

HCPF/County Directors & Leadership

Monthly Support Call

February 24, 2026



Meeting Purpose

The purpose of the HCPF/County Directors & Leadership Monthly Call is:

- To provide a forum for county directors to get critical information from HCPF before it is shared broadly
- To provide a forum for county directors to bring important, timely issues to HCPF and have their voices heard
- To give an opportunity for certain HCPF Leadership to engage with counties at different times throughout the year

Agenda

Title	Presented By	Time
Welcome & New Agenda Update	Danielle Henry - HCPF	5 min.
Leadership Updates <ul style="list-style-type: none">• H.R.1 Update	Marivel Klueckman	30 min.
Compliance & Oversight <ul style="list-style-type: none">• Incentive Task Group• Unsatisfactory Immigration Status Updates• Internal Process for ARG docs• Overview of PERM	Aric Bidwell - HCPF	35 min.
Upcoming & Recently Released Guidance <ul style="list-style-type: none">• CMS Announcement on Vendors Voluntary Pledges	Aric Bidwell - HCPF	5 min.
Important Eligibility Updates <ul style="list-style-type: none">• Ending the LTC LOC Extension	Mitchell Scott Kathleen Seese	20 min.
County Trending Topics <ul style="list-style-type: none">• Recognizing High Performance & Successes!• County Hot Topics	Danielle Henry	20 min.

