COLORADO
Department of Public Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

To: Members of the State Board of Health

From: Dr. Katya Mauritson, Oral Health Unit Manager, Prevention Services Division

Through: Dr. Elizabeth Whitley, Division Director, Prevention Services Division

Date: December 1, 2015

Subject: **Rulemaking Hearing**

Proposed Repeal of 6 CCR 1015-8, Service Grants for the Dental Assistance Program, for the rulemaking hearing in December 2015.

The "Service Grants for the Dental Assistance Program" program was authorized by Colorado Revised Statutes 25-21-101 through 109. Senate Bill 14-180 transferred this program to the Colorado Department of Health Care Policy and Financing. Rulemaking authority was transferred to the Medical Services Board; emergency rules were promulgated on January 9, 2015 and permanent rules were adopted on February 13, 2015.

To ensure a continuity of services, SB 14-180 enabled the Colorado Department of Public Health and Environment (Department) to close its program at the end of FY 2014-15 (June 30, 2015). Colorado Revised Statutes 25-21-101 through 109 were repealed by Senate Bill 14-180. The repeal of Colorado Revised Statutes 25-21-101 through 109 is effective January 1, 2016.

The department recommends the repeal of 6 CCR 1015-8; this program is no longer with the Department. The program has been successfully transferred to the Colorado Department of Health Care Policy and Financing. Board of Health rules are no longer needed and are not authorized after January 1, 2016.

STATEMENT OF BASIS AND PURPOSE
AND SPECIFIC STATUTORY AUTHORITY
for Amendments to
6 CCR 1015-8 Service Grants for the Dental Assistance Program

Basis and Purpose.

The "Service Grants for the Dental Assistance Program" program was authorized by Colorado Revised Statutes 25-21-101 through 109. Senate Bill 14-180 transferred this program to the Colorado Department of Health Care Policy and Financing. Rulemaking authority was transferred to the Medical Services Board; emergency rules were promulgated on January 9, 2015 and permanent rules were adopted on February 13, 2015.

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The department recommends the repeal of 6 CCR 1015-8; this program is no longer with the Department. The program has been successfully transferred to the Colorado Department of Health Care Policy and Financing. Board of Health rules are no longer needed and not authorized after January 1, 2016.

Specific Statutory Authority.

These rules were promulgated pursuant to CRS 25-21-101 through 109; the statutes are to be repealed and when repealed, there is no statutory authority that authorizes Board of Health rules.

SUPPLEMENTAL QUESTIONS

Is this rulemaking due to a change in state statute?

___X___ Yes, the bill number is Senate Bill 14-180 ; rules are ___ authorized
___ required.
_____ No

Is this rulemaking due to a federal statutory or regulatory change?

_____ Yes
___X___ No

Does this rule incorporate materials by reference?

_____ Yes
___X___ No

Does this rule create or modify fines or fees?

_____ Yes
___X___ No

REGULATORY ANALYSIS
for Amendments to
6 CCR 1015-8 Service Grants for the Dental Assistance Program

1. **A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

   No persons will be affected by the repeal of this rule, as the program no longer exists at the department. The program continues through the Colorado Department of Health Care Policy and Financing and the Medical Services Board.

2. **To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.**

   There will be no quantitative and qualitative impact or the repeal of this rule, as the program no longer exists at the department but continues through another state agency.

3. **The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

   There will be no costs of implementation and enforcement because this rule is proposed for repeal.

4. **A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

   Inaction is not an option as the rules are no longer authorized under statute. The benefit of the repeal is to eliminate obsolete regulations, clarify which state agency has authority and eliminate confusion for citizens.

5. **A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

   There are no less costly or less intrusive methods to repeal of this rule.

6. **Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.**

   There are no alternatives to repeal, as this program no longer exists at the department.

7. **To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

   No data was necessary to determine that repeal is the appropriate course of action for the Board of Health.

STAKEHOLDER COMMENTS
for Amendments to
6 CCR 1015-8 Service Grants for the Dental Assistance Program

The following individuals and/or entities were included in the development of these proposed rules:

Stakeholders were notified of the program transfer when the legislation passed in 2014. This proposed repeal has been coordinated with Colorado Department of Health Care Policy.

The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:

Colorado Department of Health Care Policy

Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.

Not applicable

Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradoans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?

