COLORADO
Department of Health Care Policy & Financing

OPERATIONAL MEMO

Title: Implement a Weekly Cap of 56 Hours Per Caregiver Per Member for Select Long-Term Services and Supports	**Topic:** Provider and Caregiver Compliance Requirements and Exceptions Requests Process
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:** HCBS
Supersedes Number: N/A	**Division:** Benefits and Services Management
Effective Date: July 1, 2026	**Office:** Office of Community Living
Expiration Date: July 1, 2028	**Program Area:** N/A
Key Words: Weekly Caregiver Cap, Direct Care Worker, 56-hour, Long-Term Home Health, LTHH, Homemaker, Personal Care, Health Maintenance Activities, HMA, Consumer-Directed Attendant Support Services, CDASS, In-Home Support Services, IHSS, Provider Compliance, Weekly Caregiver Exception Request	
Legal Authority: Section 8.7419 - Home and Community-Based Services Weekly Caregiver Limits	
Memo Author: Amanda Smith	
Operational Memo Number: HCPF OM 26-043 **Issue Date:** June 15,2026 **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 provide guidance for implementing the weekly limit of 56 hours per caregiver per member for select Long-Term Services and Supports (LTSS) benefits. There will be an exceptions process for individuals who meet allowable exception criteria. The 16 hour per day limit for caregivers for select LTSS benefits will remain and may only be exceeded in the event of a documented emergency situation.

Caregiver means any individual that is paid to provide Qualifying Services as defined at Section 8.7419.1.d. This term includes Direct Care Worker (DCW), defined at 8.7402.F, and any other individuals paid to perform such services.

Information

The Department of Health Care Policy & Financing (HCPF) is implementing a weekly caregiver hour limit, exception process, and documentation requirements for specific LTSS benefits.

This memo explains the implementation phases for weekly caregiver hour limits, how an exception to the policy can be requested, and how compliance with the weekly caregiver limits will be enforced.

Establishing clear weekly (56-hour) caregiver limits helps reduce risks associated with caregiver fatigue, which can impact the quality and safety of care. This limit supports sustainable caregiving practices and helps ensure that members receive safe, attentive services. Relying on a single caregiver for the majority of paid hours creates risk for the member and caregiver.

Caregivers and provider agencies are jointly responsible for ensuring all limits are not exceeded.

Caregiving Limit:	Definition:	Services Limit Applies To:
16 hours per day	The maximum number of hours a caregiver may work, and be reimbursed for one or more members collectively *on any day*, from 12:00 a.m. to 11:59 p.m.	• Private Duty Nursing • Nursing Services under Long-Term Home Health (LTHH) • Certified Nurse Aide Services under LTHH • Homemaker* • Personal Care* • Health Maintenance Activities (HMA)* *Delivered through service delivery options of: Agency-Based, In-Home Support Services (IHSS), or Consumer Directed Attendant Support Services (CDASS)

56 hours per week	The maximum number of hours a caregiver may provide *to one member in any week*, Sunday to Saturday, beginning July 1, 2027 ongoing.	• Nursing Services under LTHH • Certified Nurse Aide Services under LTHH • Homemaker* • Personal Care* • HMA* *Delivered through service delivery options of: Agency-Based, IHSS, or CDASS

The 16 hour per day caregiver limit was implemented July 1, 2025. The weekly limit of 56 hours per caregiver for a single member will be implemented using a phased approach between July 1, 2026 and July 1, 2027. By July 1, 2027, all caregivers must not provide more than 56 hours of care for a single member per week for the services listed above unless an exception has been granted.

Beginning on July 1, 2026, the following caregiver limits will apply per caregiver, per member, per week:

July 1, 2026 - December 31, 2026	84 hours
January 1, 2027 - June 30, 2027	70 hours
July 1, 2027 - Ongoing	56 hours

Action To Be Taken

Starting July 1, 2026, Provider Agencies and CDASS Employers will be responsible for enforcing the caregiver limits outlined above.

Outlined below are requirements and operational guidance for implementing the 56-hour weekly limit for providers and caregivers, as well as requirements and operational guidance for exceptions and the phased implementation approach. Related compliance and exception request documents will be added to HCPF's Long-Term Services and Supports webpage under "Weekly Caregiver Limit".

