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State/Territory Name: Colorado

State Plan Amendment (SPA) #: 23-0006

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



May 11, 2023

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

RE: Colorado State Plan Amendment (SPA) 23-0006

Dear Ms. Bimestefer:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0006. This amendment removes Prior Authorization Request requirements for Home Health Services. Additionally, the SPA allows practitioners to order and re-order that the patient is eligible for Medicaid Home Health Services.

This letter is to inform you that Colorado's Medicaid SPA Transmittal Number 23-0006 is approved with an effective date of May 12, 2023. Enclosed are the CMS-179 and the amended plan page.

If you have any questions, please contact Tyler Deines at (202) 571-8533, or via email at Tyler.Deines@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by James
G. Scott -5
Date: 2023.05.11 18:19:31
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Adela Flores-Brennan, Adela.Flores-Brennan@state.co.us
Bettina Schneider, Bettina.Schneider@state.co.us
Russ Zigler, Russ.Zigler@state.co.us
Jami Gazerro, Jami.Gazerro@state.co.us
Amy Winterfeld, amy.winterfeld@state.co.us
Erica Schaler, Erica.Schaler@state.co.us

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

1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 0 6</u>	2. STATE <u>CO</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
~~End of PHE~~ May 12, 2023

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 2023 \$ 0
b. FFY 2024 \$ 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 1

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-22-0039-A)

9. **SUBJECT OF AMENDMENT**
This State Plan Amendment (SPA) removes Prior Authorization Request requirements for Home Health Services. Additionally, the SPA allows practitioners to certify and re-certify that the patient is eligible for Medicaid Home Health 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 24 September 2022

11. STATE AGENCY OFFICIAL
[Redacted]

12. TYPED NAME
Bettina Schneider

13. TITLE
Chief Financial Officer

14. DATE SUBMITTED
~~3/30/23~~ 4/4/23

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 April 4, 2023	17. DATE APPROVED May 11, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL [Redacted Signature] Digitally signed by James G. Scott -S Date: 2023.05.11 18:20:02 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Box 4: Updated effective date to the day after expiration of the PHE, as approved by the state.
Box 14: Changed to reflect actual submission date. Pen and ink changes authorized by state on 5/10/23.

TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of Colorado

Supplement to
Attachment 3.1-A

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 re view applies to all Home Health services.
5. Maximum daily coverage limits are \$555.01 for long term home health and \$433.01 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