



INFORMATIONAL MEMO

Title: Backup Care and Staffing Requirements for Class A and Class B Licensed Home Health Agencies	Topic: Home Care, Personal Care, In-Home Support Services
Audience: Home Health Agencies, In-Home Support Services Agencies	Sub-Topic: Provider Guidance
Supersedes Number: N/A	Division: Benefits and Services Management Division
Effective Date: June 2, 2025	Office: Office of Community Living
Expiration Date: June 2, 2026	Program Area: N/A
Key Words: Backup Care, Emergency Staffing, Caregiver Availability, Staffing Levels, Home Health Agencies, Licensure Requirements, Member Safety, Home Care	
Legal Authority: 10 CCR 2505-10 Section 8.520, 8.540, and 8.7400; 6 CCR 1011-1, Ch 26	
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Informational Memo Number: HCPF IM 25-017	
Issue Date: July 3, 2025	
Approved By: Colin Laughlin	

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Purpose and Audience:

This memo outlines the regulatory requirements for maintaining adequate staffing and providing backup care for Class A (medical) and Class B (non-medical) home health agencies serving Health First Colorado (Colorado's Medicaid Program) members in Colorado. These responsibilities are defined in the Colorado Code of Regulations and must be adhered to maintain licensure and Medicaid participation.

Background:

The Colorado Department of Public Health and Environment (CDPHE) licenses home care agencies under Class A (medical) and Class B (non-medical) categories. CDPHE also certifies agencies for other services. Licensed and certified agencies intending to provide Health First Colorado (Colorado's Medicaid Program) services are subject to regulations overseen by the Department of Health Care Policy & Financing (HCPF).

Ensuring adequate staffing and backup care plans is essential for maintaining continuity of care, protecting patient health and safety, and staying compliant with applicable laws and regulations.

Staffing Expectations:

Home health agencies in Colorado play a vital role in supporting Medicaid members in their homes. To ensure the continuity and quality of care, state regulations require agencies to maintain sufficient staffing and have effective backup care procedures in place. These standards are critical not only for member safety but also for compliance with the Colorado Department of Public Health and Environment (CDPHE) and the Department of Health Care Policy and Financing (HCPF) rules and regulations.

Under 6 CCR 1011-1, Chapter 26, all home care agencies must ensure the availability of qualified personnel to deliver services according to each member's care plan. This includes having sufficient staff to cover scheduled visits and ensuring that backup care is available when the assigned caregiver is unable to provide services.

For Class A agencies, which provide skilled medical services, there must be access to licensed professionals such as registered nurses and therapists. An RN must be available 24/7 to respond to urgent medical concerns (6 CCR 1011-1, Ch. 26, Section [8.46.2\(D\)\(1\)](#)). Staffing decisions should be based on the clinical needs and frequency of services required by each member, and agencies are expected to maintain a workforce that can meet those demands reliably.

Class B agencies, which provide non-medical services such as personal care and homemaking, must ensure that staff are adequately trained and supervised. Supervisors should remain accessible during business hours to support field staff and respond to member concerns (6 CCR 1011-1, Ch. 26, Section [7.2\(C\)\(8\)](#)~~8.3.5~~). Regular supervisory visits are also required to assess service delivery and make any necessary adjustments to care plans.

In-Home Support Services (IHSS) agencies are required to hold either a Class A or Class B license and have an IHSS certification. IHSS agencies are required to have a Registered Nurse on staff to conduct training, oversight, supervision, and skills validation for Attendants. All Attendants must be directly employed by an the IHSS agency to provide IHSS.

Backup Care Expectations:

Backup care is specifically addressed under Section [8.5.2](#)~~(C6.11 (B))~~ of Chapter 26, which mandates that agencies have a written contingency plan to provide services when the scheduled caregiver is unavailable. This plan must be individualized to each

member, reviewed regularly (at least annually or when there is a significant change in condition), and communicated to the member and/or their family at the start of services.

In the event of a caregiver absence, agencies are expected to implement the backup plan promptly and ensure the member experiences minimal disruption. Agencies must document instances where backup care was required, including the resolution and communication with the member.

In addition to licensure requirements, IHSS Agencies are required to provide 24-hour backup care per C.R.S. § 25.5-6-1203(4)(a). At the time the Care Plan is developed the IHSS Agency shall ensure that adequate staffing is available. Staffing must include backup Attendants to ensure necessary services will be provided in accordance with the Care Plan. Backup care cannot be waived by the member or the agency, nor deferred to untrained individuals who are not employed by the agency. Any Attendant who may provide backup care to a member must be employed by the agency, trained on the member's specific care plan, and have documented skills validation on file.

Under 10 CCR 2505-10 Section 8.520, 8.540, and 8.7400, agencies must maintain service delivery integrity and ensure continuity of care for all approved Home Health services. Failure to provide services as authorized, or failure to offer appropriate backup care, may result in recovery of funds, sanctions, or disenrollment from Medicaid.

Compliance:

To comply with both CDPHE and HCPF regulations, agencies must retain documentation related to staff availability, supervision, credentials, training, and any use of backup care. These records must be accessible during audits or inspections. Lack of compliance may result in corrective action plans, civil penalties, or loss of license and Medicaid certification.

Support and Additional Information:

Agencies seeking more detailed guidance should refer to the applicable state regulations that pertain to the agency's licensure located in the Colorado Code of Regulations, including CDPHE's Chapter 26 rules for home care agencies.

Attachment(s):

None

HCPF Contact:

For any questions or concerns, please contact the Home Health Inbox at homehealth@state.co.us.