HCPF/Eligibility Site Monthly Touch Base Meeting - 2025/08/28 14:46 MDT - Transcript

Attendees

+1 303-***-**39, +1 303-***-**70, +1 720-***-**99, Adriana Juan - CDHS-CTY, Agueda DeLeon, Ailene Limutan - HCPF, Albert Chacon - CDHS-CTY, Aleissa Thomas, Alisha Braucher, Amber Contreras - CDHS-County, Amber Cuzick Pueblo County DHS, Amber Cuzick- Pueblo County DHS, Amy Heller, Ana Bordallo - HCPF, Ana Gutierrez, Anthony Galan, Antoinette Soto - HCPF, Audrey Smith, Ayoub Elayyan, Ben L - Boulder, Bernadette Martinez - CDHS-CTY, Betty Cage - CDHS-CTY, Binh Hang, Blanche Means-Mcdonald - HCPF, Brandy Brogan Jeffco, Brandy Cobos, Brisya Salvio - CDHS-County, Brittney G, Bryanna Medina - CDHS-County, Caesare Leal - HCPF She Her, Camille Cordova - CDHS-County, Cammie Heale - HCPF, Carla Hill - HCPF, Caroline Flores-Paschke - HCPF, Cassie Apodaca - CDHS-CTY, Christine Woods - HCPF, Cindy, Claudia Guillen - HCPF, Claudia Mendez - HCPF, Claudia-Weld, Consuela Sandoval, Daborah Rangel - CDHS-CTY, Daisy Gusman - CDHS-County, Dalton Harris, Damian Vigil, Danielle Henry - HCPF, Donna Martinez CO-Englewood, Donnita Daniels, Edith Beltran, Elizabeth Nelson, Emelia Lujan - CDHS-County, Evelyn, Flor Rodriguez, Gabrielle Fischer, Gloria Her - HCPF, Heather Wells, Hector Hernandez - HCPF, Hilah Gillespie, Janet - Summit County, Jaqueline Cooper - CDHS-County, Jennifer Garcia - HCPF, Jennifer Jones-Day, Jennifer Josselyn - CDHS-County, Jennifer McCoy - HCPF, Jesica Antonucci, Jessica Saturno, Joanne Hine - HCPF, Joe Ruybal - CDHS-CTY, Jolene, Judy Hall - HCPF, Julie Miskiewicz, Boulder County, Kacy Born - HCPF, Karen Thomas, Katelyn Abreu, Kathleen O'rourke - CDHS-County, Kathleen Seese - HCPF, Kathy Cordova - CDHS-CTY, Katrina Bustillos, Kimberly Guy - CDHS-County, Kimberly Preeson - HCPF, Kimberly Quintana - CDHS-CTY, Krissy Rhoades, Kristin Hailey-Bidlack, Kristin Nielsen - HCPF, Lacy Wolfe, Laura Burke, Lauren Price - Boulder County Human Services, Lee Ann Pacheco - CDHS-County, Leslie - Garfield, Liley Pallares, Lilia Nix, LInda Schuster - CDHS-CTY, Lindsey Noyes - CDHS-CTY, Lisa Cook - CDHS-County, Lisa Redmond, Lori Hatton, Maida Zambrano - HCPF, Malisa Navares - CDHS-CTY, Mara Poole - CDHS-County, Marivel Klueckman - HCPF, Meenu Chopra - HCPF, Melinda Vanderkooy - HCPF, Melissa Escamilla - HCPF, Michael Lamp, Michaela Estrada - CDHS-CTY, Michele Crawford, Michele Garza - CDHS-County, Michelle Combs - CDHS-County, Missy Crisenberry - CDHS-County, Mitchell Scott - HCPF, Monica C, Monica Owens - HCPF, Nallely Dufresne - CDHS-County, Nancy Brenes - HCPF, Natalie Miller - CDHS-County, Natalie Sackett, Nicole Mason - HCPF, Patrice Hauser - CDHS-CTY, Patricia Garcia - HCPF, Patty Coombs, Rae Runyon, Raven, read.ai meeting notes, Rebecca Ornelas - HCPF, Rosa Luna, Rosemarie Bear Cunningham, Roxanne - DIHFS, Roxanne Palfy - DIHFS, Sally Beauchamp, Samantha Romero - CDHS-CTY, Sandra Archuleta - CDHS-CTY, Sandy Bond - CDHS-County, Sharla Williams - HCPF, Shawn Bodiker - HCPF, Shawna Moreno - HCPF, Shellie Gonzales Pueblo County, Sherry McCary, Sherryl Slane - CDHS-CTY, Stefany Sawade - HCPF She Her, Tahani Green, Tammy Costello - HCPF, Taozong Lee, Thia Garcia - CDHS-CTY, Tiffany Spottke - CDHS, Tiffany Watson - CDHS-CTY, Tracy Pasillas - HCPF, Veronica Olivas, Vida Z, Adams

Transcript

Marivel Klueckman - HCPF: Good afternoon early birds. I hope you all are doing well. We will wait a few more minutes before we get started. Thank you for being here today.

Marivel Klueckman - HCPF: Good afternoon everyone. Thank you so much for joining us today. This is our monthly Hickpuff eligibility sites touch base meeting. we're a little early so I just wanted to say hi and we'll get started here in a few minutes. I hope everyone's doing

Marivel Klueckman - HCPF: Thank you guys for Excited to have you here today. So, we got I see the count going up. So, maybe a couple more minutes before we are ready to officially kick off our monthly touch base. Thank you.

