



## OPERATIONAL MEMO

<b>Title:</b> Direct Care Services Calculator and Age-Appropriate Task Standards	<b>Topic:</b> Benefits
<b>Audience:</b> Case Managers, Case Management Agencies, Personal Care Providers, Homemaker Providers, Community First Choice Members, In-Home Support Services (IHSS) Agencies, Consumer Directed Attendant Support Services (CDASS) Members, CDASS Attendants	<b>Sub-Topic:</b> Case Management
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<b>Legal Authority:</b> 10 CCR 2505-10 Section 8.7502.K	
<b>Memo Author:</b> Erin Thatcher	
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<b>Approved By:</b> Bonnie Silva	

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### Purpose and Audience:

The purpose of this Operational Memo is to provide clarification and implementation guidance regarding Age-Appropriate Task Standards, task definitions, maximum allowable service hours, and the use of the Direct Care Services Calculator (DCSC) for members receiving Homemaker, Personal Care, and/or Health Maintenance Activity (HMA) services.

These updates are intended to improve statewide consistency in service authorization, ensure age-appropriate alignment of tasks, and support equitable

service delivery across service delivery options to include Agency-Based services, In-Home Support Services (IHSS), and Consumer-Directed Attendant Support Services (CDASS).

## **Background:**

On November 14, 2025, the Medical Services Board adopted MSB-25-10-23-A, Revision to Direct Care Services Calculator and Protective Oversight Definitions 8.7502.K & 8.7538.C.1. The definitions of Direct Care Services Calculator and Protective Oversight have changed and are referenced at the end of this memo.

On December 15, 2025, the Department of Health Care Policy & Financing (HCPF) issued [Operational Memo 25-075](#) - Ending of the Nurse Assessor Program. Case Managers will resume full responsibility for determining Health Maintenance Activities (HMA) using the DCSC.

## **Information:**

### Updates to the Direct Care Services Calculator (DCSC)

The DCSC is the official tool for Case Managers to use while completing the Person-Centered Support Planning process to calculate and authorize Personal Care, Homemaker, and Health Maintenance Activities (HMA). There are two versions: one for children 17 years of age and under, and another for adults 18 years of age or older.

Updates include:

- The HMA Attestation Tab has been removed
- HMA tasks have been added to the main DCSC tab
- The term 'Task Norms' has been renamed to 'Task Standards'
- Task Standards have been updated to include task definitions, the length of time available per task, and the maximum time permitted per task.
  - For children, Task Standards populate based on the member's age
- Functionality to alert Case Managers if an Exception Request is needed
- Justification boxes have been added to document the member's specific needs
- HMA Documentation Guide tab has been added, with functional check boxes to support skilled task documentation
- Supervisor instructions and signature line added

### Updates to Age-Appropriate Task Standards for Children

HCPF has updated the Age-Appropriate Task Standards for Children. This information is part of the DCSC for Children to help Case Managers appropriately authorize services, while considering typical parental responsibilities and Extraordinary Care. Please see the Definitions section of this memo for the associated regulatory language.

Personal Care and Homemaker services should be authorized only when the member's documented medical or functional needs exceed developmental expectations. If services are provided by a family member, the services must also meet the definition of Extraordinary Care.

A child's primary caregivers are expected to provide care consistent with what a parent would offer to a child of the same age, developmental stage, and abilities. HCPF's Age-Appropriate Task Standards outline what activities and support levels are typical at each age range, regardless of disability.

Example:

- A 4-year-old is dependent on a parent for bathing. They would not bathe without supervision.
- A 7-year-old would not be expected to clean bathrooms or kitchens; however, they could help with folding laundry.
- A 12-year-old should perform most personal care tasks independently unless a medical or functional limitation impacts their abilities.

With this information in mind, HCPF expects that the authorization of Homemaker for children under six would only be appropriate in very rare circumstances. Below are examples of when extraordinary care, beyond parental responsibility, may warrant authorization of the service for young children. The following examples are provided for illustrative purposes only and do not represent all possible situations that may occur.

- Example #1: A 4-year-old on the Children with Complex Care Needs (CwCHN) waiver is immunocompromised and requires their home to remain extraordinarily clean. The doctor has directed the family to ensure dusting, air filtering, and air purification take place on a daily basis. Should the member become ill, they are at high risk for severe complications, which could lead to hospitalization or death. Cleaning of the home for this child goes beyond what would normally be required for a 4-year-old child and therefore authorization of homemaking would be considered appropriate.
- Example #2: A 3-year-old child has diagnoses of recessive dystrophic Epidermolysis Bullosa. The member has open wounds and receives daily complex wound care from a home health agency. They are on CFC only and are

not on another waiver. They have severe skin fragility with blistering from minimal friction. There is a high risk of skin infection, sepsis, and hospitalization. The member has 1-2 loads of laundry per day; laundry must be sanitized per the child's physician and wound care plan. In addition, the member needs their bedroom, bathroom and medical equipment cleaned and disinfected daily. These homemaker tasks are beyond what a typical 4-year-old would require and are necessary to prevent further decompensation or wound exacerbation.

