

Medicaid Presumptive Eligibility Procedure Manual

Table of Contents

I.	Introduction	I-1
A.	Introduction.....	I-1
II.	Medicaid Prenatal and the CHP+ Prenatal Care Program	II-2
A.	What is the Medicaid Baby Care Kids Care (BCKC) Program?	II-2
B.	What is the CHP+ Program?	II-3
C.	Completing the Colorado Public Health Insurance for Families application	II-4
D.	Medicaid/CHP+ Presumptive Eligibility Reimbursements	II-6
III.	Medicaid/CHP+ Presumptive Eligibility Overview	III-7
A.	What is Medicaid/CHP+ Presumptive Eligibility (PE)?	III-7
B.	Responsibilities	III-9
IV.	Medicaid/CHP+ Presumptive Eligibility Determination	IV-11
A.	The Medicaid/CHP+ Presumptive Eligibility Worksheet	IV-11
B.	Determining Presumptive Eligibility in CBMS	IV-16
C.	Submitting Applications to the County or ACS/CHP+ Site	IV-51

I. Introduction

A. Introduction

Effective January 21, 2008, both Medicaid and Child Health Plan *Plus* (CHP+) will offer health services to pregnant women and children under age 19 through the Medicaid/CHP+ Presumptive Eligibility (PE) Program. We appreciate your support as a Medicaid/CHP+ PE Site.

This document is the Policy and Procedures manual to be used by all of the Medicaid/CHP+ PE Sites. It includes all of the information needed for sites to complete the Medicaid/CHP+ PE Eligibility Worksheet (see appendix A), determine eligibility for Medicaid/CHP+ PE using the Colorado Benefits Management System (CBMS) and then print and distribute the Medicaid/CHP+ Temporary Coverage (PE) Cards.

This manual will be updated from time to time and in these instances, the Colorado Department of **H**ea**l**th **C**are **P**olicy and **F**inancing (HCPF) will be responsible for providing each site with the updated information in a timely manner. HCPF administers the Medicaid and CHP+ programs. HCPF approves sites to accept the *Colorado Public Health Insurance for Families application* applications (see appendix C) and provide Medicaid/CHP+ PE to qualified pregnant women. HCPF also delegates determinations of Medicaid/CHP+ eligibility for individuals and families statewide to the counties, ACS/CHP+ and Denver Health and Hospitals. HCPF is responsible for supervising and training local county departments of social services staff, ACS/CHP+ staff, and **C**ommunity **B**ased **O**rganization / **P**resumptive **E**ligibility (CBO/PE) sites.

Please be aware that this manual provides information on determining eligibility for Medicaid/CHP+ PE and completing Medicaid/CHP+ PE cards. It does not discuss or include in-depth Medicaid, Colorado Indigent Care Program (CICP), or CHP+ rules or descriptions.

HCPF requires all Medicaid/CHP+ PE Sites to follow the guidelines described in this manual. Your cooperation in this effort will assure that all Medicaid/CHP+ applicants 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.

Ann Clemens
Health Care Policy and Financing
Direct 303.866.6115
Ann.Clemens@state.co.us

II. Medicaid Prenatal and the CHP+ Prenatal Care Program

A. What is the Medicaid Baby Care Kids Care (BCKC) Program?

The Baby Care Program was enacted on June 6, 1989 when Governor Roy Romer signed House Bill 1089 into law, and was expanded during the 1990 legislative session with the passage of Senate Bill 204. With this expansion, the name of the program was changed to Baby Care Kids Care (BCKC). The program was expanded again in 1991 to include additional children at higher age limits and higher poverty level for income.

The program is designed to encourage appropriate medical care for children under age 19 and pregnant women. Eligibility for these individuals extends from those with incomes at or below the AFDC limit to those with incomes up to either 100 percent or 133 percent of the Federal Poverty Level (FPL) depending upon the age of the child. The income level of 100% FPL is for children age 6-18 and the income level of 133% FPL is for children under age 6.

1. Who is Eligible?

Child applicants who are...

- Colorado Residents
- Family income between 0%-100% of the Federal Poverty Level for children age 6-18
- Family income between 0%-133% of the Federal Poverty Level for children under age 6
- U.S. citizens or permanent U.S. residents with an Alien Registration Number for at least 5 years (Medicaid offers Emergency-Only coverage for life or limb threatening emergencies for undocumented or non-qualified immigrants)

Pregnant applicants who are...

- Colorado Residents
- Family income between 0%-133% of the Federal Poverty Level
- U.S. citizens or documented immigrants (Medicaid offers Emergency-Only coverage for labor and delivery only for undocumented or non-qualified immigrants)

2. What is the Cost?

Enrollment is FREE. All care is FREE. Pregnant women and children under the age of 21 do not pay fees or co-pays for Medicaid services.

3. What are the Benefits?

Medicaid clients are eligible for all regular Medicaid benefits. 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.

4. Other Program Highlights

Other highlights of this program include:

- Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services for children under age 21
- Medicaid Presumptive Eligibility for children under age 19 and pregnant applicants
- Newborns automatically added to Medicaid for 12 months upon their birth
- Eligible pregnant applicants are covered for 60 days after their pregnancy ends

5. More Information

For more information about BCKC Medicaid, please contact:

Health Care Policy and Financing Customer Service
1-800-221-3943 or 303-866-3513 in the Denver Metro area

B. What is the CHP+ Program?

The CHP+ Program is health insurance for uninsured children under age 19 and pregnant women over age 19 that live in financially qualified families. It covers clients between 134% and 200% of the FPL.

1. Who is Eligible?

Child applicants who are...

- Under age 19
- Not eligible for Medicaid
- Colorado Residents
- Family income between 134% and 200% of Federal Poverty Level
- U.S. citizens or permanent U.S. residents with an Alien Registration Number for at least 5 years
- Not covered by other creditable health insurance

Pregnant applicants who are...

- Age 19 and over
- Not eligible for Medicaid
- Colorado Residents
- Family income between 134% and 200% of Federal Poverty Level
- U.S. citizens or permanent U.S. residents with an Alien Registration Number for at least 5 years
- Not covered by other creditable health insurance

2. What is the Cost?

Families may pay an enrollment fee of \$25-35 depending on family size and income. Enrollment is FREE for the CHP+ Prenatal Care Program. All pregnancy care is FREE, including prenatal care, labor and delivery and post-delivery visits. Other medical care, for example prescription drugs, may have small co-payments of \$2 - \$5 depending on family size and income.

3. What are the Benefits?

Benefits for children under age 19 include:

- Doctor visits
- Sports physicals
- Immunizations
- Dental care (children only)
- Hospital services
- Eye care and eye glasses
- Prescriptions
- Mental/behavioral health care
- Hearing aids

Benefits for pregnant women, age 19 and over are the same as the benefits of children on CHP+, excluding dental services. The CHP+ Prenatal Care Program covers:

- All prenatal care
- Labor and delivery
- Post-delivery care
- Physicals
- Other doctor visits
- Hospitalization and hospital services
- Prescribed medications
- Mental health services
- Glasses and hearing aids

4. Other Program Highlights

Other highlights of this program include:

- CHP+ Presumptive Eligibility for children under age 19 and pregnant applicants
- Newborns automatically added to CHP+ for 12 months upon their birth;
- Pregnant applicants are covered for 60 days after their pregnancy ends.

5. More Information

For more information about the CHP+ Program, please contact CHP+ customer service at 1-800-359-1991.

C. Completing the Colorado Public Health Insurance for Families application

The *Colorado Public Health Insurance for Families* application (See appendix C) is the application for presumptive eligibility, Baby Care Kids Care (Prenatal) Medicaid, and CHP+. This application is to be completed by the applicant with minimal assistance from the CBO/PE site. Applicants should be given the English or Spanish application form.

The *Colorado Health Care Transmittal Form* (See appendix D) should be used when sending applications to the county department of social services. This form facilitates communication between the site accepting the application and the county office and helps ensure that the county receives applications forwarded by the CBO/PE site.

Resources

There is no resource test for Family Medicaid or the CHP+ program. Resources are no longer included on the *Colorado Public Health Insurance for Families* application.

Confidentiality of Information

Any information obtained while accepting the *Colorado Public Health Insurance for Families* application is considered confidential and may not be disclosed to any persons or agencies other than representatives of county departments of social services and HCPF and its designees, including ACS/CHP+. This information is confidential whether the application is approved or denied and may not be shared with collection agencies or any other agencies that have not been specified above.

Non-Discrimination

Title IV of the Federal Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the grounds of race, sex, color, national origin, or handicap in the administration of federally funded programs. This includes the Medicaid and CHP+ Programs. **Anyone wishing to apply for Colorado Health Care must be given the opportunity to apply. The CBO/PE site must accept all applications from pregnant women and from children under age 19 and forward them to the appropriate county department of social services or ACS/CHP+ site.**

Availability of Other Health Insurance

If a Medicaid applicant has other health insurance, this will not affect his/her eligibility for Medicaid. An applicant's private health insurance would be the primary payer and Medicaid the secondary payer. As the secondary payer, Medicaid could be billed for any charges not covered by another health insurance provider, including required co-payments. Reimbursement would be subject to Medicaid rules and regulations. Applicants must identify any other health insurance that is or may be available to pay all or part of the costs of medical care.

If the applicant has other insurance the other insurance page of the application must be completed and the Medicaid/CHP+ PE site will include a copy of the front and back of the insurance card.

Types of other insurance include but are not limited to:

- ✓ A health benefits provider (health insurance policy or HMO).
- ✓ An individual voluntarily paying the medical expenses of another.
- ✓ Any organization providing medical services.
- ✓ Sources of insurance include:
 - Employer
 - Unions and professional organizations
 - Civil court actions
 - **Medical support (a parent or spouse may provide medical insurance for a pregnant woman or child applying for Medicaid).**

If the applicant has other insurance, they are not eligible for CHP+. However, the application must still be forwarded to the ACS/CHP+ office.

County Required Minimal Verification

The following information is required to process a *Colorado Public Health Insurance for Families* application.

Earned Income

Applicants must provide verification of any income they or a member of their household receives during the month they are applying for Medicaid. Income may be verified by one current wage stub per employer or a note from the employer stating gross monthly income. If the applicant applies early in the month, they may provide verification of their previous month's income. Income verification must be for a calendar month such as January

1 through January 31. Applicants should be informed that failure to provide this information in a timely manner might result in a determination of ineligibility and a termination of their Medicaid/CHP+ PE benefits after 14 days, if applicable.

Social Security Number (SSN)

A SSN or proof of an application for a SSN must be provided for each person in the family for whom Medicaid is being sought. Self-declaration of the SSN is sufficient and can be listed on the application where requested. No card or proof is necessary. The applicant may use documents from the Social Security Administration, hospital birth certificates, or any other documents proving they have applied for a SSN. Needy Newborns or undocumented individuals are not required to have a SSN.

Citizenship/Alien Status

U.S. citizens must present citizenship and identity information per the Deficit Reduction Act of 2005 (DRA). Applicants must submit an original document to verify citizenship and an original document to verify identity. Specific DRA requirements are listed in 10-CCR-2505-10 Staff Manual Volume 8 at 8.100.53A. http://www.chcpf.state.co.us/HCPF/msb/10%20CCR%202505%20web%20v_3.doc

If an applicant is not a U.S. citizen or a naturalized citizen, he or she will be asked to provide verification of alien status, such as a certificate of naturalization, alien registration card, immigration papers, passport, etc. If the applicant is undocumented, verification of alien status cannot be required, however, if they have any document that shows they are known by the U.S. Citizenship and Immigration Services (INS) it is good to provide it to determine if they can receive full Medicaid benefits. If they have no documentation they can apply safely, however they will receive emergency services only.

Pregnancy Statement

A pregnant woman must provide a medical statement from the CBO/PE site, a doctor, or clinic, stating that she is pregnant and the expected date the baby is due for the Medicaid program. The statement must be obtained from a qualified medical professional. Home pregnancy tests are not acceptable. Please see pregnancy verification guidelines at the end of this handbook for more information.

Additional Verification

No additional information is required unless it is questionable. Questionable is defined as tangible information that shows a contradiction. Tangible is something you can see, read, etc. Examples may be such things as reported information on another application for any assistance within 6 months that is not reported currently or written information that contradicts.

Child Care Expenses

The client can declare the amount of daycare expenses and for whom on the application or they can provide a receipt or statement from a child care provider stating how much money was paid for the month the applicant is applying for benefits. Self-declaration on the application is sufficient.

State and County Residency

In order to be eligible for benefits, an applicant must be a resident of the State of Colorado. State residency is established by physically residing in Colorado and declaring intent to remain. This can be self-declared.

County residency is not required; nor is a home address required. Persons who are homeless are eligible to apply and should indicate on the application where they will receive eligibility notices and benefit cards.

Medicaid/CHP+ Presumptive Eligibility Reimbursements

Processing of claims and payments for Medicaid PE are handled by the Medicaid fiscal agent, ACS. CHP+ PE services are handled by Anthem Blue Cross/Blue Shield. Medicaid/CHP+ PE sites do not receive reimbursement for taking the *Colorado Public Health Insurance for Families* application or determining presumptive eligibility. However, for Medicaid, there is a special code (G9012) for the first prenatal visit provided when a woman is found Medicaid PE. Reimbursement for G9012 reflects the additional time required establishing the medical record. A prenatal medical visit must involve hands on medical care by a medical provider such as a doctor, RN or LPN.

- 1) Claim Form –Colorado 1500 Health Insurance Claim Form (See appendix F) is the appropriate form to be used when submitting claims for reimbursement to the Medicaid Program. Additional Colorado 1500 Health Insurance Claim Forms can be obtained by calling ACS for Medicaid or Anthem for CHP+. The telephone numbers are listed at the end of this section.
- 2) Coding – When a Medicaid/CHP+ PE site provides the medical care, the appropriate code must be used to describe the medical service rendered.

All required fields on the Colorado 1500 claim form must be appropriately completed. If you are a new Medicaid provider or uncertain of billing procedures, please contact a representative of ACS for Medicaid or Anthem for CHP+, to obtain billing information and/or training.

ACS Provider Services

1-800-237-0757

Anthem Blue Cross/Blue Shield

Local Number – 720-330-6106

Long Distance – 1-877-523-8171

For complete Medicaid billing information, please refer to:

MEDICAID PROVIDER MANUAL

For providers Billing on the

Colorado 1500 Health Insurance Claim Form

Or

Visit our website at:

www.chcpf.state.co.us/ACS/Provider_Services/Billing_Manuals/Billing_Manuals.asp

Additional benefit and billing information is available to Medicaid providers via the Medicaid provider updates bulletin. The fiscal agent distributes the Medicaid provider bulletin periodically.

III. Medicaid/CHP+ Presumptive Eligibility Overview

A. What is Medicaid/CHP+ Presumptive Eligibility (PE)?

Medicaid/CHP+ Presumptive Eligibility (PE) is immediate temporary medical coverage for children under age 19 or pregnant women that have applied for Medicaid or CHP+ using the *Colorado Public Health Insurance for Families* application and appear to be eligible. When a client applies for Medicaid or CHP+, they can be “presumed” eligible through the Medicaid/CHP+ Presumptive Eligibility (PE) process. This provides access to eligible clients as soon as they apply for coverage, during the time they are waiting for eligibility to be determined. The Medicaid/CHP+ PE period begins on the date the client applies for Medicaid/CHP+ PE and continues for no less than 45 days. Only a Medicaid/CHP+ PE site can determine eligibility for Medicaid/CHP+ PE.

Medicaid PE for children under age 19 includes all Medicaid covered services.

Medicaid PE benefits for pregnant women are limited to ambulatory care (outpatient) services covered by Medicaid. Ambulatory care is defined as all services a regular Medicaid client would receive, not just prenatal care but all outpatient services. However, inpatient care is not covered under Medicaid PE for pregnant women. Labor and delivery (inpatient) are not a benefit of Medicaid PE for pregnant women.

CHP+ PE provides access to a full medical benefit for qualified clients. This includes routine care, hospitalization and hospital care, pregnancy care (including labor and delivery), other doctor visits, mental health services, and glasses and hearing aids. CHP+ PE qualified applicants are not eligible for dental benefits.

Presumptive eligibility services are available through Medicaid and/or Anthem providers.

MEDICAID/CHP+ PRESUMPTIVE ELIGIBILITY:

1. Colorado Resident

The applicant must reside in Colorado in order to be eligible for Medicaid/CHP+ PE. The address reported on the *Colorado Public Health Insurance for Families* application must reflect Colorado residency. No other verification is required.

2. Income

Medicaid/CHP+ PE sites are not mandated to verify income with paycheck stubs or employer letters for the initial span. Self-declaration can be used, and is encouraged to ensure Medicaid/CHP+ PE coverage immediately. However, using self-declaration, the client will only be eligible for a provisional 14-day span until she returns the income verification. If the client returns with the needed documentation within 14 days, she will be issued a card for the balance of the 60 days. If the client does not return with the documentation, the Medicaid/CHP+ PE span will terminate on the fifteenth day.

