



HCPF/Eligibility Sites Monthly Touch base

January 30, 2025

Shawn Bodiker | Eligibility Policy Manager, HCPF



Agenda

- Welcome
- Renewal Requirements Project
- Feedback on the Renewal Packet Design
- LTSS 60 Day Extension Project Update
- Open Forum

Project CCPM -10595

CBMS MA Renewal CMS Guideline Updates

June 2025

Jennifer Garcia | Eligibility Systems Analyst

Ana Bordallo | Eligibility Policy Lead

Alicia DeLeon | Medicaid Eligibility Inbox Administrator



Policy Summary

On March 15, 2024, the Centers for Medicare & Medicaid Services issued guidance to all states, outlining important information for conducting renewals consistent with federal Medicaid and Children's Health Insurance Program(CHIP+) requirements.

The Department's goal is to comply with the federal renewal requirements to ensure that individuals eligible for Medicaid or CHIP can successfully renew their coverage. If the Department fails to comply with these federal renewal requirements, the Department anticipates that CMS may place it on a corrective action plan until the renewal process is adequately addressed and brought into compliance.

Project Implementation

The Department will implement the CMS renewal requirements in different phases because of how big the scope of these changes are. The goal for completing all requirements is no later than June of 2027.

Phase 1: Project CCPM 10595 is scheduled for June 2025 and will impact September 2025 renewals.

System Updates

Members who returned their renewal form or requested documentation by the end of their eligibility renewal period must maintain coverage until a final determination is made.

- CBMS will reinstate coverage immediately and automatically for individuals whose coverage was terminated at Final Review (15th of Renewal month).

Members who get terminated at final review and who submitted renewal form or documentation by the end of the eligibility renewal period.

- CBMS will automatically generate a **New Reinstatement Notice** to notify the member their benefit coverage has been reinstated and that a final determination has not yet been made.
- CBMS will generate a system case comment upon the automatic reinstatement of an individual.

County Dashboard Updates

- A column with an indicator and the ability to filter the column will be added when a renewal is extended for a member who returns their renewal form or documentation by the end of the eligibility renewal period.
- This indicator will help eligibility sites to keep track of their timeliness and compliance with performance standards.
- MAP Dashboards will continue to be the data source that will be used to hold eligibility sites accountable to meeting expectations.

System Updates

Children moving into a lower benefit category at Ex Parte.

- If a child is eligible in a lower benefit category, a renewal packet will be sent to the household. At final review if they do not return the renewal packet, the child must be enrolled in the new benefit category, such as CHP+.

Renewal VCL Cover Letter Language Updates

- New language to the renewal VCL cover letter was added to specify which members in the home we are requesting renewal documentation for.

Income Interfaces at Renewal

- During the MA Ex Parte process, CBMS will not check the income interfaces (FDSH/Equifax/IEVS) if income is verified within the 6-month lookback period.

PEAK Enhancements at Renewal

- When a Medical Assistance Renewal is in “Started Status” in CBMS, any changes reported in the Health First Colorado App or PEAK should not cause RTE to run for MA.
- The changes reported will go to the PEAK Inbox for processing.

Questions?



Feedback on the Renewal Packet Design

Kristen Lundy | Member Content Strategy and Compliance Manager

Sarah Davis | Stakeholder Engagement Team Lead and Senior Advisor

We Want to Hear from You

- Which parts of the renewal packet do you find most helpful or clear, and why?
- Are there specific sections or terms in the renewal packet that are confusing or unclear? Please specify.
- What changes or improvements would make the renewal packet more user-friendly?

★ Please [provide feedback](#) by the end of
February

CMS Model Authorized Representative

Attachment C

Assistance with completing this application

An authorized representative is a trusted friend, partner, or lawyer you choose to sign your renewal form, get information about this renewal form, and act for you with this agency.

► If you have an authorized representative now, please answer these questions.

We show that you chose this person as your authorized representative:

Not applicable

Do you still want this person to be your authorized representative?

Yes No

If yes, has any of his or her information changed?

Yes No

If your authorized representative's information has **changed**, or if you would like a **different** authorized representative, please write the new information here:

Name of authorized representative:

Address: _____ Apartment # _____ City _____ State _____ ZIP code _____

Phone number: Home Cell Work Other
Number: _____

By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.

Your signature: _____

Date: _____

► If you do not have an authorized representative and want one, please answer these questions.

Check here if you want an authorized representative. Answer the questions below.

Name of authorized representative:

Address: _____ Apartment # _____ City _____ State _____ ZIP code _____

Phone number: Home Cell Work Other
Number: _____

By signing, you allow this person to sign your renewal form, to get information about this renewal form, and to act for you with this agency.