Marivel Klueckman - HCPF: Good afternoon. I'm watching the little counter. I think it's slowing down. So, I think we'll go ahead and get started. So, thank you all much for joining us. This is our Hickpuff eligibility sites monthly touchbased meeting. my name is Marval Kukman. I'm the eligibility division director in case we haven't had a chance to meet and we're excited to have you all here today. we have I think quite an agenda to go over with quite a few topics and always appreciate hearing from you and getting questions from you and any feedback tidbits. definitely want to make sure that this is as a partnership as we move forward. And by the way, happy last few days of summer. Maybe you don't want to hear that, but Labor Day is around the corner, believe it or not. I know I see Sean, I see you shaking your hammock. I cannot believe it already.

Marivel Klueckman - HCPF: So hopefully you all had a really great summer and ready for the I love Wonderful. So with that, let's go next slide, please. The agenda. So I said, Happy almost fall. we're gonna get into, Sean will be actually going over, federal eligibility updates. So we're wanting to bring to this group here about you all have heard a lot about the HR1 bill and within that bill there are quite a

Marivel Klueckman - HCPF: eligibility provisions. and so just want to kind of give you a high level of what those entail and a little bit of timeline. So Sean Bodcker, our eligibility policy manager, will be providing those updates. and then we wanted to kind of give you guys a quick heads up on the September 2025 projects that will be implemented next month. So we got a project around self attested income at renewal. And then with that, we're going to talk about the three-year clock. So basically for zero to 100% FPL how that's going to work going forward as far as verifying zero income.

Marivel Klueckman - HCPF: And also then connect with you all just to continue our conversations based on the June project that implemented changes to the renewal process. we talked about the new requirements being applicable to the September renewals. And now that we're at the end of August, we'd really love to hear from you on how that's working, what's happening, any questions you have. because I believe now is probably where you're probably starting to see more of those new requirements that we implemented and then hear from you as far as anything else that you want to share talk to us about along with any questions. quite an agenda. So I think I've probably already gone over my time.

Marivel Klueckman - HCPF: Let me hand it over to Sean to jump us into federal eligibility updates. Sean, thank you.

Shawn Bodiker - HCPF: Yeah, thank you,…

Shawn Bodiker - HCPF: Again, I'm Sean Bodcker. I am the eligibility policy manager for the department. if you haven't met me, I've been around for a while. Rebecca, let's go to the next slide. Let's jump into it. So, if you haven't heard, we have a new bill, that's been passed. We refer to it as HR1. A lot of people in the news call it one big beautiful bill act or OB O OA. so if you hear that they're one and A lot of the time when we're at the department we're referring to it as HR1. again this is a slide that we're trying to stay consistent. You might have seen it at the stakeholder meeting if you attended the department stakeholder meeting a few weeks ago. basically just gives some information about how we expect that this will increase uninsured people by 11.8

Shawn Bodiker - HCPF: 8 million by 2034. it does have an estimated cut by 1 trillion through Medicaid and SNAP. it does create some barriers for us that will reduce the number of people covered by Medicaid. most of the folks impacted are our expansion population. So I'll be talking a little bit about those specific eligibility points in the bill today. it includes doing renewals every six months versus 12 months for that magi population. we have to do work requirements. So we are going to have to start verifying that somebody is either in an exemption group or doing some form of school activity, community or work.

Shawn Bodiker - HCPF: And then, some of these provisions, don't take effect until December of 2026. but some are even further out into 2027. So, next slide, Rebecca. Again, this is another one. we're just trying to keep communicating what our north star is, as you can see on this screen, is that we really want to even though we have to implement and abide by these federal directives, we want to mitigate inappropriate coverage losses to our members, avoid drastic cuts with reasonable reductions, ease paperwork burdens, prioritize partnership and transparency, and integrate lessons learned.

Shawn Bodiker - HCPF: So you will continue to see that first slide and this slide as we have different presentations through the department. So let's go on to the next slide because this is where I really want to get into the meats and potatoes. I am only going to be calling out today things that affect our Medicaid eligibility provisions from the financial eligibility perspective. There are a lot of things in the bill that affect different areas within the department and a lot of those will be in the stakeholder meetings that our higher leadership look out for those communications if you want to attend so the first one that I want to go over is one of the provisions that affects eligibility is they are amending the definition of qualified aliens for purposes of Medicaid and CHIP. what I've done on the slide deck because these will get posted for future reference. I have included for each one I'm going to go over the section of the bill that it is highlighted.

00:15:00

Shawn Bodiker - HCPF: So that way if you want some easy reading at night, you can go back and look at the exact section where they stop talk about these changes. So it does change who is considered a qualified alien. we're still waiting for exact guidance from CMS. but it does restrict the population in regards to our immigrant populations. This is effective October of 2026. so with that because we do right now look at some individuals that will no longer meet that definition. It will increase the number of people who are uninsured and increase cost for providers. So that is one of the unfortunate things that will happen with this change. they won't be eligible. but I do want to point out we still have emergency Medicaid.

