

# The Latest in LTSS



## HCPF H.R. 1 Webinar Resources

The Colorado Department of Health Care Policy and Financing's (HCPF) H.R. 1 Medicaid Coverage, Eligibility, and Implementation Updates Webinar was hosted on February 24.

Below are links to the recording and the materials shared during the webinar:

- Meeting Recording: [English](#) | [English with American Sign Language](#) | [Spanish](#)
- Presentation Slides: [English](#) | [Spanish](#)
- [H.R. 1 Screening Tool](#)
- [H.R. 1 landing page](#) on the Health First Colorado website with [frequently asked questions](#)

## CDDC Community Survey

On January 28th, the CDDC reviewed feedback from their literature review, community survey, policy scan and listening sessions and selected three priority areas for the next five-year plan: HealthCare, Housing and Employment.

If you weren't able to attend their listening sessions, this [survey](#) is for you to submit ideas. These ideas will be shared with the Council and its committees as we work to develop the next five-year plan to improve the lives of people with intellectual and developmental disabilities (I/DD) in Colorado.

## No LOC Extension Effective 5/1/26

Effective 5/1/26, no new LOC extensions will be applied; any member who does not have a valid Approved LOC with either a future end date or indefinite end date will terminate from LTC services effective 5/31/26

## Renewal Process Reminder

Health First Colorado and CHP+ review information annually to make sure members still qualify for health coverage. Some members are automatically renewed based on information on file. Other members are asked to complete a renewal packet to determine their eligibility. This is known as the renewal process (sometimes called redetermination or RRR)

More information and tips included in the next 2 pages. For the full Understanding Referral Toolkit, visit <https://hcpf.colorado.gov/sites/hcpf/files/UnderstandingRenewals%20APartnerGuide-0225-AC2.pdf>

## Newsletter Highlights

HCPF H.R. 1 Webinar Resource (pg 1)

CDDC Community Survey (pg 1-3)

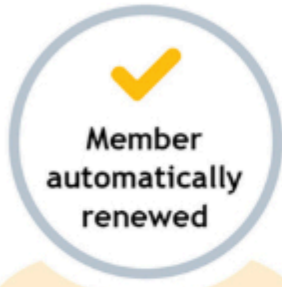
Renewal process overview and tips (pg 2-3)

HCPF Medicaid Forecast letter (pg 4)

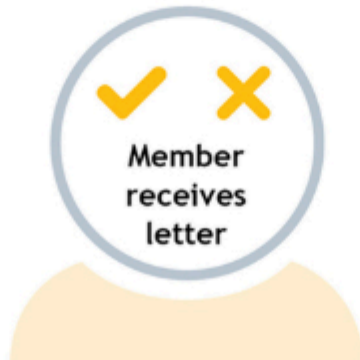
# Renewal Process Overview



The automated renewal process (Ex Parte\*) begins by checking information from data sources for individual members.



The member passes ex parte, is automatically renewed and receives a determination letter approving their continued coverage.



One or more household members does not pass ex parte, and is not automatically renewed. A pre-populated renewal packet is mailed and sent to their PEAK inbox.

The renewal packet must be reviewed, updated, signed and returned along with any requested verifications by the deadline specified in the packet.

The returned renewal packet is reviewed by an eligibility site. Some renewals are more complicated and may take longer to process.

Members receive a determination letter approving or denying coverage.

Members have a right to appeal a benefit decision. If no longer eligible, they can transition to other health coverage. Members who failed to return their paperwork have 90 days to resubmit for redetermination.

\* Some members are automatically renewed based on the most recent information already on file for them from other data sources. This process is known as ex-parte.



# Key Tips for the Renewal Process

## 1. Understand the Renewal Timeline

- Automatic Renewal: Some members may be automatically renewed based on existing data DHS has available.
- Manual Renewal: If automatic renewal isn't applicable, members will receive a renewal packet. It's essential to complete and return this packet promptly to avoid coverage gaps.

## 2. Review and Complete the Renewal Packet

- Carefully review the prepopulated renewal packet for accuracy.
- Update any outdated information and provide necessary documentation as requested.
- Sign and return the completed packet by the specified deadline.

The screenshot shows a 'Renewal Form Signature Page' for Health First Colorado/CHP+. It includes instructions to read and sign the attachment, a reference to 'What I Should Know - Rights & Responsibilities before signing', and a section to check the box that applies. Two options are provided: one for those who have read all parts and do not need changes, and another for those who have read all parts and need to make changes or corrections. There are fields for the signature of the household contact or authorized representative, the date (MM/DD/YYYY), and a checkbox to indicate if an authorized representative signed. Below this, there is a section for updating the primary phone number, with a table for the current number and a new number, and checkboxes for Cell, Work, and Home. The page is labeled 'Page 4 of 20'.

