



# Inter-Agency Transfer Procedure

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## Attachments

- A. IAT Quick Reference for Applications – page 22
- B. IAT Quick Reference for Ongoing Case Management and Recertifications – page 23

# Acronyms

**ACP:** Address Confidentiality Program

**AI:** Application Initiation

**AF:** Adult Financial

**AM:** Adult Medical

**AND:** Aid to the Needy Disabled

**AwDC:** Adults without Dependent Children

**CBMS:** Colorado Benefits Management System

**CHP+:** Child Health Plan *Plus*

**CW:** Colorado Works

**EBT:** Electronic Benefit Transfer

**EF:** Employment First

**FA:** Food Assistance

**FM:** Family Medical

**HLPG:** High Level Program Group

**IAT:** Inter-Agency Transfer

**IEVS:** Income Eligibility Verification System

**II:** Interactive Interview

**LTC:** Long-Term Care

**MA:** Medical Assistance

**MSP:** Medical Savings Program

**OAP:** Old Age Pension

**PEAK:** Program Eligibility Application Kit

**RRR:** Re-determination/Re-certification/Reassessment

**WFD:** Workforce Development

# Inter-Agency Transfer Procedure

## Vision

Facilitate a streamlined and simple process to deliver benefits and services in a timely and customer friendly manner.

## Terminology

1. Eligibility site: Counties and Medical Assistance sites will be referred to as eligibility sites throughout the procedure.
2. Mail-in applications: Applications received through the mail, fax, drop box, or scanned to the office.
3. PEAK applications: Applications received online through PEAK.
4. Walk-in applications: Applications submitted in person to an eligibility site.

## Residency

For all programs except Long Term Care (LTC) and Adult Medical (AM), the county of residence shall be the county where the client declares he/she is residing.

For Long Term Care (LTC) if a client has an already active Medicaid case and needs to add LTC the client needs to contact the eligibility site that has the already active Medicaid case in order to start the LTC process. No new application is needed to apply for LTC when the client already has an active Medicaid case.

The county of residence for LTC and AM program applicants may be different from the county in which their permanent dwelling is located.

<b>If an applicant applies for LTC or AM programs:</b>	<b>County of Residence is:</b>
Prior to entering a nursing home or home	Permanent dwelling county
After entering a nursing home	Nursing Home county
In the hospital and does not have a permanent dwelling	Hospital county

## Communication

Please be aware that, due to a contractual agreement, this document does not apply to the eligibility and enrollment vendor for medical programs.

To streamline and standardize inter-agency transfers (IAT), eligibility sites agree to establish a single email address. The eligibility site's designated IAT email address shall be used for all communication required by IAT.

The eligibility site's name must be a part of the email domain to ensure consistency and ease of use. In order to prevent the email address from discontinuing when a person leaves the agency email address shall not be worker specific.

## Protecting Client Sensitive Information

The Health Insurance Portability and Accountability Act's (HIPAA) Security Rule allows for Electronic Protected Health Information (EPHI) to be sent over an electronic open network (i.e. email) as long as it is adequately protected. Protections must include ensuring that the information is safeguarded from unauthorized access, as well as from malicious modification, during transit. Encryption is the only tool currently available that allows for these protections when emailing EPHI. Therefore, when emailing information and documents that contain a client's protected health information (PHI) and/or personally identifiable information (PII), it is the expectation of both CDHS and HCPF that the email be sent in an encrypted manner in order to adequately protect the information and be in compliance with HIPAA. PHI and PII include information such as social security numbers, diagnoses, date of birth, CBMS case number, and other trackable health information unique to CDHS and HCPF clients.

## Address Confidentiality Program

The designated address utilized for participants in the Address Confidentiality Program (ACP) is an Adams County address. Applications that are received in the incorrect county by a client in the ACP will be handled in the same manner as all other applications. When communicating with another eligibility site about a client in the ACP, the other eligibility site must be informed that the client participates in the ACP so the application is directed to the designated staff responsible for processing ACP cases. Clients participating in the ACP have been instructed not to use PEAK to apply for benefits.

## Expectations for Utilizing the IAT Email Account

- The email account must be checked at least twice per day—once prior to noon and once prior to 4:00 pm.
- The email account must include current out of office replies indicating the date(s) of office closure and re-opening.
- If a request for a CBMS case transfer is received anytime between 8:00 am and 3:00 pm, the eligibility site must provide a response that same day. If a request for transfer is received after 3:00 pm, a response must be provided by noon the following business day. If a response is not provided within three days, the requesting site's designated program manager may escalate the request to the other site's designated program manager.

# Section 1

## Applications Received by the Wrong Site

### *How to Handle Applications Received in the Wrong Site*

If an application is received by the wrong eligibility site, the eligibility site will have the below time frame to notify the correct eligibility site of the application, to send the correct eligibility site the application and all associated documents, and if applicable, to transfer any existing case in CBMS.

### ***Timeframe to Notify the Correct Eligibility Site***

<b>If the Application was received:</b>	<b>Notify the Correct Eligibility Site by:</b>	<b>Correct Eligibility Site retrieves the application:</b>	<b>Correct Eligibility Site Retrieves a PEAK Application:</b>
Before 3:00 pm	Same day	Same day	Same day
After 3:00 pm	Noon following business day	Noon following business day	Noon following business day

An eligibility site that does not meet the timeframes will be responsible for completing the interview, if required by the program, and processing the application as outlined in Section 4, [Application Processing by the Incorrect Eligibility Site](#).