None

~~DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT~~

~~Prevention Services Division - Rules promulgated by the Colorado Board of Health~~

~~SERVICE GRANTS FOR THE DENTAL ASSISTANCE PROGRAM~~

~~6 CCR 1015-8~~

~~[Editor's Notes follow the text of the rules at the end of this CCR Document.]~~

~~1.1 Definitions~~

~~1) "Advisory Committee" means the Dental Advisory Committee created in Section 25-21-107.5, C.R.S.~~

~~2) "Department" means the Department of Public Health and Environment~~

~~3) "Eligible Senior" means an adult who is eligible for old age pension dental assistance Program as defined in section 25-21-103, C.R.S.~~

~~4) "Qualified Grantee" means an entity that either provides comprehensive dental and oral health services or that can administer funds for such services through sub-grants, awards, or reimbursement processes that comply with the federal "Health Insurance Portability and Accountability Act of 1996", 42 U.S.C. sec. 1320d to 1320d-8.~~

~~5) "Service grant" means a grant awarded by the Department to a qualified grantee pursuant to this article.~~

~~1.2 Application requirements~~

~~1) At a minimum, all applications for service grants submitted to the Department shall contain the following information:~~

~~A) Compliance with the definition of "qualified grantee" as defined in Section 1.1(4).~~

~~B) Demonstrates an established relationship with or willingness to coordinate with local community organizations serving eligible seniors. Evidence of this relationship may be demonstrated by, but is not limited to, a Memorandum of Agreement with local community organizations serving eligible seniors or, minutes for regular meetings with local community organizations serving eligible seniors that will be submitted to the Department on a semi-annual basis.~~

~~C) Defined service area.~~

~~D) A plan for outreach to include:~~

~~i. A plan for marketing the available services to eligible seniors within the defined service area; and~~

~~ii. A plan for meeting needs of eligible seniors in contiguous service areas should they not be served by another qualified grantee.~~

~~E) A description of plan for verifying eligibility of seniors.~~

~~F) An operating budget that designates a procedure for prioritization of funds to meet the needs of those eligible seniors most in need.~~

~~G) A description of the applicant's ability to comply with and monitor the implementation of the grant requirements, which includes a statement whether the applicant will charge a copayment to eligible seniors and certifying that the copayment shall not exceed twenty percent of the cost of the services provided.~~

~~H) Demonstration of capacity to implement and administer the program specified in Section 2(1).~~

~~2) A successful applicant for participation in the program shall sign a contract with the Department or a Purchase Order with a scope of work that complies with the State's Procurement Rules in 24-101-101 to 24-112-101, C.R.S.. The terms of the service grant contract/purchase order shall be determined by the Department and shall include, but need not be limited to, the following:~~

~~A) The total amount of grant to qualified grantee;~~

~~B) The qualified grantee's agreement to provide care to eligible seniors for the length of the grant;~~

~~C) The qualified grantee's agreement to provide the Department with semi-annual reports. At a minimum, the reports shall include:~~

~~i. The number of eligible seniors served;~~

~~ii. The types of dental and oral health services provided; and~~

~~iii. The amount of co-payments charged and received.~~

~~D) Reasonable penalties and other enforcement remedies available to the Department in the event the qualified grantee breaches contract or purchase order;~~

~~E) The qualified grantee's agreement to notify the department if there is a decrease in eligible seniors served; and~~

~~F) The time period of the grant.~~

~~1.3 Review of Application~~

~~1) The initial review will be done by the Department to determine whether the application is complete and to ensure the grantee meets the requirements of the definition previously stated in 1.1(4).~~

~~2) After initial review of applications, the dental advisory committee will review applications, and then submit their recommendations to the Department.~~

~~3) The Department will consider the recommendations made by the dental advisory committee, but is not bound by them. In the event the Department disagrees with the committee's findings, it will provide a written statement of its rationale to both the applicant and the committee for their reference.~~

~~Allowable Procedures and Fees for Dental Services~~

~~2.1 Effective April 30, 2013 and through such time that the Board of Health approves a new effective provider procedures and fee schedule, a qualified grantee, as defined in Section 1.1 of these regulations, may charge fees, not to exceed the maximum allowable fee, and perform the procedures for an eligible senior as set forth in Section 2.3.~~

~~2.2 Nothing in this part shall prohibit a qualified grantee from charging less than the allowable fee or reducing the amount of the patient co-payment set forth in Section 2.3. Any reduction in the amount of the patient co-payment shall be at the discretion of the qualified grantee.~~

