

HCPF 2011Desk Reference for Medical Programs

Verifications, Authorization,
Good Faith, and Miscellaneous

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NOTE: Hyperlinks are located within the document to help navigate to the referenced sections.

- All sections within the Table of Contents will navigate to the appropriate page
- Within the content of this document, colored words are **Hyperlinked**

Desk Reference Definitions

1. **10-day noticing** - The allotted time required to give notice to a client before they have a loss of benefits.
2. **Application Denial Due Date (AVC)** – The date generated for CBMS to trigger EDBC to run on a case not previously authorized and deny a case for missing verifications. This date is not printed on the Medical Verifications notice and is set to 15 business days from the notice date. The date is located on the **Awaiting Verifications** window found by clicking on the **Medical Verifications** button located within the **Case Wrap Up** window. This can also be accessed through the **Verification Checklist** window.
NOTE: Exception for Low Income Subsidy (LIS) which provides 20 calendar days
3. **Awaiting Verifications from Client** field (AVC) – Used to pend at a high level and does not identify each specific verification that is missing for the case. The **Medical Verifications** button pends the entire case including everyone in the household. The field is located on the **Awaiting Verifications** window found by clicking on the **Medical Verifications** button located within the **Case Wrap Up** window. This can also be accessed through the **Verification Checklist** window.
4. **Colorado Benefits Management System (CBMS)** – The computer system that determines an applicant’s eligibility for public assistance in the State of Colorado.
5. **Deficit Reduction Act (DRA)** – Federal law requiring proof of citizenship and identity for U.S. citizens.
6. **DRA Verification Due Date (For AM and LTC only)** – This date is set to 70 calendar days from the notice date for AM and LTC clients when missing DRA (citizenship and/or identity) verifications. This date is set and printed on the Verification Checklist.
7. **DRA Verification Denial Due Date (For AM and LTC only)** – The date generated behind the scenes for CBMS to trigger EDBC to run on a case not previously authorized and deny a case for missing verifications. This date is not printed on the Verification Checklist and is set 70 calendar days plus 1 business day.
8. **EDBC** – Eligibility Determination Benefit Calculation
9. **FPL** – Federal Poverty Level
10. **Good Faith** – The extension of a reasonable opportunity period when a client or applicant is making a good faith effort to obtain the required documentation.
11. **HLPG** – High Level Program Group
12. **II** – Interactive Interview

13. **INOA** – Informational Notice of Action used to provide additional guidance to eligibility workers. Primarily viewed as a “pop-up” within CBMS.
14. **Maximum Denial Due Date** - If there are multiple denial due dates, the Maximum Denial Due Date is defined as the date furthest in the future. The maximum may be calculated by all denial due dates including the Application Denial Due Date (AVC), Verification Denial Due Date (II verifications), DRA Verification Denial Due Date, and Standard Verification Denial Due Date.
- For example today’s date is 03/30/11, and 04/01/11, 04/03/11, 04/06/11 are all due dates. The maximum denial due date is 04/06/11.
15. **Medical Programs** – Includes Family Medicaid (FM), Adult Medicaid (AM), Long Term Care (LTC), Medicare Savings Program (MSP), and Child Health Plan Plus (CHP+).
NOTE: Low Income Subsidy (LIS) is not a medical program but is also affected by the implementation change.
16. **Notice** – A letter sent to clients requesting additional information for their eligibility or provides a notice of action.
17. **Notice Date** – The date used to generate the verification due dates according to when the notice is sent to the client. This date is set to the EDBC run date plus 1 calendar day for mailing.
- For example, today’s date is 3/30/11 and EDBC is run today. The notice date is set as 3/31/11.
18. **Redetermination/Recertification/Reassessment (RRR)** – A review of the case and necessary verification to determine whether the Medical Assistance Program client continues to be eligible for benefits.
19. **RRR Due Date** – The date on which the RRR is due. This date is set to the last day of the month in which the RRR is due and is also known as Redetermination Due Date. The date is located on the **View RRR Detail Listing** window.
20. **Special Action** – Process within CBMS of automatically adding a missing HLPG (either FM or CHP+) to an existing FM or CHP+ case.
21. **Standard Verification (For AM and LTC only)** – All required verifications to determine eligibility for AM and LTC with the exception of DRA.
22. **Standard Verification Due Date (For AM and LTC only)** – The due date set for AM and LTC clients when missing verifications (with the exception of DRA verifications) to determine if they are potentially eligible. This date is set to 10 business days from the notice date and is printed on the Verification Checklist as the verifications due date. The date is

located on the **Verification Checklist** window and is listed as **Due Date** within the **Verification Checklist Summary**.

23. **Standard Verification Denial Due Date (For AM and LTC only)** – The date generated behind the scenes to trigger an EDBC run on a case not previously authorized and deny a case for missing verifications. This date is not printed on the Verification Checklist and is set to 15 business days.

24. **Verification Due Date (AVC)** – This date is set to 10 business days from the notice date and is printed on the Medical Verifications notice as the date verifications are due by. The Medical Verifications notice is generated once the **Awaiting Verifications from Client** field is changed to “Yes”. The date is located on the **Awaiting Verifications** window found by clicking the **Medical Verifications** button located within the **Case Wrap Up** window. This can also be accessed through the **Verification Checklist** window.
NOTE: Exception for LIS which provides 15 calendar days

25. **Verification Due Date (II Verifications)** – This date is set to 10 business days from the notice date and is printed on the Verification Checklist as the date verifications are due. The date is located on the **Verification Checklist** window and is listed as **Due Date** within the **Verification Checklist** window.
NOTE: Exception for LIS which provides 15 calendar days

26. **Verification Denial Due Date (II Verifications)** - The date generated behind the scenes for CBMS to trigger an EDBC run on a case not previously authorized and deny a case for missing verifications. This date is not printed on the Verification Checklist and is set to 15 business days from the notice date.
NOTE: Exception for LIS which provides 20 calendar days

Section 1: Verification Checklist

Generating the Verification Checklist for Required Verifications

CBMS identifies which verification types/sources are acceptable in order to determine eligibility for clients. Any required verifications that do not have an acceptable verification type and/or source entered are triggered to be added to the Verification Checklist.

The example below demonstrates how to generate the Verification Checklist. In this example, U.S. citizenship and pregnancy verifications were not provided.

Step 1: Navigate to the **Individual Demographics** window

- a. Select “ Yes” from drop-down menu under **US Citizen**
- b. Select the appropriate status from the **Status** drop-down menu
- c. Enter the **Verification** as “Received”
- d. Enter the **Source** as “Client Statement”
- e. Enter the **Acceptable Doc** as “No”
- f. Click on **Save**

The screenshot shows the 'Individual Demographics' window with the following fields and values:

- Citizenship Verified By:**
 - *US Citizen: Yes
 - *Status: US Born
 - *Verification: Received
 - *Source: Client Statement
- Qualified Non-Citizen:** No (radio button selected)
- Acceptable Doc:** No (radio button selected)
- Eligibility Site:** (empty text box)
- Name:** (empty text box)
- Other Information:**
 - Highest Grade Completed: (empty text box)
 - Other Insurance: No (radio button selected)
 - *Date Reported: (empty text box)
 - Date Verified: (empty text box)

Buttons: Reset, Apply

Navigation Bar: Clearance, Address, Prior Aid, Identification, Special Indicator, SSI

Step 2: Navigate to the **Pregnancy** window

- a. Select the **Name** of the pregnant client from the drop-down menu

Step 3: On the **Pregnancy** window, under the **Detail** section

- a. Enter the **Effective Begin Date**
- b. Enter the **Number of Unborn(s)**
- c. Enter the **Expected Due Date**
- d. Enter the **Verification** as “Received”
- e. Enter the **Source** as “Client Statement”
- f. Enter the **Date Reported**
- g. Enter the **Date Verified**
- h. Click on **Save**

The screenshot shows a web-based application window titled "Pregnancy". At the top, there is a search bar. Below it, the "Detail" section contains two date fields: "Effective Begin Date" with the value "02/03/2011" and "Effective End Date" with a placeholder "MM/DD/YYYY". The "Pregnancy Information" section includes "Number of Unborn(s)" set to "1", "Expected Due Date" set to "08/05/2011", "Verification" set to "Received", and "Source" set to "Client Statement". The "Father" section has radio buttons for "Known to CBMS" and "Unknown to CBMS", with "Unknown to CBMS" selected, and a "Name" field.

Step 4: Complete the remaining data entry on the necessary windows

Step 5: Complete the **Case Wrap Up Detail** section

- a. Click on the appropriate **Program Group**
- b. Select “Yes” for **Data Entry Complete**
- c. Click on **Save**
- d. Run EDBC to review and finalize the Verification Checklist

NOTE: If **Data Entry Complete** is “No”, the Verification Checklist will **not** be generated to be sent out to the client.

The screenshot shows a software window titled "Case Wrap Up". At the top, there is a search bar. Below it is a "Case Wrap Up Summary" section containing a table with three columns: "Program Group", "Data Entry Complete", and "Effective Begin Date". The table lists two entries: "Childrens Health Plan Plus" and "Family Medical Assistance", both with "Yes" for "Data Entry Complete" and "05/11/2011" for "Effective Begin Date". Below the table is a "Case Wrap Up Detail" section with three input fields: "*Effective Begin Date:" with a text box containing "05/11/2011", "*Program Group:" with a dropdown menu showing "Family Medical Assist...", and "*Data Entry Complete:" with radio buttons for "Yes" (selected) and "No". At the bottom right of the detail section are buttons for "RRR Checklist", "Reset", and "Apply".

| Program Group | Data Entry Complete | Effective Begin Date |
|----------------------------|---------------------|----------------------|
| Childrens Health Plan Plus | Yes | 05/11/2011 |
| Family Medical Assistance | Yes | 05/11/2011 |

*Effective Begin Date: 05/11/2011

*Program Group: Family Medical Assist...

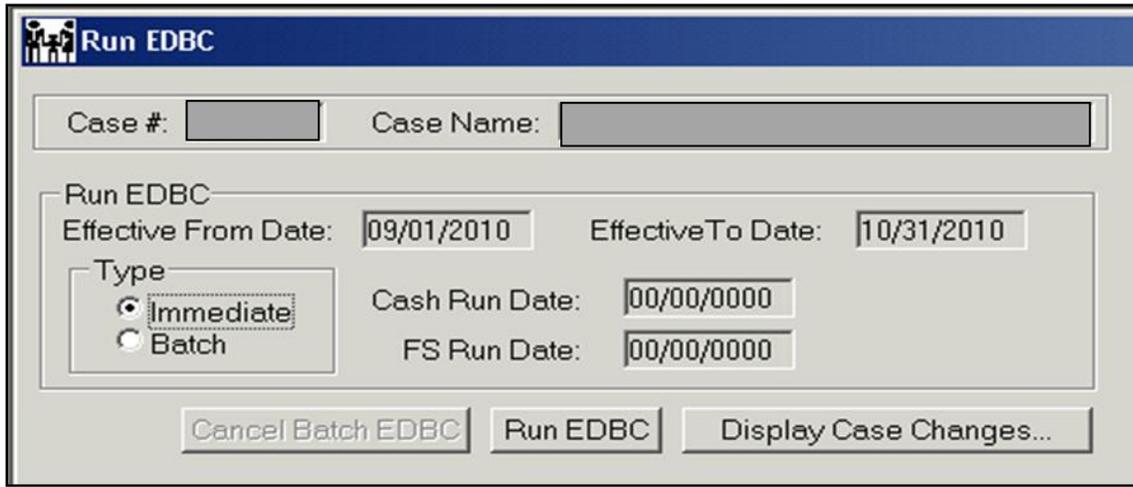
*Data Entry Complete: Yes No

RRR Checklist

Reset Apply

Running EDBC

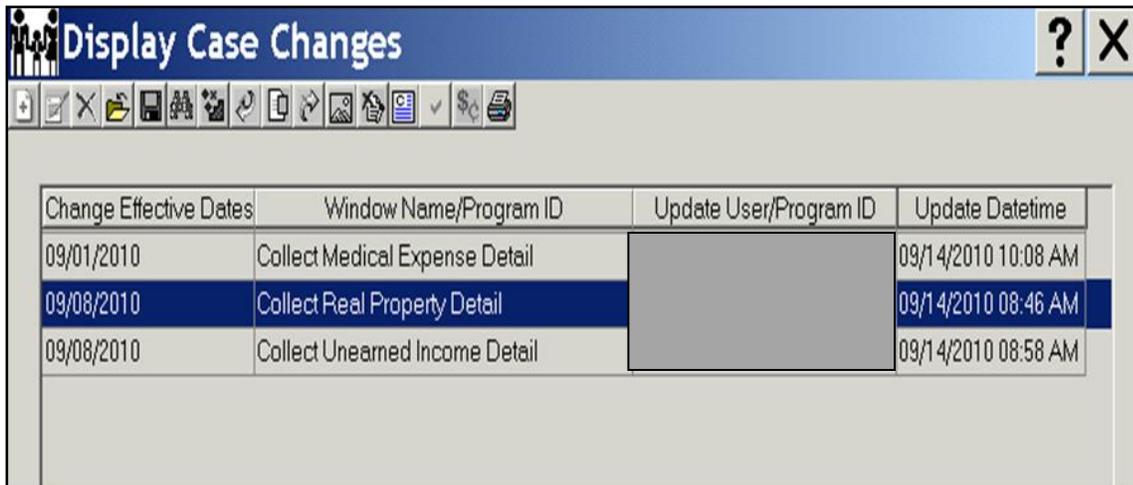
1. Click the **Display Case Changes** button



The 'Run EDBC' dialog box contains the following fields and controls:

- Case #: [] Case Name: []
- Run EDBC Effective From Date: 09/01/2010 Effective To Date: 10/31/2010
- Type: Immediate Batch
- Cash Run Date: 00/00/0000
- FS Run Date: 00/00/0000
- Buttons: Cancel Batch EDBC, Run EDBC, Display Case Changes...

2. View the **Display Case Changes** window and close



The 'Display Case Changes' window displays a table with the following data:

| Change Effective Dates | Window Name/Program ID | Update User/Program ID | Update Datetime |
|------------------------|--------------------------------|------------------------|---------------------|
| 09/01/2010 | Collect Medical Expense Detail | | 09/14/2010 10:08 AM |
| 09/08/2010 | Collect Real Property Detail | | 09/14/2010 08:46 AM |
| 09/08/2010 | Collect Unearned Income Detail | | 09/14/2010 08:58 AM |

3. Click on the **Run EDBC** button

Viewing the Eligibility Results

After running EDBC, the eligibility results on the **Display Eligibility Summary** window show the **Eligibility Status** as pending due to missing verifications. For exceptions and additional information within FM, please refer to the **Pending and Authorizing Family Medicaid on the Individual Level** section.

1. To view the pending reason, highlight the row, and click on the **Reason** button

The screenshot shows the 'Display Eligibility Summary' window. At the top, there are input fields for 'Case #' and 'Case Name'. Below these is a table with the following data:

| Program Group | Payment Month | Eligibility Status | Benefit Amount | Adverse Action Amount | Household Size | Eligibility Begin Date | Application Date |
|------------------------|---------------|--------------------|----------------|-----------------------|----------------|------------------------|------------------|
| Childrens Health Plan | 2010/12 | PENDING | \$0.00 | \$0.00 | 3 | 00/00/0000 | 12/01/2010 |
| Family Medical Assiste | 2010/12 | PENDING | \$0.00 | \$0.00 | 3 | 00/00/0000 | 12/01/2010 |

A 'Display Reasons' dialog box is open, showing a list of reasons for the pending status:

- pending Family Medical eligibility determination.
- missing verif. See checklist

At the bottom of the window, there are buttons for 'Reason...', 'Verification Checklist...', 'Initiate Wrap up...', and 'Individual Details...'.

Viewing the Verification Checklist

The Verification Checklist is automatically sent out by CBMS upon completion of data entry on a case. Always view the Verification Checklist to ensure the accuracy of the verification requested and provide additional information to the client regarding the requested verification.

If there is information on the Verification Checklist and the eligibility worker clicks on the **Initiate Wrap Up** button (without first viewing the Verification Checklist), the message “Verifications must be viewed before Wrap Up can be initiated” is displayed.

1. Click “OK”
2. Click on the **Verification Checklist** button

The screenshot shows a software window titled "Display Eligibility Summary". At the top, there are input fields for "Case #" and "Case Name". Below these is a table with the following columns: Program Group, Payment Month, Eligibility Status, Benefit Amount, Adverse Action Amount, Household Size, Eligibility Begin Date, and Application Date. The table contains six rows of data, all with an "Eligibility Status" of "PENDING".

| Program Group | Payment Month | Eligibility Status | Benefit Amount | Adverse Action Amount | Household Size | Eligibility Begin Date | Application Date |
|---------------------------|---------------|--------------------|----------------|-----------------------|----------------|------------------------|------------------|
| Family Medical Assistance | 2010/11 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |
| Childrens Health Plan | 2010/11 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |
| Family Medical Assistance | 2010/12 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |
| Childrens Health Plan | 2010/12 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |
| Family Medical Assistance | 2011/01 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |
| Childrens Health Plan | 2011/01 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 11/02/2010 |

Below the table, a message dialog box is open. The dialog box has a title bar "CBMS" and a close button. It contains an information icon, a "Message Code" of "1311", and a "Description" that reads: "Verifications must be viewed before Wrap Up can be initiated." There is an "OK" button at the bottom of the dialog box.