Shawn Bodiker - HCPF: So, even though these folks won't fall under the qualified aliens definition any longer, they could still be potentially eligible for, emergency Medicaid services. the next one that is in the bill is the work requirements. So, you'll be hearing a lot from the department in the future. We plan on

having stakeholder meetings and reaching out to people to talk specifically about this provision. what it requires is that we have a work requirement for our magi population. So it is only really looking at that magi population. a lot of you might be wondering about parent caretaker relatives. the provision does not include those individuals that are up to 68% but in Colorado we did expand over 68% but we put them in our MAGI group.

Shawn Bodiker - HCPF: So they are already under that aid code when we are looking at the magi adult population. so that entire population is going to have a work requirement 80 hours or they have to meet the income requirement posted in the bill based on the federal national average and I think we figured that out to be about 580 a month. but there are also exemptions to the work requirement.

Shawn Bodiker - HCPF: So, I just saw that pop up about a question about disabled individuals. if they have a disability, they are not part most of this magi adult population, like I said, if they're disabled, they have an exemption. It's also if they are caretaker of someone who is disabled, tribal folks empt. there's a lot of exemptions. I don't have them all memorized. I'm sorry. but there are exemptions and we are still at this point looking at whether or not what that verification looks like. So I saw that question pop up too. more to come on that the federal level they have to give us guidance by June but we are already really looking at what exactly the bill says so that we can start work on this right away.

Shawn Bodiker - HCPF: But the feds are going to give us more guidance here coming up in the future in regards to some of those questions that we have around verify what we have to verify and what we can take self agitation for. so a lot more to come. It will affect 377,000 members. and we expect this going to be a ming cost of greater than 57 million. The third one on the slide here is increased frequency of eligibility redeterminations. it's for the same population. So that MAGI adult a code we have to move instead of doing 12 months for this group to start looking at doing a six-month redetermination. again this is another one we expect from what I read that by I think it's March of next year to get the guidance from CMS. It might be sooner than that. It might actually be January. but this is effective.

Shawn Bodiker - HCPF: And I should say sorry, let me go back to work requirements. It's got an effective date of 112027. So, we are looking at getting our build into CBMS December of 2026. So, again, more to come on that, but I needed to go back and point that out. Six-month redeterminations also has an effective date of January 1st of 2027. again, effect in the same population there is a potential because we're doing redeterminations more often that we could lose members that maybe don't return information, don't return the packet. that it could be various different reasons. and then obviously this is going to increase potentially workload and the cost for our eligibility sites, primarily counties, because we're going to need to be doing for this group these six months redeterminations.

00:20:00

Shawn Bodiker - HCPF: I will say in conversations that we are having internally at this department because the way our renewals work we are looking at if our renewal process and how we kick off exparte we are usually doing that at least 90 days in advance for this population we don't want them to get through their renewal and then feel like another packet comes again so are looking at how do we kind of mitigate that federal rule says is that we just have to give a member at least 90 days. So for this population only, we are potentially looking at some changes to that 90 days, maybe going to 60 days, but more information will be coming in regards to that. again, this is only affecting our MAGI adult population. All our other traditional Medicaid programs will still remain on our 12-month renewal cycle.

Shawn Bodiker - HCPF: So long-term care, our other MAGI programs, child, Magi pregnant, they will still remain on their 12-month renewal. It is only affecting our Magi adult population. next slide, please. So those were the big ones. I've put in here some other ones that I want to go over, that you may not have heard because in the news a lot has been about the work requirement and the six-month look at for that population. so the next ones I'm going to go through are ones that are also in the bill that, more information will be coming. but I wanted to make sure that you all heard about them. so one of them is in regards to changes in addresses.

Shawn Bodiker - HCPF: There is a requirement in there that we have to develop a process to obtain address information from enrolles. basically using this in a sense of hitting the national address change system and basically utilizing that to make sure that we have people enrolled that are a resident of our state. Basically as you know right now residency is self-declared. we don't expect that to change. but their whole purpose of this rule is to really make sure that we don't have simultaneous enrollment with other states. And so by hitting up against I think there are some changes in regards Paris that might be coming up soon. but this one is also hitting a national website on a monthly basis basically to get those changes address and ensure that if they are in another state that we are closing

Shawn Bodiker - HCPF: down their Medicaid. The next one is also affecting our MAGI adult population but also our other Medicaid population. So currently, as you know, we have retroactive coverage goes for 3 months. what the bill is changing and this is effective December or January of 2027. and so was that last one. Sorry, I should have put these dates on every single one. The change of address is also effective one of 2027. for the retroactive bill, this is effective January 1st of 2027. Our MAGI population will only get one month of retroactive coverage. All the other Medicaid programs are going to be going to two months.

Shawn Bodiker - HCPF: So, we will no longer have the three months of retroactive coverage starting in January 2027. Obviously, this is going to increase unplay unpaid claims for our providers potentially higher out of pocket costs for our members in regards to those months that we would not be able to cover any longer. so again, MADI population will only get one month of retroactive coverage. all other populations are only going to be eligible for two months of retroactive coverage. As far as what I know so far, there is not going to be a change into they still have to say that they had medical bills in those retroactive months. So, I don't think anything like that from our federal partners is going to change. It's just how many months are covered is what the change is.