H.R. 1 Update

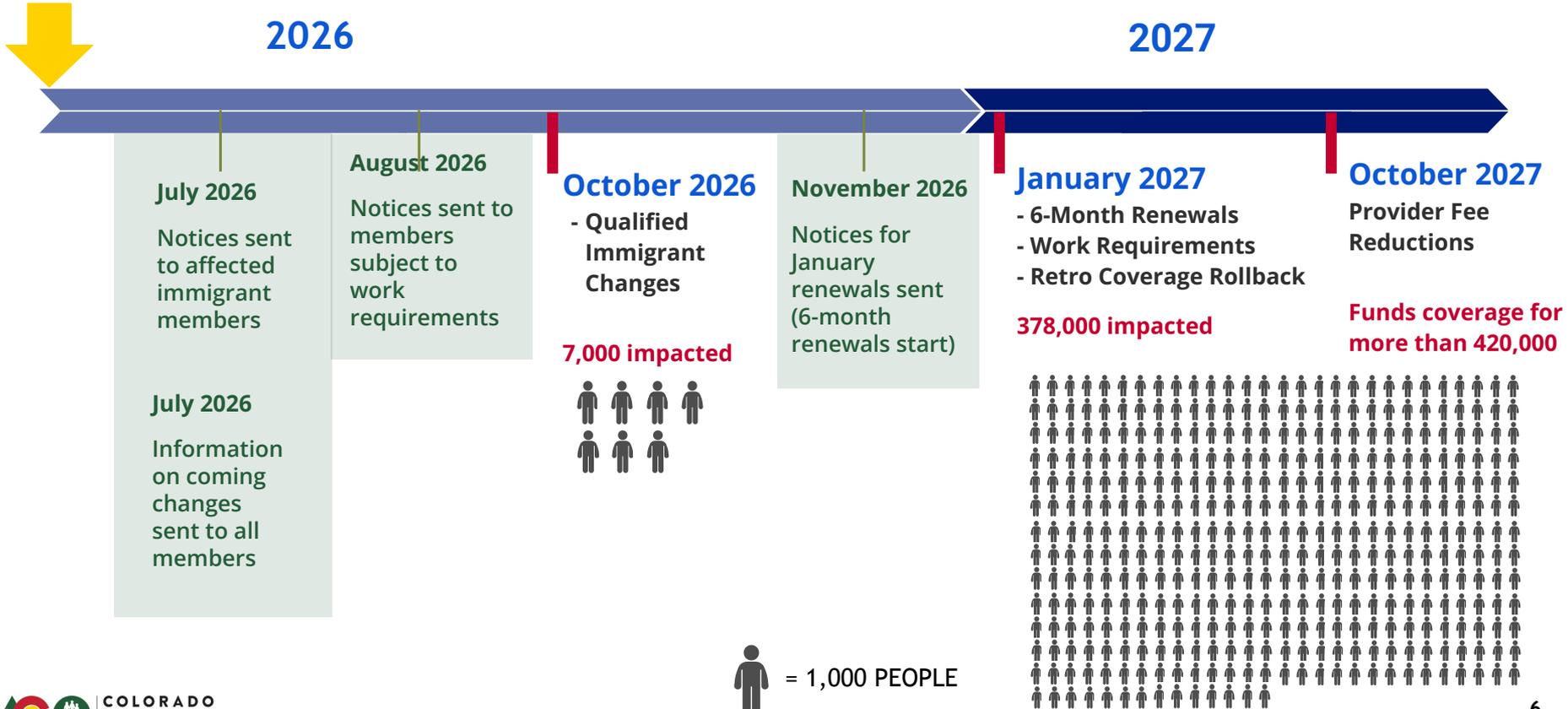
Presented By: Marivel Klueckman

Federal Guidance: What We Know

- Preliminary guidance received from the federal government, CMS,* in mid-November via PowerPoint with a [CMCS Informational Bulletin](#) on December 8
- **States will have *less flexibility* than what we expected under the law.**
 - Limited ability to leverage self-reporting or “self-attestation.”
 - CMS to provide guidance on definition of “medically frail.”
 - Strong emphasis on everything being auditable.
- **CMS has warned Colorado not to expect any waivers to delay implementation.**
- **CMS is encouraging a **Minimum Viable Product (MVP)** at launch.**
 - Must be operational by all states by **January 1, 2027.**
 - Colorado is designing its MVP model now.
- **Final rules for work requirements (community engagement) due in June 2026.**

Working Timeline Overview

Timing is subject to change as guidance is finalized



Overview of H.R. 1 Work Requirements

- H.R.1 Section 71119 mandates that low-income Medicaid expansion adults (ages 19-64) must meet monthly work requirements (also known as community engagement requirements) starting January 1, 2027.
 - Outreach noticing must go out either August or September 2026 (at least 3 months prior to application month that will need to comply with work requirements)
- Applies to new applications *received* as of January 1, 2027.
 - Colorado has elected to review one month (the month prior to the application) for work requirements.
- The effective date may apply to renewals due as early as January 2027. We will confirm and update once CMS guidance is confirmed with the exact renewal month.
 - Colorado has elected to review one of six months prior to renewal for work requirements.
- States must confirm compliance or exemption during application or renewal using reliable data or member-submitted documentation when necessary.

CMS Work Requirements (WR) MVP Checklist of Requirements

CMS communications reference that states can release a “Minimum Viable Product” or “MVP” for Medicaid Expansion Work Requirements (WR) versus completing all the IT work and connectivity required in H.R.1 by January 1, 2027.

- We are building the MVP for January 1 and longer term Track 2 H.R. 1 requirements concurrently.
- States are required to complete a WR MVP checklist with regular monitoring by CMS on progress of implementation.

Checklist has **three main categories:**

- System Updates
- Oversight/Compliance
- Communications & Noticing

CMS requires that states maximize use of data sources and other ***auditable*** information to verify exemptions and to limit states’ use of self-declaration to the greatest extent possible.

