

Title of Rule: Revision to the Medical Assistance Benefits Rule Concerning Non-Emergent Medical Transportation, Section 8.014

Rule Number: MSB 19-04-19-A

Division / Contact / Phone: Health Programs Office / Russ Zigler / 303-866-5927 / Ryan Dwyer / 303-866-3782

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

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.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or  
 for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

42 USC 1396a(a)(70) (2019) / 42 CFR 440.170(a) (2019)

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2018);  
25.5-5-202(2), 25.5-5-324, C.R.S. (2018)

Initial Review

**09/13/19**

Final Adoption

**10/11/19**

Proposed Effective Date

**11/30/19**

Emergency Adoption

**DOCUMENT #04**

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## **REGULATORY ANALYSIS**

1. Describe 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.

Providers of NEMT and Colorado Medicaid clients who utilize NEMT will benefit from this rule revision, as it updates and adds clarity to the existing rule. There is no anticipated cost to members or providers associated with this rule revision.

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

Many of the updates included in this rule revision incorporate existing practices and requirements. All of the updates being made to the rule are meant to add clarity and predictability for both providers and clients.

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

There are no anticipated costs associated with these rule updates.

4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The proposed rule has no anticipated costs and the anticipated benefit is added clarity for both providers and clients. The cost of inaction is that the rule will continue to be outdated.

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

There are no less costly methods of achieving the purpose of the proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for achieving the purpose of the proposed rule, which is to bring the rule up to date.

1 **8.014 NON-EMERGENT MEDICAL TRANSPORTATION**

2 **8.014.1. DEFINITIONS**

3 8.014.1.A. Access means the ability to make use of.

4 8.014.1.B. Air Ambulance means a Fixed-Wing or Rotor-Wing Air Ambulance equipped with  
5 medically necessary supplies to provide Emergency Medical Transportation.

6 8.014.1.C. Ambulatory Vehicle means a passenger-carrying vehicle available for those clients able  
7 to walk and who do not rely on wheelchairs or other mobility devices, during boarding or  
8 transportation, which would necessitate a vehicle with a lift or other accommodations.

9 8.014.1.D. Ancillary Services mean services incurred indirectly when a client authorized to receive  
10 NEMT also requires the assistance of an Escort or financial assistance for meals or lodging.

11 8.014.1.E. At-Risk Adult means an adult who is unable to make personal or medical determinations,  
12 provide necessary self-care, or travel independently.

13 8.014.1.F. Child means a minor under the age of 18.

14 8.014.1.G. Day Treatment means facility-based services designed for Children with complex medical  
15 needs. Services include educational or day care services when the school or day care system is  
16 unable to provide skilled care in a school setting, or when the Child's medical needs put them at  
17 risk when around other Children.

18 8.014.1.H. Emergency Medical Transportation means Ground Ambulance or Air Ambulance  
19 transportation under Section 8.018 during which clients who are ill, injured, or otherwise mentally  
20 or physically incapacitated receive needed emergency medical services en route

21 8.014.1.I. Escort means a person who accompanies an At-Risk Adult or minor client.

22 8.014.1.J. Fixed-Wing Air Ambulance means a fixed wing aircraft that is certified as a Fixed-Wing  
23 Air Ambulance by the Federal Aviation Administration.

24 8.014.1.K. Ground Ambulance means a ground vehicle, including a water ambulance, equipped with  
25 medically necessary supplies to provide Emergency Medical Transportation.

26 8.014.1.L. Medicaid Client Transport (MCT) Permit means a permit issued by the Colorado  
27 Department of Regulatory Agencies Public Utilities Commission (PUC) in accordance with the  
28 PUC statute at ~~C.R.S.~~ Section § 40-10.1-302, ~~-C.R.S.~~

29 8.014.1.M. Mode means the method of transportation.

30 8.014.1.N. Non-Emergent Medical Transportation (NEMT) means transportation to or from medically  
31 necessary non-emergency treatment that is covered by the Colorado Medical Assistance

1 Program. Non-emergency care may be scheduled or unscheduled. This may include Urgent Care  
 2 transportation and hospital discharge transportation.