Shawn Bodiker - HCPF: The next one is that we have to going back to the first one with the change of address. This next one is also another one to ensure that we are appropriately not having people on the Medicaid roles longer than they are supposed to be. So this one is for all states to check against what's called the Social Security Death Master File on a quarterly basis. to ensure that those folks who have passed away that we have closed down their Medicaid pro programs that they had. so again that one is more of us figuring out how do we get in touch with the interface from this deathm file. again that one also has date that one actually has an effective date of January 1st of 2028.

00:25:00

Shawn Bodiker - HCPF: And before we post the slides, I'll make sure that we go back and update the effective dates on here. so this one is 1 one of 2028. And then the last one that affects us and the eligibility world is around long-term care. So those of you that do long-term care eligibility know that we have a maximum home equity limit and right now it's higher than what is in the bill. So this bill basically

reduces it down to 1 million. and we expect that individuals that are over that will not meet the eligibility for long-term care once we implement this. This one has an effective date sorry this I think it's 111 of 2028 as well. I don't have it written down in my notes but like I mentioned I will go back and add that to the slide.

Shawn Bodiker - HCPF: before we get these posted. go on to the next slide. I think that was my last slide. no, here's where I put all the dates. sorry, I forgot I did do this slide. So as you can see, we wanted to give you That's what I wanted. a visual of how these all are going to be implemented what their compliance dates are basically. so as you can see the qualified alien definition change that has an October of 2026. we're estimating 7,000 impacted. Then you have the six-month renewals and u the new work requirement. That's January 2027.

Shawn Bodiker - HCPF: we put this big arrow in there because as you know we're already working towards that because it is going to be a pretty big build for us to implement The address information again January 2027 retro coverage roll backs that is January of 2027 deathm file is January 2027 and then the asset ceiling change is January of 2028. hopefully this visual helps so that you can kind of see the other last point that I want to make to you all is I think before you know that in 20 23 November of 2023 and April of 2024 we had rules from the previous administration that had changes to eligibility with this bill.

Shawn Bodiker - HCPF: some of the provisions in old in that those previous eligibility and enrollment rules they did already have compliance states so those should be in effect one of the things I'm thinking off of the top of my head is the QMBB people who are not on QMBB they automatically get QMBB so that is in effect that's not changing we are going to be keeping that

Shawn Bodiker - HCPF: because we are allowed to because that was already effective it already had a compliance date in 2024. All the other rules if they did not already have a current compliance date meaning the compliance date is already passed. If they had a future compliance date those have been in this HR1 bill they have been basically pushed out if you will till September of 2034. And so part of what we are doing now is rep prioritizing to meet some of the new requirements as you see on the screen. so some of the things that we had in play that we were working towards we are pushing those out because of the delay of those compliance dates in regards to that eligibility enrollment rule. so that was the last point that I wanted to make.

Shawn Bodiker - HCPF: Before I move on, because I know we have a full agenda, and Marble, I see that you've been helping me with questions in the chat.

Marivel Klueckman - HCPF: Yes, I think in the chat we're good,…

Shawn Bodiker - HCPF: Is there anything that you want to call out that I should address? And just know this probably will not be the last time you hear from us in talking about these changes,…

Marivel Klueckman - HCPF: but if anyone wants to raise their hand if you want to ask questions.

00:30:00

Shawn Bodiker - HCPF: especially with the six-month renewal change and the work requirements. there's going to be a lot of opportunity in the future for more discussion and being transparent and also asking for you guys to participate I believe in those discussions.

Shawn Bodiker - HCPF: All right. Thank you.

Marivel Klueckman - HCPF: Absolutely. Thank you so much,…

Marivel Klueckman - HCPF: Really appreciate it. feel free, everyone, if you still have some more questions that come up afterwards, feel free to put them in the chat. with that, we'll move on to September projects. I believe the long-term care project. The first one is Kath. Sees and Melinda. They can see me now.

Kathleen Seese - HCPF: Yep, you're correct. my computer did not want to un shadow me or let me be seen. So, I'm here All right. So, the first project we're going to go over today is the 9790. It has a very long name. It's the MALTC enhancements level of care home maintenance allowance and reporting. Got a lot of updates going into this one. So, the first ones we're going to go over today, the first changes we're making are the ones to the level of care page. The first change you'll see this should help with your data entry. Right now, if you have a member who is applying for long-term care and they have a couple of different certifications in that first month and when they're still in intake mode, it requires you to go enter in a level of care certification along with all their other resources, income and whatnot.

Kathleen Seese - HCPF: Then you have to save all the records, run ABC, authorize, and go back and enter in another level of care certification, save it, authorize, and all of that. After the next month's build, you can just enter in everything once, save it, run ADBC, and be done with it. So, no more going back and forth and flip-fpping and having to do that 800 times. the next one is specific to our hospitalization level of care and our d code. Right now, CBMS does not look at hospitalization unless they fully meet that 30-day stay. and it does not look at any consecutive level of care entered after that.

Kathleen Seese - HCPF: So, if a member goes into the hospital as of August 14th of this month and then they moved directly into the HCBS as of August, let's say August 23rd, CBMS is not going to go back and cover that hospital level of care or the date that the member was in the hospital. with this build, it'll say, okay, as of that HCBS level of care start date, that member is eligible for hospitalization.

