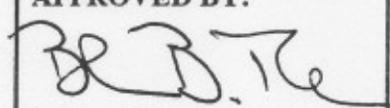


<b>Colorado Department of Health Care Policy and Financing</b> 1570 Grant St., Denver, CO 80203-1818	<b>NUMBER:</b> HCPF 05-012
	<b>CROSS REFERENCE:</b>
<b>DIVISION OR OFFICE:</b> Medical Assistance Office	<b>DATE:</b> July 28, 2005
<b>SUBJECT AREA:</b> Continuance of Medicaid Benefits throughout a disability determination appeal to Social Security Administration.	
<b>SUBJECT:</b> Revision to the Medical Assistance Eligibility and Recipient Appeals Rules.	<b>APPROVED BY:</b>  Barbara B. Prehmus
<b>Type:</b> I-Informational	

*Medicaid Agency Letters can be accessed online at:  
[www.chcp.state.co.us](http://www.chcp.state.co.us)>Reference Materials>>Agency Letters*

**Purpose:**

The purpose of this Agency Letter is to advise County Departments of Social/Human Services and Medical Assistance sites of the revision to the Medical Assistance Eligibility and Recipient Appeals Rules.

**Background:**

The rule revision ensures the maintenance of Social Security Income Medicaid benefits during a disability determination appeal to the Social Security Administration (SSA). The authority for this rule is contained in sections 25.5-1-301 to 25.5-1-303 C.R.S. (2004) and 42 C.F.R. 431.230.

**Procedure or Information:**

Volume VIII revision 8.057.5.C. Continued Benefits During an SSA Appeal. If an individual receiving Medicaid based upon disability is determined by SSA not to be disabled, and he or she is not eligible for Medicaid on some other basis, Medicaid is continued during the 60-day period within which an SSA appeal may be filed. If the individual does not appeal the SSA decision within the 60-day period, Medicaid shall be terminated at the end of that 60 day period and after proper notice.

If an SSA hearing is requested within the 60-day period, Medicaid may not be terminated until a final decision is made after the SSA hearing. A final administrative decision occurs when the Medicaid recipient has no right to further administrative appeal with the SSA.

The Department shall provide 10-days notice to the individual that Medicaid shall be terminated after the 60-day period if the individual fails to appeal the SSA decision.

**Effective Date:**

July 1, 2005

**Contact Persons:**

Adult Medical Assistance Specialists

Eric Stricca  
(303)-866-4475  
[Eric.stricca@state.co.us](mailto:Eric.stricca@state.co.us)

Cindy Valdez  
(303)-866-3544  
[cindy.valdez@state.co.us](mailto:cindy.valdez@state.co.us)

Pansy Moore  
(303)-866-2814  
[Pansy.moore@state.co.us](mailto:Pansy.moore@state.co.us)