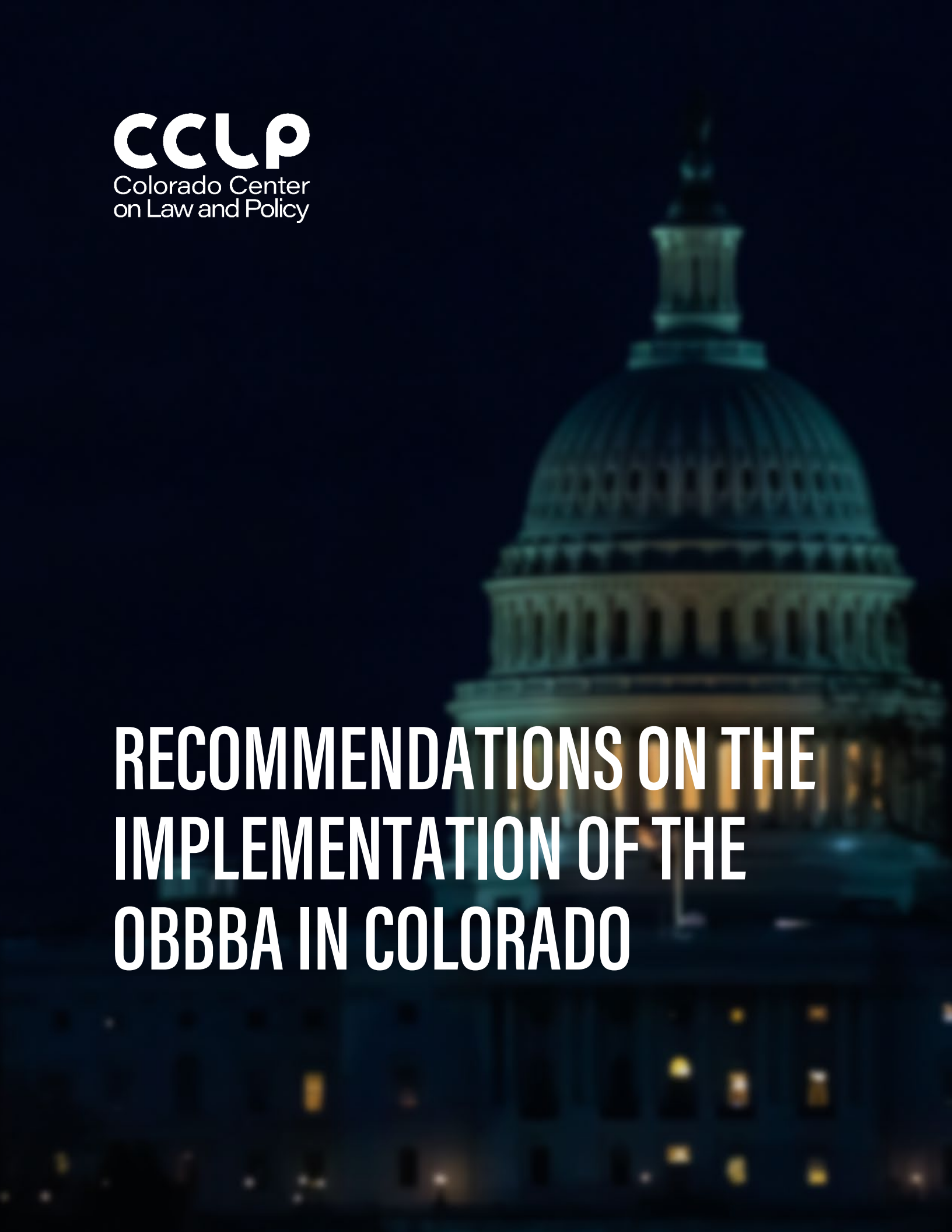

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Colorado Center on Law and Policy

RECOMMENDATIONS ON THE IMPLEMENTATION OF THE OBBBA IN COLORADO

About these recommendations

This document was shared on October 30, 2025, with Governor Polis's office, leadership at the Colorado Department of Health Care Policy and Financing and the Colorado Department of Human Services, leadership of the Colorado House and Senate, members of the Joint Budget Committee, and members of the House and Senate Health Committees.

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About Colorado Center on Law and Policy

Colorado Center on Law and Policy is an antipoverty organization advancing the rights of every Coloradan. We serve our fellow Coloradans using the powers of legal advocacy, legis-lative advocacy, coalition building, community engagement, research, and analysis, working toward a Colorado where everyone has what they need to succeed.

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Introduction to the recommendations

This document, *Recommendations on the Implementation of the OBBBA in Colorado,* reflects contributions over the late summer and early fall of 2025 by over sixty Coloradans who shared their expertise in public benefits systems; discussed current obstacles to public programs, training, and decent jobs; and debated solutions. Implementation will require close collaboration among all partners; that is a given.

Convened by staff at Colorado Center on Law and Policy, contributors were from state agencies, county workforce, clinics and independent healthcare providers, community members, managed care entities, and nonprofits that engage in policymaking on health, food and income, and who support unhoused Coloradans, children, people with mental health or substance use issues, developmental disabilities, and other vulnerable Coloradans.

Other states' experience makes it clear that thoughtful implementation of work requirements typically takes multiple years and tens, or even hundreds, of millions of dollars.[1] With only a year to stand up new systems and minimal additional funding available to states, it will be more important than ever to streamline approaches and reduce inefficiencies. As a note, the term "work requirements" as used in this document is a blanket term that refers to existing requirements in the TANF and SNAP programs, along with pending requirements in Medicaid, to engage in work or other qualifying activities at a specified level, as a condition of receipt of benefits or continued access to benefits.

Many of those who came together to develop these ideas are eager to support the state's work on making these recommendations actionable. The overall goal of these recommendations is to reduce physical and financial harm to Coloradans, limit fiscal damage to the state, and reduce the waste entailed in administrative burden.

Immediate steps

1. Establish cross-departmental unit (CDU) with representation from CDHS, HCPF, CDLE, CDE, CDHE, DOC, DOLA, CDPHE and the Governor's Office, including OIT, OeHI and any other relevant agencies that collaborate on planning, communications, implementation, and oversight.
    a. Hold public meetings at least bimonthly and provide opportunities for public comment.
    b. Establish CDU landing webpage.

[1] Medicaid Demonstrations: Actions Needed to Address Weaknesses in Oversight of Costs to Administer Work Requirements. Government Accountability Office, October 2019. https://www.gao.gov/assets/gao-20-149.pdf. Sept. 3, 2025. Letter, GAO to leadership, Information on Administrative Spending for Georgia Work Requirements, Government Accountability Office, Sept. 3, 2025. https://www.gao.gov/assets/gao-25-108160.pdf

i. Make CDU landing page easily accessible from existing state agency websites, including PEAK.
ii. See recommendation 9 for additional recommendations for content to include on the landing page.

c. At public meetings share plans, data and materials, and identify opportunities for public engagement in communications efforts, implementation, and oversight.
d. Through CDU activities, ensure consistent communications, outreach, training, and implementation statewide.
e. Utilize CDU to improve oversight, coordination, and prioritization of CBMS projects across programs.

2. To mitigate public anxiety and counter disinformation, immediately develop plain language information page and/or state departments' webpage banners that identify important information, in line with other states' messaging[2], including:
    a. No changes will occur without an individual notice;
    b. To check back regularly for further updates; and
    c. The state is waiting for guidance from federal partners.
3. Begin gathering data on IT capacity, county workforce capacity, and workforce center capacity, as described below, and use that information to prepare request for delay in implementation of Medicaid requirements under OBBBA[3] from federal partners.

Communicating

Preparing and planning for communications

4. Create a system, within the CDU, for the state communications team to accept stakeholder feedback, concerns, and corrections.
    a. Create an inbox or online form to provide feedback.
    b. Establish a feedback loop by responding directly to submissions or maintaining a public log, and use feedback to improve communications and develop FAQs or other communication tools.
    c. Identify staff to monitor and respond to feedback.

[2] https://www.mass.gov/snap-benefits-formerly-food-stamps (webpage banner); https://www.cdss.ca.gov/calfresh (Quick Links); https://www.pa.gov/agencies/dhs/resources/snap (banner)
[3] Pub. L. 19-21.

5. Identify key communications partners, including community-based organizations[4], family resource centers, providers[5], counties[6], MA sites, libraries, advisory councils, RAEs and MCOs, etc., as communication partners and assist in developing communication materials.

