



OPERATIONAL MEMO

Title: Pediatric Long-Term Home Health (LTHH) Prior Authorization Request (PAR) RN and CNA Go-Live	Topic: Benefits
Audience: Members, Family Members, Home Health Agencies (HHA), Stakeholders, Advocates	Sub-Topic: Long-Term Home Health
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Approved By: Max Winkler	

HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

The purpose of this Operational Memo is to provide guidance to Home Health Agencies (HHA) providing Pediatric Long-Term Home Health (LTHH), Skilled Nursing (Registered Nurse/Licensed Practical Nurse), and Certified Nursing Assistant (CNA) services to Health First Colorado members in preparation for the upcoming Go-Live Prior Authorization Request (PAR) resumption period.

Information:

Pediatric Long-Term Home Health (LTHH) provides intermittent skilled care for children with chronic, long-term conditions that require services beyond the acute home health period (beginning on the 61st day of care). Prior to July 2020, PARs were

required for all pediatric services, including skilled nursing, CNA, physical therapy (PT), occupational therapy (OT), and speech therapy/speech-language pathology (ST/SLP). The PAR requirement was paused on July 1, 2020, and placed on indefinite hold on Feb. 8, 2022. This decision was part of an effort to ease access to services during the Public Health Emergency (PHE) and to highlight opportunities for future improvement identified by HCPF.

To ensure a transparent and collaborative reimplementation process, HCPF hosted two PAR Restart Workshops with stakeholders to develop a phased rollout plan. This included a Soft Launch for Pediatric LTHH Therapy PARs and a Go-Live period for Registered Nurse (RN), Licensed Practical Nurse (LPN) and CNA services, aligned with other [OCL Priority Projects](#) such as Community First Choice (CFC). Given the significant amount of time that has passed since PAR reviews were last required, HCPF is approaching this restart as a fresh start. All members receiving Pediatric LTHH services will now undergo full medical necessity reviews as part of the reimplementation. More information about the PAR restart can be found on the [LTHH Website](#).

Action to be Taken:

The Go Live period for RN and CAN PAR submission will begin Aug. 1, 2025. HCPF has determined that, to ensure operational readiness and excellence, the implementation of the Nurse Assessor, Skilled Care Acuity Assessment, and Pediatric LTHH PAR Restart for nursing and CAN services will be delayed by one month. The revised Go-Live date is now August 1, 2025. This delay ensures that all systems and operations are fully prepared before launch. The ability to restart PAR requirements for RN, LPN, and CAN services is dependent on the successful launch of the Nurse Assessor and Skilled Care Acuity Assessment. As such, a delay for both is required. However, the PAR requirements for PT, OT, and ST/SLP will still begin as planned on July 1, 2025.

Beginning August 1, 2025, HHAs will be required to submit 15% of their Pediatric LTHH PARs for RN/CAN services each month to Acentra Health for medical necessity review. Submissions must be made via the [Atrezzo Provider Portal](#) and include the following documentation: member ID, member name, date of birth, requested revenue code(s), dates of service, ICD-10 diagnosis code, Telligen Nurse Assessor Recommendation Letter, National Provider Identifier (NPI), if different from the requesting HHA. All submitted documentation will be reviewed as part of the medical necessity determination process.

All PAR submissions for LTHH RN/CAN services will require a completed Skilled Care Acuity Assessment and associated recommendation letter. The assessment will be completed by the Nurse Assessor, a third-party vendor as directed by the Department.

A Case Manager, Home Health Agency, or Member themselves may request the Nurse Assessment and should do so 30 to 60 days prior to the need for a PAR submission. While the assessment provides valuable clinical insight, it serves solely as a recommendation to support the review process and does not constitute a final determination. Additional information about this program can be found on the [Nurse Assessor and Skilled Care Acuity Assessment webpage](#).

For members enrolled in a waiver through Health First Colorado, PARs should align with the Waiver Person Centered Support Plan certification date whenever possible. HCPF has shared a list of members and certification dates with HHAs via secure email. HHAs serving both waiver and non-waiver members should have received a request to identify a primary point of contact within their agency, so this information may be shared. If your agency has not received this information, please reach out to HCPF at homehealth@state.co.us.

