# HCPF/County Directors & Leadership

## Monthly Support Call

October 28, 2025

# 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

| Title | Presented By | Time |
|---|---|---|
| Welcome & New Agenda Update | Josh Montoya | 5 min. |
| Upcoming & Recently Released Guidance<br>• Latest and greatest on Memos | Aric Bidwell | 10 min |
| Business Process Standards | Aric Bidwell | 5 min |
| Compliance & Oversight<br>• Escalations update | Sarah Rogers | 5 min. |
| MAP program update | Arturo Serrano | 10 min |
| Important Eligibility Updates<br>• Sunsetting the LTC 60 Day Extension | Marivel Klueckman | 15 mins. |
| Leadership Update<br>• Work Requirements Update | Executive Director Kim Bimestefer, Rachel Reiter, Marivel Klueckman | 50 mins |
| County Trending Topics<br>• Recognizing High Performance & Successes! | Josh Montoya | 10 min. |

# Upcoming Guidance

Presented By: Aric Bidwell

# Upcoming Memos

- State Requirements for Eligibility Site Medical Assistance Training - 10/31/2025
- County Collaboration with External Entities- 11/30/2025
- County Language Accessibility Service- 11/30/25

# Business Process Standards

Presented By: Aric Bidwell

# Update Information

HCPF is collaborating on a Business Process Standards Advisory Work Group that brings together Medicaid members, disability advocates, counties, providers, and other state agencies to identify business process standards. Membership for counties will be provided in partnership with CHSDA, while membership for all other partners will be open through a public application on the Department's website, and selected members will work with counties to review data, identify issues, and recommend standards focused on timeliness, accuracy, and customer service.

Currently we are working on the application for public partners, and hope to have that completed by the end of the year to start making partner selections.

# Map Program Update

Presented By: Arturo Serrano

# MAP Renewal Timeliness Structured Query Language(SQL) Logic for project CCPM-10595 Desk Aid

- This desk aid is a result of policy and CBMS system changes related to MA renewals that were implemented in June 2025. This desk aid represents how the first phase of federal CMS renewal requirements will align with MAP performance and timeliness standards established by HCPF which is monitored through the Medical Assistance Performance (MAP) Dashboard.

- It is important to note that the details within the desk aid currently in the testing phase with the MAP Team and MAP Workgroup. The new renewal timeliness logic is scheduled for implementation with the MAP data update on February 3, 2026, reflecting January 2026 renewal data.
  - Link to the Desk Aid: MAP Renewal SQL Logic for CCPM-10595 (Updated Oct 2025).pdf
  - MAP Workgroup Meetings: 1st and 3rd Tuesday of each month at 11:00 AM
    - How to Join: Contact - hcpf_MAPdashboards@state.co.us

# 📊 MAP Tableau 2.0 Project Timeline

- **Nov 15** – CBMS Communication “MAP 2.0 Information Session on 12/15”
- **Dec 4** – MAP 2.0 Desk Aid Release
- **Dec 4** – Test Version of MAP 2.0 (with live data; side-by-side release with MAP Tableau 1.0)
- **Dec & Jan** – Both dashboards available for comparison
- **Dec 15** – MAP 2.0 Information Session for MAP Owners

- **Feb 3rd 2026** – Release Date of MAP Tableau 2.0

# Quarterly Overview of Eligibility Quality Assurance Performance Measurement Data

**Session Overview:**
HCPF is hosting a session to provide an overview of the Eligibility Quality Assurance (EQA) Performance Measure Data.

**This session will include:**

- A deep dive into three statewide EQA errors with key takeaways by performance measure category
- Douglas County will be sharing best practices in the areas of Quality Assurance (QA) and Quality Control (QC).

