



## POLICY MEMO

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<b>TITLE:</b>	<b>REMOTE APPLICATION ASSISTANCE</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>JANUARY 6, 2021</b>
<b>DIVISION AND OFFICE:</b>	<b>MEDICAID OPERATIONS OFFICE</b>
<b>PROGRAM AREA:</b>	<b>ELIGIBILITY PROGRAM</b>
<b>KEY WORDS:</b>	<b>COVID-19, CORONAVIRUS, ADVOCATES, APPLICATION, ASSISTERS, CERTIFIED MEDICAL ASSISTANCE SITES, ELIGIBILITY, NON-MAGI, MAGI, CHILD HEALTH PLAN <i>PLUS</i></b>
<b>POLICY MEMO NUMBER: HCPF PM 21-001</b>	
<b>ISSUE DATE: JANUARY 6, 2021</b>	
<b>APPROVED BY: KIM BIMESTEFER</b>	

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HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>

### **Purpose and Audience:**

The purpose of this Policy Memo is to inform authorized individuals/entities such as Counties, Medical Assistance (MA) Sites, Eligibility Application Partner Sites, Presumptive Eligibility (PE) Sites, and Certified Application Assistance Sites (CAAS) that they may assist applicants in completing the Application for Medical Assistance remotely (telephone, video conferencing, etc.) during the COVID-19 Public Health Emergency period. This guidance will exclude the disability application. Assisters should follow the existing process for the disability portion. Assisters listed above have the option to assist applicants to complete the application remotely. This interim process will not be mandatory. Please share this memo with all eligibility staff, supervisors, and outside agencies, as appropriate.

### **Information:**

During the COVID-19 public health emergency, Counties, Medical Assistance (MA) Sites, Presumptive Eligibility (PE) Sites, and Certified Application Assistance Sites (CAAS) will be authorized to assist individuals applying for Medical Assistance upon receipt of verbal consent. **The authorization of verbal consent will expire at the end of the**

**COVID-19 Public Health Emergency.** Normal policies and procedures will resume when the federal emergency period ends.

If an assister is helping complete an application remotely, they are required to complete the Acknowledgement of Receipt of Verbal Consent form and attach it to the individual's application. The purpose of the Acknowledgement of Receipt of Verbal Consent form is for the applicant to designate the assister as a limited Authorized Representative to sign the application on the applicant's behalf. Limited Authorized Representative means the assister can only help complete the Application for Medical Assistance and sign the application on behalf of the applicant. The assister should not be added as an Authorized Representative in the Colorado Benefits Management System (CBMS) within the Authorized Representative screen. The assister or eligibility worker should add a case comment in CBMS and retain the form with the application for audit purposes. The applicant will be informed and give consent to the assister to complete and sign the application on their behalf. The assister or eligibility worker is responsible for assisting the applicant to complete the paper application or applying through PEAK and following their normal business process after completing the application.

Applicants can find an Application Assistance site that can help at [Colorado.gov/hcpfmap](https://colorado.gov/hcpfmap). Sites should continue to encourage applicants to apply for Medical Assistance at any time with the online application on [Colorado PEAK](#). An applicant can also apply for a health insurance plan and financial help to lower monthly costs through Connect for Health Colorado, the official health insurance marketplace.

**Attachment(s):**

Acknowledgement of Verbal Consent

**Department Contact:**

Please contact the Medicaid Inbox with the email listed below if you have any questions.

[hcpf\\_medicaid.eligibility@state.co.us](mailto:hcpf_medicaid.eligibility@state.co.us)