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COVERING
KIDS & FAMILIES

JULY MEETING NOTES

July 15, 2022

HCPF Updates

Shawn Bodiker and Lisa Pera, the Colorado Department of Health Care Policy and Financing (HCPF), discussed policy changes that went into effect on July 1, and answered questions from the group.

- The CHP+ enrollment fee is permanently removed, for new members and for renewals.
- [SB21-194](#): Postpartum Expansion to 12 Months
 - Extends postpartum coverage from 60 days to 12 months for pregnant members enrolled in Health First Colorado (Colorado's Medicaid program) or Child Health Plan *Plus* (CHP+). Members do not need to apply but do need to report their pregnancy to have their coverage extended. Postpartum members will stay enrolled in benefits regardless of changes in circumstances, such as income or family size.
 - This program started July 1 but is not yet built in the Colorado Benefits Management System (CBMS). Presumptive Eligibility (PE) sites will require additional training after a build goes live in the Colorado Benefits Management System in August.
 - If an individual is eligible for Health First Colorado during their pregnancy, but didn't apply until after they gave birth, they will be eligible for the 12 months postpartum coverage. They must apply during the month pregnancy ended or within 90 days so for retroactive coverage.
- [SB21-009](#): Reproductive Health Services for Undocumented Individuals
 - Individuals who would meet eligibility criteria for Health First Colorado, if not for their citizenship or immigration status, are now eligible for reproductive health care services. Previously, this population would have only qualified for Emergency Medicaid. Now they qualify for Emergency Medicaid and family planning services.
 - Services include contraceptive methods, such as oral birth control and Long-Acting Reversible Contraception, and family planning counseling. Members will be enrolled for 12 months. After 12 months, members will receive a renewal packet to redetermine their eligibility.
 - Individuals can apply for the Reproductive Health Services benefit using a new question on the application that asks if they want to be considered for coverage.
 - People who previously applied and were already enrolled in Emergency Medicaid do not need to re-apply to receive the family planning benefit. They will get the benefit automatically.
 - Individuals may apply at any time, and will get a Notice of Action to communicate if they received the benefit.

- [Emergency Medicaid](#)
 - Individuals enrolled in Emergency Medicaid will be covered under the program for 12 months. After 12 months, the member will receive a renewal. Previously, members had to re-apply for each instance of care. Services must still be considered an emergency treatment to be covered.
 - Individuals can apply for Emergency Medicaid using a new question on the application that asks if they want to be considered for coverage for treatment of emergency services.
 - Individuals who were enrolled in Emergency Medicaid before this July 1 change do not need to re-apply to have a renewal date. This is because they are currently locked-in to coverage due to the public health emergency (PHE). They will be given a renewal date based on the date that they originally applied.
 - Individuals may apply at any time, and do not have to wait for a life or limb threatening circumstance.
- [SB 21-025: Medical Assistance New Limited Family Planning Services Income Expansion](#)
 - Extended coverage of limited family planning services to individuals with incomes between 134-260% of the Federal Poverty Level who are not eligible for a full coverage Medical Assistance benefit. Individuals must be U.S. citizens or lawfully residing to qualify.
 - Benefits include contraceptives and counseling services focused on preventing, delaying, or planning a pregnancy.
 - There is no restriction on age or gender.
 - This benefit is eligible for PE, and all applicants will be asked if they want to opt-out of receiving these services when submitting an application.
 - Members will receive notices that they are eligible for this program.
 - Family size is based on the tax-filing status of a household.
- Removing lawful presence requirement for state and local programs:
 - Removed the requirement to prove lawful presence for state and local public benefits beginning on July 1. This does not include federal programs, such as Medicaid.
 - Applicants will still need to answer questions about lawful presence, but it will not dictate their eligibility for most applications.

HCPF is drafting a FAQ document, and will post it on their website to answer further questions.

CKF Updates

Shoshi Preuss, Colorado Community Health Network (CCHN), shared news of her transition from the Covering Kids and Families team to the Public Affairs team within CCHN. Shoshi will continue to attend meetings and work closely with the group, but technical assistance questions should be sent to Liz Tansey (ltansey@cchn.org) moving forward.