



This guide is not meant to replace direct assistance for Health First Colorado, the Department of Human Services, or be used in place of HCPF guidance.

Guide to COVID Unwind Renewal for Health First Colorado - Long Term Care Medicaid

Purpose/Disclosure

This guide was developed as an additional tool for individuals that we serve and their caregivers/families/providers to help navigate the Renewal for Health First Colorado mail or emailed items and to answer some frequently asked questions.

WHAT IS RENEWAL FOR HEALTH FIRST COLORADO?

The Department of Human Services (DHS) annual financial review process to ensure each individual remains eligible for Medicaid benefits. During an individual's renewal month, DHS will request financial verifications such as current pay stubs, bank statements, or policies showing cash surrender value. Individuals will also need to sign and return the "Renewal Form Signature Page" of the Renewal Packet sent by DHS. Completing this process by the due date provided by DHS will ensure uninterrupted access to The Resource Exchange (TRE) waiver services and access to Medicaid.

HOW TO COMPLETE RENEWAL FOR HEALTH FIRST COLORADO

Step 1: Review the Renewal for Health First Colorado Packet sent by DHS by mail or log in to the PEAK website. Review the Resource Exchange (TRE) Benefits Team notification regarding verifications needed by DHS.

FINISH READING ON PG. 2

"Renewal for Health First Colorado" Packet

STATE OF COLORADO
Renewal for Health First Colorado

Case Number: _____

It is time to renew your health coverage. We need to see if you and your household members still qualify for Health First Colorado (Colorado's Medicaid Program). You must take action or you may lose your benefits.

How Can I Submit My Renewal?

- Online:** Go to CO.gov/PEAK. Log in to your account. Click "Manage my benefits." Then choose "Renew Benefits." If you do not have an account, you can create one at any time. Follow the instructions on CO.gov/PEAK to create an account.
- Mobile app:** Download the Health First Colorado app and log in with your PEAK account or create an account on the mobile app to complete and electronically sign the renewal form. Use this app to:
 - See if your coverage is active
 - Complete your yearly renewal
 - Learn about your health coverage
 - Update your information
 - Find providers
 - View your member ID card

Sign up to get helpful information about your Health First Colorado benefits by text! Text "JOIN" to 66596. Message and data rates may apply.

Paper: Mail, fax, or bring the completed signature page and updated renewal form pages to your local county office.

Fax: _____

Call: at State Relay: 711 and tell them you are calling about renewal of your health coverage.

DO I NEED TO DO ANYTHING IF I HAVE NO CHANGES?

If an individual receives a Renewal for Health First Colorado packet and there are no changes, DHS will still need the "Renewal Form Signature Page" signed, verification of income and resources listed so DHS can verify income and resources eligibility requirements.

FINISH READING ON PG. 2

WHEN SHOULD I EXPECT A RENEWAL FOR HEALTH FIRST COLORADO PACKET?

Approximately 60-70 calendar days prior to an individual's renewal deadline, if DHS requires information a Renewal for Health First Colorado Packet will be sent out. Example: Renewal Month is May, a Renewal Packet will be sent by March 15th.

FINISH READING ON PG. 2



Case Number:

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HOW TO COMPLETE RENEWAL for Health First Colorado

BELOW ARE STEPS ON HOW TO COMPLETE RENEWAL FOR HEALTH FIRST COLORADO, REMAIN ELIGIBLE FOR LONG TERM CARE MEDICAID AND TRE WAIVER SERVICES:

Step 1: Review the Health First Colorado Renewal Packet sent by DHS by mail or log in to the PEAK website to view the Renewal Packet. Review the TRE Benefits Team notification regarding detailed verifications/documentation needed by DHS for Renewal.

Step 2: Gather current documentation regarding income and resources. Examples:

Employed? Documentation needed: 1 months' worth of current and full paystubs.

Bank account(s)? Documentation needed: 1 months' worth of a current and full bank statement.

Life or burial insurance policy? Documentation needed: Life or burial insurance policy showing the cash surrender value.