At the bottom of the main window, there are four buttons: "Reason...", "Verification Checklist...", "Initiate Wrap up...", and "Individual Details..."

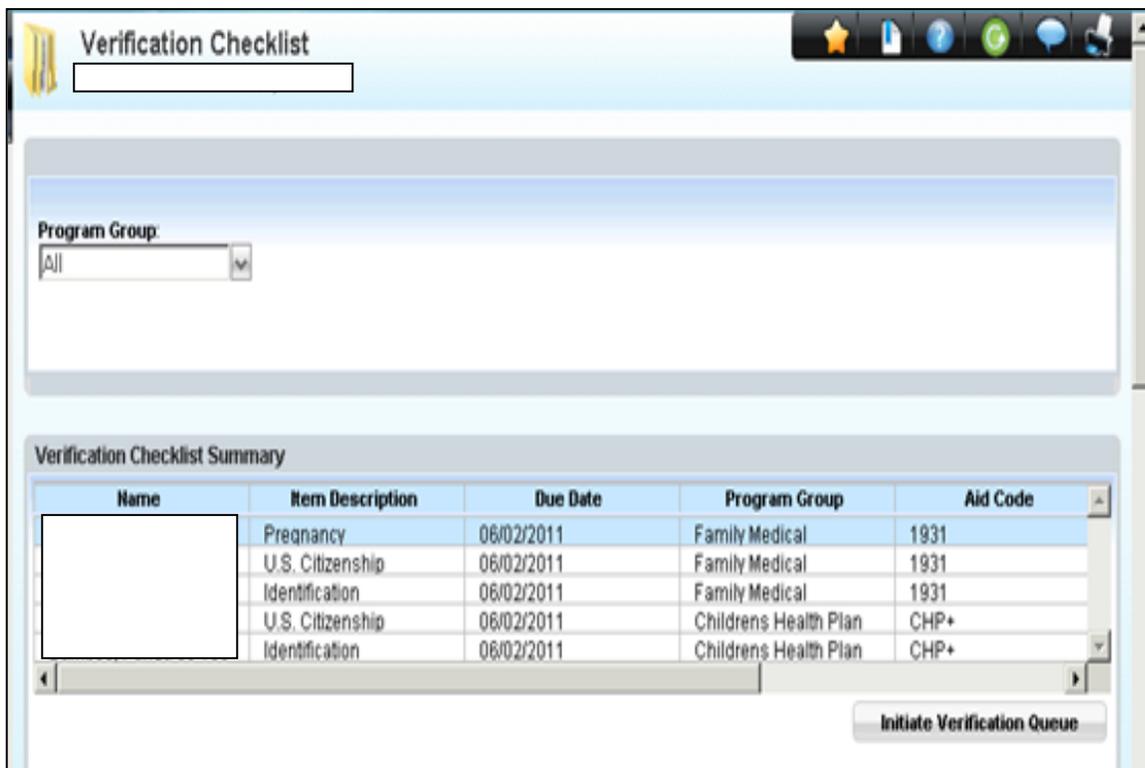
The Verification Checklist displays each client missing verifications and lists all verifications that are missing.

The Verification Due Date (II verifications) is set to 10 business days from the notice date and is printed on the Verification Checklist as the date verifications are due. This date is displayed as **Due Date** on the **Verification Checklist** window and is calculated for every individual missing verification and potentially for each verification/source if they are added on different days.

Example: Client is missing citizenship and pregnancy verification

- Eligibility worker runs EDBC on 05/17/11 and the Verification Checklist is sent out on 05/18/11
- The notice date is set to 05/18/11 and used to calculate 10 business days for the Verification Due Date (II verifications)
- The Verification Due Date (II verifications) is 06/02/11 for both the citizenship and pregnancy verifications

Please refer to **Section 4: Denials** for additional information on denying, the Verification Denial Due Date, and triggers.



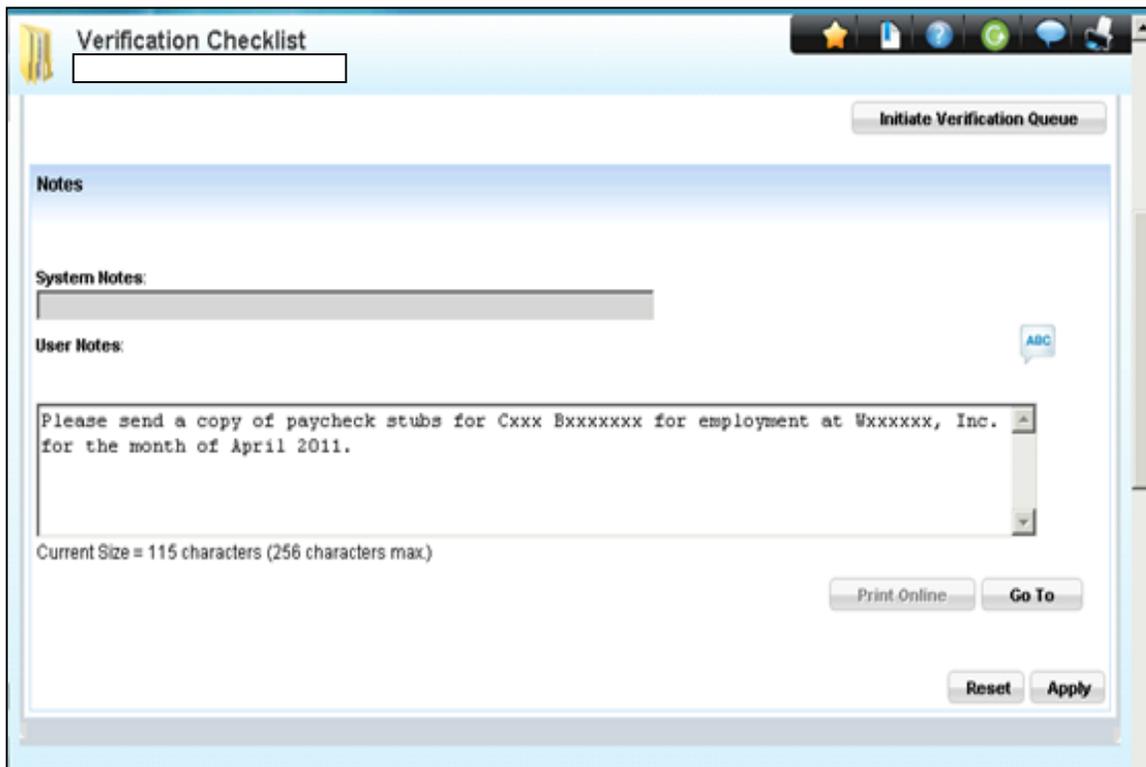
Adding Notes to the Verification Checklist

In the **User Notes** field, enter detailed information for each client and what verifications they are missing. Detailed information for the client may include:

- Name of employer
- Type of resource
- Clarification on missing verifications (such as client sent incorrect verification and correct verification is needed)

Information in the **User Notes** field is added word for word to the Verification Checklist notice sent to the client.

1. Click in the **User Notes** field
2. Enter the detailed information
3. Click the **Save** button



The screenshot displays a web application window titled "Verification Checklist". At the top right, there is a toolbar with icons for a star, a document, a globe, a green checkmark, a speech bubble, and a printer. Below the title bar, there is a search box and an "Initiate Verification Queue" button. The main content area is divided into two sections: "System Notes" and "User Notes". The "System Notes" section has a single-line text input field. The "User Notes" section has a multi-line text area containing the text: "Please send a copy of paycheck stubs for Cxxx Bxxxxxxx for employment at Wxxxxxx, Inc. for the month of April 2011." Below the text area, it indicates "Current Size = 115 characters (256 characters max.)". At the bottom right of the form, there are four buttons: "Print Online", "Go To", "Reset", and "Apply".

Verification Checklist Correspondence

The Verification Checklist sent out to the clients provides a cover letter as well as a listing of the required verifications needed to determine eligibility.

The verifications are listed by each individual and by each H LPG pending for that verification.

[Redacted]

STATE OF COLORADO



[Redacted]
1570 GRANT ST
DENVER CO 80203-1818

[Redacted]
DENVER CO 80203-1818

[Redacted]
05/17/2011

Subject: Verification Checklist

Dear [Redacted]

This letter is to tell you that we need proof of some information. The following page(s) lists the following information:

- **Name** - the person that the proof is needed for
If there is no name listed, the information needed is household information. For example, if your date of birth needs to be verified, your name would be listed. If your housing cost needs to be verified, no individual's name would be listed.
- **Need Proof of** - lists the information that we need proof of
- **Program Group** - the name of the program that needs the proof
- **Due Date** - the date the proof must be returned
- **Notes** - more about what is needed

The proof must be returned to the address shown above by the Due Date. If it is not received by the Due Date, a decision will be made based on the information that we have.

Each Program Group listed may need the same proof. The Due Dates could be different for each Program Group. To make sure that the proof is returned in time for each Program Group, please return the proof by the earliest Due Date. Your household must provide the proof for each program listed on the following pages.

- If your household has applied for assistance for the program(s) listed; all of the information must be returned on or before the Due Date for each program. If the proof is not received by the Due Date, your application for that program may be denied.
- If your household is currently receiving assistance from the program(s) listed; the proof must be returned on or before the Due Date for each program. If the proof is not received by the Due Date your household may be discontinued for that programs benefit.
- You may continue to receive this notice for proof of Expenses for the Program Groups of Food Stamps, Colorado Works or Long Term Care until the proof is returned. This is a reminder to your household that you still need to return proof of this information. The Due Date listed is the original date that the proof needed to be returned. If you return the proof of these expenses, your household benefits may increase for Colorado Works or Food Stamps. For the Long Term Care Program, returning the proof of the expense may change your patient payment to the nursing home.

Please feel free to contact the worker listed at the top of this letter if:

- You need help getting the proof we are asking for;
- You have any questions regarding this letter; or
- You cannot return the proof by the Due Date listed (we may be able to give you extra time to return the proof).

| NAME | NEED PROOF OF | PROGRAM GROUP | DUE DATE |
|--------------------------------|------------------|----------------------------|------------|
| <input type="text"/> NOTES: | Identification | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: | U.S. Citizenship | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: | Identification | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: | Pregnancy | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: | U.S. Citizenship | Family Medical Assistance | 06/02/2011 |
| NOTES: | | | |

Additional Information and Exceptions for the Verification Checklist

Suppression of checklist

If EDBC is run on the case while it is pending and there are no changes to the verification types, sources, or notes, the Verification Checklist is suppressed.

Example: Verification Checklist is generated and sent to a client on 01/04/11.

- Citizenship verification is requested
- On 01/06/11, EDBC is run due to an interface posting
- No changes are made to the verification type, source, or note for the citizenship verification
- Verification Checklist is suppressed

Changes to Notes only

The Verification Due Dates (II verifications) do not change if the only change is an update to the **User Notes** field on the **Verification Checklist** window. The system generates an additional Verification Checklist to the client with the new information and the original due date remains the same.

Example: Verification Checklist correspondence was sent to the client on 05/18/11.

- On 05/20/11, additional information needs to be provided to the client regarding the requested verification

Step 1: Review the current due date within the **Verification Checklist** window

Step 2: Update the notes

- a. Click the verification that needs additional notes
- b. Type in the additional notes within the **User Notes** field
- c. Click on **Save**
- d. Run EDBC

| <u>NAME</u> | <u>NEED PROOF OF</u> | <u>PROGRAM GROUP</u> | <u>DUE DATE</u> |
|---|----------------------|----------------------------|-----------------|
| <input type="text"/> NOTES: | Identification | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: | U.S. Citizenship | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: | Identification | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: Proof of pregnancy needs to be verified by a doctor statement. Thank you. | Pregnancy | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: | U.S. Citizenship | Family Medical Assistance | 06/02/2011 |
| NOTES: | | | |

Changes to a verification type or source for a missing verification

The current Verification Due Dates (II verifications) do not change if a missing verification contains an invalid verification type or source and is updated with another invalid verification type or source.

Example: Client was noticed on 05/18/11 for missing U.S. citizenship.

- The Verification Due Date (II verifications) is 06/02/11
- On 05/25/11 client provides a questionable US citizenship verification
- The verification type for the U.S. citizenship record is updated from “Received” to “Questionable”
- A new Verification Checklist is generated on 05/26/11 with the original due date of 06/02/11

The screenshot shows a web application window titled "Individual Demographics". The form is divided into several sections:

- Citizenship Verified By:**
 - *US Citizen:** Yes (dropdown)
 - *Verification:** Questionable. (dropdown)
 - Qualified Non-Citizen:** Radio buttons for Yes and No.
 - *Acceptable Doc:** Radio buttons for Yes and No.
 - Eligibility Site:** STATE OF COLORADO (dropdown)
 - Name:** (text input field)
 - *Status:** US Born (dropdown)
 - Source:** (dropdown menu)
 - Non-Citizen:** (button)
- Other Information:**
 - Highest Grade Completed:** (dropdown)
 - Other Insurance:** Radio buttons for Yes and No.
 - *Date Reported:** 05 / 01 / 2011 (date picker)
 - *Date Verified:** 05 / 01 / 2011 (date picker)

At the bottom right of the form are "Reset" and "Apply" buttons.

| NAME | NEED PROOF OF | PROGRAM GROUP | DUE DATE |
|------------|---|----------------------------|------------|
| [Redacted] | Identification | Childrens Health Plan Plus | 06/02/2011 |
| NOTES: | | | |
| [Redacted] | U.S. Citizenship | Childrens Health Plan Plus | 06/02/2011 |
| NOTES: | Proof of US Citizenship is questionable and needs to be an original document. Thank you. | | |
| [Redacted] | Identification | Family Medical Assistance | 06/02/2011 |
| NOTES: | | | |
| [Redacted] | Pregnancy | Family Medical Assistance | 06/02/2011 |
| NOTES: | Proof of pregnancy needs to be verified by a doctor statement. Thank you. | | |
| [Redacted] | U.S. Citizenship | Family Medical Assistance | 06/02/2011 |
| NOTES: | Proof of US Citizenship is questionable and needs to be an original document. Thank you. | | |
| NOTES: | | | |

Pending for Additional Verifications after the Initial Checklist

The Verification due dates (II verifications) are set for each household member and for each verification. The system triggers a new checklist with a new due date if an additional verification is identified as missing while the case is pending. The new notice includes the previous verifications with their established due dates as well as the new verification with the new Verification Due Date.

Example: On 05/17/11, a case was processed and the household was noticed on 05/18/11 for missing U.S. citizenship, identity, and pregnancy verification.

- The Verification Due Date (II verifications) is 06/02/11
- On 5/18/11, information is received regarding a new employment for dad
- Data entry is completed on the case and a new Verification Checklist is generated for missing verification of income for dad
- Client is noticed on 05/20/11 and the Verification Due Date (II verifications) for the income is 06/06/11
- The new Verification Checklist includes mom's U.S. citizenship, identity and pregnancy verification with a due date of 06/02/11 and dad's income verification with a due date of 06/06/11

| Name | Item Description | Due Date | Program Group | Aid Code |
|------|------------------------|------------|-----------------------|----------|
| | Identification | 06/02/2011 | Childrens Health Plan | CHP+ |
| | U.S. Citizenship | 06/02/2011 | Family Medical | 1931 |
| | Income from employment | 06/06/2011 | Family Medical | 1931 |
| | Identification | 06/02/2011 | Family Medical | 1931 |
| | Income from employment | 06/06/2011 | Childrens Health Plan | CHP+ |

Initiate Verification Queue

Notes

System Notes:

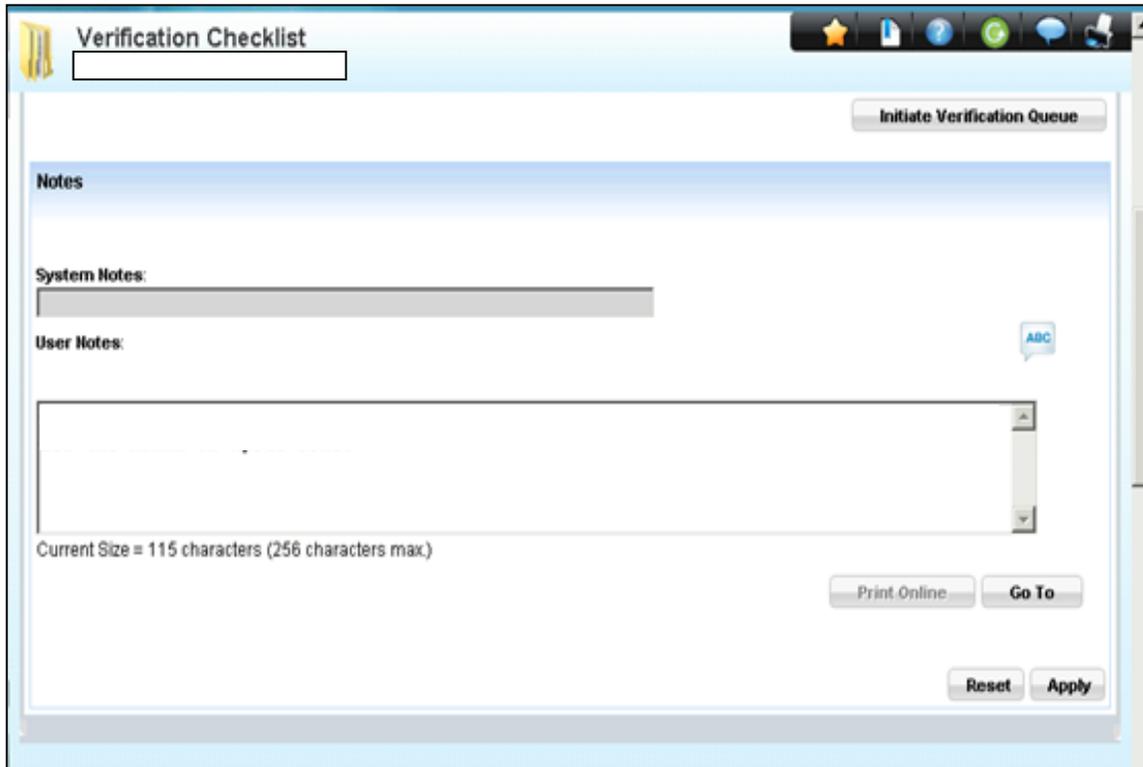
User Notes:

Current Size = 0 characters (256 characters max.)

| <u>NAME</u> | <u>NEED PROOF OF</u> | <u>PROGRAM GROUP</u> | <u>DUE DATE</u> |
|--|------------------------|----------------------------|-----------------|
| <input type="text"/> NOTES: | Identification | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: Proof of US Citizenship is questionable and needs to be an original document. Thank you. | U.S. Citizenship | Childrens Health Plan Plus | 06/02/2011 |
| <input type="text"/> NOTES: | Income from employment | Childrens Health Plan Plus | 06/06/2011 |
| <input type="text"/> NOTES: | Identification | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: Proof of pregnancy needs to be verified by a doctor statement. Thank you. | Pregnancy | Family Medical Assistance | 06/02/2011 |
| <input type="text"/> NOTES: Proof of US Citizenship is questionable and needs to be an original document. Thank you. | U.S. Citizenship | Family Medical Assistance | 06/02/2011 |

Disabled Print and Financial Programs

The print online functionality within the **Verification Checklist** window is disabled for all medical programs. This ensures the Verification Checklist is always sent through CBMS to the client.