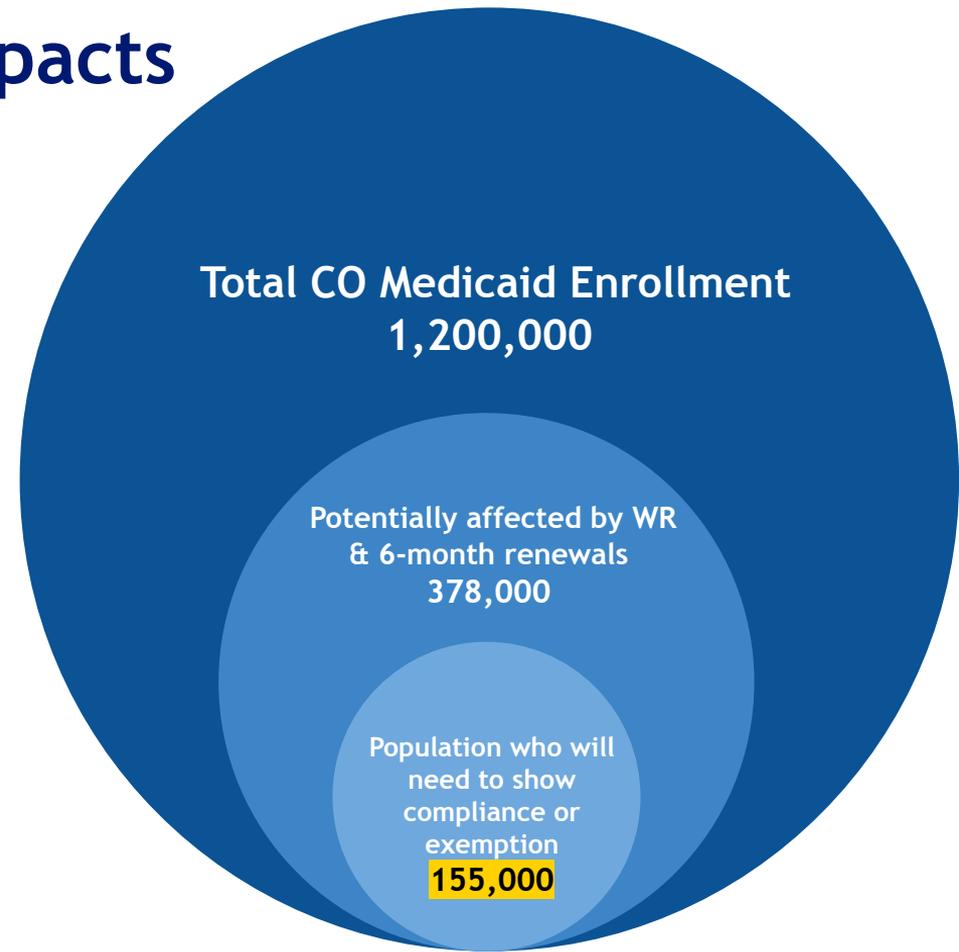
Expansion Population Impacts

Work requirements and 6-month renewals do not apply to entire 1.2M Medicaid population.

- Expansion population are adults ages 19-64 who earn up to 133% FPL.
- Also includes parents/caretakers who have income between 69-133% FPL.

Expansion population: about 378,000

- Currently we have data to determine compliance or exemption for over half of expansion population.
- This means we are focused on supporting and mitigating coverage loss for 155,000 members.



Work Requirements Screener Tool

Quick and easy Work Requirements Screener Tool to help identify if an individual may need to comply or is exempt from work requirements.

- No personal identifying information is used.
- Includes questions on individual's circumstances to identify if exempt or may need to comply:
 - For example, questions regarding age, social security, pregnancy, Medicare, parent of child under 14 or disabled, etc.
- Income question for \$580/month (bare minimum to comply).

Start — Step 1 — Details — Results

Find out if you may be affected by Medicaid Work Requirements

A new federal law requires Medicaid members to complete work requirements, also known as community engagement requirements, to receive or keep their coverage, beginning in January 2027.

Answer a few short questions to learn if these requirements might apply to you.

⚠ This is only an estimate. It is not an official application or eligibility decision. Information entered into the tool is not retained or used in any other way.

Let's get started!