- Example #3: A 5-year-old child on the CwCHN waiver has diagnoses of Autism Spectrum Disorder and severe sensory dysregulation. They exhibit behaviors such as fecal smearing, coprophagia, and pica. The member's family requested additional homemaker support to intervene and clean the member's personal room and shared spaces, including the bathroom, when episodes occur. The episodes occur 2-3 times per day and are addressed by bathing, dressing, and cleaning of walls, floors, furniture, upholstery, etc. Without immediate intervention of a caregiver the behavior results in unsafe and unsanitary conditions in the family home. The member's family intends to change waivers to CES to access other services. Until that point in time, the homemaker services requested are beyond what a typical child would require and would be appropriate.

#### Annual Service Soft Caps & Service Limitations:

Beginning January 15, 2026, HCPF will begin the documentation process for soft caps that will be implemented on April 1, 2026 for Homemaker, Personal Care, and HMA. In addition, a State Review will be required for Protective Oversight requests over 7 hours per week, for both adults and children.

#### Annual Service Unit Limitations

Service	Proposed Annual Limit (units)	Approx. Daily Hours
Homemaker	4,500 units	~3 hours/day
Personal Care	10,000 units	~6.5 hours/day
Health Maintenance Activities (HMA)	19,000 units	~13 hours/day

#### Annual Task Standard Limitation

Task	Annual Unit Limit	Weekly Hours
Protective Oversight (Personal Care)	1460 units	7 hours per week

### Action To Be Taken:

Effective December 22, 2025, Case Managers must use the newest version of the [DCSC \(December 2025\)](#) for each member requesting Homemaker, Personal Care, or Health Maintenance Activities as part of the Level of Care (LOC) Screening. This applies to new assessments and revisions and should be completed in collaboration with the member and include their authorized representative or guardian if applicable. For children, Case Managers must evaluate Homemaker, Personal Care, and Health Maintenance Activity task appropriateness using the child's age at the time of the Level of Care (LOC) Screening.

- The DCSC must be uploaded to the Document Center within the Care and Case Management (CCM) system.
- For members with HMA, supporting documentation identified in the [CFC HMA Documentation Guide](#) must be uploaded in the Document Center of the CCM.
  - o The DCSC and HMA Documentation should be uploaded under the “Medical Care Related Attachment”.
  - o Case Managers must use the following naming convention when uploading HMA related documents and the completed DCSC: First Name\_Last Name\_Document Name\_ XX.XX.XX (document date).
- Supervisor/Alternative Qualified Professional Review and signature is required for all DCSC tasks or service lines that turn yellow or red. Supervisors should ensure Case Managers follow the Justification requirements and Supervisor requirements listed on page 6 and 7 of this memo. This interim Exception Process is in place until January 15, 2026, when new State Review Google forms are posted on the [Long-Term Services and Supports Case Management Forms and Tools webpage](#).

### Exception Request Process:

Effective January 15, 2026, a formal Exception Process begins for requests beyond the Task Standards or soft caps for Homemaker, Personal Care, and Health Maintenance Activities. Requests will be submitted by the Case Manager on the member's behalf if

there is an exceptional need supported by a documented medical, cognitive, behavioral, or safety-related condition that requires a level of oversight greater than the established standards. Requests must be submitted annually and must be submitted at least 30 days in advance of the service effective date. Effective January 15, 2026, a formal Exception Process will begin. Requests will be submitted by the Case Manager on the member's behalf if there is an exceptional need supported by a documented medical, cognitive, behavioral, or safety-related condition that requires a level of oversight greater than the established standards. Requests must be submitted annually and must be submitted at least 30 days in advance of the service effective date. For members with certification start dates March 31, 2026 and before, Case Managers should still submit an Exceptions request, but the new limits will not be applied. HCPF will apply the new soft cap for Homemaker, Personal Care, and Health Maintenance Activities for those with certification start dates on April 1, 2026 or later.

The DCSC contains functionality to alert Case Managers when they must request an exception and additional operational instructions. When completing the DCSC, fields are formatted to turn color when action is needed by the CM. Cells will turn yellow when the hours that have been entered are above the maximum Task Standard, and cells will turn red when the total service hours, or task hours for Protective Oversight, are over the service threshold. The exception process for both scenarios are outlined below:

- Yellow = Supervisor/Alternative Qualified Professional Review
  - CM enters Justification on DCSC
  - Supervisor and/or alternative qualified staff reviews for approval/denial and signs the DCSC.
  - CM uploads signed DCSC to the Document Center of the member profile under the “Medical Care Related Attachment”.
- Red = State Review
  - Follow steps for Supervisor Review, including Supervisor signature.
  - Submit an Exception Request for review and approval through the appropriate State Review Google form, which will be linked on the [Long-Term Services and Supports Case Management Forms and Tools webpage](#) in January.
  - HCPF reviews the signed DCSC, supporting documentation, and the member record within 14 business days. The determination will be emailed to the CM.
  - HCPF will add the applicable service hours to the DCSC in Bridge if the exception request is approved and authorize the units on the PAR.

