



Elimination of 5 Year Bar for Legally Present Pregnant Women and Children

Frequently Asked Questions

In 2009, Colorado passed HB 09-1353 which eliminates the five-year residency bar for Medicaid and Child Health Plan *Plus* (CHP+) eligibility for legally present children, and eliminates the five-year residency bar for CHP+ eligibility for legally present pregnant women. The implementation of this law was contingent on the Department of Health Care Policy and Financing state funding being made available. In 2014, funding for HB 09-1353 was provided effective July 1, 2014.

The following frequently asked questions seek to address questions regarding the Department's implementation plan for HB 09-1353.

Can qualifying individuals gain coverage now through Medicaid or CHP+ under this policy?

No, although funding was granted, there are required system changes to program the new eligibility rules into the Colorado Benefits Management System (CBMS). In addition, the Department does not have Federal authority to implement this policy. The Department must request approval from the Centers for Medicare and Medicaid Services (CMS) through a State Plan Amendment prior to implementing this policy. This means the Department is unable to provide coverage to these individuals effective as of July 1, 2014.

Will qualifying individuals receive coverage on July 1, 2014?

No, qualifying individuals will not receive coverage on July 1, 2014. Although funding was granted, system changes are required and the Department does not have Federal authority to implement this policy. The Department must receive approval from the CMS through a State Plan Amendment and a new rule must be adopted through the Medical Services prior to implementing this policy.

Has the 5 year bar residency requirement been removed for pregnant women who qualify for Medicaid?

Yes, legal permanent residents who are pregnant and meet all program criteria to be eligible for **Medicaid** are exempt from meeting the 5 year bar.

What is the Department's expected timeline for implementation of this policy change?

In order to implement this policy, funding was required to program the new eligibility rules into CBMS. Both the Department of Human Services and Health Care Policy and Financing rely on CBMS to operate their programs. Because there is a limit on the amount of system changes that can happen per quarter, the departments created a work plan to prioritize all of the needed system changes. Due to the amount of system changes requested by both departments, there is currently a prioritized work plan for changes going into 2016.

The required system changes to eliminate the five year bar was placed on the CBMS work plan once funding became available in July 2014, which was the earliest that it could be scheduled. Due to amount of system changes currently being done to the system, the earliest the Department

could schedule the system change was for the first quarter of 2015 with an estimated implementation date of Summer 2015. Since the system change is currently prioritized, the Department is now working to secure federal approval through a State Plan Amendment and has begun drafting rules to present to Medical Services Board, which will include stakeholder engagement, so that we can implement the policy as soon as the system change is complete.

Do changes need to be made to the eligibility system in order to implement this policy change?

Yes, changes must be made to the eligibility system to implement this policy. The Department has already initiated steps to incorporate this policy change into the project plan.

Does the Department need federal approval to implement HB 09-1353?

Yes, although funding was granted, the Department does not have Federal authority to implement this policy. The Department must request approval from CMS through a State Plan Amendment prior to implementing this policy.

Does the implementation of this new policy require a rule change?

Yes, the Medical Services Board must review and approve this new policy through a rule change prior to implementing this policy.

If a qualifying individual applies prior to implementation of the policy (tentatively Summer 2015), will they be denied?

Yes, an individual applying prior to the implementation of this policy will be denied based on the five year residency requirement.

If a qualifying individual applies prior to implementation of the policy and receives a denial, will they need to reapply after the implementation of the policy?

Yes, a qualifying individual will need to reapply for Medical Assistance after the policy is implemented (tentatively Summer 2015).

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