New Work Requirements (WR) Form

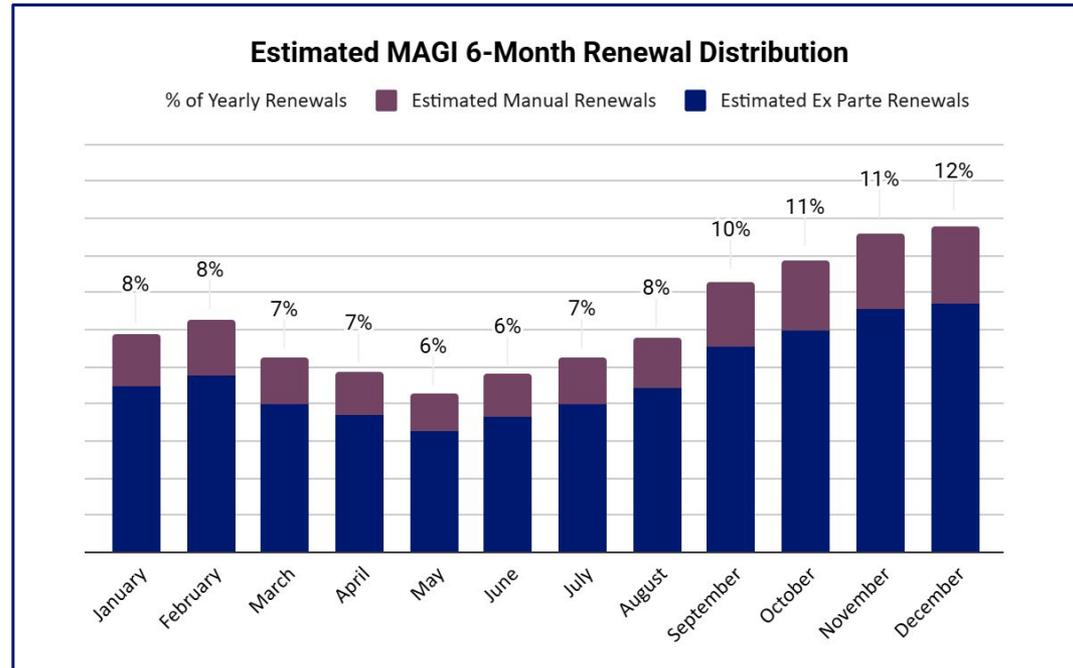
- New form with checkboxes created to support members to attest to their WR exemptions or compliance efforts.
 - New applicants and existing members may complete new form as part of the eligibility determination process for applications, renewal process or verification processes.
 - Can be completed via application, phone, PEAK, or in person.
 - Documents may be requested to verify eligibility.
- Automation of this form:
 - Planning to leverage document scanning processes and image repository workflow focus (a Shared Service).
 - Apply Intelligent Character Recognition (ICR) to recognize the scanned form and input/upload data into eligibility system.
 - Goals: mitigate coverage loss & errors, reduce workload, control admin costs.

Colorado's Strategy on the Implementation of Work Requirements

- **Continuous system updates and enhancements after Jan. 1, 2027.**
 - Phased approach, referred to as Track 2.
 - Implement CMS policy or guidance provided too late for the MVP.
 - Systems Quarterly Build Schedule for multiple connections to third-party data sources over the next 2-3 years.
 - Focus on new interfaces to secure data, as well as increasing ex parte and automated verification options.
- Colorado is following CMS's initial verbal guidance to follow “Principles that Graduate over time” using existing information and interfaces, while deferring broader verification until formal federal guidance & new interface capabilities become available.

6-Month Renewals

- All expansion pop (~378k members) will have to do renewals semi-annually instead of once a year.*
- Moving to individual renewals in January 2027:
 - Significant change to the renewal process for ALL members in a household.
- Future improvements planned:
 - Reducing packet length & unnecessary fields in 2026.
 - Complete redesign in 2027 in partnership with members and stakeholders.



Other Implementation Updates

- Changes to who qualifies based on immigration status:
 - Awaiting additional policy clarification from CMS.
 - Notifying affected members in July 2026.
 - Coverage may end October 1, 2026, if not eligible for another category of Medicaid.
 - We will let members know what other coverage options they have, including potential emergency Medicaid coverage.
- Retroactive coverage limitations:
 - Starting in January 2027 for new applicants and renewals.
 - Retro coverage for expansion members goes from three months to one month.
 - Retro coverage for all other members goes from three months to two months.

