COLORADO
Department of Health Care Policy & Financing

Proposal: Changes to Life Skills Training, Home Delivered Meals, and Personal Care

Policy Impact Summary - October 2026

What is being considered?

The Colorado Department of Health Care Policy and Financing (HCPF) is considering targeted changes to several Community First Choice (CFC) and Home and Community-Based Services (HCBS) waiver services.

The proposed changes would:

- **Life Skills Training:** Reduce the maximum number of service hours available per day and week, with a possible additional reduction in how long members can receive the service.
- **Home Delivered Meals:** Move the service from CFC back to certain HCBS waivers and limit eligibility to qualifying transitions, with services available for up to 365 days.
- **Personal Care:** Remove Protective Oversight and Accompaniment from the tasks covered under CFC Personal Care. Other Personal Care tasks would remain available.

HCPF is reviewing these service changes as part of its broader efforts to address rising Long-Term Services and Supports (LTSS) expenditures by reducing costs while maintaining the service in LTSS programs.

No final policy decisions have been made. HCPF is seeking stakeholder input to better understand potential impacts, identify unintended consequences, and consider alternatives before making final decisions.

HCPF is considering changes to the following services:

1. Life Skills Training services are individualized training, provided in your residence, the community, or group living situation, that is designed and directed with you to develop and maintain your ability to independently sustain yourself in the community.

To be eligible for Life Skills Training you must be:

1. Transitioning from an institutional setting to a home and community-based setting,
2. Transitioning from a more restrictive community setting to a less restrictive community setting, or
3. Experiencing a change in life circumstances.

Life Skills Training may be used for up to 365 days following the first day the service is provided.

2. Home Delivered Meals provides meals delivered to you when you have dietary restrictions or specific nutritional needs, are unable to prepare your own meals, and have limited or no outside assistance.

Home Delivered Meals Services may include:

- Meals intended to support your wellness, which may include meals tailored to the your nutritional needs
- Meal planning which may include nutritional meal planning, nutritional counseling, selected meal types and instructions for meal preparation and delivery

3. Personal Care services help you with daily tasks that you typically do for yourself but are unable to. Services may include skin, nail, hair, and mouth care, bathing, shaving, dressing, eating, walking, exercise, transferring, positioning, toileting, and respiratory care. The service also includes accompaniment and protective oversight, which are being proposed to be removed as tasks.

Accompaniment: Accompaniment helps members with disabilities attend medical appointments and complete errands, such as grocery shopping or banking, when they need assistance from a direct care worker. This may include help with personal care tasks, communication, completing paperwork, verbal reminders, or hands-on assistance during medical appointments. During errands, the direct care worker may provide personal care assistance as needed.

Protective Oversight: Protective Oversight provides active, line-of-sight supervision for members who need immediate intervention to prevent harm because of disability-related behaviors or difficulties with memory or cognitive functioning. This

may include redirecting a member away from danger, preventing access to hazards, removing dangerous items, or providing hands-on guidance.

For more information about these services, see the LTSS Benefits and Services Glossary.

What changes are being considered?

Service	Proposed Service Change	Program/Waiver(s) Affected
Life Skills Training (LST) **HCPF is also actively reviewing a change to the Independent Skills Training (ILST) Service on the Brain Injury Waiver.*	Reduce unit limitations **Current unit limitations: 24 units/6 hours per day; 160 units/40 hours per week; maximum 365 days** following the member's initial access to LST. **Proposed unit limit**: 16 units/4 hours per day; 80 units/20 hours per week; either retaining or lowering the existing 365-day limit.	Waivers: • Elderly, Blind and Disabled (EBD) • Community Mental Health Supports (CMHS) • Complementary and Integrative Health Waiver (CIH) • Supported Living Services (SLS)
Home Delivered Meals (HDM)	Move HDM from CFC back under HCBS waiver authority; there was expanded access when HDM was moved to CFC which led to increased utilization. This change would revert to pre-CFC eligibility and limits, which requires the services to be provided only during a transition and limits access to 365 days.	Community First Choice (CFC) moving back to the following waivers: • Elderly, Blind and Disabled (EBD) • Community Mental Health Supports (CMHS) • Complementary and Integrative Health Waiver (CIH) • Supported Living Services (SLS) • Brain Injury (BI)

Personal Care	Remove Protective Oversight & Accompaniment tasks from service definitions; tasks under the service would no longer be available. There would be no exception process.	CFC

Why is HCPF considering these changes?