If an eligibility site schedules an interview with an applicant prior to discovering that the application belongs to another eligibility site, then the eligibility site must complete the interview and process the application to completion as outlined in [Section 4](#).

If an eligibility site accepts an application, but after completing the AI discovers that it belongs to another site, then the correct eligibility site may be notified of the application as long as the timeframes have not lapsed and an interview has not been scheduled.

To reduce the number of applications that require processing by the incorrect eligibility site, which may require two eligibility sites to process one application, it is imperative that eligibility sites meet the established timelines for notifying and transferring applications to the correct eligibility site.

### **PEAK Applications**

The PEAK Inbox must be reviewed once in the morning and once in the afternoon, at a minimum, to ensure applications are reviewed timely for correct county assignment.

- When notifying an eligibility site of a PEAK application, the subject line of the email shall at a minimum indicate “PEAK”, and the body of the email must include:
  - PEAK tracking number
  - Date submitted
  - Programs requested
  
- The incorrect eligibility site must update the application status in PEAK when pulling the application.

## ***Application Date***

PEAK captures the application date for all programs. The date of application shall be the date captured by PEAK.

For all medical programs, the application date is the actual date the application is submitted. For all other programs, if a PEAK application is received after business hours (Monday – Friday 5pm – 8am; Saturday and Sunday; or State holidays) the application date will be the next business day.

## ***CBMS Actions***

The eligibility site that incorrectly receives a PEAK application must not upload the application into CBMS. The correct eligibility site is responsible for completing the AI and II process. Leaving the application in the PEAK Inbox allows the appropriate eligibility site to retrieve the application for processing.

If a PEAK application is accidentally uploaded by the incorrect eligibility site, the AI should be completed by the incorrect eligibility site, and then the case in CBMS should be transferred to the correct eligibility site. The correct eligibility site will be able to view a Portable Document Format (PDF) version of the PEAK application for processing.

## ***PEAK Application Status***

The PEAK application status can be used as an indicator to confirm that the other eligibility site has retrieved the PEAK application. The PEAK application status of “In Progress”, “Uploaded”, or “Manual” indicates that the application is either being worked or has already been processed.

- Submitted Status – An application that has been received but not worked.
- In Progress – The process of uploading a PEAK application into CBMS has begun, but the case still requires updates that have not been completed. Once the ‘Process Application’ button has been selected, the PEAK application status will be “In Progress” until all information has been uploaded.
- Uploaded – All data from the PEAK application has been uploaded into CBMS, and the application status is automatically changed from “Submitted” to “Uploaded”.
- Manual – A manual AI was performed, and the application status was manually changed from “Submitted” to “Manual”.

## Walk-in Applications

<b>Walk-in Applications received between:</b>	<b>Notify and Scan application to correct eligibility site:</b>
8:00am – 3:00pm	Same day
After 3:00pm	By noon the following business day.

### *Application Date*

Walk-in applications that contain Colorado Works (CW), Adult Financial (AF), or any medical program must be date stamped the day the incorrect eligibility site receives the application, and the date must be honored by the receiving eligibility site. Food assistance applications shall not be considered filed until the application is received by the appropriate office.

### *CBMS Actions*

The eligibility site that incorrectly receives a walk-in application should not complete any actions in CBMS. The correct eligibility site that is responsible for processing the application completes the AI and II process.

### *Client Interaction*

While the client is in the office, the client must be informed of the following:

- The correct eligibility site and the address
- The correct eligibility site will be contacting them about processing the application

The incorrect eligibility site must take the walk in application, upon the request of the client, and will include the following information when sending a walk-in application to another eligibility site.

- Copy of the client's ID
- Copy of any other documents and verification the client has with them
- A current phone number
- Issue the client an EBT card if possible.



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## ***Interviews***

To enhance customer service when performing required interviews, it is recommended that the eligibility site receiving the application complete a phone interview in order to prevent the client from having to make another trip to an office.

You are not permitted to conduct an interview for medical programs.

## **Mail-In Applications**

An eligibility site has 2 business days to notify the correct eligibility of a mail-in application.

### ***Application Date***

Mail-in applications that contain Colorado Works (CW), Adult Financial (AF), or any medical program must be date stamped the day the incorrect eligibility site receives the application, and the date must be honored by the receiving eligibility site. Food assistance applications shall not be considered filed until the application is received by the appropriate office.

### ***CBMS Actions***

The eligibility site that incorrectly receives a mail-in application should not complete any actions in CBMS. The correct site that is responsible for processing the application completes the AI and II process.

## **Section 2**

### **Completing the Application Initiation (AI) Process**

The eligibility site that is responsible for processing an application is the site responsible for completing the AI and II process.

There are two ways that the AI process is completed in CBMS. For PEAK applications that are uploaded into CBMS, the AI will be completed automatically as part of the upload process. For all other situations, the AI process is completed manually.

### ***Case Assignment***

When completing an AI, there are instances when CBMS will not allow the AI process to be completed and will provide the user with an error message. There are also instances when the AI process results in two eligibility sites having update access to one case.

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- The AI process cannot be completed if a program is being added to an existing case in CBMS and that existing CBMS case already has that program in an active status.

*Example:* An application for FA/FM is received. During the AI process, the head of household is found to have an existing case in CBMS. The existing case is selected in order to add the application to that case number. However, CBMS generates an error message preventing the user from adding the application to the existing case number. The user cancels the AI and finds out that FA was already active on the existing case.

- Anytime an AI cannot be completed due to a program being active on an existing CBMS case, the AI should be cancelled and completed again excluding those programs that are already active.

