In addition, transitional housing clients are exempt from the income verification and verification of denied Medicaid benefits requirements when completing the CICP application. [Eff. 6/30/2008]

c. Residing with Others. Clients who have no permanent housing of their own and who are temporarily living with a person who has no legal obligation to financially support the client are considered residing with others. The individual allowing the client to reside with him or her may be asked to provide a written statement confirming that the client is not providing financial assistance to the household and that the living arrangement is not intended to be permanent. [Eff. 6/30/2008]

In addition, clients residing with others are exempt from the verification of denied Medicaid benefits requirement when completing the CICP application. [Eff. 6/30/2008]

d. Recipient of Colorado's Aid to the Needy Disabled financial assistance program. A client who is eligible and enrolled to receive the monthly grant award from Colorado's Aid to the Needy Disabled financial assistance program. [Eff. 6/30/2008]

In addition, recipients of Colorado's Aid to the Needy Disabled financial assistance program are exempt from client copayments, the income verification requirement and the verification of denied Medicaid benefits requirement when completing the CICP application. [Eff. 6/30/2008]

C. Client Annual Copayment Cap

1. For all CICP Ratings annual copayments for clients shall not exceed 10% of the family's net income and resources.

2. The client annual copayment cap (annual cap) is based on ~~a calendar year~~the client's date of application. ~~(January 1 through December 31), even if a client's rating is for a different year (i.e., April 1 through March 31).~~ Clients are responsible for any charges incurred prior to receiving their CICP Rating. Clients shall track their copayments and inform the provider in writing (including documentation) ~~when they meet~~ within 90 days after meeting their annual cap. However, if a client overpays the annual cap and informs the qualified health care provider of that fact in writing, the qualified health care provider shall reimburse the client for the overpayment.

3. The client's annual cap can change during the ~~calendar~~ year if the CICP Rating changes during the year. ~~All copayments made toward the old annual cap during the calendar year apply to the new cap.~~

4. An annual cap applies only to charges incurred after a client is eligible to receive discounted health care services, and applies only to discounted services incurred at a qualified health care provider.