



OPERATIONAL MEMO

Title: 90-Day Reconsideration Period for Members Enrolled in Long-Term Services and Supports Receiving Long-Term Care or Buy-In Eligibility Terminations	Topic: Eligibility
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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

Purpose and Audience:

This Operational Memo provides guidance to Case Management Agencies (CMAs) on procedures and responsibilities for members enrolled in Health First Colorado Long-Term Care (LTC), Buy-In for Working Adults with Disabilities (WaWD), and Buy-In for Children with Disabilities (CBwD) who are terminated after their 60-day extension but reinstated during their 90-day reconsideration period.

Information:

To support financial renewals, the Department of Health Care Policy and Financing (HCPF) currently provides a 60-day eligibility extension that pauses terminations for Members enrolled in LTC, WaWD, and CBwD. This gives Members extra time to submit renewal materials.

- These 60-day extensions will end after December 31, 2025.
- Any extension approved on or before that date will remain valid for the full 60-day period.
- No new extensions will be granted starting January 1, 2026.

For more information, please visit [LTSS Stabilization Actions](#).

Monthly reports identifying impacted Members are uploaded to each CMA SharePoint folder: **[Agency SharePoint Page > Case Management-CMA > 60 Day Eligibility Extension]**. The "Post-Extension MA Eligibility Status" column displays "PASS" if the member regained coverage after the extension.

Action To Be Taken:

Monitoring During Extension and Reconsideration Periods

Each CMA shall establish a process to monitor Members during their:

- 60-day extension, and
- 90-day reconsideration period

This ensures timely action if Members are reinstated.

Termination After 60-Day Extension Period

When a Member is terminated after the 60-day extension period:

- An LTC Notice of Action (NOA) is issued.
- If the Member appeals and requests continued benefits in time, HCPF determines eligibility for continued benefits under rule §8.057.

Important:

- **Eligibility Appeals will not notify CMAs.** It is the CMA's responsibility to monitor the Member's continued benefits status.
- If approved, CBMS will automatically continue medical spans using the previous aid code, regardless of whether current eligibility criteria are still met. This occurs because continued benefits override all other eligibility logic in CBMS to ensure uninterrupted coverage during the appeal period.
- The CCM system will automatically update:
 - **Program Status:** Closed
 - **Program Closure Date:** Date of termination
 - **Reason for Closure:** Not financially eligible

CMAs shall not:

- Manually update Certification or Service End Dates.
- Submit an Information Sharing Form or paper LOC Certification to end-date the Member's LOC.

CMA's shall:

- Notify the Member and their provider(s) of the termination.
- Provide contact information for the [PEAK website](#) or Member's [eligibility site](#).

Reinstatement During 90-Day Reconsideration Period

When a terminated member is reinstated during the reconsideration period:

- CCM will automatically update:
 - **Program Status:** Open
 - **Program Closure Date & Reason:** Cleared

LOC Screen Requirements

Case Managers shall conduct and document LOC Screen Reassessments at least one (1) but no more than three (3) months before the LOC Certification End Date (§8.7202.F).

If a Member is identified for termination and their LOC Certification End Date falls within the 90-day reconsideration period, the Case Manager may complete the LOC Screen Reassessment prior to their termination.

A new LOC Screen is **not required** if all of the following are true:

- Member is not switching programs or waivers.
- No documented change in condition occurred between termination and reinstatement.
- Reinstatement happens before the current LOC Screen End Date.

If these conditions are met, CMA's shall verify the Member is on the provided report to proceed without a new LOC Screen.

A new LOC Screen **is required** in all other cases.

If no LOC Screen Reassessment was completed prior to termination and the Member is reinstated after their LOC Certification End Date, the CMA shall submit a [Health First Colorado and Child Health Plan Plus Grievance Form](#).