MEDICAID

Eligibility for Medicaid PE is for applicants between 0% and 133% of the FPL based on family size. Children under age 6 and pregnant women are eligible up to 133% FPL and children age 6-18 are eligible up to 100% FPL. There is no asset limit for Medicaid PE.

CHP+

Eligibility for CHP+ PE is for applicants between 134% and 200% of the FPL based on family size. There is no asset limit for CHP+ PE.

3. Citizenship

U.S. citizens must present citizenship and identity information per the Deficit Reduction Act of 2005 (DRA) in order to receive full Medicaid benefits. CBO/PE sites should attempt to collect this information from the applicant. However, this information is not a requirement of PE and the application can be forwarded to the processing site without the documentation. This may delay a full eligibility determination.

Applicants must submit an original document to verify citizenship and an original document to verify identity. Specific DRA requirements are listed in 10-CCR-2505-10 Staff Manual Volume 8 at 8.100.53A.

http://www.chcpf.state.co.us/HCPF/msb/10%20CCR%202505%20web%20v_3.doc

Medicaid/CHP+ PE does not cover undocumented immigrants. Medicaid/CHP+ PE sites will obtain declaration of citizenship status. If a client declares they are not a citizen, they must then be asked if they have U.S. Citizenship and Immigration Services (USCIS) documentation (Border crossing cards are not valid). If the client declares that they have documentation, she may be eligible for Medicaid/CHP+ PE benefits. If the client declares no documentation, they will not be eligible for Medicaid/CHP+ PE. Medicaid/CHP+ PE clients must be U.S. citizens or documented immigrants.

However, Medicaid/CHP+ PE sites will assist all clients to fill out a complete *Colorado Public Health Insurance for Families* application regardless of citizenship. The Medicaid/CHP+ PE site will inform undocumented clients about their possible Medicaid status at the county level. If they are determined eligible for regular Medicaid, they will receive emergency Medicaid only. Emergency Medicaid covers life or limb threatening emergencies, including labor and delivery. Outpatient and prenatal care will not be covered. Some aliens with certain documents, such as Border crossing cards, may also get emergency Medicaid only. Educating the client and providers will allow the proper services.

4. **Pregnancy**

A pregnant applicant must have a verified pregnancy in order to be eligible for Medicaid/CHP+ PE.

MEDICAID

Pregnancy can be verified with a medical or observable statement. A medical statement must be provided by a licensed medical professional. Pregnancy can also be verified if it is observable, however since counties usually do not see the client, first check with the county department of social services to ensure that they will accept a statement of 'observable pregnancy' from your site.

Medical verification of pregnancy means that only certain licensed and/or certified health care professionals can positively confirm a woman's pregnancy. Only the following health care professionals can medically verify pregnancy for the purpose of determining eligibility:

- A physician licensed to practice medicine.
- A certified registered nurse (this includes certified registered nurse midwives and nurse practitioners).
- A certified physician's assistant.
- A licensed child health care associate.

The following methods of medically verifying pregnancy are accepted by HCPF for the purpose of presumptive eligibility:

- Positive immunological tests for pregnancy (includes blood and urine),
- The presence of fetal heart tones, or
- A diagnostic ultrasound positive for pregnancy.

The medical pregnancy verification must be provided in one of the following locations for pregnancy testing:

- Physician's place of practice,
- Medicaid/CHP+ PE site, or
- Other health care agencies (such as Planned Parenthood, etc.).

CHP+

Pregnancy is self-declared for CHP+ PE.

B. Responsibilities

This section provides an overview of the responsibilities of Medicaid/CHP+ PE Sites.

1. Responsibilities of MEDICAID/CHP+ PE Sites

Training/Communications

- ✓ There must be an in-house point person responsible for communicating changes, issues, questions, personnel changes, etc. to HCPF.
- ✓ Site personnel doing Medicaid/CHP+ PE applications must obtain training from HCPF in order to perform this function.

Technology

- ✓ Each Medicaid/CHP+ PE site must have Internet access and printing capabilities to enter Medicaid/CHP+ PE information and print Medicaid/CHP+ PE cards for approved applicants. All Medicaid/CHP+ PE applicants must be entered into CBMS. The system determines if applicants are eligible for Medicaid/CHP+ PE and generates a Medicaid/CHP+ Temporary Coverage (PE) Card for users to print and distribute to approved applicants. The system also allows for the card to be mailed to the client.

Timely Processing

- ✓ Forward the entire packet to the local county department of social services or the ACS/CHP+ office **within five (5) working days** of receiving the **complete** application for a full Medicaid/CHP+ determination. If the application is not completed within fourteen calendar days, the Medicaid/CHP+ PE site will forward the incomplete application to the county/CHP+ site on the fifteenth day. This packet includes: a completed *Colorado Public Health Insurance for Families* application, all required documentations, a copy of the Medicaid/CHP+ PE Worksheet, a copy of the Medicaid/CHP+ PE card for approved applicants, and a copy of the Medicaid/CHP+ PE denial for denied applicants.

Application Process

- ✓ Review the application for completeness, which includes the following:
 - That the applicant **signed and dated** the application, and initial that they have read and understood their rights and responsibilities. The county or ACS/CHP+ cannot process the application without the signature, date, or initials on the signature page.
 - That the applicant **completes all sections** of the form. If a section does not apply or they do not have the item the client must write "none" in that section unless it has a yes or no question. An incomplete application delays eligibility determination.
 - That the applicant provides all necessary documentation for a county to process the application. This includes: pregnancy verification, income verification (one paycheck stub per employer), and citizenship documentation, when available.
 - **Medicaid/CHP+ PE sites MUST NOT complete or alter the application for a client and MUST NOT "coach" an applicant to give inaccurate information so that she will be found eligible.**
 - Medicaid/CHP+ PE sites calculate presumptive eligibility for pregnant applicants using the Medicaid/CHP+ worksheet and through CBMS;
- ✓ With each Medicaid/CHP+ PE Worksheet completed by a Medicaid/CHP+ PE Site, the site will also submit a *Colorado Public Health Insurance for Families* application. The information reported on the application must match the information reported on the Medicaid/CHP+ PE Worksheet.

Benefits

- ✓ Explain benefit information to the client as outlined in Section 2. Explain the process the county or ACS/CHP+ site will follow in reviewing the application for final Medicaid/CHP+ eligibility.

Compliance

- ✓ Medicaid/CHP+ PE Sites that receive federal funding must comply with Title VI of the Civil Rights Act of 1964 and the American with Disabilities Act and all other applicable federal and state regulations.

Tracking and Records Maintenance

- ✓ CBO sites are not required to keep copies of the *Colorado Public Health Insurance for Families* application applications. A Medicaid/CHP+ PE site must keep a copy of the application, the Medicaid/CHP+ PE Worksheet, and the Medicaid/CHP+ PE Card for twelve months. The CBO site may retain a copy but it must be treated as confidential and cannot be shared with outside agencies. This includes private collection agencies under subcontract to a provider of medical services. Medicaid/CHP+ PE providers must maintain records of all presumptive eligibility transactions. Records must be available for review by HCPF at the time of request. The information tracking listed below is only for the Medicaid/CHP+ PE process at the site. Medicaid/CHP+ PE sites have no obligation or expectation to track what has happened at the county level.

The following information must be included in the site's records:

- Name and address of each applicant screened for presumptive eligibility
- Number of PE applicants screened per month
- Number of PE applicants approved for PE per month
- Number of PE applicants deemed ineligible for PE and reason for denial
- A copy of each application that is processed (includes the completed Medicaid/CHP+ PE worksheet & any additional documentation)
- A record of the mailing date for each application.
- This information and copies must be kept for a twelve- (12) month time period.
- The above information tracking is only for the Medicaid/CHP+ PE process at the site. Medicaid/CHP+ PE sites have no obligation or expectation to track what has happened at the county level.
- Documentation that the **complete** application is forwarded to the local county department of social services or ACS/CHP site within **five (5) working days**. The application must be signed and dated by the applicant.
- Documentation that any **incomplete** application is forwarded to the local county department of social services or ACS/CHP site on the **15th calendar day**.

IV. Medicaid/CHP+ Presumptive Eligibility Determination

A. The Medicaid/CHP+ Presumptive Eligibility Worksheet

The following are instructions for completing the Medicaid/CHP+ Presumptive Eligibility (PE) Worksheet.

Medicaid/CHP+ Presumptive Eligibility Worksheet

First Name _____	MI _____	Last Name _____
PE Eligibility Date _____	Application Number _____	

CLIENT MUST BE DETERMINED INELIGIBLE FOR MEDICAID PE BEFORE COMPLETING CHP+ PE PORTION OF THE WORKSHEET.

<u>Medicaid</u>		<u>CHP+</u>	
Family Size: _____	_____	Family Size: _____	_____
A.) Total monthly earned income:	_____	A.) Total monthly earned income:	_____
B.) Self-employment monthly expenses:	_____	B.) Self-employment monthly expenses:	_____
C.) Total monthly non-work income:	_____	C.) Total monthly adult non-work income:	_____
D.) Monthly Deductions:	_____	D.) Monthly Deductions:	_____
Dependent Care Expenses: (\$200 per person under age 2, \$175 per person over age 2)	_____	Dependent Care Expenses:	_____
Employment Deduction: (\$90 per employed member)	_____	Medical Expenses:	_____
Alimony/Child Support Deduction: (\$50 per household)	_____	Health Insurance Premiums:	_____
	_____	Outgoing Alimony or Child Support:	_____
Total Monthly Deductions:	_____	Total Monthly Deductions:	_____
Total Monthly Medicaid Income:	_____	Total Monthly CHP+ Income:	_____
(A) – (B) + (C) – (D)	_____	(A) – (B) + (C) – (D)	_____

Site Name: _____
Technician Signature: _____

First Name _____	MI _____	Last Name _____
PE Eligibility Date _____		Application Number _____

Name – Fill in the applicant's first name, middle initial, and last name.

PE Eligibility Date – This is the date the applicant's Medicaid/CHP+ PE span will begin. It is the date the client completes the application and the site technician completes and signs the Medicaid/CHP+ PE Worksheet.

Application Number – CBMS Application Number and CBMS Case Number

<u>Medicaid</u>		<u>CHP+</u>	
Family Size: _____		Family Size: _____	
A.) Total monthly earned income:	_____	A.) Total monthly earned income:	_____
B.) Self-employment monthly expenses:	_____	B.) Self-employment monthly expenses:	_____
C.) Total monthly non-work income:	_____	C.) Total monthly adult non-work income:	_____
D.) Monthly Deductions:		D.) Monthly Deductions:	
Dependent Care Expenses: (\$200 per person under age 2, \$175 per person over age 2)	_____	Dependent Care Expenses:	_____
Employment Deduction: (\$90 per employed member)	_____	Medical Expenses:	_____
Alimony/Child Support Deduction: (\$50 per household)	_____	Health Insurance Premiums:	_____
		Outgoing Alimony or Child Support:	_____
Total Monthly Deductions:	_____	Total Monthly Deductions:	_____
Total Monthly Medicaid Income:		Total Monthly CHP+ Income:	
(A) – (B) + (C) – (D)	_____	(A) – (B) + (C) – (D)	_____

MEDICAID PE PORTION OF THE MEDICAID/CHP+ WORKSHEET

The Medicaid column on the Medicaid/CHP+ worksheet should always be completed before the CHP+ column. All applicants must be screened for Medicaid PE before determining CHP+ PE eligibility.

Determining Family Size for Medicaid PE –

Family size includes the parent or caretaker relative and all of their dependent children (including unborn children). Grandparents, a boyfriend, or other relatives are NOT counted even if they live in the household.

Determining Financial Responsibility for Medicaid –

Financial responsibility is a technical term used in making eligibility decisions. Do not confuse financial responsibility with family or other types of responsibility. When determining financial eligibility, the basic rules are:

- ✓ An individual is responsible for him/herself,
- ✓ A spouse is responsible for a spouse (this includes common law declaration), and
- ✓ A parent is responsible for his/her natural or adoptive child.

A boyfriend is NOT financially responsible for an unborn child; a stepparent is NOT financially responsible for a stepchild; a grandparent is NOT responsible for a grandchild; and a sibling is NOT responsible for a sibling. Income from these individuals should be noted on the application form, as it may affect other potential benefits. **Income verification is not required for these members for Medicaid.**

Determining Work Income (A) –

Income Documentation is Provided – When income documentation is provided, use the documentation to determine the gross monthly income. All paycheck stubs must be legible and must include a gross income amount.

Acceptable income documentation must be one of the following:

- At least one paycheck stub with a pay date from the month prior to the date of application
- At least one paycheck stub with a pay date from the current month
- A letter from the employer stating the gross monthly income and how often they are paid

If income documentation is received for more than one month, always use the most current month to determine the average gross monthly income.

Always use the same month's income for ALL members of the household.

Determining Income with Only One Paycheck Stub -

1. Determine how often the worker is paid (monthly, twice monthly, bi-weekly, or weekly).
2. Find the gross amount on the paycheck stub.
3. Multiply the gross amount by one of the following multipliers, depending on how often the worker is paid:
 - Monthly – x 1
 - Twice Monthly – x 2
 - Bi-Weekly – x 2.15
 - Weekly – x 4.3
4. The total is the gross monthly income amount. Enter this amount on the PE Worksheet.

Determining Income with More than One Paycheck Stub -

1. Determine how often the worker is paid (monthly, twice monthly, bi-weekly, or weekly).
2. Add the gross amounts for all paycheck stubs.
3. Divide the total gross amount by the number of paycheck stubs received.
4. Multiply this total by one of the following multipliers, depending on how often the worker is paid:
 - Monthly – x 1
 - Twice Monthly – x 2
 - Bi-Weekly – x 2.15
 - Weekly – x 4.3
5. The total is the gross monthly income amount. Enter this amount on the PE Worksheet.

Self-declared Income - Income information can be self-declared and the applicant is not required to provide verification of income at the time of application for PE. If self-declared income is all that is available, use that amount to determine PE eligibility.

Example:

A pregnant applicant applies at XYZ Presumptive Eligibility Site July 1, 2005. The PE site has determined that her family size is 4, the pregnant applicant, her husband, their biological child, and her pregnancy.

At the time of the PE application, the applicant brings her paycheck stubs for the month of June. The applicant is paid bi-weekly and she has two paycheck stubs for June. However, she did not bring documented income for her husband.

One paycheck stub from June has a gross income of \$600 and the second has a gross income of \$412.56. She reports that her husband earned \$1,500 in June.

To determine her income, the gross amounts from both paycheck stubs would be added together and divided by 2 (the number of paycheck stubs received). This total would be multiplied by the multiplier for bi-weekly pay periods:

$$\$600 + 412.56 = \$1012.56$$

$$\$1012.56 / 2 = \$506.28$$

$$\$506.28 \times 2.15 = \$1088.50$$

The total household gross income would be determined by adding the applicant's gross income and the self-declared income amount for her husband. The total household income would be \$2588.50. This amount would be entered on line (A) of the PE Worksheet.

Self-Employment Expenses (B) – Relevant self-employment expenses include business rent or mortgage, business labor costs, business merchandise costs, and business equipment costs. All business expenses should be combined and entered in this field. This is only for those household members that are self-employed and whose self-employment income was included in line A. Other eligible deductions for the family can be deducted in line D. The amount written on the worksheet should reflect the expenses written on the *Colorado Public Health Insurance for Families* application.

Calculating Non-Work Income (C) –

Medicaid counts non-work income from all individuals in the household. Non-work income is considered to be any income received by a family that is not received from work. This includes income such as:

- Unemployment
- Social Security benefits, excluding Supplemental Security Income (SSI)
- Alimony
- Child Support

Do not include income received based on financial need for anyone in the household. For example, do not include:

- Old Age Pension (OAP)
- Temporary Aid to Needy Families (TANF)
- Aid to the Needy and Disabled (AND)
- Woman, Infants, and Children (WIC)

*Non-work income does not need to be verified for PE. Therefore, no documentation is necessary.

The amount written on the worksheet should reflect the non-work income amount written on the *Colorado Public Health Insurance for Families* application.

Subtract Deductions (D) –

Certain deductions can be subtracted from a family's income for Medicaid PE. The deductions must have been paid in the same month as the income that was used to determine eligibility. These include any of the following expenses:

- Dependent Care - \$200 deduction monthly per person under 2 years of age, \$175 deduction monthly per person over 2 years of age.
- Employment - \$90 deduction monthly per employed person. This includes self-employed individuals.
- Incoming Alimony/Child Support - \$50 total deduction monthly off child support or alimony. This deduction is for total child support/alimony, not per person.

Calculating Medicaid Presumptive Eligibility Income-

By combining work and non-work income and subtracting any relevant self-employment expenses and other deductions, income is calculated for the applicant (See Appendix E).

CHP+ PE PORTION OF THE MEDICAID/CHP+ WORKSHEET

The CHP+ column on the Medicaid/CHP+ worksheet should only be completed if the client is determined to be ineligible for Medicaid from the Medicaid column of the Medicaid/CHP+ worksheet.

Determining Family Size for CHP+ PE –

Family size includes the parent or caretaker relative and all of their dependent children (including unborn children). Grandparents, a boyfriend, or other relatives are NOT counted even if they live in the household.