Your signature: _____

Date: _____



COLORADO

Department of Health Care
Policy & Financing

Colorado - Authorized Representative

Authorized Representative or Organization Form: Applicant Section

Case ID:

Complete this form if you want an authorized representative to complete your renewal paperwork for you.

An authorized representative is a trusted person or organization you choose to help you with your renewal form. We need your permission so your authorized representative can talk with us about the renewal form, see your renewal information, and make updates to your case.

If you have an authorized representative now, please answer these questions.

We show that you chose this individual as your authorized representative:


- Do you still want this individual to be your authorized representative? YES NO
- If 'YES,' has any of their information changed? YES NO

If you want to add or change an authorized representative, or update your authorized representative's information, please write the new information below:

Authorized Representative First Name	Authorized Representative Middle Name	Authorized Representative Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Organization/Company Name (if applicable)	Organization/Company ID (if applicable)	
<input type="text"/>	<input type="text"/>	
Authorized Representative Street Address (leave blank if you don't have one)	Apartment/Suite #	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone Number	Phone Extension
<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input type="text"/>

Do you want your new authorized representative to receive copies of notices/communications? YES NO

By signing, you allow the authorized representative to sign your renewal form, get information about this renewal form and communicate with this agency.	Applicant's Signature	Date (MM/DD/YYYY):
	<input type="text"/>	<input type="text"/>

 Visit CO.gov/PEAK to manage your account

Med_MAGI_Redetermination_Notice15_EN
Case ID:Correspondence ID:

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Process Date: December 13, 2024



Colorado - Authorized Representative

Authorized Representative or Organization Form: Authorized Representative or Organization Section

Case ID:

Ask the authorized representative to complete this section if you added or changed your authorized representative.

By signing, I agree to fulfill all authorized representative responsibilities. An authorized representative is a trusted person or organization who helps the applicant or member apply for or renew benefits, and communicates with Health First Colorado on the applicant's or member's behalf about applying and renewing benefits. An authorized representative can talk with us about the renewal form and see member and applicant information. I understand authorized representatives do **not** have power of attorney or guardianship responsibilities for the applicant or member.

I agree to maintain the confidentiality of any information regarding the applicant or member in compliance with state, federal, and all other applicable laws. If an authorized representative is an organization, the signature of an organizational contact who is either a provider, staff member or volunteer of the organization is required. As a provider, staff member or volunteer of an organization which is an authorized representative, I affirm that I will adhere to the regulations in 42 CFR §431, Subpart F and to 45 CFR §155.260(f), and 42 CFR §447.10, as well as all other relevant state and federal laws concerning conflicts of interests and confidentiality of information.

Signature of Authorized Representative/Organizational Contact

Date (MM/DD/YYYY):

 / /

If you have authority under a power of attorney, legal guardianship or conservatorship, or other legal authority to make financial decisions on behalf of a member or applicant, you do not need to complete this authorized representative form. Please provide proof of the following: power of attorney, court order establishing legal guardianship or conservatorship, or other legal document explicitly stating that you may legally act on behalf of the applicant or member. Choose one of these ways to send us information online, by mail or in person to the address above.

- By checking this box, I affirm that I have power of attorney, legal guardianship or conservatorship, or legal authority to act on behalf of the applicant or member.



COLORADO

Department of Health Care
Policy & Financing

Questions?



LTSS 60-day Extension Update

Kathleen Seese | Eligibility Systems Analyst
Melinda VanderKooy | Long Term Care Policy Advisor V



LTSS 60-day Extension Update

Good News! CMS has given approval to allow for the 60-day extension to apply for 12 months (through December 2025 renewals)

- Previously we only had authority until June 30, 2025

New Change: CMS clarified that we cannot apply 60-day extension to over income and over resource terminations

- System changes are needed to apply these terminations to the list of exceptions. This will be done with the build scheduled for March 8th.

➤ Exceptions to 60-day extensions:

- Death
- No longer a Colorado resident
- Withdrawal from the program
- Incarceration
- Over Income (as of March 8th)
- Over Resources (as of March 8th)



Call Out Items From the CBMS Communication

These updates will be made through a March 2025 CBMS project.

- Training will be updated and KT release notes will be provided specific to these updates- refer to KT release notes for project 10867 in March

In the meantime anyone whose eligibility is run prior to the project will still have the 60-day extension applied to over income and over resources.



Call Out Items From the CBMS Communication

- COGNOS Report
 - MA LTC and Buy-In Eligibility Extension
- Member Outreach
 - Auto-dialer Campaign
 - Text/Email Campaign
- NFs/PACE/ICFs/CMAs

Questions?



*Thank
you!*