If a case has missing verifications related to both a Medical HLPG and a Financial HLPG (Adult Financial, Colorado Works, Food Assistance) the **Print Online** button is active but if the button is pushed, the medical program's information is suppressed from the Verification Checklist. The Verification Checklist is re-generated in the evening with all HLPGs (including medical programs).

Example: Family applies for FM/CHP+ and Food Assistance

- Data entry is completed on the case and verification of income is missing for the head of household (along with other missing verifications for Food Assistance)
- Client is noticed on 12/31/10 for missing income verification
- The eligibility worker clicks the **Print Online** button to manually send out the Verification Checklist
- The printed checklist only lists the missing Food Assistance verifications and the medical program's verifications are suppressed
- Within overnight batch, the Verification Checklist containing **all** missing medical and financial verifications is generated and sent to the client through CBMS

| <u>NAME</u> | <u>NEED PROOF OF</u> | <u>PROGRAM GROUP</u> | <u>DUE DATE</u> |
|----------------------|--------------------------|--------------------------|---------------------|
| [REDACTED] NOTES: | Income from employment | Food Stamps | 01/24/2011 |

| <u>NAME</u> | <u>NEED PROOF OF</u> | <u>PROGRAM GROUP</u> | <u>DUE DATE</u> |
|----------------------|--------------------------|---------------------------|---------------------|
| [REDACTED] NOTES: | Income from employment | Family Medical Assistance | 01/14/2011 |
| [REDACTED] NOTES: | Employment | Food Stamps | 01/24/2011 |
| [REDACTED] NOTES: | Income from employment | Food Stamps | 01/24/2011 |

Help Desk Ticket and the Verification Checklist

When a medical program is pending due to a Help Desk Ticket, the Verification Checklist will not create any new missing verification and will not be generated or sent out. Any previous missing verification remains on the checklist. For additional details about how to enter a Help Desk ticket refer to Section 7: **Pending for Help Desk Ticket**.

Example: Data entry is completed on 12/15/10 and verification of income is missing for the head of household. Eligibility worker runs EDBC and results are incorrect. Eligibility worker calls in a Help Desk Ticket and updates the case as pending Help Desk Ticket.

- On 12/31/10, family provides information on new employment but does not provide verification of income for the previous employment
- Data entry is completed. However, the case is still pending a Help Desk Ticket
- The Verification Checklist requesting the verification for the new employment is not generated; however, the verification of income previous employment remains on the verification checklist

The screenshot shows a software interface with a main window titled "Display Eligibility Summary" and a smaller dialog box titled "Display Reasons".

The main window has input fields for "Case #" and "Case Name". Below these is a table with the following data:

| Program Group | Payment Month | Eligibility Status | Benefit Amount | Adverse Action Amount | Household Size | Eligibility Begin Date | Application Date |
|------------------------|---------------|--------------------|----------------|-----------------------|----------------|------------------------|------------------|
| Childrens Health Plan | {2011/02 | PENDING | \$.00 | \$.00 | 0 | 00/00/0000 | 01/01/2011 |
| Childrens Health Plan | {2011/01 | PENDING | \$.00 | \$.00 | 0 | 00/00/0000 | 01/01/2011 |
| Family Medical Assiste | 2011/02 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 12/18/2007 |
| Family Medical Assiste | 2011/01 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 12/18/2007 |
| Family Medical Assiste | 2010/12 | PENDING | \$.00 | \$.00 | 2 | 00/00/0000 | 12/18/2007 |

The "Display Reasons" dialog box contains a table with the following data:

| Reason |
|--------------------------|
| pending help desk ticket |

At the bottom left of the main window, there is a button labeled "Reason...".

Verification Checklist and Clients on a Guaranteed Program

Clients on a guaranteed Family Medicaid or CHP+ program are given eligibility and benefits until the end of their guaranteed period. If a client on a guaranteed program is missing verifications needed to determine eligibility for another household member, the verifications are requested. The **Display Eligibility Summary** window continues to display a PASS as the **Eligibility Status** for the Program Group. Within the **Display Individual Eligibility Summary** window, the guaranteed client continues to show a pass but the other household member displays as pending due to “financial responsible relative pending verif”. The Verification Checklist must be reviewed to determine who is pending verifications and what verifications are missing.

Example: Pregnant mom is on the Expanded Pregnant Medicaid program as of 02/01/11. Household currently includes her and her six year old child.

- On 05/01/11 her two year old child moves back into the home
- Data entry is completed on 05/18/11 for the case and verification of income is missing for pregnant mom to determine eligibility for the two year old and redetermine eligibility for the six year old
- Client is noticed on 05/19/11. The Verification Due Date (II verifications) for the income is 06/03/11 and the Verification Denial Due Date is 06/10/11

The screenshot shows the 'Display Individual Eligibility Summary' window. At the top, there are fields for 'Case #' and 'Case Name'. Below that is a 'Payment Month' dropdown menu set to '05/2011'. A navigation bar includes tabs for 'Colorado Works', 'Food Stamps', 'Family Medical', 'GICP', 'CHP+', 'Adult Financial', 'Adult Medical', and 'Medicare'. The main area contains a table with the following data:

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Fi S |
|------------|--------------------------|--------------------|------------|--------------------|-------------------------------------|------|
| [Redacted] | Ineligible -Inc/FPENDING | 00/00/0000 | 1931 | | <input type="checkbox"/> | |
| [Redacted] | Ineligible -Inc/FPENDING | 00/00/0000 | 1931 | | <input checked="" type="checkbox"/> | |
| [Redacted] | Mandatory Incl | PASS | 02/01/2011 | Qualified Pregnant | <input type="checkbox"/> | |

A 'Display Reasons' pop-up window is open, showing a list of reasons:

- new DRA-8 logic applied
- financial responsible relative pending verif

Verification Checklist

Verification Checklist Summary

| Name | Item Description | Due Date | Program Group | Aid Code |
|------|------------------------|------------|-----------------------|--------------------|
| | Income from employment | 06/03/2011 | Family Medical | Qualified Pregnant |
| | Income from employment | 06/03/2011 | Childrens Health Plan | CHP+ |

Initiate Verification Queue

Notes

System Notes:

User Notes:

Current Size = 0 characters (256 characters max.)

Upon reaching the Verification Denial Due Date, if verifications are not provided, the guaranteed client is not terminated but all other members are denied due to missing verifications.

Example continued: Two year old child and six year old child pending due to missing pregnant mom's income verification.

- No action is taken on the case and pregnant mom does not provide verification of income by 06/10/11
- The eligibility for the two year old is denied, eligibility for the six year old is terminated but the pregnant mom continues to be eligible within the Expanded Pregnant Medicaid program

The Verification Checklist provides a statement indicating information is required for other household members and their eligibility is not impacted. The Verification Checklist provides the client's first and last name and allows up to 10 names.

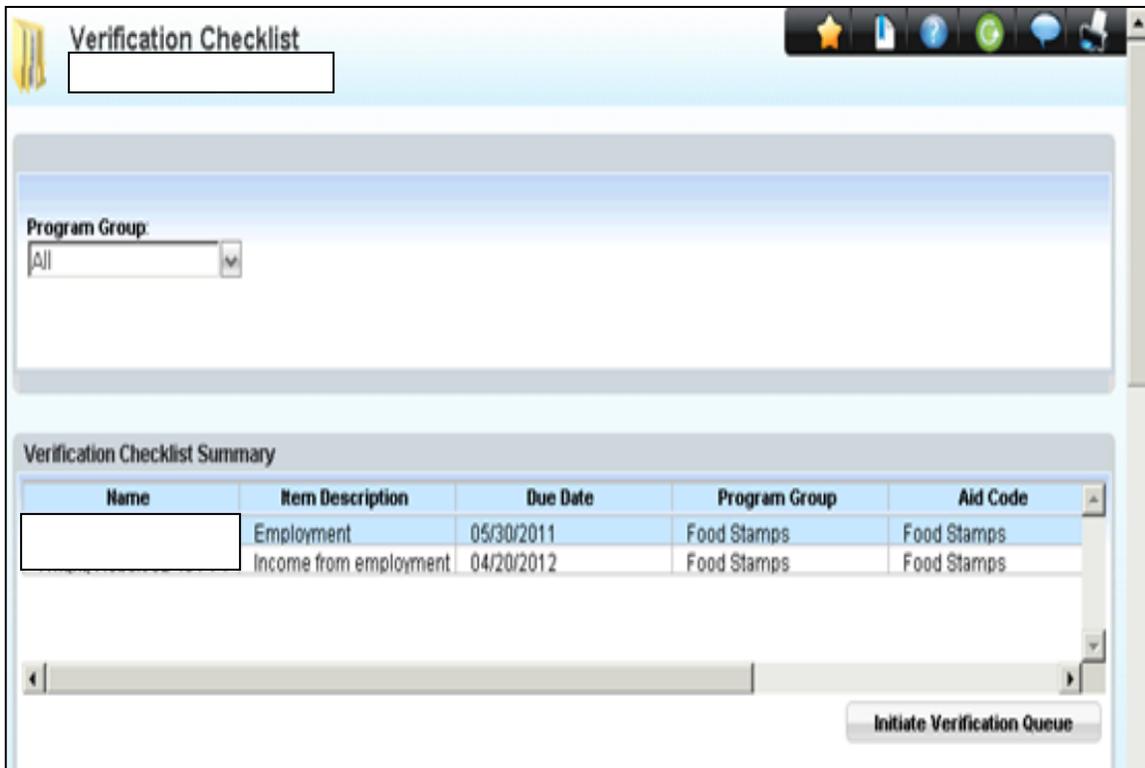
If there are any individuals receiving Medical Assistance from a program that guarantees eligibility for a certain period of time, their names will be listed below. If the proof for the listed individual(s) is not returned, their Medical Assistance will remain open for the guaranteed period of time. However, this information is needed to determine eligibility for other household members. The other household members may be denied Medical Assistance if the proof is not returned.

**Name of Client(s) on
Guaranteed Program**

If a client on a guaranteed program is the only household member requesting assistance and is missing verifications, the **Verification Checklist** window does not list any missing verifications. The Verification Checklist is not sent to the household.

Example: Pregnant mom is on the Expanded Pregnant Medicaid program as of 02/05/11. Household consists of her husband who is not requesting assistance and herself. Case also includes Food Assistance.

- On 05/18/11 she reports additional income
- Data entry is completed on 05/18/11 for the case and verification of income is missing for pregnant mom
- Since she is the only household member requesting assistance, the Verification Checklist is not generated for Medicaid and is not sent out. However, Food Assistance will generate the checklist and request verification of income



Good Faith and the Verification Checklist

Clients granted a Good Faith extension receive a notice informing them of the additional time to provide verifications. If the Verification Checklist is printed after the Good Faith extension has been granted, a note stating “Good Faith extension granted” is printed along with the missing verification on the Verification Checklist. The established Verification Due Date (II verifications) remains the same as when the Verification Checklist was initially sent.

For additional details on Good Faith, please refer to **Section 3: Good Faith**.

Example: Client was noticed on 12/29/10 for missing income verification.

- The Verification Due Date (II verifications) is 01/13/11 the income verification and the Verification Denial Due Date is 01/21/11
- On 01/04/11, client reports they are unable to obtain verification of citizenship prior to the Verification Due Date (II verifications) of 01/13/11
- Eligibility worker grants a Good Faith extension to the client and a notice is sent out
- On 01/13/11, EDBC is run and another Verification Checklist is generated
- Since the Good Faith record is still open, the Verification Due Date (II verifications) does not change and remains as 01/13/11
- A note stating “Good Faith extension granted” is printed on the Verification Checklist

| NAME | NEED PROOF OF | PROGRAM GROUP | DUE DATE |
|--|---|----------------------------|------------|
| <input type="text"/> | Income from employment Verification due from 10/2010 | Childrens Health Plan Plus | 01/13/2011 |
| NOTES: Good Faith extension granted from 1/4/2011 | | | |
| <input type="text"/> | Income from employment Verification due from 10/2010 | Family Medical Assistance | 01/13/2011 |
| NOTES: Good Faith extension granted from 1/4/2011 | | | |
| NOTES: | | | |

CHP+ Pending Verifications Past RRR Due Date

During a CHP+ RRR, clients who have a Verification Due Date (II verifications) after their RRR Due Date continue to be eligible for CHP+ until action is taken on the requested verifications or until the Verification Denial Due date is reached.

Please refer **Section 4: Denials** for additional information on the Verification Denial Due Date.

Example: CHP+ RRR is due 03/2011 and family submits the RRR packet on 03/25/11.

- RRR is initiated on 03/28/11 and data entry is completed on the case
- Verification Checklist is generated for verification of income and client is noticed on 03/29/11
- The Verification Due Date (II verifications) is 04/12/11 for income verification and the Verification Denial Due Date is 04/19/11
- Since the Verification Due Date (II verifications) is past the RRR Due Date of 03/31/11, the CHP+ clients will continue to be eligible

Section 2: Medical Verifications Button

Viewing the Awaiting Verifications Window

The **Awaiting Verifications** window displays the Medical Program Group that is missing verifications from the client.

The Verification Due Date is set to 10 business days from the notice date and is printed on the Medical Verifications notice as the date verifications are due by. This date is displayed as **Verification Due Date** on the **Awaiting Verifications** window and is calculated for each Medical Program Group.

The **App Denial Due Date** is system generated and is set to 15 business days from the notice date. This date is not printed on the Medical Verifications notice.

If action has not been taken on a case when the Application Denial Due Date has been reached, a trigger set behind the scenes will run EDBC on the case. For additional information on the denial, please refer to Section 4: **Application Denial Due Date (AVC)**.

| Medical Program Group | Awaiting Verif from Client | Verification Due Date | App Denial Due Date |
|----------------------------|----------------------------|-----------------------|---------------------|
| Childrens Health Plan Plus | No | | |
| Family Medical Assistance | No | | |

Detail

Medical Program Group: Childrens Health Pl.

*Awaiting Verifications from Client :
 Yes No

Verification Due Date: MM DD YYYY

Application Denial Due Date: MM DD YYYY

Functionality of the Medical Verifications Button

The **Medical Verifications** button (AVC) is utilized during Intake and RRR modes to identify when a case is awaiting Medical Verifications. This functionality is at a high level and does not identify the specific verification that is missing for the case. The **Medical Verifications** button pends the entire case including everyone in the household.