~~2.3 TABLE OF ALLOWABLE PROCEDURES AND FEES~~

~~CDT 2013~~	~~Procedure Description~~	~~Maximum Allowable Fee~~	~~Program Payment~~	~~Maximum Patient Co-pay~~
	~~Diagnostic~~			
~~0120~~	~~Periodic Oral Evaluation – Est. Pt.~~	~~$ 46~~	~~$ 46~~	~~$ 0~~
~~0140~~	~~Limited Oral Evaluation~~	~~$ 62~~	~~$ 52~~	~~$ 10~~
~~0150~~	~~Comprehensive Oral Exam~~	~~$ 81~~	~~$ 81~~	~~$ 0~~
~~0180~~	~~Comprehensive periodontal evaluation – new or est. pt.~~	~~$ 88~~	~~$ 88~~	~~$ 0~~
~~0210~~	~~Intraoral- Complete series of radiographic images~~	~~$ 125~~	~~$ 125~~	~~$ 0~~
~~0220~~	~~Periapical – 1st radiographic image~~	~~$ 25~~	~~$ 25~~	~~$ 0~~
~~0230~~	~~Periapical – each additional radiographic image~~	~~$ 23~~	~~$ 23~~	~~$ 0~~
~~0270~~	~~Bitewing – single film~~	~~$ 26~~	~~$ 26~~	~~$ 0~~
~~0272~~	~~Bitewings – two films~~	~~$ 42~~	~~$ 42~~	~~$ 0~~
~~0273~~	~~Bitewings – three~~	~~$ 52~~	~~$ 52~~	~~$ 0~~

	~~films~~			
~~0274~~	~~Bitewings - four films~~	~~$ 60~~	~~$ 60~~	~~$ 0~~
~~0330~~	~~Panoramic radiographic image~~	~~$ 63~~	~~$ 63~~	~~$ 0~~
	~~**Preventive**~~			
~~1110~~	~~Prophylaxis (Adult)~~	~~$ 88~~	~~$ 88~~	~~$ 0~~
~~1206~~	~~Topical Fluoride Varnish~~	~~$ 52~~	~~$ 52~~	~~$ 0~~
~~1208~~	~~Topical Fluoride~~	~~$ 52~~	~~$ 52~~	~~$ 0~~
	~~**Restorative**~~			
~~2140~~	~~Amalgam - one surface~~	~~$ 107~~	~~$ 97~~	~~$ 10~~
~~2150~~	~~Amalgam - two surfaces~~	~~$ 138~~	~~$ 128~~	~~$ 10~~
~~2160~~	~~Amalgam - three surfaces~~	~~$ 167~~	~~$ 157~~	~~$ 10~~
~~2161~~	~~Amalgam - four + surfaces~~	~~$ 203~~	~~$ 193~~	~~$ 10~~
~~2330~~	~~Resin - one surface, anterior~~	~~$ 115~~	~~$ 105~~	~~$ 10~~
~~2331~~	~~Resin - two surface, anterior~~	~~$ 146~~	~~$ 136~~	~~$ 10~~
~~2332~~	~~Resin - three surface, anterior~~	~~$ 179~~	~~$ 169~~	~~$ 10~~
~~2335~~	~~Resin - four surface, incisal angle~~	~~$ 212~~	~~$ 202~~	~~$ 10~~
~~2391~~	~~Resin - one surface, posterior~~	~~$ 134~~	~~$ 124~~	~~$ 10~~

~~2392~~	~~Resin – two surface, posterior~~	~~$ 176~~	~~$ 166~~	~~$ 10~~
~~2393~~	~~Resin – three surface, posterior~~	~~$ 218~~	~~$ 208~~	~~$ 10~~
~~2394~~	~~Resin – four surface, posterior~~	~~$ 268~~	~~$ 258~~	~~$ 10~~
~~2951~~	~~Pin retention per tooth~~	~~$ 50~~	~~$ 40~~	~~$ 10~~
	~~**Periodontics**~~			
~~4341~~	~~Scaling and Root Planing ≥ 4 teeth/quad~~	~~$ 177~~	~~$ 167~~	~~$ 10~~
~~4342~~	~~Scaling and Root Planing ≤ 3 teeth/quad~~	~~$ 128~~	~~$ 128~~	~~$ 0~~
~~4910~~	~~Periodontal Maintenance~~	~~$ 136~~	~~$ 136~~	~~$ 0~~
	~~**Prosthetics – (Patient co-pay for these services are not to exceed 10%)**~~			
~~5110~~	~~Complete denture - maxillary~~	~~$ 793~~	~~$ 713~~	~~$ 80~~
~~5120~~	~~Complete denture, mandibular~~	~~$ 793~~	~~$ 713~~	~~$ 80~~
~~5211~~	~~Partial denture, maxillary – resin, inc. clasps, rests, teeth~~	~~$ 700~~	~~$ 640~~	~~$ 60~~
~~5212~~	~~Partial denture, mandibular – resin, inc. clasps, rests, teeth~~	~~$ 778~~	~~$ 718~~	~~$ 60~~
~~5510~~	~~Repair broken complete denture~~	~~$ 87~~	~~$ 77~~	~~$ 10~~

