

# HCPF 2012 Medicaid Buy-In Program for Children with Disabilities (CBwD) Manual

CBMS Project 1944

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**NOTE:** Hyperlinks are located within the document to help navigate to the referenced sections.

- All sections within the Table of Contents will navigate to the appropriate page
- Within the content of this document, colored words are **Hyperlinked**

## Revision History

Date	Version	Description
06/06/2012	1.0	Initial version
08/01/2012	2.0	<p>Updated the following sections based on feedback from trainings in June 2012:</p> <ul style="list-style-type: none"> <li>• Manual Definitions Section: Updated to include waiver definitions.</li> <li>• Section 3: Added in policy 8.100.6.Q.1.e and 8.100.6.Q.f.iii</li> <li>• Section 4: Clarified information regarding eligibility within CHP+ and switching to CBwD</li> <li>• Section 4: Inserted information regarding screening for eligibility for SSI or LTC</li> <li>• Section 5: Updated income sources used to determine disability for a child</li> <li>• Section 5: Updated screenshots to reflect notes and correct section of verification checklist</li> <li>• Section 5: Included sample approval for a disability determination from the State Disability Contractor</li> <li>• Section 5: Updated data entry instructions for capturing diary date</li> <li>• Section 6: Updated Scenario 5 to include screenshots for switching a child from CHP+ to CBwD</li> <li>• Section 13: Updated to include report “Potentially eligible for another Medical HLPG”</li> </ul>

## Manual Definitions

1. **Children’s Home and Community Based Services waiver (HCBS - CHCBS)** – A waiver for children birth through age 17 with severe disabilities and/or medical need at risk of a nursing facility or hospital placement and who are ineligible for Medicaid due to excess parental income and/or resources.
2. **Children’s Habilitation Residential Program waiver (HCBS - CHRP)** – A waiver for children birth to age eighteen (18) to provide residential services to children and youth in foster care that have a developmental disability and have extraordinary needs. The child must be at risk for institutionalization.
3. **Disability Determination** – The child has a physical or mental impairment (or combination of impairments) that causes marked and severe functional limitations; and has lasted or is expected to last for at least 12 consecutive months, or to result in death. The child is not working at a job and doing substantial work.
4. **Family Medicaid (FM)** – A Medicaid High Level Program Group for children under age 19 and for parents with Medicaid eligible children.
5. **High Level Program Group (HLPG)** - General category for processing eligibility for public assistance programs, e.g. Adult Medical, Family Medical, Adult Financial, and Colorado Works.
6. **Medicaid Buy-In Program for Children with Disabilities (CBwD)** - A Medicaid category within the FM HLPG for individuals age 18 and under who have been determined disabled and meet all other eligibility criteria. This program is referred to as “Children’s Buy-In.”
7. **Medicaid Buy-In for Working Adults with Disabilities (WAwD)** – A Medicaid category within the AM HLPG for individuals age 16 through 64 who are employed, have been determined disabled and meet all other eligibility criteria.
8. **Monthly Premium** – Families will be required to pay monthly premiums on a sliding scale based on household size and income.
9. **State Authorized Agency (SAA)** – The State Disability Contractor that assesses the client and determines if they meet the disability requirement.
10. **State Eligibility and Enrollment Vendor** – The vendor that manages Family Medical programs and AwDC. They also manage the premiums for WAwD and CBwD.
11. **Termination Date** – The date on which a premium is 60 days past due and the client’s benefits are terminated if payment is not paid in full.

## Section 1: Introduction

### Introduction

Effective July 1<sup>st</sup>, 2012, medical coverage will expand through the CBwD to include children under age 19, who have been determined disabled, either by the state vendor or by SSA, and meet all other eligibility criteria.

This document is the Policy and Procedures manual to be used by all eligibility sites. It includes all information needed for sites to complete FM eligibility determination for CBwD using the Colorado Benefits Management System (CBMS).

As updates are made to the CBwD program, this manual will be updated. In these instances, the Colorado Department of Health Care Policy and Financing (HCPF) will be responsible for providing eligibility sites with the updated information in a timely manner.

Please be aware this manual provides information on determining eligibility for CBwD. It does not discuss or include in-depth Medicaid or Child Health Plan *Plus* (CHP+) rules or descriptions.

Other training materials and agency letters located on the HCPF website are still applicable and should be applied when completing FM eligibility determination for CBwD using the CBMS. These training materials can be found within at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Partners & Researchers > County and Medical Assistance site > Training and Reference Documents > Training Topics.

HCPF requires all eligibility sites to follow the guidelines described in this manual.

Your cooperation in this effort will assure all FM applicants who may be eligible for CBwD are treated equally and their applications for health care are handled accurately and efficiently.

Any questions or comments regarding this manual should be directed to HCPF at [medicaid.eligibility@hcpf.state.co.us](mailto:medicaid.eligibility@hcpf.state.co.us).

## Section 2: General Information

### What is the CBwD Program?

The CBwD allows families who make too much to qualify for SSI or Family Medicaid to “buy” Medicaid coverage for their child with a disability by paying a monthly premium based on their family’s income.

This opportunity was authorized by the Colorado Health Care Affordability Act House Bill 09-1293 signed by Governor Bill Ritter on April 21, 2009. The buy-in program will also fulfill the Family Opportunity Act passed as part of the Deficit Reduction Act (DRA) of 2005.

### Who is eligible?

To be eligible, individuals must be under age 19 and be determined to be disabled. A disability for this program is defined as meeting the SSA disability criteria.

### How can families apply?

Families may complete the “Application for Public Assistance,” the “Application for Medical Assistance,” or the “Program Eligibility and Application Kit” (PEAK) online to apply for Medicaid benefits.

Families may apply for child(ren) at any Certified Application Assistance Site (CAAS), Medical Assistance (MA) site, County Department of human/social services, by using PEAK online or by mailing the Application for Medical Assistance to the State Eligibility and Enrollment vendor.

Please search for local CAAS sites, MA sites, and/or County department of human/social services at [Colorado Department of Health Care Policy and Financing | Application Assistance Mapping](#).

Individuals can apply online for benefits at [Program Eligibility and Application Kit](#).

Individuals can mail applications to the State Eligibility and Enrollment vendor at:

**Colorado Medical Assistance Program, PO Box 929, Denver, CO 80201-0929**

### What verifications will be needed when an individual applies?

When an individual applies, the SSA Interface shall be accepted as proof of citizenship and identity and should be used prior to requesting documentary evidence from applicants/client.

Identity may also be verified and accepted through the Department of Motor Vehicles (DMV) Interface. An automated response from DMV confirms that the data submitted is consistent with DMV data for identity verification requirements. No further action is required for the individual and no additional documentation of identity is required.

Earned income may be self-declared by an individual and verified by the Income and Eligibility Verification System (IEVS). Individuals who provide self-declaration of earned income must also provide a Social Security Number for wage verification purposes.

In addition, the following verifications should be provided if applicable:

- Non-citizen documents
- Pregnancy
- Other Health Coverage information

## How is disability determined?

To be eligible for this program, applicants must be determined disabled. Disability Determination for CBwD uses the same criteria as the Social Security Administration (SSA). If an individual has not been determined to be disabled by the SSA, which most children will not, they must complete a Medicaid Disability Application. Additional details regarding the Disability Determination within CBMS can be located in [Section 5: Disability Determination](#).

## Who will manage the ongoing CBMS case?

The ongoing case will be managed by the eligibility site that authorizes CBwD. However, the State Eligibility and Enrollment Vendor will manage the premium payments for CBwD.

## How is the monthly premium amount determined?

Premiums are based on the family's income. The table below lists projected monthly premiums by income and Federal Poverty Level (FPL).

FPL	Monthly Premium
0 - 133%	\$0
134 - 185%	\$70
186 - 250%	\$90
251 - 300%	\$120

## How are the premiums managed?

The premiums are managed through CBMS and through processes established with the State Eligibility and Enrollment Vendor. Additional details on the management of premiums through CBMS can be located in [Section 8: Premiums](#).

## How often are the premiums due?

The premiums are due every month. Premium letters are sent out on the 23<sup>rd</sup> of every month with a due date of the 15<sup>th</sup> the following month. Failure to pay premiums on time will result in termination of benefits on the last day of the month in which they become 60 days past due. If a full payment is made prior to this termination date, they will not be terminated.

Example:

- Case authorized on 8/06/2012
- Premium owed is \$70
- Premium letter is sent on 8/23/2012 with a due date of 9/15/2012
- Failure to pay \$70 by 11/15/2012 (60 days past due) will result in termination

## **What benefits will individuals receive?**

Individuals enrolled in CBwD will receive Regular Medicaid services. Some included benefits are: office visits, hospitalizations, x-rays, home health services, durable medical equipment and prescription medications. For full information on Medicaid benefits, clients should contact Medicaid Customer Service at 1-800-221-3943 or at (303) 866-3513 in the Denver Metro area. A Medicaid Benefits fact sheet can also be found at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Clients & Applicants > Benefits.

## **Other Frequently Asked Questions**

Additional Frequently Asked Questions can be located at [www.colorado.gov/hcpf/medicaidbuyinprograms](http://www.colorado.gov/hcpf/medicaidbuyinprograms) > Children's Buy-In > Children's Buy-In Frequently Asked Questions.

## Section 3: Policy Overview

### Background

**8.100.3** – Outlines the general Medicaid eligibility requirements that are also applicable for CBwD.

Specific eligibility rules for CBwD are provided in the following sections.

### Eligibility

**8.100.3.F.1.N** – Identifies persons with a disability who are under age 19, with family income less than or equal to 300% of FPL after income disregards, regardless of resources.

**8.100.6.Q** – Eligibility requirements specific to CBwD can be found within this section. Effective date of eligibility for clients on CBwD is the beginning of the month of the application date.

**8.100.6.Q.1.e** - Children age 16 through 18 cannot be employed. If employed, children age 16 through 18 shall be determined for eligibility through the Medicaid Buy-In Program for Working Adults with Disabilities.

### Verifications

**8.100.3.H.9.c** – Includes citizenship and identity documentation requirements for CBwD within the reasonable opportunity period of 70 calendar days.

**8.100.6.Q.3 and 8.100.4.B** – Outlines the minimum verification requirements for Family and Children’s Medical Assistance, which includes CBwD.

### Income

**8.100.3.K** – Provides the general requirements regarding consideration of income.

**8.100.3.L** – Outlines the Family and Children’s Medical Assistance general income exemptions, which also applies to CBwD.

**8.100.6.Q.1.b** – Identifies that the family’s income must be less than or equal to 300% FPL after income disregards.

### Income Disregard

**8.100.4.E** – Identifies the Family and Children’s Medical Assistance disregards which are also applicable to CBwD.

### Buy-In Disregard

**8.100.6.Q.1.b.iv.1** - An additional disregard of a 33% (.3333) reduction will be applied to the household’s net income (after the disregards in 8.100.4.E have been applied).

### Disability

**8.100.5.A.b** – Establishes that a disability can be met with a determination from the Social Security Administration criteria for disability.

## **Resources**

**8.100.3.M.1**, **8.100.5.M.1** and **8.100.6.Q.c** – Outlines that resources are **not** counted in determining eligibility for CBwD.