Developing communications

6. Develop and share a clear communications timeline with key communications partners.
    a. Timeline must include deadlines for drafting, reviewing, and disseminating materials.
    b. Align deadlines with federal and/or state guidance (e.g., 120-day clock, federal guidance release).
7. Develop plain language, tested communications materials for community members and for community partners to further disseminate.
    a. Communications for community members must be available in languages other than English, and cover:
        i. Who is subject to reporting on qualifying activities or work requirements;
        ii. Who is subject to 6-month renewals;
        iii. Exemptions available for work requirements in SNAP and Medicaid and how and when to request them;
        iv. How qualifying activities in SNAP, TANF, and Medicaid are defined;
        v. How SNAP, TANF, and Medicaid members can address a termination they disagree with, with clear, step-by-step instructions on how to manage re-determinations, appeals, and re-enrollments; and
        vi. How to get help understanding work requirements and either directing people to resources or finding work, or other qualifying activities.
    b. Communications for community partners should include:
        i. How employers and volunteer organizations can support their employees or volunteers retaining Medicaid coverage; and
        ii. Where employers, healthcare providers, and others who work directly with community members can refer community members at risk of losing coverage or whose coverage has lapsed, for assistance with work or other qualifying activities.

4 Organizations include nonprofit advocacy organizations, homelessness providers, Area Agencies on Aging, childcare centers, and others.

5 Providers are inclusive of hospitals, clinics, and Medicaid providers generally.

6 Counties are inclusive of public health offices, eligibility units, workforce centers, potentially child support services, and other units within the county structure.

c. Share core communications in draft form with key partners for review before release.
d. Invite key partners to provide feedback on clarity, cultural responsiveness, and accessibility of the communications, and incorporate this feedback.

8. Conduct message testing with linguistically diverse individuals and people with disabilities to ensure accuracy and comprehension before materials are finalized.

Creating an online resource hub

9. Create a public landing page as the central hub for information mentioned in recommendation (1)(b). Information on the landing page should be available in multiple languages and accessible for screen readers. Information available on this page should include, but is not limited to:
    a. Materials listed above in recommendations (7)(a) and (7)(b);
    b. Information on how SNAP and Medicaid requirements are similar and differ;
    c. Links to important listservs and direct links to PEAK;
    d. Link to page with addresses and phone numbers for county human services offices and MA sites, including public benefits eligibility and workforce;
    e. Standardized documents, including forms and applications developed for exemptions or work reporting and other relevant documents;
        i. Note: There may be circumstances where differences in SNAP and Medicaid require separate forms.
    f. Link to Communications Team feedback inbox or feedback link; and
    g. Recorded videos in ASL of materials listed above in recommendations (7)(a) and (7)(b).

Distributing communications materials

10. With input from key partners, regularly update communications materials as federal guidance and/or state policy changes. All materials should be dated so that readers can assess whether a particular communications material is current.
11. Create and post multiple formats of the communications materials described in (7)(a) and (7)(b), including:
    a. Printable PDF flyers;
    b. Videos with ASL;
    c. Explanatory videos;
    d. Social media content;
    e. One-pagers; and
    f. Radio scripts.
12. Make recordings of trainings, along with any materials used, for county staff or other state agencies easily available to nongovernmental partners to expand knowledge of community groups that work with Medicaid and SNAP enrollees.

13. Disseminate communications materials and relevant links using diverse and trusted channels on a regular and frequent basis. Such channels could include:
    a. Departmental websites;
    b. Internal staff meetings or trainings (such as Lunch and Learns);
    c. Radio stations (especially among Spanish speakers);
    d. Social media forums;
    e. 211 Colorado;
    f. My Friend Ben; and
    g. Libraries.
14. Collaborate with key communication partners to ensure information is reaching communities effectively, including:
    a. RAEs;
    b. Providers;
    c. Counties and MA sites;
    d. CMAs;
    e. Third-party partners, including SNAP E&T third-party partners;
    f. Advisory Councils/ Committees, including but not limited to:
        i. Health First Colorado Member Experience Advisory Council (MEAC);
        ii. Medical Care Advisory Committee (MCAC); and
        iii. CDHS Family Voice Council.
    g. PEAK;
    h. Community organizations, nonprofit organizations, and faith-based groups that support enrollees, such as NAACP or AARP, as well as those that offer volunteer opportunities;
    i. Workforce partners, including those engaged by CDLE, CDE, and the Colorado Workforce Development Council; and
    j. Four-year colleges, community colleges and adult educations programs.
15. To the extent AI is used for sharing this information or other customer service functions:
    a. Ensure the system utilizes and provides consistent, Colorado-specific information;
    b. Thoroughly test any system before deploying, including for bias or other foreseeable risks;
    c. Clearly disclose that the tool or chat is AI and not a human, and include a disclaimer that the information may not be correct;
    d. Ensure users can provide feedback on the responses given by the AI system, including identification of errors, confusing responses, or other concerns with the tool so that it can be reviewed, fixed, and updated, as necessary;
    e. Use plain language responses as much as possible;

f. Provide access for Spanish- or other non-English-speakers;
g. Ensure users can easily access a human representative, if desired, and the instructions for doing so are clear and accessible from the AI system;
h. Ensure that any personal or health data shared by users is used only for program purposes and is subject to cybersecurity and data retention practices; and
i. Thoroughly test and assess any system prior to purchase from vendors and ensure compliance with the criteria above.

Monitoring data and public access to information

16. Develop a transparent and coordinated process to track and report on the impact on enrollment in SNAP and Medicaid related to implementation of the OBBBA work requirements, eligibility changes, and procedural changes.
    a. Publish data monthly on CDU site in an easily accessible form to the public. Ongoing, regular data published should include:
        i. Disaggregated data by demographics, ideally by county (or region where county population is too low for public reporting);
        ii. Numbers of terminations in SNAP and Medicaid, disaggregated by reason for termination;
        iii. Data on SNAP and Medicaid redeterminations, ideally by county (or region where county population is too low for public reporting); and
        iv. Data on terminations related to immigration status.
    b. Engage counties to understand how tracking currently looks and identify opportunities to align approaches.

Reducing unnecessary paperwork

17. In general, establish a "minimum viable product" for Colorado that supports Coloradans retaining coverage; as needed, the state can refine definitions for exemptions later.
18. Establish that people who face barriers to work can qualify for the exemptions.[7]
19. Use definitions of disability, medically frail, and serious medical condition to reduce burdens on individuals and providers in identifying and documenting qualifying populations.
20. Ensure the state limits work reporting in Medicaid to the federal minimum. I.e. one month prior to renewal/enrollment

[7] OBBBA refers to categories of "specific excluded individuals" who do not need to report qualifying activities. This document uses the word "exemption" to mean that someone belongs in one of the categories of specific excluded individuals. In most respects, OBBBA does not require that someone show full disability to be excepted or exempted from reporting qualifying activities.

21. Have exemptions be of long-lasting duration to the extent possible under federal law, and establish presumption that the basis for exemption continues, unless federal law bars this approach.
22. Define family caregiver, as is permitted under OBBBA, to include caregivers who have a significant relationship, but no blood or marital relationship.[8]
23. Allow self-attestation for the full range of exemptions in Medicaid and, where possible, in SNAP, to reduce administrative costs.[9]
24. For qualifying hours related to school and training, establish presumption that a student spends a proportional number of hours in preparation, in addition to class hours.
25. For non-traditional or self-employed workers and volunteers, allow self-reporting of work or volunteer hours, as permitted.

Maximizing IT systems

26. Utilize the IT expertise of OIT, Colorado Digital Service, and nonprofit tech groups to streamline tech, make cross-program improvements, and reduce reliance on outdated systems and costly tech vendors.

Automating exemptions

27. To enhance ex parte exemption process and reduce burden on members and counties, utilize multiple state systems as sources of data (CBMS, T-MSIS, RAE data, Care and Case Management system, Voc Rehab, SSA, etc.).
    a. If any data sources cannot be used to provide information for exemptions in the initial phase, programming should be designed to allow expansion to new data sources in later phases.
    b. Utilize RAE records that identify enrollees with high-level case management or care coordination (e.g., "tier 2" and "tier 3") needs to establish exemption.
    c. Utilize the Michigan list of conditions – including mental health, substance use disorder, and developmental disability diagnoses – that could trigger an exemption, and the databases that contain them. *See Appendix B.*
    d. Exempt adult buy-in enrollees categorically, based on disability.
    e. Automate exemptions related to caregiving and households with children under age 14.
        i. Utilize CBMS data, including data identifying households with:

[8] OBBBA refers to the family caregiver definition in the RAISE Family Caregivers Act, 42 USC 3030s. That definition is "an adult family member *or other individual* who has a significant relationship with, and who provides a broad range of assistance to, an individual who has a chronic or other health condition, disability, or functional limitation." (Italics added).