## 3. Common Documents Needed for Eligibility Renewal

- **VCL (Verification Checklist)**
- **Verification that Could be Requested**
- Pay stubs (usually last 30–90 days)
- Bank Statements (usually last 30 days)
- Social Security award letter
- Other miscellaneous documents may be requested on the VCL.

## 4. Utilize the PEAK Online Portal

- PEAK (Program Eligibility and Application Kit) allows members to manage their benefits online.
- Members can complete their renewal, upload documents, and track the status of their application through PEAK.
- TRE has observed instances where documents were not saved correctly in PEAK. It is very important to log back into PEAK to confirm that your documents have been successfully uploaded.

## 5. Paper Renewals

- Submitted by mail
- Hand delivered to DHS
- Emailed TRE at renewal@tre.org

## 6. Keep Copies of All Submitted Documents

- Maintain copies of all forms and documents submitted for your records.
- This practice can be helpful in case of discrepancies or if additional information is requested

## Renewal Resources

[Eligibility Renewals | Department of Health Care Policy and Financing](#)

Health First Colorado (Colorado's Medicaid program) and Child Health Plan Plus (CHP+) review information annually to make sure a member still qualifies for health coverage. This is known as the renewal process or redetermination (RRR). Some members are automatically renewed based on information on file.

[hcpf.colorado.gov](http://hcpf.colorado.gov)

Email for ARG:  
[argcoloradostatusinquiry@equusworks.com](mailto:argcoloradostatusinquiry@equusworks.com)



# HCPF Medicaid Forecast Letter

HCPF’s revised forecast projects General Fund (GF) expenditures will be \$70 million greater in FY 2025-26 and \$138 million greater in FY 2026-27, compared to the October 31, 2025 forecast, as shown in the tables below. The FY 2026-27 estimate represents a 14.8 percent year-over-year increase compared to the FY 2025-26 spending authority.

Table 1: FY 2025-26 Revised Forecast (\$ millions)

	Total Funds	General Fund
Total FY 2025-26 spending authority	\$16,902	\$5,315
Oct 31, 2025 incremental request	\$1,086	\$229
Feb 17, 2026 incremental request	\$197	\$70
Total FY 2025-26 estimated expenditure	\$18,186	\$5,615

Table 2: FY 2026-27 Revised Forecast (\$ millions)

	Total Funds	General Fund
Total FY 2026-27 spending authority	\$16,964	\$5,333
Oct 31, 2025 incremental request	\$2,842	\$631
Feb 17, 2026 incremental request	\$305	\$138
Total FY 2026-27 estimated expenditure	\$20,111	\$6,102
Year-over-Year Increase compared to the FY 2025-26 spending authority	\$3,210 (19.0%)	\$786 (14.8%)

The Governor proposed a balanced budget for FY 2026-27 that increases Medicaid spending by a more modest 5.6 percent growth rate. This growth rate still provides a substantial funding increase of roughly \$2 billion TF / \$300 million GF, putting Medicaid on a more sustainable budget path.

Read the full letter here: <https://drive.google.com/drive/folders/1SbrXYzpwpyLo-3wnxRmtHpltSulkbXat->

## Feedback for the LTSS newsletter? Let us know through our form by clicking or scanning the QR code.



## What the Acronyms Mean

- **ARG** = Arbor Review Group (3rd party disability application reviewer)
- **CFC** = Community First Choice
- **CDASS** = Consumer-Directed Attendant Support Services
- **CMA** = Case Management Agencies. Formerly CCBs and SEPs.
- **CMRD** = Case Management Redesign
- **CCM** = Care and Case Management system (statewide Member health record). This replaced the Benefits Utilization System (BUS)
- **DSA** = Direct Service Area. This is how CMRD designated CMAs. TRE works with both DSA 11 (El Paso, Park, and Teller Counties) and DSA 12 (Pueblo County).
- **HCPF** = Health Care Policy and Financing
- **HMA** = Health Maintenance Activities
- **ISLA** = Interim Supports Level Assessment
- **LTSS** = Long Term Services and Supports. Also known as HCBS (Home and Community Based Services) or LTC (Long Term Care).
- **Member** = person in services
- **NA** = Nurse Assessor
- **OCL** = Office of Community Living
- **PAR** = Prior Authorization Request
- **PETI** = Post Eligibility Treatment of Income
- **RAE** = Regional Accountable Entity
- **SIS** = Supports Intensity Scale