Determining Work Income (A) –

Using the work income calculation found in the Medicaid portion, combine all work income, documented and self-declared, to get a total work income amount for the worksheet.

Self-Employment Expenses (B) –

Use the same amount found on line B of the Medicaid column.

Calculating Adult Non-Work Income (C) –

Use the same non-work income calculation found in the Medicaid portion. However, only include income for household members age 18 and over. CHP+ does not count income for household members under the age of 18.

Subtract Deductions (D) –

Certain deductions can be subtracted from a family's income for CHP+ PE. The deductions must have been paid in the same month as the income that was used to determine eligibility. These include any of the following expenses:

- Childcare
- Elder care
- Medical expenses
- Health insurance premiums
- Outgoing alimony or child-support.

*These expenses are self-reported by the applicant and do not need to be verified for PE.

The amount written on the worksheet should reflect the deductions written on the *Colorado Public Health Insurance for Families* application.

Calculating CHP+ Presumptive Eligibility Income –

By combining work and non-work income and subtracting any relevant self-employment expenses and other deductions, income is calculated for the applicant (See appendix E).

Site Name: _____
Technician Signature: _____

Site Name – Enter the name of the PE Site.

Technician Signature – This is the name of the technician who has performed the PE screening and the PE eligibility determination.

B. Determining Presumptive Eligibility in CBMS

To determine eligibility for PE, all information must be entered into CBMS. The system will determine if an applicant is eligible and will allow the user to print either a denial for denied applicants or a Temporary PE Member Card for approved applicants.

All PE enrollments MUST be entered on the date of their PE screening in order for their benefits to begin the same day.

Please contact the CBMS Helpdesk for problems with the system at (720) 570-5300.
Please contact Ann Clemens with any policy or training issues at (303) 866-6115 or by email at ann.clemens@state.co.us.

All clients should be checked for current Medicaid or CHP+ eligibility in the Provider Web Portal prior to entering the client in CBMS.

Workers will have different logins to the HCPF Web Portal to access the Provider Web Portal and the HCPF Portal to access CBMS. Workers will need to logout of the Provider Web Portal in order to login to CBMS.

Access the CBMS Portal at: <http://www.chcpf.state.co.us/> by clicking on Secured Sites.

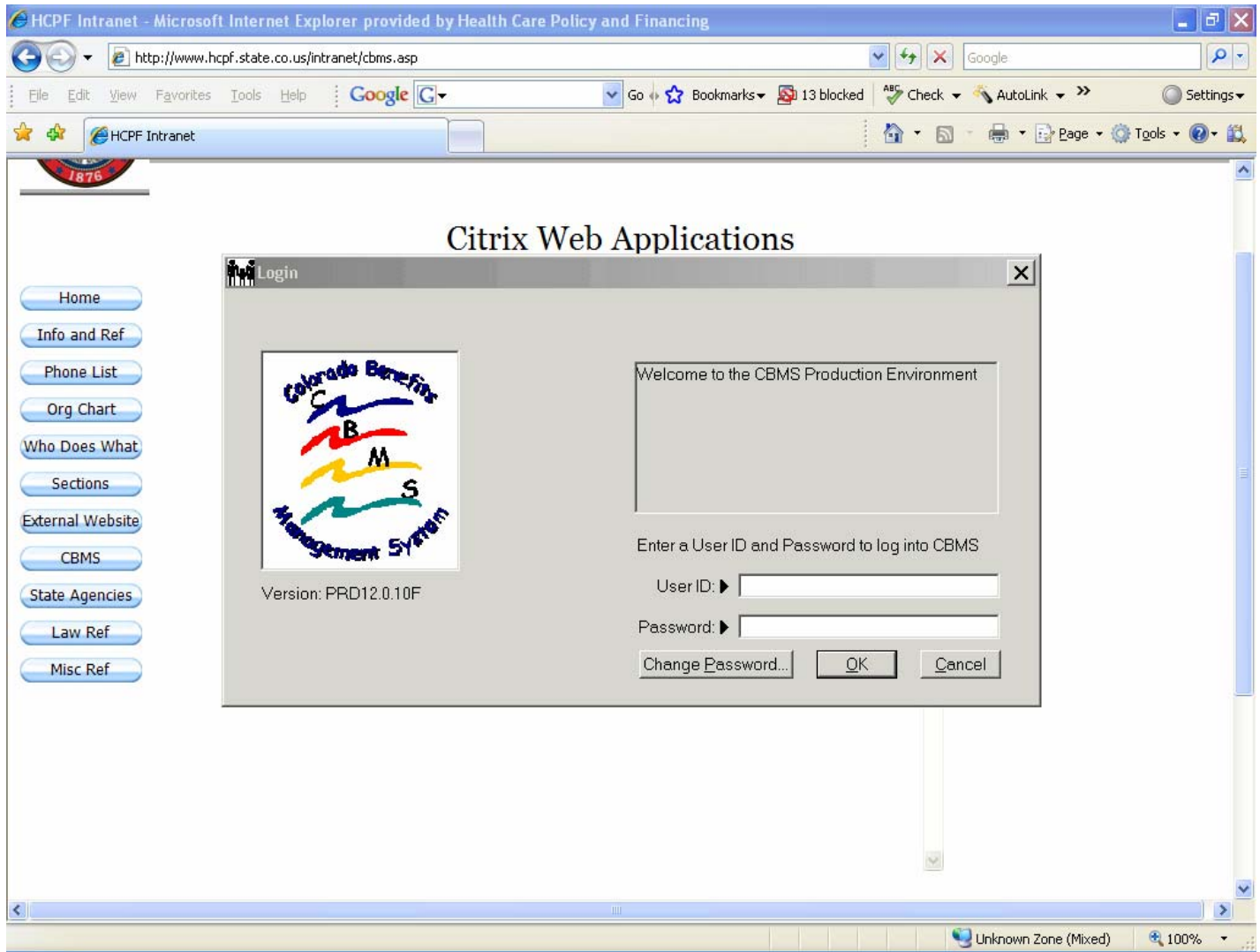


The first time you access the HCPF Portal using your **new ID**, you will be asked to update your security profile. This security profile holds your user information and password. This system will ask you to verify your email address and three security questions for password resets. Complete the required fields. This update will enable you to reset your password if you are locked out of the portal.

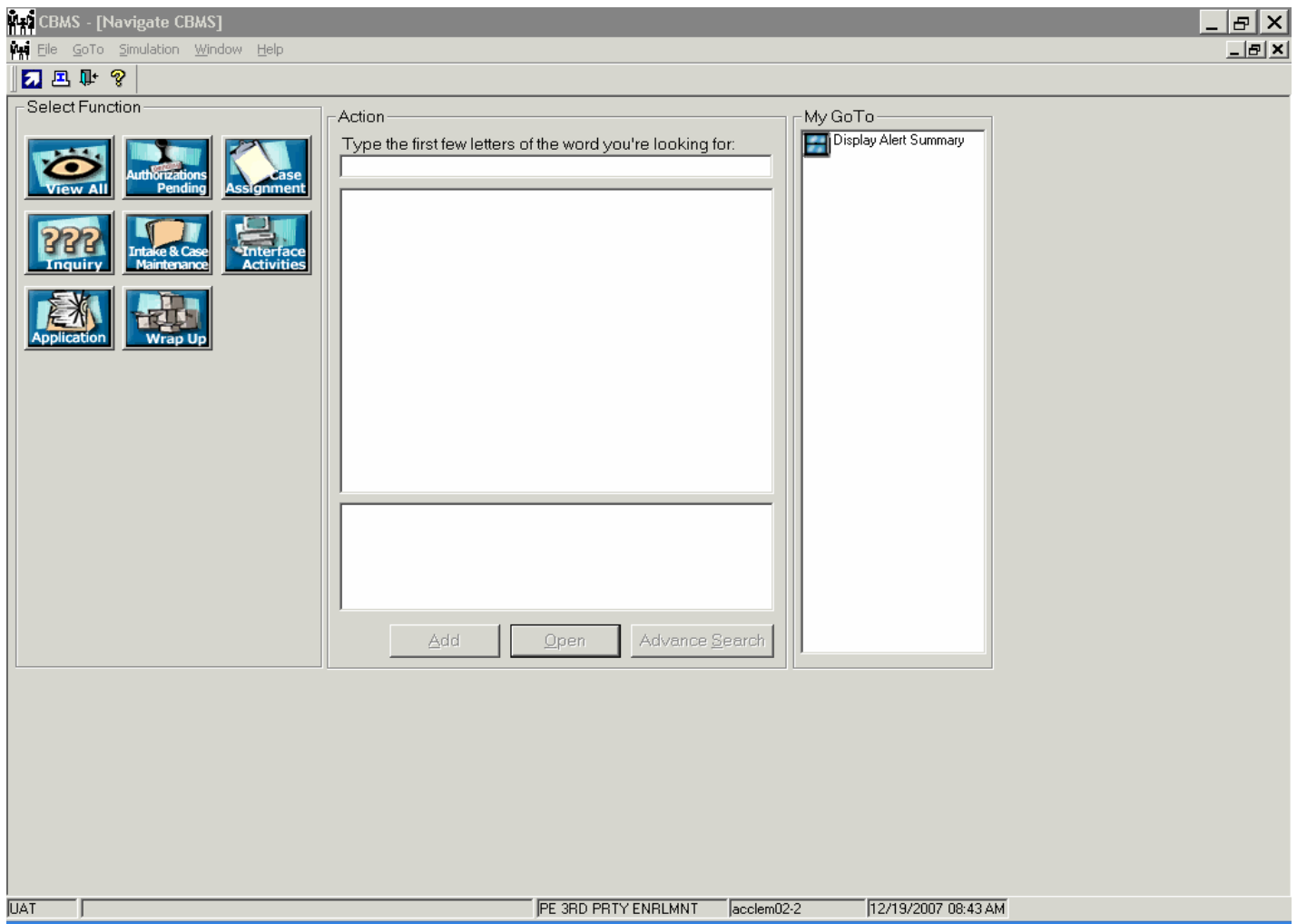


Entering CBMS

- **Double-click** on the “**CBMS**” icon to enter CBMS.
- You will be prompted to change your password the first time you login to the system.
- You may need to download the Citrix application on your computer if Citrix is not already downloaded.
- If prompted to download Citrix, click yes and download the application.



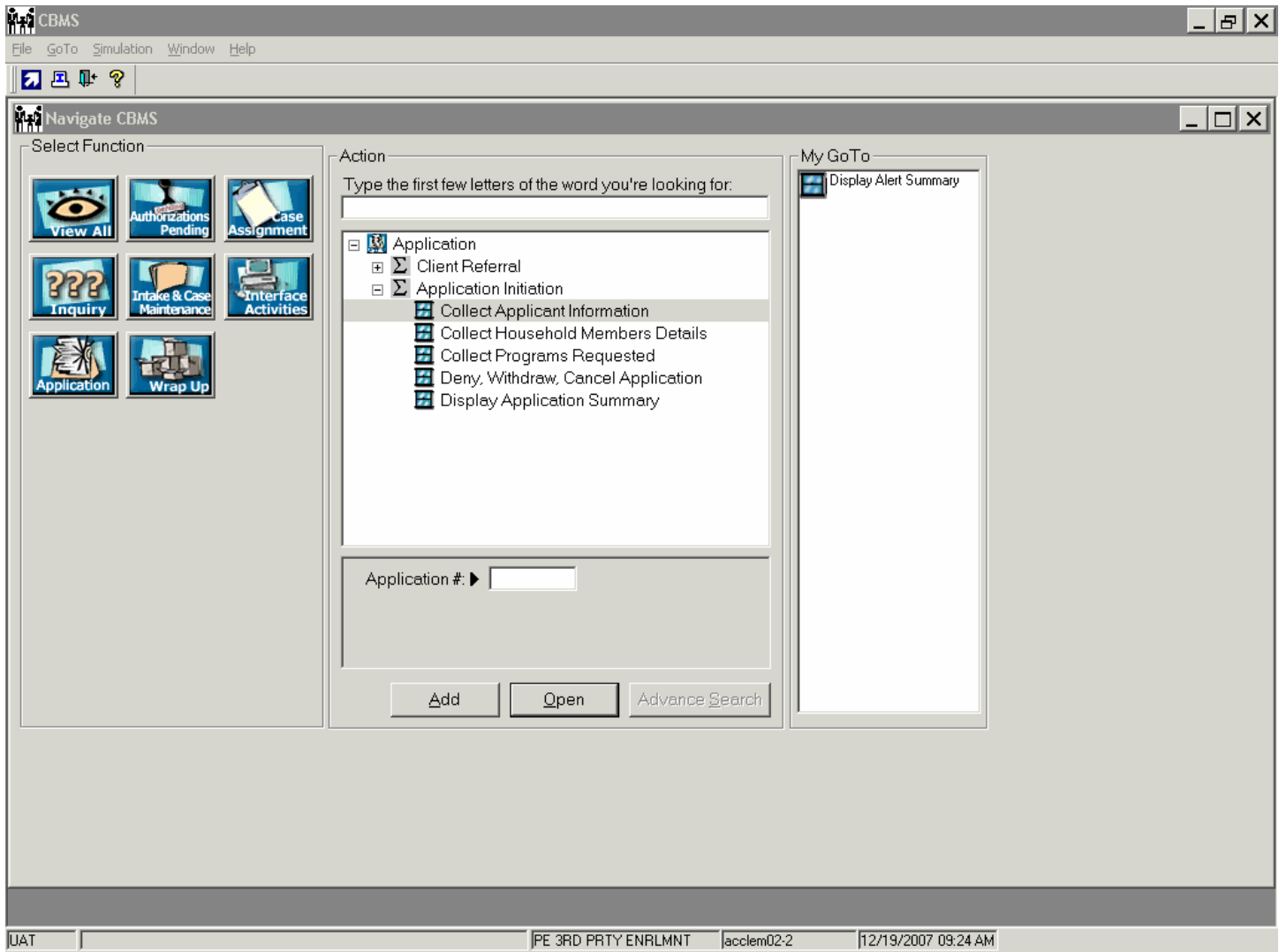
The following screen shows the **Main Menu** that will appear in CBMS.



Starting an Application

1. **Click** the *“Application”* button on the Navigate CBMS window, and then **click** the *“+”* next to *“Application Initiation”* to expand the menu.
2. **Select** *“Collect Applicant Information”*.
3. To start a new application, **click** the *“Add”* button.

“Collect Applicant Information” Screen



Collecting Applicant Information

First, enter basic information about the applicant on the “**Collect Applicant Information**” window.

1. Complete at least the required fields. These have a “▶” (caret) next to them.
2. Enter the **application date** under the “*Date*” field.
3. Enter the **Type** as “*Initial/New.*”
4. Enter the “*Applicant Name*” and “*Gender*”.
5. Enter the “*(DOB) Date Of Birth*” and the “*(SSN) Social Security Number*”.
6. Enter the “*Primary*” and “*Written*” Language.
7. Click the “*Address*” tab.