[9] Transcript, MACPAC Public Session, Sept. 18, 2025, pp. 88-90. https://www.macpac.gov/wp-content/uploads/2025/09/09-18-25-and-09-19-25-MACPAC-Public-Transcript.pdf

1. Children under 14;
2. HCBS-enrolled members;
3. SSI or SSDI recipients;
4. Aid to the Needy Disabled and Aid to the Blind; and
5. Caregivers who receive difficulty-of-care payments.

ii. Ensure that CBMS allows more than one adult to claim caregiving for an individual.

28. Program CBMS to ensure exemptions carry across programs to the extent possible.
    a. Program CBMS to automatically determine whether a condition or factor justifies exemptions in multiple programs.
    b. Create a cross-program exemption screen for eligibility workers, with an option to check more than one and an option to check all that apply, to maximize the chance that a person will be found exempt in multiple programs.[10]
29. Design Medicaid work requirements system with an "off" switch or switches so the state has the ability to pause operations in the event of a major system problem or federal policy changes.

Targeting likely-exempt groups that automation may miss

30. Apply for waivers to exempt homeless populations, such as those granted to Arizona and Arkansas as part of their Section 1115 Waivers.[11]
31. Analyze system capacity and proactively identify likely exempt populations that automation will miss, so that outreach to those groups, as specified in recommendations 6 through 8, can be targeted and tailored to these populations.
32. Identify gaps in CBMS data and logic related to households and caregiving so other systems or manual processes can capture applicants and enrollees who provide caregiving to:
    a. MAGI enrollees; and
    b. Family members, household members, or others who are not Medicaid-enrolled.
33. Partner with schools, providers, Department of Early Childhood, Area Agencies on Aging, and nonprofits (i.e., Arcs, CCDC, etc.) in identifying caretakers.
    a. Engage those groups in communicating about the opportunity for exemptions for caregivers and the opportunity to report caregiving as a qualifying activity, should the exemption be unavailable.
34. Engage providers in identifying patients who should be exempted from work requirements in Medicaid and in SNAP.

[10] In SNAP, currently, workers must pick only one exemption category, regardless of how many apply.

[11] Medicaid Waiver Tracker: Approved and Pending Section 1115 Waivers by State. KFF, Oct. 7, 2025. https://www.kff.org/medicaid/medicaid-waiver-tracker-approved-and-pending-section-1115-waivers-by-state/#61e90f7f-ea34-4422-a17a-f4dec600c13e

a. Provide information about exemption categories including:
    i. People with chronic physical or behavioral health conditions; and
    ii. Developmental disabilities.
b. Engage providers in supporting members requesting exemptions, where appropriate.

35. Utilize SNAP interviews and SNAP "client statement" to solicit information on potential exemptions across programs.

Updating CBMS and reviewing system data

36. Prioritize programming CBMS to:
    a. Prevent termination and pend the renewal process when documents have been received but not processed, whether received by mail, in person, or via PEAK (as is federally required); and
    b. Prevent termination and pend the renewal process until eligibility has been checked against all categories (as is federally required).
37. Create a pre-launch testing protocol for significant CBMS changes, with notice to counties, to ensure bigger programming changes work as intended, and don't have unintended consequences to other parts of the system or negatively affect county workflow.
38. Assess work reporting system for Medicaid Buy-In to see whether it can be expanded for use with other populations.
39. Review TANF and SNAP E&T data to better understand how work requirements have been met in the past, so the most effective modalities are strengthened first. For example, if data shows few meet requirements through volunteering, prioritize avenues to paid work and to documenting exemptions.

Supporting people after loss of benefits

40. Build a broad, integrated multi-sector network to catch people who lose or are at risk of losing benefits.
    a. Ensure Medicaid, SNAP, and TANF clients who need support to meet work requirements can access help through a No-Wrong-Door policy, or similar, to prevent individuals from being bounced between state agencies, counties, or nonprofit service providers.
    b. Use and bolster existing clearinghouses or databases, such as United Way's 211 system, as a means of connecting individuals who are terminated from benefits with local programs that can help them meet their health or food needs.

c. Ensure materials clearly identify routes to retention of benefits that create the least administrative burden for community members and eligibility workers.
d. Develop and disseminate a list of organizations or individuals who can help SNAP, Medicaid, or TANF recipients challenge adverse decisions, particularly decisions related to meeting or obtaining an exemption from work requirements.

Supporting counties and workforce agencies

41. Assess existing capacity of counties, MA sites, SNAP E&T third party partners, and local workforce centers to inform planning for how best to meet the expected increase in workload.
42. Establish a system to allow documents uploaded to PEAK to be automatically identified and coded or read (through Intelligent Character Recognition or other methods), to reduce need for manual work by county and MA sites.
43. Assess functioning of Overflow Processing Center that was initiated in 2022, to determine how the Center can be effectively utilized to minimize the burden on counties and ensure adequate staffing of the Center beginning September 2026.[12]
44. Establish a centralized (or regionalized) exemption-processing center for SNAP and Medicaid that can receive and process requests for exemptions through a dedicated portal and phone line. This unit must have capacity to update CBMS directly; this will ensure county burden is reduced, and members' PHI is available only to staff at the centralized processing center.
45. Alternatively, or in addition, establish a centralized (or regionalized) work-reporting center for SNAP and Medicaid that receives documentation related to qualifying activities through a dedicated portal, and updates CBMS to reflect whether requirement is satisfied, allowing counties to dispense with most work reporting.
46. Expand staffing for state-level customer service lines so county-level customer service delays (common during the PHE unwind) are not a barrier to timely case corrections, and so the many enrollees who are unable to access or navigate PEAK can get assistance.
47. Apply the considerations set forth in recommendation 15 to any AI systems that may be used to augment county-level customer service delays.
48. Building on the successful Medicaid state customer-service unit that has CBMS access, expand staffing to allow for that unit to assist with SNAP cases.
49. Train county staff thoroughly on exemptions, new CBMS screens and cross-program applicability, and monitor effectiveness of training on an ongoing basis.

[12] See Overflow Processing Center memo: https://hcpf.colorado.gov/sites/hcpf/files/OPC%20FAQ%20Final.pdf

50. Monitor caseloads, processing times, and staff hours across counties or workforce centers to track trends and understand how to deploy resources most effectively.
51. Streamline and simplify current assessment processes related to WIOA, SNAP E&T, TANF, Veteran Assistance Programs, and Voc Rehab that are required for each person entering training and work programs.
52. Encourage or require counties and local agencies to have a triage or crisis plan in place for how to deal with surges in county workloads and workforce needs (i.e., prior to October 1, 2026).

Collaborating with workforce

Enlisting the support of workforce partners

53. Engage with employers, workforce boards or councils, chambers of commerce, economic development agencies, and other business groups or organizations to increase awareness of work requirements and how employers can support workers hired from "non-traditional" talent pools.
    a. Align with ongoing work-based learning efforts, including those being led by CDE, that already engage with employers.
    b. Provide brief, consistent, business-facing publications in plain language that clearly describe why employers are being asked to assist, how they can assist, how to protect employee privacy, and the ROI of investing in non-traditional talent pools.
    c. Through CDLE, expand outreach on the Work Opportunity Tax Credit to include information on work requirements.

Facilitating opportunities for volunteerism

54. Develop or identify a system that can identify volunteer opportunities and facilitate referrals to organizations that accept volunteers.
    a. Create a system for organizations to proactively identify themselves as having volunteer opportunities, potentially with the guidance or support of the Colorado Nonprofit Association.
    b. Create or promote systems for third parties to report individuals' volunteer hours to supplement self-report or if self-report is not permitted.
    c. With guidance from CDLE, CDHS, and CDHE, identify and promote volunteer opportunities or roles that could align with certain career or vocational goals, especially those that could set an individual on a path towards economic stability.
55. Remove barriers for volunteer organizations and for volunteers.

a. Identify barriers encountered by volunteer organizations that interact with county and state Colorado Works programs and Employment First.
b. Unless legally required, remove requirement for nonprofit organizations to provide workers compensation to volunteers.
c. In training materials, encourage volunteer organizations to reduce barriers for volunteers, eliminating background checks and fingerprinting where allowed by law.

