



Continuous Eligibility Frequently Asked Questions

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Continuous Eligibility

Continuous eligibility (CE) provides children under the age of 19 with 12 months of Health First Colorado (Colorado Medicaid) or Child Health Plan *Plus* (CHP+) coverage, regardless of changes in the family's circumstances, with some exceptions.

In March 2014, HCPF implemented this policy for children who qualified for Modified Adjusted Gross Income (MAGI) Medicaid or CHP+. These two categories encompass the majority of the children enrolled in Medicaid and CHP+. Following the initial implementation of this policy, HCPF sought and received additional guidance from its federal partners at the Centers for Medicare & Medicaid Services (CMS) that the program is intended for all children, regardless of the Medicaid program for which they qualify.

In October 2015, continuous eligibility was extended for Medicaid children in the following non-MAGI categories: children eligible for Supplemental Security Income (SSI) mandatory, Pickle, Disabled Adult Child (DAC), Medicaid Buy-In Program for Children with Disabilities, and children in Long-Term Care under the Home and Community-Based Services (HCBS) waiver or Nursing facility/Institutionalized services. Continuous eligibility also applies to children under the age of 19 who are no longer eligible for Foster Care Medicaid.

Effective March 2025, continuous eligibility will allow members enrolled in CHP+ who report a decrease in income to automatically move to a Medicaid program that provides CE coverage (if they meet all other eligibility requirements). In addition, children who move to a Medicaid program will receive a new 12-month CE period. Furthermore, CE will also be extended to children who meet eligibility criteria and are enrolled in the Medicaid Buy-In program for Working Adults with Disabilities (WAwD) (ages 16 through the end of the member's 19th birthday month), and to children enrolled in the Limited Family Planning medical assistance program.



Continuous Eligibility	1
Income and Eligibility Verification Data Sources	6
Co-pays/Buy-In premiums.....	7
Continuous Eligibility for Incarcerated Children	8
Continuous Eligibility for Children in Foster Care.....	9
For more information, contact.....	9



What is continuous eligibility?

Continuous eligibility is a policy that provides Medicaid and CHP+ eligible children up to 12 months of continuous coverage through Medicaid or CHP+, regardless of changes in the family's circumstances, such as household income or household size, with some exceptions.

Who is eligible to receive up to 12 months of continuous eligibility?

Children under the age of 19 who are eligible for any Medicaid program or CHP+ may receive up to 12 months of continuous eligibility. This includes children eligible for MAGI Medicaid, including Limited Family Planning, and Non-MAGI programs, such as SSI mandatory, Pickle, DAC, and Medicaid Buy-In programs for Children with Disabilities, as well as Long-Term Care. Continuous eligibility also applies to children no longer eligible for Foster Care Medicaid and who are not eligible for Former Foster Care Medicaid.

What is the 14 day no-fault period?

A policy that was effective back in October of 2015 was modeled after a similar policy that has been successful in New York State. The 14-day no-fault period allowed for corrections to be made to the case, which would impact the child's eligibility.

Effective March 2025, the 14-day no-fault period will be removed, and the child's eligibility will no longer be impacted by any changes to their case.

Are there any exceptions that would result in continuous eligibility being discontinued?

Yes, if a child is receiving continuous eligibility, and one of the following occurs, the continuous eligibility period for that child will be discontinued.

- The child is no longer a Colorado resident
- The child moves out of the Medical Assistance household*
- The child cannot be located
- The child is deceased
- The family requests that the child be withdrawn from continuous eligibility. (A family may wish to withdraw the child from Continuous Eligibility if household income or size changes make the child eligible for a different program.)
- The family fails to provide documents requested for citizenship or identity eligibility requirements to verify the child's eligibility for Medicaid or CHP+
- If eligibility was erroneously granted at the most recent determination, redetermination, or renewal of eligibility because of agency error or a finding of fraud or perjury attributed to the child or the child's responsible party



*A child's continuous eligibility period will end if the child leaves the household; however, if the child joins a different Medicaid/CHP+ household or applies on his/her own for Medicaid or CHP+ coverage and is found eligible, the child will be eligible for a new continuous eligibility period on the new case.

If a child no longer qualifies for continuous eligibility, potentially leading to a loss of coverage, will there be an assessment of the child's eligibility for a different Medical Assistance program before discontinuing continuous eligibility?

Yes, the Colorado Benefits Management System (CBMS) will evaluate the child's eligibility for another Medical Assistance program before ending continuous eligibility.

Can a child receive continuous eligibility coverage for less than 12 months?

Yes. A child may have less than 12 months of continuous eligibility if the child is disqualified for one of the reasons listed above, turns 19, or chooses to withdraw from continuous eligibility.