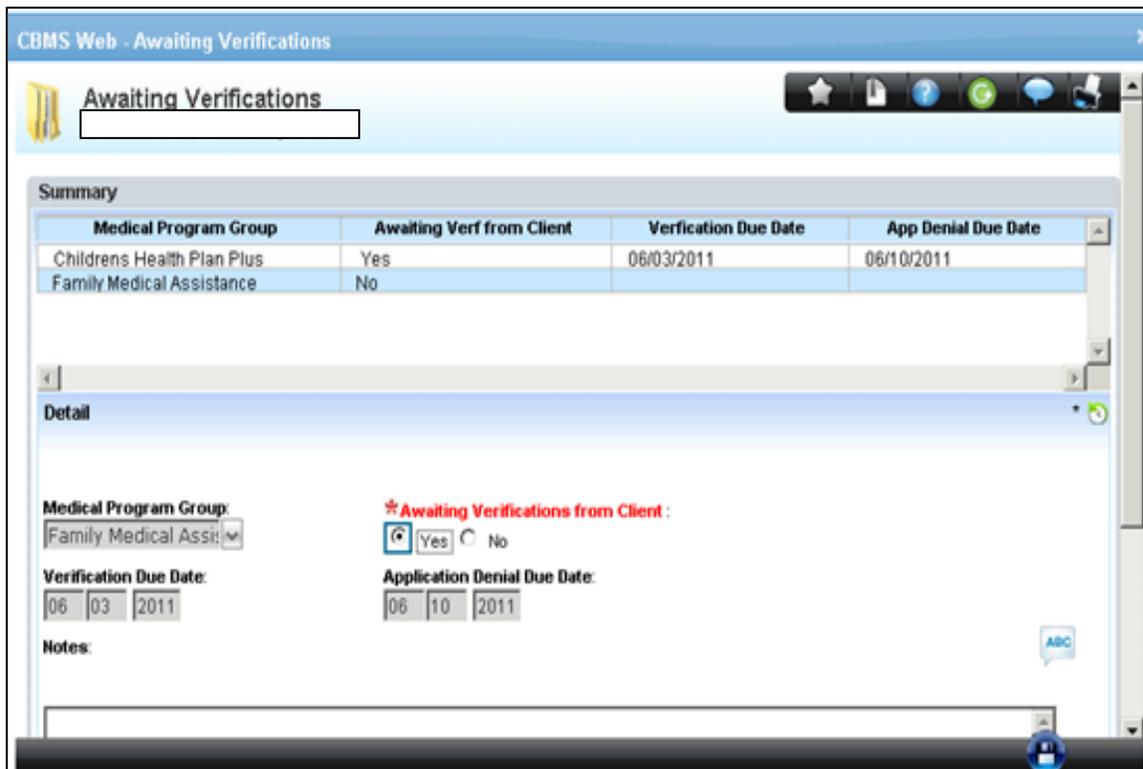
The example below demonstrates how to pend for Medical Verifications and generate the Medical Verifications notice. In this example, the eligibility worker identified that the case was missing verification of income. The data was entered through Application Initiation but the data entry within Interactive Interview in CBMS was not completed.

Step 1: Navigate to the **Case Wrap Up** window

- Click on the **Medical Verifications** button. The **Awaiting Verifications** window opens up
- Select the appropriate Medical Program Group from the list
- Mark “Yes” within the **Awaiting Verifications from Client** field

NOTE: When changing Family Medical Assistance from “No” to “Yes”, CHP+ automatically changes to “Yes” if left unchanged.

| Program Group | Data Entry Complete | Effective Begin Date |
|----------------------------|---------------------|----------------------|
| Childrens Health Plan Plus | Yes | 05/17/2011 |
| Family Medical Assistance | Yes | 05/17/2011 |



Step 2: Within the **Notes** section, enter detailed information on the missing verifications.

- a. Click on the **Save** icon

Detailed information for missing verifications includes:

- Name of Client missing verification
- Verification Type
- Month(s) needed for the verification (if applicable)

Additional information may include but is not limited to:

- Name of employer
- Type of resource
- Clarification on missing verifications (such as client sent incorrect verification and correct verification is needed)

CBMS Web - Awaiting Verifications

Awaiting Verifications

Detail

Medical Program Group: Family Medical Assi: [v]

***Awaiting Verifications from Client :**
 Yes No

Verification Due Date: 06 03 2011

Application Denial Due Date: 06 10 2011

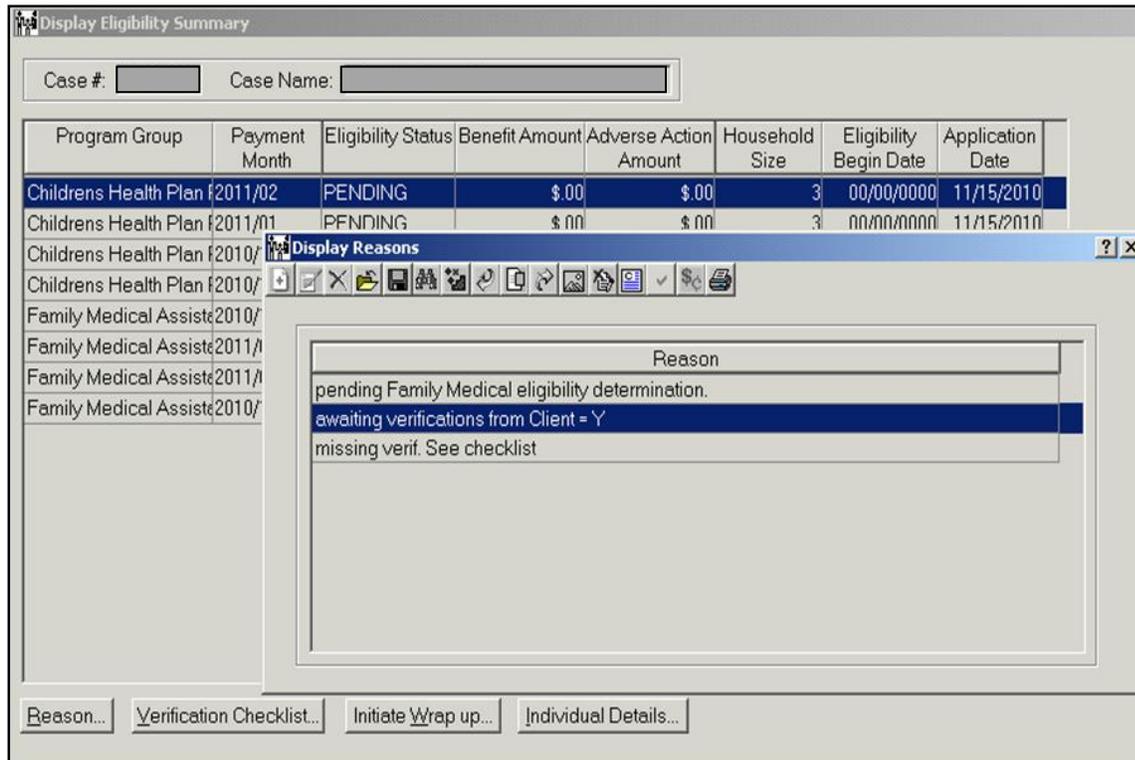
Notes: [ABC]

Please provide verification of income (copy of paystubs) for Axxxxxx Pxxxxxx for his employment at Txxxxx for the month of April 2011.

Current Size = 135 characters (256 characters max.)

Reset Apply

When a case is pending due to Medical Verifications, the reason within the **Display Eligibility Summary** window displays “awaiting verifications from Client = Y.”



The Medical Verifications notice is generated for the household and includes the information in the **Notes** section word for word. Changes made to the **Notes** section will trigger another notice to be sent to the client. However, the Verification Due Date will remain the same date that was printed on the previous Medical Verifications notice sent out.

NOTE: The Medical Verifications notice will be sent out regardless if **Data Entry Complete** field within the **Case Wrap Up** window is marked either “Yes” or “No”.

STATE OF COLORADO



To :

From :

Date : 01/12/2011

We did not receive all requested verification documents for your Medical application dated 01/05/2011. Please provide all requested documents to us by 01/14/2011, so that your eligibility determination can be made. If requested documents are not received by then your application will be denied.

Please provide verification of income (copy of paystubs) for Axxxxx Pxxxxx for his employment at Txxxxx for the month of December 2010.

Ending the Medical Verifications

An eligibility worker must manually update the Medical Verifications from “Yes” to “No” if the case is no longer missing verifications.

Step 1: Within the **Awaiting Verifications** window, select the appropriate medical program from the list.

- a. Update the “Yes” to “No” within the **Awaiting Medical Verifications from Client** field
- b. Click on the **Save** icon

NOTE: At the time **Awaiting Medical Verifications from Client** field is changed from “Yes” to “No” the **Verification Due Date**, **App Denial Due Date**, and **Notes** section will become blank.

- c. Close this window
- d. Return to the **Navigate CBMS** window and initiate the queue to update case with verifications received

CBMS Web - Awaiting Verifications

Awaiting Verifications

Summary

| Medical Program Group | Awaiting Verf from Client | Verification Due Date | App Denial Due Date |
|----------------------------|---------------------------|-----------------------|---------------------|
| Childrens Health Plan Plus | Yes | | |
| Family Medical Assistance | No | | |

Detail

Medical Program Group: Family Medical Assit

* Awaiting Verifications from Client :
 Yes No

Verification Due Date: MM DD YYYY

Application Denial Due Date: MM DD YYYY

Notes:

Additional Information and Exceptions for Medical Verifications

Medical Verifications and the Verification Checklist

Both the Medical Verifications notice and the Verification Checklist may be generated and sent to a client. This occurs when the **Data Entry Complete** field is “Yes” there are missing verifications, and the **Awaiting Medical Verifications from Client** field is set to “Yes”.

If there is a missing verification, the **Medical Verifications** button will be enabled from the **Verification Checklist** window.

Suppressing the Medical Verifications notice

Eligibility workers can manually remove and suppress the Medical Verifications notice from within the **Search/View Printed Client Correspondence** window when the notice is incorrect or needs to be modified prior to sending out.

Medical Verifications and RRRs

Upon starting an RRR case, the **Awaiting Verifications from Client** field is reset from “Yes” to “No”.

Medical Verifications and Pending for DRA for Adult Programs

The **Medical Verifications** button should not be used for cases that are solely missing DRA verification for Adult Medical Programs. The II Verification Checklist should be used when requesting these verifications to ensure correct DRA verification due dates are provided for the client.

Section 3: Good Faith

Granting a Good Faith Extension

CBMS provides the ability to grant a Good Faith extension and prevent clients from being denied for missing verifications during the Good Faith period. At the time a client's record for a Good Faith extension is saved, CBMS sends a notice informing them of the additional time to provide verifications.

Step 1: Within the **Verification Checklist** window

- a. Navigate to the **Good Faith Summary** section
- b. Select the individual being granted Good Faith from the **Name** drop-down menu
NOTE: If the individual selected is not currently pending verifications, an error will be received
- c. Enter a date in the **Begin Date** field
- d. Enter detailed comments in the **Notes** field
- e. Click on **Save**

The screenshot shows a web application window titled "Verification Checklist". The window has a search bar at the top left and a toolbar at the top right with icons for star, print, help, refresh, and search. The main content area is divided into two sections: "Good Faith Summary" and "Detail".

The "Good Faith Summary" section contains a table with the following columns: Name, Begin Date, and End Date. The table has one row with the following data: Name (empty), Begin Date (05/01/2011), and End Date (empty). Below the table is an "Add" button.

The "Detail" section contains the following fields:

- *Name:** A drop-down menu.
- *Begin Date:** A date picker showing 05/01/2011.
- End Date:** A date picker showing MM/DD/YYYY.
- Notes:** A text area containing the text: "Client called to request additional time to provide verification. Granted a Good Faith extension."

Within the **Search/View Client Correspondence in the Print Queue** window, the Good Faith notice sent to the client can be viewed.

STATE OF COLORADO



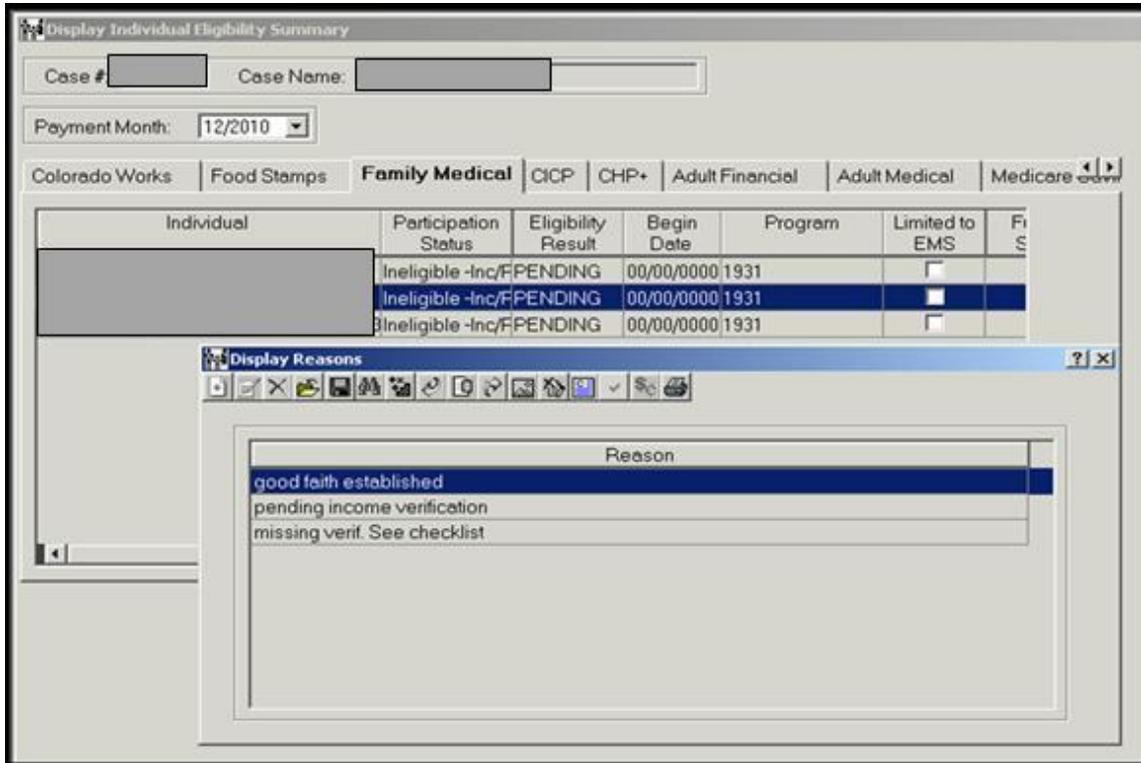
To :

From :

Date : 12/29/2010

We did not receive all requested verification documents for for . You have been granted an extension to give you more time to provide the documents. Please provide all the documents as soon as possible and keep your county worker informed of your progress in getting them. Thank You.

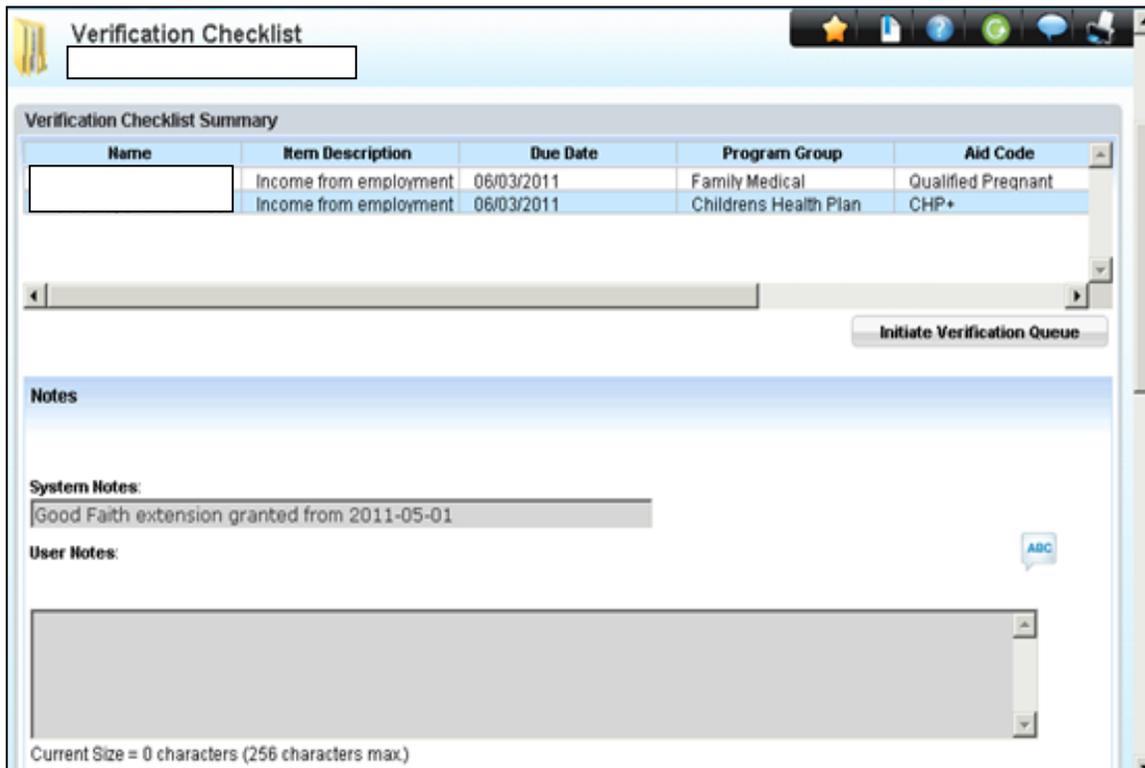
Once the Good Faith record is created, the client will remain pending even if the Verification Due Date is past due. To identify when a client is pending due to a Good Faith extension, CBMS displays reason code “Good Faith Established” within the **Display Individual Eligibility Summary** window.



System Generated Good Faith Notes

The system generates a note within the **Verification Checklist** window on the **Verification Checklist Summary** section to indicate the client having a Good Faith extension. The begin date of the Good Faith record is populated into the system note. The same note is printed on the Verification Checklist when it is re-sent to a client. Once the Good Faith is end dated, the system note is removed.

The system generated note is locked down and cannot be edited. If additional notes are needed, they can be entered within the **User Notes** section. For additional information on the Good Faith extension and the Verification Checklist, please refer to Section 1: **Good Faith and the Verification Checklist**.