**Audience:**
Open to all Eligibility Site staff, including:
MAP Owners, Leads, QA Reviewers, Supervisors, Division Directors, and Directors

**Meeting Details:**
📅 When: Thursday, October 30 · 2:00 – 3:00 PM (MST)
💻 Video Call Link: https://meet.google.com/fvt-yaij-wed
📞 Dial-in: (US) +1 657-238-8330 PIN: 243 028 790#

# Escalations Update

Presented By: Sarah Rogers

# Partner Integration Update

# Partner Integration Update

- Cohort 1 will be completed 10/30/25
  - County users have 78% of the training complete
- Cohort 2 will begin the week of 11/3/25

I wanted to say a HUGE thank you to County leadership for sharing your staff to make this integration possible! We have so enjoyed working with them all and building those connections!

# Eligibility Updates: Sunsetting the LTC and Buy-In 60-day Eligibility Extension

Presented By: Kathleen Seese, Mitchell Scott, and Marivel Klueckman

# LTSS Leadership Summary

1) Federal partners allowed for a flexibility (waiver) to allow the 60 day extension for Long Term Services and Supports, Adult and Children's Buy-In and PACE members. However this has an expiration date of 12/31/2025 and the Department must comply with this change.
2) The extension of the Level of Care for 12 months will continue until March 2026. Additional information will be provided soon on the upcoming changes for the ending of that waiver.
3) The Department has established internal processes to continue to monitor and support stability of the programs from a policy, operations, and systems perspective.

Special **THANK YOU** to everyone that has partnered and collaborated with the goal of supporting applicants and members, improving their experience, and gaining access to important health benefits.

# Plan to Sunset 60 day eligibility extension

- Project CPPM-10684 MA LTC and Buy-In Eligibility Extension - Sunset will be implemented 12/14/2025 to no longer grant eligibility extensions to eligibility determinations made on or after 1/1/2026 for the LTC and Buy In aid codes.
- Eligibility extensions will continue to be applied on eligibility determinations made on or prior to 12/31/2025.
    - Anyone approved for an extension on or prior to 12/31/2025 may have an extension applied to months into the calendar year 2026.
- The last approved eligibility extensions should end by 4/30/2026.
- No further eligibility extensions should be seen in CBMS after 4/30/2026.

The COGNOS reports (MA LTC and Buy-In Eligibility Extension) created with CPPM- 9472 will continue to be available through 6/2026. Starting 5/2026, there should no longer be any members populating the report.

# Pending HDT

- The Pend Help Desk Ticket (HDT) process that was added spring of 2024 will end in December.
- The last of the pend HDT entries will be removed as of 12/5/2025 for December renewals.
- To ensure eligibility determinations are correct, **do not re-enter** the “LTC/BuyIn” pend HDT on any LTC, WAwD or CBwD cases.
    - HCPF will monitor any records re-added and will reach out to counties for removal of the entry

# Current Process Scenario

**September 9, 2025**

**Eligibility determination**

Member on PACE does not return requested verification. When eligibility is run, the member is approved for the 60 day extension 10/1/2025 through 11/30/2025

**September 10, 2025**

**Extension Notice**

Eligibility extension notice sent to the member indicating their eligibility has been extended

**November 5, 2025**

**Termination**

Member does not return required verification. When eligibility is run on 11/5/2025 their eligibility will terminate effective 11/30/2025 and a termination notice will be sent

# Implementation of eligibility extension sunset

**December 30, 2025**

**March 5, 2026**

**Eligibility determination**

Member on the Adult Buy-In program reports they are no longer working. When eligibility is run, the member will be approved for the 60 day extension starting 2/1/2026 through 3/31/2026. The Eligibility extension notice will be triggered and sent to the member.

**Termination**

No updates are received from the member. The member's eligibility will rerun on 3/5/2026. If not found eligible for any other aid code, the member will terminate effective 3/31/2026 and a termination notice will be sent.

# Implementation of eligibility extension sunset

## January 15, 2026

### Eligibility determination

Member on HCBS has not returned requested verification. When eligibility is run on 1/15/2026, the member's HCBS will terminate effective 1/31/2026 and a termination notice will be sent.