The screenshot displays the 'Collect Applicant Information' window in the CBMS application. The window title bar includes 'CBMS' and standard window controls. The menu bar contains 'File', 'GoTo', 'Simulation', 'Window', and 'Help'. The toolbar includes various icons for file operations and navigation. The main content area is divided into two tabs: 'Applicant' (selected) and 'Address'. The 'Applicant' tab contains several sections of input fields:

- Application:** Number (empty), Applicant Name (empty), Date: [00/00/0000]
- Applicant:** Date: ▶ [12/19/2007], Type: ▶ [Initial/New], Input Date: [12/19/2007], Source: ▶ [PE Site], Location: [PE 3RD PRTY ENRLMNT BRKR/PE Offi]
- Applicant Name:** Last: ▶ [PEChild], First: ▶ [Rosco], Middle: [], Suffix: []
- Gender:** ▶ [Male], DOB: [01/01/1990], SSN: [421-07-8541], Ethnicity: []
- Language:** Primary: ▶ [English], Written: ▶ [English], Interpreter [Y/N]: [], Date Arrived In County: []

The status bar at the bottom of the window displays: UAT | PE 3RD PRTY ENRLMNT | acclem02-2 | 12/19/2007 09:25 AM





Entering the Client's Address

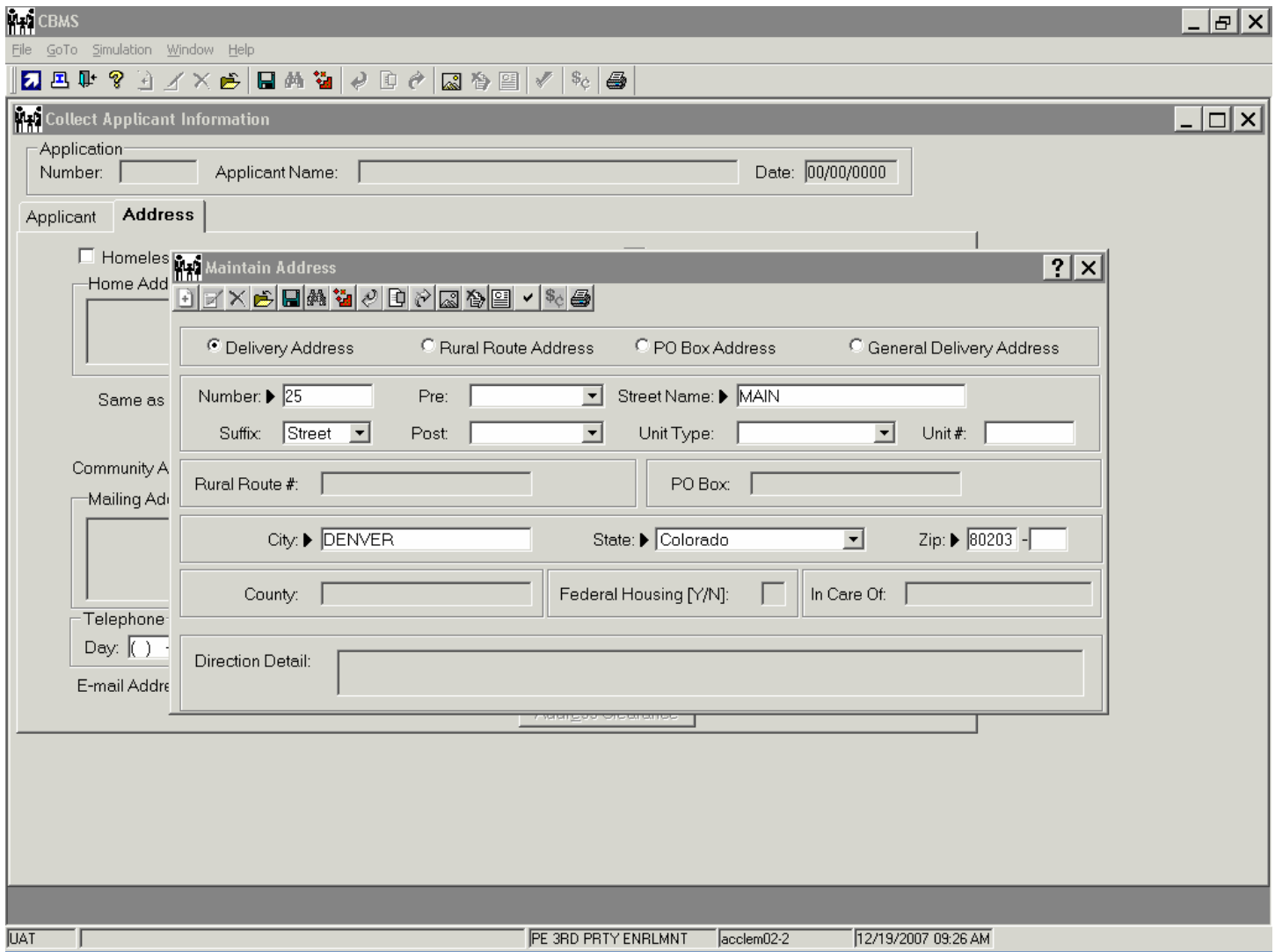
Enter the address on the "Address" tab of the "Collect Applicant Information" window.

The screenshot shows the 'Collect Applicant Information' window in the CBMS application. The window title is 'Collect Applicant Information'. At the top, there is a menu bar with 'File', 'GoTo', 'Simulation', 'Window', and 'Help'. Below the menu bar is a toolbar with various icons. The main form area is titled 'Collect Applicant Information' and has two tabs: 'Applicant' and 'Address'. The 'Address' tab is selected. The form contains the following fields and controls:

- Application Number: [] Applicant Name: [] Date: 00/00/0000
- Homeless: Is Your Home Address Permanent [Y/N]:
- Home Address: [25 MAIN ST
DENVER CO 80203] Home Address... []
- Same as Home [Y/N]:
- Office [Y/N]: Office: []
- Community Agency [Y/N]: Agency: []
- Mailing Address: [25 MAIN ST
DENVER CO 80203] Mailing Address... []
- Telephone: Day: (303) 555-4235 Ext: [] Evening: () - [] Ext: [] Message: () - [] Ext: []
- E-mail Address: [] Address Clearance []

At the bottom of the window, there is a status bar with the following information: UAT | PE 3RD PRTY ENRLMNT | jaclem02-2 | 12/19/2007 09:27 AM

1. Click the "Home Address" button. The "Maintain Address" window displays.
2. Click the (save)  icon. Once the address is saved, the County and four-digit Zip code fields automatically populate.
3. Click the (Close)  icon. The "Collect Applicant Information" window displays.
4. If the client's Mailing Address is the same as his/her Home Address, enter "Y" in the "Same as Home" [Y/N] field. The Mailing Address field is automatically populated with the home address. Otherwise, click the "Mailing Address" button, and enter the mailing address.
5. Click the (save)  icon. An "Application Number" is assigned.
6. Write this number down on the PE worksheet. You will need it if you want to open the application record later.
7. Click the  icon on the toolbar to display the next window in the queue.



The screenshot shows the CBMS software interface. The main window is titled "Collect Applicant Information" and has tabs for "Applicant" and "Address". The "Address" tab is active. The "Maintain Address" sub-window is open, showing address entry fields. The "Delivery Address" radio button is selected. The "Number" field contains "25", "Pre" is empty, "Street Name" is "MAIN", "Suffix" is "Street", "Post" is empty, "Unit Type" is empty, and "Unit #" is empty. The "City" field contains "DENVER", "State" is "Colorado", and "Zip" is "80203". The "County" field is empty, "Federal Housing [Y/N]" is unchecked, and "In Care Of" is empty. The "Direction Detail" field is empty. The status bar at the bottom shows "UAT", "PE 3RD PRY ENRLMNT", "acclm02-2", and "12/19/2007 09:26 AM".

Collecting the Household Members Details

The next window in the queue is the *“Collect Household Members Details”* window.

You must **enter** and **“clear”** the applicant(s) before proceeding. When you **“clear”** a person, you obtain a **State ID**.

1. The **applicant’s name** is filled in automatically. Make sure that *“Requesting Aid”* and *“In the Home”* are marked **“Y”**.
2. **Click** the **“Clearance”** button. The **“Clear/Inquire on Individual”** window displays.

Complete the following steps to enter and clear other household members:

1. **Click** the **“+”** icon on the toolbar to **clear** the fields and **add** another household member.
2. **Enter** the person’s **Name, Gender, and any other identifying details**.
3. **Enter “Y”** in the *“Requesting Aid [Y/N]”* field to indicate that this person is requesting aid.
4. **Enter “Y”** *“in the Home [Y/N]”* field to indicate that the person is living in the home.
5. **Click** the **Clearance** button. The **“Clear/Inquire on Individual”** window displays.

Application Number: 2305286 Applicant Name: PEChild, Rosco Date: 12/19/2007

Name	SSN	DOB	Gender	Client ID	State ID
PEChild, Rosco	421-07-8541	01/01/1990	Male		

Name: Last: PEChild First: Rosco Middle: Suffix:
Gender: Male DOB: 01/01/1990 SSN: 421-07-8541 SSA Referral:
Non-citizen Status: Non-Citizen #:
Requesting Aid [Y/N]: In the Home [Y/N]: WP Issue [Y/N]:

Buttons: Clearance... Rqst.STID Prior.Aid... Alias...

UAT | PE 3RD PRTY ENRLMNT | acclem02-2 | 12/19/2007 09:27 AM

Clearing the Applicant

When you click *“Clearance”*, the **“Clear/Inquire on Individual”** window displays. CBMS determines whether the person is known to the system.

Client Known to CBMS

1. If the person is already known to the system, **CBMS retrieves** the **Client ID** and the **State ID**. Client records that may match those of the client display in the results area.
2. If there is a match, **highlight the name**, and then **click** the *“Select”* button. **Only press Select if you are certain that the found client is the same person as the applicant. Sites must check the name, date of birth, and social security number to be certain the correct State ID matches the correct client. Please see Appendix H of this manual for more information on Client Clearance.**
3. If the **client records** displayed do not match those of the client, go to **Step 3** on the instructions for **Client Not Known** to CBMS below to **create** a new **Client ID**.

The screenshot shows the 'Clear/Inquire on Individual' window with the following search criteria:

- Name: Last Name: Training, First Name: Bryson, Middle Name: Y, Suffix: [Dropdown]
- Client ID: 2905107, SSN: 789-41-5142, Gender: Male
- State ID: [Empty], Non-Citizen #: [Empty], DOB: 03/12/2001, County: [Dropdown]
- Filter: [Empty]
- Displayed Rows: 1

The results table is as follows:

Client ID	State ID	PF	Active [Y/N]	Last Name	First Name	Middle Name	Suffix	Gen
2905107		100	Y	Training	Bryson	Y		Male

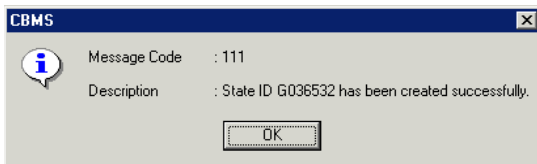
Buttons at the bottom include: Case List..., Individual Detail..., Alias Names..., Special Ind..., Merged ID Xref..., New, and Select...


Client Not Known to CBMS

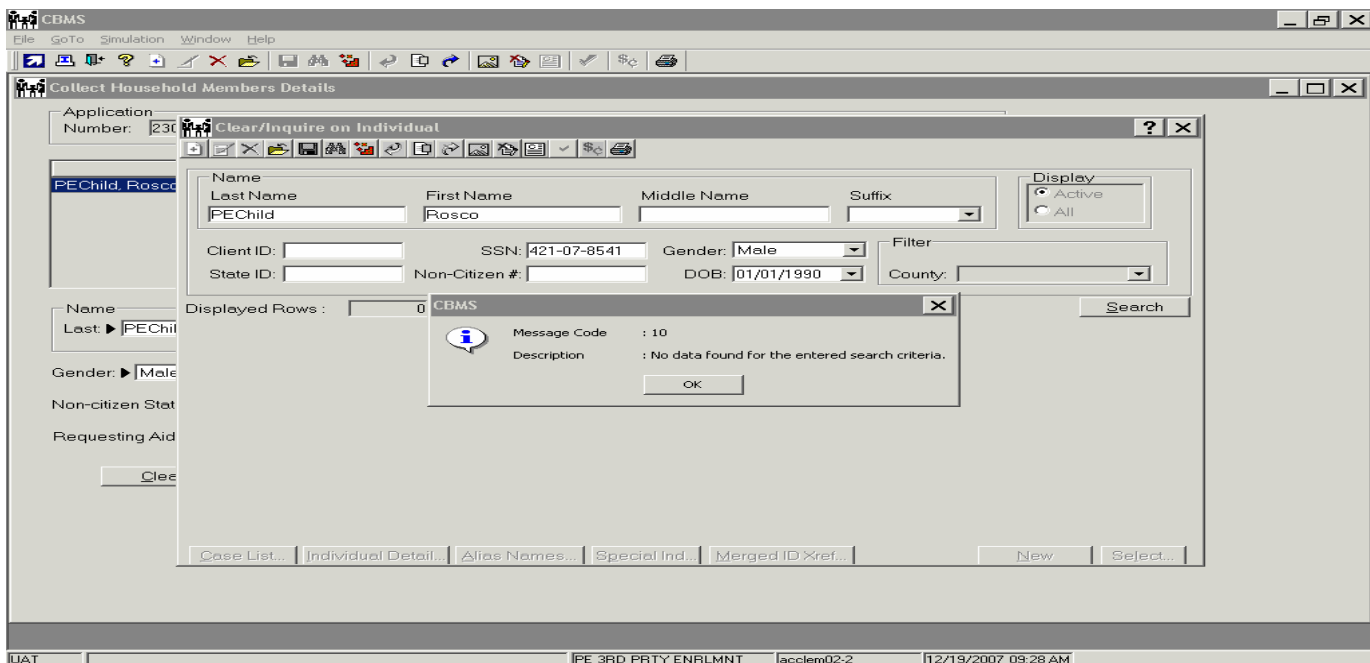
1. If the person is **new** to the system, CBMS displays the message “**No data found for the entered search criteria,**” indicating that the person **was not** found.
2. **Click “OK”** in this message box.
3. **Click** the “**New**” button. *A message box displays asking whether you are sure you want to generate a new Client ID.*
4. **Click “Yes”** in this message box. **CBMS displays the Client ID.**
5. **Click “OK”** to close this message box.
6. **Close** the window. The “**Collect Household Members Details**” window displays.

Assigning the State ID


1. After **clearing** the client, **click** the “**Rqst STID**” button to **assign** a State ID.
You must obtain a State ID for every person requesting aid.

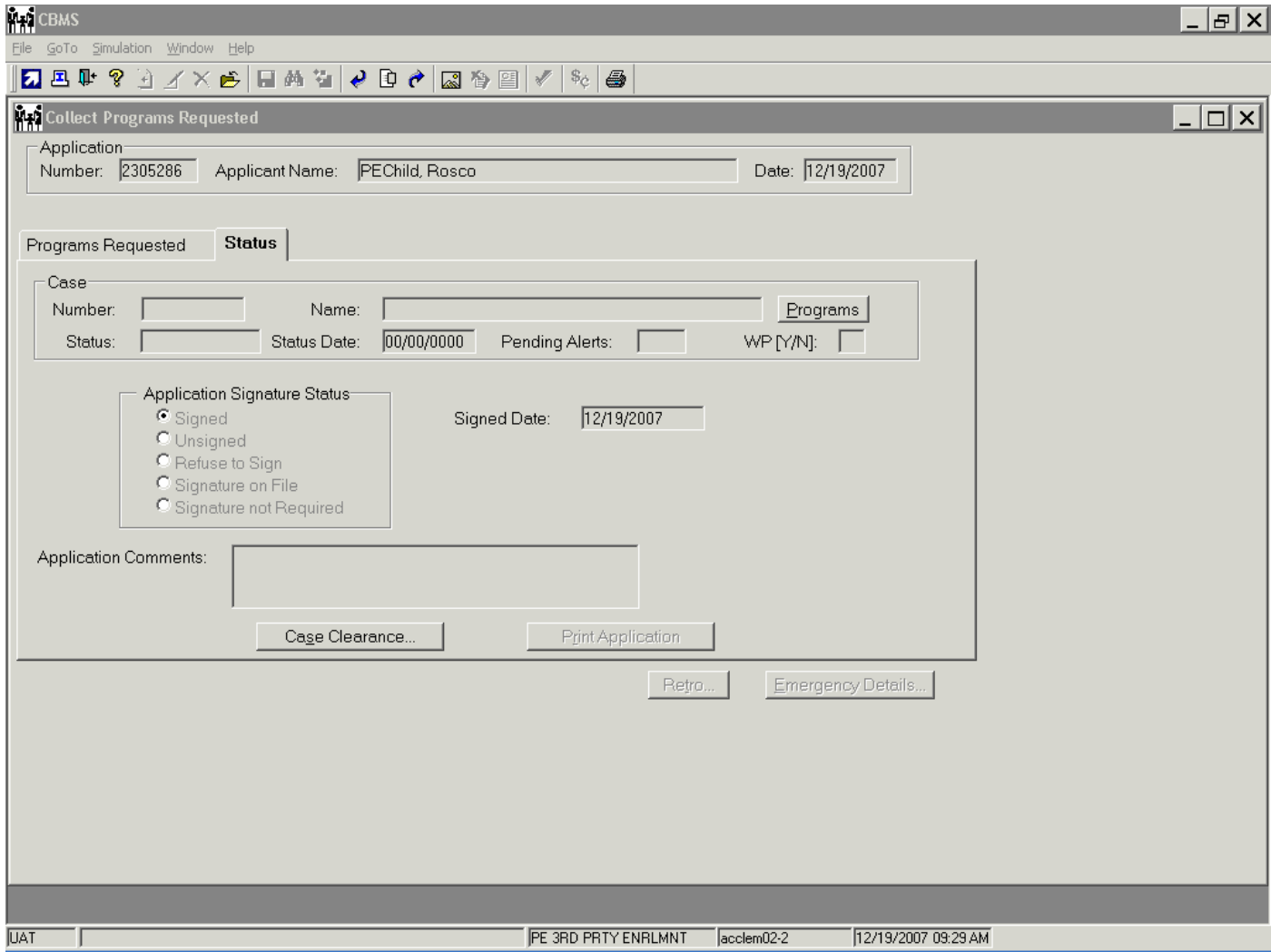


2. **Click “OK”** on the message box displaying the State ID.
3. **Record** either the **Client ID** or the **State ID** in the case file.
4. **Click** the “” icon on the toolbar to continue.
5. If an “**error**” message appears, you must wait 24 hours before the State ID will be assigned. The applicant can either return to the site the following day for the PE card or it can be mailed to them through the system. *Workers that are seeing a client with a medical emergency may call the CBMS Help Desk to access a State ID immediately.*



Finalizing the Application

1. Click the *“Signed”* radio button in the **“Application Signature Status”** group box.
2. Enter the *“date”* the client signed the application in the **“Signed Date”** field.
3. Click the  icon on the toolbar.
4. Click the *“Case Clearance”* button. The **“Get Case Number”** window displays.