Step 3: Sign and return the "Renewal Form Signature Page," income and resource documentation to the address in your packet directly to DHS. If an Authorized Representative is assigned, you AND the Authorized Representative must also sign and return the "Authorized Representative or Organization Form"

"Renewal Form Signature Page"

Renewal Form Signature Page					
Health First Colorado	Case Number:				
Read and sign this attachment (This page MUST be returned).					
Please refer to What I Should Know - Rights & Responsibilities before signing.					
<p>Check the box that applies:</p> <p><input type="checkbox"/> I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. All information in the Renewal Form is correct. I do not need to make any changes or corrections to the information.</p> <p><input type="checkbox"/> I have read all parts of the Renewal Form and Rights and Responsibilities for Health First Colorado/CHP+. I need to make changes or corrections to the information. I will return the Renewal Form with the changes and corrections.</p>					
<p>Signature of household contact or Authorized Representative</p> <p><input type="checkbox"/> Check here if an authorized representative signed.</p>	<p>Date (MM/DD/YYYY):</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>				
<p>If you want to add, change or update an authorized representative, fill out the form that came with this letter.</p> <p><input type="checkbox"/> Check here if you want an authorized representative.</p>					
<p>If your household needs to change its primary phone number, please update here</p>	<table border="1"> <tr> <td>Primary Phone Number (Currently On File)</td> <td>XXXXXXXXXXXXXXXXXXXXXXXXXXXX</td> </tr> <tr> <td>Primary Phone Number (New)</td> <td>(<input type="text"/>) (<input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home</td> </tr> </table>	Primary Phone Number (Currently On File)	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Primary Phone Number (New)	(<input type="text"/>) (<input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
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Primary Phone Number (New)	(<input type="text"/>) (<input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home				

"Authorized Representative or Organization Form"

Authorized Representative or Organization Form: Applicant Section	
Health First Colorado	Case Number:
<p>Complete this attachment if you need assistance with completing the Renewal Form.</p> <p>An Authorized Representative is a trusted individual or organization you choose to help you with your Renewal Form. We need your permission so that your authorized representative can talk with us about the Renewal Form, to see your information, and act for you on all issues related to your health coverage. If you no longer want an authorized representative, you may go online at CO.gov/PEAK, or contact your county office, or organization or complete the form below.</p>	
<p>If you have an authorized representative now, please answer these questions.</p> <p>We show that you chose this individual as your authorized representative:</p> <ul style="list-style-type: none"> Do you still want this individual to be your authorized representative? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," has any of their information changed? <input type="checkbox"/> YES <input type="checkbox"/> NO 	
<p>If you want to add, change or update an authorized representative's information please write the new information below:</p>	
Authorized Representative First Name	Authorized Representative Middle Name
Authorized Representative Last Name	
Organization/Company Name (if applicable)	Organization/Company ID (if applicable)
Authorized Representative Street Address (leave blank if you don't have one)	Apartment/Suite #
City	State
Zip Code	County
Email Address	Phone Number
Phone Extension	
<p>Do you want your new authorized representative to receive copies of notices/communications? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>By signing, you allow the authorized representative to sign your Renewal Form, get information about this Renewal Form, and act for you on all future matters with this agency.</p>	<p>Applicant's Signature</p> <p>Date (MM/DD/YYYY):</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>

Authorized Representative or Organization Form: Authorized Representative or Organization Section	
Health First Colorado	Case Number:
<p>Ask the authorized representative to complete this section if you added or changed your authorized representative.</p>	
<p>By signing, I agree to fulfill all responsibilities within the scope of the authorized representation that the individual who I represent is required to fulfill, which is different than having legal authority to act on behalf of the applicant or client. I agree to maintain the confidentiality of any information regarding the applicant or client provided by the agency 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 §155.200(f), and 42 CFR §447.10, as well as all other relevant state and federal laws concerning conflicts of interests and confidentiality of information.</p>	
<p>Signature of Authorized Representative/Organizational Contact</p> <p><input type="text"/></p>	<p>Date (MM/DD/YYYY):</p> <p><input type="text"/> / <input type="text"/> / <input type="text"/></p>
<p>If you have been given the legal authority to act on behalf of the applicant or client through some means other than the assignment as an authorized representative through this form, such as the ability to make medical or financial decisions, you will need to affirm that you have that authority and provide the appropriate documents verifying that you have that authority.</p> <p><input type="checkbox"/> By checking this box, I affirm that I have legal authority to act on behalf of the applicant or client. (Please provide a copy of the following documents with this form when it is submitted: a power of attorney, court order establishing legal guardianship, or other legal document explicitly stating that you may legally act on behalf of the applicant or client.)</p>	

What Happens Next?