## **Retroactive Medical Assistance Coverage**

**8.100.6.Q.2** – Outlines that retroactive Medical Assistance coverage is available according to 8.100.3.E, however is not available prior to July 1, 2012.

## **Premiums**

**8.100.6.Q.f** – Indicates that a sliding scale based on income will be used to determine the required monthly premium amount that a family will pay for CBwD.

**8.100.6.Q.f.ii** – Indicates premium amounts are waived for the month of eligibility and any retroactive period.

**8.100.6.Q.f.iii** – Indicates that the total premium amount for households with two or more children shall be the amount of one eligible child.

**8.100.6.Q.f.vi** – Indicates a change in income may cause a change in the monthly premiums due. Failure to pay the full premium within 60 days of the due date will result in termination of benefits.

## **Redetermination**

**8.100.3.Q** – Provides the requirement of a redetermination to occur every 12 months or when a client's circumstances change.

## **Complete Listing of Program Rules**

The complete listing of program rules can be found at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Program Rules and Regulations within the “Quick Links” section.

## Section 4: Eligibility Determination

This section will provide specific eligibility determination information that pertains to CBwD.

### Eligibility Criteria

CBwD will always have an Effective Begin Date as the first day of the application month. If Retro-Medicaid is requested, the Effective Begin Date will be the first day of the requested retro month in which they are determined eligible. The Effective End Date will always be the last day of the month.

CBMS will:

- Deny an individual the last day of the month he/she turns 19 years of age
- Deny an individual if he/she does not have a disability determination
- Deny an individual if he/she is between the age of 16 and under age 19 AND employed
  - These individuals will be determined for eligibility within the WAwD program
- Deny an individual if he/she is receiving Medicaid benefits on another case
- Deny an individual that is on regular CHP+ or a CHP+ guarantee program.
  - Individuals are eligible to switch from regular CHP+ to the Children’s Buy-In. However this will not occur automatically within CBMS. Eligibility workers will need to manually close down the CHP+ case when a client requests to be determined within the Children’s Buy-In. Please refer to [Section 6: Scenario 5 Child on CHP+ and requests eligibility for CBwD](#) for details on closing CHP+ for an individual.
  - Individuals are not eligible to switch from a CHP+ guarantee program to the Children’s Buy-In until the end of the CHP+ guarantee period.
- Discontinue an individual from the following medical programs if he/she is eligible to CBwD:
  - MSP – SLMB and QI-1
  - LIS

Note: QMB cases will not be closed

CBMS will pend, deny or discontinue a client within CBwD using common existing FM non-financial eligibility logic. Examples are listed below:

PEND FOR:	DENY/DISCONTINUE FOR:
Help Desk Ticket	Not having a valid SSN
Awaiting Medical Verifications	Whereabouts unknown
Case Not Complete	Client not requesting Aid
State ID	Receiving Medicaid in another state
SAVE	Not being a Colorado resident
The required member cannot be designated as ancillary	HOH incarceration/death
INS Documentation & data entry entered	Being on a CHP+ program
Non-Citizen Date of Entry field is null or has a future date	DRA-8 Validations (Citizenship & Identity)

### **Eligibility for another HPLG**

Individuals will go through a “mini-screening” in CBMS to determine if they are potentially eligible for SSI or LTC (HCBS CHCBS or HCBS CHRP). Individuals who are less than 19 years including the month he/she turns 19 and are potentially eligible for SSI or LTC will fail within CBwD.

- Informational NOA “Individual removed, receiving SSI” will be set if the client is potentially eligible for SSI.
- Informational NOA “Client is potentially eligible for LTC” will be set if the client is potentially eligible for LTC benefit.

### **Household Determination**

The CBwD household is determined according to the FM logic. This may include the following:

- Head of Household (HOH)
- Spouse
- Dependent children under 19 years of age
- Unborn
- Caretaker relative
  - Any relation by blood, marriage or adoption who is within the 5th degree of kinship to a dependent child

### **Household Notes**

- Individuals age 18 through 19 years and one month may be determined for eligibility within CBwD on their own case if they are not eligible for other FM categories.
- The household will fail in CBwD if anybody in the household is on WAwD within the same case. This will allow children to have CBwD eligibility on their own case. The worker will be notified through an informational NOA to create a new case that will not be sent to the client.

### **Income Criteria**

The household income limit for CBwD is **300% of the FPL**.

The established earned and unearned income disregards for the other categories under the FM HPLG are also applicable to CBwD. In addition, a 33% “Buy-In Disregard” applies after allowing the standard disregards.

The FPL for the household’s income is calculated within CBMS. FPL calculations are based on the family’s net income that results after disregards and divided by the current 100% of the FPL limit (\$931 for 2012) and then multiplied by 100 to determine the current FPL. The result (using the whole number only) will determine if the client is eligible and the applicable premium category.

Example: Family of three (Father, Mother and Child < 2-years old). Father has earned income of \$4,200 and pays \$400 monthly for dependent care.

Household's net income after standard disregards =	\$3,910 per month
The "Buy-In Disregard" (33% of \$3910) =	\$1,290.30
<b>Total net countable income for the household =</b>	<b>\$2,619.70</b>
Divide by 100% FPL for household of three (\$1591) =	1.646
Multiply by 100 =	164.6%
Applied FPL =	164% (whole number only)
<b>Household's monthly premium =</b>	<b>\$70 per month</b>

### Resource Criteria

There is **no** resource limit for CBwD. CBMS will **not** include resources in the eligibility determination for CBwD.

### Disability Determination

The established Disability Determination will also be acceptable for CBwD. For additional details on disability, please see: [Section 5: Disability Determination](#).

### Effective Begin Date of Benefits

CBwD will have an effective begin date of the first day of the application month.

### FM Verification Checklist (VCL)

A FM case will pend for missing verifications for 15 business days.

### Retroactive Medical Assistance Coverage

Retroactive Medical Assistance coverage is available for CBwD. This coverage is not available prior to the program implementation date.

### Redetermination

Annual redetermination (RRR) will follow the current FM logic. CBMS identifies when an annual redetermination will be required for a FM household with CBwD. The automatic re-enrollment and ex-parte processes established for Medicaid will apply for CBwD.

## Section 5: Disability Determination

Children eligible for benefits within CBwD must meet Medicaid disability criteria. This can be met with a determination from SSA or from the State Disability Contractor.

### Process for Establishing Disability

Upon receiving an application, if it is indicated that a child is disabled, the child's situation should be assessed by the State Disability Contractor to determine if they meet SSA's disability criteria.

### Currently Disabled

Children who are currently disabled will be considered as having met Medicaid disability criteria. These clients may be receiving unearned income from one of the following sources:

- 1) Supplemental Security Income (SSI)
- 2) Social Security Disability (SSDI)

Following is an example of an unearned income record that will be considered as having met Medicaid disability criteria.

The screenshot shows a software interface for 'Unearned Income'. The title bar includes a search box and an 'Add' button. The main area is titled 'Detail' and contains the following fields:

<b>* Effective Begin Date:</b> 07/24/2011	<b>Effective End Date:</b> MM/DD/YYYY	
<b>EED Verification:</b> [Dropdown]	<b>EED Source:</b> [Dropdown]	
<b>* Type:</b> Social Security Disabi	<b>* Frequency:</b> Monthly	<b>Income Source:</b> [Dropdown]
<b>Application Date:</b> MM/DD/YYYY	<b>Approval Date:</b> MM/DD/YYYY	<b>Application/Approval Status:</b> [Dropdown]
<b>* Claim #:</b> 123456A	<b>* Verification:</b> Received.	<b>* Source:</b> Award Letter
<b>* Date Reported:</b> 10/24/2011	<b>* Date Verified:</b> 10/24/2011	

These clients may also be previously approved for a full determination by the State Disability Contractor as displayed in the following screenshot.

The screenshot shows a web browser window titled "Disability Determination". The browser's address bar is empty. The page content is a form with the following fields:

<b>* Effective Begin Date:</b> 03/01/2012	<b>Effective End Date:</b> MM/DD/YYYY	
<b>Status:</b> Approved	<b>Status Reason:</b> 	<b>Status Reason Date:</b> MM/DD/YYYY
<b>Result:</b> Disabled	<b>* Verification:</b> Received.	<b>* Source:</b> Authorized Disability

### No Previous Disability Determination

Individuals who were not previously determined disabled will need to complete a Medicaid Disability Application. The Medicaid Disability Application and the State Disability Contractor release forms **are not sent** through CBMS as an attachment. Therefore, these need to be manually sent to the family.

To pend and allow time for the return of the disability application and associated documents for a child, the **Medical Conditions** page and the **Disability Determination** page need to be updated as follows:

1) **Medical Conditions** page

- a. Enter the **Effective Begin Date** as either the application date or retro date
- b. Select **Able to Work** as “No”
- c. Select the **Disability Type** from the drop-down menu as “Permanent”
- d. Enter the **Begin Date** the disability started
- e. Enter the **Date Reported**

The screenshot shows the 'Medical Conditions' form with the following fields circled in red:

- Effective Begin Date:** 02/05/2012
- Able to Work:** No (selected)
- Disability Type:** Permanent
- Begin Date:** 01/01/2011
- Date Reported:** 02/05/2012

Other visible fields include: Effective End Date (MM/DD/YYYY), AD Verification, EED Source, Percent of Disability, End Date (MM/DD/YYYY), Type of Work Restriction, Re-exam Date (MM/DD/YYYY), Work Limitation, Work Experience, Verification, and Source.

- 2) **Disability Determination** page
  - a. Enter the **Effective Begin Date**
  - b. Enter the **Status** field as “Pending”
  - c. Enter the **Result** field as “Disabled”
  - d. Enter the **Verification** field as “Not Received”

The screenshot shows the 'Disability Determination' form. The following fields are highlighted with red circles:

- Effective Begin Date:** 02/05/2012
- Status:** Pending
- Result:** Disabled
- \* Verification:** Not Received.

- 3) **Verification Checklist** page
  - a. Enter notes within the **User Notes** section (notes will be populated on the verification checklist).

This data will cause the child to pend for 10 business days and deny after 15 business days.

The screenshot shows the 'Verification Checklist' page. It includes a table with the following data:

Name	Item Description	Due Date	Program Group	Aid Code
	Disability	08/01/2012	Family Medical Assistance	1931

Below the table is a button labeled 'Initiate Verification Queue'. The 'Notes' section contains a 'User Notes' text area with the following text:

Please provide a completed disability application and release forms. These will be mailed separately.

Current Size = 102 characters (250 characters max.)

If the Medicaid Disability Application and the release forms are not provided, the child will be denied for not providing the information.

If the Medicaid Disability Application is provided, the eligibility site is responsible for forwarding such application to State Disability Contractor to determine if the child meets Medicaid disability criteria.

For additional information and details on submitting the Disability Determination Application, go to [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) and refer to the [General Aged, Blind and Disabled Medical Assistance Desk Reference Guide](#). This guide will also provide a link to obtain a copy of the Medicaid Disability Application and the State Disability Contractor release forms needed to complete the disability assessment. The application and the forms can be located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Clients & Applicants > Applications.