The screenshot shows a software window titled "Verification Checklist". At the top, there is a search bar and a toolbar with icons for star, print, refresh, save, and help. Below the title bar is a section titled "Verification Checklist Summary" containing a table with the following data:

| Name | Item Description | Due Date | Program Group | Aid Code |
|------|------------------------|------------|-----------------------|--------------------|
| | Income from employment | 06/03/2011 | Family Medical | Qualified Pregnant |
| | Income from employment | 06/03/2011 | Childrens Health Plan | CHP+ |

Below the table is a scroll bar and a button labeled "Initiate Verification Queue". Underneath is a "Notes" section with "System Notes:" and "User Notes:". A system note is displayed in a grey box: "Good Faith extension granted from 2011-05-01". The "User Notes" section is empty, with a character count at the bottom: "Current Size = 0 characters (256 characters max)".

| NAME | NEED PROOF OF | PROGRAM GROUP | DUE DATE |
|------|------------------|------------------|-------------|
|------|------------------|------------------|-------------|

| | | | |
|--|------------------------|---------------------------|------------|
| | Income from employment | Family Medical Assistance | 01/14/2011 |
|--|------------------------|---------------------------|------------|

NOTES:

Verification due from 12/2010

Good Faith extension granted from 12/28/2010.

Good Faith and FM/CHP+

When a Good Faith extension is granted to an individual, the system determines if the individual's verifications are needed to determine eligibility for another member in the household. If the verifications are needed for another member in the household, CBMS will pend all dependent individuals until the verifications are received. The reason code "Pending due to spouse/parent Good Faith extension" will display for the dependent individuals within the **Display Individual Eligibility Summary** window.

Example: Household consists of mom, dad, and five year old child. All are requesting assistance.

- Data entry is completed on 12/20/10 for the case and verification of income is missing for mom
- Client is noticed on 12/21/10. The Verification Due Date for the income is 01/6/11
- On 12/28/10, client reports that she is unable to obtain verification of income prior to the Verification Due Date of 01/6/11
- Eligibility worker grants a Good Faith extension to the client and a notice is sent out
- Mom pends with reason "Good Faith Established" while dad and two year old child pend with reason "Pending due to spouse/parent Good Faith extension"

The screenshot shows the 'Display Individual Eligibility Summary' window. At the top, there are fields for 'Case #' and 'Case Name:'. Below that is a 'Payment Month:' dropdown menu set to '12/2010'. A navigation bar includes tabs for 'Colorado Works', 'Food Stamps', 'Family Medical', 'CICP', 'CHP+', 'Adult Financial', 'Adult Medical', and 'Medicare'. The main table has columns: 'Individual', 'Participation Status', 'Eligibility Result', 'Begin Date', 'Program', 'Limited to EMS', and 'Fi S'. Three rows are visible, all with 'Ineligible -Inc/FPENDING' status and '00/00/0000' begin dates. A 'Display Reasons' dialog box is open, showing a list of reasons with 'pending due to spouse/parent Good Faith extension' selected. An 'Override' button is located at the bottom right of the window.

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Fi S |
|------------|--------------------------|--------------------|------------|---------|--------------------------|------|
| | Ineligible -Inc/FPENDING | 00/00/0000 | 1931 | | <input type="checkbox"/> | |
| | Ineligible -Inc/FPENDING | 00/00/0000 | 1931 | | <input type="checkbox"/> | |
| | Ineligible -Inc/FPENDING | 00/00/0000 | 1931 | | <input type="checkbox"/> | |

Reasons displayed in the dialog box:

- pending due to spouse/parent Good Faith extension
- financial responsible relative pending verif

Ending a Good Faith Extension

A Good Faith extension can be end dated in the following ways.

Clearing the missing verifications within CBMS

Upon entering all missing verifications and authorizing a case, the system automatically enters an end date with the Good Faith record for the individual. The end date is the same date as the date of authorization.

The screenshot displays a software window titled "Verification Checklist". At the top, there is a search bar and a toolbar with icons for home, help, refresh, and other functions. Below the title bar is a "Good Faith Summary" section containing a table with three columns: "Name", "Begin Date", and "End Date". The table has one row with a blank name field and the date "05/01/2011" in the "Begin Date" column. An "Add" button is located to the right of the table. Below the table is a "Detail" section with a red asterisk next to the label "Name:". It features a text input field, a dropdown arrow, and a date picker set to "05/01/2011". To the right, the "End Date:" label is followed by a date picker set to "05/31/2011". Below these fields is a "Notes:" label and a large text area. At the bottom left of the text area, it says "Current Size = 0 characters (256 characters max.)".

| Name | Begin Date | End Date |
|------|------------|----------|
| | 05/01/2011 | |

***Name:** 05/01/2011

End Date: 05/31/2011

Notes:

Current Size = 0 characters (256 characters max.)

Manually Ending Good Faith

A Good Faith extension can be ended by manually entering a date with the **End Date** field of the **Good Faith** tab. If the end date is in the future, the system sets a trigger to run EDBC on the case as of the end date.

The screenshot shows a web application window titled "Verification Checklist". The main content area is divided into two sections: "Good Faith Summary" and "Detail".

Good Faith Summary: This section contains a table with three columns: "Name", "Begin Date", and "End Date". The "Begin Date" column contains the value "05/01/2011". Below the table is an "Add" button.

| Name | Begin Date | End Date |
|------|------------|----------|
| | 05/01/2011 | |

Detail: This section contains a form with the following fields:

- *Name:** A text input field.
- *Begin Date:** A date picker showing "05/01/2011".
- End Date:** A date picker showing "05/31/2011".
- Notes:** A large text area for entering notes. Below it, it says "Current Size = 0 characters (256 characters max)".

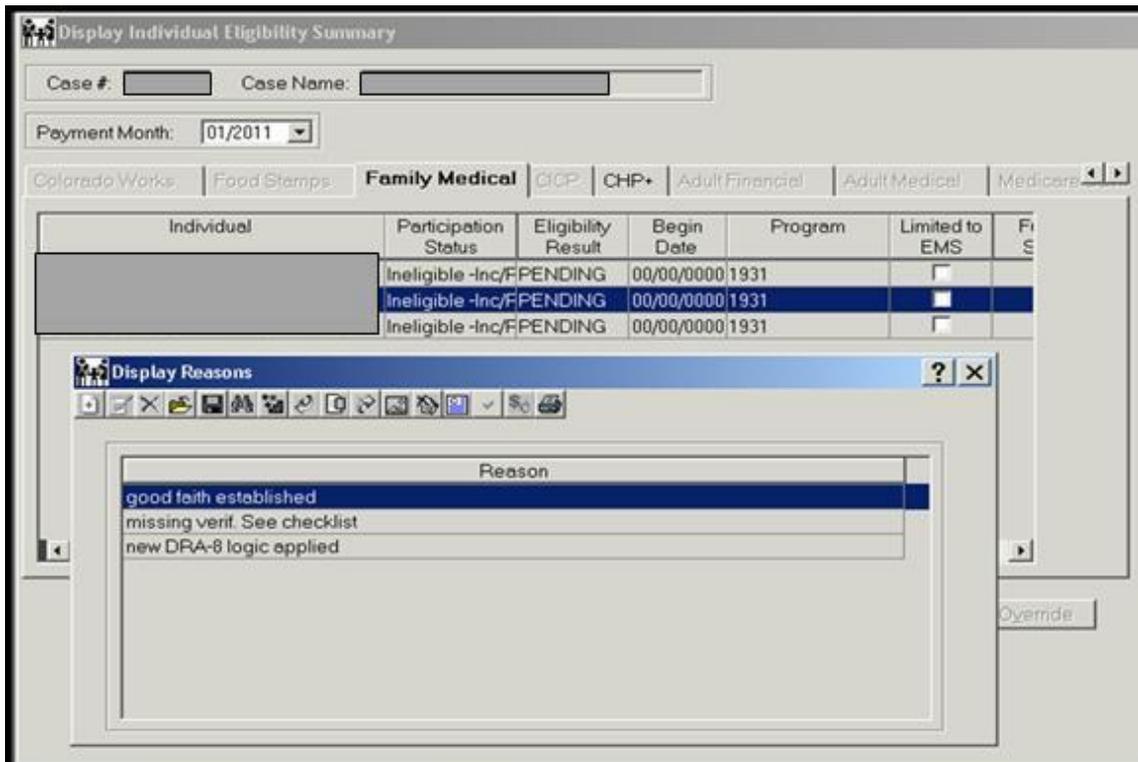
There is also a small "ABC" button next to the notes field.

Denying the individual for another valid reason

When a client is found to be ineligible due to a reason other than missing verifications (such as moving to another state, no longer requesting assistance, etc), the Good Faith extension should be ended. The end date for the Good Faith should be the day prior to running EDBC on the case.

Example: Household consists of mom, and one year old twins. All are requesting assistance.

- Data entry is completed on 12/23/10 for the case and verification of citizenship is missing for both of the one year old twins
- Notice is sent on 12/24/10. The Verification Due Date for the citizenship verification is 01/10/11
- On 12/28/10, client reports she is unable to obtain verification of citizenship prior to the Verification Due Date of 01/10/11
- Eligibility worker grants a Good Faith extension
- On 01/03/11, verification is received regarding the death of one of the children on 01/01/11
- Eligibility worker enters a Good Faith end date of 01/02/11 and runs EDBC on 01/03/11 to deny the child due to death



Display Individual Eligibility Summary

Case #: Case Name:

Payment Month: 02/2011

ColoradoWorks | Food Stamps | **Family Medical** | CDP | CHP+ | Adult Financial | Adult Medical | Medicare

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Fi S |
|------------|----------------------|--------------------|------------|---------|-------------------------------------|------|
| | Ineligible -Inc | PENDING | 00/00/0000 | 1931 | <input type="checkbox"/> | |
| | Exclude | PENDING | 00/00/0000 | 1931 | <input checked="" type="checkbox"/> | |
| | Ineligible -Inc | PENDING | 00/00/0000 | 1931 | <input type="checkbox"/> | |

Display Reasons [?] [X]

Reason

- Individual has died
- financial responsible relative pending verif

Good Faith and CHP+ in Ongoing Mode

For CHP+ only, Good Faith is not granted when the case is in ongoing mode. CBMS will not allow the **Good Faith Summary** section to be updated.

Verification Checklist

Good Faith Summary

| Name | Begin Date | End Date |
|------|------------|----------|
|------|------------|----------|

Add

Detail

* Name: * Begin Date: End Date:

Notes:

Current Size = 0 characters (256 characters max.)

Additional Information and Exceptions for Good Faith

Begin and End Dates of Good Faith records

If the Begin Date and End Date are one day apart for a Good Faith record, the individual will not be considered to have a Good Faith extension.

Example: Client requests a Good Faith extension to obtain the income verification.

- Eligibility worker enters the Begin Date as 01/13/11 and the End Date as 01/14/11
- CBMS will not recognize the Good Faith extension because the dates are only one date apart

Lockdown of Good Faith

A Good Faith extension can only be granted prior to the Maximum Denial Due Date for the verifications for the individual. If the Maximum Denial Due Date is in the past, CBMS will not allow a Good Faith record to be entered. For additional information on Maximum Denial Due Dates, please refer to [Section 4: Denials](#).

The screenshot displays a software window titled "Verification Checklist". At the top, there is a search bar and a toolbar with icons for star, document, globe, refresh, speech bubble, and printer. Below the toolbar is a "Good Faith Summary" section containing a table with three columns: "Name", "Begin Date", and "End Date". The table is currently empty. To the right of the table is an "Add" button. Below the table is a "Detail" section. It includes three input fields: "*Name:" with a dropdown arrow, "*Begin Date:" with MM, DD, and YYYY sub-fields, and "End Date:" with MM, DD, and YYYY sub-fields. Below these is a "Notes:" section with a large text area and a character count: "Current Size = 0 characters (256 characters max.)".

Section 4: Denials

All medical programs within CBMS deny for missing verifications. The Medicaid programs (FM, AM, LTC, MSP, LIS) deny in all modes (Intake, RRR, and Ongoing). In RRR and Ongoing modes, 10 day noticing is applied for the clients.

The CHP+ program denies in Intake and RRR modes only. In RRR mode, CHP+ is terminated as of the end of the month in which either the verifications are due or the Good Faith is end dated.

The CBMS triggers EDBC to run a case and deny automatically if no action has been taken on the case.

Verification Denial Due Date (II Verifications)

The Verification Denial Due Date is the date generated for CBMS to trigger EDBC to run on a case not previously authorized and deny a case for missing verifications. The denial due date is not printed on the Verification Checklist and is set to 15 business days from the notice date. This date is behind the scenes and is not viewable within the **Verification Checklist** window.

NOTE: LIS provides 20 calendar days

Example: Client was noticed on 12/15/10 for missing citizenship, identity, and pregnancy verification.

- The Verification Due Date (II verifications) is 12/30/10 for all verifications
- The Verification Denial Due Date is 01/07/11
- No action is taken and client does not provide verifications by 01/07/11
- The CBMS triggers EDBC to run and case is denied

Verification Checklist

Verification Checklist Summary

| Name | Item Description | Due Date | Program Group | Aid Code |
|------|------------------|----------|-----------------------|----------|
| | Pregnancy | | Family Medical | 1931 |
| | U.S. Citizenship | | Childrens Health Plan | CHP+ |
| | Identification | | Childrens Health Plan | CHP+ |
| | U.S. Citizenship | | Family Medical | 1931 |
| | Identification | | Family Medical | 1931 |

Initiate Verification Queue

Notes

System Notes:

User Notes:

Current Size = 0 characters (256 characters max)

Display Individual Eligibility Summary

Case #: Case Name:

Payment Month: 02/2011

Colorado Works | Food Stamps | **Family Medical** | DCP | CHP+ | Adult Financial | Adult Medical | Medicare

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Fi S |
|------------|-------------------------|--------------------|------------|---------|--------------------------|------|
| | Ineligible -Inc/FFAIL | | 00/00/0000 | 1931 | <input type="checkbox"/> | |
| | Ineligible -Inc/FDENIED | | 00/00/0000 | 1931 | <input type="checkbox"/> | |

Display Reasons

| Reason |
|--------------------------------|
| failed to provide verification |

Overide

Display Individual Eligibility Summary

Case #: Case Name:

Payment Month: 02/2011

Colorado Works | Food Stamps | Family Medical | CACP | **CHP+** | Adult Financial | Adult Medical | Medicare

| Individual | Participation Status | Eligibility Result | Begin Date | Program |
|------------|----------------------|--------------------|------------|---------|
| | Ineligible | FAIL | 00/00/0000 | CHP+ |
| | Ineligible | FAIL | 00/00/0000 | CHP+ |

Display Reasons ? X

Reason

Applicant is non-compliant with application process for Family Medical.
new DRA-8 logic applied

Override

Application Denial Due Date (AVC)

The Application Denial Due Date is generated for CBMS to trigger EDBC to run on a case if it has not been previously authorized. The denial due date is not printed on the Medical Verifications notice and is set to 15 business days from the notice date. The date can be viewed within the **Awaiting Verifications** window found by clicking on the **Medical Verifications** button located within the **Case Wrap Up** window. This can also be accessed through the **Verification Checklist** window.

NOTE: LIS provides 20 calendar days

Example: Client was noticed on 11/22/10 for missing verifications through the **Medical Verifications** button.

- The Verification Due Date (AVC) is 12/07/10
- The Application Denial Due Date is 12/14/10
- No action is taken and client does not provide verifications by 12/14/10
- The CBMS triggers EDBC to run and case is denied

The screenshot shows a software interface with a main window titled "Display Eligibility Summary" and a smaller pop-up window titled "Display Reasons".

The "Display Eligibility Summary" window contains a table with the following data:

| Program Group | Payment Month | Eligibility Status | Benefit Amount | Adverse Action Amount | Household Size | Eligibility Begin Date | Application Date |
|----------------|---------------|--------------------|----------------|-----------------------|----------------|------------------------|------------------|
| Long Term Care | 2010/12 | PASS | \$ 00 | \$ 00 | 1 | 11/04/2009 | 11/04/2009 |
| Long Term Care | 2011/01 | PASS | \$ 00 | \$ 00 | 1 | 11/04/2009 | 11/04/2009 |
| Long Term Care | 2011/02 | FAIL | \$ 00 | \$ 00 | 1 | 11/04/2009 | 11/04/2009 |

The "Display Reasons" window is open over the "FAIL" row of the table. It has a toolbar with various icons and a list box titled "Reason" containing the text "Failed to Provide Verification".

Maximum Denial Due Date for FM and CHP+

Based on the data entry and the circumstance of each application, a case or individual may have multiple denial due dates. If there are multiple denial due dates, the Maximum Denial Due Date is set to the date furthest in the future and all prior are ignored. The Maximum Denial Due Date is calculated by comparing all the denial due dates including the Application Denial Due Date (AVC) and the Verification Denial Due Date (II verifications).

Until the Maximum Denial Due Date is reached, the case or individual remains pending.

Example: Client was noticed on 11/22/10 for missing verifications through the **Medical Verifications** button.

- The Verification Due Date (AVC) is 12/07/10 and the Application Denial Due Date is 12/14/10
- On 12/03/10 data entry is completed on the case and Verification Checklist is generated for verification of income
- The Verification Due Date (II verifications) is 12/17/10 for income verification and the Verification Denial Due Date is 12/27/10
- The case has an Application Denial Due Date of 12/14/10 and a Verification Denial Due Date of 12/27/10
- The Maximum Denial Due Date is the furthest out in the future; therefore, it is the Verification Denial Due Date of 12/27/10. The Application Denial Due Date of 12/14/10 is ignored
- No action is taken and the client does not provide verifications by 12/27/10
- The CBMS triggers EDBC to run and case is denied

Maximum Denial Due Date for Adult Programs

Based on the data entry and the circumstance of each application, a case may have multiple denial due dates. If there are multiple denial due dates, the Maximum Denial Due Date is set to the date furthest in the future and all prior is ignored. The Maximum Denial Due Date is calculated by comparing all the denial due dates including the Application Denial Due Date (AVC), Standard Verification Denial Due Date, and DRA Verification Denial Due Date.