Kathleen Seese - HCPF: It says that they need that 30-day stay. So, no more help desk tickets for those ones. Finally, the next one is the allowing coverage for the full month for members who have their level of care end in the middle of the month. This one we have particularly seen a lot with kiddos who have a midmon level of care end date because they're aging off their HCBS waiverss and they don't have a subsequent month. One of the help desk tickets we had was that the kiddo turned 18 I believe was March 14th. CBMS ended their coverage as of March 1st, which is incorrect. So now after this month's build, CDMS will allow that long-term care coverage through the end of the month of that level of care certification even if it ends the midmon. That'll allow for 10day noticing.

Kathleen Seese - HCPF: And then the last edit we have on the level of care page is to get rid of that silly edit that we added in March. That edit it's been driving you guys nuts. We've heard lots about it it currently says end date cannot exceed 12 months from the If no end date was provided in the level of cure certification, leave blank. We're taking that out because it just created more issues than it was intended to resolve. So, that's no longer going to be seen after this after next month's build. We can go to the next slide. Miss Belinda here.

Mitchell Scott - HCPF: Cat, I am so sorry. Melinda's been having internet connectivity issues in the last hour, so she may not be able to speak at this point. Thank

Kathleen Seese - HCPF: All right, I can cover this one for her. So, the next updates we have for you guys are home maintenance allowance.

Kathleen Seese - HCPF: We have finally gotten the home maintenance allowance updated that logic in CBDMS. So that calculation you see is actually going to be correct in wrapup. so in order to be eligible for the just some background information about the A first it is only applicable for six months. it does not include the admit month. So if that member is ad admitted to the nursing facility this month we don't start counting the HMA until next month. and then it must be discontinued if the member discharges from the nursing facility. It's only applicable to the individual who is in the nursing home. So, if they're on an HCBS aid PACE aid code, they're not eligible for the HMA cannot exceed the cap of 105% of the FPL for household title of one.

00:35:00

Kathleen Seese - HCPF: And just a reminder that limit is updated every year and it's shared with the colon memo that sent out. for the calculation of the HMA we do use the ver we only look at verified home expenses and the calculation is either the actual shelter expenses plus the actual utility expenses if it is less than the HCUA amount or we are going to use the HCUA amount if the utility expenses are greater than the HCUA amount. Rachel or Rebecca, can we go to the next slide? All right. In order to be eligible for the member must be approved for the nursing home aid code. So again, no PACE or HCBS numbers. The member must have no family at home. So no spousal or children deductions in their patient payment. The spousal allowance and the family dependent allowance must be $0.

Kathleen Seese - HCPF: That's what I just said. if they qualify for one of these allowances, they are not eligible for the home maintenance allowance. And then as far as data entry, on the level the long-term care institution page, the data entry must, have the following data entry. The expected to return home radio button have The expected date must be within six months from the admit date. And again, that date, we're not looking at the admit month. So the six months will start the following month from institutionalization. And then the verification and source must be received in doctor statement. We cannot accept any other source in order to be eligible for the if they do not provide the verification, we can still approve them for nursing facility coverage. We just cannot allow that HMA allowance in their patient payment calculation.

Kathleen Seese - HCPF: And I think that's everything for Rebecca, if you can go to the next slide, please. And the last update we made with this project is county dashboard updates. so the first update we made is to update The current board's named long-term care board. We renamed that to long-term care diary date. And after the updates, it's only going to be listing the di disability diary dates for all of our long-term care and our WAD plus HCBS members. And then we've created four new dashboards to help with tracking all of our long-term care members. The four new dashboards are the long-term care pending the level of care certification status dashboard, the long-term care case load summary dashboard, and the LOCerts received from the CCM dashboard. So go into a little bit more detail on each of those.

Kathleen Seese - HCPF: The long-term care pending dashboard is basically going to list out every reason a long-term care or a wad plus HCBS case might If it's pending verification, pending supervisor authorization, anything like that. If that long-term care or WAD plus HCBS case is pending, it will show on this dashboard and it will show you the reason why. The next one, the LOC certification status dashboard is going to list all of your long-term care cases and basically their LOC status. If s undetermined, if it's

active, if it's going to be expiring in the next 90 days, or if it has expired within the last 90 days. The third one, the LTC case load summary dashboard.

Kathleen Seese - HCPF: board pretty that one's pretty much exactly as it sounds. It's basically going to give you a summary of all the long-term care or WAD plus HCPS cases that are currently active or any of those that discontinued within the last 90 days. And then the last one, the LOCerts received from the CCM. This one I'm excited for. This one is going to be a report of every single level of care certification that we received through the interface from the CCM. And then it's going to tell you whether or not it interfaced directly into that level of care page or if it was sent to the peak inbox for manual updates. Excuse me. That's all I got for you guys. I don't know if we have time for questions or we're waiting for questions for later.

Marivel Klueckman - HCPF: I think just on time maybe we could put chat questions in the chat and then we can move to the renewal self test. But thank you Cat. sorry throughout your presentation I saw a little excitement throughout.

Kathleen Seese - HCPF: What is this?

00:40:00

Marivel Klueckman - HCPF: So a really great project to make it even more user friendly for everyone.

Marivel Klueckman - HCPF: Thank you. And now I'm handing it over to Mitchell and Scott. Mitchell, your name is wrong on this slide. So my joint

Mitchell Scott - HCPF: I didn't even catch it.