The State Disability Contractor has up to 70 days to assess a client for a disability. The individual should not be denied during this time period. Within CBMS, the application should be pending using the following procedure:

- 1) **Verification Checklist** page
  - a. Navigate to the **Good Faith Summary** section
    - i. Select the child's name
    - ii. Enter a date in the **Begin Date** field
    - iii. Enter detailed comments in the **Notes** field regarding pending for a Disability Determination by the State Disability contractor

The screenshot displays the 'Verification Checklist' interface. At the top, there is a search bar. Below it is the 'Good Faith Summary' section, which contains a table with the following columns: Name, Begin Date, and End Date. The 'Begin Date' column has the value '07/01/2012'. Below the table is the 'Detail' section, which includes fields for Name, Begin Date (07/01/2012), and End Date (MM/DD/YYYY). There is also an 'Add' button and a search icon. The 'Notes' field contains the text: 'Received completed Medicaid Disability Application. Pending for State Disability Contractor to assess and provide the disability determination.' The current size of the notes is 144 characters, with a maximum of 255 characters allowed.

## Disability Determination from Contractor

The State Disability Contractor will assess the Disability Determination for the child. The State Disability Contractor will provide the currently established determination form if the child is determined disabled using the SSA criteria. Upon receipt of this determination, CBMS needs to be updated for the child to pass the Disability Determination criteria.

## Disability Determination Approval

Once a child is approved for disability by the State Disability Contractor, an approved disability determination notice will be provided:

<b>STATE OF COLORADO, DEPARTMENT OF HEALTH CARE POLICY AND FINANCING</b> <b>Arbor E&amp;T, LLC</b> <b>dba Action Review Group</b> <b>PO Box 340</b> <b>Olyphant PA 18447</b> <b>(877) 265-1864, Fax: (877) 672-2077, email: ActionReviewGroupMRT@arboret.com</b>		
06/04/2012	<b>RATIONALE FOR DECISION FORM</b>	ARG File No:
<b>**Approved Disability Determination**</b>		
1. NAME: _____	DOB: _____	2. SSN: _____
3. _____ Claimant is working in competitive substantial gainful employment		
4. _____ Claimant is not working in competitive substantial gainful employment		
5. Claimant's Impairments		
6. This claim is adjudicated using <i>Check one or more as applicable</i>		
_____ Medical Evidence of Record		
_____ Consultative Examination(s)		
_____ School Records		
_____ Lay Evidence (ADL, Pain, Seizure)		
_____ Other Evidence as Described Below		
_____ Physician/Psychologist Review -- see attached		
7. Rationale <i>Briefly explain the pertinent facts of the case leading to the determination</i>		

STATE OF COLORADO, DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

Arbor E&T, LLC  
dba Action Review Group  
PO Box 340  
Olyphant PA 18447

(877) 265-1864, Fax: (877) 672-2077, email: ActionReviewGroupMRT@arboret.com

06/04/2012

RATIONALE FOR DECISION FORM

ARG File No:

**\*\*Approved Disability Determination\*\***

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

8. Determination

- \_\_\_\_\_ The impairment is Not Severe, Claim is Denied.  
*Claim is denied. Move To Section 14.*  
\_\_\_\_\_ Insufficient Evidence furnished. Claim is Denied.  
*Claim is denied. Move To Section 14.*  
\_\_\_\_\_ The Impairment is of Listing Level Severity:

9. \_\_\_\_\_ The Impairment is Severe and an RFC Applies *Sedentary/Light/Medium/Non-Exertional (Explain)*  
*Complete Sections 10 and 11*

10. Vocational Factors

Age \_\_\_\_\_ Education \_\_\_\_\_ Work Experience \_\_\_\_\_ Literacy In English Y  N \_\_\_\_\_  
*Describe any special considerations, e.g. sheltered work, special education, remote work history, unsuccessful work attempts, etc.*

11. BASED ON THE INFORMATION ABOVE, CLAIMANT CAN \_\_\_\_\_ CANNOT \_\_\_\_\_ N/A \_\_\_\_\_  
PERFORM PAST RELEVANT WORK.

*If claimant can do PRW, claim is denied. Move to Section 14. If claimant cannot do PRW, complete Medical/Vocational section below, using the Medical/Vocational tables.*

VOCATIONAL RULE

DIRECTS A FINDING OF DISABLED \_\_\_\_\_ NOT DISABLED \_\_\_\_\_  
FRAMEWORK APPLIES, EXPLAINED ABOVE \_\_\_\_\_

12. ONSET DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ DIARY DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ (ALLOWANCES ONLY)

13. RETROACTIVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

*Medical improvement expected is generally one year from onset: Medical improvement possible is generally three years from onset: Medical improvement not expected is generally seven years from onset. If the onset date is such that significantly shorter diary date should apply, the diary date can be set beginning with the first of the current month*

14. DECISION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

Upon receipt of the approval, the **Medical Conditions** page shall be updated to populate the diary date within the **Re-exam Date** field.

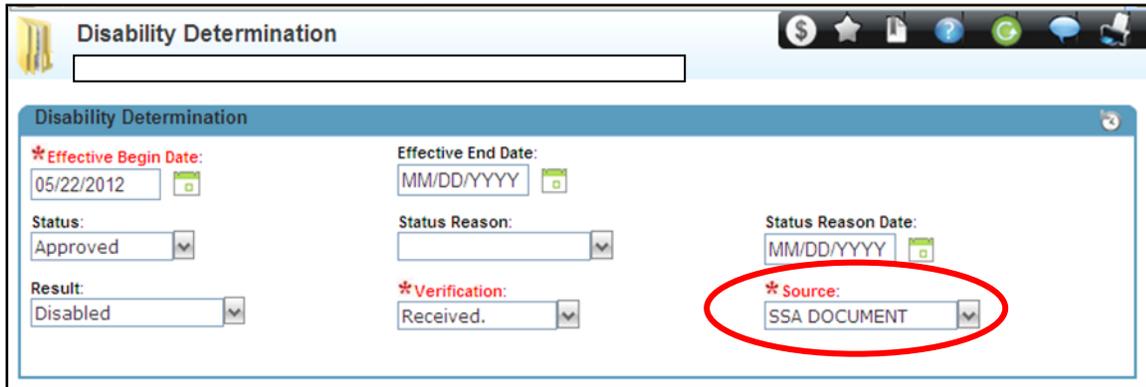
The screenshot shows the 'Medical Conditions' form. The 'Detail' section contains several fields. The 'Re-exam Date' field is circled in red and contains the date '12/31/2013'. Other fields include 'Effective Begin Date' (02/05/2012), 'Effective End Date' (MM/DD/YYYY), 'EED Verification', 'EED Source', 'Ability to Work' (Yes/No), 'Disability Type' (Permanent), 'Percent of Disability', 'Begin Date' (01/01/2011), 'End Date' (MM/DD/YYYY), 'Work Restriction' (Type of Work Restriction), 'Social Factors' (Work Limitation, Work Experience, Verification), 'Source', 'Date Reported' (02/05/2012), and 'Date Verified' (MM/DD/YYYY). The bottom navigation bar includes 'Treatment and ADAD', 'Disability Determination', 'Diagnosis', and 'SSI'.

- 1) Within the **Disability Determination** page, the following shall be updated:
  - a. Update the **Status** field from “Pending” to “Approved”
  - b. Update the **Verification** field from “Not Received” to “Received”
  - c. Enter the **Source** field as “Authorized Disability Determination Svc Agency”

The screenshot shows the 'Disability Determination' form. The 'Status' field is circled in red and contains 'Approved'. The 'Verification' field is circled in red and contains 'Received.'. The 'Source' field is circled in red and contains 'Authorized Disability'. Other fields include 'Effective Begin Date' (03/01/2012), 'Effective End Date' (MM/DD/YYYY), 'Status Reason', 'Status Reason Date' (MM/DD/YYYY), 'Result' (Disabled), and 'Date Reported' (02/05/2012). The bottom navigation bar includes 'Treatment and ADAD', 'Disability Determination', 'Diagnosis', and 'SSI'.

## Individuals No Longer Eligible for SSI who Still Meet Disability Criteria

Individuals who are discontinued from SSI for any reason other than disability may be eligible for CBWD. These individuals need to provide a copy of their discontinuance notice received from SSA showing their reason for discontinuance and their diary date. If a copy of the discontinuance notice is not available, a phone call may be made to SSA to verify the discontinuance and their diary date. If their diary date is greater than the current date, complete the **Disability Determination** page and select **SSA Document** as the source.



The screenshot shows a web-based form titled "Disability Determination". The form contains several fields:

- Effective Begin Date:** 05/22/2012
- Effective End Date:** MM/DD/YYYY
- Status:** Approved
- Status Reason:** (empty dropdown)
- Status Reason Date:** MM/DD/YYYY
- Result:** Disabled
- \* Verification:** Received.
- \* Source:** SSA DOCUMENT (circled in red)

Detailed case comments will need to be included and a reminder will need to be established within eligibility sites' business process to send a Medicaid Disability Application and release forms for completion prior to end of the SSA diary date.

If the diary date cannot be obtained from SSA, the child will need a Medicaid Disability Application and their disability will need to be determined through the State Disability Contractor.

## Section 6: Scenarios

### Scenario 1 - Child approved for CBwD

Within this scenario, the following applies to the family:

- Family applies for child (dad, mom, 12-year old child with a disability)
- Citizenship and identity verifications are provided
- SSN provided
- Dad is employed and earning \$3,500 per month
- Child determined disabled through the State Disability Contractor
- Child is determined eligible for CBwD with a \$70 monthly premium due
- Parents are not requesting assistance

### Employment History

The dad's employment is entered.

The screenshot displays a web-based form titled "Employment History". The form is divided into several sections:

- Detail:** Includes fields for \*Effective Begin Date (05/22/2012), Effective End Date (MM/DD/YYYY), \*Self-Employed (No selected), Farming (No selected), Occupation, Employment Type, Monthly Amount Earned (\$ 0.00), and Estimated Average Hrs./Week (0.00).
- Employer Information:** Includes \*Begin Date (05/22/2012), End Date (MM/DD/YYYY), \*Name (Wal-Mart), FEIN, Email Address, Telephone #, \*Verification (Received), and \*Source (Check Stub).
- Employment Termination:** Includes Reason, Verification, Source, \*Date Reported (05/22/2012), and \*Date Verified (05/22/2012).

At the bottom of the form, there are tabs for "Earned Income", "Self Employment Income", "Voluntary Striker", and "Employment Info".

## Income Received

The dad's monthly income of \$3,500 is entered. For more information about how to enter income in CBMS, refer to the *Data Entry of Earned Income* document available on the **CBMS Web Document Index**.

