*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* [*HCPF OM 23-038*](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-038%20Telephonic%20Signatures%20for%20Renewals.pdf)*,* [*10 CCR 2505-10 8.100.3.A.5*](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2918&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.100) *,* [*42 C.F.R. §435.916(a)(3)(i)(B)*](https://www.ecfr.gov/current/title-42/part-435/subject-group-ECFR0717d3fdf4a090c) *and* [*42 C.F.R §435.907(a) and (f)*](https://www.ecfr.gov/current/title-42/part-435/section-435.907)*, Eligibility Sites are responsible for establishing written procedures for accepting telephonic signatures for medical assistance renewals. HCPF is providing this sample template for Eligibility Sites to meet the requirements for documented internal controls for HCPF OM 23-03, 10 CCR 2505-10 8.100.3.A., 42 C.F.R. §435.916(a)(3)(i)(B) and 42 C.F.R 435.907(a) and (f).*

*Eligibility Sites are required to have written procedures to ensure compliance with HCPF OM 23-038, 10 CCR 2505-10 8.100.3.A, 42 C.F.R. §435.916(a)(3)(i)(B) and 42 C.F.R 435.907(a) and (f). 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 internal controls for HCPF OM 23-038 (June 1, 2023), 10 CCR 2505-10 8.100.3.A. , 42 C.F.R. §435.916(a)(3)(i)(B) and 42 C.F.R 435.907(a) and (f) in consultation with their appropriate leadership authorities. Eligibility Sites do not need to submit their internal controls 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.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**[Eligibility Site Name]**

**[Address]**

**[City, State ZIP]**

**[Phone/FAX]**

**Policy Title**: Telephonic Signature for Medical Assistance Renewals

**Reference**: [HCPF OM 23-038](https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2023-038%20Telephonic%20Signatures%20for%20Renewals.pdf), [10 CCR 2505-10 8.100.3.A.5](https://www.sos.state.co.us/CCR/DisplayRule.do?action=ruleinfo&ruleId=2918&deptID=7&agencyID=69&deptName=Department%20of%20Health%20Care%20Policy%20and%20Financing&agencyName=Medical%20Services%20Board%20(Volume%208;%20Medical%20Assistance,%20Children%27s%20Health%20Plan)&seriesNum=10%20CCR%202505-10%208.100) , [42 C.F.R. §435.916(a)(3)(i)(B)](https://www.ecfr.gov/current/title-42/part-435/subject-group-ECFR0717d3fdf4a090c) and [42 C.F.R §435.907(a) and (f)](https://www.ecfr.gov/current/title-42/part-435/section-435.907)

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

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

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

**REASON FOR POLICY**

To meet the requirements of HCPF OM 23-038 (June 1, 2023), 10 CCR 2505-10 8.100.3.A, 42 C.F.R. §435.916(a)(3)(i)(B) and 42 C.F.R §435.907(a) and (f) for a written procedure for accepting telephonic signatures for medical assistance renewals.

**DEFINITIONS [Site: add any other definitions you feel would be helpful]**

Eligibility Site-a location outside of the Health Care Policy and Financing that has been deemed as eligible to accept applications and determine eligibility for applicants oe members.

CBMS - Colorado Benefits Management System is the computer system that determines an applicant’s eligibility for public assistance in the state of Colorado. Also referred to as the state eligibility system.

HCPF-the Department of Health Care Policy and Financing. The single State agency designated to administer the Colorado Medical Assistance Program under Title XIX of the Social Security Act and Colorado statutes.

Medical Assistance- all medical programs administered by the Department of Health Care Policy and Financing.

Member-a person who is eligible for or receiving a Medical Assistance Program. “Member” is used interchangeably with “recipient” and “client” when the person is eligible for the program.

Renewal-Redetermination of medical assistance eligibility which includes a case review and necessary verification to determine whether the member continues to be eligible to receive Medical Assistance.

**POLICY STATEMENT**

Federal regulation (42 C.F.R. §435.916(a)(3)(i)(B)) requires a member’s signature at renewal for continued Medical Assistance coverage. Per federal regulations (42 C.F.R §435.907(a) and (f)), states are required to provide several avenues through which an applicant or member can apply for Medical Assistance coverage and sign under penalty and perjury. These include by mail, in person, online, and over the telephone.

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

**PROCEDURE for Telephonic Signature for Renewals [Site: Adjust procedure according to site business process]**

Members who receive a renewal packet are required to sign and return the renewal form signature page. Effective March 2023, Eligibility Sites have the ability to accept telephonic signatures for renewals in CBMS. Signatures can be captured on the day a member submits a renewal or at a later date. A case comment will auto populate in CBMS when an Eligibility Worker performs a telephonic signature for a renewal.

Members that want to use telephonic signature by verbally attesting to the completed renewal are directed on the medical assistance renewal to contact their Eligibility Site. All verbal attestations require an audio recording to be maintained to constitute a valid telephonic signature. Eligibility Workers must follow the scripts within CBMS to obtain and record the member’s verbal attestation telephonically which includes verbal attestation of the signature under penalty and perjury.

**Inbound Call:**

**[County Name]** is required to accept inbound calls and perform the telephonic signature recording and all verbal attestation recordings must be saved to the case in CBMS.

