

Certified Application Assistance Site (CAAS) Application

In completing this application, you are applying to become a site where potential clients may receive assistance in applying for public benefits. Your organization will be certified to verify that you saw original or certified citizenship and identification documents.

If your agency has multiple locations, please complete a form for each location.

Agency Information:			
Agency Name:			
Address:			
City, State Zip			
Agency County:			
Agency Telephone:		Agency Fax:	
Agency Website:			
Agency E-mail:			
Contact Information:			
Contact Name:			
Mailing Address:			
City, State Zip			
Contact E-mail:			
Contact Telephone:		Contact Fax:	
Additional Agency Information:			
>	Is your agency a Medicaid/CHP+ health care provider or associated with a Medicaid/CHP+ health care provider? Yes No		
>	Does your agency	offer services in Spanish?	
>	Does your agency offer services in other languages?		
	❖ If so, which lang	guage(s)?	
>	➤ Has your agency received any training designed to increase awareness of the Americans with Disabilities Act (ADA)? ☐ Yes ☐ No ☐ I don't know		
In addition to the <u>Application for Medical Assistance</u> , your agency can also choose to offer assistance with the online <u>Colorado PEAK</u> application where applicants are able to apply for all public medical, food and financial assistance programs.			
>	Will your agency be	e offering application assistance with the online Colorado PEAK application?	

Please read and check all of the following that apply:			
	Our agency agrees to adhere to all communications, rules, regulations and agency letters as set forth by the Department of Health Care Policy and Financing (Department).		
	Our agency agrees to ensure that all staff members assisting clients are adequately trained on the process for completing an application and the proper procedure for verifying original citizenship and identity documents.		
	Our agency understands that we are only liable if false documents are knowingly verified. In this case, our certification will be revoked.		
	Our agency CAAS providers will read and understand the CAAS training on the Colorado.gov/hcpf Web site or attend a CAAS training prior to verifying citizenship/identity documents.		
	Our agency agrees to assist with applications and verify documents for all medical assistance programs.		
	Our agency agrees to submit all completed applications and all documentation to the county department of human/social services or the Eligibility and Enrollment Medical Assistance program (EEMAP) vendor within five business days from the date of assistance.		
	Our agency agrees to submit all incomplete applications and any documentation to the county department of human/social services or the Eligibility and Enrollment Medical Assistance program (EEMAP) vendor within 15 business days from the date of assistance.		
	Our agency is community-based group and/or a non-profit organization and we understand that we are supporting community and not an individual's interest.		
	Our agency agrees to have our location posted on the Department website. This means we will assist ALL clients who come to our organization for application assistance.		
	Our agency agrees to abide by all applicable HIPAA Privacy and Security requirements regarding health information as defined in 42 U.S.C. 1320d – 1320d-8, and implementing regulations at 45 C.F.R. Parts 160, 162 and 164. This includes notifying the Department of any breach or suspected breach of protected health information (PHI) per the requirements of the business associate agreement.		
	Our agency agrees to inform the Department within 45 days when our agency withdraws from the CAAS Program and understands that the Department may revoke our certification at any time.		
Our agency understands that the Department may choose to revoke our certification at any time.			
Completed By:			
Sig	nature: Date:		
Please submit this form to: Department of Health Care Policy and Financing E-mail: Renee.Robinson@state.co.us or Fax: 303-866-2505			
DEPARTMENT USE ONLY: Approval By: Approval Date: Certification # Assigned:			