3 8.014.1.O. Program of All Inclusive Care for the Elderly (PACE) is a capitated rate benefit which  
 4 provides all-inclusive long-term care to certain individuals as defined in Section 8.497.

5 8.014.1.P. Rotor-Wing Air Ambulance means a helicopter that is certified as an ambulance by the  
 6 Federal Aviation Administration.

7 8.014.1.Q. State Designated Entity (SDE) means the organization responsible for administering  
 8 NEMT. For the purposes of this rule, the responsible SDE is determined by the client's county of  
 9 residence.

10 8.014.1.R. Stretcher Van means a vehicle that can legally transport a client in a prone or supine  
 11 position when the client does not require medical attention en route. This may be by stretcher,  
 12 board, gurney, or another appropriate device.

13 8.014.1.S. Taxicab means a motor vehicle operating in Taxicab Service, as defined in 4 CCR 723-6,  
 14 § 6001 (2019), which is hereby incorporated by reference. The incorporation by reference of  
 15 materials throughout section 8.014 excludes later amendments to, or editions of, the referenced  
 16 materials. Pursuant to C.R.S. § 24-4-103(12.5), the Department maintains copies of this  
 17 incorporated text in its entirety, available for public inspection during regular business hours, at:  
 18 Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO  
 19 80203. Certified copies of incorporated materials are provided at cost upon request.

20 8.014.1.T. Taxicab Service has the same meaning means passenger transportation as defined in 4  
 21 CCR 723-6, § 62001 (2019), which is hereby incorporated by reference.

22 8.014.1.U. Trip means one-way transportation from the point of origin to the point of destination.

23 8.014.1.V. Urgent Care means an unplanned appointment for a covered medical service with  
 24 verification from an attending physician or facility that the client must be seen or picked up from a  
 25 discharged appointment within 48 hours.

26 8.014.1.W. Wheelchair Vehicle means a motor vehicle designed and used for the non-emergent  
 27 transportation of individuals with disabilities who use a wheelchair. These as defined in C.R.S. §  
 28 42-7-510(2)(b). These vehicles include vans modified for wheelchair Access or wheelchair  
 29 accessible minivans.

30 **8.014.2. CLIENT ELIGIBILITY AND RESPONSIBILITIES**

31 8.014.2.A. All Colorado Medical Assistance Program clients are eligible for NEMT services unless  
 32 the client falls within the following eligibility groups on the date of the Trip:

33 1. Qualified Medicaid Beneficiary (QMB) Only

34 2. Special Low Income Medicare Beneficiary (SLMB) Only

1 3. Medicare Qualifying Individual-1 (QI-1) Only

2 4. Old Age Pension- State Only (OAP-state only)

3 8.014.2.B. Child Health Plan Plus clients are not eligible for NEMT.

4 8.014.2.C. PACE clients receive transportation provided by their PACE organization and are not  
5 eligible for NEMT.

6 8.014.2.D. NEMT services may be denied if clients do not observe the following responsibilities:

7 1. Comply with applicable state, local, and federal laws during transport.

8 2. Comply with the rules, procedures and policies of the SDE.

9 3. Obtain authorization from their SDE.

10 4. Clients must not engage in violent, disruptive, or illegal conduct while utilizing NEMT  
11 services.

12 5. Clients must not pose a direct threat to the health or safety of themselves or others,  
13 including drivers.

14 6. Clients must cancel their previously scheduled NEMT Trip if the ride is no longer needed,  
15 except in emergency situations or when the client is otherwise unable to cancel.

16 ~~8.014.2.E. Pursuant to sSection 8.065, a client may be responsible to repay any services used that~~  
17 ~~are not NEMT covered services. No recovery shall be made where the overpayment occurred~~  
18 ~~through no fault of the client.~~

19 **8.014.3. PROVIDER ELIGIBILITY AND RESPONSIBILITIES**

20 8.014.3.A. Providers must enroll with the Colorado Medical Assistance Program as an NEMT  
21 provider.