Improving workforce support systems

56. Identify opportunities to bolster local county and workforce staff capacity to address potential surges in caseloads.
    a. Explore potential partnerships, memorandums of understanding or other formal agreements with community-based organizations or nonprofits that could expand the capacity of counties or workforce agencies when/if needed to meet the increased need.
    b. Identify potential funding for the workforce system to address the increase in demand for services.
    c. Explore possibility of repurposing discretionary funding sources, such as the Governor's set aside for WIOA funding, to support increased needs associated with new work requirements.
    d. Explore legislative opportunities to identify funding for county administration or workforce development, including funding that may go to employers such as economic development funds, tax deductions or credits, or other financial incentives.
    e. Identify opportunities for employers to play a larger role as investors or producers of talent in Colorado, rather than simply being consumers of talent.

Appendix A: Abbreviations

ABAWD: Able Bodied Adults Without Dependents

AI: Artificial Intelligence

AND: Aid to the Needy Disabled

ASL: American Sign Language

CBMS: Colorado Benefits Management System, the computer system that determines an applicant's eligibility for public assistance in the state of Colorado

CCDC: Colorado Cross Disability Coalition

CDE: Colorado Department of Education

CDHE: Colorado Department of Higher Education

CDPHE: Colorado Department of Public Health and Environment

CCHN: Colorado Community Health Network

CDHS: Colorado Department of Human Services

CDLE: Colorado Department of Labor and Employment

CDU: Cross Department Unit, a proposed interagency unit to coordinate work requirements and OBBBA implementation

CFC: Community First Choice, the new Colorado Medicaid service delivery option for home and community-based attendant care.

CMAs: Case Management Agencies, agencies that assist individuals who need Medicaid home and community-based services and other supports

Colorado Works: Colorado's TANF Program

DOC: Colorado Department of Corrections

DOLA: Colorado Department of Local Affairs

DVR: Colorado Division of Vocational Rehabilitation

EF: Employment First; aka Colorado's SNAP Employment and Training program

FRCA: Family Resource Center Association

HCBS: Home and Community Based Services, see also Community First Choice

HCPF: Colorado Department of Health Care Policy and Financing

Health First Colorado: Colorado's Medicaid Program

HR1: The federal law, titled the "One Big, Beautiful Bill Act" or OBBBA, signed July 4, 2025

MA site: Medical assistance site, designated by the state to process applications for Medicaid and CHP+

MAGI: Modified Adjusted Gross Income, the income standard used to determine eligibility for Medicaid (aka income-based Medicaid)

MCAC: Medical Care Advisory Committee

MCO: Medicaid Managed Care Organization, including Denver Health Medicaid Choice and Rocky Mountain Health Plans Prime

MEAC: Health First Colorado's Member Experience Advisory Council

My Friend Ben: myfriendben.org, an online, interactive, resources guide

OBBBA: One Big Beautiful Bill Act, the federal law, or HR1, the Budget Reconciliation Act

OeHI: Colorado Office of eHealth Innovation

OIT: Colorado Office of Information Technology

PEAK: Colorado Program Eligibility and Application Kit, Colorado's online portal where applicants and members can apply for and manage public benefits

PHE: COVID-19 Public Health Emergency

PHI: Protected Health Information

RAEs: Regional Accountability Entities, Colorado's delivery system for behavioral health care and primary care case management

RAISE Family Caregivers Act: Recognize, Assist, Include, Support and Engage Family Caregivers Act of 2017

ROI: Return on Investment

SNAP: Supplemental Nutrition Assistance Program (food stamps)

SNAP E&T: SNAP Employment and Training aka SNAP Employment First

SSA: Social Security Administration

SSDI: Social Security Disability Insurance

SSI: Supplemental Security Income

TANF: Temporary Assistance to Needy Families (Colorado Works)

T-MSIS: Transformed Medicaid Statistical Information System, a federal and state system for capturing person-level and claims-level data

WIOA: Workforce Information and Opportunity Act, a 2014 act designed to help job-seekers access training, education, employment and other supports

Appendix B: Michigan Medically Frail Identification Process

Michigan's Medically Frail Identification Process[13] identifies who is considered medically frail by self-identification, claims analysis, and health care provider referral. The description and codes are charted on the next page.

[13] https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder65/Folder2/Folder165/Folder1/Folder265/Attachment_D_-_Medically_Frail_Process.pdf?rev=66cee848878649bab2b36cb93369dd6a

Appendix B: Michigan Medically Frail Identification Process

Healthy Michigan Plan (HMP) beneficiaries who are considered medically frail in accordance with 42 CFR 440.315(f) are exempt from the 48-month cumulative enrollment suspension of coverage requirement. Additionally, HMP beneficiaries who are considered medically frail are exempt from the workforce engagement requirements as a condition of receiving medical coverage.

MDHHS will identify individuals who are medically frail by the following methods: 1) Self-identification, 2) claims analysis, and 3) health care provider referral.

Individuals who are identified as medically frail will retain the status for 12 months, after which time an annual review will be required.

Self-Identification

MDHHS will allow individuals to self-attest to their medically frail status through the application for medical assistance program application: Application for Health Coverage & Help Paying Costs (DCH-1426) or through completion of a Medical Exemption Request form.

With respect to the application, individuals who answer "yes" to either of these questions will be designated as medically frail:

1) Does the applicant "have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home?" (Paper Application)
2) Does the applicant: a) "have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs?" or b) "need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a medical facility or nursing home?" (Online Application)

If an individual becomes medically frail during a period of eligibility, he or she may update his or her application information. Alternatively, an individual may complete an MDHHS Medical Exemption Request form that requires a signature from a health care provider.

Retrospective Claims Analysis

When available, MDHHS will review health care claims data available within Community Health Automated Medicaid Processing System (CHAMPS) from the preceding 12 months for the presence of select diagnosis codes to identify individuals considered medically frail. The list of codes is included. MDHHS may pursue updates to this list on an annual basis, in consultation with CMS as appropriate. The claims data to be reviewed include the following:

a. ICD-10 diagnosis codes (over 500 codes selected) that identify:
   - Individuals with disabling mental disorders;
   - Individuals with chronic substance use disorders;
   - Individuals with serious and complex medical conditions;

- Individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living;

b. Whether a beneficiary is in a nursing home, hospice, or is receiving home help services.

Health Care Provider Referral

Medicaid enrolled providers will be able to recommend that an individual be considered medically frail through clinical judgement in cases where individuals may have not self-identified or had a claim indicating medical frailty. Health care providers whose scope of practice qualifies them to assess an individual as medically frail will be able to complete a Medical Exemption Request form on behalf of an individual. Exemption forms will be accepted at any time.

Medically Frail Diagnosis Codes

CODE	DESCRIPTION
A170	TUBERCULOUS MENINGITIS
A171	MENINGEAL TUBERCULOMA
A1781	TUBERCULOMA OF BRAIN AND SPINAL CORD
A1782	TUBERCULOUS MENINGOENCEPHALITIS
A1783	TUBERCULOUS NEURITIS
A1789	OTHER TUBERCULOSIS OF NERVOUS SYSTEM
A179	TUBERCULOSIS OF NERVOUS SYSTEM UNSPECIFIED
A1801	TUBERCULOSIS OF SPINE
A1802	TUBERCULOUS ARTHRITIS OF OTHER JOINTS
A1803	TUBERCULOSIS OF OTHER BONES
A1809	OTHER MUSCULOSKELETAL TUBERCULOSIS
A1810	TUBERCULOSIS OF GENITOURINARY SYSTEM UNSPECIFIED
A1811	TUBERCULOSIS OF KIDNEY AND URETER
A1812	TUBERCULOSIS OF BLADDER
A1813	TUBERCULOSIS OF OTHER URINARY ORGANS
A1814	TUBERCULOSIS OF PROSTATE
A1815	TUBERCULOSIS OF OTHER MALE GENITAL ORGANS
A1816	TUBERCULOSIS OF CERVIX
A1817	TUBERCULOUS FEMALE PELVIC INFLAMMATORY DISEASE
A1818	TUBERCULOSIS OF OTHER FEMALE GENITAL ORGANS
A182	TUBERCULOUS PERIPHERAL LYMPHADENOPATHY
A1831	TUBERCULOUS PERITONITIS
A1832	TUBERCULOUS ENTERITIS
A1839	RETROPERITONEAL TUBERCULOSIS
A184	TUBERCULOSIS OF SKIN AND SUBCUTANEOUS TISSUE
A1850	TUBERCULOSIS OF EYE UNSPECIFIED
A1851	TUBERCULOUS EPISCLERITIS
A1852	TUBERCULOUS KERATITIS
A1853	TUBERCULOUS CHORIORETINITIS
A1854	TUBERCULOUS IRIDOCYCLITIS
A1859	OTHER TUBERCULOSIS OF EYE
A186	TUBERCULOSIS OF INNER MIDDLE EAR
A187	TUBERCULOSIS OF ADRENAL GLANDS
A1881	TUBERCULOSIS OF THYROID GLAND
A1882	TUBERCULOSIS OF OTHER ENDOCRINE GLANDS
A1883	TUBERCULOSIS OF DIGESTIVE TRACT ORGANS NEC
A1884	TUBERCULOSIS OF HEART
A1885	TUBERCULOSIS OF SPLEEN
A1889	TUBERCULOSIS OF OTHER SITES
B20	HUMAN IMMUNODEFICIENCY VIRUS HIV DISEASE
B900	SEQUELAE OF CENTRAL NERVOUS SYSTEM TUBERCULOSIS