DHS WILL REVIEW ALL DOCUMENTATION RECEIVED

Once all documentation has been submitted to DHS, DHS will complete a review and make a determination whether an individual continues to meet the income and financial requirement for Health First Colorado Medicaid.

Please note: A determination may take up to 2-4 weeks.

If further documentation or information is needed, DHS will send out a notification or TRE will send out a notification.

What if I need help filling out my packet and I'm in El Paso County?

Send an email to El Paso DHS at: DHSLTCNavs@elpasoco.com

In some cases members may receive a letter requesting to check if their income information is correct or make updates. **See the example below of Income Discrepancy Letter:**

[Current Date]
[Case Name]
[Case Mailing Address]

Case Number: [Case Number]

Dear [Case Name]:

Update your household income information by [ROP due date]

You're getting this letter because we got new information about your income. Please read this letter and let us know if the new information is wrong, even if you or others in your household received a letter saying medical assistance benefits were approved.

Important: If our new information is incorrect, you must let us know, or you and others in your household may lose medical assistance benefits. We need you to check our information to make sure it is correct. If you do not update incorrect information, you or members of your household may lose Health First Colorado (Colorado's Medicaid Program) or Child Health Plan Plus (CHPP) coverage.

- If any of the information below is wrong, please update it by [ROP due date].
- Instructions about updating your information are on the next page of this letter.
- If all the information below is correct, you do not need to update anything or respond to this letter.

Income information

This is the information we got about your gross income. Gross income is your income before taxes and other deductions are taken out of your pay.

Employer Verified Income:				
Name	Employer	Pay Frequency	Pay Date(s)	Gross Income Amount
[Individual's name]	[employer business name]	[Frequency of pay]	[Most recent paycheck received date]	[\$Amount]

If Approved, DHS will send notification stating benefits will continue for Health First Colorado and Long Term Services and Support:

{firstName} {lastName}
Health First Colorado ID: {MA_stateId}

{fName} qualifies for:

✓ {benefitCategory} {benCatSubScnInt} {benCatSubScnTrailing}. You will still get benefits. Your benefits continue on {benefitStartDate}. We used the information we had on record to approve you. If you would like to view the information we used, visit CO.gov/PEAK or contact your County's Human Services agency and request a copy of your Renewal Report.

Important: If you have changes or corrections to your information you need to report them with 10 days of the change. Follow the instructions below under "Reporting Your Changes and Managing Your Benefits Online," or contact your County's Human Services agency.

FAQs:

How do I find my Renewal Month?

An individual can find their date their renewal is due in the PEAK website on the dashboard under your To-do list. An individual can also contact Renewal@tre.org

What if I have questions regarding Renewal for Health First Colorado?

You can contact Renewal@tre.org

When is the DHS due date?

The 5th of the Renewal month to prevent any disruptions in Long Term Care Medicaid. Example: Renewal is June, DHS due date for Renewal will be June 5th. The deadline to submit all renewal verification is end of Renewal month.

Why do I need to complete a Renewal every year for my Medicaid Benefits/TRE waiver services?

Medical Assistance is not guaranteed, medical health coverage is approved for a certain period of time.