22 8.014.3.B. Enrolled NEMT providers must:

23 1. Meet all provider screening requirements in Section 8.125;

24 2. Comply with commercial liability insurance requirements and, if applicable, PUC financial  
25 responsibility requirements established in the PUC statute at C.R.S. § 40-10.1-107;

26 3. Refrain from attempting to solicit clients known to have already established NEMT  
27 service with another provider;

28 4. Maintain and comply with the following appropriate licensure, or exemption from  
29 licensure, requirements;

- 1 a. PUC common carrier certificate as a Taxicab;
- 2 b. PUC MCT Permit as required by the PUC statute at C.R.S. § 40-10.1-302;
- 3 c. Ground Ambulance license as required by Department of Public Health and  
4 Environment (CDPHE) rule at 6 CCR 1015-3, Chapter Four;
- 5 d. Air Ambulance license as required by CDPHE rule at 6 CCR 1015-3, Chapter  
6 Five; or
- 7 e. Exemption from licensure requirements in accordance with PUC statute at C.R.S.  
8 § 40-10.1-105.

9 5. Only provide NEMT services appropriate to their current licensure(s) and within the  
10 geographic limitations applicable to the licensure; and

11 6. Ensure that all vehicles and auxiliary equipment used to transport clients meet federal,  
12 state, and local safety inspection and maintenance requirements.

13 PUC statute at C.R.S. §§ 40-10.1-105, 40-10.1-107 and 40-10.1-302 (2019) and CDPHE rule at 6  
14 CCR 1015-3, Chapters Four and Five (2019), are hereby incorporated by reference.

15 8.014.3.C. NEMT transportation providers must maintain a Trip report for each NEMT Trip provided  
16 and must, at a minimum, include:

- 17 1. The pick-up address;
- 18 2. The destination address, which must be a covered place of service under Section  
19 8.014.4;
- 20 3. Date and time of the Trip;
- 21 4. Client's name or identifier;
- 22 5. Confirmation that the driver verified the client's identity;
- 23 6. Confirmation by the client, Escort, or medical facility that the Trip occurred;
- 24 7. The actual pick-up and drop off time;
- 25 8. The driver's name; and
- 26 9. Identification of the vehicle in which the Trip was provided.

27 8.014.3.D. Multiple Loading

- 28 1. Except as otherwise specified at Section 8.014.3.D.2., NEMT providers may transport  
29 more than one client at the same time if:

- a. Standard safety guidelines are followed;
- b. Each client agrees to be transported with other clients;
- c. No client is in the vehicle for more than thirty minutes longer than if the client were transported alone; and
- d. Children traveling without an Escort are transported only with persons known by such Children including, but not limited to, other Children attending the same service, family members, or friends, at all times.

2. Taxicabs must comply with applicable PUC rules regarding multiple passengers at 4 CCR 723-6, § 6252~~3~~ (2019), which is hereby incorporated by reference.

8.014.3.E. The Section 8.014.3 requirements do not apply to client reimbursement or bus or rail systems.

#### **8.014.4. COVERED PLACES OF SERVICE**

8.014.4.A. NEMT must be to service location(s) enrolled with the Colorado Medical Assistance Program to provide the medical services the client is receiving, regardless of whether the medical services will be paid for by the Colorado Medical Assistance Program or another entity.

8.014.4.B. NEMT must be provided to the closest provider available qualified to provide the service the client is traveling to receive. The closest provider is defined as a provider within a 25-mile radius of the client's residence, or the nearest provider if one is not practicing within a 25-mile radius of the client's residence. Exceptions may be made by the SDE in the following circumstances:

1. If the closest provider is not willing to accept the client, the client may use NEMT to access the next closest qualified provider.
2. If the client has complex medical conditions that restrict the closest medical provider from accepting the patient, the SDE may authorize NEMT to be used to travel to the next closest qualified provider. The treating medical provider must send the SDE written documentation indicating why the client cannot be treated by the closest provider.
3. If a client has moved within the three (3) months preceding an NEMT transport, the client may use NEMT to their established medical provider seen in their previous locale. During these three (3) months, the client and medical provider must transfer care to the closest provider as defined at Section 8.014.4.B. or determine transportation options other than NEMT.