CODE	DESCRIPTION
B901	SEQUELAE OF GENITOURINARY TUBERCULOSIS
B902	SEQUELAE OF TUBERCULOSIS OF BONES AND JOINTS
B908	SEQUELAE OF TUBERCULOSIS OF OTHER ORGANS
D5700	HB-SS DISEASE WITH CRISIS, UNSPECIFIED
D5701	HB-SS DISEASE WITH ACUTE CHEST SYNDROME
D5702	HB-SS DISEASE WITH SPLENIC SEQUESTRATION
D571	SICKLE-CELL DISEASE WITHOUT CRISIS
D5720	SICKLE-CELL/HB-C DISEASE WITHOUT CRISIS
D57211	SICKLE-CELL/HB-C DISEASE WITH ACUTE CHEST SYNDROME
D57212	SICKLE-CELL/HB-C DISEASE WITH SPLENIC SEQUESTRATION
D57219	SICKLE-CELL/HB-C DISEASE WITH CRISIS, UNSPECIFIED
D5740	SICKLE-CELL THALASSEMIA WITHOUT CRISIS
D57411	SICKLE-CELL THALASSEMIA WITH ACUTE CHEST SYNDROME
D57412	SICKLE-CELL THALASSEMIA WITH SPLENIC SEQUESTRATION
D57419	SICKLE-CELL THALASSEMIA WITH CRISIS, UNSPECIFIED
D5780	OTHER SICKLE-CELL DISORDERS WITHOUT CRISIS
D57811	OTHER SICKLE-CELL DISORDERS WITH ACUTE CHEST SYNDROME
D57812	OTHER SICKLE-CELL DISORDERS WITH SPLENIC SEQUESTRATION
D57819	OTHER SICKLE-CELL DISORDERS WITH CRISIS, UNSPECIFIED
D808	OTHER IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS
D809	IMMUNODEF W/PREDOMINANTLY ANTIBODY DEFECTS UNS
D810	SEVERE COMBINED IMMUNODEF W/RETICULAR DYSGENESIS
D811	SEVERE COMBINED IMMUNODEF LOW T & B-CELL NUMBERS
D812	SEVERE COMBINED IMMULODEF W/NORMAL B-CELL NUMBRS
D813	ADENOSINE DEAMINASE DEFICIENCY
D814	NEZELOFS SYNDROME
D815	PURINE NUCLEOSIDE PHOSPHORYLASE DEFICIENCY
D816	MAJ HISTOCOMPATIBILITY COMPLX CLASS I DEFICIENCY
D817	MAJ HISTOCOMPATIBILTY COMPLX CLASS II DEFICIENCY
D81810	BIOTINIDASE DEFICIENCY
D81818	OTHER BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY
D81819	BIOTIN-DEPENDENT CARBOXYLASE DEFICIENCY UNS
D8189	OTHER COMBINED IMMUNODEFICIENCIES
D819	COMBINED IMMUNODEFICIENCY UNSPECIFIED
D820	WISKOTT-ALDRICH SYNDROME
D821	DI GEORGES SYNDROME
D823	IMMUNODEFIC FLW HEREDITARY DEFECT RESPONS TO EBV
D828	IMMUNODEFIC ASSOCIATED W/OTH SPEC MAJOR DEFECT
D829	IMMUNODEFICIENCY ASSOCIATED W/MAJOR DEFECTS UNS
D830	CVI W/PREDOMINANT ABN OF B-CELL NUMBERS & FUNCT
D831	CVI W/PREDOMINANT IMMUNOREGULATORY T-CELL D/O
D832	CVI WITH AUTOANTIBODIES TO B- OR T-CELLS
E701	OTHER HYPERPHENYLALANINEMIAS

CODE	DESCRIPTION
E7502	TAY-SACHS DISEASE
E7521	FABRY-ANDERSON DISEASE
E7522	GAUCHER DISEASE
E7523	Krabbe disease
E75240	NIEMANN-PICK DISEASE TYPE A
E75241	NIEMANN-PICK DISEASE TYPE B
E75242	NIEMANN-PICK DISEASE TYPE C
E75243	NIEMANN-PICK DISEASE TYPE D
E75248	OTHER NIEMANN-PICK DISEASE
E75249	NIEMANN-PICK DISEASE UNSPECIFIED
E7525	Metachromatic leukodystrophy
E7529	Other sphingolipidosis
E840	CYSTIC FIBROSIS WITH PULMONARY MANIFESTATIONS
E8419	CYSTIC FIBROSIS W/OTH INTESTINAL MANIFESTATIONS
E848	CYSTIC FIBROSIS WITH OTHER MANIFESTATIONS
E849	CYSTIC FIBROSIS UNSPECIFIED
E8840	MITOCHONDRIAL METABOLISM DISORDER UNSPECIFIED
F0150	VASCULAR DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0151	VASCULAR DEMENTIA WITH BEHAVIORAL DISTURBANCE
F0280	DEMENTIA OTH DZ CLASS ELSW W/O BEHAVRL DISTURB
F0281	DEMENTIA OTH DISEAS CLASS W/BEHAVIORAL DISTURB
F0390	UNSPEC DEMENTIA WITHOUT BEHAVIORAL DISTURBANCE
F0391	UNSPECIFIED DEMENTIA WITH BEHAVIORAL DISTURBANCE
F04	AMNESTIC DISORDER DUE KNOWN PHYSIOLOGICAL COND
F060	PSYCHOTIC DISORDER W HALLUCIN DUE TO KNOWN PHYSIOL CONDITION
F061	CATATONIC DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F062	PSYCHOTIC DISORDER W DELUSIONS DUE TO KNOWN PHYSIOL COND
F0631	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W DEPRESSV FEATURES
F0632	MOOD DISORD D/T PHYSIOL COND W MAJOR DEPRESSIVE-LIKE EPSD
F0633	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MANIC FEATURES
F0634	MOOD DISORDER DUE TO KNOWN PHYSIOL COND W MIXED FEATURES
F064	ANXIETY DISORDER DUE TO KNOWN PHYSIOLOGICAL CONDITION
F10121	ALCOHOL ABUSE WITH INTOXICATION DELIRIUM
F1014	ALCOHOL ABUSE WITH ALCOHOL-INDUCED MOOD DISORDER
F10150	ALCOHOL ABUSE W/INDUCED PSYCHOTIC D/O W/DELUSION
F10151	ALCOHOL ABUSE W/INDUCED PSYCHOTIC D/O W/HALLUC
F10159	ALCOHOL ABUSE W/ALCOHOL-INDUCED PSYCHOT D/O UNS
F10180	ALCOHOL ABUSE W/ALCOHOL-INDUCED ANXIETY DISORDER
F10221	ALCOHOL DEPENDENCE WITH INTOXICATION DELIRIUM
F10231	ALCOHOL DEPENDENCE WITH WITHDRAWAL DELIRIUM
F10232	ALCOHOL DEPENDENCE WITHDRAWAL PERCEPTUAL DISTURB
F1024	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED MOOD D/O
F10250	ALCOHOL DEPENDENCE INDUCD PSYCHOT D/O DELUSION