*Example:* An application for FA/AND is received. During the AI process, the head of household is found to have an existing case in CBMS. The existing case is selected in order to add the application to that case number. However, CBMS generates an error message preventing the user from adding the application to the existing case number. The user cancels the AI and finds out that FA was already active on the existing case. The user completes another AI only pending AND.

- The AI process can also result in two eligibility sites having update access to the same case. If one eligibility site completes an AI and attaches a new application to an existing case in CBMS that belongs to another eligibility site, the AI can be completed as long as none of the programs that are being AI'd are in an active status. The program(s) that are AI'd will assign to the eligibility site who completes the AI, leaving the existing active programs open in the other eligibility site.

*Example:* An application for FA/FM/CW is received in Larimer County. After a preliminary screening, the applicant has an existing case open in Adams County. The case in Adams County has FA and CW already active. Therefore, Larimer completes an AI only pending FM. FM pends to Larimer County while FA and CW remain active in Adams County.

*Example:* An application for FA/FM is received in Douglas County. During the AI process the head of household is found to have an existing case in CBMS. The existing case is selected in order to add the application to that case number. However, CBMS generates an error message preventing the user from adding the application to the existing case number. The user cancels the AI and finds out that FA is already active in Boulder County. The user in Douglas County completes another AI only pending FM. FM assigns to Douglas County while the FA remains in Boulder County.

- When two eligibility sites have update access to one case, each site can only authorize the programs that are assigned to them.

### ***Additional Guidance on Application Initiation(AI)***

Please refer to CBMS procedure documents for information and guidance on how to complete the AI process in CBMS. Some procedure documents related to the AI process include:

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*Case Addition vs. Case Creation; Adding an Individual or High Level Program Group to an Existing Case; Correcting an Incorrect Application Date in Application Initiation (AI); User Desktop Guide – Chapter 2 – The Initial Visit; and Adult Financial Companion Cases.*

## Section 3

### Procedures and Expectations for all IAT Cases

#### ***Sending Documents to Another Eligibility Site***

When sending applications, re-certifications and other documents to another eligibility site, all documents must be emailed to the correct site.

Long-Term Care (LTC) paperwork may be mailed if the electronic size of the documents is over 10MB.

#### ***CBMS Case Transfers***

If it is determined during case processing that there is an open case in CBMS assigned to another eligibility site, the correct site may pull the case to themselves.

If a request for a CBMS case transfer is received anytime between 8:00 am and 3:00 pm, the eligibility site must provide a response that same day. If a request for transfer is received after 3:00 pm, a response must be provided by noon the following business day. If a response is not provided within three days, the requesting site's designated program manager may escalate the request to the other site's designated program manager.

#### ***CBMS Actions***

The eligibility site responsible for processing an application will complete the AI and II process.

If application processing is split between two eligibility sites, each site should complete the AI for only those programs they are processing. This will ensure that each eligibility site has update access in CBMS for the program they are processing. See [Section 2](#), "Completing the AI Process" for guidance on CBMS case assignment.

#### ***Verification Requests by the Incorrect Eligibility Site***

No program pending for verification shall be transferred from one eligibility site to another. This does not apply to Child Health Plan *Plus* (CHP+) cases that are pending for an enrollment fee.

If the incorrect eligibility site requests verification, then the application must be held for a minimum number of days, as explained in [Section 4](#), subsection "Applications without CW, AND or LTC", prior to transferring the CBMS case to the other eligibility site.

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A best practice prior to requesting verification is to complete a collateral contact to obtain the information.

### ***CW, AND, and LTC Applications***

Colorado Works (CW) or Aid to the Needy Disabled (AND) applications must be processed in the correct county since CW is 100% county funded and AND is 20% county funded. Since Old Age Pension (OAP) is 100% state funded, there is flexibility in which county can process OAP.

Long-Term Care (LTC) applications must be processed in the correct county due to the level of care assessment process that is required as part of eligibility determination. Long-Term Care applicants that are active on Medicaid must request LTC services from the county where their Medicaid is active. An application is not required if the applicant is already active on Medicaid. If an applicant applying for LTC is not already active on Medicaid, then an application is required and must be submitted to the correct county of residence.

### ***Transferring Applications Only Once***

No application shall be transferred more than once unless one of the following occurs:

- If an eligibility site receives an application that has been transferred to them, but determines that it should actually belong to another site, the application may be transferred once more if the timeframes outlined in [Section 1](#) have not lapsed and an interview has not been scheduled.
- If a Colorado Works (CW) or Aid to the Needy Disabled (AND) only application has been transferred to the wrong eligibility site, the CW or AND application must be transferred again to the correct site since these programs are funded with county money and must be processed in the correct county.

### ***Households Reapplying at a New Eligibility Site***

If a household's certification period has expired and the household re-applies at a new eligibility site the month following the last month of the certification period, the application must be accepted and processed at the new site. The applicant cannot be informed that they must complete a recertification (RRR) at the previous eligibility site.

If an applicant submitted their RRR to the previous eligibility site before their certification period expired and subsequently re-applies at the new site before the recertification is processed, then the date of the recertification must be honored. The new eligibility site may process the RRR at the same time the application is processed, honoring the date of the RRR.

### ***Preparing Cases for Transfer***

For medical cases, prior to transferring an existing CBMS case electronically to another

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eligibility site, the originating eligibility site must notify the receiving eligibility site of the client's transfer of Medical Assistance. The receiving eligibility site may request copies of specific case documents to be forwarded from the originating eligibility site to verify the data contained in CBMS. The originating eligibility site will create case comments, if not already created, with each applicant's citizenship and identity documents provided and if each document was certified.

