

The Latest in LTSS



Changes to the Nurse Assessor Program

The Colorado Department of Health Care Policy & Financing is ending the Nurse Assessor Program for all services, including Health Maintenance Activities (HMA), Private Duty Nursing (PDN), and Long-Term Home Health (LTHH).

What Does This Mean for Individuals and Families?

All Nurse Assessor appointments and results continued through December 24, 2025. Starting December 22, 2025, your case manager—not a nurse assessor—will handle all new assessments using the Direct Care Services Calculator (DCSC) and will approve HMA hours.

- There are yearly limits on how many hours you can get for certain services
- If you need more hours than the usual limit, your case manager can ask for an exception. To do this, your case manager must explain why you need extra help and provide details about your medical or disability needs. Sometimes, a supervisor or the state will review the request to make the extra hours are necessary. Not every request is approved, but your case manager will work with you to make sure your needs are clearly explained
- For Private Duty Nursing and Long-Term Home Health, your home health agency will continue to help you as usual.

No changes are needed on your part

For Providers (Home Health Agencies)

- Continue submitting all Private Duty Nursing and Long-Term Home Health prior authorization requests (PARs) directly to Acentra, with required clinical documentation.
- Keep providing care as ordered by physicians to avoid service gaps.
- Use your internal clinical tools to determine care levels for PDN or LTHH (these do not need to be submitted with PARs unless told otherwise).

Stakeholder Feedback Needed: Community First Choice and Community Connector Rule

Since OCL originally posted the Community First Choice and Community Connector Rule Revision Draft, they have further revised the draft and are seeking stakeholder feedback. Impacts of the nurse assessor rollback are included in the draft.

Please provide feedback using [this feedback form](#) no later than Thursday, January 15, 2026.

Newsletter Highlights

Nurse Assessor Program Changes (page 1)

Medicaid Renewal (page 2)

HCPF Budget Cuts FAQ (page 3)

Movement and music therapy rates (page 3)

Interested parties advisory group application (page 4)

Medicaid Renewal and PEAK site navigation

MEMBERS! Each year you are required to renew your Medicaid eligibility along with your review of your service plan. Now is a great time to go into your PEAK account to ensure all of your information is current and you are aware of your renewal date for your Medicaid. This will help prevent disruptions in services. Log into your account at Colorado.gov/PEAK.

- Check your information and update it if needed (email address, phone number, address)
- Upload current documents for your resources, like bank accounts and other financial resources
- Update how you would like to be alerted of needed actions to ensure your continued coverage by Medicaid

When Coloradans need help, PEAK is the place to go.

Using Colorado.gov/PEAK is as easy as 1-2-3

From one online
tool, you can:



Check if you
might be
eligible

Whether you need:

- health coverage
- help buying groceries
- financial assistance
- job readiness education and tools
- help with childcare
- coaching and learning services for parents and young children

2



Create an
account and
apply

3



Manage
account
information
and benefits

Access your information at any time when you create an account and apply online

- Create a secure account
- Check your application and enrollment status
- View benefit information, letters, and account balances

Save time by managing your information and benefits online

- Report changes
- Send and receive eligibility documents through your account
- Pay enrollment fees / premiums
- Download medical cards





HCDF Budget Cuts

The Department of Health Care Policy and Financing (HCDF) is implementing several Sustainability Actions to help keep Colorado's Medicaid long-term services and supports (LTSS) system stable and affordable in the future. These changes are part of the state's broader effort to manage rising costs while continuing to provide essential services to members. The [FAQ](#) provides answers to questions submitted by stakeholders through the [Stakeholder Comment Form](#). We appreciate the public's engagement and submission of questions. HCDF will continue to monitor questions submitted through the form and update this FAQ. For more information about the LTSS Sustainability Actions, please visit the [Medicaid Sustainability and Colorado's LTSS System webpage](#).

Why were these reductions being proposed?