CODE	DESCRIPTION
F10251	ALCOHOL DEPENDENCE INDUCED PSYCHOTIC D/O HALLUC
F10259	ALCOHOL DEPENDENCE W/INDUCED PSYCHOTIC D/O UNS
F1026	ALCOHOL DEPENDENCE W/INDUCD-PERSIST AMNESTIC D/O
F1027	ALCOHOL DEPENDENCE W/INDUCED-PERSISTING DEMENTIA
F10280	ALCOHOL DEPENDENCE W/ALCOHOL-INDUCED ANXIETY D/O
F1097	ALCOHOL USE UNS W/INDUCED-PERSISTING DEMENTIA
F11121	OPIOID ABUSE WITH INTOXICATION DELIRIUM
F11122	OPIOID ABUSE W/INTOXICATION W/PERCEPTUAL DISTURB
F1114	OPIOID ABUSE WITH OPIOID-INDUCED MOOD DISORDER
F11150	OPIOID ABUSE W/INDUCD PSYCHOT D/O W/DELUSIONS
F11151	OPIOID ABUSE W/INDUCD PSYCHOT D/O W/HALLUCIN
F11159	OPIOID ABUSE W/OPIOID-INDUCD PSYCHOT D/O UNS
F11221	OPIOID DEPEND W/ INTOXICATION DELIRIUM
F11222	OPIOID DEPEND W/ INTOXICATION W/PERCEPTUAL DIST
F1123	OPIOID DEPENDENCE WITH WITHDRAWAL
F1124	OPIOID DEPEND W/INDUCD MOOD DISORDER
F11250	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O W/DELUSIONS
F11251	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O W/HALLUC
F11259	OPIOID DEPEND W/INDUCD PSYCHOTIC D/O UNS
F12121	CANNABIS ABUSE WITH INTOXICATION DELIRIUM
F12122	CANNABIS ABUSE W/INTOX W/PERCEPTUAL DISTURB
F12150	CANNABIS ABUSE W/PSYCHOTIC DISORDER W/ DELUSIONS
F12151	CANNABIS ABUSE W/PSYCHOT D/O W/HALLUCINATIONS
F12159	CANNABIS ABUSE W/ PSYCHOTIC DISORDER UNSPECIFIED
F12180	CANNABIS ABUSE W/CANNABIS-INDUCED ANXIETY D/O
F12221	CANNABIS DEPENDENCE WITH INTOXICATION DELIRIUM
F12222	CANNABIS DEPENDENCE W/INTOX W/PERCEPTUAL DIST
F12250	CANNABIS DEPENDENCE W/PSYCHOTIC D/O W/DELUSIONS
F12251	CANNABIS DEPENDENCE W/PSYCHOT D/O W/HALLUCIN
F12259	CANNABIS DEPENDENCE W/PSYCHOTIC DISORDER UNS
F12280	CANNABIS DEPENDENCE W/CANNABIS-INDUC ANXIETY D/O
F13121	SEDATIVE HYPNOTIC/ANXIOLYT ABUS W/INTOX DELIRIUM
F1314	SEDATIVE HYP/ANXIOLYTIC ABUSE W/INDUCED MOOD D/O
F13150	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCH D/O DELUS
F13151	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCH D/O HALLUC
F13159	SEDATV HYP/ANXIOLYTIC ABUSE IND PSYCHOT D/O UNS
F13180	SEDATV HYP/ANXIOLYTIC ABUSE W/INDUCD ANXIETY D/O
F13221	SEDATIVE HYP/ANXIOLYTIC DEPEND W/INTOX DELIRIUM
F13231	SEDATV HYP/ANXIOLYTIC DEPEND W/WITHDRWL DELIRIUM
F13232	SEDATV HYP/ANXIOLYTIC DEPEND W/D W/PERCEPTL DIST
F1324	SEDATV HYP/ANXIOLYTIC DEPEND W/INDUCD MOOD D/O
F13250	SEDATV HYP/ANXIOLYTIC DEPEND W/IND PSYCH D/O DEL
F13251	SEDATV HYP/ANXIOLYT DEPEND IND PSYCH D/O HALLUC

CODE	DESCRIPTION
F1326	SEDATV HYP/ANXIOLYT DEPEND IND PERSIST AMNES D/O
F1327	SEDATV HYP/ANXIOLYT DEPEND IND PERSIST DEMENTIA
F13280	SEDATV HYP/ANXIOLYT DEPEND W/INDUC ANXIETY D/O
F14121	COCAINE ABUSE WITH INTOXICATION WITH DELIRIUM
F14122	COCAINE ABUSE W/INTOXICATION W/PERCEPTUAL DIST
F1414	COCAINE ABUSE WITH COCAINE-INDUCED MOOD DISORDER
F14150	COCAINE ABUSE W/INDUCD PSYCHOT D/O W/DELUSIONS
F14151	COCAINE ABUSE W/INDUCD PSYCHOT D/O W/HALLUCIN
F14159	COCAINE ABUSE W/COCAINE-INDUCD PSYCHOT D/O UNS
F14180	COCAINE ABUSE W/COCAINE-INDUCED ANXIETY DISORDER
F14221	COCAINE DEPENDENCE WITH INTOXICATION DELIRIUM
F14222	COCAINE DEPENDENCE W/INTOX W/PERCEPTUAL DIST
F1423	COCAINE DEPENDENCE WITH WITHDRAWAL
F1424	COCAINE DEPENDENCE W/COCAINE-INDUCED MOOD D/O
F14250	COCAINE DEPENDENCE W/INDUC PSYCHOT D/O W/DELUSN
F14251	COCAINE DEPENDENCE W/INDUC PSYCHOT D/O W/HALLUC
F14259	COCAINE DEPENDENCE W/INDUCED PSYCHOT D/O UNS
F14280	COCAINE DEPENDENCE W/COCAINE-INDUCED ANXIETY D/O
F15121	OTHER STIMULANT ABUSE WITH INTOXICATION DELIRIUM
F15122	OTHER STIMULANT ABUSE W/INTOX W/PERCEPTUAL DIST
F1514	OTHER STIMULANT ABUSE W/INDUCED MOOD DISORDER
F15150	OTHER STIMULANT ABUSE W/INDUCD PSYCHOT D/O W/DEL
F15151	OTHER STIMULANT ABUSE INDUC PSYCHOT D/O W/HALLUC
F15159	OTHER STIMULANT ABUSE W/INDUC PSYCHOT D/O UNS
F15180	OTHER STIMULANT ABUSE W/INDUCED ANXIETY DISORDER
F15221	OTHER STIMULANT DEPENDENCE W/INTOX DELIRIUM
F15222	OTHER STIMULANT DEPENDENCE INTOX W/PERCEPTL DIST
F1523	OTHER STIMULANT DEPENDENCE WITH WITHDRAWAL
F1524	OTH STIMULANT DEPEND W/INDUCED MOOD DISORDER
F15250	OTH STIMULANT DEPEND W/INDUCED PSYCHOT D/O W/DEL
F15251	OTH STIMULANT DEPEND INDUC PSYCHOT D/O W/HALLUC
F15259	OTH STIMULANT DEPEND W/INDUCED PSYCHOT D/O UNS
F15280	OTH STIMULANT DEPEND W/INDUCED ANXIETY DISORDER
F16121	HALLUCINOGEN ABUSE W/INTOXICATION WITH DELIRIUM
F16122	HALLUCINOGEN ABUSE W/INTOX W/PERCEPTUAL DISTURB
F1614	HALLUCINOGEN ABUSE W/INDUCED MOOD DISORDER
F16150	HALLUCINOGEN ABUSE W/INDUCED PSYCHOT D/O W/DELUS
F16151	HALLUCINOGEN ABUSE W/INDUCD PSYCHOT D/O W/HALLUC
F16159	HALLUCINOGEN ABUSE W/INDUCD PSYCHOT DISORDER UNS
F16180	HALLUCINOGEN ABUSE W/INDUCED ANXIETY DISORDER
F16183	HALLUCINOGEN ABUSE W/PERSISTING PERCEPTION D/O
F16221	HALLUCINOGEN DEPENDENCE W/INTOX W/DELIRIUM
F1624	HALLUCINOGEN DEPENDENCE W/INDUCED MOOD DISORDER

