

OPERATIONAL MEMO

TITLE:	DISABILITY DETERMINATION APPLICATION
	UPDATE AND CHANGED PROCESS
SUPERSEDES NUMBER:	AGENCY LETTER 03-007, AGENCY LETTER 03-012
EFFECTIVE DATE:	FEBRUARY 13, 2021
DIVISION AND OFFICE:	ELIGIBILITY DIVISION, MEDICAID OPERATIONS
	OFFICE
PROGRAM AREA:	ELIGIBILITY, MEDICAL ASSISTANCE
	CATEGORIES FOR PEOPLE WITH DISABILITIES
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	ASSISTANCE SITE RESPONSIBILITY
OPERATIONAL MEMO NUMBER: HCPF OM 21-028	
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APPROVED BY: RALPH CHOATE	

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Purpose and Audience:

The purpose of this memo is to inform authorized individuals/entities, such as county departments of social/human services, Medical Assistance (MA) sites, Eligibility Application Partner (EAP) sites, anyone who processes applications for individuals that have disabling conditions, and other internal and external stakeholders, that:

- The Disability Determination Application has been updated;
- The process has been automated; and
- The updated Disability Determination Application is also available on the public Website at <u>Health First Colorado Disability Application</u>.

The automated process will ensure that eligibility determinations and redeterminations are more efficient for Medical Assistance categories that require a disability determination by the State Disability Determination vendor.

Eligibility site responsibilities and agency letters have been updated.

Information:

The Disability Determination Application and process were reviewed in order to improve and enhance the member experience. Both aspects offered opportunities to make the member experience better and the manual eligibility process more efficient and accurate through automation.

Feedback was obtained by members, as well as internal and external stakeholders, that contributed to changes that improve the member experience, simplify the form and collect all necessary information.

Format Changes to the Automated and Website Disability Determination Application:

The Disability Determination Application questions are updated to align with the Social Security Administration Disability Determination questions. The application flow allows easier response when completed by an adult or when completed for a child. There is only one release page needed. It is now embedded into the application instead of being a separate form.

The Disability Determination Application and Verification Checklist (VCL) will be sent automatically in the format identified in the Medicaid Application: regular, 18 point font or Spanish. An alternative language referral (Babel sheet) is part of the Disability Determination application if help is needed in other languages.

Process Changes within the Colorado Benefits Management System:

The manual process is now automated. When disability-related questions are answered, a Disability Determination record is automatically created in the Colorado Benefits Management System (CBMS) if a member is not already determined disabled. This triggers the Disability Determination Application and a VCL to be sent to the applicant or member.

The Disability Determination Application and VCL is also automatically triggered in the online application, <u>Colorado PEAK</u>, when disability-related questions are answered upon application (Apply for Benefits), in Report My Changes, or upon redetermination (Changes in Your Home).

The automatic trigger also occurs if the member has a diary date expiration 90 days or less in the future.

The trigger will not occur if an individual has an unexpired Disability Determination

through the Social Security Administration or the state Disability Determination vendor or, if a Disability Determination Application is pending with the applicant, member or vendor. The trigger does not happen if the applicant is 65 or older or will turn 65 within 90 days prior to the diary date expiration.

Technical Changes to the Colorado Benefits Management System:

The Disability Determination screen is accessed through the Financial tab and the Medical Assistance tab instead of the Medical Conditions screen.

Date Packet Sent to Vendor is a new field on the Disability Determination screen.

Training for Project 14347 *CBMS MA Disability Determination Updates* will be available on the State Training site.

Operational Information that has not changed:

The due date for the Disability Determination application is the standard Medical Assistance due date of one calendar day plus ten business days plus five business days that is shown on the VCL.

The Manual Process is the same if an applicant or member wants to complete the Disability Determination Application <u>Health First Colorado Disability Application</u> on the Department's website and submit it to the county <u>County Office</u> or Medical Assistance/Eligibility Application Partner site <u>Directory</u>.

A Medicaid Application must be in process, pending or active in counties or Medical Assistance/Eligibility Application Partner sites before the state Disability Determination vendor can accept a Disability Determination Application for review. Only counties or Medical Assistance/Eligibility Application Partner sites may submit Disability Determination Applications to the state Disability Determination vendor.

The only acceptable Disability Determination establishing a disability is through the Social Security Administration or through the state Disability Determination vendor.

The state Disability Determination vendor can do a full Disability Determination at any time for an adult or child that has not had a Disability Determination done through Social Security. If an adult has been denied for income or gainful employment, a limited disability determination can be done through the state Disability Determination vendor for the Colorado Health First Working Adults with Disabilities Buy-In program. This disability determination does not look at gainful employment as a disqualifier.

The state Disability Determination vendor can also consider a new Disability Determination Application for a person that has been disapproved by the Social Security Administration, if a condition has worsened, or, there is a new disabling condition. Any other Social Security Administration Disability Determination denial is considered the final Disability Determination decision and is only appealable through the Social Security Administration.

Once a Disability Determination approval or disapproval letter has been received by the county or Medical Assistance/Eligibility Application Partner site, all other supporting documentation such as medical records and releases must be destroyed.

If a representative form is completed by the applicant, it allows the representative to speak with the county, Medical Assistance/Eligibility Application Partner site or the vendor regarding the Disability Determination application or the process. This does not allow the representative to sign medical release forms which requires a Durable Power of Attorney or a Medical Power of Attorney to be provided by the applicant.

County and Medical Assistance/Eligibility Application Partner Site Responsibilities:

- Counties and Medical Assistance/Eligibility Application Partner sites must process Disability Determination Applications as soon as received, recommended within 5 business days as long as a Medicaid Application is in process, pending or active.
- Counties and Medical Assistance/Eligibility Application Partner sites must review submitted Disability Determination Applications for completeness and signatures.
- Completed and signed Disability Determination Applications are to be sent to the state Disability Determination vendor within one business day after review.
- Applicants are to be assisted with incomplete Disability Determination Applications.
- Counties and Medical Assistance/Eligibility Application Partner sites will be accountable to meet this standard.

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Attachment(s):

None

Department Contact:

HCPF medicaid.eligibility@state.co.us