**Income Received Details**

Detail + Add

**\* Check Type:**  
 Representative  Not Representative  Estimated  Not Paid

**Pay Period**

**\* Begin Date:** 05/01/2012 **End Date:** MM/DD/YYYY **\* FA Use Month:** 05/2012

**Total # of Hours Worked:** 0.00 **\* Date Received:** 05/01/2012

**\* Gross Amount:** \$ 3500.00 **Year to Date Total:** \$ 0.00

**Lump Sum:**  Yes  No **Report Date:** MM/DD/YYYY **Unavailable:**  Yes  No

**\* Verification:** Received. **\* Source:** Check Stub

**\* Date Reported:** 05/22/2012 **\* Date Verified:** 05/22/2012

## Medical Conditions

The **Medical Conditions** page is completed.

**Medical Conditions**

Able to Work	Disability Type	Begin Date	Effective Begin Date	Effective End Date
No	Permanent	05/22/2012	05/22/2012	

**Detail**

\*Effective Begin Date: 05/22/2012 Effective End Date: MM/DD/YYYY  
EED Verification: EED Source:

**Ability to Work**

Able to Work:  Yes  No \*Disability Type: Permanent Percent of Disability:   
\*Begin Date: 05/22/2012 End Date: MM/DD/YYYY

**Work Restriction**

Type of Work Restriction: Re-exam Date: 05/31/2014

**Social Factors**

Work Limitation: Work Experience: Verification:  
Source: \*Date Reported: 05/22/2012 Date Verified: MM/DD/YYYY

## Disability Determination

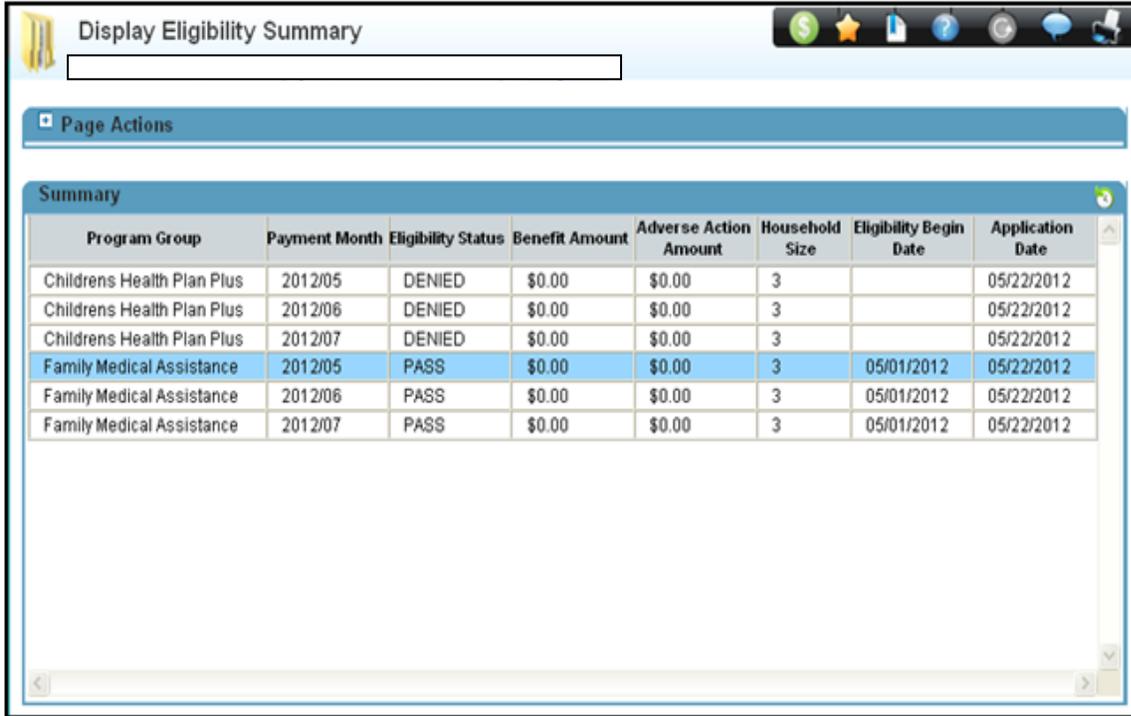
The disability has been determined by the State Disability Contractor and entered on the **Disability Determination** page.

**Disability Determination**

\*Effective Begin Date: 05/22/2012 Effective End Date: MM/DD/YYYY  
Status: Approved Status Reason: Status Reason Date: MM/DD/YYYY  
Result: Disabled \*Verification: Received \*Source: Authorized Disability

## Display Eligibility Summary

When EDBC is run, the case passes for Family Medical Assistance.



Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	3		05/22/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	3		05/22/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	3		05/22/2012
Family Medical Assistance	2012/05	PASS	\$0.00	\$0.00	3	05/01/2012	05/22/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	3	05/01/2012	05/22/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	3	05/01/2012	05/22/2012

## Wrap Up

The Display Individual Eligibility Summary shows the child with a disability is approved for CBwD.

**Display Individual Eligibility Summary**

Page Actions

Payment Month: 05/2012

Family Medical | **CHP+**

**Summary**

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
888-88-8881	Include	PASS	05/01/2012	Buy-In CBwD		
d 33 999-99-9997	Ineligible -	DENIED		1931		
31 398-22-5555	Ineligible -	DENIED		1931		

**CBMS Web - Display Reasons -- Webpage Dialog**

https://cbmsuat.state.co.us/CBMSIDEUat/ModalPopupPage.jsp

**Display Reasons**

**Summary**

Reason
Eligibility approval for CBwD
new DRA-8 logic applied

## Display Family Medical Eligibility Results

The **Display Family Medical Eligibility Results** page shows the child's **Buy-In Premium Amount** is \$70 as of 06/2012 (no premium due for application month).

The screenshot shows a web browser window with the title "Display Family Medical Eligibility Results". The interface includes a search bar, a "Payment Month" dropdown menu set to "06/2012", and two tabs: "Net Income Test" (selected) and "Resource Test". Below the tabs is a "Detail" section with a refresh icon. The "Detail" section displays various financial fields in a two-column layout:

Gross Earned Income:	Child Care Disregard:
\$ 3500 .00	\$ 0 .00
Other Earned Disregard:	Child/Spousal Support:
\$ 90 .00	\$ 0 .00
Net Earned Income:	Buy-In Disregard:
\$ 3410 .00	\$ 1125 .00
Gross Unearned Income:	Net Income:
\$ 0 .00	\$ 2285 .00
Unearned Income Disregard:	Net Income Standard:
\$ 0 .00	\$ 4788 .00
Net Unearned Income:	Test Result:
\$ 0 .00	PASS
	Buy-In Premium Amount:
	\$ 70 .00

## Scenario 2 – Split family approval

Within this scenario, the following applies to the family:

- Family applying for children (mom, 10-year old child with a disability, and 5-year old child)
- Mom employed and earning \$300 per month
- Child support declared for child with a disability of \$1,500 per month
- Child determined disabled through the State Disability Contractor
- Child with a disability is determined eligible for CBwD with no monthly premium
- The 5-year old child and mom are approved for 1931

## Employment History

The mom's employment is entered.

The screenshot shows a web-based form titled "Employment History". The form is divided into several sections:

- Detail:** Includes fields for \*Effective Begin Date (05/26/2012), Effective End Date (MM/DD/YYYY), \*Self-Employed (radio buttons for Yes/No, No is selected), Farming (radio buttons for Yes/No, No is selected), Occupation (dropdown), Employment Type (dropdown), Monthly Amount Earned (\$ 0.00), and Estimated Average Hrs/Week (0.00).
- Employer Information:** Includes \*Begin Date (01/02/2012), End Date (MM/DD/YYYY), \*Name (The Electric Company), FEIN (empty), Email Address (empty), Telephone # (empty), \*Verification (Received), and \*Source (Check Stub).
- Employment Termination:** Includes Reason (dropdown), Verification (dropdown), Source (dropdown), \*Date Reported (05/26/2012), and \*Date Verified (05/26/2012).

## Income Received

The mom's monthly income of \$300 is entered. For more information about how to enter income in CBMS, refer to the *Data Entry of Earned Income* document available on the **CBMS Web Document Index**.

The screenshot shows a web browser window with the title "Income Received Details". The browser's address bar is empty. The page content includes a "Detail" section with the following fields and options:

- \*Check Type:** Radio buttons for  Representative,  Not Representative,  Estimated, and  Not Paid.
- Pay Period:**
  - \*Begin Date:** 05/01/2012
  - End Date:** MM/DD/YYYY
  - \*FA Use Month:** 05/2012
- Total # of Hours Worked:** 0 . 00
- \*Date Received:** 05/01/2012
- \*Gross Amount:** \$ 300 . 00
- Year to Date Total:** \$ 0 . 00
- Lump Sum:**  Yes  No
- Report Date:** MM/DD/YYYY
- Unavailable:**  Yes  No
- \*Verification:** Received.
- \*Source:** Check Stub
- \*Date Reported:** 05/26/2012
- \*Date Verified:** 05/26/2012

## Medical Conditions

The **Medical Conditions** page is completed.

**Medical Conditions**

Able to Work	Disability Type	Begin Date	Effective Begin Date	Effective End Date
No	Permanent	05/26/2003	05/26/2012	

**Detail**

\*Effective Begin Date: 05/26/2012 Effective End Date: MM/DD/YYYY

EED Verification: EED Source:

**Ability to Work**

Able to Work:  Yes  No \*Disability Type: Permanent Percent of Disability:

\*Begin Date: 05/26/2003 End Date: MM/DD/YYYY

**Work Restriction**

Type of Work Restriction: Re-exam Date: 12/31/2014

**Social Factors**

Work Limitation: Work Experience: Verification:

Source:

\*Date Reported: 05/26/2012 Date Verified: MM/DD/YYYY

## Disability Determination

The disability has been determined by the State Disability Contractor and entered on the **Disability Determination** page.

**Disability Determination**

\*Effective Begin Date: 05/26/2012 Effective End Date: MM/DD/YYYY

Status: Approved Status Reason: Status Reason Date: MM/DD/YYYY

Result: Disabled \*Verification: Received \*Source: Authorized Disability

## Display Eligibility Summary

When EDBC is run, both children pass for Family Medical Assistance.

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/05	PASS	\$0.00	\$0.00	3	05/01/2012	05/26/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	3	05/01/2012	05/26/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	3	05/01/2012	05/26/2012

## Display Individual Eligibility Summary

The Display Individual Eligibility Summary page shows that the child with a disability is approved for CBwD. It also shows the 5-year old child and mom passing for 1931.

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Financial Status
	Include	PASS	05/01/2012	1931		
	Include	PASS	05/01/2012	Buy-In CBwD		
	Include	PASS	05/01/2012	1931		

## Display Family Medical Eligibility Results

The **Display Family Medical Eligibility Results** page shows the child's **Buy-In Premium Amount** is \$0.

Display Family Medical Eligibility Results

Payment Month: 05/2012

Net Income Test | Resource Test

Detail

Gross Earned Income:	Child Care Disregard:
\$ 300 .00	\$ 0 .00
Other Earned Disregard:	Child/Spousal Support:
\$ 90 .00	\$ 1500 .00
Net Earned Income:	Buy-In Disregard:
\$ 210 .00	\$ 548 .00
Gross Unearned Income:	Net Income:
\$ 1500 .00	\$ 1112 .00
Unearned Income Disregard:	Net Income Standard:
\$ 50 .00	\$ 4788 .00
Net Unearned Income:	Test Result:
\$ 1450 .00	PASS
	Buy-In Premium Amount:
	\$ 0 .00

### Scenario 3 – Child pending disability application

Within this scenario, the following applies to the family:

- Mom and 4-year old child with a disability apply for medical assistance
- Mom earns \$2,000 monthly income
- Child is disabled as of 1/1/2000 but has not previously been determined for disability
- Child pends for a disability application

### Employment History

The mom’s employment is entered.