- Adult Medical (AM): For all AM programs that require a financial program the eligibility site must comply with the transferring procedures for financial programs prior to transferring the AM case.
- Family Medical (FM)/Child Health Plan *Plus* (CHP+): Ensure case comments are entered specific enough for the receiving eligibility site to understand the case.
- Long-Term Care (LTC): The originating eligibility site will transfer the case electronically in the eligibility system to the eligibility site in which the nursing facility is located when the individual is determined eligible. The originating eligibility site will send an AP-5615 form to the nursing facility administrator of the new nursing facility showing the date of case closure and the current patient payment at the time of transfer. The following items shall be furnished by the initiating eligibility site to the new eligibility site in hard copy format:
  - 5615 that was sent to the nursing facility indicating the case transfer
  - Identification and citizenship documents
  - The ULTC 100.2

If a Long-Term Care (LTC) case includes a spousal or trust the entire case need to be transferred to the receiveing eligibility site

The expectation for financial cases prior to transferring an existing CBMS case to another eligibility site is that Income and Eligibility Verification System (IEVS) records, discrepancies and claims have been addressed by the previous site as indicated below. IEVS, claims, and discrepancies do not need to be addressed by the transferring eligibility site if the case is to be returned to them after processing.

A case transfer must not be delayed while research of discrepancies and claims is being completed by the transferring site. Cases must be transferred within 3 days of the request.

Access to benefit recovery windows is not tied to the eligibility site case assignment for that case. Therefore, an eligibility site can update discrepancies and claims without having the case assigned to them.

- IEVS: Resolve all IEVS records in the "Search IEVS Discrepancy Reports" CBMS window. Since an automated case comment is generated each time a discrepancy is disposed, with information about the discrepancy dollar amount, disposition reason, and time period, no other documentation in CBMS is required. Additional case comments may be entered to provide further clarification about the IEVS disposition.

Please refer to the CBMS procedure document, *CBMS Income and Eligibility Verification System (IEVS) Processing Guide*, for information and guidance on IEVS.

- **Discrepancies:** Discrepancies are considered potential claims and are identified in the “Display Claim Summary” window by the ‘N’ repayment indicator. Discrepancies that have been created within 6 months of the application date should be identified as being researched valid or researched invalid on the “Display Claim Recovery Detail” window, under the “Claim Status” tab. If the discrepancy was identified as being valid, it should be initiated into a claim by selecting the “Initiate Recoupment” button on the “Display Claim Summary by Case” window.

For guidance on how to initiate collection activity on a discrepancy, please refer to CBMS procedure document, *Administrative Error Claims – Activating Noticing and Collection*.

- **Claims:** All claims are identified in the “Display Claim Summary” window and have a repayment indicator of ‘Y’. The expectation is that all claims are researched for validity and case comments have been entered detailing the reason for the claim. If the receiving eligibility site identifies that a case comment has not been entered, the case should not be returned to the site.

If a client contacts an eligibility site about a claim that was created in a different site and the eligibility site is unable to determine if the change that caused the claim is valid based on CBMS research and case comments, then the other site may be contacted.

## Section 4

### Application Processing by the Incorrect Eligibility Site

If an eligibility site does not notify the correct eligibility site of an application within the timeframes outlined, the site that has incorrectly received the application will be responsible for the timely processing of all programs on the application - except for Colorado Works (CW), Aid to the Needy Disabled (AND), Long-Term Care (LTC) and non medical high level program received by a Medical Assistance site (MA).

CW and AND must be processed in the correct county since CW is 100% county funded and AND is 20% county funded. Since OAP is 100% state funded, there is flexibility in which county can process OAP.

If an individual in need of LTC Medicaid is already active on any Medicaid program, no new application is necessary. These individuals must be processed by the county where they are receiving Medicaid.

MA sites are only authorized to process medical programs and must follow the instructions and timeframes outlined in [Section 1](#). If the transfer was not completed within the timeframes, the request may be escalated to the Department of Health Care Policy and Financing. As a result, an application with AND, CW, or LTC and another HLPG may be processed by two eligibility sites.

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## ***Monitoring of Pending Cases to Transfer***

No program pending for verification shall be transferred from one eligibility site to another. When an incorrect eligibility site processes an application, there may be instances when verification is requested. When verification is requested, the incorrect site is required to hold the application for a certain time period prior to transferring the case to the correct eligibility site. In these instances, the eligibility site will have to establish a process to monitor pending applications to ensure they are transferred to the correct eligibility site in a timely and accurate manner. This process is outlined below under subsection "[Applications without CW, AND or LTC](#)".

## ***Employment First and Workforce Development***

There may be instances when an incorrect eligibility site is processing an application and a member in the home is required to be registered with Employment First (EF). In these situations, the applicant must be informed of the following information during the interview:

- The household member that is required to be work registered
- The correct eligibility site and the address
- Instructions explaining that the other eligibility site will be mailing a letter with an appointment date and time for the EF orientation
- The eligibility site that the case will be transferred to once case processing is complete
- That if the individual misses their appointment without good cause they will be sanctioned and ineligible for Food Assistance (FA)

On the same day of the client's interview the incorrect eligibility site is required to notify the correct site that an applicant needs to be work registered. The correct site will have one business day to mail the appointment letter to the client notifying them of their appointment date and time.

Notifying clients about Workforce Development (WFD) criteria for Colorado Works (CW) during the interview is not required since the correct eligibility site is responsible for processing CW and informing the applicant of the WFD criteria.