The Maximum Denial Due Date is dependent upon an individual's potential eligibility for an Adult Medical program. Within AM and LTC, verification of DRA is requested at the time that it is identified as missing. If the client does not provide standard verifications and is not determined to be potentially eligible, they will be denied prior to the DRA verification denial due date.

Until the Maximum Denial Due Date is reached, the case remains pending.

Example: Client was noticed on 11/22/10 for missing verifications through the **Medical Verifications** button.

- The Verification Due Date (AVC) is 12/07/10 and the Application Denial Due Date is 12/14/10
- On 12/03/10 data entry is completed on the case and Verification Checklist is generated for verification of resource and verification of citizenship and identity
- The Standard Verification Due Date is 12/17/10 for resource verification and the standard Verification Denial Due Date is 12/27/10
- The DRA Verification Due Date is 02/22/11 and the DRA Verification Denial Due Date is 02/23/11
- The Maximum Denial Due Date is the furthest out in the future with the exception of DRA verification due date; therefore, it is the standard Verification Denial Due Date of 12/27/10. The Application Denial Due Date of 12/14/10 is ignored
- On 12/15/10, all resource verification is received and the client is determined potentially eligible; however, client is still missing verification of citizenship and identity
- Client has already been noticed on 12/03/10 for missing verification of citizenship and identity
- No action is taken and the client does not provide DRA verifications by 02/22/11
- The CBMS triggers EDBC to run on 02/23/11 and case is denied

Exception of Maximum Denial Due Date for Adult Medical Programs

If the standard verification is requested after the DRA verification was requested, the Standard Verification Denial Due Date overrides the DRA Verification Denial Due Date.

Example 1: Client was noticed on 12/06/10 for missing DRA (citizenship) verification.

- The DRA Verification Due Date is 02/25/11 and the DRA Verification Denial Due Date is 02/26/11
- On 01/03/11, client reports a new resource
- Data entry is completed on the case and Verification Checklist is generated for verification of resource and client is noticed on 01/04/11
- The Standard Verification Due Date is 01/20/11 for resource verification and the Standard Verification Denial Due Date is 01/27/11
- The Maximum Denial Due Date is set to the Standard Verification Denial Due Date of 01/26/11 and the DRA Verification Denial Due Date of 02/26/11 is ignored until the standard verification is received
- No action is taken and the client does not provide resource verification by 01/26/11
- The CBMS triggers EDBC to run on 1/27/11 and case is denied

If a standard verification is requested after the DRA verification was requested but the DRA Denial Due Date is prior to the Standard Verification Denial Due Date, the DRA Denial Due Date is considered the Maximum Denial Due Date.

Example 2: Client was noticed on 12/06/10 for missing DRA (citizenship) verification.

- The DRA Verification Due Date is 02/25/11 and the DRA Verification Denial Due Date is 02/26/11
- On 02/15/11 client reports a new resource
- Data entry is completed on the case and Verification Checklist is generated for verification of resource and client is noticed on 02/17/11
- The Standard Verification Due Date is 03/03/11 for resource verification and the Standard Verification Denial Due Date is 03/10/11
- The Maximum Denial Due Date is set to the DRA Verification Denial Due Date of 02/25/11 and the Standard Verification Denial Due Date of 03/10/11 is ignored until the DRA verification is received
- No action is taken and the client does not provide DRA verification by 02/26/11
- The CBMS triggers EDBC to run on 02/26/11 and case is denied

Missing Verifications Received Prior to the Maximum Denial Due Date

The Maximum Denial Due Date is ignored when all missing verifications are received and entered prior to the Maximum Denial Due Date.

Cases with verifications received but not entered by the Maximum Denial Due Date are automatically denied for missing verifications. In addition, a denial notice is generated and sent to the client.

NOTE: In order for eligibility to be determined correctly, rescind the case and process accordingly with the received verifications.

Example: Case has Verification Due Date of 03/03/11 for income verification and the Verification Denial Due Date is 03/10/11.

- Client provides verifications on 03/03/11
- Verifications are not entered into CBMS prior to 03/10/11
- CBMS triggers EDBC to run and case is denied
- Eligibility worker rescinds the case on 3/15/11, enters the verifications, and runs EDBC to determine eligibility

CHP+ Denying at Intake and RRR Modes only

Within CHP+, CBMS denies or terminates only in intake and RRR modes. During ongoing mode, CHP+ generates the Verification Checklist but does not terminate for missing verifications prior to the end of the certification period. When a CHP+ case is in ongoing mode and missing verifications are entered, CHP+ case status within **Display Eligibility Summary** window reflects Pending. Within the **Display Individual Eligibility Summary** window, the person that is in ongoing mode will continue to reflect a Pass and the individual missing verifications will reflect a Pend.

Example: Case is in ongoing mode with enrollment from 05/15/10 through 05/31/11.

- On 12/03/10 information is received about an increase in pay for the head of household
- Data entry is completed, the Verification Checklist is generated, and the head of household is noticed on 12/06/10 for missing income verification
- The Verification Due Date (II verifications) is set to 12/20/10 and the Verification Denial Due Date is 12/29/10
- The Verification Checklist is generated and the case status within **Display Eligibility Summary** window changes from a Pass to a Pend
- Within the **Display Individual Eligibility Summary** window, the head of household shows a Pend but the children continue to show a Pass
- No action is taken and the client does not provide income verification by 12/29/10
- The CBMS triggers EDBC to run and the children continue to pass until 05/31/11

| Individual | Participation Status | Eligibility Result | Begin Date | Program |
|------------|----------------------|--------------------|------------|---------|
| | Exclude | DENIED | 00/00/0000 | CHP+ |
| | Exclude -Inc/R | DENIED | 00/00/0000 | CHP+ |
| | Eligible | PASS | 05/07/2010 | CHP+ |
| | Eligible | PASS | 05/07/2010 | CHP+ |
| | Exclude -Inc/R | DENIED | 00/00/0000 | CHP+ |
| | Exclude | DENIED | 00/00/0000 | CHP+ |
| | Eligible | PASS | 05/07/2010 | CHP+ |

The FM program denies in all modes. If there is a mixed household of FM and CHP+, the FM program denies for missing verifications in ongoing mode but CHP+ does not deny.

Example: Case is in ongoing mode with one child eligible for FM and another child eligible for CHP+ on 05/01/10 and enrolled until 4/30/11.

- Family reports a change in income on 12/01/10 but does not provide income verification
- Data entry is completed, the Verification Checklist is generated, and the client is noticed on 12/21/10 for missing income verification
- The Verification Due Date (II verifications) is set to 01/05/11 and the Verification Denial Due Date is 1/10/11
- The eligibility case status within **Display Eligibility Summary** window for FM and CHP+ will show pending
- No action is taken on the case and client does not provide income verification by 12/29/10
- FM applies 10 day noticing for the Medicaid eligible child and terminates coverage
- CHP+ does not terminate the CHP+ child for missing verification of income

Good Faith and Denying for Verifications

Once a client's Good Faith record is end dated, the Verification Denial Due Date is used to determine if the case or individual should be denied or terminated.

If the Good Faith record is end dated and the Verification Denial Due Date is in the future, the case or individual remains pending until the Verification Denial Due Date.

If the denial due date is in the past and the case is in intake mode for all programs, the case is denied as of the application date. When the case is in ongoing or RRR mode for Medicaid programs, 10 day noticing is applied for termination. For CHP+, if the case is in RRR mode, the clients are terminated as of the end of the month in which Good Faith was end dated.

Example 1: AM case is in ongoing mode.

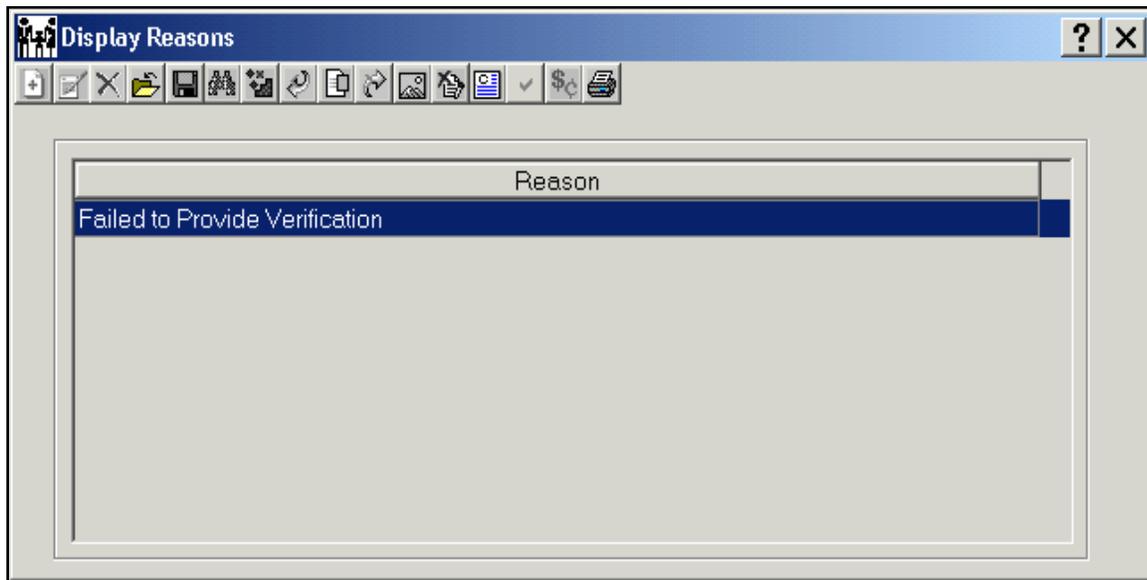
- Client reports a new resource 12/03/10 but does not provide verification of the resource
- Data entry is completed, the Verification Checklist is generated, and the client is noticed on 12/06/10 for missing income verification
- The Verification Due Date (II verifications) is set to 12/20/10 and the Verification Denial Due Date is 12/28/10
- Good faith is granted on 12/15/10
- On 02/23/11, Good Faith is end dated and the verification was not provided
- AM applies 10 day noticing for the client and terminates coverage as of 03/31/11

Example 2: FM and CHP+ combo RRR Due Date is 12/31/10.

- Family sends in their RRR on 12/17/10
- RRR is started and processed on 12/22/2010
- Data entry is completed, the Verification Checklist is generated, and the client is noticed on 12/23/10 for missing income verification
- The Verification Due Date (II verifications) is set to 01/10/11 and the Verification Denial Due Date is 01/17/11
- Good faith is granted on 12/28/10
- On 03/23/11, Good Faith is end dated and the verifications were not provided
- FM applies 10 day noticing for the Medicaid eligible child and terminates coverage as of 04/30/11
- CHP+ terminates as of the end of the month 03/31/11

Denial INOA and Correspondence

The INOA for all Medical programs is the same indicating “Failed to Provide Verification.”



The denial notice indicates which program the client is being denied for.

STATE OF COLORADO



Date and time of eligibility determination :

At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:

The Long Term Care redetermination dated _____ has been denied for _____ because we did not get all the information we needed to redetermine your eligibility.

You may reapply at any time.

Section 5: Family Medicaid and CHP+

Pending and Authorizing Family Medicaid on the Individual Level

Within FM, CBMS identifies which individuals are missing verifications and places them in a pending status. For the individuals found eligible, the system allows them to be authorized and begin receiving benefits without waiting for the other household members that are in pending status.

FM Change in Eligibility Status

When viewing the **Display Eligibility Summary** window, a pass will show under the **Eligibility Status** field if there is at least one individual passing within FM. The **Display Individual Eligibility Summary** window displays each individual's eligibility status which may be a combination of approved, denied, and pending. Authorization may take place immediately for those passing or denying regardless if there are other individuals pending.

NOTE: It is extremely important to always review the **Display Individual Eligibility Summary** window to determine each individual's current eligibility status.

Example: Household consists of mom, dad, a two year old child, and a six year old child. All are requesting assistance.

- Data entry is completed on 12/28/10 for the case and citizenship verification is missing for the six year old child
- Eligibility worker runs EDBC
- The **Display Eligibility Summary** window shows a pass for FM
- The **Display Individual Eligibility Summary** window shows mom, dad, and the two year old child as passing
- The six year old child is pending due to missing citizenship verification
- Eligibility worker initiates wrap up and authorizes all passing household members (mom, dad, and the two year old child)
- The six year old child remains pending
- Although the **Eligibility Status** shows PASS, the six year old is pending due to missing verification

Display Eligibility Summary

Case #: Case Name:

| Program Group | Payment Month | Eligibility Status | Benefit Amount | Adverse Action Amount | Household Size | Eligibility Begin Date | Application Date |
|---------------------------|---------------|--------------------|----------------|-----------------------|----------------|------------------------|------------------|
| Family Medical Assistance | 2010/12 | PASS | \$.00 | \$.00 | 4 | 12/01/2010 | 12/27/2010 |
| Childrens Health Plan | 2010/12 | PENDING | \$.00 | \$.00 | 4 | 00/00/0000 | 12/27/2010 |
| Family Medical Assistance | 2011/01 | PASS | \$.00 | \$.00 | 4 | 12/01/2010 | 12/27/2010 |
| Childrens Health Plan | 2011/01 | PENDING | \$.00 | \$.00 | 4 | 00/00/0000 | 12/27/2010 |
| Family Medical Assistance | 2011/02 | PASS | \$.00 | \$.00 | 4 | 12/01/2010 | 12/27/2010 |
| Childrens Health Plan | 2011/02 | PENDING | \$.00 | \$.00 | 4 | 00/00/0000 | 12/27/2010 |

Reason... Verification Checklist... Initiate Wrap up... Individual Details...

Display Individual Eligibility Summary

Case #: Case Name:

Payment Month:

Colorado Works | Food Stamps | **Family Medical** | CICP | CHP+ | Adult Financial | Adult Medical | Medicare

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Fi S |
|------------|----------------------|--------------------|------------|---------|--------------------------|------|
| | Include | PASS | 12/01/2010 | 1931 | <input type="checkbox"/> | |
| | Include | PASS | 12/01/2010 | 1931 | <input type="checkbox"/> | |
| | Include | PASS | 12/01/2010 | 1931 | <input type="checkbox"/> | |
| | Ineligible -Inc/ | PENDING | 00/00/0000 | 1931 | <input type="checkbox"/> | |

Display Reasons

Reason

- missing verif. See checklist
- client identification record-blank
- new DRA-8 logic applied

Override

Recertification of Clients on a Family Medicaid Guaranteed Program

Clients on a Family Medicaid guaranteed program require a Recertification at the end of their guaranteed period. The system automatically sends out a Recertification notice to the client that has coverage in a guaranteed program.

Clients on the Transitional Medicaid guaranteed program must have 12 months of coverage in order for the system to automatically send the Recertification notice.

Automatically sending a Recertification notice will occur every time a Family Medicaid guaranteed client approaches the end of their guaranteed period. Similar to the RRR, the notice is generated 90 days prior to the end of the guaranteed period and is viewable through the **Search/View Client Correspondence in the Print Queue** window. At 60 days prior to the end of the guaranteed period, the notice is mailed to the client and a copy is moved into the **Search/View Printed Client Correspondence** window.

Example: Pregnant mom is on the Expanded Pregnant Medicaid program.

- Mom's 60 day post partum period will end on 11/30/11
- Recertification notice is generated on 09/1/11 and viewable through the **Search/View Client Correspondence in the Print Queue** window
- Recertification notice is sent on 10/1/11 and viewable through the **Search/View Printed Client Correspondence** window

STATE OF COLORADO



01/03/2011

RECERTIFICATION NOTICE

It is time to see if your family is still eligible for the medical benefits you receive. The information you give will be used to determine if your family is still eligible for these programs.

Please return the following information to me by 03/18/2011 to continue benefits for your family. If you do not return this information by 03/18/2011, your familys bene fits may end.

I am reporting the following change(s) (Check the boxes for your changes):

Pregnancy:

Pregnant Womans Name: _____ Due Date: _____

*Please send a pregnancy statement signed by a medical professional including the expected due date.

Person added to household:

Name: _____ Date of Birth: _____

*If this person is requesting Medical Assistance, please include the information below:

Social Security Number or Date Applied: _____

Date entered my home: _____

Relationship of this person to you: _____

Please send verification of U.S. Citizenship and Identity. For more information, call me or visit <http://www.colorado.gov/HCPF>

Person leaving my household:

Name: _____ Date of Birth: _____

Date left my home: _____

Relationship of this person to you: _____

Change of Address: _____

Changes to employment - (new job, change in hours, lost job, etc.):

Name: _____

Type of employment change: _____

*If anyone is currently employed, please send a copy of a check stub from the previous or current month, or a letter from your employer showing your pay for the last month.

Changes to non-work income: (child support, social security, unemployment, gifts, cash, etc.)

Name: _____

Gross amount received: \$ _____

Type of income: _____

Other changes (example: Social Security Number for newborn children, name change, marriage, divorce, change in immigration status, school attendance, etc.)

Please explain: _____

I have no changes.

Signature

Date

If you have any questions, please call me right away.