The screenshot shows a web-based form titled "Employment History". The form is divided into several sections:

- Detail:** Contains fields for "Effective Begin Date" (02/05/2012), "Effective End Date" (MM/DD/YYYY), "Self-Employed" (radio buttons for Yes/No, with "No" selected), "Farming" (radio buttons for Yes/No, with "No" selected), "Occupation" (dropdown menu), "Employment Type" (dropdown menu), "Monthly Amount Earned" (\$ 0,00), and "Estimated Average Hrs/Week" (0,00).
- Employer Information:** Contains fields for "Begin Date" (09/05/2000), "End Date" (MM/DD/YYYY), "Name" (Under the sun), "FEIN" (empty), "Email Address" (empty), "Telephone #" (empty), "Verification" (Received), and "Source" (Client Statement).
- Employment Termination:** Contains fields for "Reason" (dropdown), "Verification" (dropdown), "Source" (dropdown), "Date Reported" (02/05/2012), and "Date Verified" (02/05/2012).

## Income Received

The mom's monthly income of \$2,000 is entered. For more information about how to enter income in CBMS, refer to the *Data Entry of Earned Income* document available on the **CBMS Web Document Index**.

The screenshot shows a web browser window titled "Income Received Details". The browser's address bar is empty. The page content includes a "Detail" section with the following fields and values:

- \*Check Type:**  Representative,  Not Representative,  Estimated,  Not Paid
- Pay Period:**
  - \*Begin Date:** 01/01/2012
  - End Date:** MM/DD/YYYY
  - \*FA Use Month:** 01/2012
- Total # of Hours Worked:** 0.00
- \*Date Received:** 01/31/2012
- \*Gross Amount:** \$ 2000.00
- Year to Date Total:** \$ 0.00
- Lump Sum:**  Yes  No
- Report Date:** MM/DD/YYYY
- Unavailable:**  Yes  No
- \*Verification:** Received.
- \*Source:** Client Statement
- \*Date Reported:** 02/05/2012
- \*Date Verified:** 02/05/2012

## Medical Conditions

The **Medical Conditions** page is completed.

**Medical Conditions**

Able to Work	Disability Type	Begin Date	Effective Begin Date	Effective End Date
No	Permanent	01/01/2011	02/05/2012	

**Detail**

\*Effective Begin Date: 02/05/2012 Effective End Date: MM/DD/YYYY

EED Verification: EED Source:

**Ability to Work**

Able to Work:  Yes  No \*Disability Type: Permanent Percent of Disability:

\*Begin Date: 01/01/2011 End Date: MM/DD/YYYY

**Work Restriction**

Type of Work Restriction: Re-exam Date: 12/31/2015

**Social Factors**

Work Limitation: Work Experience: Verification:

Source: \*Date Reported: 02/05/2012 Date Verified: MM/DD/YYYY

## Disability Determination

In order to pend the case for the Disability Determination Application, the **Disability Determination** page should be completed as shown below. For additional information on the Disability Determination Application, please refer to [Section 5: Process for establishing Disability](#).

**Disability Determination**

\*Effective Begin Date: 02/05/2012 Effective End Date: MM/DD/YYYY

Status: Pending Status Reason: Status Reason Date: MM/DD/YYYY

Result: Disabled \*Verification: Not Received. Source:

## Verification Checklist

The child with a disability is pending for the disability application.

The screenshot shows a web application window titled "Verification Checklist". At the top right, there is a toolbar with icons for home, star, print, search, refresh, and help. Below the title bar is a search input field. The main content area is titled "Verification Checklist Summary" and contains a table with the following data:

Name	Item Description	Due Date	Program Group	Aid Code
	Disability	08/01/2012	Family Medical Assistance	1931

Below the table is a horizontal scrollbar and a button labeled "Initiate Verification Queue".

The "Notes" section is divided into "System Notes" and "User Notes". The "User Notes" section contains a text area with the following text:

Please provide a completed disability application and release forms. These will be mailed separately.

At the bottom of the notes section, it says "Current Size = 102 characters (250 characters max.)".

## Scenario 4 – Child applying for CBwD but eligible for WAwD

Within this scenario, the following applies to the family:

- Family applies for the child with a disability
- Child is 17-years old and is working a summer job, earning \$400 every two weeks
- Eligibility is determined within WAwD and child owes a \$25 monthly premium
- Within two months, child is no longer working
- Child is determined within CBwD again

### Employment History

The child's employment is entered.

**Employment History**

**Detail**

\*Effective Begin Date: 05/26/2012 Effective End Date: MM/DD/YYYY

\*Self-Employed:  Yes  No

Farming:  Yes  No

Occupation: Employment Type:

Monthly Amount Earned: Estimated Average Hrs/Week:

\$ 0.00 0.00

**Employer Information**

\*Begin Date: 05/01/2012 End Date: MM/DD/YYYY

\*Name: Water World FEIN:

Email Address: Telephone #:

\*Verification: Received. \*Source: Client Statement

**Employment Termination**

Reason: Verification: Source:

\*Date Reported: 05/26/2012 \*Date Verified: 05/26/2012

## Income Received

The child's biweekly income of \$400 is entered.

**Income Received Details**

Detail Add

**\*Check Type:**  
 Representative  Not Representative  Estimated  Not Paid

**Pay Period**

**\*Begin Date:** 05/03/2012 **End Date:** MM/DD/YYYY **\*FA Use Month:** 05/2012

**Total # of Hours Worked:** 0.00 **\*Date Received:** 05/20/2012

**\*Gross Amount:** \$ 400.00 **Year to Date Total:** \$ 0.00

**Lump Sum:**  Yes  No **Report Date:** MM/DD/YYYY **Unavailable:**  Yes  No

**\*Verification:** Received **\*Source:** Client Statement

**\*Date Reported:** 05/26/2012 **\*Date Verified:** 05/26/2012

## Medical Conditions

The **Medical Conditions** page is completed.

**Medical Conditions**

Detail Add

**\*Effective Begin Date:** 05/26/2012 **Effective End Date:** MM/DD/YYYY

**EED Verification:** **EED Source:**

**Ability to Work**

**Able to Work:**  Yes  No **\*Disability Type:** Permanent **Percent of Disability:**

**\*Begin Date:** 04/05/2000 **End Date:** MM/DD/YYYY

**Work Restriction**

**Type of Work Restriction:** **Re-exam Date:** MM/DD/YYYY

**Social Factors**

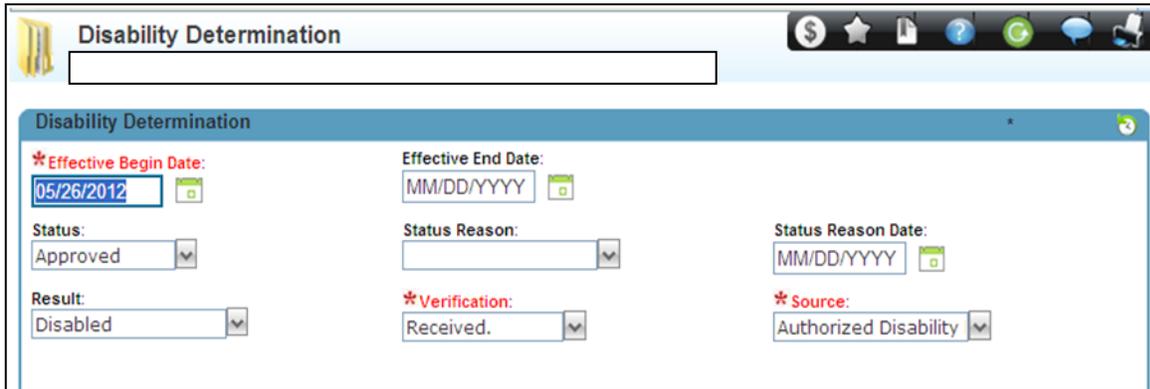
**Work Limitation:** **Work Experience:** **Verification:**

**Source:**

**\*Date Reported:** 05/26/2012 **Date Verified:** MM/DD/YYYY

## Disability Determination

The **Disability Determination** page is completed.



**Disability Determination**

\* Effective Begin Date: 05/26/2012

Effective End Date: MM/DD/YYYY

Status: Approved

Status Reason:

Status Reason Date: MM/DD/YYYY

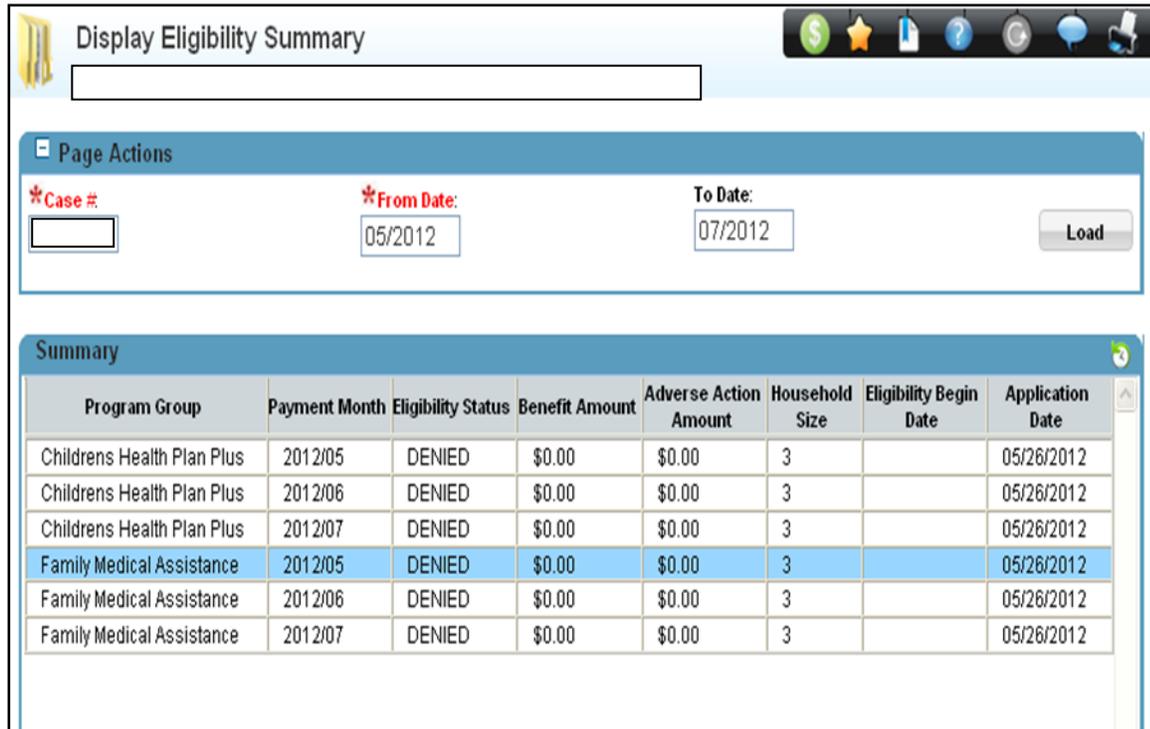
Result: Disabled

\* Verification: Received.