Provider Requirements and Responsibilities

Provider Agency Attestation

Each Provider Agency or Consumer-Directed Attendant Support Services (CDASS) Employer must sign the Provider Agency Attestation form **annually**, as defined at 8.7419.1.o. For initial implementation, all Provider Agency Attestations must be signed and available upon request by January 1, 2027. The Provider Agency Attestation confirms understanding of and agreement to:

- Annually inform all caregivers that provide impacted services to Medicaid members of these limits using HCPF-approved communication,
- Maintain documentation of all exceptions, including emergency situations,
- Monitor approval date for exception requests submitted to HCPF,
- Respond in a timely manner to all:
    - Review requests from HCPF, and
    - Notifications of noncompliance with the above requirements,
- Coordinate with other provider agencies when notified by a caregiver that they are working for multiple agencies serving the same member,
    - Upon notification from a caregiver that they are working with existing member through another agency, the provider agency shall reach out to the other provider agency identified by the caregiver to notify them of the shared member and coordinate services (to ensure no duplication/overlap), hours worked per agency by the caregiver (for accurately completing the workbook) and treatment plans.
- Inform impacted employees if they are in violation of these rules;

  and

- Remain compliant with all caregiver limit requirements, with the understanding that the Provider Agency is solely and fully responsible for any recoupment of funds resulting from non-compliance.

<u>Compliance Reviews</u>

Provider Agencies and CDASS Financial Management Services (FMS) Contractors are subject to compliance reviews by HCPF as outlined in 8.7419.4. In the event of a compliance review, the Provider Agency or FMS Contractor will be notified by HCPF and the required documents will be requested for a sample of caregivers and for a specified review period.

Provider Agencies and FMS Contractors must be able to produce a Caregiver Compliance Workbook as defined in Section 8.7419.1. upon request by HCPF. HCPF will provide the Caregiver Compliance Workbook to selected Provider Agencies to complete and return within ten (10) business days of receipt. Entries within the Caregiver Compliance Workbook must be verifiable with timesheets and/or Electronic Visit Verification (EVV) data. Supporting documentation must be submitted to HCPF upon request.

Consequences for failure to comply with the Daily and Weekly Caregiver Limits and/or documentation requests are outlined in 8.7419.4.

Weekly Caregiver Limit Exceptions and Emergency Situations

Caregivers may only exceed the weekly limit if they have a HCPF approved or pending Weekly Caregiver Limit Exception Request or in the event of a documented emergency situation.

Emergency Situations

An Emergency Situation is defined in Section 8.7419.1.

Emergencies are **limited and situation specific**. An emergency exception cannot be used as an ongoing staffing solution. If the need of care is expected to routinely exceed the weekly limits, an exception request must be submitted.

Provider Agencies must ensure they have back-up and contingency plans that account for all potential emergency situations as outlined in Section 8.7 which includes but is not limited to instances where a caregiver is unable to provide care, illness of primary and back-up caregivers, and weather or environmental related emergencies.

Weekly Caregiver Limit Exception Criteria

Provider agencies may request approval for a caregiver to exceed the weekly caregiver limit if the member meets one or more exception criteria under Section 8.7419.2.a. The process is outlined below.

Weekly Caregiver Limit Exception Request Process

In accordance with Section 8.7419.2, the provider agency or CDASS Employer is responsible for submitting the Weekly Caregiver Limit Exception Request to HCPF using HCPF required submission tools and prescribed processes as outlined on HCPF's Long-Term Services and Supports webpage under "Weekly Caregiver Limit". Provider agencies and CDASS Employers shall submit Exception Requests within the applicable

phased submission timelines established by HCPF using the Weekly Caregiver Exception Request Form.

For members receiving services with Case Management Agency (CMA) involvement, including those enrolled in Community First Choice (CFC) services or Community First Choice and Long Term Home Health (LTHH), the provider must collaborate with the member's Case Manager when preparing the exception request. The Case Manager is responsible for completing the required attestation and providing information necessary to ensure that HCPF receives accurate and complete information regarding the member's needs, services, and circumstances. The Case Manager does not approve or deny exception requests. HCPF is responsible for making all exception determinations.

Additional requirements and instructions will be communicated through provider training, technical assistance, provider communications, and the Weekly Caregiver Limit Exception Submission Guidelines and Checklist for Providers, as applicable.

