

HCPF/Eligibility Sites Monthly Touch base

August 28, 2025

Marivel Klueckman | Eligibility Division Director



Agenda

- Welcome
- Federal Eligibility Update
- September 2025 Projects
 - LTC Project
 - Renewal Self-attested income
 - Emphasize the 3-year clock and how it works
- Renewal Project Touchbase
- Hear From You
- Questions



Federal Eligibility Updates

Shawn Bodiker | Eligibility Policy Manager



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H.R.1: One Big Beautiful Bill Act (OBBA)

Congressional Budget Office (CBO) preliminary national est.: -\$1T cuts 2026-2034 primarily through Medicaid and SNAP; increases uninsured people by 11.8 million by 2034.

- Creates barriers that will reduce the number people covered by Medicaid
 - Impact will be felt most by the 377k ACA expansion adults (single adults and parents) under age 65 (before exemptions are applied)
 - Including every 6 month vs 12 month eligibility determination
 - Prove: **Working, Going to school, Or Volunteering** at least 80 hrs/mo to qualify
 - Provisions impacting Medicaid coverage will not take effect until December 2026
 -
- Shifts Medicaid federal costs to states



Alignment and Focus

We are federally required to implement and abide by federal directives. Within our authority, priorities for implementing federal directives are:



North Star: Mitigate inappropriate coverage losses



Avoid drastic cuts with reasonable reductions



Ease paperwork burdens



Prioritize partnership and transparency



Integrate lessons learned



Key H.R.1 Medicaid Eligibility Provisions

Key Provisions Affecting Eligibility	Rule and Impact
Amended definitions of qualified aliens for purposes of Medicaid and CHIP (Sec. 71109)	Restricts the populations eligible for federal matching funds to citizens, nationals, or specified immigrant populations, starting Oct. 2026 Increases number of uninsured Coloradans; increases costs for providers
Work requirements for most able-bodied Expansion adults, starting Dec. 31, 2026 (Sec. 71119)	Affecting up to 377,019 members; admin. costs could total >\$57M
Increased frequency of eligibility redeterminations for expansion adults (from annually to semi-annually), starting Jan.1, 2027 (Sec. 71107)	Affecting 377,019 members; potential for more members to lose coverage; higher costs for counties

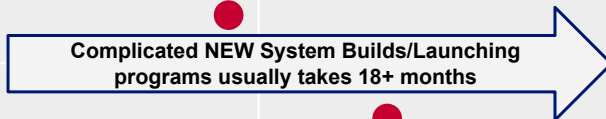
Key Provisions Affecting Eligibility cont.	Rule and Impact
Requirement that states develop processes to obtain address information from enrollees (Sec. 71103)	Have a process in place to regularly obtain updated address information for enrolled individuals and submit to HHS in instances of duplicate enrollment
Reduced mandatory retroactive coverage period from 3 months to 1 month prior to the month of application for Expansion adults, 2 months for all others, starting Jan. 2027 (Sec. 71114)	Increase unpaid claims for providers; higher out of pocket costs for members for healthcare services received during months they would have been eligible under current rules
Requirement that states check the Death Master File on at least a quarterly basis to identify if enrollees are deceased (Sec. 71104)	
Sets a maximum home equity limit of \$1 million for purposes of determining eligibility for long-term care services (Sec. 71108)	Sets a maximum home equity limit of \$1 million for purposes of determining eligibility for nursing facility services or other long-term care services. Impact to members not meeting eligibility for LTC.

H.R. 1 Medicaid Coverage & Eligibility Provisions

High Level Implementation Timeline

- CMS Guidance Expected - Initial no later than 180 days after enactment, final rules in June 2026

	2025			2026			2027			2028		
	Jan	July	Dec	Jan	July	Dec	Jan	July	Dec	Jan	July	Dec
“Qualified Alien” Changes							● Oct. 2026, 7,000 impacted					
6 month verifications			●				● Jan. 2027, 377,000 impacted					
NEW Work Requirements					●		● Jan. 2027, 377,000 impacted					
Obtain address info							● Jan. 2027, 377,000 impacted					
Retro Coverage Rollbacks							● Jan. 2027, ~new enrollees impacted					
Death Master File							● Jan. 2027, impact TBD					
LTC Asset Ceiling Change										● Jan. 2028, impact TBD		



