Table of Contents

State/Territory Name: Colorado

State Plan Amendment (SPA) #: 26-0022

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

November 17, 2026

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) – 26-0022

Dear Director Flores-Brennan:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) CO-26-0022. This amendment decreases the maximum daily coverage limits for Long-Term Home Health (LTHH) and LTHH Acute by 2%.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(7) of the Social Security Act and 42 CFR § 440.70. This letter informs you that Colorado's Medicaid SPA TN CO-26-0022 is approved on November 17, 2026, with an effective date of July 1, 2026.

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

If you have any additional questions or need further assistance, please contact Nicholas Wood at (816) 426-2092 or by email at nicholas.wood@cms.hhs.gov.

Sincerely,

[redacted]

Megan K. Buck
Director, Division of Program Operations

Enclosures

Cc: Jessica Farmen, HCPF
Erica Schale, HCPF
Rachel Larson, HCPF
Russell Zigler, HCPF
Julie Masters, HCPF
Jennifer Swaisgood, HCPF

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 26 — 0022

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
07/01/2026

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 2026 $ (2,093,385)
b. FFY 2027 $ (9,134,767)

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~~ Page 1 of 2 to Page 2 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-26-0022)~~ Page 1 of 2 to Page 2 of 2 (TN CO-26-0014)

9. SUBJECT OF AMENDMENT
This State Plan Amendment decreases LTHH and LTHH Acute maximum daily coverage limits by 2%.

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 9 May 2026

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Colin Laughlin

13. TITLE
Deputy Office Director

14. DATE SUBMITTED
09/09/2026

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

Attn: Jessica Farmen

FOR CMS USE ONLY

16. DATE RECEIVED
September 9, 2026

17. DATE APPROVED
November 17, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

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

22. REMARKS

- Block 7 and Block 8: State authorized pen and ink change on 11/13/2026

Instructions on Back

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 Maximum daily coverage limits are $445.82 for long term home health and $571.43 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.

6 No individual caregiver will be reimbursed for over sixteen (16) hours of care per day except in an emergency situation. Members can utilize additional service hours based on their assessed needs, with a different individual caregiver(s). Additionally, no individual caregiver will be reimbursed for over 56 hours of total direct care weekly, per member. In specific circumstances, providers may apply for an exception to this limit with the Department.

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
e Speech/language pathology 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
f Home health telehealth services provided by a home health agency	Provided to Medicaid clients who receive Acute or Long Tem1 Home Health
g Medical supplies, equipment and applicants suitable for use in the home	Provided to Medicaid clients for use in any setting in which normal life activities take place

C Provider Qualifications

1 Physical therapists and Speech therapists are licensed by the State of Colorado
Physical therapists must meet the provider qualifications for Medicaid found at 42 CFR 440.110

11 Speech therapists must meet the provider qualifications for Medicaid found at 42 CFR 440.110

2 Occupational therapists are not licensed in Colorado but must be registered at the Colorado Department of Regulatory Agencies (DORA)

1. Occupational therapists must meet the provider qualifications for Medicaid found at 42 CFR 440.110

D All Home Care agencies are required to meet the conditions of participation in Medicare found at 42 CFR 484

E Provider Choice

I Clients are free to choose from any qualified Colorado Medicaid provider