Mitchell Scott - HCPF: So, no worries, Marvel and all right. So, hi everyone. I am Mitchell Scott. I am the eligibility policy unit supervisor and I will be joined by Hector in a moment from eligibility systems to talk about renewal self attested income. So if we can go to the next slide All right. So some changes that are coming in September not quite as exciting as what Cat had to go over but still impactful and important.

Mitchell Scott - HCPF: CMS has some different requirements that we'll be implementing and the reality of these changes is they won't really be seen until 2028, but I'll go into that in a moment. So CMS is requiring that income verification for individuals who have zero dollars of income basically be reviewed at every third year at these members renewals. And also it's the same thing for members who are between zero and 100% FPL. So this is total countable income, not just earned income. So if there's any social security income, any annuities, things like that on the case, anything that might have been able to put the member through exparte basically indefinitely. every third year now, we're going to be sending a renewal packet to those members and a new VCL that we've created.

Mitchell Scott - HCPF: If for those members who are at zero dollars income, so we have no sources of income on the case at all, everything is either blank in that income summary screen or everything there's previous sources of income, but they're endated. We're going to be sending out a new VCL that says, "Hey, we don't have any income on file for you. We're just checking to make sure that's still accurate." So, that'll be sent out with a renewal packet. so we'll be asking members to return that renewal packet in BCL just to verify that we are making an accurate eligibility determination still. It's basically a chance to give those members an opportunity to verify everything that we have on file for them is accurate.

Mitchell Scott - HCPF: So for me and then for members who are passing through at the 0ero to 100% FPL every third year they will be getting their renewal packet and then a VCL for the income that's on file just asking to please verify that this information is correct. It'll be the standard income VCL and then it'll be the same thing on the renewal packet and they'll have to report any new income all that good stuff. So like I said this applies to any source of income earned unearned also all populations non-magi it's also applies on the individual level so if there's a member in the household who has income but one has none we will be sending out that VCL for that income for that individual sorry who has no income and this applies to indiv individuals 19 and older.

Mitchell Scott - HCPF: What is not changing? There's no change at application. If somebody comes in and applies, reports they have no income, we're not going to ask anything additional. The signed application, they're signing that under penalty perjury. and so we're going to consider that their self addestation and verified. next slide, please. All right. So, what I mentioned earlier, there's not going to be much of an impact to the counties because we're starting this clock at zero that Hector is going to go into September 2025 as members go through their renewal in ongoing months. we're going to build this clock that and I don't want to step on Hector's toes too much because he's put a lot of work into this with our vendor delight.

Mitchell Scott - HCPF: But everybody's going to be starting fresh. So we won't see any packets or these VCLs going out until 2028. so the county impact members affected by this project must submit a renewal packet to the county every 3 years to continue maintaining their eligibility and as I mentioned earlier just ensures that we're making as a department accurate eligibility determinations for every population. And I see Amy's question is this for all types of Medicaid or just adult MAD?

Mitchell Scott - HCPF: This is for all yes thank you Hector. So every category it really impacts the real world impact is those populations or those individuals who would have gone through exparte every year because maybe they don't have any income on file or they just have a small amount of income that's interfacing under that 100% FPL every year. So we're just checking every third year to make sure that is accurate. All next slide, please. And I am going to pass it over to Hector to explain how this three-year clock functions that we've built into CBMS.

00:45:00

Hector Hernandez - HCPF: All right, thank you Mitchell for that. So, good afternoon everybody. my name is Hector. I'm going to be going over the third year talk functionality. Rebecca, next slide, please. So, new data entry features. we'll have the ability to select each individual and attest to selfattested zero income, beginning date, clock start date, and clock end date.

Hector Hernandez - HCPF: Next slide. So the self attestation will be a selection of the SPA checkbox and will be available for updating in all modes. The checkbox self attested zero income will be non-mandatory and will be default to null at implementation. The new begin date will become mandatory when the checkbox field is selected and will be defaulted to null at implementation. It will be autopop populated with the system date when the checkbox is The begin date and the self-assessed zero income checkbox will always be enabled if yes is selected and they are verified at that income again prior to the 30-year mark. The user can update the date. next slide please.

Hector Hernandez - HCPF: When the member enters a new income record or income in is received by interface and they don't meet the $0 criteria, the user tries to select a checkbox, a message is going to

pop up. We're going to show some screenshots here in a bit. and it'll appear lettering letting them know they don't meet the 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

Hector Hernandez - HCPF: the self-attested zero income field and the selected individual is under 19 years of age. The below message will display on the screen. self-attested income can only be selected for individuals who are 19 or older and we'll have a screenshot of that as well. The latest begin date will be displayed to the user. The older begin date will be available in history. History is going to have a functionality on that specific next slide please. If yes is already selected and the CDMS user deselects the checkbox when EDPC determines that the member is at the three-year mark, that income will be considered verified 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.

Hector Hernandez - HCPF: Clock start date of the 30-year clock and the clock end date will be populated with the end date of the third-year clock. Both fields will be disabled. The clock start date will be populated with the first day of the month after the renewal due date and MRR cases. For intake, the clock start date will be populated with the application date for cases that have not established the RR period. Next slide, please. And lastly, the clock start date and stock clock end date will not be displayed until the member self attest checkbox to that income. Once the renewal packet and the $0 income VCL is triggered, it will reset when the member is selfattested self attest to the CL. The clock start date and clock end date will only display if there was any data saved on the screen.

