



## COLORADO

Department of Health Care  
Policy & Financing

Medical Services Board

# MINUTES OF THE MEETING OF THE MEDICAL SERVICES BOARD

303 East 17th Avenue, 11th Floor Conference Room  
Denver, CO

July 8, 2016

## Call to Order

Christy Blakely called the meeting to order at 9:00 a.m.

## Roll Call

The Board Coordinator called the roll. There were sufficient members for a quorum with eight members participating.

### A. Members Present

Christy Blakely, Bregitta Hughes, Jessica Kuhns, Charolette Lippolis, Paul Melinkovich, Amanda Moorer, Patricia Givens, and Donna Roberts.

### B. Members Excused

Mike Stahl, David Potts and An Nguyen

### C. Staff Present

Gretchen Hammer, Deputy Executive Director/Director, Health Programs Office; Jennifer Weaver, First Assistant Attorney General; and Dan Hutchinson, Staff Support

## Announcements

Ms. Blakely announced the next Medical Services Board Meeting will be held in the 11th floor conference room at 303 East 17th Avenue in Denver on Friday, August 12th at 9:00 a.m.

It is the policy of this Board and the Department to remind everyone in attendance that this facility is private property. The capacity of the meeting room is 105. Please do not block the doors or stand around the edges of the room. Please turn cell



phones off while in the meeting room as they interfere with the recording equipment.

## Approval of Minutes

Ms. Hughes moved for the approval of the minutes. The motion was seconded by Ms. Roberts. There were no comments and the minutes were approved as submitted, 8:0.

## Rules

### A. INITIAL APPROVAL AGENDA

#### 1) Document 01 MSB 16-03-22-B

Revision to the Medical Assistance Home and Community Based Services Rule Concerning Supportive Living Program, Section 8.515.85

Diane Byrne, HCBS Adult Waiver Unit, presented the proposed rule and explained this change is needed to get in compliance with federal mandates. The impact is on a small amount of members, 170 receiving residential services within the brain injury waiver and PETI will impact less than 100. The purpose is to protect income and promote cost sharing, the more income an individual has the more they pay. There is no co-pay.

#### Board Discussion

Board discussion and questions included:

The Board discussed reimbursement done directly by HCPF and that this revision brings the program into compliance with federal policy.

#### Public Testimony

There was no public testimony on Document 01.

Dr. Givens moved for the initial approval of Document 01. The motion was seconded by Ms. Roberts.

The Board voted for the initial approval of Document 01, 8:0.

#### 2) Document 02 MSB 16-04-13-A

Revision to the Medical Assistance Office of Community Living Rule Concerning Consumer Directed Care for the Elderly Section 8.518

Rhyann Lubitz, Health Programs Operations Section presented the proposed rule and explained how this program no longer applies, it was expanded into the Consumer Directed Attendant Support Services program. There are no individuals utilizing the Consumer Directed Care for the Elderly program.

### Board Discussion

There was no board discussion on Document 02.

### Public Testimony

There was no public testimony on Document 02.

Dr. Melinkovich moved for the initial approval of Document 02. The motion was seconded by Ms. Roberts.

The Board voted for the initial approval of Document 02, 8:0.

### 3) Document 03 MSB 16-05-10-A

Revision to the Medical Assistance Eligibility Rule Concerning Parents and Caretaker Relatives at Section 8.100.1 & 8.100.4.G

Ana Bordallo, Eligibility Policy Section, presented the proposed rule and explained the change is mandated under the Affordable Care Act. A qualifying child must be enrolled in Medical Assistance for a parent or caretaker relative to qualify for the MAGI Adult Expansion population, 69% - 133% of the federal poverty level. Less than 68% of the federal poverty level and these changes do not apply. CBMS will be updated and come in compliance. Feedback was received.

### Board Discussion

Individuals between the ages of 19-64 must still meet the eligibility requirements for the program they are applying for. This revision is required under the ACA, a change to CBMS must be made. A summary of the eligibility groups was given.

### Public Testimony

Allison Neswood, Colorado Center on Law and Policy, supports the proposed rule with changes. The concern is the possible exclusion of low income adults. Requested changes included: alert members applying of program rules and limits and policy change, true up other eligible groups, such as, Native American, Undocumented, and Refugee populations.

A discussion on implementation determined HCPF will work with CCLP on an implementation plan and present the plan at the August MSB meeting. A post implementation report will be presented 3 months after implementation.

Ms. Moorer moved for the initial approval of Document 03. The motion was seconded by Ms. Roberts.

The Board voted for the initial approval of Document 08, 8:0.

## **B. FINAL PERMANENT ADOPTION AGENDA**

### 4) Document 04 MSB 15-12-18-A

Revision to the Medical Assistance Program Integrity Rule Concerning the Definition of Medical Necessity, Section 8.076.1.8; and EPSDT Rule Concerning the Definition of Medical Necessity, Section 8.280

Amanda Forsythe, Health Programs Operations Section, presented the proposed rule and recapped concerns. Changes were made regarding generally accepted and professionally recognized and the reference in the rule to the EPSDT section.

#### Board Discussion

There was board discussion on Document 04 captured below as Board discussion came out of the public testimony.

#### Public Testimony

Public testimony included:

Bethany Pray, Colorado Center on Law and Policy, discussed the 'for convenience' language as an unnecessary hurdle and how 8.D. Screening and diagnostics is missing in .E. Screening and Diagnostics are in EPSDT and not in the Medical Necessity definition. Provider training on implementation is required. A post implementation report on denials by convenience can be done. The use of solely can add clarity and make the rule more transparent. Front end costs should be considered in the downstream impact and longitudinal care for the member. Cost effective is necessary as is fraud investigation, as tax payer money funds Medicaid.

Dr. Melinkovich moved for the initial approval of Document 08. The motion was seconded by Ms. Roberts.

The Board voted for the initial approval of Document 08, 4:3:1

## **C. Consent Agenda Motion**

Dr. Melinkovich moved to place Documents 01, 02, and 03 on the Final Permanent Adoption by Consent agenda. The motion was seconded by Ms. Moorer and approved, 8:0.

## **D. Closing Motion**

Dr. Givens moved to close the rules portion of the agenda. The motion was seconded by Ms. Roberts and approved, 8:0.



## Open Comments

Mark Simon provided comments with Caitlin Brady.

## Department Updates

- Department Updates/Questions – Gretchen Hammer, Medicaid Director, Deputy Executive Director
- Medicaid Rebrand – Debbie Fimple, Health First Colorado Grants Manager
- Outpatient Rate Methodology – Andrew Abalos, Payment Reform Section
- Rule Formatting Update – Jami Gazzero & Amanda Forsythe, Health Programs Operations Section
- Third Party Liability – David Smith, Benefits Coordination Section, and Paul Ritzma, Legal Division

## The meeting was adjourned at 12:00 p.m.

The next scheduled meeting of the Medical Services Board is at 9:00 a.m. on Friday, August 12, 2016 in the 11th floor conference room at 303 East 17th Avenue, Denver, CO.

Reasonable accommodations will be provided upon request for persons with disabilities. Please notify the Board Coordinator at 303- 866-4416 or [chris.sykes@state.co.us](mailto:chris.sykes@state.co.us) or the 504/ADA Coordinator [hcpf504ada@state.co.us](mailto:hcpf504ada@state.co.us) at least one week prior to the meeting.