- There are several reasons why these actions are being proposed, including:
 - State Budget: Colorado must balance its budget each year and the amount of revenue the state may retain is limited by TABOR. That caps revenue growth to 3–4%. Medicaid costs, particularly Long-Term Services and Supports (LTSS), have grown faster than the revenue the state is allowed to keep (on average 8.8% growth in Medicaid).
 - Federal Budget: H.R.1 resulted in an unexpected \$1 billion state budget shortfall immediately after the FY 2025–26 budget went into effect, forcing the state to identify immediate cost savings. The impact of H.R.1 is not just this year, as many other parts of the bill will not become effective for several years.
 - Share of Budget: Long-Term Services and Supports (LTSS) are a key cost driver within Medicaid. People who need LTSS make up 5.8% of people who use Medicaid, and the cost for these very important services that help people live in the community of their choice total 45% of all Medicaid funding.
 - Rising Costs: Overall, LTSS costs rose by 44% between FY 2020-21 and FY 2023-24. This happened because rates increased, more people used services, and more people enrolled.

For more FAQ, visit [HCDF's FAQ document](#)

Update on Movement Therapy and Music Therapy Rates

After taking a closer look at the Office of Community Living's (OCL) initial proposal to reduce reimbursement rates, HCDF carefully reconsidered this change based on new information provided by providers, stakeholders, and professional organizations. This feedback highlighted the significant education, training, and credentialing required to become a qualified Movement Therapy professional—particularly for Music Therapists.

As reflected in [Supplemental/Budget Amendment-07](#), HCDF is requesting the withdrawal of the proposed rate reduction for Movement Therapy, including Music Therapy. At this time, the OCL does not believe a rate reduction is justified or appropriate given the professional standards and service needs associated with these therapies.

Call for Applications: Interested Parties Advisory Group (IPAG) - Ensuring Access to Medicaid Services Final Rule

This group was created under a new federal rule (Ensuring Access to Medicaid Services final rule [(FFS) [42 CFR 447.203](#)]) to advise and consult on provider Fee-For-Service (FFS) payment rates for direct care services like:

- Personal care
- Home health aide services
- Health maintenance activities
- Homemaker services

The group will also advise on how well Coloradans can access these services.

HCPF is looking for:

- Health First Colorado (Medicaid) members
- Direct care workers
- Guardians or legally authorized representatives
- Anyone with a strong interest in this work

Apply online before Jan. 15, 2026.

- Selections will be made by March 1, 2026, and invitations sent by March 10, 2026.
- All advisory group members will be asked to share any potential conflicts of interest and describe steps they will take to manage them.

For more information, please view [Informational Memo 25-029](#).

Please reach out with questions to HCPF_HCBSwaivers@state.co.us.

What the Acronyms Mean

- **ARG** = Arbor Review Group (3rd party disability application reviewer)
- **CFC** = Community First Choice
- **CDASS** = Consumer-Directed Attendant Support Services
- **CMA** = Case Management Agencies. Formerly CCBs and SEPs.
- **CMRD** = Case Management Redesign
- **CCM** = Care and Case Management system (statewide Member health record). This replaced the Benefits Utilization System (BUS)
- **DSA** = Direct Service Area. This is how CMRD designated CMAs. TRE works with both DSA 11 (El Paso, Park, and Teller Counties) and DSA 12 (Pueblo County).
- **HCPF** = Health Care Policy and Financing
- **HMA** = Health Maintenance Activities
- **ISLA** = Interim Supports Level Assessment
- **LTSS** = Long Term Services and Supports. Also known as HCBS (Home and Community Based Services) or LTC (Long Term Care).
- **Member** = person in services
- **NA** = Nurse Assessor
- **OCL** = Office of Community Living
- **PAR** = Prior Authorization Request
- **PETI** = Post Eligibility Treatment of Income
- **RAE** = Regional Accountable Entity
- **SIS** = Supports Intensity Scale