CODE	DESCRIPTION
F16250	HALLUCINOGEN DEPEND INDUC PSYCHOT D/O W/DELUSION
F16251	HALLUCINOGEN DEPEND INDUC PSYCHOT D/O W/HALLUCIN
F16259	HALLUCINOGEN DEPENDENCE W/INDUCD PSYCHOT D/O UNS
F16280	HALLUCINOGEN DEPENDENCE W/INDUC ANXIETY DISORDER
F16283	HALLUCINOGEN DEPENDENCE W/PERSIST PERCEPTION D/O
F18121	INHALANT ABUSE WITH INTOXICATION DELIRIUM
F1814	INHALANT ABUSE W/INHALANT-INDUCED MOOD DISORDER
F18150	INHALANT ABUSE W/INDUCED PSYCHOT D/O W/DELUSIONS
F18151	INHALANT ABUSE W/INDUCED PSYCHOT D/O W/HALLUCIN
F18159	INHALANT ABUSE W/INHALANT-INDUCD PSYCHOT D/O UNS
F1817	INHALANT ABUSE WITH INHALANT-INDUCED DEMENTIA
F18180	INHALANT ABUSE W/INHALANT-INDUCED ANXIETY D/O
F18221	INHALANT DEPENDENCE WITH INTOXICATION DELIRIUM
F1824	INHALANT DEPENDENCE W/INHALANT-INDUCED MOOD D/O
F18250	INHALANT DEPEND W/INDUC PSYCHOT D/O W/DELUSIONS
F18251	INHALANT DEPEND W/INDUC PSYCHOT D/O W/HALLUCIN
F18259	INHALANT DEPEND W/INHAL-INDUCD PSYCHOT D/O UNS
F1827	INHALANT DEPENDENCE W/INHALANT-INDUCED DEMENTIA
F18280	INHALANT DEPENDENCE W/INHAL-INDUCD ANXIETY D/O
F19121	OTH PSYCHOACTIVE SBSTNC ABUSE INTOXICAT DELIRIUM
F19122	OTH PSYCHOACTIVE SBSTNC ABUSE INTOX PERCEPT DIST
F1914	OTH PSYCHOACTIVE SBSTNC ABUSE W/INDUCD MOOD D/O
F19150	OTH PSYCHOACTIV SBSTNC ABUSE IND PSYCHOT D/O DEL
F19151	OTH PSYCHOACTV SBSTNC ABUSE IND PSYCH D/O HALLUC
F19159	OTH PSYCHOACTIV SBSTNC ABUSE INDUC PSYCH D/O UNS
F1916	OTH PSYCHOACTV SBSTNC ABUS IND PERSIST AMNES D/O
F1917	OTH PSYCHOACTV SBSTNC ABUSE INDUC PERSIST DEMENT
F19180	OTH PSYCHOACTIVE SBSTNC ABUSE INDUCD ANXIETY D/O
F19221	OTH PSYCHOACTIVE SBSTNC DEPEND INTOX DELIRIUM
F19222	OTH PSYCHOACTV SBSTNC DEPEND INTOX PERCEPTL DIST
F19231	OTH PSYCHOACTIVE SBSTNC DEPEND WITH W/D DELIRIUM
F19232	OTH PSYCHOACTV SBSTNC DEPEND W/D W/PERCEPTL DIST
F1924	OTH PSYCHOACTIVE SBSTNC DEPEND W/INDUCD MOOD D/O
F19250	OTH PSYCHOACTV SBSTNC DEPEND IND PSYCH D/O W/DEL
F19251	OTH PSYCHOACTV SBSTNC DEPND IND PSYCH D/O HALLUC
F19259	OTH PSYCHOACTV SBSTNC DEPEND INDUC PSYCH D/O UNS
F1926	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST AMNES
F1927	OTH PSYCHOACTV SBSTNC DEPEND IND PERSIST DEMENT
F19280	OTH PSYCHOACTIVE SBSTNC DEP W/INDUC ANXIETY D/O
F200	PARANOID SCHIZOPHRENIA
F201	DISORGANIZED SCHIZOPHRENIA
F202	CATATONIC SCHIZOPHRENIA
F203	UNDIFFERENTIATED SCHIZOPHRENIA

CODE	DESCRIPTION
F205	RESIDUAL SCHIZOPHRENIA
F2081	SCHIZOPHRENIFORM DISORDER
F2089	OTHER SCHIZOPHRENIA
F209	SCHIZOPHRENIA UNSPECIFIED
F21	SCHIZOTYPAL DISORDER
F22	DELUSIONAL DISORDERS
F23	BRIEF PSYCHOTIC DISORDER
F24	SHARED PSYCHOTIC DISORDER
F250	SCHIZOAFFECTIVE DISORDER BIPOLAR TYPE
F251	SCHIZOAFFECTIVE DISORDER DEPRESSIVE TYPE
F258	OTHER SCHIZOAFFECTIVE DISORDERS
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED
F28	OTH PSYCHOT D/O NOT DUE SUBSTANCE/PHYSIOLOG COND
F29	UNS PSYCHOSIS NOT DUE SUBSTANCE/PHYSIOLOG COND
F3012	MANIC EPISODE WITHOUT PSYCHOTIC SYMPTOMS, MODERATE
F3013	MANIC EPISODE, SEVERE, WITHOUT PSYCHOTIC SYMPTOMS
F302	MANIC EPISODE, SEVERE WITH PSYCHOTIC SYMPTOMS
F3112	BIPOLAR DISORD, CRNT EPISODE MANIC W/O PSYCH FEATURES, MOD
F3113	BIPOLAR DISORD, CRNT EPSD MANIC W/O PSYCH FEATURES, SEVERE
F312	BIPOLAR DISORD, CRNT EPISODE MANIC SEVERE W PSYCH FEATURES
F3132	BIPOLAR DISORDER, CURRENT EPISODE DEPRESSED, MODERATE
F314	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEV, W/O PSYCH FEATURES
F315	BIPOLAR DISORD, CRNT EPSD DEPRESS, SEVERE, W PSYCH FEATURES
F3162	BIPOLAR DISORDER, CURRENT EPISODE MIXED, MODERATE
F3163	BIPOLAR DISORD, CRNT EPSD MIXED, SEVERE, W/O PSYCH FEATURES
F3164	BIPOLAR DISORD, CRNT EPISODE MIXED, SEVERE, W PSYCH FEATURES
F321	MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE, MODERATE
F322	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEV W/O PSYCH FEATURES
F323	MAJOR DEPRESSV DISORD, SINGLE EPSD, SEVERE W PSYCH FEATURES
F331	MAJOR DEPRESSIVE DISORDER, RECURRENT, MODERATE
F332	MAJOR DEPRESSV DISORDER, RECURRENT SEVERE W/O PSYCH FEATURES
F333	MAJOR DEPRESSV DISORDER, RECURRENT, SEVERE W PSYCH SYMPTOMS
F4001	AGORAPHOBIA WITH PANIC DISORDER
F410	Panic disorder [episodic paroxysmal anxiety]
F4311	POST-TRAUMATIC STRESS DISORDER, ACUTE
F4312	POST-TRAUMATIC STRESS DISORDER, CHRONIC
F440	DISSOCIATIVE AMNESIA
F441	DISSOCIATIVE FUGUE
F444	CONVERSION DISORDER WITH MOTOR SYMPTOM OR DEFICIT
F445	CONVERSION DISORDER WITH SEIZURES OR CONVULSIONS
F446	CONVERSION DISORDER WITH SENSORY SYMPTOM OR DEFICIT
F447	CONVERSION DISORDER WITH MIXED SYMPTOM PRESENTATION
F4481	DISSOCIATIVE IDENTITY DISORDER

CODE	DESCRIPTION
F4522	BODY DYSMORPHIC DISORDER
F481	DEPERSONALIZATION-DEREALIZATION SYNDROME
F600	PARANOID PERSONALITY DISORDER
F601	SCHIZOID PERSONALITY DISORDER
F71	Moderate intellectual disabilities
F72	Severe intellectual disabilities
F73	Profound intellectual disabilities
F801	Expressive language disorder
F840	AUTISTIC DISORDER
F845	ASPERGERS SYNDROME
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS
F849	PERVASIVE DEVELOPMENTAL DISORDER UNSPECIFIED
F952	TOURETTES DISORDER
G041	TROPICAL SPASTIC PARAPLEGIA
G114	HEREDITARY SPASTIC PARAPLEGIA
G1221	AMYOTROPHIC LATERAL SCLEROSIS
G130	PARANEOPLASTIC NEUROMYOPATHY AND NEUROPATHY
G131	OTH SYSTEM ATROPHY PRIM AFFECT CNS NEOPLASTIC DZ
G231	PROGRESSIVE SUPRANUCLEAR OPHTHALMOPLEGIA
G300	ALZHEIMERS DISEASE WITH EARLY ONSET
G301	ALZHEIMERS DISEASE WITH LATE ONSET
G308	OTHER ALZHEIMERS DISEASE
G309	ALZHEIMERS DISEASE UNSPECIFIED
G3109	OTHER FRONTOTEMPORAL DEMENTIA
G3183	DEMENTIA WITH LEWY BODIES
G35	MULTIPLE SCLEROSIS
G450	VERTEBRO-BASILAR ARTERY SYNDROME
G451	CAROTID ARTERY SYNDROME HEMISPHERIC
G452	MULTIPLE & BILATERAL PRECEREBRAL ARTERY SYND
G453	AMAUROSIS FUGAX
G454	TRANSIENT GLOBAL AMNESIA
G458	OTH TRANSIENT CERBRL ISCHEMIC ATTACKS & REL SYND
G459	TRANSIENT CEREBRAL ISCHEMIC ATTACK UNSPECIFIED
G460	MIDDLE CEREBRAL ARTERY SYNDROME
G461	ANTERIOR CEREBRAL ARTERY SYNDROME
G462	POSTERIOR CEREBRAL ARTERY SYNDROME
G710	MUSCULAR DYSTROPHY
G731	LAMBERT-EATON SYNDROME IN NEOPLASTIC DISEASE
G800	SPASTIC QUADRIPLEGIC CEREBRAL PALSY
G801	SPASTIC DIPLEGIC CEREBRAL PALSY
G802	SPASTIC HEMIPLEGIC CEREBRAL PALSY
G803	ATHETOID CEREBRAL PALSY
G804	ATAXIC CEREBRAL PALSY