Case Management Justification:

Case Managers must provide justification on the DCSC for each applicable task if authorizing service hours above the maximum Task Standard. Justification narratives must include:

- Description of why the maximum Task Standard is not sufficient to meet the member's needs.
- Applicable diagnoses that may impact the amount of time it takes to complete the particular task.
- The frequency, scope, and duration requested above the standard.

Example:

- *Scenario:* The maximum Task Standard for Personal Care - Bathing for a 13-year-old member is 25 minutes per day. However, the member is diagnosed with Attention Deficient Hyperactive Disorder (ADHD) and Developmental Delays that significantly impact their ability to initiate, sequence, and complete bathing tasks without constant redirection. Despite supports and prompting strategies, the member routinely requires 30-35 minutes per day to complete bathing thoroughly and safely
- *Justification:* [Member] requires hands on assistance and verbal prompting to complete Bathing tasks (including entering/exiting the shower, regulating water temperature, and completing all washing, shampooing, rinsing, and drying steps) 1 time per day, 30-35 minutes per occurrence due to their need for constant redirection related to ADHD and Developmental Delay. [Member's] caregiver must provide ongoing prompts to ensure the [Member] remains engaged in the task while the caregiver completes all bathing steps safely and consistently.

#### Supervisor/Alternative Qualified Professional Review:

Case Management Supervisors or alternative qualified professionals should use the following criteria when reviewing requests to exceed the Task Standards:

1. Is the care need documented?
2. Is it extraordinary care?
3. Is it age-appropriate?
4. Is it duplicative?
5. Is it necessary to prevent institutionalization?

In the event that information is missing or incomplete, please work with the Case Manager to ensure all of the criteria is addressed in the DCSC, justification fields, and LOC. Supervisor review is required prior to submission to the Bridge.

Required CMA Training and Office Hours on Medicaid Sustainability:

Case Managers must attend all required training. Office Hours are also available for Case Managers. Training and Office Hour registration information has been provided to each CMA directly. Please contact your agency leadership to register.

**Definition(s):**

**Age-Appropriate Guidelines** are defined at 10 CCR 2505-10, Section 8.400-499, Appendix A. Children are assessed for Long Term Care Services using these Guidelines. Case Managers must consider age-appropriate behavior, functioning, and abilities when assessing the child's ability to complete homemaker and personal care tasks. If the child is not able to complete the task due to their age, then the child will not receive time to complete the task. However, if a child needs assistance to complete a task that is above and beyond the assistance a typically developing peer would require, then time for the task may be warranted.

**Age-Appropriate Task Standards for Children** is a supplemental resource found on the Direct Care Services Calculator for Children. This resource covers Homemaker, Personal Care, and Health Maintenance Activities within specific pediatric age groups. The Task Standards include the service and task definitions, the length of time available per task, and the maximum time permitted per task.

**Alternative Qualified Professional** is an individual who is a supervisor, equivalent, higher-level position, or holds a clinical license within the Case Management Agency and possess the requisite experience and authority to review and approve exceptions to Task Standards for Homemaker, Personal Care, and Health Maintenance Activities.

**Direct Care Services Calculator** means a tool used by a Case Manager to indicate the number of hours of Attendant services a member needs for each covered Personal Care services, Homemaker services, and Health Maintenance Activities. Case Managers must utilize the Task Standards for Adults and the Age-Appropriate Task Standards for Children provided by the Department to establish appropriate service authorization for members.

**Extraordinary Care** means a service which exceeds the range of care a Family Member would ordinarily perform in a household on behalf of a person without a disability or chronic illness of the same age, and which is necessary to assure the health and welfare of the Member and avoid institutionalization. If services are provided by a family member, the services must meet the definition of Extraordinary Care.

**Protective Oversight** means providing line of sight supervision requiring intervention to prevent harm when a member's disability, memory, or cognitive functioning-related behaviors or impairment place the member, others, or property at risk. Protective Oversight shall not be authorized for purposes of companionship, childcare, general supervision, reassurance, emergency or crisis intervention, or routine monitoring that is not necessary to address a disability-related safety risk. Protective Oversight shall not include restrictive practices unless a documented Rights Modification per 8.7001.A.17. is in place prior to the provision of services. Protective Oversight shall only be approved when there is documented evidence of risks requiring regular and predictable intervention within the last year. The members' service plan must include the frequency, scope and duration of intervention required. Protective Oversight alone cannot be the sole reason for the visit/services.

- For children under age 18, Protective Oversight may be authorized only when the level of supervision requiring intervention is substantially greater than what is typical for a child of the same age without disabilities. Protective Oversight cannot be authorized for routine childcare, typical parental monitoring or supervision that is age-appropriate and expected for children of the same age.

#### Attachment(s):

None

#### HCPF Contact:

Participant-Directed Programs Unit

[HCPF\\_PDP@state.co.us](mailto:HCPF_PDP@state.co.us)