

Title of Rule: Revision to the Medical Assistance Act Rule concerning School Based Health Centers, Section 8.295
Rule Number: MSB 23-06-06-A
Division / Contact / Phone: Health Policy Office / Russ Zigler / 303-866-5927

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 rule will convert the existing School Based Health Centers (SBHC) Benefit Coverage Standard (BCS) into Department rule. The SBHC BCS was developed in conjunction with SBHC stakeholders in 2012. The purpose of this rulemaking is to include the substantive content of the SBHC BCS in Department rule and remove the incorporation by reference of the SBHC BCS. SBHC stakeholders were included in the development of the proposed rule. SBHC stakeholders were included in the development of the proposed rule. There are no intended substantive changes to SBHC policy in the proposed rule.

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain:

2. Federal authority for the Rule, if any:

42 U.S.C.A. § 1396d(a)(4)(B); 42 CFR 440.40(b)

3. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2023);

C.R.S. § 25.5-5-102(1)(g)

Initial Review
Proposed Effective Date

12/08/23
03/16/24

Final Adoption
Emergency Adoption

01/12/24

DOCUMENT #05

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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.

School Based Health Centers (SBHC), and their clients, are affected by the proposed rule. There should be no substantive changes to SBHC policy in the draft rule.

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

The proposed rule is not intended to make any changes to substantive SBHC policy and, therefore, should have no quantitative or qualitative impact on the affected class of persons.

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.

The proposed rule is not intended to make any changes to substantive SBHC policy and, therefore, should have no effect on state revenues or cost to the Department, or any other agency, to implement and enforce. The proposed rule is anticipated to be budget neutral.

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

There are no probable costs to the proposed rule, as it does not change SBHC substantive policy. The benefit of the proposed rule is housing SBHC policy in Department rule, rather than in a Benefit Coverage Standard incorporated by reference. There are no benefits to inaction. The cost of inaction is continuing to house SBHC policy in a Benefit Coverage Standard that is incorporated by reference in the rule.

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 or less intrusive methods for putting SBHC policy into Department rule.

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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 putting SBHC policy into Department rule.

8.295 School-Based Health Center ~~Benefit Coverage Standard Incorporation by Reference~~

8.295.1 ~~Standard Incorporated by Reference~~Definitions

~~All School-Based Health Centers shall be in compliance with the Colorado Medicaid School-Based Health-Center Benefit Coverage Standard (approved August 1, 2012) incorporated by reference. The incorporation of the School-Based Health Center Benefit Coverage Standard excludes later amendments to, or editions of, the reference material.~~

~~The Benefit Coverage Standard is available from Colorado Medicaid's Benefits Collaborative web site at Colorado.gov/hepf. Click "Boards & Committees," and click "Benefits Collaborative," and click "Approved Benefit Coverage Standards." Pursuant to §24-4-103(12.5), C.R.S., the Department maintains copies of this incorporated text in its entirety, available for public inspection during regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver, CO 80203. Certified copies of incorporated materials are provided at cost upon request.~~

~~8.295.1.A. Individualized Education Plan (IEP) is defined in Section 8.290.1.~~

~~8.295.1.B. Individualized Family Service Plan (IFSP) is defined in Section 8.290.1.~~

~~8.295.1.C. School-Based Health Center (SBHC) is defined in Section 25-20.5-502(1), C.R.S (2023).~~

~~8.295.1.D. School Health Service means medical or health-related assistance provided to a member by school district employees who meet the definition of "qualified personnel" or "qualified health care professionals," as those terms are defined at Section 8.290.1, that is required for the diagnosis, treatment, or care of a physical or mental disorder and is recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under Colorado law.~~

8.295.2 Member Eligibility

~~8.295.2.A. Eligible members include Colorado Medicaid enrolled members ages twenty (20) and under; and Colorado Medicaid enrolled adult members who qualify under medically necessary services.~~

~~8.295.2.B. Informed and written consent by a parent or legal guardian of a student, in accordance with Section 25.5-5-318(4)(a)(I) and (II)(B), C.R.S. (2023), is required.~~

~~8.295.2.C. Confidentiality concerning eligible members, in accordance with Section 8.606, is required.~~

8.295.3 Provider Eligibility

~~8.295.3.A. SBHCs must follow the enrollment requirements of their chosen provider type and specialty code. Enrolled providers are eligible to provide services in the SBHC setting if:~~

- ~~1. Licensed by the Colorado Department of Regulatory Agencies or the licensing agency of the state in which the provider practices, or registered with the Colorado Department of Public Health and Environment, if required by state statute, or nationally certified as a Board-Certified Behavioral Analyst; and~~
- ~~2. Services are within the scope of the provider's practice.~~

8.295.4 Eligible Place of Service

~~8.295.4.A. Colorado Medicaid services are covered under this benefit when provided in the following places of service:~~

- ~~1. SBHC;~~
- ~~2. Office; or~~

3. Home/Community

8.295.5 Covered Services

8.295.5.A. The scope of services provided in an SBHC is dependent upon the licensures and scopes of practice of the eligible rendering providers at that SBHC. These services may include, but are not limited to:

1. Clinical services;
2. Behavioral health services and substance use disorder services;
3. Dental services; and
4. Nutrition services.

8.295.6 Prior Authorization Requirements

8.295.6.A. Prior authorization requirements for services at SBHCs are the same as those for the specific Colorado Medicaid covered service(s) being provided, and are consistent with Section 8.058.

8.295.7 Non-Covered Services

8.295.7.A. The following school-based services are not covered by Colorado Medicaid:

1. Services that are already covered under another program, such as School Health Services prescribed within a child or youth's Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), other medical plan(s) of care or where medical necessity is established.
2. Services that are duplicative of care being reimbursed under another benefit or funding source.
3. Services that are not covered by Colorado Medicaid in other settings.

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