CCR 2505-10, Section 8.100.6. Q</p>	<p>Medicaid Buy-In Program for Children with Disabilities</p>	<p>Revise</p>	<p>Sec. 1614(3)(c)(i); 1902(a)(10)(A)(ii)(XIX), Sec. 1614(f)(2)(b), Sec. 1614(f), Sec. 1614(f)(2)(B)(i), Sec. 2102(b)(1)(A), Sec.</p>	<p>Regulatory Efficiency Review</p>	<p>Health First Colorado members, providers.</p>	<p>Pending</p>	<p>B</p>

				1902(a)(10)(A)(ii)(XVI) and (XIX), Sec. 2102(b)(1)(B)(v), 42 CFR 435.119, 42 CFR 435.831, 42 CFR 435.218 and 42 CFR 435.603				
June 2019	10 CCR 2505-10, Section 8.100.7.A	Persons in Long-Term Care Institutions or Other Residential Placement	Remain as is	42 CFR 435.211; 42 CFR 435.217; and 42 CFR 435.236	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.B	Persons Requesting Long-term Care through Home and Community Based Services (HCBS) or the Program of All Inclusive Care for the Elderly (PACE)	Remain as is	42 CFR 435.211; 42 CFR 435.217; and 42 CFR 435.236	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section	Treatment of Income and Resources for Married Couples	Remain as is	42 U.S.C. 1396r-5 and Section 1924	Regulatory Efficiency Review	Health First Colorado	Pending	B

	8.100.7.C			of the Social Security Act		members, providers.		
June 2019	10 CCR 2505-10, Section 8.100.7.D	Other Medical Assistance Clients Requesting Long-Term Care in an Institution or through HCBS or PACE	Remain as is	42 CFR 435.211; 42 CFR 435.217; and 42 CFR 435.236	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.E	Consideration of Trusts in Determining Medical Assistance Eligibility	Revise	42 U.S.C. Sec. 1396a(k)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.F	Transfers of Assets Without Fair Consideration	Remain as is	42 USC 1396p (c) and Section 1917 of the SS Act (Liens, Adjustments and Recoveries, and Transfers of Assets)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section	Treatment of Certain Assets as Transfers	Remain as is	42 USC 1396p (c) and Section	Regulatory Efficiency Review	Health First Colorado	Pending	B

	8.100.7.G	Without Fair Consideration		1917 of the SS Act (Liens, Adjustments and Recoveries, and Transfers of Assets)		members, providers.		
June 2019	10 CCR 2505-10, Section 8.100.7.H	Life Estates	Remain as is	42 USC 1396p(c)(J)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.I	Annuities	Remain as is	42 USC 1396p(e)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.J	Life Expectancy Tables	Remain as is	42 U.S.C. § 1396a, p and r-5 and Social Security Office of the Chief Actuary Period Life Table	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

June 2019	10 CCR 2505-10, Section 8.100.7.K	Spousal Protection - Treatment of Income and Resources for Institutionalized Spouses	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.L	Assessment and Documentation of The Couple's Resources	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.M	Calculation of the Community Spouse Resource Allowance	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.N	Treatment of the Home and Other Exempt Resources	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.O	Determination of the Institutionalized Spouse's Income and Resource Eligibility	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members,	Pending	B

						providers.		
June 2019	10 CCR 2505-10, Section 8.100.7.P	Attribution of Income	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.Q	Calculating the Community Spouse's Monthly Income Needs	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.R	Calculating the Amount of Income to be Contributed by the Institutionalized Spouse for the Community Spouse's Monthly Needs	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7.S	Increasing the Community Spouse Resource Allowance	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B

June 2019	10 CCR 2505-10, Section 8.100.7. T	Deductions from Monthly Income of the Institutionalized Spouse	Remain as is	42 U.S.C. 1396r-5 and Section 1924 of the Social Security Act	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7. U	Right to Appeal	Remain as is	42 U.S.C. 1396r-5(e)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B
June 2019	10 CCR 2505-10, Section 8.100.7. V	Long-Term Care Institution Recipient Income	Remain as is	42 USC 1396a(a)(17) and 1902(a)(17)	Regulatory Efficiency Review	Health First Colorado members, providers.	Pending	B