When does a child's continuous eligibility period start after being approved for Medicaid or CHP+?

Once a child is approved for MAGI-Medicaid or CHP+, their continuous eligibility begins either in the month they apply or, for renewals, at the start of the month following their coverage renewal. For children eligible for a non-MAGI program, the exact start date varies based on the specific program. For instance, the continuous eligibility period for a child qualifying for a Long-Term Care program begins on the date they meet all eligibility criteria for that program.

Considering that a newborn is guaranteed 12 months of coverage when born to a mother enrolled in Medicaid or CHP+, how will adding the newborn to a case affect the continuous eligibility of other children in the household?

The newborn's coverage will start in the month of birth and last for 12 months. During the newborn's redetermination date, a recertification will be conducted for all other household members who are not receiving continuous eligibility (CE). Children who are receiving CE are assured 12 months of coverage and will not undergo redetermination when the newborn's coverage is up for renewal.



When a child receives a new 12-month continuous eligibility (CE) period, will their renewal date change?

MA renewals are handled at the case level rather than the individual level. As a result, children granted a new 12 months of CE coverage due to transitioning from CHP+ to a Health First Colorado Medicaid program will not have their MA renewal date altered or extended. Members who reach the end of their CE period will undergo redetermination at the conclusion of their 12 months.

Will a child who no longer qualifies for Long-Term Care Services and Supports (LTSS) continue to receive the same benefits under continuous eligibility?

Children who qualify for continuous eligibility and previously received but are no longer eligible for Long-Term Care benefits will receive MAGI-child Medicaid benefits for the remainder of their continuous eligibility period until their annual renewal date. These are state-plan services only. No waiver or Long-Term Care services will be approved.

How will continuous eligibility impact retroactive changes to a Medical Assistance case?

Retroactive changes made to a child's case will not impact the child's continuous eligibility period. Action will not be taken for the child on income or household changes retroactively. If a child has reported income or household changes that affect ongoing coverage such as a change that will allow a CHP+ eligible child to be newly eligible for a Medicaid program, then the child may transition into their new medical assistance program with 10 days noticing.

Is there an option for families to withdraw or transfer their child from one Medical Assistance program to another or to the Marketplace if their income and/or household size changes?

Yes, families have the option to withdraw from continuous eligibility coverage if they wish to apply for a different Medical Assistance program or explore private health insurance plans. A family can remove their child from continuous eligibility coverage via their [Colorado.gov/PEAK](https://colorado.gov/PEAK) account by selecting "Report My Changes" or by submitting a request to the eligibility worker assigned to their case.

To determine if they qualify for another Medical Assistance program or for financial assistance to purchase a private health insurance plan through the Marketplace, the family will need to provide updated information regarding their income and household size.



What happens if a family withdraws from their Medical Assistance program while receiving CE coverage?

Members can withdraw from any program at any time; however, this does not guarantee re-enrollment in their previous Medical Assistance program or another program of their choice. When members withdraw from their Medical Assistance program while receiving CE, they must fulfill all eligibility criteria for a different program before transitioning to that program. If a member withdraws a child and becomes ineligible for all programs, the child will revert to the last Medical Assistance program they left due to the guaranteed coverage under CE.

It's important for members to understand that when requesting withdrawal, there must be a change in circumstances, such as a change in income, and they must meet all eligibility criteria to qualify for another program. For instance, if the household experiences an increase in income and wishes to move the child from the MAGI-child program to CHP+, the child can be enrolled in CHP+ for the remainder of their CE period. However, a child placed in a Medicaid program will not automatically transition to CHP+ due to an income increase; the family must actively request the withdrawal from Medicaid to be considered for other Medical Assistance programs.

A family reports that their child, who is receiving continuous eligibility through CHP+, has a disability. Will the child remain enrolled in CHP+ through continuous eligibility, or will he or she be enrolled in the Medicaid Buy-In Program for Children with Disabilities (CBwD)?

Once the disability is reported and verified, the child will be automatically enrolled in the CBwD program, as it is regarded as a higher benefit category that offers additional services tailored to the needs of children with disabilities. Since the CBwD program is classified as a Medicaid program, the child will begin a new 12-month continuous eligibility (CE) period.

Income and Eligibility Verification Data Sources

Do the Income and Eligibility Verification System (IEVS), The Federal Data Services Hub (FDSH), or The Work Number (TWN) interfaces affect a child's continuous eligibility period?

Changes in household income reported through the IEVS, FDHS, or TWN will not impact the child's continuous eligibility period. Changes may still impact eligibility for adult household members.



What happens if the family reports a change in income that can potentially place the child over income for Medicaid or CHP+?