For FA and CW, when completing the AI wrap-up process, the EF/WFD button must be selected to ensure proper updates can be made for EF and WFD purposes. If the EF/WFD button is not selected during wrap-up in AI, it can be selected during wrap-up in II.

## Applications without CW, AND, or LTC

For all applications without CW, AND, or LTC, only one eligibility site will be processing the application. When the incorrect site processes an application and requests verification, the incorrect eligibility site must hold the application for a certain time period to ensure the client has an opportunity to provide the verification to the incorrect site.

### ***FA, FM/CHP+, AM, and OAP Applications Pending for Required Verification***

- Only Family Medical (FM) or Adult Medical (AM) is pending for verification:  
The application must be held for 30 days from the date of application or until the case is no longer pending for verifications.

*Example:* Application received 1/1/12. Application was entered and additional verification was requested on 1/3/12 with a due date of 1/17/12. Applicant failed to provide verification, therefore case was denied on 1/24/12. Applicant declared change in county residency. Application must be held until 1/31/12. If the client provides information before 1/31/12, the case will be rescinded, missing verification entered, eligibility re-determined, then transferred.

- FA is pending and FM is not pending:  
The application must be held for 30 days from the date of application. If the FA is denied prior to the 30<sup>th</sup> day for failure to provide verification, the application must be held for a minimum of 30 days .

*Example:* Application received 1/1/12. An interview was completed on 1/4/12. At the time of interview, the household was issued expedite FA with a postpone verification of income due 1/15/12 for a February issuance of benefits. The verification was not received by 1/15/12 so the application was denied on 1/18/12 for failure to provide verification. The 30<sup>th</sup> day falls on 1/31/12 so the application must be held until 1/31/12. On 1/25/12 the verification was submitted and on 1/26/12, the FA case is rescinded and processed. On 1/26/12 the case is transferred to the correct eligibility site.

- If the verification was requested untimely due to an agency caused delay, and this delay caused the due date to fall into the second thirty-day period, then the application must be held until the verification due date.

*Example:* Application received 1/1/12. An interview was completed on 1/4/12. At the time of interview, no verification was requested. On 1/24/12 the agency finds unreported income and requests this verification to be due 2/4/12. Since 2/4/12 is past the 30<sup>th</sup> day, the agency must hold the application until 2/4/12. On 2/3/12 the verification is submitted to the agency and on 2/4/12, the verification is processed back to the date of application; benefits should not be pro-rated. On 2/4/12, the application is transferred to the correct eligibility site.



- FA is approved but verification of expenses was requested:**  
 The application shall be held for the full 30 days from the date of application in case the expense verification is provided within the first 30 days. If the verification was requested untimely due to agency caused delay, causing the due date to fall into the 2<sup>nd</sup> 30 days, then the application must be held until the verification due date.

*Example:* Application received 1/5/12. An interview is completed on 1/6/12, and the application is processed to completion on 1/6/12. The household did not have verification of their rent at the time of interview so benefits were issued without giving a deduction for rent. At the time of the interview, a collateral contact was attempted but was not successful. Verification of rent was requested to be due 1/17/11. The 30<sup>th</sup> day is 2/4/12, so the application must be held until 2/4/12 for verification of rent. On 2/1/12 verification of rent is provided and the deduction is given back to the month of application. On 2/1/12, the case is transferred to the correct eligibility site.
- FA or Old Age Pension (OAP) verification provided after due date and within second 30-day period:**  
 If FA or OAP verification is provided after the verification due date and within the second 30 days, then the incorrect eligibility site will be responsible for processing the verification.
- Missed Interviews for FA and OAP**  
 If a client misses their first scheduled interview, the incorrect eligibility site must hold the application for 60 days. Since the application is good for 60 days, the incorrect site is responsible for completing any rescheduled interview within 60 days of the date of application.

## **Applications with CW, AND, or LTC**

### ***Notifying the Correct Eligibility Site about CW, AND, and LTC Applications***

For applications with CW or AND, the eligibility site that incorrectly receives the application will be responsible for notifying the correct site that an application for CW or AND has been received. A copy of the application and any other documents obtained from the applicant must be faxed or scanned to the correct eligibility site. LTC paperwork may be mailed if the quantity of documents is too large to email or fax to the other eligibility site.

### ***CW, AND, and LTC Only Applications with No Other Programs***

The correct eligibility site will be responsible for processing the application to completion. The correct site completes the interview for financial programs and all CBMS data entry associated with it.

## ***Applications with CW, AND, or LTC and another HPLG***

Applications with CW , AND, or LTC and another HPLG that are received in the wrong eligibility site and not given to the correct site timely require that two eligibility sites process one application; the correct site processes the CW, AND, or LTC and the incorrect site processes all other programs.

The correct eligibility site can choose to process all programs on the application rather than having to split case processing with another site.

### ***Below are instructions on how to complete the application process if two counties process one application.***

#### Interviews

- The incorrect eligibility site will be responsible for completing the interview for all programs since only one interview can be required for CW, FA, OAP, and AND applicants; medical programs do not require an interview. The correct eligibility site may contact the household to clarify information for CW/AND/LTC that may have not been gathered in the interview. There is no requirement that a face-to-face interview is the required interview type for AND, CW, FA, and OAP.

*Example:* Jefferson County receives a FA/FM/CW application on 2.5.12. It is not discovered until 2.9.12 that the application belongs to Arapahoe County. Since the timeframes have lapsed, Jefferson County is responsible for processing the FA and FM, and Arapahoe County is responsible for processing the CW. On 2.9.12, Jefferson informs Arapahoe that a CW application has been received for their county. Jefferson emails a copy of the application and all documents to Arapahoe on 2.9.12 and informs them an interview has been scheduled for 2.11.12.