# Questions?

# Medicaid Expansion Work Requirements

## 10/28/25 Update


## Presenters:
## Kim Bimestefer &
## Marivel Klueckman




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# HCPF-County Goals
# As we operationalize H.R.1

- **Colorado's North Star** focuses on **reducing inappropriate loss of Medicaid coverage** impacting 375,000 expansion members due to the H.R.1 federal mandates such as six month renewal determinations and the new Medicaid Work Requirements mandate.
- **Mitigate federal clawbacks** that result from eligibility processing errors above 3%. Each 0.1% equates to $9.3M General Fund, i.e.: 5% error rate ~ $186M in GF clawback.
- **Mitigate increased workload to counties** by maintaining or increasing ex parte (currently about 78%) *and more*.
- **Minimize additional eligibility administration costs** given budget constraints. Cost increases drive offsets (i.e.: provider rate or benefit reduction).

# Overview of H.R. 1 Work Requirements (Community Engagement Requirements)

- H.R.1 Section 71119 mandates that Medicaid Expansion Adults (ages 19–64) must meet monthly community engagement requirements (or Work Requirements) starting January 1, 2027.
  - Outreach noticing must go out no later than Aug. 2026
  - Applies to new applications received as of Jan. 1, 2027
  - Working with CMS on eff. date of 1st renewal cohort

- The law specifies which Expansion Adults (MAGI Adult Aid Code in CBMS) are Exempt from Work Requirements.

- States must confirm Compliance or Exemption during Application and at six-month Renewals, using reliable data or member-submitted documentation when necessary

# Overview of H.R. 1 Work/Community Engagement Requirements

- Colorado will Pursue Emerging Work Requirement Flexibilities from the CMS to help achieve shared goals.
- Hoping for Initial Guidance from CMS in mid-November, but no later than mid-December 2025.
- Federal Regulations from CMS will not be available until June 2026, so we are designing and building CBMS system changes leveraging interim Federal communications.

# CMS Emerging Flexibilities

- Informal CMS communications are referencing 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 Jan. 1, 2027.
  - We are building the MVP for Jan 1 & longer term Track 2 H.R.1 requirements concurrently.

- CMS WR flexibilities allows for Member self-reporting or “Self-Attestation”. We are seeking CMS clarity as to which parts:
  - Medically Frail exemptions, i.e.: inpatient SUD, chemo therapy
    - CMS Flexibility allows states to define Medically Frail
  - Eligibility related, i.e.: parents of kids <14, Tribal.
  - WR 80 hr/mo. options: volunteering, work programs, schooling.

# New Work Requirements (WR) Form

- New form with checkboxes being created to support self-reporting, enabling 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 or Renewal.
  - Can be completed via application, phone, PEAK, or in person
- Readying ourselves for future verification. 3rd party signs/completes form, ie: college, work program, not-for-profit volunteer verification (same base technology)
- Working on automating this data capture/form
  - Leverages document scanning processes and image repository workflow focus (a Shared Service)
  - Intelligent Character Recognition (ICR) to recognize the scanned form and input/upload data into CBMS.
  - Goals: mitigate coverage loss & errors, reduce workload, control admin costs

# MVP: Colorado's Strategy on the Implementation of Work Requirements

- Colorado's Track 1: Minimum Viable Product (MVP) approach to implement Work Requirements ensures timely compliance by leveraging existing CBMS/PEAK infrastructure and existing data sources.

- For the 378,500 Members Medicaid Expansion Adults, the MVP will provide Exemptions for approximately 18%  and Compliance for 40-42% for a total of 58-60% of Medicaid Expansion Adults.

- The Remaining Medicaid Expansion Adults 42-40% (or about 155,000 Members) will Self-Attest to Exemptions or Compliance with Work Requirements via a standardized check-box-based form, with quick progress to enable verification from third party.

# Track 2: Colorado's Strategy on the Implementation of Work Requirements

- **Track 2, build will be concurrent to MVP but available after January 1, 2027**
  - CBMS Quarterly Build Schedule for multiple connections to WR third party source data over the next 2-3 years.
  - Focuses on new Interfaces to secure data, as well as increasing Ex Parte and Automated Verification Options.
- Colorado is following CMS' Initial Verbal Guidance to follow "Principles that Graduate over time" using Self-Attestation and Existing Information and Interfaces, while Deferring Broader Verification until Formal Federal Guidance & New Interface Capabilities become Available.