CBMS

File GoTo Simulation Window Help

Collect Programs Requested

Application
Number: 2305286 Applicant Name: PEChild, Rosco Date: 12/19/2007

Programs Requested **Status**

Case
Number: Name: Programs
Status: Status Date: 00/00/0000 Pending Alerts: WP [Y/N]:

Application Signature Status
 Signed
 Unsigned
 Refuse to Sign
 Signature on File
 Signature not Required

Signed Date: 12/19/2007

Application Comments:

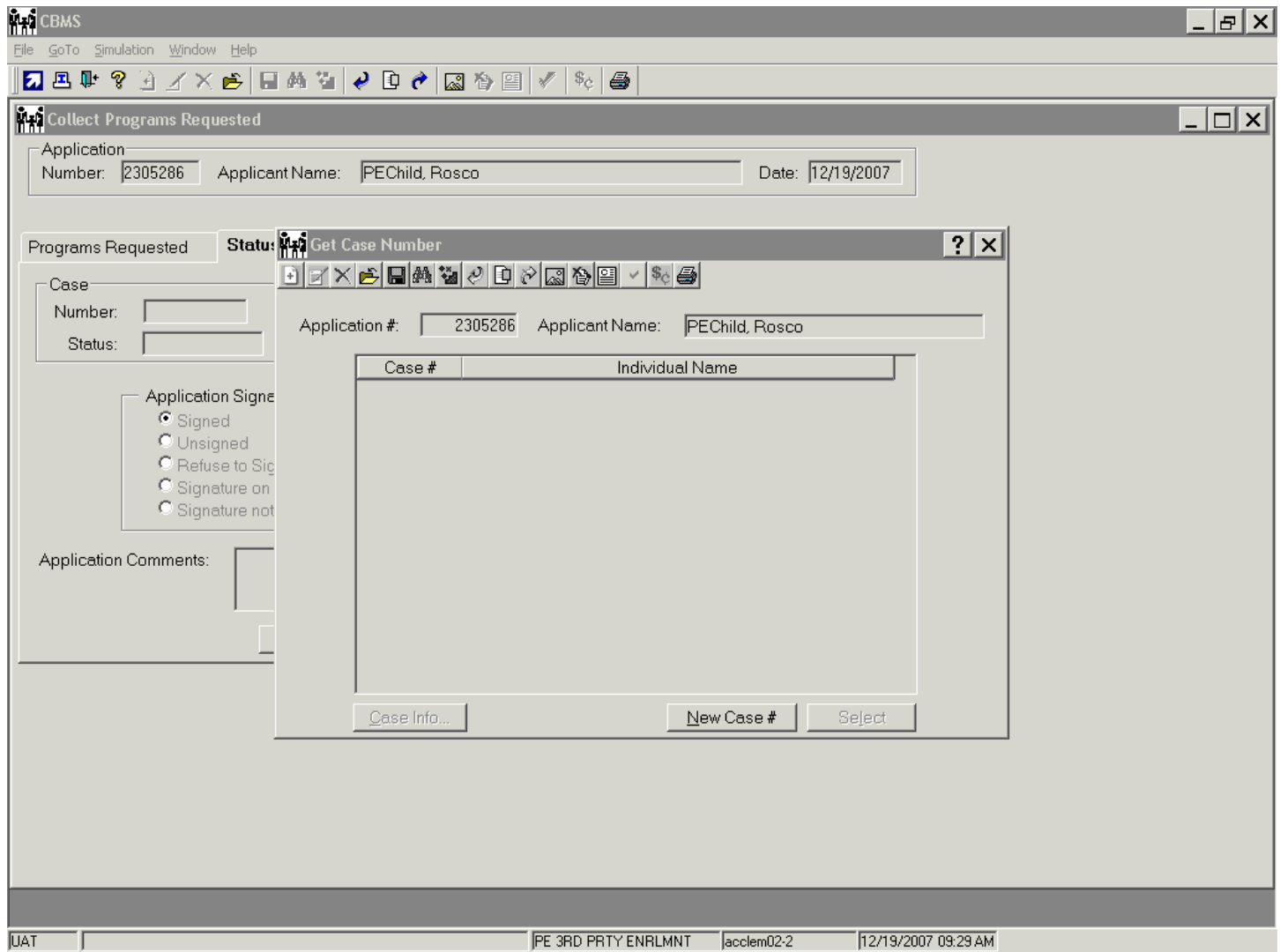
Case Clearance... Print Application

Retro... Emergency Details...

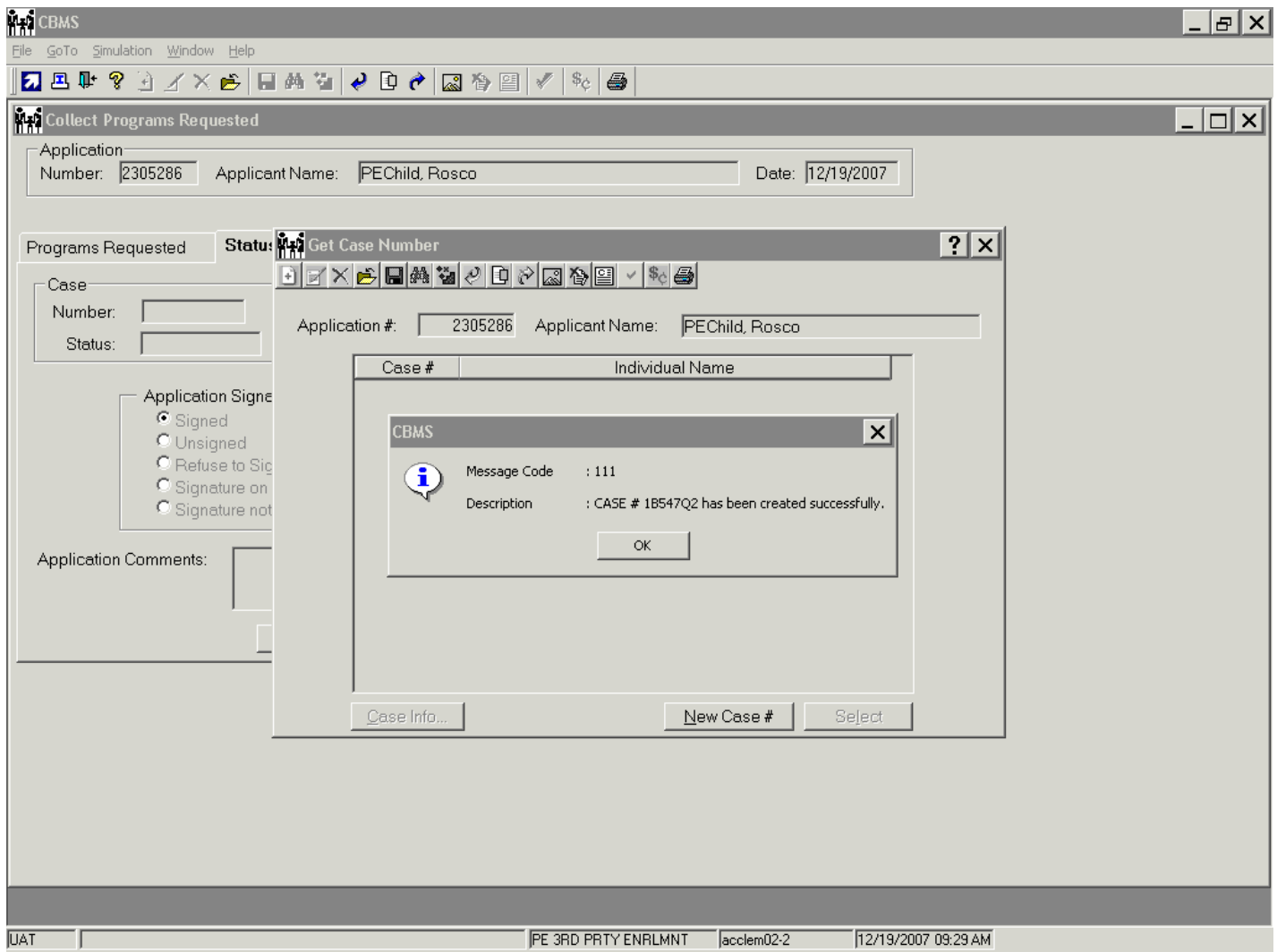
UAT PE 3RD PRY ENRLMNT jaclem02-2 12/19/2007 09:29 AM

Assigning a New Case Number

1. Click the **"New Case #"** button. A message box displays asking **"Are you sure you want to generate a new Case #?"**
2. Click **"Yes"**.



3. CBMS displays a message box with the **new case number**. Click **“OK”**. The **case number** displays in the **“Number”** field on the **“Collect Programs Requested”** window.
6. **Record the case number with the application number on the PE worksheet.**
7. **Click the “↻” icon on the toolbar.**



Display Application Summary

To continue with the application data entry process, **click** the *“Interactive Interview”* button.

Application
Number: 2305286 Applicant Name: PEChild, Rosco Date: 12/19/2007

Case
Number: 1B547Q2 Name: PEChild, Rosco Programs
Status: Pending Status Date: 12/19/2007 Pending Alerts: 1 WP [Y/N]: N

Program Group	Emergency Requests	Program Status	Due Date
Presumptive Eligible Medical	<input type="checkbox"/>	Pending	02/02/2008

Case Assignment... Authorized Rep/Payee... Interactive Interview... Adult Protective Services...

UAT | PE 3RD PRTY ENRLMNT | jaclem02-2 | 12/19/2007 09:30 AM

Interactive Interview/Starting an Interview

1. **Click** the *“Initiate Interview for”* check boxes to initiate the interview for PE.
2. **Click** the *“Initiate Queue”* button.

Case

Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Case Mode:

- Intake
- Redetermination
- Periodic Reporting

Program Group	Initiate Interview for
Presumptive Eligible Medica	<input checked="" type="checkbox"/>

Initiate Queue...

UAT | PE 3RD PRTY ENRLMNT | accler02-2 | 12/19/2007 08:56 AM

Collect Case Summary Detail

Identifying the Head of Household

1. **Select** the *"Head of Household"* from the drop-down menu.
2. **Click** the *"Case Payee"* tab.

CBMS

File GoTo Simulation Window Help

Collect Case Summary Detail

Case

Number: 1B547P7 Name: PeFamily, TheMom Programs
Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Case Information Programs Requested Case Payee

Effective Begin Date: 12/19/2007 Effective End Date: 00/00/0000

Case Name
Last: PeFamily First: TheMom
Middle: Suffix:

Head Of Household: PeFamily, TheMom Applicant Name: PeFamily, TheMom 31 432-14-4242

Language
Primary: English
Written: English

Telephone
Day: () - Ext:
Evening: () - Ext:
Message: () - Ext:



Address Information
Whereabouts Unknown [Y/N]: N Reason:
Designated Case Addressee: PeFamily, TheMom 31 43; E-mail:

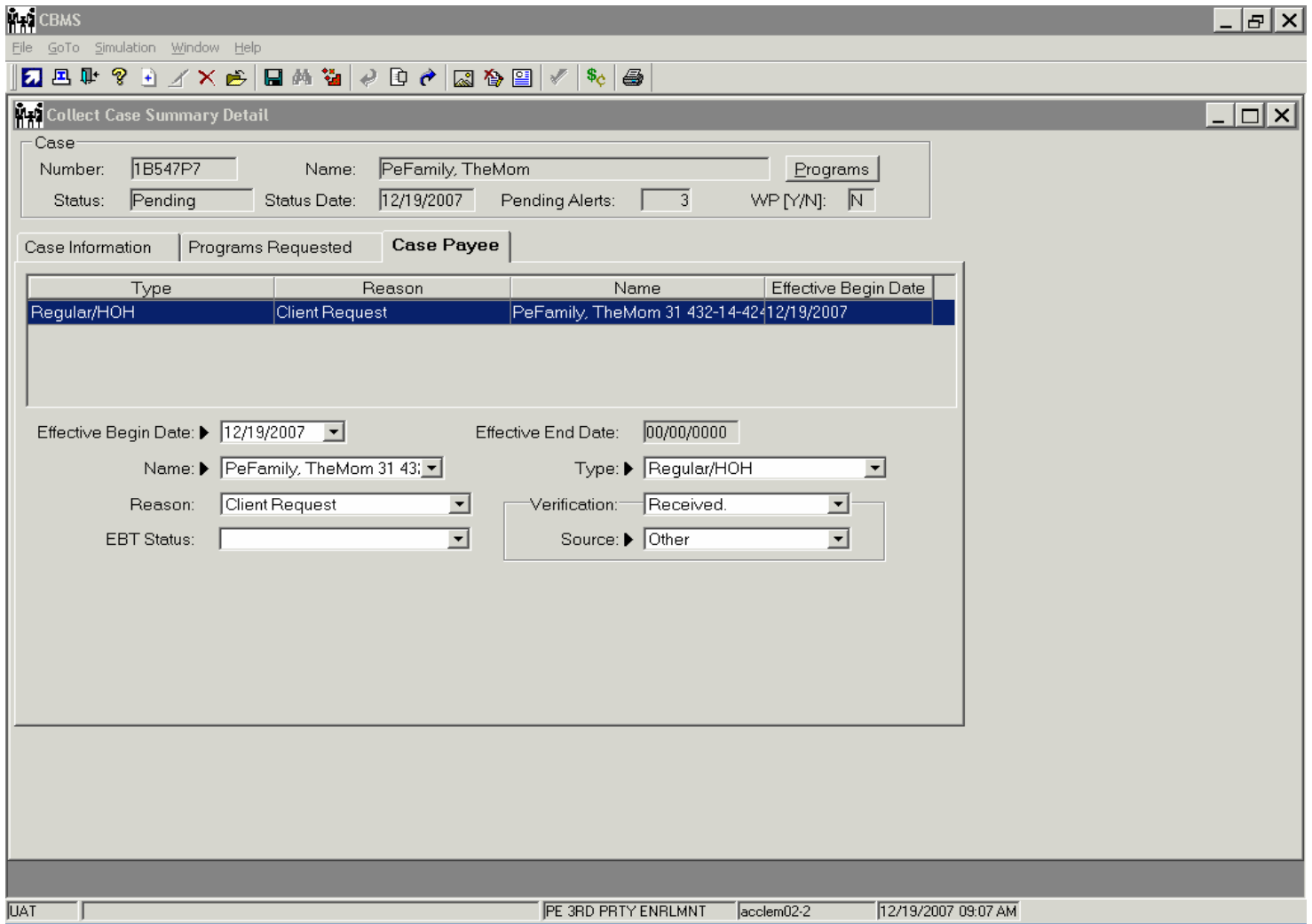
County
County Use Only Field #1: Funding Type: Co-mingled

History Options...

UAT | PE 3RD PRY ENRLMNT | acclem02:2 | 12/19/2007 09:08 AM

Case Payee Tab

1. Enter the "Effective Begin Date" (application date).
2. Select the Name of the Head of Household "(HOH)" from the drop-down menu.
3. Click the  icon on the toolbar.
4. Click the  button on the toolbar when all entry is complete.



The screenshot displays the 'Collect Case Summary Detail' window in the CBMS application. The 'Case Payee' tab is active, showing a table with one entry and a form below it.

Type	Reason	Name	Effective Begin Date
Regular/HOH	Client Request	PeFamily, TheMom 31 432-14-42	12/19/2007

Below the table, the form contains the following fields:

- Effective Begin Date: 12/19/2007
- Effective End Date: 00/00/0000
- Name: PeFamily, TheMom 31 43;
- Type: Regular/HOH
- Reason: Client Request
- Verification: Received
- EBT Status: (empty)
- Source: Other

The status bar at the bottom shows: UAT | PE 3RD PRY ENRLMNT | acclcm02-2 | 12/19/2007 09:07 AM

Display Individual Demographics Summary

Entering the Demographics

The next window in the queue is “**Display Individual Demographics Summary**”.

1. To **add** information to a **client listed** on the summary window, **select** the **client**, and **double-click** the **row**.
2. The “**Collect Individual Demographics Detail**” window displays.

Note:

This window may already have information completed. If the screen is already complete, do not change any information on this window as it may be in use by other program groups.

Case

Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Last Name	First Name	SSN	State ID	Non-Citizen #
PeFamily	TheMom	432-14-4242	G495263	
PeFamily	TheChild	454-35-4365	G495264	

Pgst-STID

UAT PE 3RD PRTY ENRLMNT acclem02-2 12/19/2007 09:00 AM

Demographics Detail Tab

1. Check the “Effective Begin Date”.
2. Check the “Gender”.
3. Check the “Date of Birth”.
4. If **not complete**, enter “US Citizen”. If “US Citizen” is “No” mark “Y” or “N” in the “Qualified Non-Citizen [Y/N]” box. See Section II of this manual for more information on qualified non-citizens.
5. Enter “Y” or “N” under the “Other Insurance” box. This will be a “yes” only if the client has other medical insurance.
6. Click the “Identification Detail” tab.