Compliance & Oversight

Presented By: Aric Bidwell

Incentive Task Group

Key Highlights:

- **One Incentive:** Performance Compliance Incentive with \$2 million (estimate in current JBC Funding not yet approved) in statewide eligible earnings.
- **Two Reporting Periods:** July 1-December 31, 2026 (SR1) and January 1-June 30, 2027 (SR2).
- **Status Report 1:** Counties must meet 4 of 6 performance measures (App/EPG 45 & 90, Renewal Non-LTSS Timeliness/EPG).
- **Status Report 2:** Counties must meet 7 of 9 measures, including 6 performance measures, 2 accuracy measures (12-month average), and customer service (ASA 5-minute target and Tier 2 deliverable "Create or update Customer Service plan).
- **Earnings Structure:** 50% tied to SR1 and 50% to SR2; with partial earnings available when at least 1 status report is met.

Unsatisfactory Immigration Status Updates

- HCPF was initially sent a list of over 1,000 members with an “unsatisfactory immigration status”
- List was then narrowed down to 9 members
- Ultimately was reviewed further by my team and now only 7 members across 5 different cases
- Will need the cases researched to see if documentation exists supporting immigration status
- Need cases “rerun” based on documentation that may exist
- Will need response on what was found, and how the case was corrected
- This will run through the current “escalations process” since the framework exists and it’s a relatively low number
- May continue to get these in the future monthly, but unsure as it does not seem to be consistent

Internal Process for ARG

- All Trails Med members approved for LTSS must have a valid disability determination
- Will create situations where cases are not in CBMS, but need ARG determination
- Must have an internal process for ensuring this documentation crosses from Child Welfare to Eligibility areas
- We are aware of many cases where Trails folks have been approved for LTSS services without having met the disability determination prior to being approved
- We have an example process that we will send out for reference / template

Overview of PERM

- PERM calculates an improper payment rate, not an eligibility determination error rate. PERM selects claims and payments and reviews them. One review method is evaluating if the eligibility determination that made the member eligible for the services on the claim/payment was correct.
- PERM does not select claims or payments based on eligibility criteria. Selections are based on payment timing, dollar amount, and federal financial participation. Because PERM samples claims and payments rather than eligibility determinations, the results cannot be extrapolated to an overall eligibility determination error rate.
- When PERM refers to an eligibility error rate, it means *the percentage of payments* in a fiscal year that were improper because of an incorrect eligibility determination, not *the percentage of eligibility determinations made incorrectly by the state*.
- In other words, a PERM eligibility error rate answers the question “What *percentage of payments were improper* because eligibility was wrong?”—not “What percentage of eligibility determinations did the state get wrong?”

Overview of PERM

- We can not currently mimic PERM exactly
- We CAN focus on the eligibility errors “that would have been PERM findings” minus the monies paid on cases portion
- We are working on gathering all audit data and measuring it across a new error type that aligns as closely with PERM as possible
- We also have some historical trend data for eligibility errors currently

Current Eligibility Error Data

Top 4 Error Categories (180 Total Errors):

1. Income
2. Demographics
3. Application Processing
4. Case Comments

Current Eligibility Error Data

Missing Documentation (55 Errors):

- Case comments not entered or incomplete (30)
- Failed to provide documentation that supports data entry (25)

Data Entry Issues (120 Errors):

- Information received but not entered/acted on (43)
- Data entered, but rules/guidance not followed (27)
- Mismatch between data entered and documentation (35)
- Untimely case comment (15)

Future State

- One quality measure that closely aligns with eligibility errors that would impact PERM
 - Currently all of “errors that impact eligibility”
 - Also part of “errors that do not impact eligibility”
- Based on a statistically significant sample size
- Will help in providing actionable data for future training and oversight support

CMS Vendors Voluntary Pledges

- CMS released a Fact Sheet around Community Engagement
- Listed vendors that have pledged to support community engagement requirements
- 28 Vendors specifically mentioned
 - Some are already on the GSA schedule and some are still getting connected
 - No cost and reduced rate options being presented
 - Both Equifax and Deloitte are on the list
- Vendor Specific Information listed for many individual vendors
- [Link to Website Here](#)

Ending the LTC LOC Extension

CPPM-11708 MA Update LOC Extension Logic March 2026

Presented By: Mitchell Scott and Kathleen Seese

Background



Background

- CPPM-9471 implemented in April 2024 added a 12 month level of care extension to all active MA members with LOC certification end dates entered as of 3/1/2024 or later.
- This extension ensured members were not terminated for no longer meeting the LOC criteria prior to their next LOC determination.