# How to Stay Informed

- The Department Recently Launched a new Web Page Specific to H.R.1 with Information on the Federally Mandated changes to Health First Colorado, Colorado's Medicaid program and Child Health Plan Plus (CHP+) and their impact on Programs in Colorado.
  - Stakeholder Engagements are Beginning to Gather Feedback on all this Important Work.
  - Please visit our H.R.1 Web Page.

# CBMS Eligibility Categories

**CBMS Eligibility Categories**
CBMS Automatically assigns Individuals to Program Aid Codes as an Existing Process

Medical Assistance Application is Received through PEAK or Paper and then processed through CBMS

Note: Program Aid Codes are created in CBMS to help HCPF use the correct State Funding Source and Federal Matching Rates when paying for services

- Children under 19
- Adults Aged 65+
- Individuals on Medicare
- Individuals on SSI Blind or Disabled
- Individuals Receiving LTSS/HCBS
- Medicaid Buy-In Programs (Working Adults & Children's)
- Foster Youth & Former Foster Youth
- Pregnant & Postpartum Individuals

- *The Traditional Medicaid Eligibility Categories are NOT subject to Work Requirements.*
- *CBMS existing functionality assigns them to Program Aid Codes.*
- *Therefore, **no change is CBMS is required** to filter or exclude these populations from Work Requirements.*
- *If an individual qualifies under a Traditional Medicaid Program Aid Code the system automatically moves to make an Eligibility Determination without applying Work Requirements.*

- *The Medicaid Expansion Population subject to Work Requirements already Exist in CBMS, so no change to CBMS is required to Identity this Population*
- *This Program Aid Code is state funded through Hospital Provider Fee & a 90% Federal Match Rate*

Medicaid Expansion through ACA

Expansion Population or MAGI Adult Program Aid Code
Single Adults Aged 19 - 64 at 0% - 133% FPL &
Parents from 69%- 133% FPL

# MAGI Adult Program Aid Code Exemptions from Work Requirements
# Leverage Existing CBMS Information

Expansion Population or MAGI Adult Program Aid Code
Single Adults Aged 19 - 64 at 0% - 133% FPL &
Parents from 69%- 133% FPL

By Leveraging this Information Already in CBMS we can Automatically Exempt Individuals in the MAGI Adult Program Aid Code from Work Requirements

*This Data is already Collected by CBMS and can be easily leveraged to Exempt Individuals from Work Requirements*

- Parent, Guardian, Caretaker of a Child under the Age of 13
- Parent, Guardian, Caretaker of an Individual with a Disability
- Native American/Alaska Native (Recognized Tribe)

*This Data is already Collected by CBMS and can be easily leveraged to Exempt Individuals from Work Requirements with minor CBMS Changes*

- Individuals Receiving SSDI
  - SSDI Income is Collected as is if an Individual is Disabled, but the Federal Interface only includes SSI individuals, not SSDI individuals
- Veterans with a Disability Rated as Total
  - This information is available on the Medical Condition Screen in CBMS, with a future PARIS Interface (December) that will include this Information
- Incarcerated or "Recently Released" in Last 90 Days
  - CBMS Captures "Living Arrangements" which includes Incarcerated and when an Individual is Released from Incarceration that Living Arrangement Field is updated so we can calculate the 90 Days

Exemptions from Work Requirements with Self-Attestation

# MAGI Adult Program Aid Code Exemptions from Work Requirements Leveraging Member Self-Attestation

Exemptions from Work Requirements with Self-Attestation

Member completes a **Self-Attestation Form** Declaring Information to be True under Penalty of Perjury that they meet one or more of the Exemptions

*This Data that the Member Meets this Criteria will be Collected by CBMS through a Member's Self-Attestation to Exempt Individuals from Work Requirements*

- Medically Frail or Special Medical Need
  - Need Member Friendly Description that Actual Humans will Understand (Stakeholder Input Necessary)
- Alcohol & Substance Use Disorder (AUD/SUD) Treatment
  - Need Member Friendly Language to Avoid Stigma Associated with Treatment that Respectfully Represents that Addiction is a Treatable Medical Condition
- Other Exemptions Allowed under Law or CMS Guidance
  - Includes Optional Exceptions for Short-Term Hardship Events Allowed Under the Law

