*As subrecipients of federal financial assistance, Eligibility Sites must ensure that all programs, services, and activities meet the requirements of applicable federal and state laws, rules and regulations. As required by 10 CCR 2505-5 1.020.6-7 and* [*HCPF OM 23-047*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf) *Eligibility Sites are responsible for establishing a process to ensure they are complying with organizing operations and establishing adequate internal control processes for managing returned mail. HCPF is providing this sample template for Eligibility Sites to meet the requirements documented in* [*HCPF OM 23-047*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf)*- Medical Assistance Returned Mail Process; 42 C.F.R. §435.914(b)(3), §435.916(d), §431.213(d), §431.231(d), §431.17(b)(1)(v), §431.17(b)(1)(v), §435.403(a).*

*While Eligibility Sites are required to have internal controls to comply with* [*HCPF OM 23-047*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf)*- Medical Assistance Returned Mail Process; 42 C.F.R. §435.914(b)(3), §435.916(d), §431.213(d), §431.231(d), §431.17(b)(1)(v), §431.17(b)(1)(v), §435.403(a), Eligibility Sites are not required to use this sample template. This template may not be an exact fit for your county size, staffing structure and operations. All Eligibility Sites should develop their procedure for returned mail in consultation with their appropriate leadership authorities. Eligibility Sites do not need to submit their procedure to HCPF unless requested to do so during a Management Evaluation (ME) Review, Desk Review, or other request.*

*To use this template, please update agency specific information in the areas that are [Bold and in Brackets] and remove these top italicized paragraphs. This plan should be on the county’s letterhead once updated and issued.*

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**[Site letterhead, including Eligibility Site Name, Address, etc.]**

**[Eligibility Site Name]**

**[Address]**

**[City, State ZIP]**

**[Phone/FAX/website/email]**

**Policy Title:** Returned Mail Policy

**Reference:** [HCPF OM 23-047](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf) Medical Assistance Returned Mail Process; 42 C.F.R. §435.914(b)(3), §435.916(d), §431.213(d), §431.231(d), §431.17(b)(1)(v), §431.17(b)(1)(v), §435.403(a).

**Effective Date**: **[Month Day, Year]**

**Director’s Approval**: **[Name, Title, signature if possible]**

**Revision Date**: **[Month Day, Year]**

**REASON FOR POLICY (PURPOSE)**

The policy details the standards by which **[County Name]** Department of Human Services employees shall implement Returned Mail Policies and Procedures as outlined in [HCPF OM 23-047](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf). The returned mail process was revised for action to be taken on a case after the first piece of returned mail. This supersedes the previous process of waiting for three pieces of mail before action is taken. Cases must be updated to ensure members receive important correspondence without delays (verification checklists, redeterminations, etc.).

**DEFINITIONS [Please add any definitions deemed necessary.]**

**POLICY STATEMENT**

**[County Name]** will follow the Medical Assistance Returned Mail Process as outlined in [HCPF OM 23-047](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf) Medical Assistance Returned Mail Process.

Responsible staff include: **[Identify the position or positions responsible for activities and duties related to the returned mail process. Use job titles instead of individuals’ names, e.g. “Eligibility Worker”]**

**RETURN MAIL PROCEDURES**

**[County Name]** will take action on a case after the first piece of returned mail is received. There are three key areas requiring a response.

**1. Returned mail that cannot be forwarded** (post office sticker indicating no forward address, no post office sticker, or return to sender sticker):

**[Identified Staff]** will attempt to reach the member receiving Medical Assistance through the contact

method provided by the member.

* + - * If **[Identified Staff]** reaches the member, **[Identified Staff] will** update the case appropriately with the new address.
        + The current residency of the member must be verified. An individual may have an out of state address but be considered a Colorado resident if they intend to return to Colorado.
        + If an individual is no longer a Colorado resident, **[Identified Staff]** will update the residency status and mailing address. The address and residency change will close the case per current system logic.
        + If an individual indicates they intend to return to Colorado, they will meet the Colorado residency requirement and may remain eligible regardless of the out of state address.
* If **[Identified Staff]** is unable to reach the member, **[Identified Staff]** will document the date, time, and methods taken to contact the member, update the whereabouts unknown field to yes and enter the effective begin date. Per current system logic, this will close the case.
* Retain the envelope (per **[County Name]** established business process for file retention) indicating no forwarding address, and enough of the document to correctly identify the case, date sent, and document sent. This will be used for auditing purposes.
* If the whereabouts of the member become known while the member is still eligible for services, the case must be reopened. Otherwise a new application is required.
* Record all actions in case comments.

**2. Returned mail with in-state address:**

* **[Identified Staff]** will update the case with the new address.
* Retain the envelope (per **[County Name]**  established business process for file retention) indicating the forwarding address and enough of the document to correctly identify the case, date sent, and document sent. This will be used for auditing purposes.
* If applicable, **[Identified Staff]** will send the returned piece of mail to the new address.
* Record the change in case comments.
* During COVID Unwind, if returned mail contains a USPS “Yellow sticker” with an in-state forwarding address, the Eligibility site can update the member’s address with the “Yellow sticker” address without member confirmation. [\*\*Updating the address without member confirmation is only allowed during the Public Health Emergency COVID Unwind, under a CMS E-14 waiver.\*\*]

**3. Returned mail with out-of-state address:**

**[Identified Staff]** will attempt to reach the member receiving Medical Assistance through the contact

method provided by the member.