\* Source: Authorized Disability

## Display Eligibility Summary

The **Display Eligibility Summary** page shows FM and CHP+ denied.



**Display Eligibility Summary**

Page Actions

\* Case #:

\* From Date: 05/2012

To Date: 07/2012

Load

**Summary**

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/05	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/06	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/07	DENIED	\$0.00	\$0.00	3		05/26/2012

## Display Individual Eligibility Summary

The **Display Individual Eligibility Summary** page shows FM denied for “Client between age 16 through 19 is employed.” Client needs to be determined on their own case for WAwD.

The screenshot displays two overlapping web browser windows. The top window, titled "Display Individual Eligibility Summary", features a search bar, a "Page Actions" section, and a "Payment Month" dropdown set to "05/2012". Below this are tabs for "Family Medical" and "CHP+". A "Summary" section contains a table with the following data:

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Ineligible -	DENIED		1931		
	Ineligible -	DENIED		1931		
	Ineligible -	DENIED		Buy-In CBwD		

The bottom window, titled "Display Reasons", shows a "Reason" table with one entry circled in red:

Reason
Client between age 16 through 19 is employed.

## Case Information

A new case for AM is created for the child with him as the head of household.

**Case Information**

**\*Effective Begin Date:** 05/26/2012 **Effective End Date:** MM/DD/YYYY

**Case Name**

**\*Last:**  **\*First:**  **Middle:**  **Suffix:**

**\*Head Of Household:**  **\*Applicant Name:**

**Language**

**\*Primary:** English **\*Written:** English

**Telephone**

**Primary:**    x  **Secondary:**    x

**Address Information**

**\*Whereabouts Unknown:**  Yes  No

**Reason:**  **\*Designated Case Addressee:**  **E-mail:**

**County**

**County Use Only Field #1:**

**\*Funding Type:** Co-mingled

## Display Eligibility Summary

The **Display Eligibility Summary** page shows child passing for WAwD.

**Display Eligibility Summary**

Page Actions

\*Case #  \*From Date:  To Date:

**Summary**

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistance	2012/05	PASS	\$0.00	\$0.00	1	05/01/2012	05/26/2012
Adult Medical Assistance	2012/06	PASS	\$0.00	\$0.00	1	05/01/2012	05/26/2012
Adult Medical Assistance	2012/07	PASS	\$0.00	\$0.00	1	05/01/2012	05/26/2012

**CBMS Web - Display Reasons -- Webpage Dialog**

Display Reasons

**Summary**

Reason
Eligibility Approval for WAwD

## Display Adult Medical Eligibility Results

The **Display Adult Medical Eligibility Results** page shows child owes a \$25 monthly premium based on his income only.

Detail		
Gross Unearned Income:	Unearned Income Disregard:	Net Unearned Income:
\$ 0 . 00	\$ 0 . 00	\$ 0 . 00
Gross Earned Income:	Earned Income Disregard:	Net Earned Income:
\$ 868 . 00	\$ 466 . 50	\$ 401 . 50
Child/Spousal Support:	Net Income Standard:	
\$ 0 . 00	\$ 4198 . 00	
Net Income:	Test Result:	
\$ 401 . 50	PASS	
Deemed Income:	Buy-in Premium Amount:	
\$ 0 . 00	\$ 25 . 00	

## Employment History

The child is no longer working and the employer income is end dated within the AM case.

**Employment History**

**Detail**

\*Effective Begin Date: 05/26/2012

**Effective End Date:** 06/30/2012

\*Self-Employed:  Yes  No

Farming:  Yes  No

Occupation: [ ] Employment Type: [ ]

Monthly Amount Earned: \$ 0 . 00 Estimated Average Hrs./Week: [ ] . [ ]

**Employer Information**

\*Begin Date: 05/01/2012 End Date: MM/DD/YYYY

\*Name: Water World FEIN: [ ]

Email Address: [ ] Telephone #: [ ] [ ] [ ] x [ ]

\*Verification: Received Source: Client Statement

**Employment Termination**

Reason: [ ] Verification: [ ] Source: [ ]

\*Date Reported: 05/26/2012 \*Date Verified: 05/26/2012

## Display Eligibility Summary

The child fails for WAwD for no longer being employed.

**Display Eligibility Summary**

Page Actions

\*Case #: [ ] \*From Date: 06/2012 To Date: 07/2012 Load

**Summary**

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistance	2012/06	PASS	\$0.00	\$0.00	1	05/01/2012	05/26/2012
Adult Medical Assistance	2012/07	FAIL	\$0.00	\$0.00	1	05/01/2012	05/26/2012

**CBMS Web - Display Reasons -- Webpage Dialog**

https://cbmsuat.state.co.us/CBMSIDEUat/ModalPopupPage.jsp

**Display Reasons**

**Reason**

Client does not qualify for MA Buy-In for WAwD; they do not meet the employment requirement.

## Rescind

Within the **Rescind** page, the previous FM/CHP+ case for the child and family is rescinded to redetermine eligibility.

Rescind

**Summary**

Select	Program Group	Action Date	Rescission Reason	Program Status
<input checked="" type="checkbox"/>	Family Medical	05/31/2012	Good Cause	Denied
<input checked="" type="checkbox"/>	Childrens Health Plan	05/31/2013	Good Cause	Denied

**Detail**  
 Rescission Reason:

## Display Eligibility Summary

The child passes within FM as of the month following the loss of employment.

Display Eligibility Summary

**Page Actions**  

**\*Case #:**

**\*From Date:**

**To Date:**

**Summary**

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	3		05/26/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/05	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/06	DENIED	\$0.00	\$0.00	3		05/26/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	3	07/01/2012	05/26/2012

## Display Family Medical Eligibility Results

The family owes \$90 monthly premium based on the family's income.

Display Family Medical Eligibility Results

Payment Month: 07/2012

Net Income Test Resource Test

Detail

Gross Earned Income:	Child Care Disregard:
\$ 5860 .00	\$ 0 .00
Other Earned Disregard:	Child/Spousal Support:
\$ 180 .00	\$ 0 .00
Net Earned Income:	Buy-In Disregard:
\$ 5680 .00	\$ 1874 .00
Gross Unearned Income:	Net Income:
\$ 0 .00	\$ 3806 .00
Unearned Income Disregard:	Net Income Standard:
\$ 0 .00	\$ 4788 .00
Net Unearned Income:	Test Result:
\$ 0 .00	PASS
	Buy-In Premium Amount:
	\$ 90 .00

## Scenario 5 – Child on CHP+ and requests eligibility for CBwD

Within this scenario, the following applies to the family:

- Child is on CHP+
- On 7/16/2012 family reports child has a disability and wants to apply for the CBwD
- CHP+ case is closed for child as of 7/31/2012
- Eligibility is determined within CBwD and child passes as of 8/1/2012 with no monthly premium due

### Inquire on Individual Details

Child is identified as eligible for CHP+ as of 4/1/2012

The screenshot displays the 'Inquire on Individual Details' interface. At the top, there are navigation tabs: 'Individual Detail', 'Time on Aid Summary', and 'Individual History'. Below the tabs is a 'months:' dropdown menu currently set to 'ALL'. The main content area features a 'Summary' table with the following data:

Benefit Begin Date	Benefit End Date	Program Group	Program	Case Number	SISC	User ID	User Cc
04/01/2012		Childrens Health	CHP+				MEDICAL

The 'Program' column value 'CHP+' is circled in red. At the bottom of the interface, there is a 'Health Care Coverage' button.

## CHP+ MCO/HMO

Child's enrollment spans within CHP+ are displayed.

CHP+ MCO/HMO

**\*Name:**

Individual	MCO/HMO	MCO/HMO Begin Date	MCO/HMO End Date
	State Network CO Access	04/01/2012	07/31/2012
	DELTA DENTAL PLAN OF	08/01/2012	04/30/2013
	COLORADO ACCESS	08/01/2012	04/30/2013

**Detail** ➕ Add \*

**\*MCO/HMO:** State Network CO Ac **MCO/HMO Begin Date:** 04/01/2012 **MCO/HMO End Date:** 07/31/2012

## Medical Conditions

Child's disability record is entered. Within this scenario, a disability determination was made by the State Disability Contractor.

## Disability Determination

The **Disability Determination** record is completed.

## Case Individual

Within the **Case Individual** page, the record for CHP+ is updated with an **Effective Begin Date** of 8/1/2012 (the beginning of the month following the request to switch from CHP+ to Children's Buy-In) and **Requesting Assistance** is marked as 'No'.

**NOTE:** It is **extremely** important to update the **Effective Begin Date** prior to changing Requesting Assistance. If this is not done, the child's medical spans may be deleted.

**Case Individual**

\*Name: [ ]

Program Group	Request Date	Requesting Assistance	Ancillary Member	Effective Begin Date
Childrens Health Plan	08/01/2012	No	No	08/01/2012
Family Medical	04/01/2012	Yes	No	04/01/2012

**Program Requested Detail**

\*Effective Begin Date: 08/01/2012

Effective End Date: MM/DD/YYYY

\*FA Use Month: 07/2012

Program Group: Childrens Health Plan

\*Request Date: 08/01/2012

Reason: [ ]

\*Requesting Assistance:  Yes  No

Ancillary Member:  Yes  No

ELE:  Yes  No

AwDC Benchmark II:  Yes  No

\*Date Reported: 07/16/2012

## Display Eligibility Summary

Upon running EDBC, CHP+ fails for the month of August 2012.

**Display Eligibility Summary**

Page Actions

\*Case #: [ ]

\*From Date: 07/2012

To Date: 08/2012

Load

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Childrens Health Plan Plus	2012/07	PASS	\$0.00	\$0.00	2	04/01/2012	04/01/2012
Childrens Health Plan Plus	2012/08	FAIL	\$0.00	\$0.00	2		04/01/2012

## Rescind

Since the Family Medicaid HLPG was previously closed, it is rescinded to determine eligibility within the CBwD.

Rescind

Summary

Select	Program Group	Action Date	Rescission Reason	Program Status
<input checked="" type="checkbox"/>	Family Medical	04/30/2012		Denied
<input type="checkbox"/>	Childrens Health Plan	08/31/2012		Discontinued

Detail

Rescission Reason:

## Display Individual Eligibility Summary

The child now passes within CBwD as of 08/01/2012.

Display Individual Eligibility Summary

Payment Month: 08/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Ineligible -	DENIED		1931		
	Include	PASS	08/01/2012	Buy-In CBwD		

Within CHP+ the child fails for being On Medicaid.