Hector Hernandez - HCPF: really important. next slide please. So, here we have an example what the new page in CBMS is going to look like. So, under the income, you'll see a new field. MA selfattested 0 income. Under the details, we have this self attested zero income. We'll have the begin date. then it'll autoop populate clock start date and then the clock end date for us. And that clock end date will mark that third year that we're wanting for the members. next slide please. On here we have an example of what the up message is going to look like. There are several. we did decide to select at least one so everyone can view or it gives you an error message.

00:50:00

Hector Hernandez - HCPF: for example, if a member is under 19 where the self-attested zero dollar income can only be selected for individuals who are 19 years or so this is actually a really good benefit because it'll help everyone along the way when they're updating these screens. These little popups are going to show if there's any kind of conflict in the system and that is how the 30-year clock is going to work. that's all I have. Thank you very much.

Marivel Klueckman - HCPF: Thank you Hector so very much. Appreciate you walking us through that. and then again of course as usual we're recording. We will post this on our website and we will also share the slides on our website so that you can have that for reference as well in three years when that three-year clock starts. so now I'm going to hand it over to Cammy. Thank you so much for joining us here Cammy is going to go through a renewal project. So, again, this is based on our renewal that we implemented in June. and so we want to just continue to connect with everyone, especially as we're getting closer to all those requirements now being applied to the September renewal. So, Kenny, welcome.

Cammie Heale - HCPF: Thank Hi everybody. For those of you who don't know me, I'm Cammy Healey and I'm the medical assistance eligibility lead trainer. Next slide, Rebecca. All right, so a little Q&A. So, can a case workers complete the program action screen multiple times? Will it reset? Answer: Yes. A caseworker can update the program action screen after a case or a member is closed or terminated. This will reset to allow the case or member to be reinstated. So, what you need to know, the program action screen can be endated for each record 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.

Cammie Heale - HCPF: The program action screen still needs to be completed timely for CBMS to automatically reinstate state a Next screen. And so for example, it's On September 15th, the case terminated due to failure to complete the renewal process. The eligibility worker completed the program action screen on September 17th and the member is automatically reinstated.

Cammie Heale - HCPF: A final determination is made on September 24th and the member fails for missing verification. The member provides the missing verification on September 30th. The eligibility worker completes the program action screen on October 6th. The eligibility worker dated the first record created on September 17th and created a new one for October 6th. The case will get reinstated based on the new records created on October 6th. Next slide. So program action was added to profiles 110 for update access and 111 for inquiry access. Anyone that has read readonly access can address program action, meaning they do not have to go through the non-MAGI, and long-term care curriculums to have that capability.

Cammie Heale - HCPF: Next slide. Program action screen monitoring. So this screen will be reviewed as part of the eligibility quality assurance EQA pay sampling and evaluation. This screen will be reviewed to ensure it is updated when All received documentation must be retained appropriately for audit purposes. This new process will be effective for renewals authorized on or after September 1st of 2025 and the program action 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. And next slide.

Cammie Heale - HCPF: Okay, so for the 60-day extension, how does the 60-day extension come into play with the updated program The 60-day is not linked to the However, the program action screen can be completed by the end of the month following the renewal due month. So, for example, if it's a September renewal, the 60-day extension would apply for the months of October and November. The program. action screen can be completed in October, but after October, it will no longer be accessible. If the program action screen is not completed, the case will close in November. Next screen. And the department has the following resources and supports available to you should you need any additional support. And I think this is going to lead us into our next section, which is close out and questions.

00:55:00

Cammie Heale - HCPF: What questions do you have about the CPPM 10595?

Cammie Heale - HCPF: Back to Marbel.

Marivel Klueckman - HCPF: we can stay on this slide here.

Marivel Klueckman - HCPF: So, yeah, I hope that thank you Cammy and team for bringing out some of these FAQs and just kind of some tidbits. anyone have questions on the renewal project or would anyone willing to provide feedback on what you're seeing, how it's going? And again, this would probably be for the September renewal project or September renewals that are out right now in float. Thank you, Lindsay.

Lindsey Noyes - CDHS-CTY: I'm sorry, I got pulled away just for a second on that zero self addest the self declaration portion.

Lindsey Noyes - CDHS-CTY: When do we need to start marking those?

Marivel Klueckman - HCPF: Good question,…

Marivel Klueckman - HCPF: Mitchell or Hector, who wants to answer that?

Mitchell Scott - HCPF: Hi, I can jump in. so you won't see those first packets in VCL's until 2028. So that clock that Hector was describing is starting at zero as members are starting to go through their renewal in September of 2025.

Hector Hernandez - HCPF: Yeah, and just to give a little bit more insight, thank you, Mitchell. So, these will be for renewals going out in October. So, pretty much for the December 2028 renewals, that's when we expect those VCLs and R packets to be sent out and start being worked.

Lindsey Noyes - CDHS-CTY: Thank you for the clarification.

Marivel Klueckman - HCPF: Great team.

Marivel Klueckman - HCPF: Thank you, And great teamwork team. Thank you. I'm going to call out Jesse's chat. She's very interested if any counties have developed a process that you'd be willing to share. I think Kathleen saying you have a process or you wanted to be shared with you too. any other feedback? Thank you, Any feedback? Any mean, how's it going out there with the September renewals, or is it still a little bit too early? I know we havent a lot of what we've been talking about, right, is mitigating that termination and using that PA screen.