* If **[Identified Staff]** reaches the member, update the case appropriately with the new address.
  + The current residency of the member must be verified. An individual may have an out of state address but be considered a Colorado resident if they intend to return to Colorado.
  + If an individual is no longer a Colorado resident, update the residency status and mailing address. The address and residency change will close the case per current system logic.
  + If an individual indicates they intend to return to Colorado, they will meet the Colorado residency requirement and may remain eligible regardless of the out of state address.
* If **[Identified Staff]** is unable to reach the member, document the date, time, and means **[Identified Staff]** took to contact the member, update the whereabouts unknown field to yes and enter the effective begin date. Per current system logic, this will close the case.
* Retain the envelope (per **[County Name]** established business process for file retention) indicating the forwarding address and enough of the document to correctly identify the case, date sent, and document sent. This will be used for auditing purposes.
* Record all actions taken within case comments.

**Special Populations**

Below are special populations that will require additional steps when reviewing the case for returned mail.

**Long Term Care (LTC)**

Prior to closing a LTC case for returned mail, **[County Name]** will take the following steps.

* **[Identified Staff]** will reach out to the case management agency to gather updated contact information.
* **[Identified Staff]** will attempt to contact the member, POAs, guardians,etc. to gather updated contact information.
* **[Identified Staff]** will review interfaces such as (SVES, Med Span Error Report, etc. for additional insight.
* If it is determined that the member has left the state or is deceased, the **[Identified Staff]** will close the case for the appropriate reason.
* **[Identified Staff]** will document in case comments all actions taken when contacting the case management agency.
* For members who are out of state, **[Identified Staff]** must confirm whether the member intends to return before changing residency status.
* **[County Name]** will not close a case for whereabouts unknown until verification of residency can be obtained. Follow up is recommended to be done on a monthly basis. When the member’s whereabouts have been verified, **[County Name]** will update the case accordingly.

**Former Foster Care**

Prior to closing a Former Foster Care case for returned mail, **[County Name]** will take the following steps.

* Qualifying former foster care youth from Colorado have guaranteed Health First Colorado (Colorado's Medicaid Program) coverage up until the age of 26. This extension also includes youth who were in foster care in another state.
* Follow the steps outlined above in the “Returned Mail Procedures” for updating the address if one is provided, but only close a case if it has been verified that the member is no longer a Colorado resident.
* **[Identified Staff]** will enter case comments based on action taken.

**SSI Mandatory**

**[Identified Staff]** will attempt to contact the member to gather updated contact information. **[Identified Staff]** also must check SVES for updated information.

* If SVES returns a different address, the site should update CBMS to reflect the SVES address If SVES does not return a different address, **[Identified Staff]** shall forward the information to the local Social Security Administration (SSA) and contact the local SSA office to report the invalid address. This will allow the SSA interface to take action on the case once the local Social Security office updates their system.

If the SSA office has the same information as the eligibility site, **[Identified Staff]** will follow the steps outlined above in the returned mail procedure

* No case action would be taken until there is confirmation that the member is not a Colorado resident.

**Homeless**

Individuals applying and/or receiving Medical Assistance are not required to have a fixed address to receive Medicaid as long as they declare they are a Colorado resident. **[County Name]** will be cautious about using “Whereabouts Unknown” for this population. Instead, **[County Name]** will make attempts to determine if the member is no longer a resident of the state or has otherwise become ineligible. Inquiries can include reviewing the Prisoner match report and available interfaces. If **[County Name]** does not find anything questionable regarding the applicant or member’s Colorado residency or eligibility, **[County Name]** will mark them for general delivery.

* **[Identified Staff]** will review state interfaces such as SVES, DMV, Prisoner match, and NDNH.
* **[Identified Staff]** will also review the case and case file to see when there may have been last contact with the member (were there recent applications, CRFs, or phone calls).
* If it is determined that the member has left the state (address change with SSA, etc.), **[Identified Staff]** will update the case for the appropriate reason.
* If there is no reason to believe the member left the state, **[Identified Staff]** will leave the case open due to the vulnerable nature of the member’s situation.

**Address Confidentiality Program**

For cases that are Address Confidentiality Program (ACP) participants, eligibility sites are required to accept the ACP Authorization Card as the applicant’s legal address. This address should replace all addresses that are currently being used in all existing and new files and systems.

* ACP [acp@state.co.us](mailto:acp@state.co.us) or (303) 866-2208

**MONITORING [Site: identify responsible staff for compliance and how it will be monitored and how results may be used]**

**[ Identified Staff]** will monitor the policy and procedures are followed and will follow up with staff as necessary if policy, procedures and memo are not followed.

**TRAINING**

**[Site: identify responsible staff as well as who is trained and when they are trained (annually, at hire, when the Department releases updated memo, rule, etc.). Be certain to include how you are documenting and tracking trainings.]**

**[Identified Staff]** will review [HCPF OM 23-047](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-047%20Medical%20Assistance%20Returned%20%20Mail%20Process.pdf) and train the **[County Name]** team, including **[Identified Staff]**.

* **[County Name or Identified Staff]** will place the operational memo within the **[County policy/process]** folder for quick reference.
* **[County Name or Identified Staff]**  will train all new staff on this process.
* **[County Name or Identified Staff]** will review this process with **[County Name]** staff annually and/or anytime HCPF releases updated guidance (i.e. any Operational Memo superseding HCPF OM 23-047).
* **[County Name or Identified Staff]** will train current staff by **[DATE]**