Display Individual Eligibility Summary

Payment Month: 08/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program
	Ineligible	DENIED		CHP+
	Ineligible	FAIL		CHP+

CBMS Web - Display Reasons -- Webpage Dialog

https://cbmsupa.state.co.us/CBMSIDEPlt/ModalPopupPage.jsp

Display Reasons

Reason
On Medicaid

## Display Family Medical Eligibility Results

Based on the income, family does not owe a monthly premium.

The screenshot displays a web interface for 'Display Family Medical Eligibility Results'. At the top, there is a search bar and a browser toolbar. Below that, a 'Payment Month' dropdown is set to '08/2012'. Two tabs are visible: 'Net Income Test' (active) and 'Resource Test'. The 'Detail' section shows the following data:

Gross Earned Income:	\$ 2000 .00	Child Care Disregard:	\$ 0 .00
Other Earned Disregard:	\$ 90 .00	Child/Spousal Support:	\$ 0 .00
Net Earned Income:	\$ 1910 .00	Buy-In Disregard:	\$ 630 .00
Gross Unearned Income:	\$ 0 .00	Net Income:	\$ 1280 .00
Unearned Income Disregard:	\$ 0 .00	Net Income Standard:	\$ 3795 .00
Net Unearned Income:	\$ 0 .00	Test Result:	PASS
		Buy-In Premium Amount:	\$ 0 .00

The 'Buy-In Premium Amount' field is circled in red. At the bottom right, there is a button labeled 'Individual Details'.

## Section 7: Approvals

This section will provide specific case approval information that pertains to CBwD.

### Inquire on Case Information

The page shows case status for CBwD clients.

The screenshot displays the 'Inquire on Case Information' web application. At the top, there is a search bar and a navigation menu with tabs: 'Programs', 'Application List', 'Case Members', 'Case Payee', 'PR Dates', 'Member Dates', and 'Contact Summary'. The 'Programs' tab is highlighted and circled in red. Below the tabs is a 'Summary' section containing a table with the following data:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due	
05/01/2012	Family Medical	Buy-In CBwD	Approved	05/01/2012	05/2012	05/2013	No	rp:
	Childrens Health	CHP+	Denied	05/31/2013	05/2012		No	rp:

The 'Programs' tab and the 'Buy-In CBwD' and 'Approved' cells in the table are circled in red. At the bottom of the interface, there are additional tabs: 'Eligibility Results', 'Closure Reasons', 'BI/BR', and 'Program Members'.

## Inquire On Individual Details

The page shows the individual status for CBwD clients.

Benefit Begin Date	Benefit End Date	Program Group	Program	Case Number	SISC	User ID	User Cc
07/01/2012		Family Medical	Buy-In CBwD		E1		MEDICAL
05/01/2012	06/30/2012	Adult Medical	Buy-In WAwD		E1		ADAMS

## Case Comments

Please complete detailed Case Comments. Refer to the *CBMS Field Definition Guide* or *CBMS Online Help* for additional information about completing Case Comments page.

## Search/View Printed Correspondence

Please review previously sent correspondence when researching how and when a client was approved for CBwD. Refer to the *Searching for Printed Correspondence Using Search Parameters* document located on the CBMS Document Index for step by step instructions for searching Client Correspondence.

## Section 8: Premiums

### Authorization and Premium Calculation

Once an individual is determined eligible for CBwD, the household's net income will be used to determine if there is a monthly premium and the amount if applicable. The following chart is used to determine the premium amount:

FPL	Monthly Premium
0 - 133%	\$0
134 - 185%	\$70
186 - 250%	\$90
251 - 300%	\$120

The premium amount calculated for the client will be displayed within the **Display Family Medical Eligibility Results** page on the Net Income Test tab. The field named "Buy-In Premium Amount" will display the applicable premium amount based on that month's income. To view this field, refer to: [Scenario 1 - Child approved for CBwD](#) within the **Display Family Medical Eligibility Results** page.

Households will not be charged a premium for the month of application or any retroactive Medical Assistance months. Depending on when the application is processed, it is possible a household will be charged several months of premiums upon initial eligibility determination. Households with more than one child enrolled in CBwD will only be charged one premium per household.

Example:

- Application submitted on 9/25/2012
- Retroactive Medical Assistance requested for July and August
- Application authorized and approved on 11/01/2012 with an eligibility effective begin date of 07/01/2012
- Household owes \$70 per month
- The first premium letter sent on 11/23/2012 will request premium payment for October and November for a total of \$140 (July, August and September premiums are waived)

### Medicaid Buy-In Pages

The Medicaid Buy-In pages are used to manage the premiums for CBwD. Following are the details of the information displayed within each page. All eligibility workers will have read-only access to these pages. The State Eligibility and Enrollment vendor (currently MAXIMUS) and staff at HCPF will have update access through a security profile.

## Medicaid Buy-In Premium Summary

Under Authorization, this page displays the Premium Summary for a case and each Benefit Month in the case. It consists of two sections:

- 1) Case Premium Summary section contains the following fields and information:
  - a. **Eligibility Begin Date** – The eligibility begin date of the most recent Adult Medicaid application.
  - b. **Total Amount Owed** – The total premium amount owed as of current date.
  - c. **Total Amount Overpaid** – The total premium amount overpaid as of current date.
- 2) Monthly Premium Summary/Details section contains the following fields and information:
  - a. **Benefit Month** – Premium amount owed month
  - b. **Amount Owed** – Premium Amount owed
  - c. **Amount Received** – Amount received from the client
  - d. **Amount Received Date** – Latest date on which premium amount was received. If multiple payments are received in a month, Received Date will display the most recent premium amount paid date.
  - e. **Letter Sent Date** - Date the premium due letter is sent to the client
  - f. **Balance** – Cumulative premium amount due up to the month.
  - g. **Termination Date** – Date after which Mass Update will run to terminate the case if premium payment is not received in full by that date.

**Case Premium Summary**

Eligibility Begin Date: 10/01/2011

Total Amount Owed: \$ 500 . 00

Total Amount Overpaid: \$ 0 . 00

**Monthly Premium Summary**

Benefit Month	Amount Owed	Amount Received	Balance	Letter Sent Date	Amount Received Date
10/01/2011	\$0.00	\$0.00	\$0.00		
11/01/2011	\$100.00	\$0.00	\$100.00	01/25/2012	
12/01/2011	\$100.00	\$0.00	\$200.00	01/25/2012	
01/01/2012	\$100.00	\$0.00	\$300.00	01/25/2012	
02/01/2012	\$100.00	\$0.00	\$400.00	01/25/2012	

**Monthly Premium Details**

Benefit Month: 10/01/2011

Letter Sent Date: MM/DD/YYYY

Termination Date: MM/DD/YYYY

Amount Owed: \$ 0 . 00

Amount Received: \$ 0 . 00

Amount Received Date: MM/DD/YYYY

Balance: \$ 0 . 00

Refund Payment

The following buttons will be available on the **Medicaid Buy-In Premium Summary** page:

- 1) **Payment** - This button will allow the user to record a premium payment received from the client.
- 2) **Refund** - This button will be enabled if the Total Overpaid Amount is greater than zero for the current application and case. Clicking this button will open a popup page and will allow the user to generate a refund and record refund details.

### Medicaid Buy-In Payments/Refunds Search

This page provides search functionality to search for a payment or refund transaction. The search can be done by using one or more of the following:

- 1) **State ID** – State ID of the individual
- 2) **Case ID** – CBMS Case Number
- 3) **Batch #** - Batch Number that is part of KeyBank Interface File
- 4) **Sequence #** - Sequence Number that is part of KeyBank Interface File
  - a. This field will only be enabled if a Batch Number is entered.
  - b. The sequence # should be between 00 - 99
- 5) **Transaction From Date** – Date to search from
- 6) **Transaction To Date** – Date to search up to

At least one of the fields from State ID, Case ID, or Batch # should be populated to search the transactions

The screenshot shows a web browser window titled "Medicaid Buy-In Payments/Refunds Search". The interface is divided into two main sections: "Search Criteria" and "Search Results".

**Search Criteria:** This section contains several input fields for search parameters:

- State ID:** A text input field.
- Case:** A text input field.
- Batch:** A text input field.
- Sequence:** A text input field, which is currently disabled (greyed out).
- Transaction From Date:** A date input field with a calendar icon, showing the format MM/DD/YYYY.
- Transaction To Date:** A date input field with a calendar icon, showing the format MM/DD/YYYY.

A "Search" button is located at the bottom right of this section.

**Search Results:** This section displays a table with the following columns:

Case	Transaction Date	Sequence	State ID	Batch Number	Trans Amount	Transaction Type	NSF Switch
------	------------------	----------	----------	--------------	--------------	------------------	------------

The table body is currently empty, and there is a scroll bar on the right side of the table area.

## Medicaid Buy-In Payments/Refunds Detail

This page provides the detail payment or refund information and allows users with the security profile for update access to perform the following actions:

- 1) Edit Payments/Refunds
- 2) Make Payments
- 3) Make Refund
- 4) Record a Payment as NSF

All other users will have read-only access to view the detail payments and refunds.

The screenshot shows a web application window titled "Medicaid Buy-In Premium Payment/Refund Details". The interface includes a header with a logo and a search box. The main content area contains several input fields and labels:

- \*Transaction Date:** 12/01/2011
- \*Transaction Type:** Radio buttons for  Payment and  Refund.
- Payment Type:** Check (dropdown menu)
- Payment Source:** Walk-In (dropdown menu)
- Batch Number:** (empty text box)
- Sequence:** (empty text box)
- \*Trans Amount:** \$ 300.00
- Check Number:** 123
- Check Date:** MM/DD/YYYY
- NSF Switch:** Radio buttons for  Yes and  NO
- NSF Date:** 12/15/2011
- Refund Reason:** (empty dropdown menu)
- Refund Req Date:** MM/DD/YYYY
- Comments:** (empty text area with a scroll bar and a small "ABC" icon)

## Medicaid Buy-In Premium Letter

The Medicaid Buy-In premium letter is generated only for those households that owe a monthly premium.

The date the premium letter is generated and sent to the household depends on the mode of the case and the date the case is authorized. Following is a chart displaying when the premium letter will be generated and sent to the client:

**CBwD Premium Letter Generation by Mode**

MODE	Authorization Date		
	1 <sup>st</sup> -21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup> -31 <sup>st</sup> or End of Month
<b>Intake</b>	Never	Always	Always
<b>Ongoing</b>	Never	Always	Only if Change to Monthly Premium Amounts AND Rescinded, authorized cases
<b>RRR</b>	Never	Always	Only if Change to Monthly Premium Amounts

The premium letter must be printed at the printing vendor with ink that can be scanned with the interface process. Due to this, the letter cannot be printed online. However, the letter may be viewed within the **Search/View Printed Client Correspondence** page.

NOTE: Households who have a zero monthly premium due or have a zero premium balance will not receive the premium letter.

# STATE OF COLORADO



Date:  
Case ID:  
State ID:

Dear

The Medicaid Buy-In Program for Children with Disabilities requires a monthly premium payment in order to remain eligible for benefits. The amount of the monthly premium is \$90.00. Your balance due is the last amount listed in the **Balance Due** column below:

Month of Eligibility	Monthly Premium Amount Required	Amount Paid	Balance Due
July 2012	\$90.00	\$0.00	\$90.00

To continue receiving benefits, the full payment of \$90.00 must be received by the 15<sup>th</sup> of next month. If we do not receive payment, benefits will be terminated from the Medicaid Buy-In Program for Children with Disabilities on 09/13/2012.

