

Telephonic Signature Enhancements

County Directors & County IT September 29, 2022



COLORADO Benefits Management System

Health Care Policy & Financing Human Services Office of Information Technology

Implementation Timeline Update

The renewal revamp and end of the PHE necessitate the need for telephonic signature to be in place. HCPF is targeting a <u>March 31</u>, <u>2023 for full compliance</u>.

- By **October 21**, the State needs each county to formalize which option they will implement
- Counties should think about how they will incorporate recording telephonic signatures into their business processes



1) Use the Google Platform with a @state.co.us account

- No additional costs for Option 2 counties apx. \$11/month/user for Option 3 counties
- No storage fees (stored within Google and CBMS)
- 2) NEW! Use your own recording platform
- Based on feedback, new CBMS initiative to allow upload from county recording system into CBMS
- No storage fees (stored within the state administered Hyland Perceptive system)
- This will be implemented in CBMS in the February 2023 build

Outreach

- OIT performed outreach to counties about the 2 options for telephonic signature
 - Option 3 counties provided initial feedback on their preference
 - State Platform/State Google Account or County Recording Platform
- Following today's session each County will be asked to formalize their preference with CBMS OIT by Oct 21



County Records & Uploads Within CBMS

- County uses current recording system (Teams, Zoom, Google Hangouts, etc) to record the telephonic signature
- County uploads to the Signature Screens in CBMS
- County has the ability to download the recording

PROS



- Recordings will be stored within the state administered Hyland Perceptive state content management platform (*unlimited storage)
- No additional financial cost to implement another recording system

 CBMS end users have CBMS up on one screen and county recording system on other screen to record

CONS

 CBMS end users have the additional step of uploading the external recording into CBMS



State User: @state.co.us

| lephone Meeting/Signature | | | 0 C (|
|---|--|--|--|
| Detail | | | |
| *Type | | | |
| State.co User 🗸 🗸 | | | |
| Date | Time | *E-mail | |
| ä | 0 | cdhs_telephonicsignature_user@state.co.us | Calendar |
| Virtual Meeting Details | | | |
| Meeting link | Meeting Phone Number | Meeting ID | Meeting Pin |
| https://meet.google.com/ | () - | | |
| Start Meeting Communication Script | | | |
| Language | | | |
| Englah | e assisting you in completing your application | on by obtaining your recorded verbal agree | ment, also known as a telephonic signature o |
| | nt is being recorded and will be kept on file | | |
| am going to confirm the programs you h | nave applied for and that the information yo | u have provided is correct and accurate. | |
| Please listen carefully. This next part will ta | ake about 3 minutes. | | |
| | | | |

State User: @state.co.us

| This is a summary of your requests: |
|--|
| You are applying for the following programs: (SNAP, Colorado Works Adult Financial, Medical Assistance.) |
| Now I am going to read a list of 8 statements. Please listen carefully to each statement. If you do not understand a statement, please let me know so I can provide additional information. |
| 1. We will send you a copy of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we assume that you agree with everything recorded on the application. |
| 2. With the copy of your completed application, we will include a full description of your Rights and Responsibilities in a section titled "What I Should Know." You agree to review the information and contact your local county office with any questions. |
| 3. You may need to provide proof or verification of your answers to the application questions. By verbally signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits. |
| 4. There are penalties for giving false information or breaking the rules. Information about this is provided in the Rights and Responsibilities section titled "What I Should Know." |
| 5. The local office cannot discriminate on the basis of race, color, national origin, sex, age, disability, religious or political beliefs. Your Civil Rights will be upheld. |
| 6. Your private information will be treated confidentially. |
| 7. If you have a disability, you may request information about your case in a different format. |
| 8. You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits. |

Closing

Thank you for completing the application process. As mentioned, we will be sending you a copy of your application for review and confirmation. Please submit any changes to the Department of Human services within 10 days of receipt. You can find contact information for your local Department of Human Services on the cover letter attached to your application copy.

| Telephonic Signature Completed | Signature captured Select Signature captured | Telephonic Signature Date | |
|--------------------------------|--|---------------------------|------------------------|
| | | | Cancel Save & New Save |

Non-State.co User

| Telephone Meeting/Signature | | | ? C' 🖶 🗙 |
|--|---|--|--|
| Detail | | | |
| *Type Non-State.co User ~ | | | |
| *Date | *Time ③ | *E-mail cdhs_telephonicsignature_user@state.co.us | Calendar |
| Virtual Meeting Details Meeting link | Meeting Phone Number | Meeting ID | Meeting Pin |
| Start Meeting Communication Script | | | |
| - | be assisting you in completing your applications the second second second second second second second second se | | ment, also known as a telephonic signature or nation that your application is complete. |
| I am going to confirm the programs you | have applied for and that the information yo | u have provided is correct and accurate. | |
| Please listen carefully. This next part will t | ake about 3 minutes. | | |
| | | | Cancel Save & New Save |

Non-State.co User

Your recorded verbal agreement regarding this application for benefits will be treated just like a written signature by the [County Name] Department of Human/Social Services.