Thank you,

Viewing the Recertification in CBMS

Within CBMS, the Recertification is referred to as Reassessment and can be located within the **View RRR Detail Listing** window. This provides the same functionality for the Recertification as it does for the RRR. The status of the Recertification is displayed as a Pending, Generated, Started, or Discontinued status.

The **View RRR Detail Listing** window is modified to include the following fields:

Current RRR Type

This field provides information on the next eligibility determination for the household, either the RRR or the Recertification.

- Displays “Regular” if date of the next eligibility determination is the Original RRR month
OR
- Displays “Reassessment” if date of the next eligibility determination is the Re-Assess month

Original RRR Month

This field displays the RRR month for the case. Upon authorization, this month is equal to the eligibility begin date plus 12 months in Intake mode or the RRR due date plus 12 months in RRR mode.

Re-Assess Month

This field displays the month of the upcoming Recertification period. This month will be the end of the month of the guaranteed period.

NOTE: For those cases that do not have an individual on a FM guaranteed program, the **Re-Assess Month** field will be null (00/0000) and the **Current RRR Type** will be “Regular.”

View RRR Detail Listing

Search Criteria

County: ▾ STATE OF COLORADO ▾ Office: ▾ Unit: ▾

Program Group: ▾ Status: ▾ User: ▾ Find...

Case #: ▾ Begin Month: ▾ 04/2011 End Month: ▾ 05/2011 Search

Search Results

| User Name | Case # | Case Name | Program Group | RRR Month | Current RRR Type | RRR Status | Original RRR Month | Re-Assess Month |
|-----------|--------|-----------|---------------|-----------|------------------|------------|--------------------|-----------------|
| | | | | | | | | |

CheckList... Edit RRR... Start RRR... More

Recertification Information Received

Recertification information received prior to the Recertification due date is started through the **View RRR Detail Listing** window.

Similar to the RRR process, start the queue for the Recertification and process the case by updating all applicable information within II.

View RRR Detail Listing

Search Criteria

County: STATE OF COLORADO Office: State - HCPF Unit: Eligibility

Program Group: Status: User: Find...

Case #: Begin Month: End Month: 12/2012 Search

Search Results

| User Name | Case # | Case Name | Program Group | RRR Month | Current RRR Type | RRR Status | Original RRR Month |
|-----------|--------|-----------------------|---------------|-----------|------------------|------------|--------------------|
| | | Family Medical Assist | | 06/2011 | Reassessment | Generated | 08/2011 |

CheckList... Edit RRR... Start RRR... More

Resetting the RRR

If the individual and/or household are determined eligible based on the Recertification information, the RRR for the case is reset to a year from the Recertification month.

Example: Client on case is on the Needy Newborn program with a guaranteed period end date of 07/31/11.

- RRR Due month on the case is 11/2011
- The Recertification notice is sent to the household on 06/01/11
- The Recertification information is received, processed, and the household is FM eligible
- Upon authorization, the RRR month is reset from 11/2011 to 06/2012 (12 months from the Recertification month)
- There are no other individuals on a guaranteed program and the **Re-Assess Month** field becomes null

Failure to Return Recertification Information

If the Recertification information is not received, all of the clients on the case will be terminated.

NOTE: The exception to clients being terminated is if there is a client on a guaranteed program with a future end date. These clients will remain active on the case.

A trigger is set behind the scenes to automatically run EDBC and terminate the case. The trigger runs the day following the end of the guaranteed period. Upon termination for failure to provide the Recertification information, the message “Reassessment not received” is displayed within the **Display Individual Eligibility Summary** window.

The screenshot displays two overlapping windows from a software application. The background window is titled "Display Individual Eligibility Summary" and contains a form with fields for "Case #", "Case Name", and "Payment Month" (set to 07/2011). Below these fields are several tabs: "Colorado Works", "Food Stamps", "Family Medical", "CICP", "CHP+", "Adult Financial", "Adult Medical", and "Medicare". The "Family Medical" tab is selected, showing a table with the following data:

| Individual | Participation Status | Eligibility Result | Begin Date | Program | Limited to EMS | Financial Status |
|------------|-------------------------|--------------------|------------|-------------------|--------------------------|------------------|
| | Ineligible -Inc/FFAIL | | 00/00/0000 | 1931 | <input type="checkbox"/> | |
| | Ineligible -Inc/FFAIL | | 00/00/0000 | 1931 | <input type="checkbox"/> | |
| | Ineligible -Inc/FDENIED | | 00/00/0000 | 1931 | <input type="checkbox"/> | |
| | Include | PASS | 04/01/2011 | 4 Month Extended | <input type="checkbox"/> | |
| | Include | PASS | 04/10/2011 | Eligible Needy Ne | <input type="checkbox"/> | |

Below the table are buttons for "Companion Cases...", "Reason...", and "Override". The foreground window is titled "Display Reasons" and shows a list of reasons for the selected row in the background window:

- Reassessment not received.
- 113-Rule Applied

Rescinding the Recertification

If a case was terminated for “Reassessment not received,” the case can be rescinded within the **Rescind** window. This provides the ability to process Recertification information that is received timely but not processed timely. Similar to the RRR process, rescinding the case allows clients to continue receiving benefits as of the Recertification month if they are determined eligible.

Once the case has been rescinded, start the Recertification within the **View RRR Detail Listing** window and process the case by updating all applicable information within II.

Example: Client is active on the Needy Newborn program with a Recertification due 8/2011.

- The Recertification Notice is sent on 07/01/11
- The household responds to the Recertification on 08/25/11 but is not processed by 08/31/11
- Trigger closes case on 08/31/11 since Recertification was not started and no other clients are on a guaranteed program
- On 09/05/11 eligibility worker is ready to process the Recertification information
- Due to the case being closed, eligibility worker rescinds the case and eligibility is determined as of 09/01/11

NOTE: Rescinding a Recertification applies only if **all** household members are terminated. If there is a client on a guaranteed program that remains active, the case will not shut down. In these situations, please refer to the **Recertification Information Received** section for processing the Recertification.

Overlapping Recertification and RRR

When a Recertification notice is generated and an RRR packet is required within 90 days, the RRR packet is suppressed. This suppression also applies to:

- RRR packet being generated and the Recertification being due within the 90 days
- Recertification notice being generated and an additional Recertification notice is due within 90 days

Example: Client is active on the Expanded Pregnant program with a Recertification due 9/2011.

- RRR for the case is due 11/2011
- The Recertification notice is sent on 07/01/11
- Since the Recertification and the RRR are within 90 days, the RRR packet that was to be sent on 10/01/11 is suppressed

Suppressed Recertification Notices

If the household is determined to be ineligible, clients with suppressed Recertification notices continue to receive benefits until the end of their guaranteed period. This applies if:

- The RRR packet or Recertification information is not received timely
- The RRR packet or Recertification information is received timely but the household is determined to be ineligible

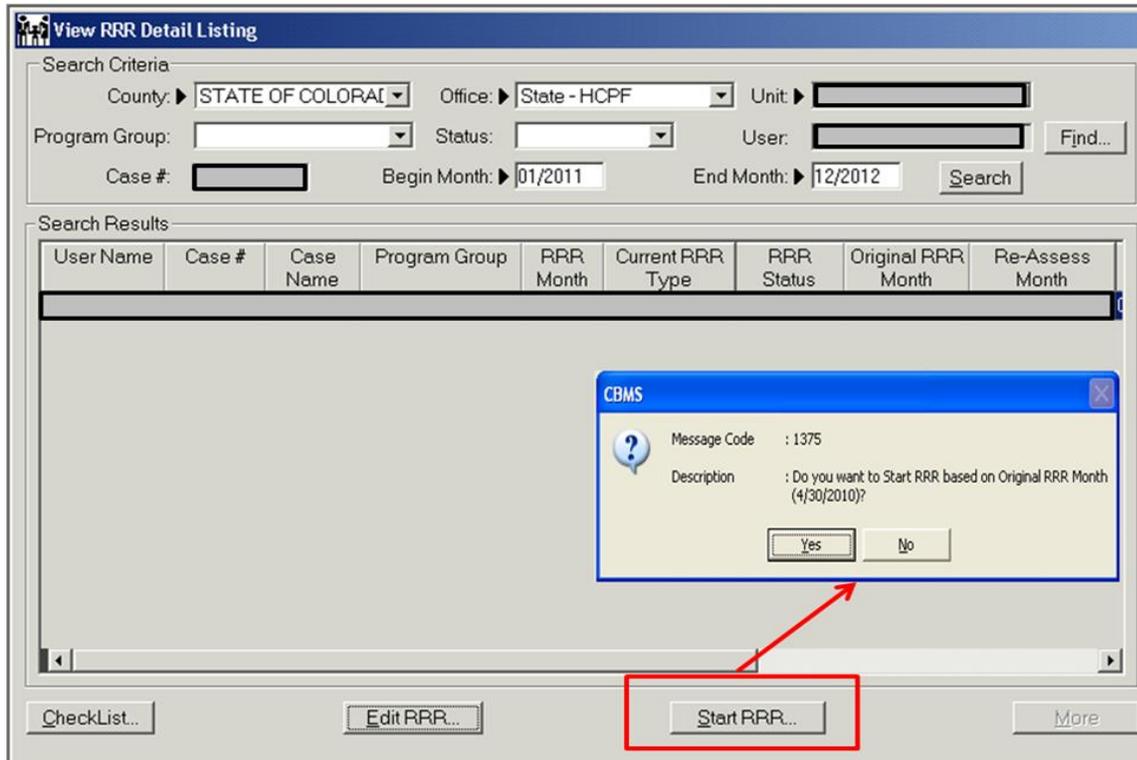
A trigger is set behind the scenes to run EDBC and terminate these clients at the end of their guaranteed period.

Example: Client is active on the Needy Newborn program with a guaranteed period end date of 9/30/11

- RRR for the case is due 8/2011
- The RRR packet is sent on 07/01/11 and the Recertification notice is suppressed
- The RRR packet is received, processed and the household is found over-income for FM
- Although the household is terminated, the client on the Needy Newborn program continues to receive benefits until the end of the guaranteed period
- On 10/01/11, the trigger behind the scenes runs EDBC and the Needy Newborn is terminated due to being over-income for FM and no longer being on a guaranteed program

Processing a Past due RRR/Future Recertification

The **View RRR Details** window provides an option to start a past due RRR or the current Recertification period. The message “Do you want to Start RRR based on Original RRR Month (MM/DD/YYYY)?” is displayed anytime an RRR in the past was not started and a Recertification notice has been generated.



This functionality is used to indicate within CBMS which process to start, either the RRR from the past or the current Recertification. The answer to the question determines the eligibility begin date.

- Selecting “Yes” – This will initiate the RRR from the date provided within the message. This option should only be selected if the RRR was received timely but was not processed timely.
- Selecting “No” – This will initiate the Recertification period as of the date listed on the **Re-Assess Month** field.

Example: RRR on a case is due 07/2011. Household provides RRR packet on 07/25/11 but RRR is not started or processed

- Case remains open due to a client being on a Needy Newborn program
- On 10/01/11, the Recertification notice is sent to the household
- On 10/05/11, eligibility worker processes the RRR packet received on 07/25/11
- Upon starting the RRR, the eligibility worker answers “Yes” to the question
- Eligibility is determined for the household as of the RRR month of 07/2011

Prenatal Guaranteed Programs and Recertification

When applicable, CBMS adjusts the date the Recertification notice is sent and the due date of the Recertification for clients on the Prenatal Guaranteed programs. This functionality allows for timely Recertification for a client whose pregnancy ended earlier or later than expected.

The Recertification due date is based on either the expected due date within the **Pregnancy** window or the **End Date** field within the **Pregnancy End** section. CBMS calculates the post partum period as 60 days to the end of the month and sets this date as the Recertification due date.

If a client never reports the end of her pregnancy, CBMS generates the Recertification notice and sends it out 60 days prior to the end of the guaranteed period based on the expected due date.

When an eligibility worker enters the actual pregnancy end date for a client, if there is insufficient time to send the Recertification notice 60 days prior, CBMS sends the notice on the day the pregnancy end date is entered.

Within the **View RRR Details** window, the Recertification due date is adjusted if there is insufficient time for the client to provide the Recertification information by the due date. If there is less than 10 days from the date the notice is sent to the Recertification due date, CBMS extends the Recertification due date to the following month.

Following are examples of the functionality within CBMS for clients on a Prenatal Guaranteed program:

Example 1: Pregnancy end date reported 30 days prior to the Recertification due date

- Expected pregnancy due date is 09/15/11 and the initial end of the guaranteed period is 11/30/11
- Mom reports on 07/26/11 that the pregnancy ended on 06/02/11 and eligibility worker enters the information into CBMS on 07/29/11
- The new guaranteed period end date is 08/31/11
- The Recertification notice is sent on 07/29/11
- CBMS sets the Recertification due date to 08/31/11

Example 2: Pregnancy end date reported less than 10 days to the Recertification due date

- Expected pregnancy due date is 09/15/11 and the initial end of the guaranteed period is 11/30/11
- Mom reports on 08/23/11 that the pregnancy ended on 06/02/11 and eligibility worker enters the information into CBMS on 08/25/11
- The new guaranteed period end date is 08/31/11
- The Recertification notice is sent on 08/25/11
- Since there is less than 10 days to the end of the new guaranteed period end date , CBMS extends the Recertification due date to 09/30/11

Example 3: Pregnancy end date reported after the end of Recertification due date

- Expected pregnancy due date is 09/15/11 and the initial end of the guaranteed period is 11/30/11
- Mom reports on 09/13/11 that the pregnancy ended on 06/02/11 and eligibility worker enters the information into CBMS on 09/15/11
- The new guaranteed period end date is 08/31/11
- The Recertification notice is sent on 09/15/11
- Since the current date (09/15/11) is greater than the guaranteed period end date, the client is eligible until the end of the current month (09/30/11)
- CBMS extends the Recertification due date to the end of the month 09/30/11

Example 4: Pregnancy ended after the expected due date

- Expected pregnancy due date is 09/15/11 and the initial end of the guaranteed period is 11/30/11
- End of pregnancy is not reported and CBMS sends Recertification notice on 10/01/11
- Mom reports on 10/22/11 that the pregnancy ended on 10/02/11 and eligibility worker enters the information into CBMS on 10/26/11
- The new guaranteed period the end date is 12/31/11
- The Recertification notice is sent again on 10/26/11 since the guaranteed period end date has changed
- Since the new guaranteed period end date is greater than the previous guaranteed period end date, mom is eligible until the end of the new guaranteed period end date
- CBMS extends the Recertification due date to the end of the month 12/31/11

NOTE: The reason the Recertification date of 11/30/11 is not kept is due to needing to provide 60 days postpartum. In this scenario, 60 days postpartum goes through 12/31/11.

Within this example, the Recertification that was sent out on 10/01/11 may be used to process the Recertification for mom instead of waiting for the one resent on 10/22/11.

CHP+ Determining Eligibility at the Individual Level

Within CHP+, CBMS identifies which individuals are missing verifications and places them in a pending status. When one household member is pending in FM and there are other members potentially eligible for CHP+ the system will continue processing eligibility for CHP+.

Example: Household consists of mom, dad, a two year old child, and six year old child. Only the children are requesting assistance.

- Data entry is completed on 12/27/10 for the case and verification of citizenship is missing for the two year old child
- Eligibility worker runs EDBC
- The two year old is potentially eligible for FM but pending for citizenship verification; within CHP+ child is “Pending Family Med eligibility determination”
- The six year old is denied FM for over income and is determined eligible for CHP+

The CBMS will not allow eligible CHP+ members to be authorized at the individual level and begin receiving benefits until eligibility is determined for all household members. This is due to having to wait until eligibility is determined for all members to calculate the enrollment fee.

Example: Household consists of mom, dad, a two year old child, and six year old child. Only the children are requesting assistance.

- Data entry is completed on 12/27/10 for the case and verification of citizenship is missing for the two year old child
- Eligibility worker runs EDBC
- The two year old is potentially eligible for FM but pending for citizenship verification; within CHP+ child is “Pending Family Med eligibility determination”
- The six year old is denied FM for over income and is determined eligible for CHP+
- The **Display Eligibility Summary** window shows a pending status for both FM and CHP+
- The Verification Checklist is generated for the two year old child. The notice is sent on 12/30/10. The Verification Due Date (II verifications) for the citizenship verification is 01/13/11 and the Verification Denial Due Date is 01/20/11
- Eligibility status for CHP+ remains pending for the six year old child
- No action is taken and citizenship verification is not provided by 03/10/11
- The CBMS triggers EDBC to run. The two year old child is denied for missing verifications and the six year old child is approved for CHP+

Display Individual Eligibility Summary

Case #: Case Name:

Payment Month: 12/2010

Colorado Works | Food Stamps | Family Medical | C/CP | **CHP+** | Adult Financial | Adult Medical | Medicare

| Individual | Participation Status | Eligibility Result | Begin Date | Program |
|------------|----------------------|--------------------|------------|---------|
| | Ineligible | DENIED | 00/00/0000 | CHP+ |
| | Ineligible | PENDING | 00/00/0000 | CHP+ |
| | Eligible | PASS | 00/00/0000 | CHP+ |
| | Ineligible | DENIED | 00/00/0000 | CHP+ |

Display Reasons

Reason

- missing verif. See checklist
- client identification record=blank
- new DRA-8 logic applied

Override

Display CHP+ Financial Eligibility Program List

Case # Case Name:

| Program | MBU # |
|---------|-------|
| CHP+ | 01 |

Display CHP+ Eligibility Results

Case # Case Name:

Payment Month: 12/2010

Net Income Test | **Patient Payment**

Rating:

Copy:

Override

CHP+ Generation of Enrollment Fee

CBMS determines when the enrollment fee should be generated for CHP+ clients based on their income level. At intake and RRR when one household member is pending in CHP+ for missing verifications and there are other potentially eligible members, the system will not calculate the enrollment fee until the pending household member's eligibility is determined.