Please make your **check** or **money order** payable to the Department of Health Care Policy and Financing and detach and return the bottom portion of this invoice with your payment.

**Questions?**

Call Customer Service

Monday – Friday, 8am to 6pm at 1-800-359-1991

If you are hearing impaired, call Relay Colorado at 1-800-650-3656.

ADDRESSEE:

REMIT TO:

Department of Health Care Policy and Financing  
PO Box 5010  
Denver, CO 80217-5010

Amount Due: \$90.00  
Amount Due By: 07/15/2012

## Section 9: Ongoing Case Maintenance

All households must report change in circumstances. These changes must be processed in a timely manner. If there is a change in income, the household's monthly premium may either increase or decrease. This change will take effect prospectively and a change in premium letter will be sent.

<b>STATE OF COLORADO</b>		
<input type="text"/>	Call County Tech	<input type="text"/>
Date and time of eligibility determination	(000) 000-0000	: 06/04/2012 02:23 PM
<p>At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:</p> <p>The monthly premium for the Medicaid Buy-In Program for Children with Disabilities has changed because you reported that your family has less income. The required monthly premium payment has changed from \$70.00 to \$0.00 effective 06/01/2012. This means that you may have paid us too much money. If you paid too much, we will use the money you paid for the next premium payments. After that, you will get a letter telling you when your next payment is due, how much you owe and how to pay.</p> <p>You can now check the status of your benefits online by visiting the new Colorado PEAK website at: <a href="http://www.colorado.gov/benefits">www.colorado.gov/benefits</a>. You will need to have your case number available. Your case number is 1B75521. Please contact Call County Tech at (000) 000-0000 with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away. Below is an explanation of your appeal rights if you disagree with this decision.</p> <p>Please read the following information carefully.</p> <p>Notice to Medicaid Clients About the Medical Assistance Estate Recovery Program: Under Federal law (Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State law (C.R.S. 26-4-403.3), the Medical Assistance Estate Recovery Program can make financial recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure.</p> <p><b>Your Right to Appeal</b></p> <p>If you think this action is wrong, you can ask for (1) a County or Medical Assistance (MA) site conference or (2) a State Hearing. You may speak for yourself at the Conference or Hearing. You may also bring a person, such as a friend, relative or lawyer, to speak for you. Tell your worker if you need help with your appeal.</p> <p><b>Continuation of Benefits</b> - If this notice says that your benefits will stop and you want your benefits to continue, you must ask for a county conference or a state hearing before the effective date of the action shown on the first page of this notice, OR with ten (10) days of the date the county conference decision is made,</p>		

## Section 10: Redeterminations

This section will provide specific redetermination information that pertains to CBwD. For details regarding CBwD redeterminations go to: [Section 3: Redetermination Policy](#).

### View RRR Detail Listing

The RRR for CBwD is set twelve months from the application date. The Program Group is displayed as Family Medical Assistance.

Search Criteria					
*County:	<input type="text"/>	*Office:	<input type="text"/>	*Unit:	<input type="text"/>
Program Group:	<input type="text"/>	Status:	<input type="text"/>		
User:	<input type="text"/>				
Case #:	<input type="text"/>	*Begin Month:	<input type="text" value="06/2012"/>	*End Month:	<input type="text" value="06/2014"/>
<input type="button" value="Search"/>					

Search Results					
Sel	User Name	Case #	Case Name	Program Group	RRR Month
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Family Medical Assistance	05/2013

NOTE: Auto-enrollment and Ex-parte apply.

## Section 11: Correspondence Examples

Within CBwD, new correspondence was created. Some examples are as follows:

### Approval NOA

<b>STATE OF COLORADO</b>		
<input type="text"/>	Call County Tech HCPF - Client Rel 1570 GRANT ST DENVER CO 80203-1818	
	(000) 000-0000	
Date and time of eligibility determination	: 05/26/2012 10:19 PM	
At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:		
<input type="text"/>		
The Medical application dated 05/26/2012 has been approved beginning 05/01/2012 for <input type="text"/> for the Medicaid Buy-In Program for Children with Disabilities. If you do not already have one, a medical ID Card will arrive shortly in the mail. Please present this card each and every time medical services are provided. A monthly premium is not required.		

**Denial NOA**

**STATE OF COLORADO**



Call County Tech  
HCPF - Client Rel  
1570 GRANT ST  
DENVER CO 80203-1818

(000) 000-0000

Date and time of eligibility determination : 06/04/2012 12:30 PM

At the date and time shown above, your eligibility for one or more programs was determined. The details of that eligibility determination are as follows:

The Medicaid application dated 05/26/2012 has been denied for [redacted] because [redacted] is employed and between the age of 16 through 19. [redacted] may be eligible for the Medicaid Buy-In Program for Working Adults with Disabilities.

## Section 12: Denial and Discontinuance

This section will provide specific case denial and termination information that pertains to CBwD.

### Inquire on Case Information

This screen shows case status for CBwD clients. The program name will display 1931 instead of CBwD since the child is denied or discontinued for all categories within Family Medicaid.

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due	
	Family Medical	1931	Discontinue	04/30/2012	05/2012	05/2013	No	rp
	Childrens Health	CHP*	Denied	05/31/2013	05/2012		No	rp

### Case Comments

**Note:** Please complete detailed Case Comments. Refer to the *CBMS Field Definition Guide* or *CBMS Online Help* for additional information about completing Case Comments page.

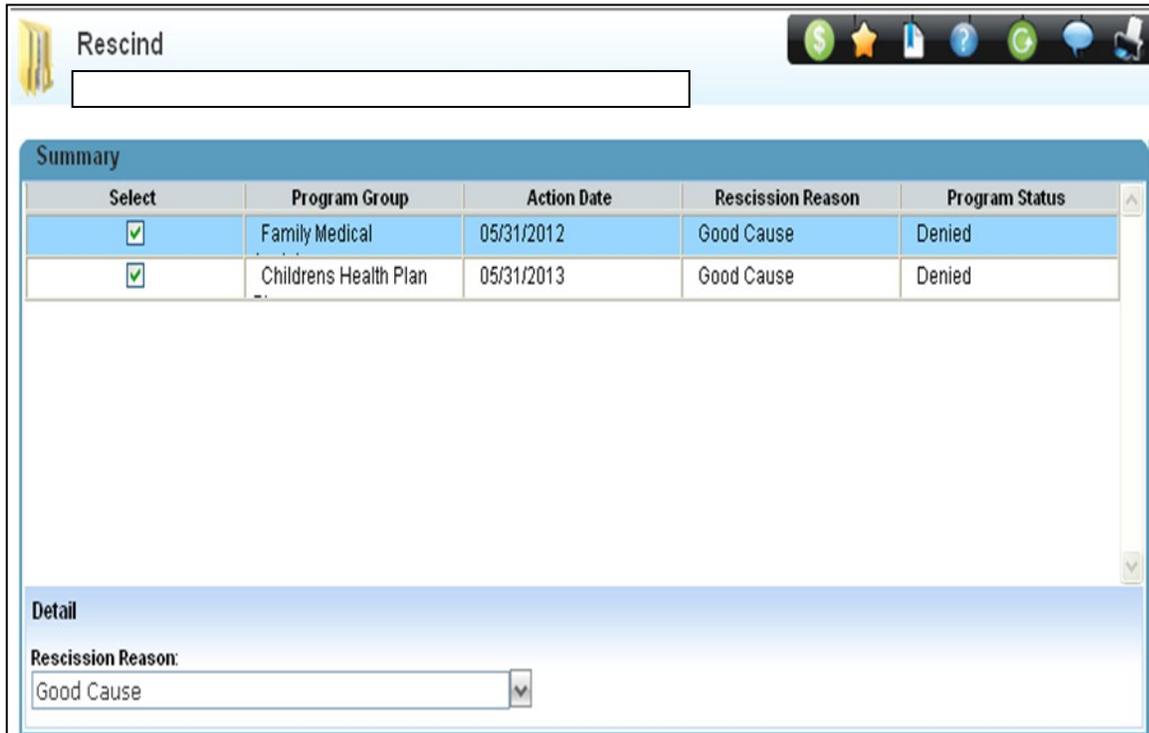
### Search/View Printed Correspondence

Refer to the *Searching for Printed Correspondence Using Search Parameters* document located on the CBMS Document Index for step by step instructions for searching Client Correspondence.

## Rescinding Denials

CBMS allows rescinding for CBwD denied/discontinued cases. Please research using the above screens listed in this section before rescinding.

If an application is denied due to missing verifications, best practice is to hold it for 30 days to allow the client time to provide the information eligibility site. If an individual provides all verifications needed within 30 days, the case can be rescinded.



The screenshot shows a web application window titled "Rescind". At the top, there is a search bar and a toolbar with icons for home, star, document, help, refresh, and print. Below the search bar is a "Summary" section containing a table with the following data:

Select	Program Group	Action Date	Rescission Reason	Program Status
<input checked="" type="checkbox"/>	Family Medical	05/31/2012	Good Cause	Denied
<input checked="" type="checkbox"/>	Childrens Health Plan	05/31/2013	Good Cause	Denied

Below the table is a "Detail" section with a "Rescission Reason:" label and a dropdown menu currently set to "Good Cause".

## Section 13: Reports

Several reports were created to assist in analysis of CBwD and to assist in managing the program and the monthly premiums. All of the following reports can be accessed through Cognos by County Workers, Supervisors, and State staff. These reports include:

### **Potentially Eligible for another Medical HPLG**

The purpose of this report is to provide a list of all CBwD clients who are determined potentially eligible for another HPLG and a new application is not created for that HPLG. For additional information on this logic, please refer to [Section 4: Eligibility for another HPLG](#).

### **HB09-1293 Clients by Income Level**

The purpose of this report is to provide a listing of all CBwD clients and their income bracket level.

- The Summary and Detail reports are combined into one report.
- The Summary page will be the first page and the Detail will follow from the next page.
- Report will be accessed by the State workers and MA Sites.

### **Medicaid Buy-In - Daily KeyBank Premium Transaction**

The purpose of this report is to provide the daily transaction details of KeyBank premium payment transactions.

- Report will be accessed by the State workers and MA Sites.

### **Client Correspondence Activity for HB09-1293**

The purpose of this report is to provide the number of correspondence generated by all Medicaid Expansion Categories (includes AwDC, WAwD, and CBwD).

- Report will be accessed by the State workers and MA sites.

### **Medicaid Buy-In Inactive Client Premium Report**

The purpose of this report is to list premium information for all clients that are no longer active in the Medicaid Buy-In aid code and either owe a premium or have a credit.

- Report will be accessed by the State workers and MA Sites.

### **Medicaid Buy-In Monthly Premiums**

The purpose of this report is to list monthly premium information for all clients in 'Intake' or 'Ongoing' modes that are passing for CBwD.

- Report will be accessed by the State workers and MA Sites.