



OPERATIONAL MEMO

Title: Implementation of Caregiver Limits on Homemaking Services Provided by Legally Responsible Persons	Topic: Benefits
Audience: Members, Families, Advocates, Home Health Agencies (HHAs), Personal Care and Homemaker Provider Agencies, In-Home Support Services (IHSS) Agencies, Consumer Directed Attendant Support Services (CDASS) Stakeholders, Case Management Agencies (CMAs)	Sub-Topic: LTSS Budget Initiative - Implement Weekly Caregiver Limits
Supersedes Number: N/A	Division: Benefits and Services
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Expiration Date: Jan. 15, 2028	Program Area: Policy
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Legal Authority: C.R.S. § 24-75-201.5(1)(a); 10 CCR 2505-10 § 8.7202; 10 CCR 2505-10 8.507.5.D.1.c; C.R.S. § 25.5-4-207(1)(c)	
Memo Author: Benefits & Services Division Staff	
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Approved By: Bonnie Silva	

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 inform Members, families, advocates, provider agencies, caregivers, and Case Management Agencies (CMAs) about the new caps on weekly caregiving hours for Homemaker Services provided by Legally Responsible Persons (LRPs).

Background

Currently, caregivers are subject to various limits depending on who is providing the service, the type of service provided, and which program the service is provided under. As described in the Governor's Executive Orders, the Department of Health Care Policy and Financing (HCPF) must implement strategies to ensure the long-term sustainability of the Medicaid program. Establishing additional caregiver limits for services is one component of a broader, systemwide effort to manage increasing costs, promote equity, and support the financial stability of Medicaid while maintaining access to necessary supports.

Information:

Cap on Weekly Homemaker Hours for Legally Responsible Persons (LRPs):

- There will be a new **reduction of allowable Homemaker hours provided by an LRP** from 10 hours per week to 5 hours per week per member. Members can have up to two LRPs paid to render services. Each LRP may provide up to 5 hours per week per member.
- The 5 hour per week limit for LRPs providing Homemaker will apply to Homemaker services provided through CFC and will also apply to those still receiving Homemaker through an HCBS Waiver before transitioning to CFC.
- There is no exception to this limit.

These caps will not initiate a Notice of Action (NOA) or appeal rights for members and are not subject to the requirements outlined in 10 CCR 2505-10 section 8.057. Member's services will still be authorized according to their needs and service definitions, a limit on caregiving hours does not mean a reduction in services to the Member.

Implementation Timeline

The cap on weekly LRP Homemaker will be effective in Person-Centered Support Plans for Level of Care Certification Dates starting April 1, 2026, and forward pending approval by the Centers for Medicare and Medicaid Services (CMS). The cap on weekly LRP Homemaker services must be reflected in all Person-Centered Support Plans through a review at the next scheduled Monitoring or Continued Stay Review, **by November 30, 2026**.

Action To Be Taken:

Members

- No action is required unless the Case Management Agency (CMA) requests additional information.
- Case Manager will discuss the caregiver limit with effected members at their next Continued Stay Review (CSR) or during a scheduled Monitoring meeting.
- Members will not experience a reduction to authorized service hours or budgets as a result of this new caregiver limit. Members may need to consider working with additional caregivers to fill the hours no longer being provided by an LRP.
- The provider agency should also discuss the caregiver limits with members and assist with identifying additional caregivers, as needed.

Case Management Agencies (CMAs)

- Case Managers must apply the unit limits for certification start dates beginning April 1, 2026 and be reflected in all effected member Person-Centered Support Plans and Prior Authorization Requests (PARs) through a scheduled Monitoring or Continued Stay Review by November 30, 2026.
- Case Managers must attend all required training prior to discussing caregiver limits during member meetings. Training registration information has been provided to each CMA directly. Please contact your agency leadership to register.

Provider Agencies and Financial Management Services (FMS) Contractors

- Provider Agencies should support members and families in finding alternative caregivers to provide homemaking services, as needed.
- Provider Agencies must provide services in the scope, frequency, and duration indicated on the member's Person-Centered Service Plan and as outlined on new and revised PARs effective April 1, 2026 that reflect the new service unit limitation or prorated unit amounts.
- Providers can find additional information in the upcoming provider training as well as billing information in the billing manual.

Provider Training Webinar Registration

[Wednesday, January 21, 2026 @ 11:00 a.m. Registration Link](#)

[Thursday, January 22, 2026 @ 2:30 p.m. Registration Link](#)

Members and advocates are encouraged to visit the [Medicaid Sustainability and Colorado's LTSS System](#) webpage for more information and look for engagement opportunities on the [Stakeholder Engagement Calendar](#).

Definition(s):

Continued Stay Review (CSR) is a re-assessment of the Member, conducted by a Case Management Agency, to verify Medicaid, financial, and program eligibility, and is required within twelve months following any previous Assessment, as defined in [10 CCR 2505-10 Section 8.7202.F](#).

Notice of Action (NOA) is a formal, written statement used to inform a Member of a decision regarding their Medicaid eligibility or covered services. [10 CCR 2505-10 section 8.057](#).

Prior Authorization Request (PAR) is approval for an item or service that is obtained in advance either from the Health Care Policy & Financing Department, the Operating Agency, a State Fiscal Agent or the Case Management Agency.

Attachment(s):

None

HCpf Contact:

HomeHealth@state.co.us