#### **8.014.5. COVERED SERVICES**

8.014.5.A. Transportation Modes

1. Covered Modes of transportation include:

- 1 a. Bus and public rail systems
- 2 i. Transit passes may be issued by the SDE when the cumulative cost of
- 3 bus tickets exceeds the cost of a pass.
- 4 b. Personal vehicle mileage reimbursement
- 5 c. Ambulatory Vehicles
- 6 d. Wheelchair Vehicles
- 7 e. Taxicab Service
- 8 f. Stretcher Van
- 9 g. Ground Ambulance
- 10 h. Air Ambulance
- 11 i. Commercial plane
- 12 j. Train

13 8.014.5.B. NEMT Services

- 14 1. NEMT is a covered service when:
- 15 a. The client does not have Access to other means of transportation, including free
- 16 tTransportation;
- 17 b. Transportation is required to obtain a non-emergency service(s) that is medically
- 18 necessary, as defined in Section 8.076.1.8.; and
- 19 c. The client is receiving a service covered by the Colorado Medical Assistance
- 20 Program.
- 21 2. NEMT services may be covered for clients even if the medical procedure is paid for by an
- 22 entity other than the Colorado Medical Assistance Program.
- 23 3. Non-emergent ambulance service (Ground and Air Ambulance), from the client's pickup
- 24 point to the treating facility, is covered when:
- 25 a. Transportation by any other means would endanger the client's life; or
- 26 b. The client requires basic life support (BLS) or advanced life support (ALS) to
- 27 maintain life and to be transported safely.
- 28 i. BLS includes:



- 1 1. Cardiopulmonary resuscitation, without cardiac/hemodynamic  
2 monitoring or other invasive techniques;
- 3 2. Suctioning en route (not deep suctioning); and
- 4 3. Airway control/positioning.
- 5 ii. ALS includes ALS Levels 1 and 2 in accordance with 42 CFR § 414.605  
6 (2019), which is hereby incorporated by reference.
- 7 1. ALS Level 1 includes the provision of at least one ALS  
8 intervention required to be furnished by ALS personnel.
- 9 2. ALS Level 2 includes:
  - 10 a. Administration of at least three medications by intravenous  
11 push/bolus or by continuous infusion, excluding  
12 crystalloid, hypotonic, isotonic, and hypertonic solutions  
13 (Dextrose, Normal Saline, Ringer's Lactate); or
  - 14 b. The provision of at least one of the following ALS procedures:
    - 15 i. Manual defibrillation/cardioversion.
    - 16 ii. Endotracheal intubation.
    - 17 iii. Central venous line.
    - 18 iv. Cardiac pacing.
    - 19 v. Chest decompression.
    - 20 vi. Surgical airway.
    - 21 vii. Intraosseous line.
- 22 4. NEMT may be provided to an Urgent Care appointment under the following  
23 circumstances:
  - 24 a. A provider is available;
  - 25 b. The appointment is for a covered medical service with verification from an  
26 attending physician that the client must be seen within 48 hours; and
  - 27 c. The client is transported to an Urgent Care facility, which may include a trauma  
28 center if it is the nearest and most appropriate facility.

29 8.014.5.C. Personal Vehicle Mileage Reimbursement

1. Personal vehicle mileage reimbursement is covered for a privately owned, non-commercial vehicle when used to provide NEMT services in accordance with sSection 8.014.5.B and owned by:
  - a. A client, a client's relative, or an acquaintance; or
  - b. A volunteer or organization with no vested interest in the client.
2. Personal vehicle mileage reimbursement will only be made for the shortest Trip length in miles as determined by an internet-based map, Trip planner, or other Global Positioning System (GPS).
  - a. Exceptions can be made by the SDE if the shortest distance is impassable due to:
    - i. Severe weather;
    - ii. Road closure; or
    - iii. Other unforeseen circumstances outside of the client's control that severely limit using the shortest route.
  - b. If an exception is made under sSection 8.014.5.C.2.a., the SDE must document the reason and pay mileage for the actual route traveled.
3. To be reimbursed for personal vehicle mileage, the client must provide the following information to the SDE within forty-five (45) calendar days of the final leg of the Trip:
  - a. Name and address of vehicle owner and driver (if different from owner);
  - b. Name of the insurance company and policy number for the vehicle; and
  - c. Driver's license number and expiration date.