If the family reports a change in income that puts the child over the income limit, the income will be updated in the case, but no action will be taken on the eligibility of a child in the household during their continuous eligibility period. The child will not be terminated for being over income. Changes in household income may affect children's eligibility for food and cash assistance.

What happens if the family reports a decrease in income and the child receives CE through CHP+? Will the child remain enrolled in CHP+ or be enrolled in Medicaid?

When a decrease in income is reported, and it has been verified that the income is now within Medicaid guidelines, the child enrolled in CHP+ will automatically be moved to Medicaid with 10 days' notice. Once the child moves to a Medicaid program, they will start a new 12-month CE period.

Co-pays/Buy-In premiums

Will co-pays change if there is a change in income during the continuous eligibility period?

CHP+ co-pays are assessed on a sliding scale based on household income. If there is a change in income during the continuous eligibility period, co-pays may change depending on the household's newly reported income.

If a family owes a Medicaid Buy-In premium for either the CBwD or WAwD program, and they do not pay it, will their child still qualify for continuous eligibility?

Yes, non payment of a buy-in premium is not an exception to CE coverage, therefore if a family or member fails to pay their Premiums the member will not be disenrolled. Although members will still be liable for buy-in premiums and will continue to receive their monthly statement showing any balances due for any unpaid premiums.



If a family still owes any unpaid Medicaid Buy-In premiums at the end of their CE period, will they still be eligible for coverage?

At renewal, when the 12 months of CE coverage ends, children or youth receiving coverage through a Medicaid buy-in program who have unpaid premiums over 60 days will be ineligible for buy-in coverage for their new renewal period. If they have unpaid premiums at the end of their 12-month coverage, they will lose eligibility for both the Children's and Adult Buy-In programs. Before terminating coverage, we will check if the member qualifies for another Medicaid or CHP+ program. If they do not qualify for a different medical assistance program, they will receive a Notice of Action about the termination and their appeal rights.

Continuous Eligibility for Incarcerated Children

Will a child lose CE if they become incarcerated?

Children who become incarcerated will not lose their CE period, although CE children receiving Medicaid or CHP+ will be placed into a limited emergency incarceration benefit during their incarceration period. If the child is released from incarceration before their CE period ends, they will be placed back into their medical assistance program with full benefits for the remainder of their CE period. If the child is released after their CE period ends, the eligibility system will look to see if they qualify for any other medical assistance program. If approved, they will start a new 12-month CE period. They will terminate if they do not meet eligibility criteria for another program. It's important for applicants to always report a change in circumstance, this includes the incarceration and release of members in their household.

Will a child who receives the Limited Family Planning medical assistance program, who becomes incarcerated, lose their CE?

Similar to other medical assistance programs under Medicaid and CHP+, children who become incarcerated will not lose their CE period, although CE children receiving the Limited Family Planning medical assistance program are not eligible for any limited emergency incarceration benefit during their incarceration period. Children who become incarcerated before their CE period ends, the child will receive a termination notice, and the case will remain open for the child in CBMS. When the child is released from incarceration before the CE period ends, CBMS will check to see if the child is eligible for any other medical assistance program first. If the child is found ineligible, they will be placed back into Limited Family Planning for the remainder of their CE period. If the child is released after their CE period ends, the eligibility system will look to see if they qualify for any other medical assistance



program. If approved, they will start a new 12-month CE period. They will be denied and the case will close if they do not meet eligibility criteria for another program. It's important for applicants to always report a change in circumstance, this includes the incarceration and release of members in their household.

Continuous Eligibility for Children in Foster Care

How does a child in foster care become eligible for continuous eligibility?

Children in foster care automatically receive Medicaid coverage through Foster Care Medicaid. If the child leaves foster care, their coverage through Foster Care Medicaid ends. Children under the age of 19, no longer eligible for Foster Care Medicaid, will be automatically eligible to receive continuous eligibility in the MAGI-child Medicaid category after Foster Care Medicaid coverage ends if one of the following situations applies:

- The child begins living with relatives
- The child is reunited with his or her parents
- The child has received guardianship

The continuous eligibility period will begin the month the child is no longer enrolled in Foster Care Medicaid.

Will children who are no longer eligible for Foster Care Medicaid have to apply for continuous eligibility coverage through MAGI-child Medicaid?

No, children under 19 who are no longer eligible for Foster Care Medicaid will not have to apply for MAGI-child Medicaid coverage. These children will automatically qualify for continuous eligibility in the MAGI-child Medicaid category for up to 12 months with a few exceptions, unless they qualify for a higher benefit category. Higher benefit categories, such as Medicaid programs for those who are determined to have a disability, provide individuals who qualify with additional benefits. After 12 months, the child's eligibility will be redetermined based on the child's household size and income.

For more information, contact
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