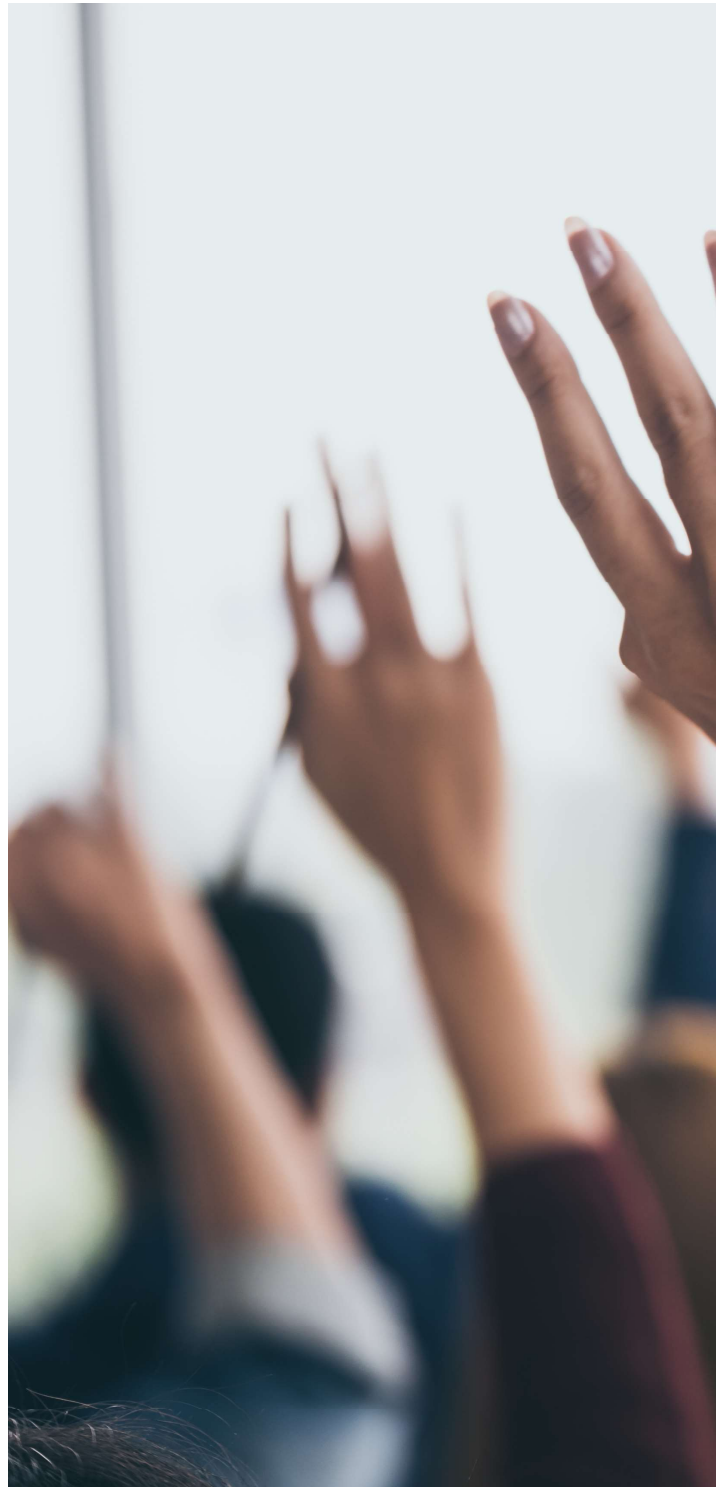
Some members will be automatically renewed based on the most recent information already on file with the state.

If information cannot be verified or there is no current information on file, members will need to go through the renewal process so health coverage can renew.

How long is my Renewal good for?

Health coverage is renewed twelve months at a time.

How do I know I am auto-renewed?



You will get a letter about 60-70 days before your renewal deadline saying your health coverage has been renewed.

No additional information is needed or is being requested (i.e. Income Discrepancy Letter or notification from TRE Benefits Team). Health coverage will be renewed for twelve months.

