

# Long-Term Home Health (LTTH) Rule Revision Overview

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# Our Mission

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

# Presentation Outline

- LTHH Services
- LTHH Benefit
- LTHH Rule Revision Goals
- Stakeholder Engagement
- Summary of Changes
- Stakeholder Feedback
- Questions

# LTHH Services

- Skilled Nursing
  - Provided by a Registered Nurse (RN) or Licensed Practical Nurse (LPN)
- Certified Nurse Aide (CNA)
- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech Therapy (ST)
  - LTHH therapy services are available to members aged 20 and younger only
  - Members aged 21 and older who continue to require PT, OT, and/or ST services after the initial acute HH period may only obtain such services in an outpatient setting.



# LTHH Benefit

- The Home Health benefit for Health First Colorado (Colorado's Medicaid program) members provides services from a licensed and certified Home Health Agency (HHA) for members who need intermittent home health services.
- Long-Term Home Health (LTHH): Skilled home health services provided to members of all ages who require ongoing services beyond the acute period (>60 days).
- Prior authorization will be required for all LTHH Services beginning again July 1, 2025.

# LTHH Regulation Revisions: An Overview

## Desired Outcomes:

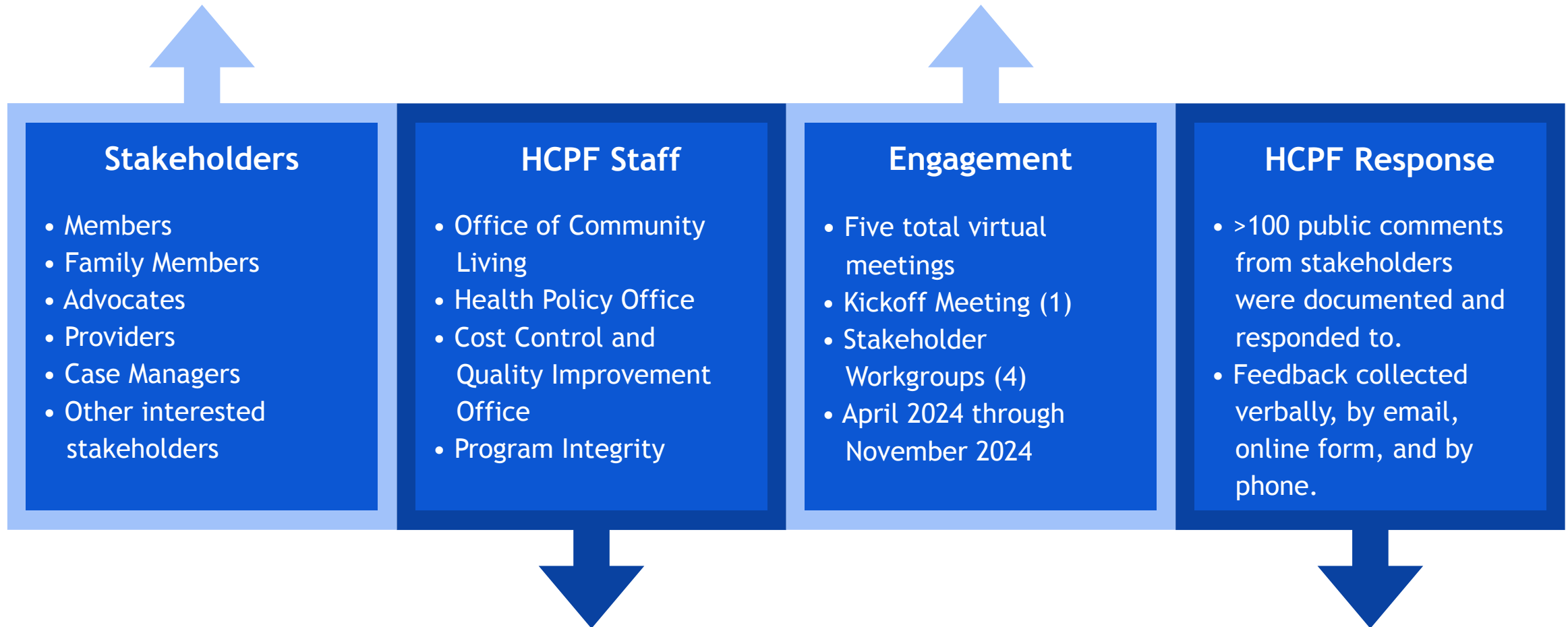
- Increased rule clarity
- Increased alignment with PDN rule
- Revised regulations will allow for implementation of:
  - Skilled Care Acuity Assessment
  - Nurse Assessor
  - CDASS changes in CFC
  - Resumption of Pediatric LTHH PARs

**We look forward to reviewing this rule with you next month and answering any questions you may have!**

# LTHH Rule Revision Goals

- The goal of the Rule Revision workgroups was to openly collaborate with stakeholders while conducting a thorough review of the LTHH regulations.
- Working with workgroup participants, HCPF revised language that was outdated or unclear. Areas that needed edits, rephrasing, clarification, removal, or restructuring were identified.

# Stakeholder Engagement





# Summary of Changes

## General

- Certain words were changed throughout the document
  - i.e. Client changed to “Member”
- Sections were reorganized to improve readability and clarity
- Added definitions for common terms
- Spelled out acronyms in the first instance of use
- Changes were made in order to align with other benefits

# Summary of Changes

## Definitions Expanded and Updated

- New definitions added to align with Private Duty Nursing (PDN) and Community First Choice (CFC).

## Eligibility and Provider Requirements

- "Client Eligibility" was renamed to "Criteria for Services."
- References to Level of Care Screening were removed.
- Replaced "designated representative" with "legal guardian."
- Incorporated requirements for Colorado Adult Protective Services (CAPS) and criminal background checks.

# Summary of Changes

## Terminology Updates and Service Clarifications

- "Assisted Living Facility" changed to "Assisted Living Residence."
- Language added concerning acute home health services for specific medical conditions.
- Removed restrictions regarding LTHH services not being allowed with CDASS.

## Expanded CNA Scope of Practice

- CNAs can now perform tube feeding for stable members, give medication reminders, and provide certain skilled tasks under defined conditions.
- The “Hygiene-Hair Care Grooming” section was removed due to stakeholder concerns about equity.

# Summary of Changes

## Other Adjustments

- Stakeholder feedback led to modifications such as removing “usual frequency” from Skilled CNA Tasks (except for Feeding).
- Replaced outdated terms like “Levin tube” with “nasogastric tube.”

## Prior Authorization Changes

- Skilled Care Acuity Assessment is now a required component.

## Reimbursement

- Provided clarification on multiple agencies providing services.
- Added clarifying language to reimbursement and services allowed in an IRSS setting.

# Stakeholder Feedback

- Stakeholder feedback was received and put into rule directly during Workgroup sessions. These live, collaborative meetings allowed for stakeholder voices to be heard and responded to directly by HCPF staff.
- Key changes resulting from feedback are noted throughout the rule. These edits and modifications to the language were taken directly from stakeholder comments, both during meetings and from feedback from an online forum.



# Questions?



# Contact Info

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# Thank you