When **[County Name]**  performs a telephonic signature for a renewal, **[County Name]** is required to record the member's signature by using the state administered Google Meet platform or the **[County Name]** ’s technology solution. ***(Eligibility Sites that record telephonic signatures on their technology solutions must ensure their solution is mapped to CBMS)***.

1. **[County Name or Identified Staff]** will select the calendar icon from the CBMS header.
2. To schedule or capture the telephonic signature, the eligibility site worker will:
	1. Enter \*Date,
	2. Enter \*Time
	3. Select Type of telephone Call: State Google, Non State meet and Phone System
		1. When Non-State Meet is selected, the Virtual Meeting Details section will be enabled for you to enter the meeting details.
		2. Once the details are entered and saved, an email will be sent to the member's email address listed in the member's Email field.
3. **[County Name or Identified Staff]**  will use the Start Meeting button for the Google virtual meeting room and complete the process of capturing the applicant's telephonic signature.
4. **[County Name or Identified Staff]** will follow the Communication Script
	1. The Language (Toggle Button) allows you to switch to a Spanish script.
	2. If the member provides documents, the eligibility worker will:
		1. Upload the document that pertains to the telephonic application. Only one file can be uploaded. If you choose to upload another file, the current file will be replaced.
		2. Types of files that can be uploaded are mp3, ogg, wav, avi, mov, mpeg, swf, mp4, and vi.
		3. Once uploaded, make sure to save the page.
5. **[County Name or Identified Staff]**  will complete:
	1. \*Individual
	2. \*Telephonic Signature Applies To (form(s)/document), Attachments and comments
	3. Radio button (Yes/No) to indicate if the applicant's telephonic signature has been successfully captured.
	4. The applicable choice to indicate whether the individual's telephonic signature was captured through State Google Meet, Non-State Meet, or Phone System.
	5. The date when the individual's telephonic signature was successfully captured.
	6. SAVE

**Outbound:**

Eligibility Sites are required to establish business processes, so they are prepared to perform outbound calls to members and obtain renewal signatures telephonically when a renewal packet is missing the signature. All verbal attestation recordings must be saved to the case in CBMS.

When **[County Name]** performs a telephonic signature for a renewal, **[County Name]** is required to record the member's signature by using the state administered Google Meet platform or **[County Name]**’s technology solution. ***(Eligibility Sites that record telephonic signatures on their technology solutions must ensure their solution is mapped to CBMS)***.

1. **[County Name or Identified Staff]** will select the calendar icon from the CBMS header.
2. To schedule or capture the telephonic signature, the eligibility site worker will:
	1. Enter \*Date,
	2. Enter \*Time
	3. Select Type of telephone Call: State Google, Non State meet and Phone System
		1. When Non-State Meet is selected, the Virtual Meeting Details section will be enabled for you to enter the meeting details.
		2. Once the details are entered and saved, an email will be sent to the member's email address listed in the member's Email field.
3. **[County Name or Identified Staff]** will use the Start Meeting button for the Google virtual meeting room and complete the process of capturing the applicant's telephonic signature.
4. **[County Name or Identified Staff]**  will follow the Communication Script
	1. The Language (Toggle Button) allows you to switch to Spanish script.
	2. If the member provides documents, the eligibility worker will:
		1. Upload the document that pertains to the telephonic application. Only one file can be uploaded. If you choose to upload another file, the current file will be replaced.
		2. Types of files that can be uploaded are mp3, ogg, wav, avi, mov, mpeg, swf, mp4, and vi.
		3. Once uploaded, make sure to save the page.
5. **[County Name or Identified Staff]** will complete:
	1. \*Individual
	2. \*Telephonic Signature Applies To (form(s)/document), Attachments and comments
	3. Radio button (Yes/No) to indicate if the applicant's telephonic signature has been successfully captured.
	4. The applicable choice to indicate whether the individual's telephonic signature was captured through State Google Meet, Non-State Meet, or Phone System.
	5. The date when the individual's telephonic signature was successfully captured.
	6. SAVE

**Signature Recording & Storage:**

Telephonic signatures will be retained in CBMS for a total of three (3) years from the date the case closes and/or indefinitely while the case is open. If there are other situations when a recording needs to be retained for more than three years, **[County Name or Identified Staff]**  will download the telephonic signature recording and store them according to the **[County Name]**’s protocols.

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

All requirements outlined in HCPF OM 23-038 are subject to Department-level Quality Assurance (QA) reviews and Management Evaluation (ME) reviews. In addition, all actions are subject to review by the Department’s external auditors. Insufficient case comments that do not support the eligibility determination or action can result in external audit findings and may impact the eligibility sites ME review when selected.

**STAFF TRAINING**

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

New and existing **[County Name]** eligibility staff will be trained by **[Identified Staff]** on this procedure and completion of *CDHS & HCPF Telephonic Signature* web-based training (WBT) on [COLearn](https://colearn.csod.com/login/render.aspx?id=defaultclp)

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In person training will be tracked by sign in sheets and signed acknowledgements of completion on the procedure from staff as part of new hire process and refresher training for existing staff. Web-based training will be monitored through COLearn individual transcripts.

CBMS Project CPPM-6778 enhanced CBMS logic to enable telephonic signature for Medical Assistance renewals and went into production on February 11, 2023. [February 2023 Project Release Notes](https://cees.my.site.com/s/contentdocument/069t000000hfR3kAAE)