- Once the incorrect eligibility site has completed the interview, they will inform the correct site of the information that was obtained during the interview that same day. Any documents gathered during the interview shall also be faxed/scanned to the correct site.

*Example:* Following from the previous example, Jefferson County completes a phone interview on 2.11.12. On 2.11.12, Jefferson emails to Arapahoe County a summary of the information obtained during the interview. Arapahoe decides they need to clarify some information pertaining to CW so they call the client for a follow-up.

- If a client misses their interview in the incorrect eligibility site, the application must be held for 60 days according to program regulation.
- Eligibility sites should continue to follow program instructions on the required CBMS action and other required steps that must be completed for missed interviews, such as cancelling expedite benefits for FA applications and mailing the household a Notice of Missed Interview.

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## CBMS Actions

If application processing is split between two eligibility sites, each site should complete the AI for only those programs they are processing. This will ensure that each site has update access in CBMS for the program they are processing.

*Example:* Weld County and Adams County are splitting the case processing for a FA/FM/CW application. Weld is processing FA/FM and Adams is processing CW. Weld completes the AI for FA and FM, and the FA and FM pend to Weld. Adams County completes the AI for CW, and the CW pends to Adams.

See [Section 2](#) for guidance on CBMS case assignment.

To prevent issues that may arise in CBMS from two eligibility sites updating the same windows, it is recommended that the incorrect site complete the data entry on windows that are in common for all programs, such as income and shelter. If CW, AND, or LTC need to request program specific information, such as resources, or update work registration for CW, then those screens may be completed.

If CW, AND, or LTC is ready for approval or denial prior to the other programs, then the correct eligibility site may approve or deny CW or AND while the incorrect eligibility site completes the processing for the other programs.

Until the correct eligibility site is able to update CBMS for CW, AND, or LTC, the program should be maintained as “N – Data Entry Not Complete” on the “Case Wrap Up” window in CBMS in order to ensure that CW, AND and LTC do not close or authorize in batch and remain in pending status.

## Verification Request by the Incorrect Eligibility Site

If the incorrect eligibility site requests verification, then the application must be held for a minimum number of days prior to transferring the CBMS case to the other eligibility site, as explained in Section 4 under subsection “Applications without CW, AND, or LTC”.

A best practice prior to requesting verification is to complete a collateral contact to obtain the information.

## AND Requirements

For AND, the correct eligibility site is responsible for sending the applicant a Med-9, the voucher, and to refer them to SSI. The correct eligibility site should complete these steps as soon as they are notified of the application in order to prevent a delay in processing.

## Section 5

# Ongoing Case Management and Recertification Processing

The informal “60 day rule” that has been developed in absence of a state-wide procedure is no longer the basis for determining how ongoing case transfers are handled. The “60 day rule” provides that a case cannot be transferred to another eligibility site if a recertification (RRR) is due within 60 days. The “60 day rule” will continue to apply only to cases that contain an active Long Term Care (LTC), Adult Medical (AM), or Medicare Savings Program (MSP) high level program group (HLPG).

### Terminology

- **Generated Status:** Referring to a recertification packet that has been mailed to the household.
- **Pending Status:** Referring to a recertification packet that has not been mailed to the household.
- **Originating Eligibility Site:** The eligibility site that is responsible for a household’s ongoing case maintenance prior to a household moving and being transferred to a new eligibility site.

### ***Recertifications Submitted to a New Eligibility Site***

When a household moves in the middle of their certification period, there are instances when the household will submit their recertification packet to the new eligibility site rather than informing the originating eligibility site of the change in address.

If an eligibility site receives a RRR for processing, but CBMS case assignment shows the case is assigned to another eligibility site, then the eligibility site that received the RRR is responsible for processing the case. The RRR must not be sent to the previous eligibility site for processing. Except if the RRR is for a Long-Term Care (LTC), Adult Medical (AM), or Medicare Savings Program (MSP). These need to be sent to the previous eligibility site to process the RRR and then transferred.

If a client is dropping off a RRR in person to the new eligibility site, the client must not be directed to the old eligibility site to submit the RRR.

### ***Households Reapplying in a New Eligibility Site***

If a household’s certification period has expired and the household reappplies in a new eligibility site the month following the last month of the certification period, the application must be accepted and processed by the new site. The applicant cannot be informed to complete a RRR at the previous eligibility site.

If a household submits their RRR to the originating eligibility site before the certification period has expired and subsequently reapplies in the new eligibility site before the recertification is processed, then the date of the recertification must be honored. The new site may process the RRR at the same time the application is processed, honoring the date of the RRR. This does not apply to RRRs for Long-Term Care (LTC), Adult Medical (AM), or Medicare Savings Program (MSP), as RRRs for these programs need to be sent to the previous eligibility site for processing and then transferred.

### ***CBMS Case Transfers***

Prior to transferring an ongoing case to another eligibility site, the ongoing case must be updated to address any unresolved IEVS, discrepancies, and claims as outlined in [Section 3, subsection Preparing Cases for Transfer](#), in addition to processing any unworked changes.

Case transfers must be completed within three days. If a transfer is not completed within three days, the requesting site's designated program manager may escalate the request to the other eligibility site's designated program manager.

