



## OPERATIONAL MEMO

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<b>Title:</b> Long-Term Care and Buy-In Eligibility Extension	<b>Topic:</b> Eligibility Process
<b>Audience:</b> Eligibility Sites	<b>Sub-Topic:</b> Implementation
<b>Supersedes Number:</b> HCPF OM 24-056	<b>Division:</b> Eligibility
<b>Effective Date:</b> Jan. 1, 2025	<b>Office:</b> Medicaid Operations Office
<b>Expiration Date:</b> Jan. 1, 2027	<b>Program Area:</b> Eligibility
<b>Key Words:</b> Long-Term Care, LTC, Level of Care, LOC, PEAKPro, LTSS Streamline, Working Adults with Disability, WAWD, Children with Disability Buy-In, CBwD	
<b>Legal Authority:</b> Section 1902(e)(14)(A) of the Social Security Act	
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<b>Approved By:</b> Marivel Klueckman	

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### Purpose and Audience:

The purpose of this Operational Memo is to provide all Eligibility Sites, (county departments of human/social services, Medical Assistance (MA) Sites), and Eligibility Application Partners (EAP) with information about the implementation of the LTC and Buy-In Eligibility Extension (covering Long-Term Care (LTC), Working Adults with Disability (WAWD) and Children with Disabilities (CBwD) Buy-In aid codes). The system updates implemented on August 10, 2024 with CBMS Project CPPM-9472 will be turned on with CBMS Project CPPM-10612 implemented on December 15, 2024 with an effective date of January 1, 2025. This memo will outline its impact on members, eligibility workers, and the Colorado Benefits Management System (CBMS). This guidance is intended for anyone who works with LTC, WAWD, and CBwD and should be shared with Medicaid eligibility staff, supervisors, and outside agencies, as appropriate.

### Information:

In February 2024, the Department of Health Care Policy & Financing (Department) became aware of an unintended occurrence specifically impacting Long-Term Services and Supports (LTSS) members that resulted from the implementation of our new Care

and Case Management (CCM) system and related efforts. The implementation of the CCM system caused additional work for case managers and eligibility workers, leading to several issues with member eligibility. In addition, the Department was in the process of transitioning some members to new Case Management Agencies (CMAs) to achieve conflict-free case management, causing additional workload for CMAs. Further, Public Health Emergency (PHE) Unwind increased county workload due to a record number of Medicaid renewals.

The unintended occurrence resulted in inappropriate terminations for a subset of LTSS members starting February 29, 2024, due to a missing Level of Care (LOC) document in the Department's eligibility system (CBMS). The Department implemented a system workaround, which reinstated coverage and kept impacted individuals covered until an appropriate resolution is found for their case. The Department issued new notice of action letters indicating an approval effective as of March 1, 2024, to all members who were impacted.

LTSS member reinstatements continued through December 2024 and beginning January 2025, we will transition from monthly reinstatements to a 60-day extension.

### **What's Changing**

Starting in January 2025, the Department will implement a longer-term solution as part of the member renewal process. This approach will pause LTC, WAWD, and CBWD terminations for 60 days prior to their scheduled termination date. This extension provides members with additional time to submit their renewal packets and any necessary supporting documents.

However, the below termination reasons are exempt from this 60-day extension.

- No longer a Colorado resident
- Death of the member
- Withdrawal
- Incarceration (secondary aid codes)
- Over Income
- Over resources

The 60-day extension logic will apply to members that meet the benefit reduction reasons below:

- Incarceration (primary aid codes)
- POI (existing)

The start date for POI/Incarceration limited benefits will only be delayed if the 60-day extension has already started. Any existing incarceration or POI reductions will continue to apply to members during the 60-day extension period- those indicators will not be removed for the 60-day extension. If a member is found to be incarcerated (or has a POI) after the 60-day extension starts, the incarceration (or POI) indicator will not be added until/if the member begins to pass regularly.

Examples:

- A member is found to have a POI on 2/16. Their eligibility and med spans will be updated starting 3/1/2025 with the POI indicator. We'll allow for 10 day noticing (where applicable), but the 60-day extension will not apply to the start date of the POI and the member will have a reduction of services due to the POI needing to start based on the data entry of the POI.
- A member has POI from 10/13/2024-7/18/2025. Member then fails to return renewal packet in 3/2025. That member will receive a 60-day extension and will have a POI indicator on their spans during the 60-day extension.
- A member is approved for the 60-day extension starting 3/1/2025. On 3/28 they report a transfer that results in a POI. The POI indicator will not be added to the members coverage until 5/2025, after the 60-day extension ends and the member is approved for regular ongoing coverage.

An initial letter will be sent to members who have their termination paused for 60 days notifying them why their termination is being paused. If no action is taken by Eligibility Workers during these 60 days, eligibility will automatically be rerun in the 2nd month of the extension. If the member is found to meet all eligibility requirements and returns all information/documentation needed to determine eligibility, then their ongoing eligibility will be approved.

If the member does not meet all eligibility requirements or does not return all the information/documentation needed, then their eligibility will terminate at the end of the 60 days. Members will receive a formal Notice of Action, with appeal rights, before the end of the 60 days to notify them whether they remain eligible or if their eligibility will terminate. If a member is determined to no longer meet eligibility, they will receive a 90-day reconsideration period, which begins at the end of eligibility (after the end of the 60-day extension). During this 90-day reconsideration period, if the member is able to submit all of the required paperwork or work with their eligibility worker to resolve any issues with their case and is deemed eligible, their eligibility will be reinstated for their original termination date.

## Action to be Taken:

Eligibility sites will need to monitor and review documents received and ensure CBMS is updated timely with any new verifications or information received. Failure to update CBMS timely could result in members terminating incorrectly. Eligibility Workers will see a new eligibility reason when a member has the 60-day extension applied. Wrap up will show the reason for any months under the extension: “eligibility extension for LTC and Buy-In”. Eligibility Workers will need to enter case comments for any manual updates made to the case to document any actions taken. Eligibility sites must continue to follow the procedures related to referrals, 5615s, and timely communication as described in the HCPF memo titled Long-Term Care Level of Care Streamline Process OM 24-035.

Eligibility Workers can track pending renewals, as well as LOCs, and disability determinations expiring within the next 60 days through the County Dashboard; the County Dashboard provides case and individual level information for staff to take action on performance data.

Additionally, a new weekly COGNOS report named MA LTC and Buy-In Eligibility Extension, located in MA reports, will be available. Eligibility sites should use this report to identify which members have received the 60-day extension, and the reason for the extension. By using this report, eligibility sites can work with the members to fix any issues to avoid gaps in coverage. For example, eligibility sites should check to see if any missing verifications have been received and need to be entered. Or eligibility workers should reach out to members/authorized representatives to obtain missing information to fix the case.

For members whose cases were processed prior to the system changes, any case that requires EDBC to run back to January 2025 will be subject to the termination exception reasons.

## Attachment(s):

None

## HCPF Contact:

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