CODE	DESCRIPTION
G808	OTHER CEREBRAL PALSY
G809	CEREBRAL PALSY UNSPECIFIED
G8100	FLACCID HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8101	FLACCID HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8102	FLACCID HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8103	FLACCID HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8104	FLACCID HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8110	SPASTIC HEMIPLEGIA AFFECTING UNSPECIFIED SIDE
G8111	SPASTIC HEMIPLEGIA AFFECTING RIGHT DOMINANT SIDE
G8112	SPASTIC HEMIPLEGIA AFFECTING LEFT DOMINANT SIDE
G8113	SPASTIC HEMIPLEGIA AFFECTING RT NONDOMINANT SIDE
G8114	SPASTIC HEMIPLEGIA AFFECTING LT NONDOMINANT SIDE
G8190	HEMIPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8191	HEMIPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8192	HEMIPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8193	HEMIPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8194	HEMIPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
G8220	PARAPLEGIA UNSPECIFIED
G8221	PARAPLEGIA COMPLETE
G8222	PARAPLEGIA INCOMPLETE
G8250	QUADRIPLEGIA UNSPECIFIED
G8251	QUADRIPLEGIA C1-C4 COMPLETE
G8252	QUADRIPLEGIA C1-C4 INCOMPLETE
G8253	QUADRIPLEGIA C5-C7 COMPLETE
G8254	QUADRIPLEGIA C5-C7 INCOMPLETE
G830	DIPLEGIA OF UPPER LIMBS
G8310	MONOPLEGIA LOWER LIMB AFFECTING UNSPECIFIED SIDE
G8311	MONOPLEGIA LOWER LIMB RIGHT DOMINANT SIDE
G8312	MONOPLEGIA LOWER LIMB LEFT DOMINANT SIDE
G8313	MONOPLEGIA LOWER LIMB RIGHT NONDOMINANT SIDE
G8314	MONOPLEGIA LOWER LIMB LEFT NONDOMINANT SIDE
G8320	MONOPLEGIA UPPER LIMB AFFECTING UNSPECIFIED SIDE
G8321	MONOPLEGIA UPPER LIMB RIGHT DOMINANT SIDE
G8322	MONOPLEGIA UPPER LIMB LEFT DOMINANT SIDE
G8323	MONOPLEGIA UPPER LIMB RIGHT NONDOMINANT SIDE
G8324	MONOPLEGIA UPPER LIMB LEFT NONDOMINANT SIDE
G8330	MONOPLEGIA UNS AFFECTING UNSPECIFIED SIDE
G8331	MONOPLEGIA UNS AFFECTING RIGHT DOMINANT SIDE
G8332	MONOPLEGIA UNS AFFECTING LEFT DOMINANT SIDE
G8333	MONOPLEGIA UNS AFFECTING RIGHT NONDOMINANT SIDE
G8334	MONOPLEGIA UNS AFFECTING LEFT NONDOMINANT SIDE
H4930	TOTAL EXTERNAL OPHTHALMOPLEGIA UNSPECIFIED EYE
H4931	TOTAL EXTERNAL OPHTHALMOPLEGIA RIGHT EYE

CODE	DESCRIPTION
H4932	TOTAL EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4933	TOTAL EXTERNAL OPHTHALMOPLEGIA BILATERAL
H4940	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA UNS EYE
H4941	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA RIGHT EYE
H4942	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA LEFT EYE
H4943	PROGRESSIVE EXTERNAL OPHTHALMOPLEGIA BILATERAL
H5120	INTERNUCLEAR OPHTHALMOPLEGIA UNSPECIFIED EYE
H5121	INTERNUCLEAR OPHTHALMOPLEGIA RIGHT EYE
H5122	INTERNUCLEAR OPHTHALMOPLEGIA LEFT EYE
H5123	INTERNUCLEAR OPHTHALMOPLEGIA BILATERAL
H52511	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL RT EYE
H52512	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL LT EYE
H52513	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL BILAT
H52519	INTERNAL OPHTHALMOPLEGIA COMPLETE TOTAL UNS EYE
I120	HYPERTENSIVE CKD W/STAGE 5 CKD OR ESRD
I1311	HTN HEART & CKD W/O HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I132	HTN HEART & CKD W/HF W/STAGE 5 CKD OR ESRD
I69351	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT DOM SIDE
I69352	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT DOM SIDE
I69353	HEMIPLEGIA FLW CEREBRAL INFARCT AFF RT NON-DOM
I69354	HEMIPLEGIA FLW CEREBRAL INFARCT AFF LT NON-DOM
I69359	HEMIPLEGIA FLW CEREBRAL INFARCT AFFCT UNS SIDE
M623	IMMOBILITY SYNDROME PARAPLEGIC
N184	CHRONIC KIDNEY DISEASE STAGE 4 SEVERE
N185	CHRONIC KIDNEY DISEASE STAGE 5
N186	END STAGE RENAL DISEASE
Q050	CERVICAL SPINA BIFIDA WITH HYDROCEPHALUS
Q051	THORACIC SPINA BIFIDA WITH HYDROCEPHALUS
Q052	LUMBAR SPINA BIFIDA WITH HYDROCEPHALUS
Q053	SACRAL SPINA BIFIDA WITH HYDROCEPHALUS
Q054	UNSPECIFIED SPINA BIFIDA WITH HYDROCEPHALUS
Q055	CERVICAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q056	THORACIC SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q057	LUMBAR SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q058	SACRAL SPINA BIFIDA WITHOUT HYDROCEPHALUS
Q059	SPINA BIFIDA UNSPECIFIED
Q900	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q901	Trisomy 21, mosaicism (mitotic nondisjunction)
Q902	Trisomy 21, translocation
Q909	Down syndrome, unspecified
Q910	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q911	Trisomy 18, mosaicism (mitotic nondisjunction)

CODE	DESCRIPTION
Q912	Trisomy 18, translocation
Q913	Trisomy 18, unspecified
Q914	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q915	Trisomy 13, mosaicism (mitotic nondisjunction)
Q916	Trisomy 13, translocation
Q917	Trisomy 13, unspecified
Q920	Whole chromosome trisomy, nonmosaicism (meiotic nondisjunction)
Q921	Whole chromosome trisomy, mosaicism (mitotic nondisjunction)
Q922	Partial trisomy
Q925	Duplications with other complex rearrangements
Q9261	Marker chromosomes in normal individual
Q9262	Marker chromosomes in abnormal individual
Q927	Triploidy and polyploidy
Q928	Other specified trisomies and partial trisomies of autosomes
Q929	Trisomy and partial trisomy of autosomes, unspecified
Q930	Whole chromosome monosomy, nonmosaicism (meiotic nondisjunction)
Q931	Whole chromosome monosomy, mosaicism (mitotic nondisjunction)
Q932	Chromosome replaced with ring, dicentric or isochromosome
Q937	Deletions with other complex rearrangements
Q9381	Velo-cardio-facial syndrome
Q9388	Other microdeletions
Q9389	Other deletions from the autosomes
Q939	Deletion from autosomes, unspecified
Q952	Balanced autosomal rearrangement in abnormal individual
Q953	Balanced sex/autosomal rearrangement in abnormal individual
Q992	Fragile X chromosome
R532	FUNCTIONAL QUADRIPLEGIA
Z510	ENCOUNTER FOR ANTINEOPLASTIC RADIATION THERAPY
Z5111	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
Z5112	ENCOUNTER FOR ANTINEOPLASTIC IMMUNOTHERAPY
Z7682	AWAITING ORGAN TRANSPLANT STATUS
Z9911	DEPENDENCE ON RESPIRATOR VENTILATOR STATUS
Z9981	DEPENDENCE ON SUPPLEMENTAL OXYGEN