CBMS

File GoTo Simulation Window Help

Display Individual Collect Individual Demographics Detail

Case Number: 18 Status: Pe

Effective Begin Date: 12/19/2007 Effective End Date: 00/00/0000

Demographics Detail Identification Detail Ethnicity Detail

Name Last: PeFamily First: TheMom Middle: Suffix:

Gender: Female

Non-Citizen #: Name of Tribe:

Birth Information State: Colorado County: ARAPAHOE Verification: Received Date: 11/14/1976 Source: Client Statement Homeless [Y/N]: N

US Citizen: Yes Verification: Received Status: US Born Source: Client Statement Date Citizenship Status Changed: Qualified Non-Citizen [Y/N]:

Primary Spoken Language: English Primary Written Language: English Translator Needed [Y/N]: Mother's Maiden Name:

Telephone Day: () - Ext: Evening: () - Ext: Message: () - Ext:

Marital Information Status: Verification: Status Date: Source: Reason for Separation:

Death Information Date: Verification: County: Source: Highest Grade Completed: High School Completion Date: Other Insurance [Y/N]: N

Special Indicator... Clearance... Individual Address... Individual Aliases... Prior Aid... SSI/BSP...

UAT PE 3RD PRY ENRLMNT jaclem02-2 12/19/2007 09:00 AM

Identification Detail Tab

Note:

This window may already have information completed. If the screen is already complete, do not change any information on this window as it may be in use by other program groups.

1. Check the "SSN".
2. Click the "Ethnicity Detail" tab.

The screenshot displays the CBMS software interface. The main window is titled "Collect Individual Demographics Detail" and has three tabs: "Demographics Detail", "Identification Detail" (which is selected), and "Ethnicity Detail". The "Identification Detail" tab contains the following fields and controls:

- Effective Begin Date: 12/19/2007
- Effective End Date: 00/00/0000
- SSN: 432-14-4242
- Verification: Received (dropdown)
- Source: SSN Card (dropdown)
- Applied [Y/N]:
- Application Date: (dropdown)
- Verification: (dropdown)
- Source: (dropdown)
- Attempted to Obtain [Y/N]:
- Verification: (dropdown)
- Source: (dropdown)
- Good Cause Date: (dropdown)
- SSA Referral Date: (dropdown)
- Reason for not attempting to obtain SSN: (dropdown)
- Identification [Y/N]:
- State: (dropdown)
- Verification: (dropdown)
- Driver's License/ID#: (text field)
- Source: (dropdown)
- Reason for not providing ID: (dropdown)
- Secondary Identification... (button)


At the bottom of the window, there are several buttons: "Special Indicator...", "Clearance...", "Individual Address...", "Individual Aliases...", "Prior Aid...", and "SSI/SSP...". The status bar at the very bottom shows "UAT", "PE 3RD PRY ENRLMNT", "acclem02-2", and "12/19/2007 09:00 AM".

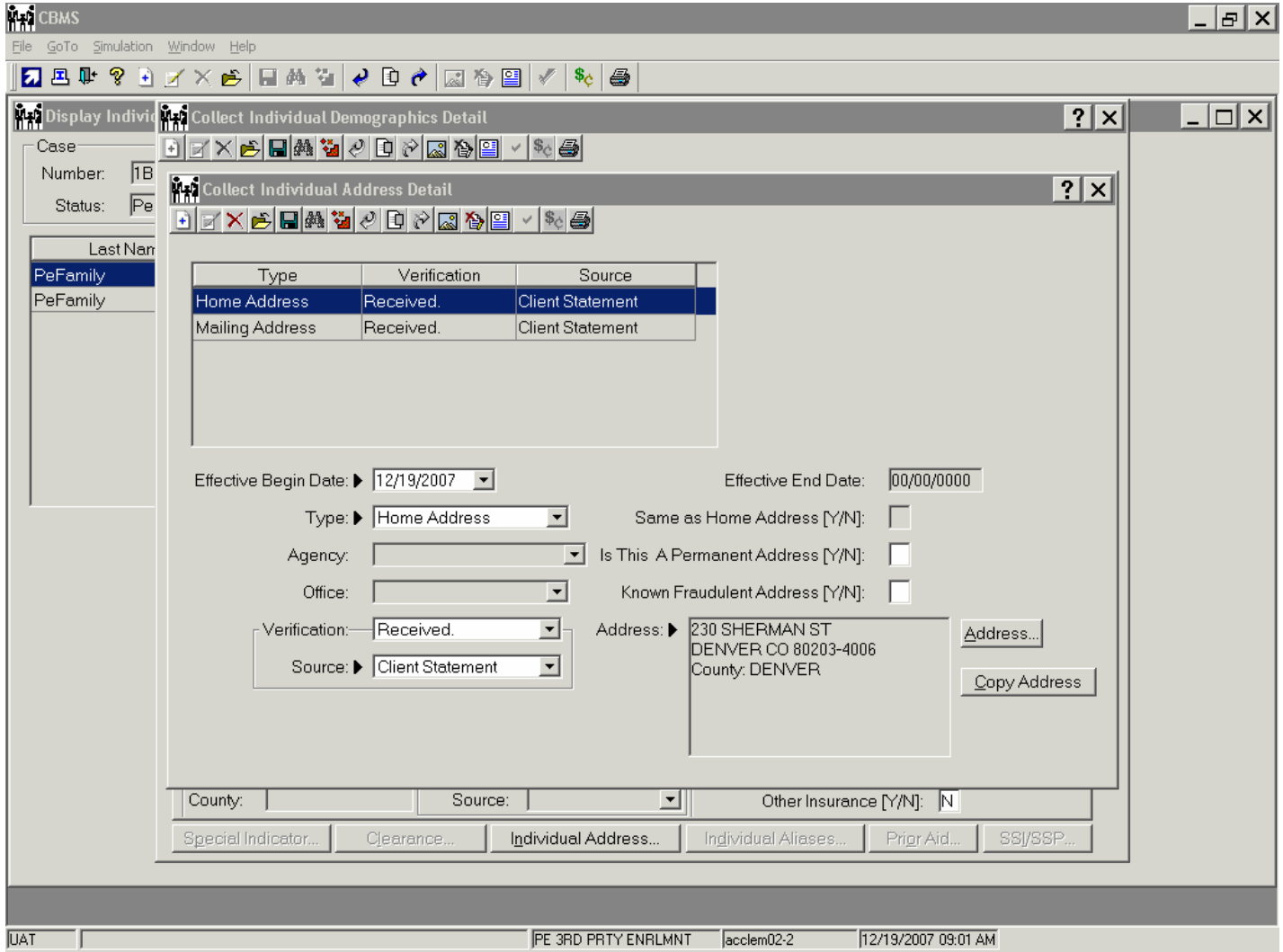
Ethnicity Tab

1. **Check** the *“Ethnicity”*. If blank, **select** the *“Ethnicity”* from the list on the left. If the client reports more than one ethnicity, the **ethnicity listed first** on the right will be used for federal reporting. *If the client does not report an ethnicity, this tab can remain blank.*
2. **Click** the *“Add>”* button.
3. **Click** the *“Individual Address”* button.

The screenshot displays the CBMS software interface. The main window is titled "Collect Individual Demographics Detail" and has three tabs: "Demographics Detail", "Identification Detail", and "Ethnicity Detail". The "Ethnicity Detail" tab is active. At the top of the window, there are fields for "Effective Begin Date" (12/19/2007) and "Effective End Date" (00/00/0000). Below these are three columns: "Available:", "Selected:", and "Ethnicity". The "Available:" column contains a list of ethnicity options: "Ethnicity", "American Indian/Alaskan Native", "Asian", "Black/African American", "Hispanic/Latino", "Native Hawaiian/Other Pac Isl", "Other/Unknown", and "White". The "Selected:" column contains the word "Ethnicity". Between the columns are four buttons: "Add >", "Add All >>", "<< Remove All", and "< Remove". At the bottom of the window, there are several buttons: "Special Indicator...", "Clearance...", "Individual Address...", "Individual Aliases...", "Prior Aid...", and "SSI/SSP...". The status bar at the bottom shows "UAT", "PE 3RD PRY ENRLMNT", "acclm02-2", and "12/19/2007 09:01 AM".

Individual Address

1. Verify that **“Home Address”** and **“Mailing Address”** have been populated for **Head of Household**.
The **“Collect Individual Address Detail”** window is only required for the **HOH**.
2. **Click** the **“****”** icon on the toolbar.
3. **Close** the **“Collect Individual Address Detail”** window.



The screenshot shows the CBMS software interface. The main window is titled "Collect Individual Address Detail". On the left, there is a sidebar with "Case" information: "Number: 1B" and "Status: Pe". Below this is a list of "Last Name" entries: "PeFamily" and "PeFamily".

The main area contains a table with the following data:

Type	Verification	Source
Home Address	Received.	Client Statement
Mailing Address	Received.	Client Statement

Below the table, there are several input fields and checkboxes:

- Effective Begin Date: 12/19/2007
- Effective End Date: 00/00/0000
- Type: Home Address
- Same as Home Address [Y/N]:
- Agency: [Empty]
- Is This A Permanent Address [Y/N]:
- Office: [Empty]
- Known Fraudulent Address [Y/N]:
- Verification: Received.
- Source: Client Statement
- Address: 230 SHERMAN ST, DENVER, CO 80203-4006, County: DENVER
- Buttons: Address..., Copy Address


At the bottom of the window, there are several buttons: "Special Indicator...", "Clearance...", "Individual Address...", "Individual Aliases...", "Prior Aid...", and "SSI/SSP...".

The status bar at the bottom of the screen shows: "UAT | PE 3RD PRY ENRLMNT | acclem02-2 | 12/19/2007 09:01 AM".

Collecting Case Individual Detail

Select the **Name** of the client from the drop-down menu on the “**Collect Case Individual Detail**” window.

The following steps must be done for all individuals on the case.

1. Check the “**Effective Begin Date**”.
2. Check the “**Request Date**” (application date).
3. Check “*Requesting Assistance [Y/N]*”.
4. Click the “” icon on the toolbar.

Case

Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Name: PeFamily, TheMom 31 432-14-4242 3513469

Program Requested Other Information

Effective Begin Date	Effective End Date	Program Group	Request Date	Requesting Assistance [Y/N]	An
12/19/2007	00/00/0000	Presumptive Eligible Med	12/19/2007	Y	

Effective Begin Date: 12/19/2007 Effective End Date: 00/00/0000



Program Group: Presumptive Eligible Medical Request Date: 12/19/2007

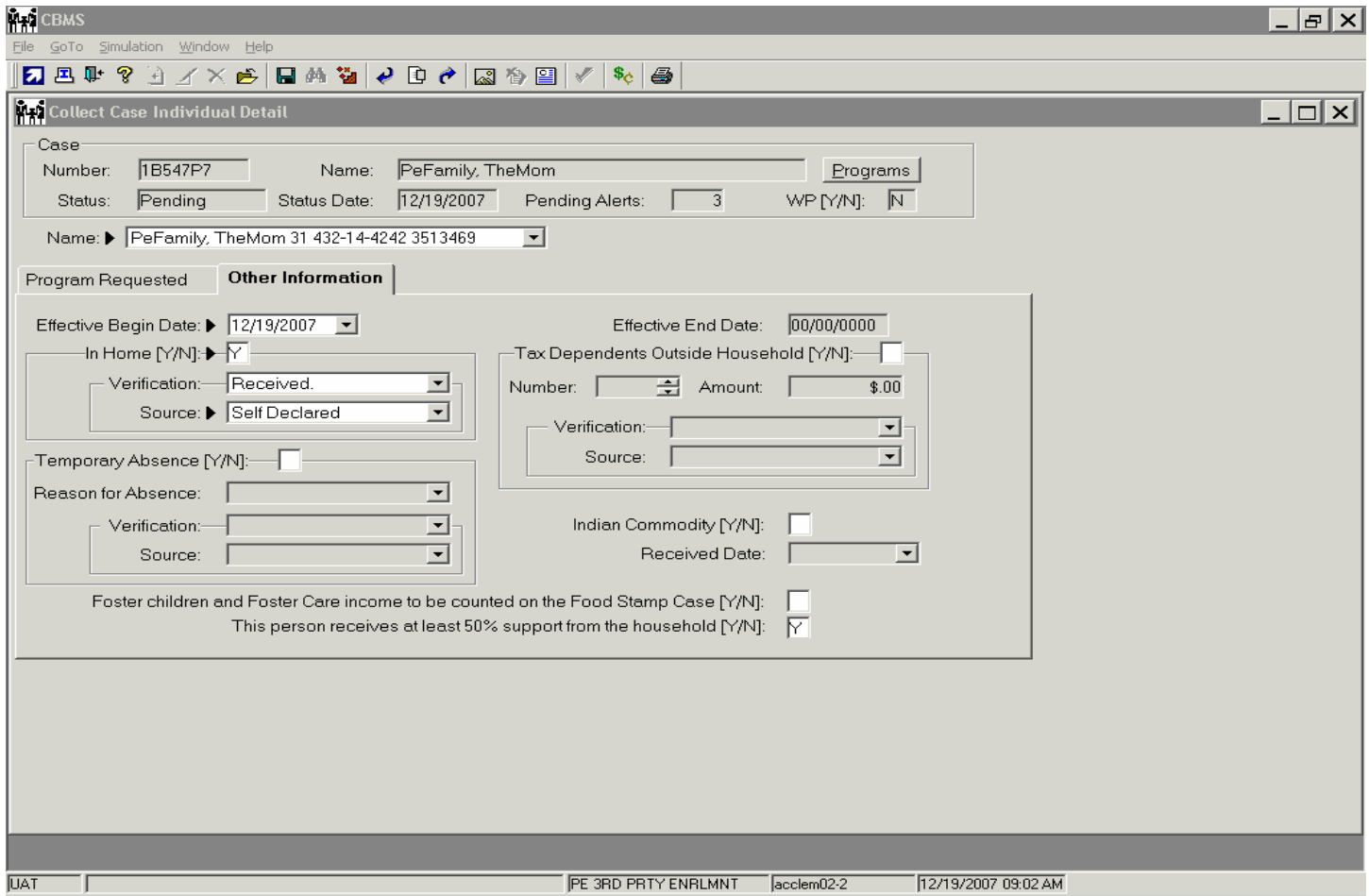
Requesting Assistance [Y/N]: Y Ancillary Member [Y/N]:

Reason: Needs Medical Assistanc

UAT PE 3RD PRY ENRLMNT acclem02-2 12/19/2007 09:02 AM

Other Information Tab

1. Check the “Effective Begin Date”.
2. Check “In Home [Y/N]”. If “N”, this person will not be included in the household.
3. Click the  icon on the toolbar.
4. Click the  icon on the toolbar when all entry is complete.



The screenshot shows the CBMS software interface. The main window is titled "Collect Case Individual Detail". The "Case" section contains the following information:

- Case Number: 1B547P7
- Name: PeFamily, TheMom
- Status: Pending
- Status Date: 12/19/2007
- Pending Alerts: 3
- WP [Y/N]: N
- Name: PeFamily, TheMom 31 432-14-4242 3513469

The "Other Information" tab is selected, showing the following fields:

- Effective Begin Date: 12/19/2007
- Effective End Date: 00/00/0000
- In Home [Y/N]: Y
- Verification: Received
- Source: Self Declared
- Temporary Absence [Y/N]:
- Reason for Absence:
- Verification:
- Source:
- Tax Dependents Outside Household [Y/N]:
- Number: Amount: \$0.00
- Verification:
- Source:
- Indian Commodity [Y/N]:
- Received Date:
- Foster children and Foster Care income to be counted on the Food Stamp Case [Y/N]:
- This person receives at least 50% support from the household [Y/N]: Y

The status bar at the bottom shows: UAT | PE 3RD PRY ENRLMNT | acclem02-2 | 12/19/2007 09:02 AM

Display Individual Residency Summary

Note: This window may already have information completed. If all clients are listed and have a record listing them as Colorado residents, skip this screen. If the screen is already complete, do not change any information on this window as it may be in use by other program groups.

1. If a client does not have a record, **click** the **"Add"** icon to add a record for the new client. Pick the **client's name** from the drop-down box.

Case

Number: Name:

Status: Status Date: Pending Alerts: WP [Y/N]:

Name	CO Resident [Y/N]	County of Residence	State of Previous Residence	City
PeFamily, TheMom	Y	DENVER		
PeFamily, TheChil	Y	DENVER		

UAT | PE 3RD PRY ENRLMNT | acclem02-2 | 12/19/2007 09:03 AM

Collect Individual Residency Detail




1. Enter the "Effective Begin Date".
2. Enter "CO Resident [Y/N]".
3. Enter the "County". If the client is not a Colorado resident, county is not required.
4. Enter "Court Jurisdiction [Y/N]". "N" is the default value.
5. Click the "Save" icon on the toolbar.
6. Close the window. The "Display Individual Residency Summary" window displays.
7. Click the "Refresh" icon on the toolbar when all entry is complete.

