



COLORADO

Department of Health Care
Policy & Financing

Continuous Eligibility: Frequently Asked Questions

Effective October 18, 2015

Continuous eligibility provides children up to 12 months of Medicaid or Child Health Plan Plus (CHP+) coverage, regardless of changes in the family's circumstances, with some exceptions.

In March 2014, the Department 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, the Department 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.

Effective October 18, 2015, continuous eligibility is extended for up to 12 months to 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 programs such as Children's Home and Community Based Services (HCBS) waiver and the Children with Autism Waiver (CWA). Continuous eligibility also applies to children under the age of 19 who are no longer eligible for Foster Care Medicaid.

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 changes to household income or household size, with some exceptions.

Who can receive up to 12 months of continuous eligibility?

Children, under the age of 19, eligible for any Medicaid program or CHP+ may qualify. This includes children eligible for MAGI Medicaid and non-MAGI programs, such as SSI mandatory, Pickle, DAC, Medicaid Buy-In Program for Children with Disabilities, and

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Long-Term Care. Continuous eligibility also applies for 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?

This new policy, effective October 18, 2015, is modeled after a similar policy that has been successful in New York State. It provides for a two week window after the child has been determined or re-determined eligible for Medicaid or CHP+, that allows for corrections to a child's case information, regardless of the reason for the error. Corrections can be made by the eligibility worker assigned to the case, or by the family. Families can make changes by working with an eligibility worker or using the Report My Changes function in PEAK. The no-fault period will prevent children from becoming "locked in" to continuous eligibility in either Medicaid or CHP+ erroneously. During the two week period, if the child's eligibility changes, and the child is either not eligible for Medicaid or CHP+, or is eligible for a different Medical Assistance category, a new eligibility notice will go out to inform families of the change.

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 becomes an inmate of a public institution
- The child moves out of the Medical Assistance household*
- The child is no longer a Colorado resident
- 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 to verify the child's eligibility for Medicaid or CHP+

*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 continuous eligibility on the new case.

If a child no longer meets the criteria for continuous eligibility, resulting in a potential loss of coverage, will a child's eligibility for a different Medical Assistance program be assessed before the child's continuous eligibility is discontinued?

Yes, the Colorado Benefits Management System (CBMS) will check if the child is eligible for another Medical Assistance program before terminating 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, chooses to withdraw from continuous eligibility, or if there is new or corrected information that impacts the eligibility during the 14 day "no-fault period."

Also, in certain situations, a child's renewal date may be changed to be the same as the renewal date for the rest of the household, or the same as the renewal date for another program, such as food assistance.

Once a child is approved for Medicaid or CHP+, when does their continuous eligibility period begin?

If a child is approved for MAGI- Medicaid or CHP+ for at least one month, they will receive up to 12 months of continuous eligibility beginning the month they apply, or for renewals, the beginning of the month after their coverage is renewed. For children eligible for a non-MAGI program, the exact begin date depends on the program for which they qualify. For example, the continuous eligibility period for a child who qualifies for a Long-Term Care program will start the date they meet all eligibility criteria for that program.

Given that a newborn already has 12 months guaranteed coverage when born to a mother covered by Medicaid or CHP+, how will adding a newborn to a case impact continuous eligibility for other children in the household?

The newborn's coverage date will begin the month of birth and extend for 12 months. At the redetermination date of the newborn, a recertification will be processed for the other children on the case to make their renewal date the same as the newborn's. Going forward, the renewal date for all the children on the case will be the same as the newborn's renewal date.



What program would the newborn be enrolled in?

A newborn will remain in the same Medical Assistance program that the mother is enrolled in when the child is born. The child will not change Medical Assistance programs even if the mother switches programs after her 60 days of postpartum health coverage.

Will a child who no longer qualifies for Long-Term Care services continue to receive the same benefits under continuous eligibility?

Children who qualify for continuous eligibility and who 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 outside of the 14-day no-fault period will not impact the child's program eligibility. Action will not be taken on income or household changes, except at the time of renewal.

Does an option exist for families to withdraw or move their child from one Medical Assistance program to another, or to the Marketplace, if their income and/or household size changes?

Yes, families will have the option to withdraw from continuous eligibility coverage if they want to apply for a different Medical Assistance program, or if they want to shop for a private health insurance plan. A family can withdraw their child from continuous eligibility coverage through their Colorado.gov/PEAK account by going to Report My Changes, or by submitting a request to the eligibility worker assigned to their case.

To find out if they qualify for another Medical Assistance program, or for financial assistance to shop for a private health insurance plan through the Marketplace, the family will need to provide current information about their income and household size.

If a family voluntarily withdraws their child from continuous eligibility, and then re-applies and the child qualifies for a different Medical Assistance program, will the continuous eligibility period start over, or will it continue from the first determination date?

Once the family is notified that the child qualifies for a different Medical Assistance



program, the continuous eligibility period will start over from the new eligibility determination date.

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)?

When the disability is reported and verified, the child will automatically be enrolled in CBwD because it is considered a higher benefit category that will provide additional services that a child with a disability may need.

Income and Eligibility Verification System (IEVS)

Does continuous eligibility affect the [IEVS interface](#)?

The IEVS interface process will not change. However, for up to 12 months, changes in household income reported through the IEVS interface will not impact the child's eligibility for coverage. This will be solely for the eligibility for children in the household enrolled in Medicaid or CHP+; income changes may still impact eligibility for adult household members.

What happens if a client reports a change in income?

If a client reports a change in income, the income will be updated in the case, but no action will be taken on the eligibility of children in the household during the continuous eligibility period. Continuous eligibility only applies to children on Medicaid and CHP+ programs. Income changes may still impact eligibility for adult household members on Medicaid. Changes in household income may affect children's eligibility for food and cash assistance.

If income changes cause adult household members to no longer be eligible for Medicaid or CHP+, will the eligibility for children on the case be affected?

With continuous eligibility, children will not be affected by changes to household income, even if the income causes the parents to no longer be eligible.

Co-pays/Enrollment fees

Will co-payments and enrollment fees change if there is a change in income during the continuous eligibility period?

CHP+ co-payments are assessed on a sliding scale based on household income. If there



is a change in income during the continuous eligibility period, co-payments may change depending on the household's newly reported income.

If an enrollment fee was previously paid within the continuous eligibility period, the family will not have to pay another enrollment fee until the next renewal date.

If a family owes a CHP+ enrollment fee, and they do not pay it, will their child still qualify for continuous eligibility?

No. If a family owes a CHP+ enrollment fee and they do not pay it, the child will not be enrolled in coverage under CHP+, and will not be eligible for continuous eligibility.

If a family owes a Medicaid Buy-In Program for Children with Disabilities (CBwD) premium, and they do not pay it, will their child still qualify for continuous eligibility?

No. If a family owes a CBwD monthly premium, and they do not pay it, the child will be dis-enrolled from CBwD, and will not be eligible for continuous eligibility.

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 a 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 eligible to automatically 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, 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 re-determined based on the child's household size and income.

For more information contact

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