If a Member in the MAGI Adult Program Aid Code **Meets <u>any</u> Exemption** from Work Requirements – through Information Already in CBMS or Self-Attestation - **they Move Directly to the Eligibility Determination Process**

If <u>None</u> of these Exemptions Apply Member Must Demonstrate they are Compliant with Work Requirements

# Demonstrating the Member is Compliant with Work Requirements Leveraging Existing CBMS Data

If None of the Previous Exemptions Apply Member Must Demonstrate they Meet Work Requirements

**Step #1**

Medicaid Income is Automatically Verified by using the Federal Data Services Hub (FDSH) and Commercial Databases like The Work Number from Equifax to Demonstrate *Compliance*

Employment Income at or above $580/month

**Step #2**

If Member is Already on SNAP or TANF & Compliant with that Program's Work Requirements, then CBMS will Leverage that Information to Demonstrate the Member is *Exempt* from Medicaid Work Requirements

Is Member Already Compliant with SNAP or TANF Work Requirements?

- The Employment Income is *Compliance* that is demonstrated the Month Prior to Application.
- The SNAP/TANF is technically an *Exemption* under the Law that is met in the month of Application, but we are considering having this later in the hierarchy of process steps in CBMS.

If any of these Automated Steps Demonstrate that the Member is Exempt or Compliant Work Requirements, **they Move Directly to the Eligibility Determination Process**

**If Not, Move to Step #3**

# Demonstrating the Member is Compliant with Work Requirements Leveraging Existing CBMS Data

**Step #3**

Leverage a Combination Existing Work Program Information to Demonstrate if the Member is Compliant with Work Requirements

For Medicaid, these Requirements need to be Met in the Month Prior to Application, which is a new Design in CBMS

- Work Program or Training (80 hours/month) → Create New Medicaid Fields in CBMS to Collect this Information for Medicaid Eligibility as how the Information is Collected for SNAP is not 100% Compatible
- Education at least Half Time → Create New Medicaid Fields in CBMS to Collect this Information for Medicaid Eligibility as how the Information is Collected for SNAP is not 100% Compatible
- Unpaid Volunteer (80 Hours/Month) → Create New Medicaid Fields in CBMS to Collect this Information for Medicaid Eligibility as it is not Captured Currently
- A **Combination** of Work Program or Training, Education, or Unpaid Volunteer (80 Hours/Month) → Create New Medicaid Fields in CBMS to Calculate this Information for Medicaid Eligibility as it is not Captured Currently

If Any of these Automated Steps Demonstrate that the Member is Compliant with Work Requirements, **they Move Directly to the Eligibility Determination Process**

**If Not, Move to Member Self-Attestation**

# MAGI Adult Program Aid Code Medicaid Eligibility Determination

**If None of the Automated Exemptions or Automated Criteria Demonstrate that the Member is Compliant with Work Requirements Request a Member Self-Attestation**

Self-Attestation Form Sent to Member

Member Completes Self-Attestation Form on Paper (mail or in person), in PEAK, or Verbally to Eligibility Technician

This is a new Form Requesting the Information in 30 Days

Data is either Manually Entered by Eligibility Technician or Paper & PEAK Forms will be Automated into CBMS through IOCR

Medicaid Eligibility Determination is Processed in CBMS using Existing CBMS Information or Self-Attested Information on Exemptions & Compliance with Work Requirements

Notice of Action (NOA) Is Generated with Approval or Denial, with Appeal Rights, is Issued to Member



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# Recognizing High Performance & Successes!

Presented By: Josh Montoya

# MAP Top Performers

- Small
  - Kit Carson
  - San Miguel
  - Washington
- Medium
  - Gunnison
  - Logan
  - Prowers
- Large
  - Adams
  - Boulder - Achieved 100% timeliness on Application 45 for September.
  - Weld - Achieved multiple 100% timeliness results over the past few months across various performance measures.

# 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!