8.014.5.D. Ancillary Services

1. Escort
  - a. The Colorado Medical Assistance Program may cover the cost of transporting one Escort when the client is:
    - i. A Child.
      1. An Escort is required to accompany a client if the client is under thirteen (13) years old, unless the Child:

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- a. Is traveling to a Day Treatment program (Children are not eligible for NEMT travel to and from school-funded day treatment programs);
- b. The parent or guardian signs a written release;
- c. An adult will be present to receive the Child at the destination and return location; and
- d. The Day Treatment program and the parents approve of the NEMT provider used.

2. Clients who are at least thirteen (13) years old, but younger than eighteen (18) years old, may travel without an Escort if:

- a. The parent or guardian signs a written release; with a written release from their parent or guardian and
- a. ~~An adult will be present to receive the Child at the destination and return location. If a Child is traveling without an Escort, an adult must be present to receive the minor at both the destination and the return location.~~
- ii. An At-Risk Adult unable to make personal or medical determinations, or to provide necessary self-care, as certified in writing by the client's attending Colorado Medical Assistance Program enrolled NEMT provider.
- b. The Escort must be physically and cognitively capable of providing the needed services for the client.
- i. If a client's primary caregiver has a disability that precludes the caregiver from providing all of the client's needs during transport or extended stay, a second Escort may be covered under Section 8.014.5.D.1.c.ii.
- c. The Colorado Medical Assistance Program may cover the cost of transporting a second Escort for the client, if prior authorized under Section 8.014.7. A second Escort will only be approved if:
  - i. The client has a behavioral or medical condition which may cause the client to be a threat to self or to others if only one Escort is provided; or
  - ii. The client's primary caregiver Escort has a disability that precludes the caregiver from providing all of the client's needs during transport or extended stay.
- d. ~~Clients who are at least thirteen (13) years old, but younger than eighteen (18) years old, may travel without an Escort with a written release from their parent or~~

guardian. If a Child is traveling without an Escort, an adult must be present to receive the minor at both the destination and the return location.

2. Meals and Lodging

a. Meals and lodging for in-state treatment may be reimbursed when:

i. Travel cannot be completed in one calendar day; or

ii. The client requires ongoing, continuous treatment and:

1. The cost of meals and lodging is less than or equal to the cost of traveling to and from the treatment facility and the client's residence; or

2. The client's treating medical professional determines that traveling to and from the client's residence would put the client's health at risk.

b. Meals and lodging may be covered for the Escort(s) when the client is a Child or an At-Risk Adult who requires the Escort's continued stay under sSection 8.014.5.D.1.

c. Reimbursement will only be made for meals and lodging for which clients and Escorts are actually charged, up to the per diem rate established by the Colorado Medical Assistance Program. ~~If a client is not normally billed for meals or lodging, reimbursement will not be made.~~

d. Meals and lodging will not be paid or reimbursed when those services are included as part of an inpatient stay.

**8.014.6. NON-COVERED NEMT SERVICES AND GENERAL LIMITATIONS**

**8.014.6.A. The following services are not covered or reimbursable to NEMT providers as part of a NEMT service:**

1. Services provided only as a convenience to the client.

2. Charges incurred while client is not in the vehicle, except for lodging and meals in accordance with sSection 8.014.5.D.2.

3. Transportation to or from non-covered medical services, including services that do not qualify due to coverage limitations and services provided at locations not included in Ssection 8.014.4.

