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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 25-0001

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

May 15, 2025

Adela Flores-Brennan
Medicaid Director Colorado
Department of Health Care Policy and Financing
303 E. 17th Avenue, Suite 1100
Denver, CO 80203-1818

Re: Colorado State Plan Amendment (SPA) 25-0001

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0001. This amendment proposes to reinstate Prior Authorization Request (PAR) requirements for Long Term Home Health Services effective at the end of Maintenance of Effort (MOE) requirements for the American Rescue Plan Act (ARPA).

We conducted our review of your submittal according to statutory requirements in Social Security Act, Section 1905(a)(7) and implementing regulation 42 CFR 440.70. This letter informs you that Colorado's Medicaid SPA TN 25-0001 was approved on May 15, 2025, with an effective date of July 1, 2025.

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 Ronna Bach at Ronna.Bach1@cms.hhs.gov.

Sincerely,

Shantrina Roberts, Acting Director
Division of Program Operations Director

Enclosures

cc: Jennifer Swaisgood, HCPF

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 1

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

07/01/2025

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 2025 \$ (4,769,986)b. FFY 2026 \$ (19,409,189)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 18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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-25-0001)

9. SUBJECT OF AMENDMENT

This State Plan Amendment (SPA) reinstates Prior Authorization Request requirements for Home Health Therapy Services.

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
Adela Flores-Brennan13. TITLE
Medicaid Director14. DATE SUBMITTED
04/10/2025

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 ONLY16. DATE RECEIVED
April 10, 202517. DATE APPROVED
May 15, 2025**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Shantrina Roberts21. TITLE OF APPROVING OFFICIAL
Acting 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 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. 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