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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 24-0040

This file contains the following documents in the order listed:

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

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 21, 2024

Adela Flores-Brennan
State Medicaid Director
Colorado Department of Health Care
Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203

Re: Colorado State Plan Amendment (SPA) 24-0040

Dear Adela Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0040. This amendment proposes to update the maximum daily coverage limits for long term home health and for acute home health due to a 2% across-the-board rate increase.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that Colorado Medicaid SPA TN 24-0040 was approved on November 21, 2024, with an effective date of July 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Colorado State Plan.

If you have any questions, please contact Helenita Augustus at (410) 786-8902 or via email at Helenita.Augustus@cms.hhs.gov.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, CO State Medicaid Director
Sarah Hoerle, CO Medicaid
Jessica Farnen, CO Medicaid

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

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 4 0</u>	2. STATE <u>CO</u>
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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, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Social Security Act, Section 1902(a)(30)(A), Section 1905(a)7

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 1,837,413
b. FFY 2025 \$ 7,349,653

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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-23-0024)

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 2% 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 5 April 2023

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Bettina Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED
September 25, 2024

15. RETURN TO
Colorado Department of Health Care Policy and Financing
303 East 17th Avenue
Denver, CO 80203-1818

Attn: **Jess Farnen**

FOR CMS USE ONLY

16. DATE RECEIVED **September 25, 2024**

17. DATE APPROVED **November 21, 2024**

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2024

19. **[Blank]**

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

[Blank]

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 \$583.09 for long term home health and \$454.92 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