Reason for this change

We no longer have the federal authority to allow the LOC extension.



What Is Changing



LOC Extension Sunset

- Effective 5/1/2026 no new LOC extensions will be applied.
- All existing LOC extensions in place will be end dated and EDBC run on anyone approved for LTC (NF/Hospital, HCBS or PACE) or WAwD with HCBS with an active LOC extension.
 - Any member who does not have a valid Approved LOC with either a future end date or indefinite end date will terminate from LTC services effective 5/31/2026

LOC Extension Sunset

- A case comment will be entered for all members who were in the middle of their LOC extension and whose LOC extension is being shortened with this project. Case comment language:
“Previously established 12 month LOC extension has ended as of 05/2026 per CPPM-11708 MA Update LOC Extension Logic.”

New Speed Letter

- A new speed letter will be sent to members when their LOC is ending and when a subsequent approved LOC is not entered.
- The letter:
 - notifies the member that a new LOC is needed in order to continue receiving long term care benefits,
 - directs the member to reach out to their CMA with any questions or concerns on their LOC.
- Initial mailing:
 - Letters will be sent on 3/14/2026 to:
 - Members with an active LOC extension at the time of project implementation
 - Members whose LOC ends between project implementation and 4/30/2026
- Ongoing mailing:
 - Letters will also be sent to all ongoing members the month prior to the LOC end date entered in CBMS.





[date]

Case ID: [case #]

[member first, last name]
[member street address]
[member city, state, zip+4]

Action Needed: Follow up with your Case Management Agency

Dear [member first, last name],

You are currently approved for Health First Colorado (Colorado's Medicaid program) with Long-Term Services and Supports (LTSS). Our records show your Level of Care Certification will be ending on [LOC end date].

We need an updated annual Level of Care Certification from your Case Management Agency to renew your LTSS benefits. If we do not receive an updated Level of Care Certification by [eligibility end date], you may lose Health First Colorado coverage and your LTSS benefits.

What happens next

If your Case Management Agency (CMA) has not contacted you to complete a Level of Care Certification screening, please contact them immediately.

Questions?

- Contact your CMA. A list of CMAs can be found on the next page and online at <https://hcpf.colorado.gov/my-hcbs-case-management>.
- If you can't reach your CMA, file a complaint at healthfirstcolorado.com/countyfeedback/.

Thank you,
Health First Colorado

Manage your Health First Colorado coverage at CO.gov/PEAK and on the Health First Colorado mobile app. Sign in or create an account to get started.

Colorado Case Management Agencies

Counties Served	Organization	Phone
Boulder, Broomfield, Gilpin	A&I Avenues (ACMI)	303-439-7011
Archuleta, Dolores, La Plata, Montezuma, San Juan	Community Connections	970-259-2464
Arapahoe, Douglas, Elbert	Developmental Pathways	303-360-6600
Larimer	Foothills Gateway	970-226-2345
Eagle, Garfield, Pitkin, Summit	Garfield County Human Services	970-945-9191 Ext. 3100
Clear Creek, Jefferson	Jefferson County Dept. of Human Services	303-271-4216
Huerfano, Las Animas	Las Animas County Dept. of Human Services	719-422-7077
Montrose, Ouray, San Miguel	Montrose County Human Services	970-252-5000
Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Yuma	Northeastern Colorado Association of Local Governments	970-867-9409 or 1-888-696-7212
Bent, Crowley, Otero	Otero	719-383-3166
Baca, Kiowa, Prowers	Prowers County Public Health and Environment	719-336-1015
Alamosa, Chaffee, Conejos, Costilla, Custer, Delta, Fremont, Grand, Gunnison, Hinsdale, Jackson, Lake, Mesa, Mineral, Moffat, Rio Blanco, Rio Grande, Routt, Saguache	Rocky Mountain Health Plans	800-346-4643 or 970-243-7050
Adams, Denver	Rocky Mountain Human Services	303-636-5600
El Paso, Park, Pueblo, Teller	The Resource Exchange	719-380-1100
Weld	Weld County Department of Human Services	970-400-6950