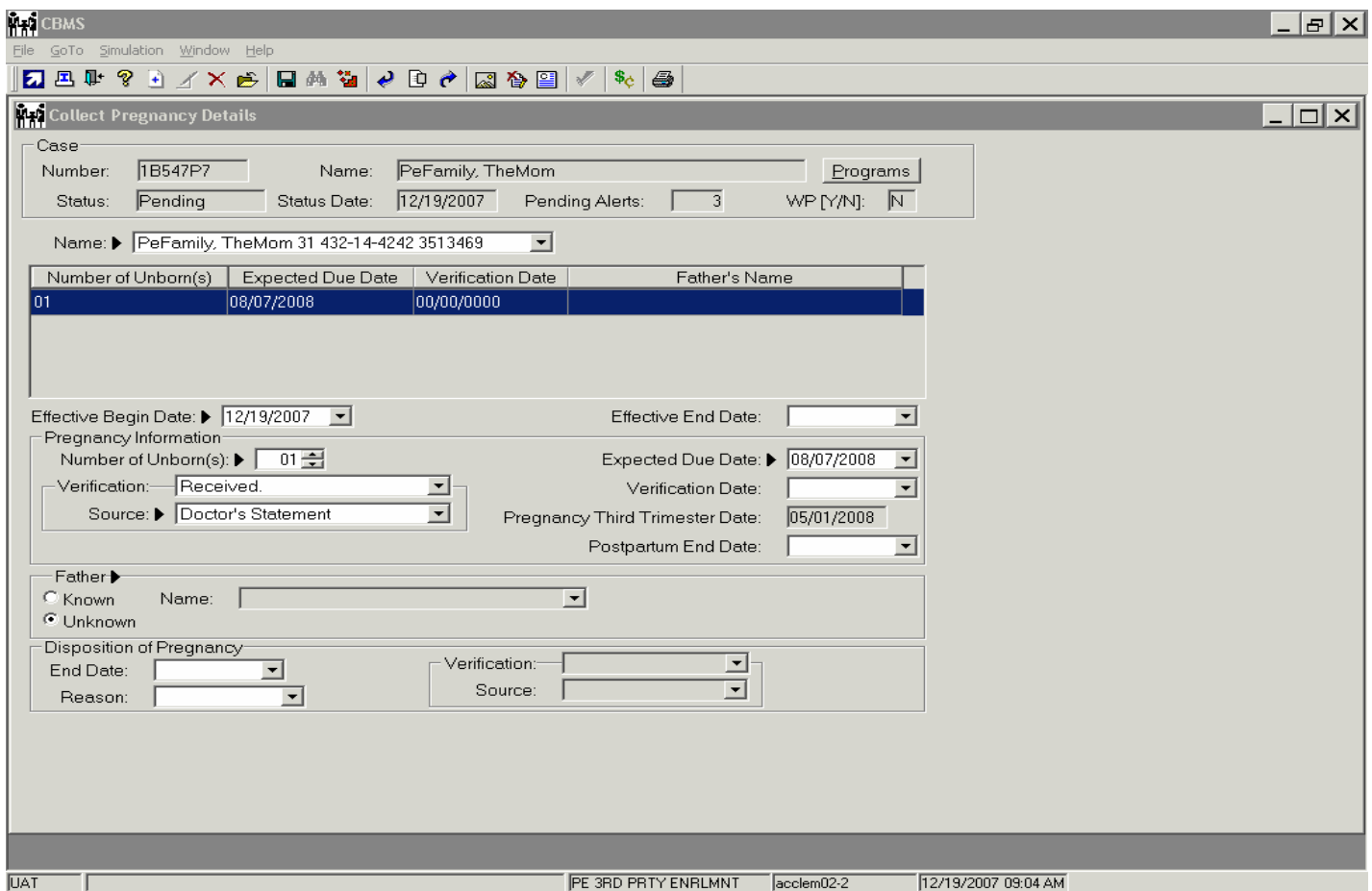
The screenshot shows the CBMS software interface. The main window is titled "Display Individual Residency Summary" and contains a "Case" section with "Number: 11B547P7" and "Status: Pending". A table lists family members: "PeFamily, TheMom", "PeFamily, TheChil", and "PeFamily, TheChil". The "Collect Individual Residency Detail" window is overlaid on top, showing the following fields:

- Name: PeFamily, TheMom 31 432-14-4242 3513469
- Effective Begin Date: 12/19/2007
- Effective End Date: 00/00/0000
- CO Resident [Y/N]: Y
- County: DENVER
- Previous Residence: Country, State, City, County (all empty)
- Home Leased, Owned or Maintained Outside CO [Y/N]:
- Planning to Leave CO for More than 30 days [Y/N]:
- Court Jurisdiction [Y/N]: N
- Status, State, County, Verification, Source (all empty)
- Out of State: Departure Date, Reason, Verification, Expected Return Date, Source (all empty)
- Date Arrived in State, Date Arrived in County (all empty)

The status bar at the bottom shows: UAT | PE 3RD PRTY ENRLMNT | acclem02-2 | 12/19/2007 09:04 AM

Entering Pregnancy Information

1. **Select** the **Name of the pregnant client** from the drop-down menu.
2. **Enter** the **“Effective Begin Date”**. This should be your application date.
 - a. *If there is already a record for the current pregnancy in the system, please skip this screen.*
 - b. **If there is a record for an old pregnancy, you will need to end date the old record prior to inputting a new record.**
 1. **Check** the **“Expected Due Date”** from the prior pregnancy.
 2. **Input** an **“Effective End Date”** on the record for the end of the month in which the client would have reached 60 days post-partum. For Example, if the client’s due date was 8/15/06, the 60 days post-partum end date would be 10/31/06.
 3. **Click** the “” icon to add a new pregnancy record and follow the directions as outlined for a pregnancy record.
3. **Enter** the **“Number of Unborn(s)”**.
4. **Enter** the **“Expected Due Date”**.
5. **Enter** the **“Verification”** as received and **enter** the **“Source”**.
7. **Click** the “” icon on the toolbar.
8. **Click** the “” icon on the toolbar.



CBMS

File GoTo Simulation Window Help

Collect Pregnancy Details

Case

Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Name: PeFamily, TheMom 31 432-14-4242 3513469

Number of Unborn(s)	Expected Due Date	Verification Date	Father's Name
01	08/07/2008	00/00/0000	

Effective Begin Date: 12/19/2007 Effective End Date:

Pregnancy Information

Number of Unborn(s): 01 Expected Due Date: 08/07/2008

Verification: Received Verification Date:

Source: Doctor's Statement Pregnancy Third Trimester Date: 05/01/2008

Postpartum End Date:

Father

Known Name:

Unknown

Disposition of Pregnancy

End Date: Verification:

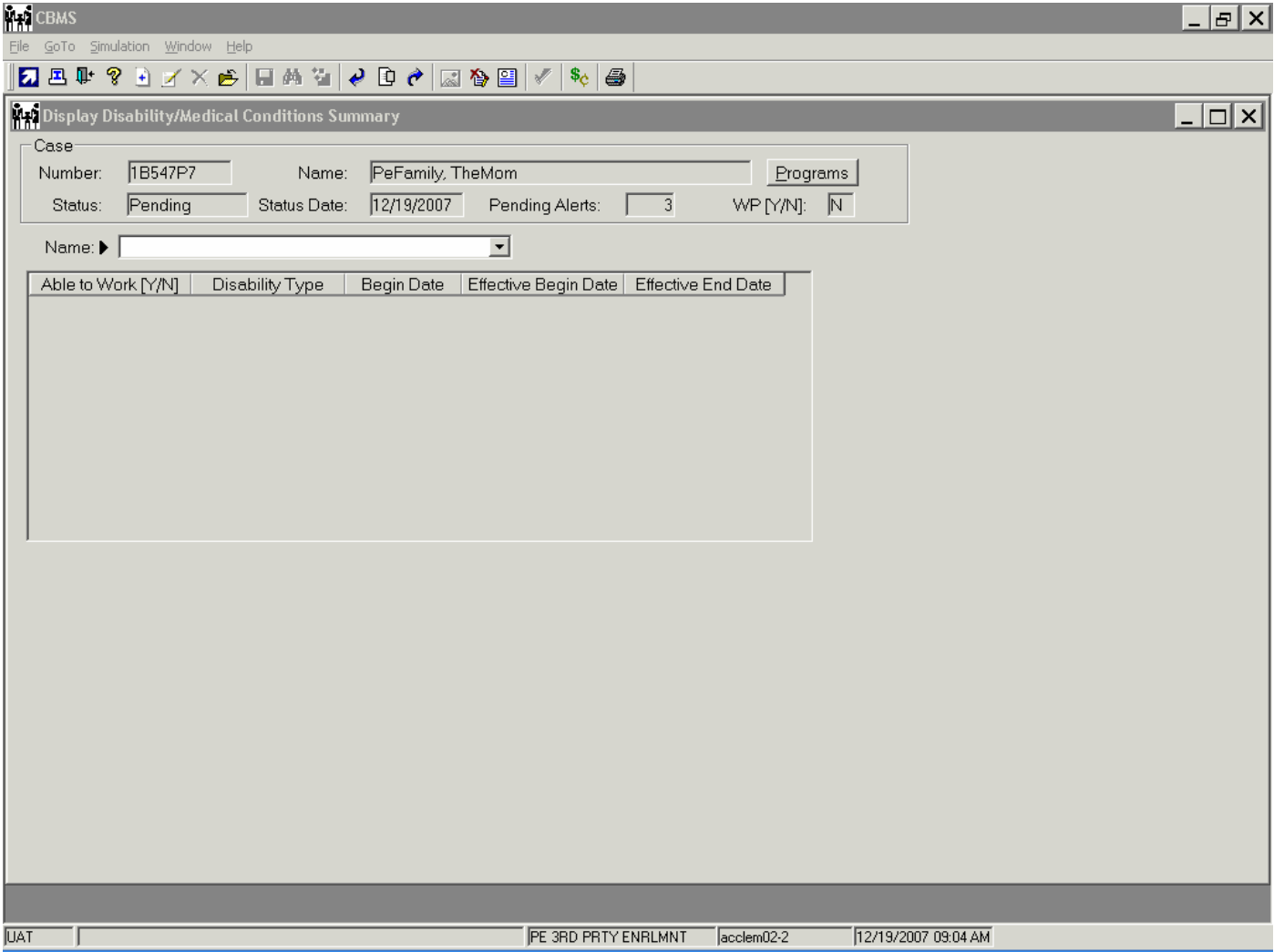
Reason: Source:

UAT | PE 3RD PRTY ENRLMNT | acclem02-2 | 12/19/2007 09:04 AM

Display Disability/Medical Condition Summary Window

This window is not needed for Medicaid/CHP+ PE.

Click the “” icon on the toolbar.



Case

Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 3 WP [Y/N]: N

Name: ▾


Able to Work [Y/N]	Disability Type	Begin Date	Effective Begin Date	Effective End Date
--------------------	-----------------	------------	----------------------	--------------------

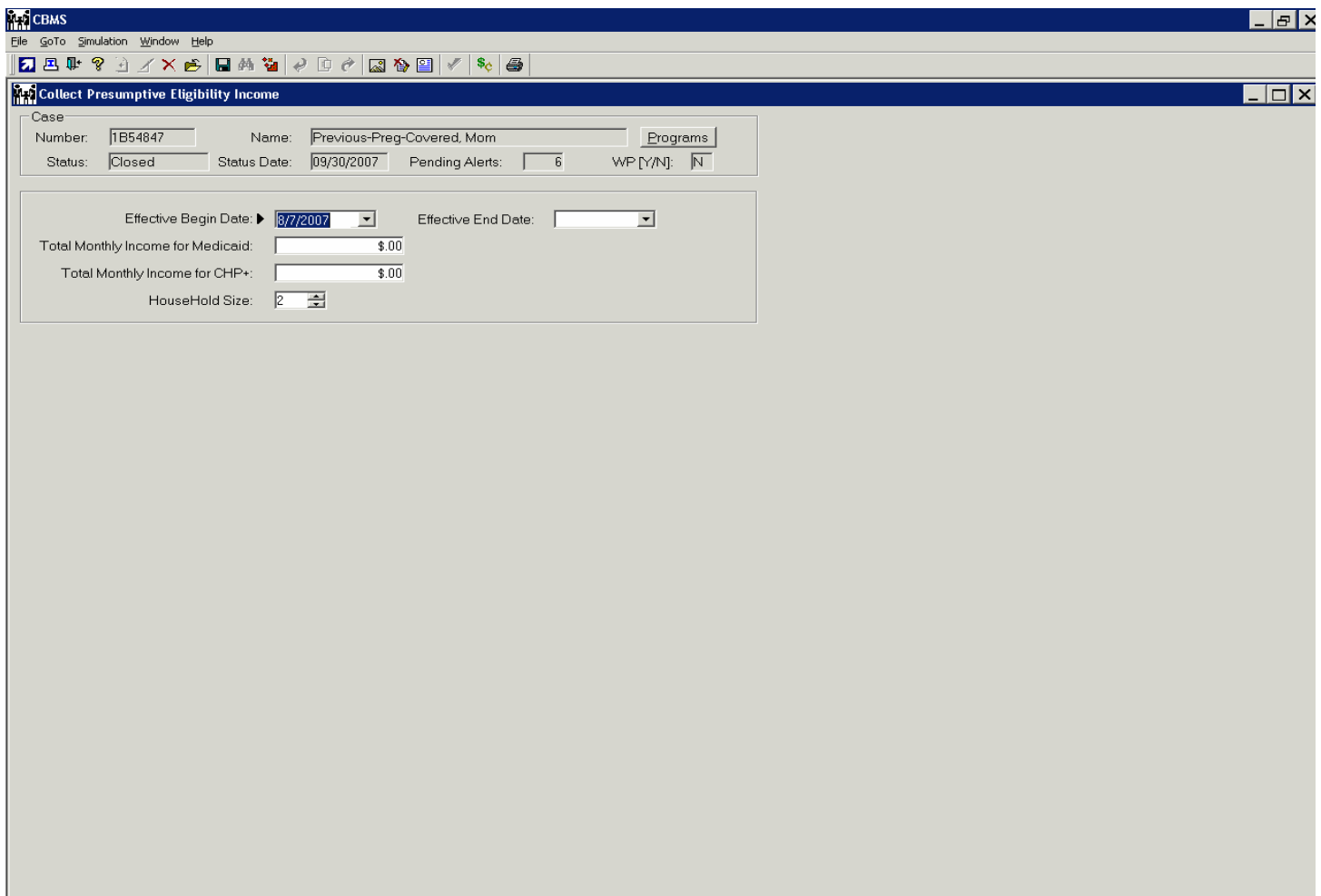
UAT PE 3RD PRY ENRLMNT jaclem02-2 12/19/2007 09:04 AM

Collect Presumptive Eligibility Income

1. Enter the “**Effective Begin Date**” (application date).
2. Enter the “**Monthly Income**” for Medicaid from the income section of the **Medicaid/CHP+ PE Worksheet**.
3. Enter the “**Monthly Income**” for CHP+ from the income section of the **Medicaid/CHP+ PE Worksheet**.

You will only enter the CHP+ monthly income if the CHP+ column on the worksheet has been completed and the applicant has been determined ineligible for Medicaid.

4. Enter the “**Household Size**” from the household section of the **Medicaid/CHP+ PE Worksheet**.
5. Click the “” icon on the toolbar.
6. Click the “**EDBC (dollars and cents)**” icon on the toolbar.



