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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 23-0024

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 St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 3, 2023

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

RE: TN 23-0024

Dear Director Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Colorado's State Plan Amendment (SPA) Transmittal #23-0024, submitted on September 18, 2023. The SPA updates the maximum daily coverage limits for long term home health and for acute home health due to a 3% across-the-board rate increase.

CMS approved SPA #23-0024 on November 3, 2023, with an effective date of July 1, 2023. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Colorado State Plan.

If you have any questions regarding this amendment, please contact Mandy Strom at mandy.strom@cms.hhs.gov or (303)844-7068.

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, CO State Medicaid Director
Russ Zigler, Colorado Medicaid
Sarah Hoerle, Colorado Medicaid

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 4

2. STATE

CO

3. 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, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act, Section 1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 2,359,391
b. FFY 2024 \$ 9,437,564

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 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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-23-0006)

9. SUBJECT OF AMENDMENT

This state plan amendment updates the maximum daily coverage limits for long term home health and for acute home health due to a 3% across-the-board rate increase.

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 Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED
September 18, 2023

15. RETURN TO

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

Attn: Alex Lyons

FOR CMS USE ONLY

16. DATE RECEIVED

September 18, 2023

17. DATE APPROVED

November 3, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Supplement to
Attachment 3.1-A
Page 1 of 2

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
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. The ordering practitioner reviews the written plan of care every 60 days.
4. Sample post-pay review applies to all Home Health services
5. Maximum daily coverage limits are \$571.66 for long term home health and \$446.00 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

TN#-23-0024

APPROVAL DATE: November 3, 2023

SUPERCEDES TN# 23-0006

EFFECTIVE DATE: July 1, 2023