Collaboration with CMA's

- A monthly report will be sent to the CMA's identifying which members in their CMA received the new speed letter in the prior month.
- The report will include member details and be filtered to the specific CMA.
- It will give the CMA warning that the member may be reaching out to them to schedule for their required LOC.
- This will start in April 2026.



PEAKPro: New Member Notice Section

- Within the *Eligibility Check* page in PEAKPro, a new section has been added that will list out all MA notices sent to the client in the 3 months prior to the search date.
- PEAKPro will provide a brief description of the notice and a hyperlink to view the actual notice that was sent to the member
- This should aid CMAs in assisting members with their financial eligibility determination

CBMS Case #: [REDACTED]

Client information

Name	Date of birth	SSN	State ID	CBMS Case #	Application date	Redetermination ...
[REDACTED]				[REDACTED]	05/06/2019	11/30/2025

Member notices

Date sent	Reason Code	Description
10/15/2024	MA0101	Decision about your benefits- Approval
11/15/2025	MA0256	Additional information needed for application for Medicare Savings Programs
08/15/2025	MA0259	Please complete your renewal

[Accessibility](#)[Privacy notice](#)[Colorado.gov](#)

Income information

Income type	Frequency	Amount
Earned Income	Monthly	0.00
Earned Income	Monthly	0.00
Total gross countable monthly income		
-		

Examples



LOC Sunset Examples:



March 14, 2026



May 1, 2026



Member is approved for HCBS with LOC end date of 2/28/2026. LOC extension is applied when EDBC is run.

Speed Letter sent

Member will be sent the speed letter notifying them of their LOC end date (2/28/2026) and upcoming termination (5/31/2026) if no updated LOC is received

Mass Update EDBC run

The member's LOC extension will be ended and the member's eligibility will be run on 5/1/2026. If no subsequent approved LOC is entered, the member's LTC coverage will terminate effective 5/31/2026

LOC Sunset Examples:



March 14, 2026



May 1, 2026



Member is approved for PACE with LOC end date of 4/30/2026. LOC extension is applied when EDBC is run.

Speed letter sent

Member will be sent the speed letter notifying them of their LOC end date (4/30/2026) and upcoming termination (5/31/2026) if no updated LOC is received

Mass Update EDBC run

The member's LOC extension will be ended and the member's eligibility will be run on 5/1/2026. If no subsequent approved LOC is entered, the member's LTC coverage will terminate effective 5/31/2026

LOC Sunset Examples: Post implementation

July 1, 2026

August 19, 2026



Member is approved for
NF with LOC end date of
8/31/2026.

Speed letter sent

Member will be sent the
speed letter notifying them
of their LOC end date
(8/31/2026) and upcoming
termination (8/31/2026) if
no updated LOC is
received

Termination

The LOC is not extended
and the member's LTC
coverage will terminate
8/31/2026 for not meeting
the level of care
requirements



Questions



Recognizing High Performance & Successes!

Presented By: Danielle Henry



MAP Top Performers

- Small
 - Elbert
 - Ouray
 - Pitkin
- Medium
 - Broomfield
 - Delta
 - Prowers
- Large -The counties listed below achieved over 97% timeliness across the three MAP performance compliance categories.
 - Adams, Arapahoe, Boulder, El Paso, and Larimer.
 - Pueblo achieved 97% timeliness across all three categories and reached 100% in Application 90 timeliness.
 - Weld achieved 97% timeliness across all three categories and reached 100% in Application 90 timeliness.



County Hot Topics

Contact Information

For Agenda Items & Meeting Set-Up or for Questions:
please submit a [County Relations webform ticket](#) or
Email HCPF_CountyRelations@state.co.us

Thank you!