The new eligibility site may also choose to pull a case to their site. Eligibility sites that choose to pull a case are responsible for addressing any unworked IEVS, notifying the other site of the pull, requesting from the other site any unworked changes, and processing those changes. The transferring eligibility site remains responsible for researching and documenting discrepancies and claims.

In certain instances it may be more prudent for the new eligibility site to pull a case rather than requesting a case be transferred, such as when a client submits a recertification packet with all verification documents needed to process the recertification and the processing timeframes are approaching.

### ***Change in Address Reported to the New Eligibility Site when the RRR is in Generated Status***

Once a recertification is in Generated Status, the RRR for that program may be processed utilizing the RRR for that program or another acceptable document.

If a household reports a change in address to the new eligibility site on a change report form (CRF) or any other document that can be accepted for an RRR, then the RRR must be processed by the new eligibility site utilizing the document that the household used to report the change of address.

If the household submits their RRR to the originating eligibility site prior to submitting a CRF to the new eligibility site, then the originating site must process the RRR and transfer the case to the new eligibility site when completed.

#### **Change of Address Reported by Phone**

If a change in address is reported to the new eligibility site by phone, then the following steps must be completed:

- 
- Notify the household of the RRR due date and the affected benefit month.
  - Ask the household if they have received the RRR packet. If so, inform the household to submit the packet as soon as possible to the new eligibility site. If the RRR is for Long-Term Care (LTC), Adult Medical (AM), or Medicare Savings Program (MSP), the RRR needs need to be sent to the previous eligibility site to process and then transferred.
  - If the household has not received their RRR packet, then mail another packet to the new address; or inform the household they can come to the office to complete a RRR; or inform them to use PEAK. If PEAK is utilized, the RRR/CRF will be assigned to the county designated in CBMS.

Any required interview should be completed during the phone call, if possible, and any verification that may be needed, such as verification of new shelter costs or income, must be communicated to the client at that time.

### ***Change in Address Reported to the Originating Eligibility Site when the RRR is in Generated Status***

If a household reports a change in address to the originating eligibility site on a CRF or any other document that can be accepted for a RRR, then the RRR must be processed by the originating eligibility site utilizing the document that the household used to report the change of address.

#### **Change of Address Reported by Phone**

If a household reports a change in address by phone to the originating eligibility site and the RRR is in Generated Status, then the following steps must be completed:

- Notify the household of the RRR due date and the affected benefit month.
- Ask the household if they have received their RRR packet. If so, inform the household to submit the packet as soon as possible to the originating eligibility site.

If the household has not received their RRR packet, then mail another packet to the new address; or inform the household they can come to the office to complete a RRR; or inform them to use PEAK. If PEAK is utilized, the RRR/CRF will be assigned to the county designated in CBMS.

Depending upon where the household moved, it may not be possible for the household to make an office visit. As a result, the eligibility site must either mail the household another packet or refer them to PEAK.

Any required interview should be completed during the phone call, if possible, and any verification that may be needed, such as verification of new shelter costs or income, must be communicated to the client at that time.

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### ***Change in Address Reported to the New Eligibility Site when the RRR is in Pending Status***

If a recertification is in Pending Status, then the RRR paperwork has not been mailed to the household, and it is too early to process the RRR.

When a client reports a change in address to the new eligibility site during the certification period, and the RRR is in Pending Status, the new eligibility site is responsible for processing the change.

The new eligibility site should also request verification of the household's new shelter expenses. If the new expenses will increase the food assistance benefit amount, the change shall take affect the month after the expense is verified. If the change will not increase the food assistance benefit amount, the change in shelter expenses must be held until recertification.

### ***Change in Address Reported to the Originating Eligibility Site when RRR is in Pending Status***

If a recertification is in Pending Status, then the RRR paperwork has not been mailed to the household, and it is too early to process the RRR.

If a household reports a change in address on a CRF to the originating eligibility site and the RRR is Pending Status, the following steps must be completed:

- The originating eligibility site must update the address in CBMS to ensure the RRR is mailed to the new address when it is generated by CBMS. When updating the address, EDBC must be run and the case authorized in order for the new address to take effect.
- If verification of new shelter costs is provided, update the shelter costs in CBMS. If the change results in an increase in food assistance benefits, the change will begin the month after the month in which the new expense was verified. If the change results in a decrease in food assistance benefits, the change will not be acted upon until the first month of the next certification period.
- After updating the case and addressing IEVS, discrepancies, claims, and unworked changes, transfer the case to the new eligibility site for ongoing case maintenance.
- Document the transfer in CBMS case comments.

### ***Change in Address Reported by Phone***

If a household reports a change in address by phone to the originating eligibility site, the following steps must be completed:

- Update the address in CBMS to ensure the RRR is mailed to the new address when it is generated by CBMS. When updating the address, EDBC must be run and the case authorized in order for the new address to take effect.

- 
- After updating the case, transfer the case to the new eligibility site for ongoing case maintenance.
  - Document the transfer in CBMS case comments.
  - Inform the household that their case has been or will be transferred.
  - Inform the household of the new eligibility site name and location.
  - Inform the household when their RRR is due and to submit it to their new eligibility site.
  - Inform the household that verification of their new shelter costs will be needed when the household recertifies and to provide the verification with their RRR.

### ***CW or AND Only RRRs***

In many eligibility sites, it is best practice to send the Med-9 to the household when their AND RRR is coming due. If the originating eligibility site receives the completed Med-9, then the originating site should update CBMS with the information provided. If the originating eligibility site has not mailed the Med-9, or has not received it back, then the new eligibility site should provide the client with the Med-9 in order to process the RRR.