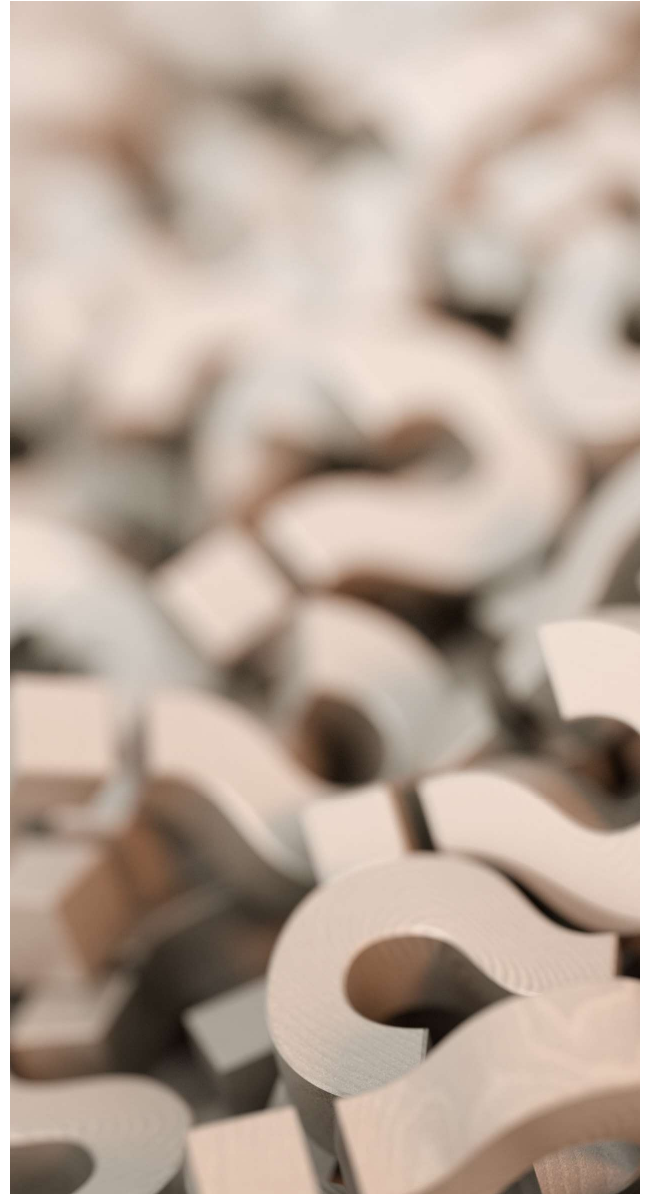
Can I renew early?

No, you must take action at the time your renewal is due. This will ensure eligibility workers can process the renewals in a timely manner and allow time for connections to other health care coverage for those who may no longer qualify for Health First Colorado.

However, you may update your contact information, communication preferences, and any other updates to your information anytime.

What if I'm unable to provide verifications before the end of my Renewal month?

There is a 90 day grace period to submit ALL renewal verifications/documentation and the signed "Renewal Form Signature Page" without having to reapply for Long Term Care Medicaid. When submitting ALL documentation after the deadline, please request "**retroactive medical coverage**" to prevent any gaps in coverage when benefits are reinstated. Please note: DHS will not be able to reinstate Long Term Care Medicaid without all renewal verifications/documentation being submitted.



Sources and Further Information regarding Renewal for Health First Colorado:

Colorado Peak Communication Preference: [Communication Preferences.pdf - Google Drive](#)

Colorado Peak Pro Training Resources: [COLORADO PEAK - Program Eligibility and Application Kit \(force.com\)](#)

Colorado Peak Upload Documents: [Upload Documents - Google Drive](#)

Colorado Peak View/Change Address: [View and Change Address.pdf - Google Drive](#)

Preparing For Renewals: A Communications Toolkit: [Preparing for Renewals: A communications Toolkit \(colorado.gov\)](#)

Sample Renewal for Health First Colorado Non-MAGI Pamphlet (English): [Renewal Non-MAGI Packet in English.pdf - Google Drive](#)

Sample Renewal for Health First Colorado Non-MAGI Pamphlet (Spanish): [Renewal Non-MAGI packet in Spanish.pdf - Google Drive](#)

Understanding the Renewal Process: [COVID-19 Public Health Emergency FAQs | Colorado Department of Health Care Policy & Financing](#)