Example: Household consists of mom, dad, a two year old child, and a six year old child. Only the children are requesting assistance.

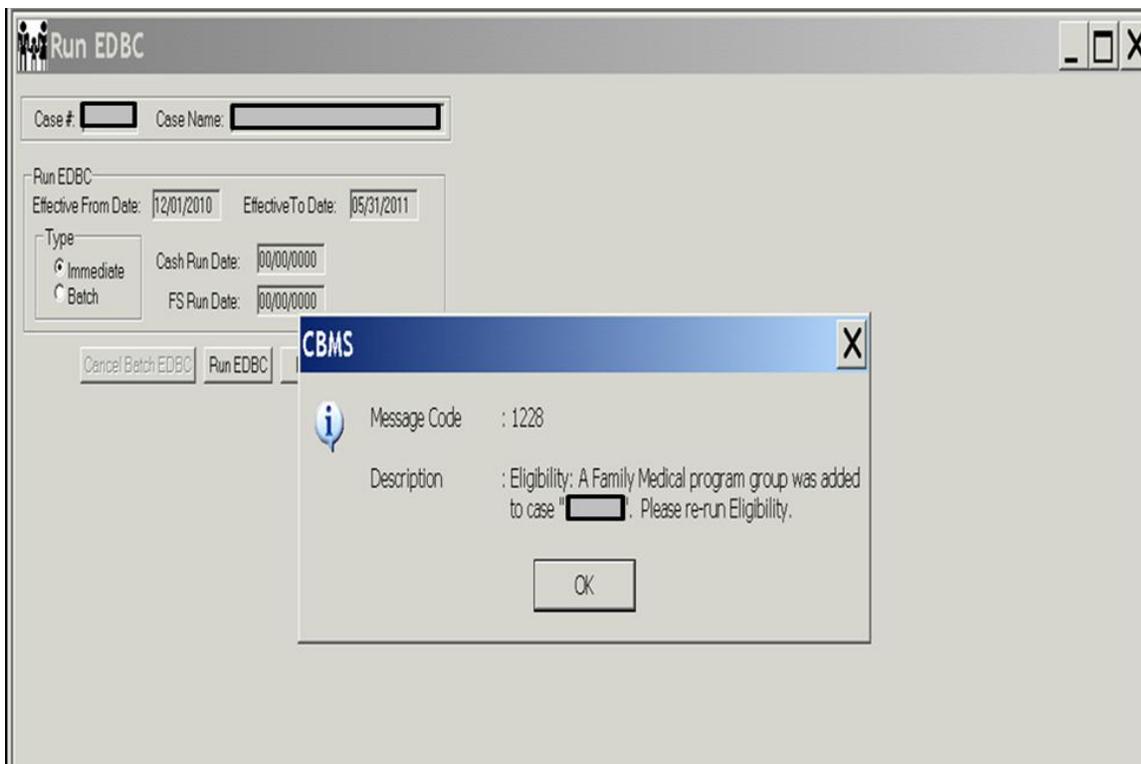
- Data entry is completed on 02/15/11 for the case and verification of citizenship is missing for the two year old child
- Eligibility worker runs EDBC
- The two year old is denied FM for over income and is pending for citizenship verification within CHP+
- The six year old is denied FM for over income and is determined eligible for CHP+
- The **Display Eligibility Summary** window shows a denied status for FM and pending for CHP+
- Within the **Patient Payment** tab located on the **Display CHP+ Eligibility Results** window a rating code of J is displayed which indicates the family will owe an enrollment fee; however, due to the two year old, the case will remain in pending status and the fee letter will not be generated
- The Verification Checklist is generated for the two year old child. The notice is sent on 02/16/11. The Verification Due Date (II verifications) for the citizenship verification is 03/01/11 and the Verification Denial Due Date is 03/08/11
- No action is taken and citizenship verification is not provided by 03/08/11
- The CBMS triggers EDBC to run. The two year old child is denied for missing verifications and the six year old child is pending an enrollment fee of \$25

Special Action between FM and CHP+

Special Action occurs in Ongoing or RRR Modes when specific situations are met within FM or CHP+. If a client or household is determined to be eligible on the newly added HPLG, the new eligibility period begins the first of the month following the termination date from the previous HPLG.

CBMS determines when the specific situations are met and initiates Special Action. Upon running EDBC, the message “Eligibility: A Family Medical program group was added to case ‘1BXXXXX’. Please re-run Eligibility” appears when adding FM to a CHP+ case. If CHP+ is being to an FM case, the message will indicate “Eligibility: A CHP+ program group was added to case ‘1BXXXXX’. Please re-run Eligibility.”

After clicking **OK**, click on the **Run EDBC** button again.



Adding FM to a CHP+ case

CBMS adds FM to an existing CHP+ case when the CHP+ household income decreases and income is at or below 133% FPL. CBMS determines if the client and/or household is eligible for FM based on the decrease in income.

Special Action will not occur if the CHP+ household's income decreases but remains above 133% FPL (for example, going from 250% FPL to 185% FPL).

Example: Child is eligible for CHP+ effective 12/10/10

- On 05/20/11, a change in income for the household is reported
- Eligibility worker enters income on 05/24/11
- Upon running EDBC, CBMS determines there is an income decrease at or below 133% FPL and initiates Special Action
- Child is determined to be eligible for FM
- CHP+ fails for the month of 06/2011 for being Medicaid Eligible and FM passes beginning the month of 06/2011

Adding CHP+ to an FM case

CBMS adds CHP+ to an existing FM case when the household or individual is denied or terminated for being over-income for FM. CBMS determines if the client and/or household is eligible for CHP+ based on the increase in income.

Within FM, 10-day noticing is applied upon termination. Special Action to add CHP+ occurs the month following when eligibility is terminated in FM.

Special Action will not occur if the FM household or individual is denied or terminated for a reason other than being over-income for FM.

Example: Children are eligible for FM effective 10/01/10

- On 05/18/11, a change in income for the household is reported
- Eligibility worker enters income on 05/23/11
- Upon running EDBC, CBMS determines the children are over-income for FM and initiates Special Action
- Children are determined to be eligible for CHP+
- FM passes for the months of 05/2011 and 06/2011 (due to 10-day noticing) and fails for the month of 07/2011
- CHP+ passes beginning the month of 07/2011

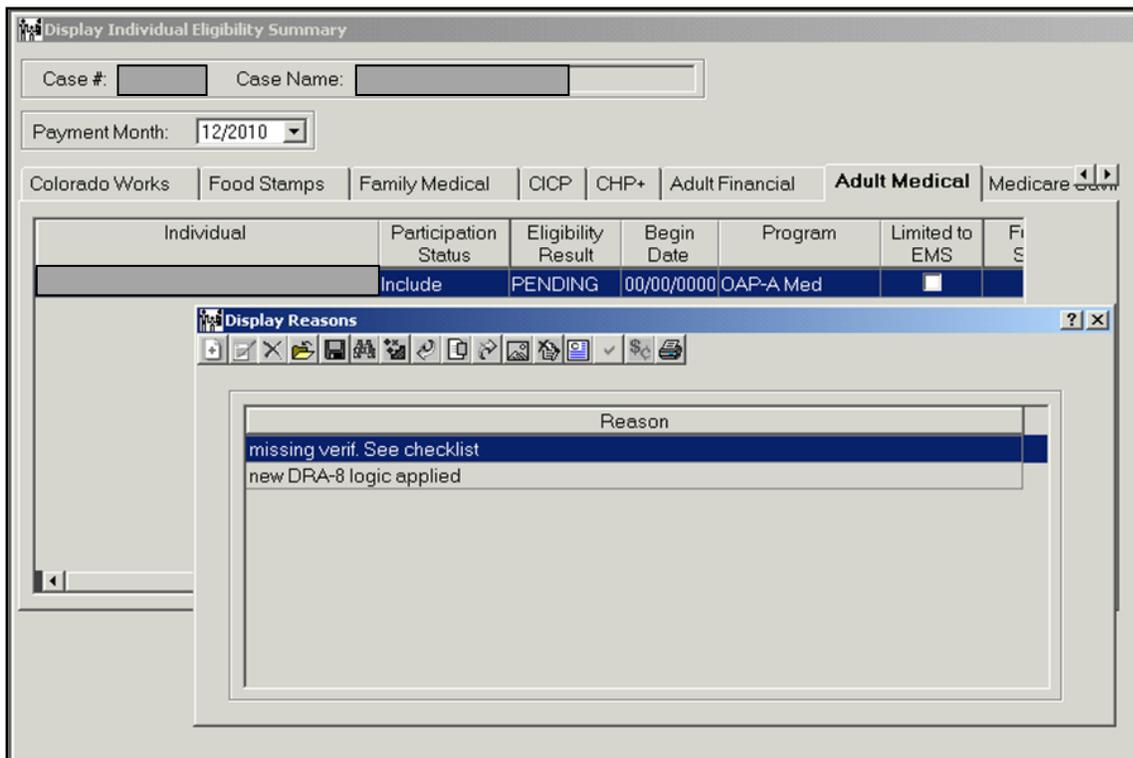
Section 6: Adult Medical Programs

Exception for Adult Medical Old Age Pension (OAP) and DRA verifications

Within the Adult Medical HPLG, the system excludes OAP-A and OAP-B clients from being denied for missing citizenship and/or identity verification only. Instead, these clients are approved for OAP-Health Care Program (HCP) A or OAP-HCP B. The reason for this is OAP-HCP programs are exempt from DRA requirements that require verification of citizenship and identity.

Example: Client meets all requirements for eligibility within Adult Medical but is missing verification of citizenship and identity.

- Client is noticed on 12/06/10 for missing citizenship and identity verification
- The DRA Verification Due Date is 02/24/11 and the DRA Verification Denial Due Date is 02/25/11
- No action is taken on the case and client does not provide the verification of citizenship and identity by 02/25/11
- The CBMS triggers EDBC to run. Client is approved for OAP-HCP



Once the case has been authorized, if the OAP-HCP A or OAP-HCP B case is rerun and the DRA verifications are still missing, the system will not pend again and set a new due date. The missing DRA verifications are ignored allowing the case to pass again in the OAP-HCP program.

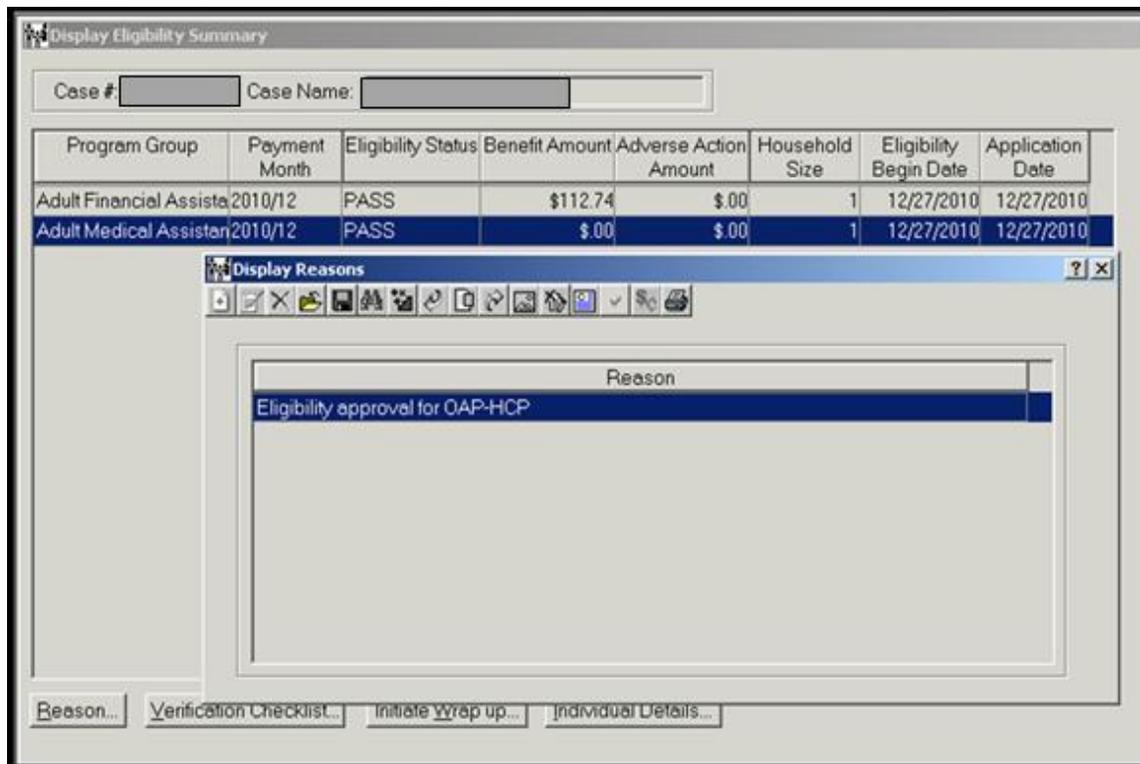
Example: Client is approved for OAP-HCP A on 02/25/11.

- On 04/05/11 EDBC is run on the case due to an interface posting
- DRA verifications are still missing
- Client remains on OAP-HCP A and the DRA verifications are not requested again

If the client later provides the missing DRA verifications, they will not be allowed to be retroactively approved for OAP-A or OAP-B. Instead, they will remain in OAP-HCP A or OAP-HCP B until their eligibility is redetermined at RRR.

Example: Client is approved for OAP-HCP A on 02/25/11 and RRR Due Date is 02/2012.

- On 05/02/11 DRA verifications are provided
- EDBC is run on the case
- Client remains on OAP-HCP A until their RRR period of 02/2012



Section 7: Miscellaneous Changes

Pending for Help Desk Ticket

All medical programs are placed in a pending status when a State Help Desk Ticket is issued. The **Case Information** window allows for the State Help Desk Ticket number to be entered within CBMS. This field is a manual data entry field.

Step 1: Within the **Programs Requested Summary** section

- Highlight the row for the **Program Group** for which you are pending a Help Desk Ticket
- Enter the **Override Date**
- Select “Pending State Help Desk Ticket” within the **Override Reason**
- Enter the State **Help Desk Number**
- Save

Case Information

| Program Group | Req Date | Status | Override Date | Override Reason |
|-----------------------|------------|---------|---------------|-----------------|
| Childrens Health Plan | 05/01/2011 | Pending | | |
| Family Medical | 05/01/2011 | Pending | | |

Programs Requested Details

Program Group: Childrens Health Plan

Override Date: 05/01/2011

Program Status: Pending

Status Date: 05/01/2011

Override Reason: Pending State Help Desk Ticket

Application Date: 05/01/2011

Help Desk Number: XXXXXXX

Reset Apply

Ending the Pending for Help Desk Ticket

Cases pending for Help Desk Ticket can be ended in the following way.

NOTE: There is no history saved on this window, please enter detailed case comments when the ticket has been resolved.

Step 1: Within the **Program Requested Summary** section

- a. Highlight the row for the **Program Group** for which you are pending a Help Desk Ticket
- b. Delete the **Override Date**
- c. Delete the **Override Reason**
- d. Save

The screenshot shows a web application window titled "Case Information". At the top, there is a search bar. Below it is a section titled "Programs Requested Summary" containing a table with the following data:

| Program Group | Req Date | Status | Override Date | Override Reason |
|-----------------------|------------|---------|---------------|-----------------|
| Childrens Health Plan | 01/12/2011 | Pending | | |
| Family Medical | 01/12/2011 | Pending | | |

Below the table is a section titled "Programs Requested Details" which contains several form fields:

- Program Group: Childrens Health Plan (dropdown)
- Override Date: MM DD YYYY (calendar icon)
- Override Reason: (dropdown)
- Application Date: 01 12 2011 (calendar icon)
- Program Status: Pending (dropdown)
- Status Date: 01 12 2011 (calendar icon)
- Help Desk Number: (text input)

At the bottom right of the form are "Reset" and "Apply" buttons.

Update to Data Entry Complete Field

The **Data Entry Complete** field within the **Case Wrap Up** window is a mandatory field for all medical programs.

Step 1: Within the **Case Wrap Up Summary** section

- a. Highlight the row for the **Program Group** for which you are entering information
- b. Enter “Yes” for **Data Entry Complete**
- c. Save

The screenshot shows a software interface with two main sections: "Case Wrap Up Summary" and "Case Wrap Up Detail".

Case Wrap Up Summary: A table with three columns: "Program Group", "Data Entry Complete", and "Effective Begin Date".

| Program Group | Data Entry Complete | Effective Begin Date |
|----------------------------|---------------------|----------------------|
| Childrens Health Plan Plus | Yes | 05/18/2011 |
| Family Medical Assistance | Yes | 05/18/2011 |

Case Wrap Up Detail: A form with three fields:

- *Effective Begin Date:** A date picker showing 05/18/2011.
- *Program Group:** A dropdown menu showing "Childrens Health Plan".
- *Data Entry Complete:** Radio buttons for "Yes" (selected) and "No".

Buttons at the bottom include "RRR.Checklist", "Reset", and "Apply".