The screenshot displays the CBMS software interface. The main window is titled "Collect Presumptive Eligibility Income". The "Case" section contains the following information:

Number:	1B54847	Name:	Previous-Preg-Covered, Mom	Programs:	
Status:	Closed	Status Date:	09/30/2007	Pending Alerts:	6
		WP [Y/N]:			N

Below the case information, there are several input fields:

- Effective Begin Date: 8/7/2007
- Effective End Date: (empty)
- Total Monthly Income for Medicaid: \$0.00
- Total Monthly Income for CHP+: \$0.00
- HouseHold Size: 2

Run EDBC

1. Click the *"Display Case Changes"* button and then **close** the window.
2. Click the *"Run EDBC"* button.

CBMS

File GoTo Simulation Window Help

Run EDBC

Case #: 1B547P7 Case Name: PeFamily, TheMom

Run EDBC

Effective From Date: 12/01/2007 Effective To Date: 01/31/2008

Type

Immediate Batch


Cash Run Date: [Dropdown]

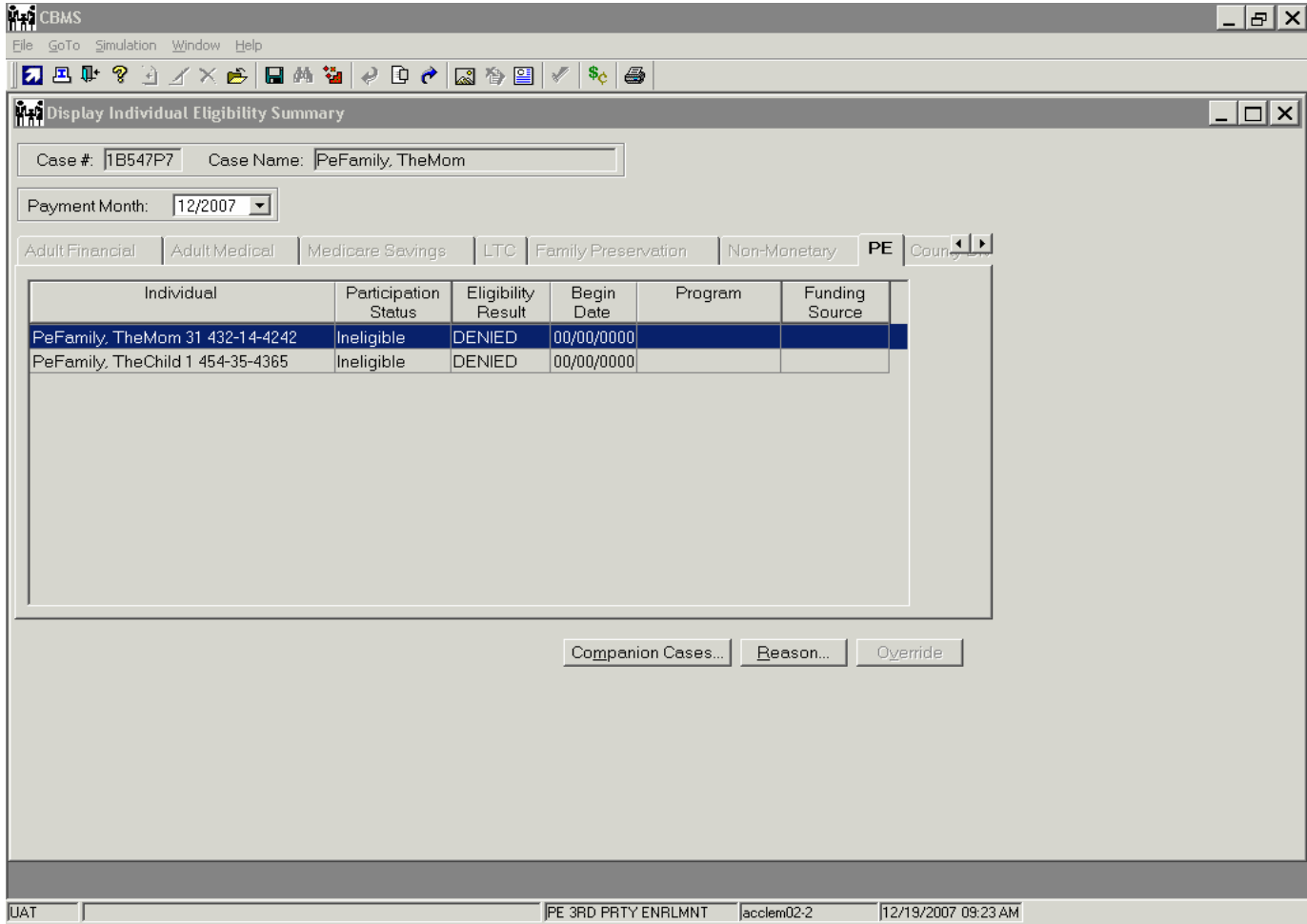
FS Run Date: [Dropdown]

Cancel Batch EDBC Run EDBC Display Case Changes...

UAT | FE 3RD PRTY ENRLMNT | acclem02-2 | 12/19/2007 09:05 AM

Display Individual Eligibility Summary

- The display eligibility summary will show the eligibility of the applicants by run month.
- *If a member is denied, you can **click the “Reason”** button for a denial reason.*
- When you are finished reviewing the eligibility results, **click** the “” button on the toolbar.



Case #: 1B547P7 Case Name: PeFamily, TheMom

Payment Month: 12/2007



Adult Financial | Adult Medical | Medicare Savings | LTC | Family Preservation | Non-Monetary | PE | Country

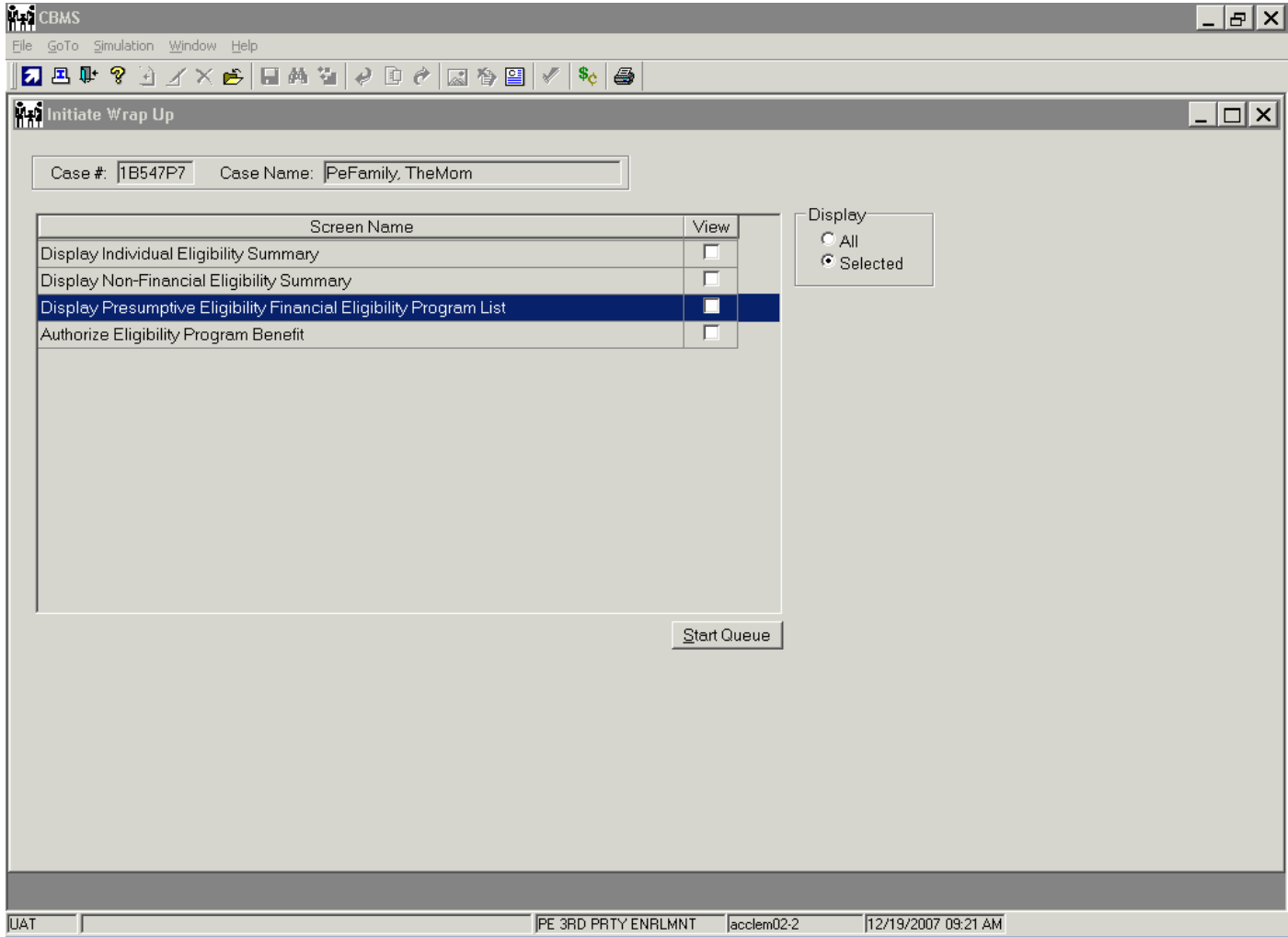
Individual	Participation Status	Eligibility Result	Begin Date	Program	Funding Source
PeFamily, TheMom 31 432-14-4242	Ineligible	DENIED	00/00/0000		
PeFamily, TheChild 1 454-35-4365	Ineligible	DENIED	00/00/0000		

Companion Cases... Reason... Override

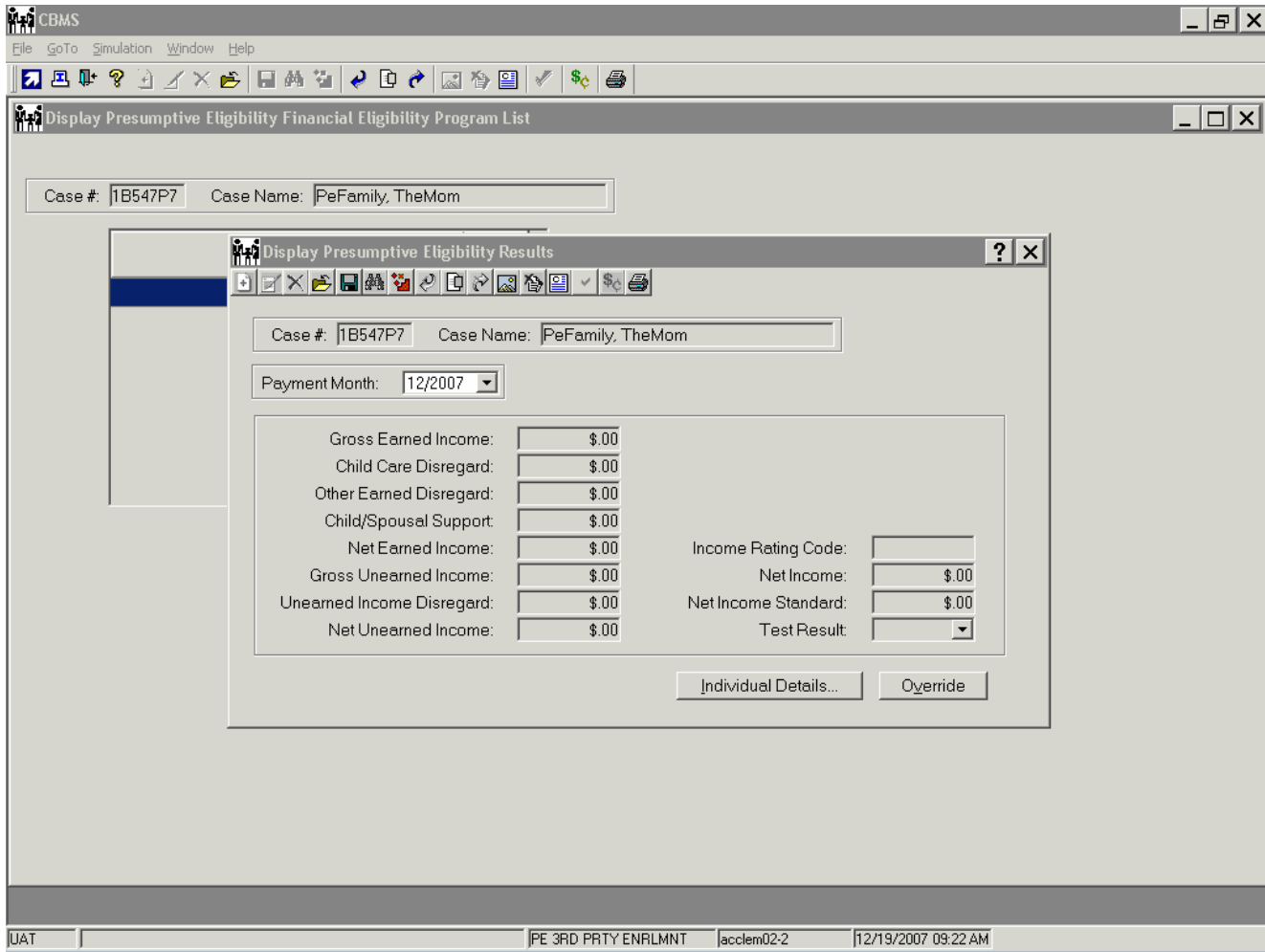
UAT | FE 3RD PRY ENRLMNT | acclem02-2 | 12/19/2007 09:23 AM

Initiating Wrap Up


1. Click **“All”** in the **“Display”** group box.
2. Click the **“Start Queue”** button.
3. The next screen will be the **“Display Individual Eligibility Summary”** window again. Click the  icon to continue to the next screen.
4. The next screen will be the **“Display Non-Financial Eligibility Summary”** window. *This window is not important for PE.* Click the  icon to continue to the next screen.
5. The next screen will be the **“Display Presumptive Eligibility Financial Eligibility List”** window.



The **“Display Presumptive Eligibility Results”** window displays the calculated income for the household. Only countable income will display on this tab. If you **click** the **“Individual Details button”**, you can view the income by individual.



Authorizing Eligibility

1. To **view** any **denial** reasons, **highlight the row**, and **click** the *“Reasons”* button.
2. **Check** the **“Select to Authorize”** check box for **each row of eligibility** that you want to authorize.
3. **Click** the *“Authorize”* button.
4. When authorization is complete, a text box will display. **Click “OK”**.
5. **Click** the  icon on the toolbar.

Case Number: 1B547P7 Name: PeFamily, TheMom Programs

Status: Pending Status Date: 12/19/2007 Pending Alerts: 4 WP [Y/N]: N

Program Group	Payment Month	Payment Type	Gross Benefit Amt.	Recoupment Amt.	Eligibility Status	Authorization Status	Select to Authorize
Presumptive Eligibility	2007/12	Initial Benefit	\$.00	\$.00	FAIL	Pending	<input type="checkbox"/>
Presumptive Eligibility	2008/01	Regular Benefit	\$.00	\$.00	FAIL	Pending	<input type="checkbox"/>

Issuance Type: [] Issuance Method: []

Pick-up Location: [] Supervisor Approval Requested [Y/N]: N

Disposition Status: Approved Disposition Date: 00/00/0000

Payee Name(s): PeFamily, TheMom

Appeal/Cont Benes:

Discontinuance Date: 00/00/0000

Mail to:
 First Payee Address
 Second Payee Address

Amount:
Gross Benefit: \$.00
Recoupment: \$.00
Net Benefit: \$.00

Buttons: Detail... Supervisor Action... Authorize Claim...
Select Provider... Reasons... Special Payments...

Status Bar: UAT | PE 3RD PRTY ENRLMNT | acclcm02-2 | 12/19/2007 09:23 AM

Searching/Viewing Client Correspondence

- If you want to **view or print** the **client correspondence** that has been generated for the household, **click** the **“Search”** button on the **“Search/View Client Correspondence”** in the **“Print Queue”** window.
- To **view** a piece of client correspondence, **highlight the row** you want to view, and **click** the **“Preview”** button.
- To **print** the **approval letter/PE card** or the **denial letter** for the client, **press** the **“Print”** button.
- **The system will ask if you would like to remove the letter from the “print queue”.**
- **Click “Yes”** and the letter will print.

The screenshot shows a software window titled "Search/View Printed Client Correspondence" within the "CBMS" application. The window is divided into two main sections: "Search Criteria" and "Search Results".

Search Criteria: This section contains several dropdown menus and text input fields. The "Primary Parm Type" is set to "Case ID" and the "Primary Parm" is "1B54847". Other fields include "Corspd Number", "NOA Action", "Print Mode", "User", "Corspd Name", "Program", "Print Date" (From: 01/01/2008, To: 01/31/2008), and "Mail Date". There are buttons for "Find User...", "Find Corspd...", and "Search".

Search Results: This section displays a table with the following data:

RefID	Reason Description	Action	Program	Language	Correspondence Type	Corr
1B54847	Client approved for FM PEApproval		Presumptive	English	Notice Of Action	NOA 1
1B54847	Client approved for FM PEApproval		Presumptive	English	Notice Of Action	NOA 1
1B54847	print PE cardII		Presumptive	English	Forms	PE-1
1B54847	Eligibility Summary			English	Forms	SUM 1

Below the table are "More" and "Details..." buttons.

C. Submitting Applications to the County or ACS/CHP+ Site

Applicant is eligible for Medicaid PE – Give the applicant the Medicaid PE card and submit the following information to the local county department of social services within 5 business days:

- ✓ Copy of PE Worksheet
- ✓ *Colorado Public Health Insurance for Families* application - Completed and signed by the applicant, including all required documentation
- ✓ Copy of Medicaid PE Card

Applicant is eligible for CHP+ PE – Give the applicant the CHP+ PE Card and submit the following information to ACS/CHP+ within 5 business days:

- ✓ Copy of CHP+ PE Worksheet
- ✓ *Colorado Public Health Insurance for Families* application - Completed and signed by the applicant, including all required documentation
- ✓ Copy of CHP+ PE Card

Applicant is NOT eligible for PE – Send the following information to the local county department of social services within 5 business days (or 15 calendar days if incomplete):

- ✓ Copy of PE Worksheet
- ✓ *Colorado Public Health Insurance for Families* application - Completed and signed by the applicant

When an applicant has had eligibility determined for PE, the *Colorado Public Health Insurance for Families* application should NOT be sent to both ACS/CHP+ and Medicaid. **Applications sent to the county or ACS/CHP+ should be complete. Incomplete applications should be sent to the processing site on the 15th calendar day after application.**

Applicants that have already submitted an application to ACS/CHP+ or the county DHS – When applicants have already applied for Medicaid or CHP+, either by mailing in or walking-in an application, they must still complete an additional *Colorado Public Health Insurance for Families* application at the PE site to ensure that they have applied for prenatal coverage.

All complete applications including a PE Worksheet, approved or denied, must be submitted to the county or ACS/CHP+ within 5 business days.

