



## Mail Questionnaire

Please be thorough and detailed in your responses. If a question is not relevant to your Site, or if you are unable to answer, please write N/A and provide a brief explanation.

### 1. General Information

- a. Email
- b. Organization Name
- c. Name & Title

### 2. Organizational Makeup

- a. How many eligibility technicians at your site process medical assistance?
- b. How many supervisors at your site supervise technicians that process medical assistance?
- c. Are your eligibility technicians generalists or specialists? Please briefly describe your team structure.
- d. Please tell us about your work management system.
- e. Please describe your medical assistance application workflow process.

### 3. Staffing

- a. Does your eligibility site have an employee human resources hiring guide or employee handbook that demonstrates compliance with the merit based standard requirements?
  - i. Yes
  - ii. No
- b. Please provide a copy of your guide.
- c. Are background checks completed for staff prior to granting access to CBMS?
  - i. Yes
  - ii. No
- d. Do you complete job reference checks for employees that previously worked at another county or eligibility site?
- e. How do you maintain workload when you have position vacancies?
- f. What is your process for delegating eligibility determination to outside agencies/contractors?
- g. What is one thing HCPF could change that would make a positive difference for your eligibility site?



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#### 4. Documentation Request

- a. Please provide a copy of your eligibility site's employee human resources hiring guide or employee handbook that demonstrates compliance with the merit based standard requirements.