NOTE FOR EMPLOYEE READING SCRIPT: FOR THE FOLLOWING QUESTIONS, THE APPLICANT WILL NEED TO ANSWER YES OR NO. "YEAH," "SURE," "OKAY," ETC. CANNOT BE ACCEPTED.

- Do you certify, under penalty of law and perjury, that you understand the statements I just read to you, and that your answers to your application are correct and complete to the best of your knowledge?
- · Would you like to sign this application over the phone?

NOTE FOR EMPLOYEE READING SCRIPT: THE APPLICANT MUST CONFIRM (STATE "YES") TO BOTH QUESTIONS ABOVE IN ORDER FOR THE SIGNATURE TO BE ACCEPTED AND THE APPLICATION TO BE COMPLETE.

• Please state your full legal name, today's date, and the current time.

<u>Closing</u>

Thank you for completing the application process. As mentioned, we will be sending you a copy of your application for review and confirmation. Please submit any changes to the Department of Human services within 10 days of receipt. You can find contact information for your local Department of Human Services on the cover letter attached to your application copy.

| Telephonic Signature Completed Ves No | Signature captured | Telephonic Signature Date | |
|---------------------------------------|----------------------------------|---------------------------|------------------------|
| | Select Signature captured \lor | 苗 | |
| Upload | | | -4 |
| <u>-</u> | | | |
| | | | Cancel Save & New Save |

*New View- list telephonic signature recordings saved to State platform (Hylands Perceptive System)

| COLORADO Mente Management System CBMS Home WD/EF Home Search Application V Incc | All ▼ Q. Search omplete Applications ∨ Case ∨ Benefits County House Follo | w Up Activities System Functions Security Information | ✓ Profiles ✓ Caseload Profiles ✓ Offices ✓ Unit: | Image: Second control of the second control of th |
|---|---|---|--|---|
| | | 9/26/2022, 12:32 PM- | nairiaxinx - state of colorado 💼 👼 🔇 🌪 🗓 🕄 | ? C' Q 🔿 🛱 🖶 🛱 |
| Telephonic Application Telepho Telephonic Signature | | | | |
| Search Criteria | | | | |
| Case ID | CBMS Application ID | Telephonic App Tracking # | | |
| | | 2 | | |
| Individual Name | Telephonic signature date | Telephonic signature link | | |
| ٩ | | | Search | |
| | | | | |
| | No of records = 1 / Page 1 of 1 | | ✓ Google Telephonic Recording | 0 |
| | | | Name File Id | Created Date |
| Case # Application # Telephonic Tra | acking # Date Time | Meeting Url | | · |
| 1B0Z190 11296786 2 | 04/04/2022 12:41 | https://meet.google.com/wfg-u 💿 🧪 | | View File |
| | | | ✓ Hylands Telephonic Recording | 0 |
| Detail | | | Name File Id | Created Date |
| Type of Appointment | | | | |
| Telephonic Application | | | L | |
| *Time | E-mail | Calendar | | View File |
| 04/04/2022 📸 12:41 PM | Cdhs_telephonicsignature_user@state.co.us | | Т | |
| Virtual Meeting Details | | | / | |
| Meeting link Meeting Phone Number | Meeting ID | Meeting Pin | / | |
| https://meet.google.com/wfg-uyok-ixs (563)293-5152 | 8mi20fplelevof4gpvbvbbp284 | 935287315 | / | |
| Telephonic Signature Completed *Signature captured | Telephonic Signature Date | | | |
| Yes No Google Meet | ✓ 04/04/2022 | Start Meeting | | |
| | | / | | |
| | | / | | |



- Accepting a few counties to be part of pilot/testing the CBMS functionality. Any volunteers?
- Contact Joetta Fisher by no later than October 21st to formalize your county's option
- Start thinking about and documenting incorporation of telephonic signature within your business processes