High-Level Process for Requesting a Weekly Caregiver Limit Exception for Providers or CDASS Employers

1. **Identify impacted members and caregivers**
    - Review service schedules and authorized hours to identify caregivers who may exceed the applicable weekly caregiver hour limit.
    - Pay close attention to implementation phase requirements and submission timelines outlined below.
2. **Determine whether an exception may apply**
    - Review the exception criteria outlined in rule.
    - Coordinate with the member, Case Management Agency (CMA) (when applicable), and other relevant parties to obtain and validate supporting documentation if a need for an exception is identified.
        1. Provider must contact the CMA to notify them of a pending request and coordinate as necessary.
    - Additional requirements and instructions will be communicated through provider training, technical assistance, provider communications, and the Weekly Caregiver Limit Exception Submission Guidelines and Checklist for Providers, as applicable. If the member does not meet exception criteria, work with the member and Case Manager to explore alternative supports and staffing options that support compliance with weekly caregiver limits.
3. **Prepare the exception request**
    - Gather the information needed to demonstrate how the member meets exception criteria.
    - Prepare the documentation required for submitting the request.

4. **Submit the exception request**
    - Complete and submit the exception request via the HCPF prescribed tool during the applicable submission period.
    - Ensure all required information is included so HCPF can evaluate the request, including all required documentation.
    - Maintain all required supporting documentation and records.
    - NOTE: When an exception request is submitted, an email notification is sent to HCPF indicating that the form is completed. If applicable, a summary of the request will be sent to the member's Case Manager requesting completion of the Case Manager Attestation Form. Upon submission, the exception request is placed in a pending status. However, HCPF will NOT review the request until the Case Manager reviews and submits the Case Manager Attestation Form.
5. **Case Manager review (when applicable)**
    - For members receiving case management services, the Case Manager will review the request and submit a Case Manager Attestation Form within 7 calendar days for HCPF's review.
    - Case Managers are expected to coordinate with Providers to ensure any submitted request is appropriate for the member's specific situation.
6. **HCPF review and determination**
    - HCPF shall review each Exception Request in accordance with Section 8.7419.2.e.
    - Additional information may be requested if needed.
    - Providers will receive a determination once the review is complete.
    - The duration of an approved exception is outlined in Section 8.7419.1.e.
    - In the event of a denied exception, provider agencies, FMS Contractors, CDASS Employers, and Caregivers must come into compliance within 7 calendar days after the determination is received as outlined in Section 8.7419.2.c.v.a.1.
7. **Maintain ongoing compliance**
    - Approved exceptions do not eliminate other program requirements.
    - Providers must continue to maintain required records, comply with applicable program requirements, and submit future exception requests as required by rule.

Phased Implementation Guidance

HCPF will implement the exception request process using a phased in approach. This phased approach will begin for members with the highest weekly caregiver hours provided by a single caregiver first, followed by members with progressively lower weekly caregiver hours.

The phased submission timelines outlined below apply to members who currently exceed the weekly caregiver limit and require an exception. For these members, Exception Requests should be submitted in accordance with the applicable phase timelines. Failure to submit a request during the applicable implementation phase may result in compliance actions, including potential recoupment of funds for periods in which services exceeded allowable limits before a request was submitted, regardless of whether the exception request is later approved or denied.

For members who newly exceed the weekly caregiver limit due to a recertification, revision, change in condition, change in caregiving circumstances, new enrollment, or other change in need, an Exception Request should be submitted at the time the need is identified. These requests are not expected to follow the phased implementation timelines established for existing exception cases.

Across all phases, exception requests must be supported by sufficient documentation to demonstrate that the request meets one or more exception criteria under Section 8.7419.2.a and satisfies the HCPF review standards under Section 8.7419.2.e.

	Applicable Population	**Submission Window**	**Review Period**
Phase 1	Members receiving more than 84 hours per week from a single caregiver	July 1, 2026, through July 31, 2026	Through August 31, 2026
Phase 2	Members receiving more than 70 hours per week from a single caregiver without an approved exception	November 1, 2026 through November 31, 2026	Through December 31, 2026
Phase 3	Members receiving more than 56 hours per week from a single caregiver without an approved exception	May 1, 2027 through May 31, 2027	Through June 30, 2027

Attachment(s)

None

HCPF Contact

hcpf_hcbs_questions@state.co.us