Following the submission of a PAR and the full medical necessity review, HHAs will receive a determination letter with one of the following outcomes:

- **Approval:** The request meets criteria as outlined in the Code of Colorado Regulations at 10 CCR 2505-10 8.800.7. and is approved either at the first level review or by a physician reviewer.
- **Request for Additional Information:** If documentation necessary to make a determination is missing, the Acentra Health will request the missing information before proceeding with the review.
- **Technical Denial:** Issued when policy requirements are not met. This may include, but is not limited to, untimely submissions, lack of required information (LOI), duplicate requests for the same HHA, or services already approved for another HHA.
- **Medical Necessity Denial:** Determined by a physician reviewer when the documentation does not support medical necessity. Denials may be partial or full.

Next Steps Following an Approval:

- HHAs may submit claims for services on the approved PAR.

- HHAs must use the appropriate claim format, UB-04 form (CMS-1450) or electronic equivalent within 365 days from the date of service.
- Claims must be supported by clinical documentation and approved POC.
- Service dates and units must reflect actual time spent delivering care.
- Approval of a PAR does not guarantee Health First Colorado payment and does not serve as a timely filing waiver. Prior authorization only assures that the services requested are considered a benefit of Health First Colorado.

Next Steps Following a Denial:

- **Reconsideration Request:** A servicing HHA may submit a reconsideration request to Acentra Health within 10 business days of the initial denial. Instructions are outlined in the determination letter provided to the HHA. Reconsideration may include a Peer-to-Peer review when appropriate.
- **Peer-to-Peer Review:** The ordering HHA may request a Peer-to-Peer (physician-to-physician) discussion within 10 business days of a medical necessity denial. This process must be initiated in coordination with the member's ordering physician or allowed practitioner. HHAs may not request a Peer-to-Peer review without the physician's knowledge. The request should be documented in the case notes and include the physician's name, contact information, and three available dates and times. HHAs may also call Acentra Health's Customer Service at 720-689-6340 to initiate the Peer-to-Peer process.
- If a member receiving LTHH services is denied, those services must continue for up to 30 calendar days after the denial date. This ensures continuity of care while the denial is reviewed or appealed. For more detailed information, refer to the Code of Colorado Regulations, 10 C.C.R. 2505-10, Section 8.540.7.C.3.

HHAAs are encouraged to respond promptly to any requests for additional information and to pursue reconsideration or Peer-to-Peer opportunities as appropriate.

Compliance Procedures

HCPF will track PAR submissions on a weekly basis to ensure HHAs are meeting the required 15% caseload threshold. Submission patterns will be monitored, and support will be provided as needed. HHAs that are not submitting PARs or are not demonstrating a good faith effort to meet the requirement will receive written and direct outreach from HCPF.

To ensure consistent participation the following enforcement steps will be taken when an HHA fails to meet monthly submission thresholds:

- **Initial Reminder (Day 30):** If less than the 15% of PAR submissions are received within 30 calendar days of the Go-Live period, HCPF will issue a formal reminder via email to the HHA's primary contact on file.
- **Follow-Up Outreach (Day 44):** If no action is taken after two weeks following the initial reminder, a HCPF representative will contact the HHA by phone to discuss compliance expectations and offer technical assistance if needed.
- **Notice of Potential Withholding (Day 60):** If the HHA remains non-compliant 60 days after initial inaction, a written notice will be sent stating that continued failure to comply will result in payment withholding. This notice will outline the required actions and a final deadline to remedy the issue.
- **Coordination for Payment Withholding (>60 days):** If the HHA continues to remain non-compliant past the final deadline, HCPF will coordinate the withholding of payments until compliance is achieved.

Training Information

Acentra Health has upcoming training sessions to help agencies navigate the Atrezzo Portal and submit PARs successfully located on the [ColoradoPAR Training](#) website. Additional information about the Go-Live can be found on the [Long-Term Home Health](#) website and in [Operational Memo OM 24-060](#).

Definitions:

The **Soft Launch** is a voluntary phase during which HHAs can submit PARs for review by Acentra Health. During this period, the outcome of submitted therapy Pediatric LTHH PARs will not impact the current status of the member's benefits. HCPF will actively monitor submission progress throughout the Soft Launch period and provide education to HHAs when necessary.

The **Go-Live** phase will require HHAs to submit Pediatric LTHH PARs for members in a predetermined, phased-in approach. Acentra Health will conduct medical necessity reviews and in the case of a reduction or denial in services, members and HHAs will be notified of potential changes and be provided their appeal rights. HHAs must adhere to the phase-in instructions provided by HCPF to ensure all PARs are reviewed by April 6, 2026.

Attachment(s):

None

HCPF Contact:

LTHH benefit questions and escalations may be directed to: homehealth@state.co.us