

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA) #: 22-0039-A**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th Street, Suite 355  
Kansas City, MO 64106



**Medicaid & CHIP Operations Group**

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April 28, 2023

Kim Bimestefer, Executive Director  
Department of Health Care Policy & Financing  
1570 Grant Street  
Denver, CO 80203

RE: Colorado State Plan Amendment (SPA) 22-0039-A

Dear Ms. Bimestefer:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 22-0039-A. This Amendment sets the coverage limits for long term and acute home health.

Please be informed that this SPA was approved on April 27, 2023, with an effective date of July 1, 2022. Enclosed are the CMS-179 and the amended plan page.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033, or by email at [curtis.volesky@cms.hhs.gov](mailto:curtis.volesky@cms.hhs.gov).

Sincerely,



Digitally signed by James G.  
Scott -S  
Date: 2023.04.28 15:06:50  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, [adela.flores-brennan@state.co.us](mailto:adela.flores-brennan@state.co.us)  
Bettina Schneider, [bettina.schneider@state.co.us](mailto:bettina.schneider@state.co.us)  
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Erica Schaler, [erica.schaler@state.co.us](mailto:erica.schaler@state.co.us)

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 9 -A

2. STATE

CO3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act, Section 1905(a)(7) / 42 CFR 440.70

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022\$ 0b. FFY 2023\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement to Attachment 3.1-A – Limitations to Care and  
Services – Item 7 – Home Health Services – Page 1 of 28. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Supplement to Attachment 3.1-A – Limitations to Care and  
Services – Item 7 – Home Health Services – Page 1 of 2  
(TN CO-20-0039)

9. SUBJECT OF AMENDMENT

Ties the reimbursement limit in the home health State Plan pages to the current fee schedule and referenced to the Attachment  
4.19-B Introduction Page fee schedule effective date

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Governor's letter  
dated 14 July 2021

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Bettina Schneider13. TITLE  
Chief Financial Officer14. DATE SUBMITTED  
September 30, 2022

15. RETURN TO

Colorado Department of Health Care Policy and Financing  
1570 Grant Street  
Denver, CO 80203-1818

Attn: Amy Winterfeld

## FOR CMS USE ONLY

16. DATE RECEIVED

September 30, 2022

17. DATE APPROVED

April 27, 2023

## PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S  
Date: 2023.04.28 15:07:22 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS: State approved pen and ink change to add an A to the SPA number 10/20/22.

TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Supplement to  
Attachment 3.1-A

LIMITATIONS TO CARE AND SERVICES

7 Home Health Services

A Service Limitations

1. Acute Home Health shall be assessed for medical necessity and is provided during a 60 calendar day episode
2. Long Term Home Health is provided for 61 calendar days or longer for chronic conditions. Medicaid clients receiving Long Term Home Health shall be assessed for medical necessity and services shall be prior authorized by the State designated agency
3. All services provided by a home care agency must be medically necessary and ordered as part of a written plan of care, reviewed every 60 days, indicating the amount, duration and scope of the home care services the client can receive. Orders for services may be written by physicians, nurse practitioners, clinical nurse specialists, or physician assistants.
4. Sample post-pay review applies to all Home Health services
5. Maximum daily coverage limits are \$555.01 for long term home health and \$433.01 for acute home health. These maximum coverage limits are based upon type and cost of long term home health services (primarily aide visits) and acute home health services (primarily nursing visits). For children ages 0 to 20, the maximum daily coverage limits may be exceeded for medical necessity.

B Services

a Skilled nursing services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Term Home Health
b Home health aide services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Term Home Health
c Physical therapy services provided by a home health agency	Provided to adults in Acute Home Health and children in both Long Term Home Health and Acute Home Health
d Occupational therapy services provided by a home health agency	Provided to adults in Acute Home Health and children in both Long Term Home Health and Acute Home