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

HCPF is reviewing the broader HCBS benefit package to identify opportunities to reduce expenditures while protecting access to services. In particular, HCPF identified benefits that:

- Have experienced high expenditure trends or service utilization, or on the contrary, have nearly zero utilization,
- Are more supplemental and may not be required to meet essential health and safety needs,
- May be duplicative of alternative services or where Members could meet their needs with similar or like services, and
- Are not federally or legislatively required services.

Putting in new restrictions around certain services is one approach being considered.

These proposals are part of a broader LTSS sustainability effort that includes reviewing high-growth services, examining the HCBS and CFC benefit package, and considering changes to LTSS program design.

Fiscal impact

HCPF has evaluated the potential savings associated with changing these services. The savings associated with each service change are outlined in the table below.

Service Changes	Number of Members Using the Service	Estimated Annual General Fund Savings
Reduce Life Skills Training (LST) Unit Limits	724	$120,400 state general fund
Move Home Delivered Meals (HDM) from CFC to Waivers	1,234	$902,100 state general fund
Remove Protective Oversight from Personal Care	9,689 members	$20.9 million state general fund
Remove Accompaniment Tasks from Personal Care	15,954 members	$8.9 million state general fund

These estimates are preliminary and subject to change based on updated data and further fiscal analysis.

What assumptions are behind the estimate?

Important considerations include the number of members currently receiving each service, current expenditures, the proposed implementation date, and how member's access to the service or other services may shift with these changes.

If members begin using other Medicaid services to meet their needs, the actual savings could be lower than initially estimated.

What could change for current members?

- If HCPF moves forward with these proposals, the identified services would have new restrictions put in place for use and/or eligibility.
- Members currently receiving these services would need to work with their case managers to review their needs and determine whether other available services or supports could help meet those needs.
- HCPF is still evaluating how these changes could be implemented and what transition considerations may be necessary, including how members would be notified and whether certain populations or circumstances require additional consideration.

Known risks and concerns

- **Impact on members and families:** Reducing service limits and changing access to certain supports could impact members' ability to develop and maintain independence, meet their nutritional and personal care needs, and safely participate in their communities.
- **Movement to other services:** Members may seek other Medicaid services to meet needs previously addressed through the removed benefit. This could reduce the projected savings.
- **Caregiver impacts:** Removing services could increase responsibilities for family members and unpaid caregivers.
- **Provider impacts:** Providers currently delivering these services could experience changes in service demand and reimbursement.
- **Implementation considerations:** Case managers, providers, members, and families would need clear information about the changes, implementation dates, and available options.

Implementation requirements

Federal allowability: Yes
State Plan Amendment: Needed (Home Delivered Meals)
Waiver amendment: Needed (LST Unit Limits & Home Delivered Meals)
Rulemaking: Needed (All)
System changes: Needed (All)

Where stakeholder input is essential

HCPF must make policy changes to help ensure Colorado's LTSS system can be sustained within available resources and federal requirements.

Stakeholder feedback will help HCPF better understand the potential impacts of changing these services, identify unintended consequences, and consider ways to reduce disruption.

HCPF is seeking input and solutions on:

- **Understanding member impacts:** How are members and families currently using these services? What impacts should HCPF consider if they are changed?
- **Identifying other available services:** Are there other Medicaid services that could meet similar needs? What barriers might members face when trying to access them?
- **Understanding unintended consequences:** Could changing these services lead to increased use of other Medicaid benefits, greater reliance on unpaid caregivers, or other unintended outcomes?
- **Supporting successful implementation:** What timelines, communication, training, or other supports would help members, families, providers, and case managers prepare for these changes?
- **Considering alternative approaches:** Are there other ways to change these benefits that could achieve meaningful savings while reducing impacts on members?