COLORADO
Department of Health Care Policy & Financing

Proposal: Lower the Homemaker Soft Cap to About 7 Hours per Week

Policy Impact Summary - October 2026

What is being considered?

HCPF is considering **lowering the current limit, or "soft cap," for Homemaker services to 1,456 units annually, or about seven hours per week for all members, regardless of provider or service delivery model**. There is currently an annual limit on this service of 4,500 units, or about 21.5 hours per week. A narrow exceptions process would be available for Members with an assessed need for more than seven hours.

This would apply across the different ways members receive Homemaker services, including agency-based care, Consumer-Directed Attendant Support Services (CDASS), and In-Home Support Services (IHSS).

Why is HCPF considering this?

Community-Based Long-Term Care expenditures are projected to require approximately **$245 million more General Fund in FY 2026-27** than previously forecast.

Homemaker is one of the services experiencing the most significant growth since CFC began. Between March 2025 and March 2026, **participation increased 68% among children and 97% among adults**. The proposal is intended to reduce Homemaker expenditures while preserving the service for members who need it.

Fiscal impact

Annual estimated savings: $12 million State General Fund

This estimate is preliminary and subject to change based on updated data and further fiscal analysis.

What assumptions are behind the estimate?

- The estimate assumes that the limit would operate as a **soft cap**, not an absolute limit. Members could receive more than the annual limit through a narrow exception process when additional services are supported by assessed need.
    - The more individuals approved for an exception, the less savings this policy would produce.

Who could be affected?

Members receiving **more than seven hours of Homemaker services** per week.

- **Number of members whose current authorization for Homemaker exceeds seven hours per week:** ~34,000
- **Percentage of all members with Homemaker whose current authorization for Homemaker exceeds seven hours per week:** ~79%

What could change for current members?

Members currently authorized for about seven hours or less per week would not be affected by the limit itself. Members authorized for more than the proposed annual limit could have their authorization reduced unless they qualify for an exception. The change in authorization for existing members would happen at reassessment during the members Continued Stay Review (CSR).

Potential protections and exceptions

If the new limit results in a reduction to a member's existing authorized services, the member would receive written notice and information about their appeal rights. A reduction in an authorized service is an appealable action, and, when applicable, benefits may continue while an appeal is pending.

An exception process based on assessed need would be available with narrow exception criteria.

Known risks and concerns

- **Impact on Members:** Members currently receiving more than about 7 hours per week of Homemaker could experience a reduction in services, depending on the final exception criteria and whether they qualify.
- **Service Authorization:** There is a concern about how services would appropriately be authorized to not drive a very high level of exceptions.

Implementation requirements

Federal allowability: HCPF's analysis indicates the soft-cap approach is federally allowable.
State Plan Amendment: Needed
Waiver Amendment: Not needed
Rulemaking: Needed
System changes: Likely; scope to be determined

Where stakeholder input is essential

Stakeholder input will help HCPF design and implement these changes in ways that maintain access to needed services, reduce disruption, and address potential impacts.

HCPF is seeking input and solutions on:

- **Supporting members:** How can HCPF reduce impacts on members while achieving the goals of the policy?
- **Designing appropriate exceptions:** What circumstances should qualify for an exception to ensure members with additional needs can access necessary services?
- **Improving Age Appropriate Guidelines:** How can the guidelines better support authorization of services at the lower limit while avoiding unnecessary exception requests?
- **Making transitions successful:** What timelines, communication, tools, or other supports would help members, families, caregivers, and providers successfully transition to the new policy?
- **Preventing unintended consequences:** What potential challenges should HCPF plan for, and what practical solutions or protections could help address them?