September Projects

- Long Term Care Project- CPPM-9790
- Renewal Self-Attested Income
- Emphasize 3-Year Clock
and How it Works



Long Term Care Project

CPPM-9790

MA LTC Enhancements - Level of Care, Home Maintenance Allowance, and Reporting

Kathleen Seese | Eligibility System Analyst
Melinda VanderKooy | Long Term Care Policy Advisor V



Updates to the Level of Care (LOC) page

- Users can now enter several level of care records and run EDBC one time and eligibility will be determined correctly based on each level of care record entered. **Previously this required several EDBC runs after each LOC was entered in order for eligibility to be determined correctly for each LOC span.**
- CBMS will now read any LOC type entered consecutively after hospitalization to determine if the member meets the 30 day stay requirement to cover the hospital stay. **Previously CBMS would only look at the institution records entered to determine if the member met the 30 day stay.**
- CBMS has been updated to allow LTC coverage through the end of the month in which a level of care record ends. **Previously CBMS would terminate the member's LTC coverage prior to the end of the month in which the LOC ended.**
- The page edit “End Date cannot exceed 12 months from the Start Date. If no End Date was provided in the LOC Certification leave blank” created with Project CPPM-9348 (CBMS MA LTC Enhancements - Eligibility, Patient Payment, and Data Entry) has been removed.



Home Maintenance Allowance (HMA)

- The Home Maintenance Allowance eligibility determination and calculation has been updated to comply with regulations.
- The HMA:
 - is only applicable for six full months.
 - must be discontinued when the member discharges from the Facility (MJ aide code ending).
 - must only be applicable to the individual on the Nursing Home Aid Code.
 - must not exceed the HMA cap of 105% of FPL for a HH of 1. This limit is updated yearly and shared via the COLA memo.
 - will use the following calculation to determine the amount of the HMA. HMA is based on verified home expenses.
 - Actual Shelter expense + Actual Utility expenses if less than the HCUA amount
OR
 - use the HCUA amount if the utility expenses are greater than the HCUA amount.



HMA Continued...

- To be eligible for the HMA
 - the member must be approved for Nursing Home aid code
 - the member must have no family at home
 - the Spousal allowance and the Family Dependent allowance must be \$0. If they qualify for one of these allowances, they are not eligible for the Home Maintenance allowance
- The data entry for HMA on the 'Long Term Care Institution' page must be the following:
 - The 'Expected to Return Home' radio button must have 'Yes' selected.
 - The 'Expected Date' must be within 6 months from admit date (not counting the admit month in the 6 month count).
 - 'Verification' and 'Source' must be 'Received' and 'Doctor's Statement' (no other source is acceptable for HMA).
 - If the verification source is Client statement a VCL will be triggered but will not hold up the eligibility determination or cause the member to fail/terminate. If verification is not returned, the HMA will not be allowed.



County Dashboard Updates

The current “LTC Board” has been renamed “LTC Diary Date” and will only include information regarding the disability diary dates for LTC members.

Four new county dashboards have been created:

- The ‘LTC Pending’ dashboard will list individuals who are pending LTC related items (such as verification, LOC certification determination, disability packet, disability determination, income trust packet, income trust determination, Pending AIRP, resource trust packet, resource trust determination, supervisor authorization, pend HDT, POI authorization, data entry incomplete etc.)
- The ‘LOC Certification Status’ dashboard will list all pending/undetermined, active certifications, certifications set to expire (level of care END Date less than or equal to 90 days) expired up to 90 days in the past without a subsequent LOC record.
- The ‘LTC Caseload Summary’ dashboard will list all active LTC Cases including NF/Hospital (MJ), HCBS (MH), PACE (MA), WAwD (B3) +HCBS along with cases that were discontinued within the 90 day reconsideration period.
- The ‘LOC Certs received from CCM’ dashboard will list all LOC Certifications received from the CCM and their Outcomes (if the LOC page was updated or not).



