

Title of Rule: Revision to the Medical Assistance Act Rule concerning Long-Term Home Health Prior Authorization  
Rule Number: MSB 22-03-08-A  
Division / Contact / Phone: Health Programs 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 removes prior authorization reinstatement requirements for long-term home health (LTHH) originally established by rule number MSB 21-11-17-B, which was adopted at the December 2021 Medical Services Board meeting.

The Department of Health Care Policy & Financing (the Department) recently met with Health First Colorado (Colorado's Medicaid program) members and families, providers, and other stakeholders about concerns related to the pediatric long-term home health (LTHH) benefit prior authorization request (PAR) reinstatement process. Based on these conversations, the Department has made the decision to temporarily pause the PAR process effective November 1, 2021 until at least March 2024.

The pause allows the Department and partners time to robustly engage with stakeholders, train providers on operational changes, evaluate benefit policy, and notify Health First Colorado members before the pause is lifted. This also gives the Department time to ensure full compliance with federal and state policy while keeping Health First Colorado members and their needs front and center.

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:

The proposed rule is imperatively necessary to address concerns raised by stakeholders concerning the tiered prior authorization reinstatement for long-term home health. The suspension of prior authorization requirements for said services is imperatively necessary for the preservation of public health, safety, and welfare.

3. Federal authority for the Rule, if any:

4. State Authority for the Rule:

Sections 25.5-1-301 through 25.5-1-303, C.R.S. (2021);

Initial Review  
Proposed Effective Date

**03/11/22**

Final Adoption  
Emergency Adoption

**03/11/22**

**DOCUMENT #21**

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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.

Members receiving pediatric long-term home health services, and the providers of such services, are impacted by this 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 will remove the requirement that pediatric long-term home health services be prior authorized in accordance with the tiered reinstatement of long-term home health prior authorizations established in Sections 8.520.8.C.1.

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 Department anticipates that expenditure for pediatric long-term home health services would remain in line with spending for the last two years when all prior authorizations for such services were suspended.

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

The benefit of the proposed rule is providing the Department and stakeholders time to discuss long-term solutions concerning prior authorization of pediatric long-term home health services. The cost of the proposed rule is suspension of prior authorization requirements for such services. The cost of inaction would be continuing the tiered reinstatement of prior authorization of such services while the Department is actively working with stakeholders to discuss the long-term solutions. There are no benefits to inaction.

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 or less intrusive methods for pausing the prior authorization of the services at issue in order to provide the Department and stakeholders time to discuss long-term solutions.

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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 pausing the prior authorization of the services at issue in order to provide the Department and stakeholders time to discuss long-term solutions

1 **8.520 HOME HEALTH SERVICES**

2  
3 **[ONLY SECTION 8.520.8.C IS AFFECTED BY THIS RULE CHANGE]**

4 **8.520.8.C. Long-Term Home Health**

5 1. ~~Beginning November 1, 2021, providers must submit a prior authorization request (PAR)~~  
6 ~~for all new long-term pediatric Home Health Services under Section 8.017.E, except for~~  
7 ~~Certified Nurse Assistant services, physical therapy services, occupational therapy~~  
8 ~~services, and speech-language pathology services. For members currently receiving~~  
9 ~~long-term pediatric Home Health Services initiated prior to November 1, 2021, providers~~  
10 ~~must submit a PAR in accordance with the following schedule:~~

11 a. ~~Ten percent (10%) of PARs must be submitted by November 30, 2021;~~

12 b. ~~An additional 10% of PARs must be submitted by December 31, 2021;~~

13 c. ~~An additional 10% of PARs must be submitted by January 31, 2022;~~

14 d. ~~An additional 10% of PARs must be submitted by February 28, 2022;~~

15 e. ~~An additional 10% of PARs must be submitted by March 31, 2022;~~

16 f. ~~An additional 10% of PARs must be submitted by April 30, 2022;~~

17 g. ~~An additional 10% of PARs must be submitted by May 31, 2022;~~

18 h. ~~An additional 10% of PARs must be submitted by June 30, 2022;~~

19 i. ~~An additional 10% of PARs must be submitted by July 31, 2022;~~

20 j. ~~The final 10% of PARs, with a total of 100% of PARs initiated prior to November~~  
21 ~~1, 2021, must be submitted by August 31, 2022.~~

22 **[ONLY SECTION 8.520.8.C IS AFFECTED BY THIS RULE CHANGE]**

23  
24 **[SECTIONS 8.540.7.A-F UNAFFECTED BY THIS RULE CHANGE]**

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