For CW, CBMS automatically assigns an acceptable work activity for households that are transferring between eligibility sites. CBMS will auto-populate the county transfer activity (TC) when the worker clicks the “transfer” button on the manage Inter County Transfer screen. TC is a payable work activity. Following the transfer, the new eligibility site will have 30 days to complete the assessment and place the participant in a new activity with an IRC.

*Example:* Worker from old county clicks on the “Transfer button” to complete the inter-county transfer on 5/17/2012. All open WFD plans and activities are end dated for 5/31/2012 in the old eligibility site. The TC work activity is created with an Effective Begin Date of 6/1/2012 and an Effective End Date of 7/2/2012.

If the household has supplied their Monthly Status Report (MSR) to the originating eligibility site, but has not worked the MSR, then the new eligibility site can clear the MSR using the RRR. It is important that the new eligibility site note the date that the old site received the MSR in order to allow the applicable disregards to the households.



## IAT Quick Reference for Applications

### ➤ **Vision**

Facilitate a streamlined and simple process to deliver benefits and services in a timely and customer friendly manner.

### ➤ **Summary of Process** ([Section 1, pages 2-3](#))

If an eligibility site receives an application that does not belong to them, the eligibility site must notify the correct eligibility site within a certain timeframe, send the application and all associated documents to them, and transfer any existing programs in CBMS.

If the timeframes are not met, the incorrect site is responsible for processing the application to completion, except for CW and AF programs; the correct eligibility site must process CW and AF programs. This could lead to two counties processing one application. Refer to [Section 4](#) for how an incorrect county handles processing an application and how to handle cases where two counties are involved in case processing.

### ➤ **Timeframes to Notify and Transfer** ([Section 1, page 2, 4, and 6](#))

<b>PEAK and Walk-In Applications</b>			
<b>If the Application is received:</b>	<b>Notify the Correct Eligibility Site by:</b>	<b>Correct Eligibility Site retrieves the application:</b>	<b>Correct Eligibility Site Retrieves a PEAK Application:</b>
Before 3:00 pm	Same day	Same day	Same day
After 3:00 pm	Noon following business day	Noon following business day	Noon following business day
<b>Mail-In Applications</b>			
The eligibility site has <u>2 business days</u> to notify the correct eligibility site of a mail-in application.			

### ➤ **Responding to Transfer Requests** ([Communication, page 2](#))

All sites are to utilize the eligibility site's designated e-mail address. Eligibility sites have 3 days to respond to a transfer request. If a response is not provided within three days, the requesting site's designated program manager may escalate the request to the other site's designated program manager. Remember to protect client sensitive information and be aware of the address confidentiality program.

### ➤ **Completing the AI Process** ([Section 2, page 6](#))

The eligibility site that is responsible for processing the application completes the AI and II process.

### ➤ **Preparing Cases for Transfer** ([Section 3, page 9](#))

IEVS, claims, and discrepancies must be addressed as part of the case transfer process. Case processing shall not be delayed while research of claims and discrepancies is being completed. Access to benefit recovery windows is not tied to the eligibility site case assignment for that case. Therefore, an eligibility site can update claims and discrepancies without having to have the case assigned to them.

### ➤ **Procedures and Expectations for all Transfer Cases** ([Section 3, page 8](#))

General information on various topics, such as: how to send documents to another eligibility site; verification requests by the incorrect site; and how to handle CW, AND, and LTC programs.

## IAT Quick Reference for Ongoing Case Management and Recertifications

### ➤ **Vision**

Facilitate a streamlined and simple process to deliver benefits and services in a timely and customer friendly manner.

### ➤ **Summary of Process** ([Section 5, page 16](#))

The informal “60 day rule” is no longer the basis for determining how ongoing case transfers are handled. The “60 day rule” provides that a case cannot be transferred to another eligibility site if a recertification (RRR) is due within 60 days. The “60 day rule” will continue to apply only to cases that contain an active Long Term Care (LTC), Adult Medical (AM), or Medicare Savings Program (MSP) high level program group (HLPG).

### ➤ **Responding to Transfer Requests** ([Communication, page 2](#))

All sites are to utilize the eligibility site’s designated e-mail address. Eligibility sites have 3 days to respond to a transfer request. If a response is not provided within three days, the requesting site’s designated program manager may escalate the request to the other site’s designated program manager. Remember to protect client sensitive information and be aware of the address confidentiality program.

### ➤ **Preparing Cases for Transfer** ([Section 3, page 9](#); [Section 5, page 17](#))

IEVS, claims, discrepancies, and unworked changes must be addressed as part of the case transfer process. Case processing shall not be delayed while research of claims and discrepancies is being completed. Access to benefit recovery windows is not tied to the eligibility site case assignment for that case. Therefore, an eligibility site can update claims and discrepancies without having to have the case assigned to them.

### ➤ **Responsibility for Case Processing** ([Section 5, pages 18-20](#))

If RRR is in Generated Status:			
and CRF submitted to:	Then...	and change reported by phone to:	Then...
New Eligibility Site	New site processes CRF as RRR	New Eligibility Site	Household submits RRR to new site for processing
Originating Eligibility Site	Originating site processes CRF as RRR	Originating Eligibility Site	Household submits RRR to originating site for processing
If RRR is in Pending Status:			
and CRF submitted to:	Then...	and change reported by phone to:	Then...
New Eligibility Site	New site processes CRF	New Eligibility Site	New site updates case
Originating Eligibility Site	Originating site processes CRF and transfers case to the new site	Originating Eligibility Site	Originating site updates address and transfers case to the new site