~~5520~~	~~Replace missing or broken teeth – Complete denture/tooth~~	~~$ 73~~	~~$ 63~~	~~$ 10~~
~~5610~~	~~Repair broken partial base~~	~~$ 95~~	~~$ 85~~	~~$ 10~~
~~5630~~	~~Replace or repair broken clasp~~	~~$ 123~~	~~$ 113~~	~~$ 10~~
~~5640~~	~~Replace missing or broken teeth – partial denture/tooth~~	~~$ 80~~	~~$ 70~~	~~$ 10~~
~~5650~~	~~Add tooth to existing partial~~	~~$ 109~~	~~$ 99~~	~~$ 10~~
~~5660~~	~~Add clasp to existing partial~~	~~$ 131~~	~~$ 121~~	~~$ 10~~
~~5710~~	~~Rebase complete denture – maxillary~~	~~$ 322~~	~~$ 297~~	~~$ 25~~
~~5711~~	~~Rebase complete denture – mandibular~~	~~$ 308~~	~~$ 283~~	~~$ 25~~
~~5720~~	~~Rebase partial denture – maxillary~~	~~$ 304~~	~~$ 279~~	~~$ 25~~
~~5721~~	~~Rebase partial denture – mandibular~~	~~$ 304~~	~~$ 279~~	~~$ 25~~
~~5730~~	~~Reline denture – maxillary - chair-side~~	~~$ 182~~	~~$ 172~~	~~$ 10~~
~~5731~~	~~Reline denture – mandibular – chairside~~	~~$ 182~~	~~$ 172~~	~~$ 10~~
~~5740~~	~~Reline partial – maxillary - chair-side~~	~~$ 167~~	~~$ 157~~	~~$ 10~~

~~5741~~	~~Reline partial - mandibular - chairside~~	~~$ 167~~	~~$ 157~~	~~$ 10~~
~~5750~~	~~Reline denture - maxillary - laboratory~~	~~$ 243~~	~~$ 218~~	~~$ 25~~
~~5751~~	~~Reline denture - mandibular - laboratory~~	~~$ 243~~	~~$ 218~~	~~$ 25~~
~~5760~~	~~Reline partial - maxillary - laboratory~~	~~$ 239~~	~~$ 214~~	~~$ 25~~
~~5761~~	~~Reline partial - mandibular - laboratory~~	~~$ 239~~	~~$ 214~~	~~$ 25~~
	~~**Oral Surgery**~~			
~~7140~~	~~Extraction erupted tooth or exposed root~~	~~$ 82~~	~~$ 72~~	~~$ 10~~
~~7210~~	~~Surgical removal of erupted tooth~~	~~$ 135~~	~~$ 125~~	~~$ 10~~
~~7250~~	~~Surgical removal of residual tooth roots~~	~~$ 143~~	~~$ 133~~	~~$ 10~~
~~7286~~	~~Biopsy, soft tissue~~	~~$ 381~~	~~$ 381~~	~~$ 0~~
~~7310~~	~~Alveoloplasty (w/extractions) (Four or more teeth)~~	~~$ 150~~	~~$ 140~~	~~$ 10~~
~~7311~~	~~Alveoloplasty (w/extractions) (Three teeth or less)~~	~~$ 138~~	~~$ 128~~	~~$ 10~~
~~7320~~	~~Alveoloplasty (w/out extractions)(Four or more teeth)~~	~~$ 150~~	~~$ 140~~	~~$ 10~~

~~7321~~	~~Alveoloplasty (w/out extractions) (Three teeth or less)~~	~~$ 138~~	~~$ 128~~	~~$ 10~~
~~7510~~	~~Incision and drainage of abscess – intraoral soft tissue~~	~~$ 193~~	~~$ 183~~	~~$ 10~~
~~9110~~	~~Palliative treatment - ER treatment of dental pain - minor procedure (limited to one exam per year)~~	~~$ 61~~	~~$ 36~~	~~$ 25~~

~~**Editor's Notes**~~

~~**History**~~

~~Sections 2.1 – 2.3 eff. 12/30/2008.~~

~~Entire rule eff. 10/30/2012.~~

~~Sections 2.1 – 2.3 emer. rules eff. 01/16/2013.~~

~~Sections 2.1 – 2.3 eff. 05/15/2013~~