Marivel Klueckman - HCPF: as soon as you receive it and so if you update it before September 15th then that mitigates a termination and then if you use it after September 15th then that helps reinstate coverage. So we might still be a little early but for sure we'll bring this back up in our September meeting because by then I think we should be seeing the full effect at that point. but happy in the meantime if you guys want to send us any feedback or questions we're happy to. Daisy, you might have already answered this, but is there a training in colon yet?

Hector Hernandez - HCPF: Is she referring to the 30-year clock to our project?

Marivel Klueckman - HCPF: Yeah, Daisy.

Hector Hernandez - HCPF: If so, it is being worked on and it should be uploaded here soon.

Marivel Klueckman - HCPF: Thank you, ctor. And it looks like she's referring to the renewal project. so I know our webinar last two months ago was a training and I believe it was going to Tiffany's no longer here. Team, I know it's going to be updated in Colon.

Marivel Klueckman - HCPF: Does anyone know that?

Hector Hernandez - HCPF: So I believe so Maravel I can definitely check and…

Hector Hernandez - HCPF: get back to you Daisy regarding that question.

Marivel Klueckman - HCPF:

Marivel Klueckman - HCPF: Thank you so much, Hector. I thank you cy. if not about renewal, so the next slide, please. Anything we want to anything else that you want to share with us, You got quite the heck of eligibility team here. any other things that you want to share with everyone? Heather

01:00:00

Heather Wells: Hi there. first I just want to say that I already shared out some screenshots of the slides on the long-term care stuff with my team and they're ecstatic. So, thank a couple questions we also had on the level of care screen. we've been trying to figure out how to best communicate about withdrawals or screened out. and that's not currently an option on the level of care screen and wondering if that might be able to be put forth for a future enhancement because as it is, if somebody withdraws long-term care on our end and we endate the screen, the CMA doesn't get notified. So, we have to email them it separately and if they similarly have somebody withdraw with them or they screen them out because they can't contact them, they have to email us because there's no way for them to enter that where it is transmitted to us.

Heather Wells: I'm just wondering if there's maybe a better way to do that or maybe a way to add a text box on the level of care screen to include comments like this person has a family member who is interested in pursuing COS. So that way they know that that's something that they should ask about. just something that might better enhance the communication between us without needing separate emails.

Marivel Klueckman - HCPF: That's a good call out, Cat, do you want to address that?

Marivel Klueckman - HCPF: You want me to?

Kathleen Seese - HCPF: Yeah, for the screened out…

Kathleen Seese - HCPF: what withdrawn part for pieces for the referrals you send over. We are working on some potential updates to all of our systems for that. So stay tuned for those and we can communicate those out. We're looking it's going to be sometime next year. We're not quite sure what those implementation system updates are going to look like. yeah, so stay tuned.

Heather Wells: Awesome. I'm super happy to hear that.

Marivel Klueckman - HCPF: Thank you so much, Cat. And thank you, Heather.

Gabrielle Fischer: I put it in the chat too, but for what Heather was saying too, if we just end date, the notice of action that goes out to the clients is confusing to them because they'll say that you don't meet the level of care and then they'll call and be like, "Wait, I do meet the level of care but not realizing it's because they're not participating with their CMA or that they did choose to withdraw or whatever reason.

Marivel Klueckman - HCPF: Thank you for that feedback. Yeah, so as Cat mentioned, we're definitely trying to figure out how we can improve that process. and we're really trying to look at systematically how we can make that better. and if there's anything that we can do in the meantime that's maybe not full on

systematically, but just a way to be able to address that. So really appreciate that feedback. Anything else? Whether it be long-term care renewals, federal guys are awfully quiet.

Marivel Klueckman - HCPF: Our next scheduled meeting that we have is September 25th. so we will continue to follow our same process where we will send out a reminder ahead of time with the information so that you can join us and put it on your calendars. we'll continue to post these recordings on our website along with the slide deck. And then yeah, if you guys are also wanting to provide any feedback on the format of these meetings and how these meetings are going, I'd love to hear from you as well. I'm happy to put my email spec if you wouldn't mind sending to my inbox, Alicia, I'll come talk to you guys about that. just so that it doesn't get lost in my email box. but happy to hear from you guys.

Marivel Klueckman - HCPF: If you have any other suggestions or other ideas for these meetings Shauna I don't have the Medicaid eligibility inbox email address right away if you wouldn't mind putting that in the chat. but otherwise we really really appreciate you. Thank you so much. It really takes a village. and it's been a village and we were through CDMs some modernization then COVID and then PHA unwind and now we have HR1 that was coming up. So really appreciate your partnership and your input and we will continue moving forward.

01:05:00

Marivel Klueckman - HCPF: So, unless anyone has anything else, no, I think you guys may have a Medicaid inbox email address handy, but I think we'll get that in chat, but if you want to wait for a little bit and if not then coming forward. Kristen, was there a touch base in July? I don't see there was a touch base. So, we will circle back and see I wonder if it might be going through accessibility. So, we will circle back and get that posted, Have a wonderful rest of your day and almost Take care, Happy long weekend.

Meeting ended after 01:06:48 👋

This editable transcript was computer generated and might contain errors. People can also change the text after it was created.