



COLORADO

Department of Health Care
Policy & Financing

Deficit Reduction Act (DRA) for Citizenship and Identity Documents Frequently Asked Questions (FAQs)

Updated May 2018

What is the Deficit Reduction Act of 2005 (DRA)?

The Deficit Reduction Act of 2005 (DRA) requires nationals and U.S. citizens who are applying for Medical Assistance to prove their citizenship and identity. The law was first implemented in Colorado on July 1, 2006. In order to comply with final regulations issued by the Center for Medicare and Medicaid Services (CMS) in July of 2007, Colorado's Medical Services Board adopted final rules regarding citizenship and identity verification for Medical Assistance applicants in Colorado. These rules were effective January 1, 2008. Effective March 2010, these DRA citizenship and identity requirements were implemented for Colorado's CHP+ program. Effective May 30, 2018, Colorado has updated regulations regarding acceptable citizenship and identity document verification to align with recent updates to the federal regulations found at 42 CFR §435.407.

Do you have to be a U.S. citizen to submit an application for Medical Assistance?

No. Any individual who wishes to apply for Medical Assistance must be afforded the opportunity to do so without delay.

Do you have to submit proof of citizenship and identity with your application?

No, an applicant can self-attest their citizenship and identity status. When someone applies for benefits, the self-attested citizenship and identity status can be verified through interfaces. If citizenship and/or identity is not verified electronically, a request for proof will be sent. If proof is not provided by the due date, the application will be denied.

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Does everyone have to verify their citizenship?

Verification of citizenship is needed for those requesting Medical Assistance but there are some groups that are exempt from providing proof of citizenship such as: people eligible for SSI, SSDI, Medicare, foster care children, children born to a mother receiving Health First Colorado or CHP+, and individuals receiving Medical Assistance during a period of presumptive eligibility.

What documents can a member or applicant provide to verify citizenship and/or identity?

The types of acceptable documents have been updated and reorganized to mirror federal regulations. The Department has posted the [DRA Desk Aid](#) which contains a comprehensive list of the forms of acceptable documents for verification of citizenship and/or identity.

What requirements have changed regarding acceptable DRA documents?

Effective May 30, 2018, citizenship and identity documents may be submitted as originals, certified copies, photocopies, faxes, scans or other copies.

Types of acceptable documents have been reorganized to mirror federal regulations, and listed as stand-alone evidence of citizenship, and evidence of citizenship that must also be accompanied by an acceptable identity document. The four-tier hierarchy of documents has been eliminated.

What has not changed regarding citizenship and identity verification?

Verification of citizenship and identity is still required when requesting Medical Assistance. If citizenship and/or identity is unable to be verified electronically, a verification checklist will be generated, and individuals will need to provide acceptable evidence of citizenship and/or identity.

Why did the Department make these changes?

The Department updated our rules to align with the federal regulations found at 42 CFR §435.407.



How will this update affect MA applicants and eligibility workers?

This update will make it easier for applicants and members to submit documents for verification of citizenship and/or identity. Additionally, eligibility workers will be able to process these verifications and determine eligibility more efficiently.

What is a Reasonable Opportunity Period (ROP)?

When citizenship and/or identity cannot be verified through interfaces an applicant is given a Reasonable Opportunity Period (ROP) of 90 days to submit proof of citizenship and/or identity. If the documentation is not provided within the 90 days and the applicant is not making a good faith effort to provide documentation, the applicant will be terminated.

Can a ROP be granted more than once?

Yes, a ROP can be granted more than once. If an individual applies and is denied Medical Assistance due to failure to provide verification, they may be entitled to a new ROP if they subsequently re-apply for benefits.

If a new member is added to a CHP+ or Health First Colorado case and they are granted ROP, what will be the begin date for their ROP?

The ROP period begins on the day of the notice advising the applicant or member that further proof of citizenship and/or identity is required. The ROP period is 90 calendar days. If a new member is granted a ROP, the begin date for the ROP will be the date the new member requests Medical Assistance and is added to the case. For example, if a new member is added to a CHP+ case on 4/5/2018 and citizenship and/or identity cannot be verified electronically, the begin date for the ROP would be 4/5/2018, and the due date for the ROP would be 7/5/2018.

Can a member request retroactive coverage after their ROP has been terminated for not providing citizenship and/or identity documents?

Yes, a member can request retroactive coverage at any time. An applicant will still need to meet all eligibility criteria for the requested months of retroactive coverage.



Will a newborn child be granted 12 months of guaranteed coverage during the mother's ROP?

Yes, the newborn will be granted 12 months of guaranteed coverage only if the newborn was born to a mother receiving Medicaid or Child Health Plan *Plus* at the time of birth. The newborn will not be granted 12 months of guaranteed coverage if the newborn is added after the mother's case has been closed for failure to provide verification of citizenship and/or identity.

Can a recovery be completed for those members that are denied for failure to submit citizenship and/or identity documents and were granted a ROP benefit span?

No, a recovery shall not be done if the member is denied for failure to provide. The member must be given a reasonable opportunity period (ROP) to provide the required citizenship and/or identity documentation and shall be granted medical benefits, per rule 8.100.3.H.9.a.

The eligibility site shall follow their recovery process unless fraudulent actions from the member are suspected.

Can a member or applicant receive additional time beyond the ROP to submit required verifications?

Yes. A member or applicant may be granted a Good Faith extension if they are making a reasonable effort to obtain the required verifications. A member or applicant can state verbally or in writing that they are making a reasonable effort to obtain the required verifications, unless there is reason to believe a good faith effort is not being made. Determinations of good faith efforts and extensions can be made by the eligibility site. The Good Faith extension period should be limited to a maximum of 6 months. The Department has posted [Agency Letter HCPG 18-002](#), which provides further details of the Good Faith extension.

Will a Good Faith record take the case off the Exceeding Processing Guidelines (EPG) reports?

EPG reports capture all pending applications in CBMS. Cases that are pending due to a Good Faith record should not be included within the EPG reports. If they are, please send examples for further research.



For more information contact

Medicaid.Eligibility@hcpf.state.co.us

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