Member Notification and Next Steps

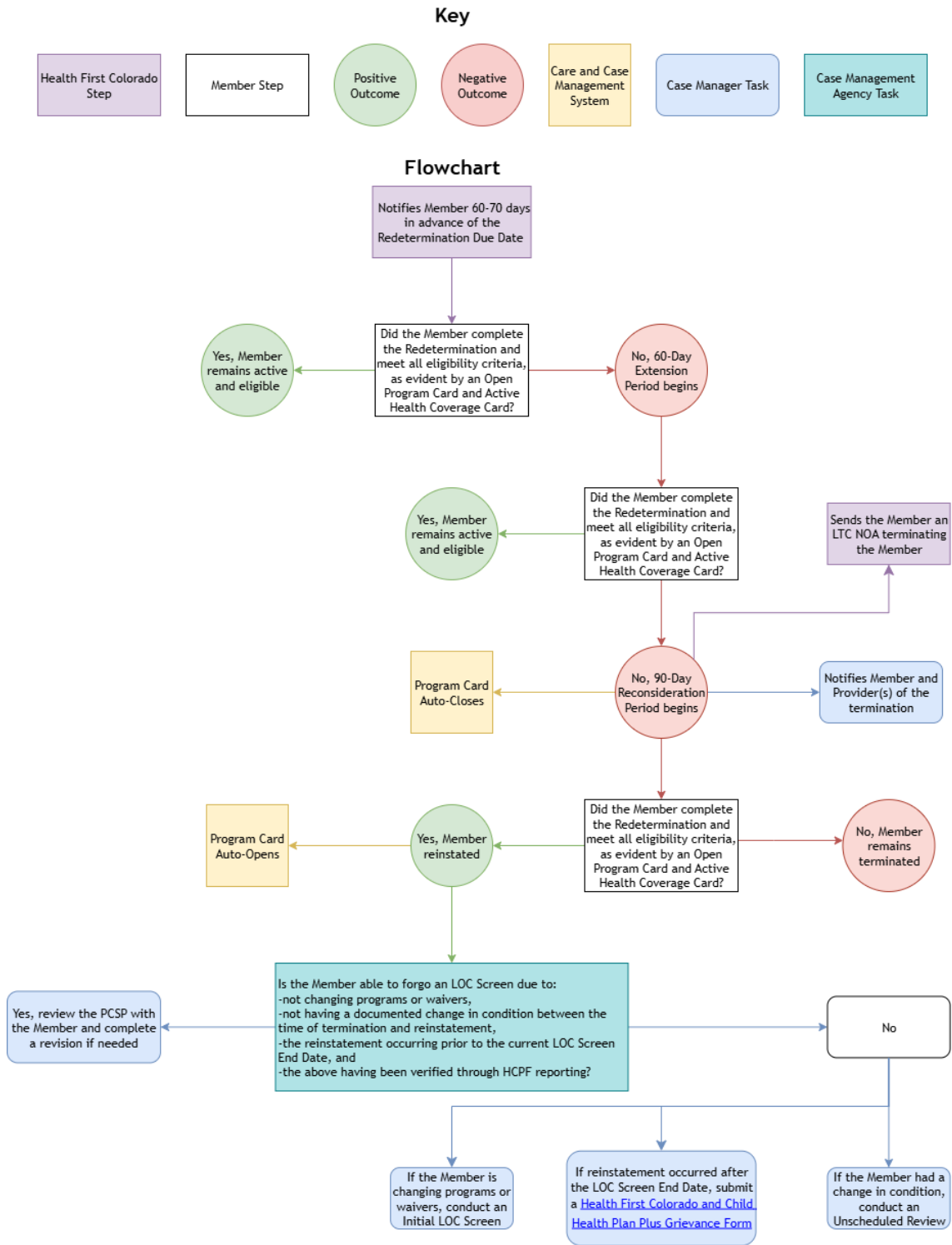
Upon reinstatement, CMA's shall:

- Notify the Member of their reinstatement.

- Based on eligibility:
 - **If a new LOC Screen is needed:** Schedule and conduct it.
 - **If not needed:** Review the Person-Centered Service Plan (PCSP) with the Member.
- If the PCSP needs updates, revise it and the Prior Authorization Request (PAR).

A **60-Day Extension and 90-Day Reconsideration Flowchart** is available as a quick reference to this guidance.

[60-Day Extension and 90-Day Reconsideration Periods Flowchart](#)



Attachment(s):

None

HCPF Contact:

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