4. Waiting time.

5. Cancellations.

- 1           6.     Transportation which is covered by another entity.
- 2           7.     Metered taxi services.
- 3           8.     Charges for additional passengers, including siblings or Children, not receiving a medical  
4                 service, except when acting as an Escort under Section 8.014.5.D.1.
- 5           9.     Transportation for nursing facility or group home residents to medical or rehabilitative  
6                 services required in the facility's program, unless the facility does not have an available  
7                 vehicle.
- 8           10.    Transportation to emergency departments to receive emergency services. See Section  
9                 8.018 for Emergency Medical Transportation services.
- 10          11.    Providing Escorts or the Escort's wages.
- 11          12.    Trips to receive Home and Community Based Services
  - 12           a.     Non-medical transportation should be utilized if other transportation options are  
13                 not available to the client.

14 8.014.6.B.     General Limitations

- 15           1.     The SDE is responsible for ensuring that the client utilizes the least costly Mode of  
16                 transportation available that is suitable to the client's condition.

17 8.014.7.        AUTHORIZATION

18 8.014.7.A.     All NEMT services must be authorized as required by the SDE.

- 19           1.     Authorization requests submitted more than three months after an NEMT service is  
20                 rendered will be denied.
- 21           2.     NEMT services may be denied if proper documentation is not provided to the SDE.

22 8.014.7.B.     If a client requests transportation via Wheelchair Vehicle, Stretcher Van, or ambulance,  
23                 the SDE must verify the service is medically necessary with the client's medical provider

- 24           1.     Medical or safety requirements must be the basis for transporting a client in the prone or  
25                 supine position.

26 8.014.7.C.     Out-of-State NEMT

- 27           1.     NEMT to receive out of state treatment is permissible only if treatment is not available in  
28                 the state of Colorado.
- 29           2.     The following border towns are not considered out of state for the purposes of NEMT  
30                 prior authorization:

- 1 a. Arizona: Flagstaff and Teec Nos Pos.
- 2 b. Kansas: Elkhart, Goodland, Johnson, Sharon Springs, St. Francis, Syracuse,  
3 Tribune.
- 4 c. Nebraska: Benkelman, Cambridge, Chappell, Grant, Imperial, Kimball, Ogallala,  
5 and Sidney.
- 6 d. New Mexico: Aztec, Chama, Farmington, Raton, and Shiprock.
- 7 e. Oklahoma: Boise City.
- 8 f. Utah: Monticello and Vernal.
- 9 g. Wyoming: Cheyenne and Laramie.

10 8.014.7.D. **Prior Authorization**

- 11 1. The following services require prior authorization by ~~Health First Colorado~~Colorado  
12 Medical Assistance Program:
  - 13 a. Out-of-state travel, except to the border towns identified at section 8.014.7.C.2.
  - 14 b. Air travel, both commercial air and Air Ambulance.
  - 15 c. Train travel via commercial railway.
  - 16 d. Second Escort.
- 17 2. Prior authorization requests require the following information:
  - 18 a. NEMT prior authorization request form completed by SDE and member's  
19 physician and submitted to Colorado Medical Assistance Program according to  
20 form instructions.
    - 21 i. The Colorado Medical Assistance Program will return requests  
22 completed by non-physicians and incomplete requests to the SDE.
    - 23 ii. The Colorado Medical Assistance Program's determination will be  
24 communicated to the SDE. If additional information is requested, the  
25 SDE must obtain the information and submit to the Colorado Medical  
26 Assistance Program. If the request is denied, the SDE must send the  
27 client a denial notice.~~The Department shall assure transportation to and~~  
28 ~~from medically necessary services covered by the Colorado Medical~~  
29 ~~Assistance Program for clients who have no other means of~~  
30 ~~transportation. Payment will be made for the least expensive means~~  
31 ~~suitable to the client's condition. The distance to be traveled,~~  
32 ~~transportation and treatment facilities available and the physical~~

1 ~~condition and welfare of the client shall all determine the type of~~  
2 ~~transportation service authorized.~~

3 **8.014.8. INCORPORATIONS BY REFERENCE**

4 The incorporation by reference of materials throughout section 8.014 excludes later amendments to, or  
5 editions of, the referenced materials. Pursuant to C.R.S. § 24-4-103(12.5), the Department maintains  
6 copies of this incorporated text in its entirety, available for public inspection during regular business  
7 hours, at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO  
8 80203. Certified copies of incorporated materials are provided at cost upon request.

DRAFT