

## **Table of Contents**

**State/Territory Name: Colorado**

**State Plan Amendment (SPA)#: 25-0027**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Form CMS-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

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December 5, 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) 25-0027

Dear Director Flores-Brennan:

Enclosed please find a corrected approval package for your Colorado State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0027. This SPA updated the daily coverage limits for Long Term Home Health and Acute Home Health with an across the board 1.6% increase starting July 1, 2025, and sunseting on September 30, 2025. The SPA was originally approved on November 28, 2025. The approval package sent to Colorado included the following errors:

- The original approval package had the incorrect SPA approval date of December 1, 2025. The correct approval date was November 28, 2025.

The enclosed corrected package contains the corrected signed approval letter, the CMS-179, and the SPA pages.

If you have any questions, please contact Ronna Bach at [ronna.bach1@cms.hhs.gov](mailto:ronna.bach1@cms.hhs.gov).

Sincerely,

Wendy E. Hill Petras, Acting Director  
Division of Program Operations

Enclosures

cc: Julie Masters

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 2 7

2. STATE

CO3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL  
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID &amp; CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

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

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 1,668,259b. FFY 2026 \$ 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 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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 Amendment updates the daily coverage limits for Long Term Home Health and Acute Home Health with an across the board 1.6% increase starting 7/01/2025 and sunsetting on September 30, 2025. The state also switched the Long Term Home Health and Acute Home Health daily coverage limits as they were incorrectly switched in the State Plan.

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-Brennan

13. TITLE

Medicaid Director

14. DATE SUBMITTED

September 26, 2025

15. RETURN TO

Colorado Department of Health Care Policy and Financing  
303 E. 17th Avenue, Suite 1100  
Denver, CO 80203

Attn: Jessica Farnen

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 26, 2025

17. DATE APPROVED

November 28, 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

Wendy E. Hill Petras

21. 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 homecare 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. As of July 1, 2025 maximum daily coverage limits are \$462.20 for long term home health and \$592.42 for acute home health. As of October 1, 2025 maximum daily coverage limits are \$454.92 for long term home health and \$583.09 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