Renewal Self-Attested Income

Hector Hernandez | Eligibility System Analyst
Scott Mitchell | Eligibility Policy Unit Supervisor



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\$0 Self-Attested Income At Or Below 100% Federal Poverty Level (FPL)

- CMS requires income verification for self-attested \$0 income (total countable income and not by income type such as earned or unearned) every 3rd year at MA Renewal.
- CMS also requires income verification for self-attested income at or below the 100% FPL (total countable income and not by income type such as earned or unearned) every 3rd year at MA Renewal.
- If verified income is not received within the 6-month lookback period on the 3rd year, CBMS will trigger the MA Renewal packet and the income VCL being created with this project.
 - This will apply to earned (includes Self-Employment) and unearned income (includes In-Kind, Room & Board, Rental Child Spousal, SSI).
 - This will apply to MAGI & Non-MAGI.
 - This will apply on an individual level.
 - This will apply to individuals 19 and older.
- There will not be any required income verification changes for self-attested \$0 income during Intake mode. The signed application is considered verified.

Example: If the members self attested \$0 income during intake and signed the application, this is acceptable and considered verified.



County Impact

- Members affected by this project must submit a renewal packet to the county every three years to maintain eligibility.
- This process ensures that the members eligibility determination remain accurate.
- Affected members will not receive a renewal packet until 2028.



3rd Year Clock Functionality

CPPM-10863 MA Renewal Self-Attested Income

Hector Hernandez | Eligibility System Analyst
Scott Mitchell | Eligibility Policy Unit Supervisor



\$0 Self-Attested Income Data Entry

New Data Entry Features:

- The ability to select each individual and attest to \$0 income
- Self-Attested \$0 Income
- Begin Date
- Clock Start Date
- Clock End Date

\$0 Self-Attested Income Data Entry Continued...

- The self-attestation will be a selection of 'Yes' via a checkbox and will be available for updating in all modes.
- The checkbox field, 'Self-Attested \$0 Income' will be non-mandatory and will default to Null at implementation.
- The new date field 'Begin Date' will become mandatory when the checkbox field is selected and will be defaulted to null at implementation. It will be auto populated with the system date when the checkbox is selected.
- The 'Begin Date' and the 'Self-Attested \$0 Income' checkbox will always be enabled.
- If 'Yes' is already selected and they are verifying that income again (prior to the 3-year mark) the user can update the date.

\$0 Self-Attested Income Data Entry Continued...

- When the member enters a new income record or income is received by interface and they don't meet the \$0 criteria, and the user tries to select the checkbox a message will appear letting them know they don't meet criteria, and they will not be able to select it. If there is already data present and they no longer meet the \$0 criteria a message will appear telling them they don't meet the criteria.
- When the user tries to select the 'Self-Attested \$0 Income' field and the selected individual is under 19 years of age, the below message will be displayed on the screen. Self-Attested \$0 Income can only be selected for individuals who are 19 or older.
- The latest 'Begin Date' will be displayed to the user. The older 'Begin Date' will be available in history.
- History functionality will be available for the screen.

\$0 Self-Attested Income Data Entry Continued...

- If 'Yes' is already selected and the CBMS user de-selects the checkbox when EDBC determines the member is at the 3-year mark, that income will be considered unverified based on the Begin Date.
- If the 'Self-Attested \$0 Income' checkbox is selected and the member deselects that checkbox, the Begin Date will be nullified. The Clock Start and End Date will remain as is.
- 'Clock Start Date' will be populated with the start date of the 3-year clock and the 'Clock End Date' will be populated with the end of the 3-year clock. Both fields will be disabled. The 'Clock Start Date' will be populated with the first day of the month after the RD Due Date in MA RRR cases. For Intake, the Clock Start Date will be populated with the Application Date for cases that have not established an RRR period.



\$0 Self-Attested Income Data Entry Continued...

- The Clock State Date and the Clock End Date will not be displayed until the member self attests (checkbox) to that income. Once the Renewal packet and the \$0 Income VCL is triggered, it will reset when the member self-attests to the VCL.
- 'Clock Start Date' and 'Clock End Date' will only be displayed if there was any data saved on the screen.



3rd year clock example

The screenshot shows a web application interface for income reporting. At the top, there is a navigation bar with tabs: Non-Financial, Income (selected), Expenses, Resources, Non-Citizen, Cash Program, Food Program, MA Program, and APTC. Below this is a sub-navigation bar with links: Income Summary, Earned Income, Self-Employment, Unearned Income, In-Kind Income, Room and Board Income, Rental Income, Child Spousal Income, SSI, MA Self Attested \$0 Income (selected), and More. The main content area is titled "Detail" and contains a checkbox labeled "Self-Attested Zero income". To the right of the checkbox are three date input fields: "Begin Date" (containing "07/23/2025"), "Clock Start Date", and "Clock End Date". A calendar icon is visible next to the "Begin Date" field. A help icon is located in the top right corner of the "Detail" section.

Non-Financial **Income** Expenses Resources Non-Citizen Cash Program Food Program MA Program APTC

Income Summary Earned Income Self-Employment Unearned Income In-Kind Income Room and Board Income Rental Income Child Spousal Income SSI **MA Self Attested \$0 Income** More

Detail

☐ Self-Attested Zero income



Begin Date 07/23/2025

Clock Start Date

Clock End Date





3rd year clock example pop-up message

 Lq: 


Non-Financial **Income** Expenses Resources Non-Citizen Cash Program Food Program MA Program APTC

Income Summary Earned Income Self-Employment Unearned Income In-Kind Income Room and Board Income Rental Income Child Spousal Income SSI **Self Attested \$0 Income** More

 Error
12030: Self-Attested \$0 Income can only be selected for individuals who are 19 or older.

Detail 

☒ Self-Attested Zero income

*Begin Date 

Clock Start Date

Clock End Date

Renewal Project Office Hours

Q&A Follow Up from July 31, 2025

Cammie Heale | Medical Assistance Eligibility Lead Trainer



PA Screen Completion

Q: Can caseworkers complete the Program Action(PA) screen multiple times? Will it reset?

A: Yes, a caseworker can update the PA screen after a case or member is closed/or terminated. This will reset to allow the case or member to be reinstated.

What you need to know:

- The PA screen can be end dated for each record entered.
- When a new record is entered this will allow a case or member to be reinstated.
- The end dated records will not allow a member to be reinstated if there are no opened records.
- The PA screen still needs to be completed timely for CBMS to automatically reinstate a member.

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Renewal Timeline Example

It's a September renewal:

- On September 15, the case terminated due to "failure to complete the renewal process."
- The eligibility worker completed the PA screen on September 17th, and the member is automatically reinstated.
- A final determination is made on **September 24**, and the member fails for "missing verification".
- The member provides missing verification on **September 30th**.
- The eligibility worker completes the PA screen on **October 6th**.
 - The eligibility worker dated the first record created on September 17th and created a new one for October 6th.

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The case will get reinstated based on the new records created on **October 6th**.



Program Action Access

- Program Action was added to profile 110 (update access) and 111 (Inquiry access).
- Anyone that has read only access can address Program Action, meaning they do not have to go through the MAGI, Non-MAGI and LTC curriculums to have that capability.

Eligibility Quality Assurance Review for PA Screen

Program Action Screen Monitoring:

- This screen will be reviewed as part of the Eligibility Quality Assurance (EQA) case sampling and evaluation.
- This screen will be reviewed to ensure it is updated when documentation is received.
 - All received documentation must be retained appropriately for audit purposes.
- This new process will be effective for renewals authorized on or after September 1, 2025, and the PA screen will start being regularly reviewed by the EQA team starting in November.
- Please refer to the Renewal Workbook for further instructions on data entry for the Program Action screen.

60-Day Extension

Q: How does the 60-day extension come into play with the updated Program Action (PA) screen?

A: The 60-day is not linked to the PA screen; however, the PA screen can be completed by the end of the month following the Renewal Due Month.

Example: If it's a September Renewal, the 60-day extension would apply for the months of Oct and Nov. The PA screen can be completed in Oct, but after Oct, it will no longer be accessible. If the PA screen is not completed the case will close in Nov.

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Resources and Supports

- [6/26 Webinar Slides/Recording/Q&A](#), posted on July 9th, 2025
- [Operational Memo-OM-25-044-Renewal Guidance for Medical Assistance Programs](#), posted on June 27th, 2025
- [Workbook](#), posted on July 21st, 2025
- MAP Webinar, July 15th, 2025. Emailed to all attendees and are also available on the MAP resource page in Tableau
- [Assistance Renewal Updates FAQ](#), posted on August 12th, 2025

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August Office Hours

What questions do you have about the CPPM
10595 - CMS MA Renewal Project implemented in
June 2025?



We Want To Hear From You!

Marivel Klueckman | Eligibility Division Director



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Questions & Answers

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