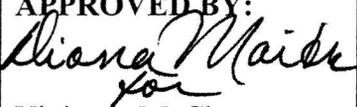


Colorado Department of Health Care Policy and Financing 1570 Grant Street, Denver, CO 80203-1818	NUMBER: HCPF 03-012
	CROSS REFERENCE:
DIVISION OR OFFICE: Medical Assistance Office	DATE: September 30, 2003
SUBJECT AREA: Medical Disability Determinations	
SUBJECT: New medical disability application.	APPROVED BY:  Vivianne M. Chaumont
TYPE: P – Procedure I - Information	

*Medicaid Agency Letters can be accessed online at:
www.chcpf.state.co.us >>Departmental Reference Material >>Agency Letters*

Intended Recipients:

This agency letter is for county technicians and their supervisors who process Medicaid for the Aged, Blind, and Disabled population.

Purpose:

This agency letter provides information about the new Medicaid disability application and procedural changes resulting from the new Fiscal Year 2003-2004 agreement between the Department of Health Care Policy & Financing and Disability Determination Services (DDS). This agency letter also provides clarification on various disability issues including the proper way to backdate a case, when a disability determination is needed, suicide notification, and what documentation is needed for medical release forms if the client cannot sign them.

Background:

DDS provides disability determinations on all cases where the person is applying for Medicaid on the basis of disability and is not currently receiving SSI or SSDI. The determinations are completed in accordance with the criteria used by the Social Security Administration. This Agency Letter reviews all procedural changes that resulted from the new Fiscal Year 2003-2004 agreement with DDS and provides information regarding the disability determination process.

Procedure or Information:

1. *New Medical Disability Application*

The new Medicaid Disability Application will replace the application form that has been used since July of 2001. The application is available both in English and Spanish and the HIPPA

compliant release form is available on the Department's website. The form has changed in three ways:

- The application contains additional areas of information to be completed by the client and the technician. The application now includes the minimum information to make a determination. If DDS is unable to reach the client to obtain additional information, DDS will be able to make a determination using only the application form and the medical information, provided that the application is complete.
- The application packet now includes the medical releases. Medical releases no longer need to be provided to the client in addition to the application. There are six (6) medical release forms included in the application packet. The technician will need to provide the client with additional release forms if the client must complete more than six (6). Please remember that the client must sign a medical release for each medical source listed on the application and three (3) additional releases for discovered or new medical sources.
- The application packet includes the designation of representative form. A client has the ability to appoint someone as his/her representative to act on his/her behalf for the Medicaid case. Signing this form allows a third party to get and give information on behalf of the applicant/client. This allows the designated person to talk to the county, DDS, or any other involved party regarding the case. The representative form does **not** allow the representative to sign the medical release forms. If the client wants the representative to be able to allow medical information to be requested and released, a Durable Power of Attorney is still needed.

Counties are to continue to use the old application forms in stock before using the new form.

A desk aid is also available to assist the technician with completing the application correctly. The desk aid provides guidance to technicians when completing the application form prior to sending it to DDS. Please remember that even if the technician does not complete the application form, the technician is still responsible for reviewing it for completeness and sending it to DDS. If the information is not complete, it is the technician's responsibility to either complete the information or to contact the client to obtain the information that the technician is not able to complete.

In an effort to streamline the application process, provide consistency between all counties and reduce processing time, applications are being reviewed by DDS prior to being processed. Incomplete applications are returned to the State Department. Each returned application is reviewed individually to determine if the problem was the responsibility of the technician or if there were other factors that resulted in an incomplete application being forwarded to DDS. Any application that is not thoroughly completed will be returned to the responsible technician's Medicaid supervisor identifying the missing information. In an effort to provide training in areas that may cause confusion, supervisors will be provided with the necessary information to correct the problem. If the error was not the result of a technician error, the application will still be returned to the technician in order to have the application correctly completed.

All County Supervisors received a letter dated August 5, 2003, notifying them of the new process for incomplete applications and the effective date. Attached to this notification was a copy of the new application and a desk aid to be used in conjunction with the application. These materials may be copied and are also available on our web page at www.chcpf.state.co.us in the Medicaid Eligibility Section.

2. Allowance Letters

To alleviate client confusion regarding the final approval for Medicaid, disability allowance letters will no longer be sent directly to the client from DDS. DDS will mail the green folder with the allowance letter directly to the county technician. The technician will now be able to look at all three pieces of eligibility to determine the client's status prior to notification. The result will be a single letter sent to the client informing the client of approval or denial due to financial or level of care.

Disability denial letters will continue to be sent directly to the client by DDS. This will enable the client to preserve his/her appeal rights when denied.

3. Suicide Notice

If a county technician or supervisor learns that a client may pose potential harm to himself or others, the county shall attach a suicide alert to the front of application prior to sending it to DDS. The required Suicide Alert notice is attached (please see attachment "A").

Attaching a Suicide Alert notice does not require any additional screening or reviewing of the application or medical records. If a technician or supervisor becomes aware of a client's potential risk, either through conversation, family members, or any other way, simply attach a notice to the application. The purpose of this notice is to provide information to all persons dealing with the application that this particular applicant/client needs to be handled with additional precautions. Many times a person's threats or comments are not documented in the medical records, but still pose a medical risk and need to be evaluated. This allows DDS adjudicators to order the necessary examinations to review these conditions as well. In addition, it provides safety measures to ensure that those reviewing the application take additional precautionary steps when dealing with the applicant/client.

4. County Contact Information for Division of Administrative Hearings (DOAH)

DDS appeal hearings are frequently dismissed or rescheduled without enough time to provide notice to the counties in writing. In an effort to avoid this problem, DOAH has agreed to contact the counties via telephone when appeal hearings that are scheduled to take place at a county facility are cancelled without enough time to provide written notice. To receive telephone notice of cancelled hearings, counties need to provide a contact person. This contact information must be provided to Kimberly Shreve at 303-866-4475 or kimberly.shreve@state.co.us no later than October 31, 2003, to be included in the list provided to DOAH. The designated county contact information must include name, phone number, and email address (if they have one).

5. *DDS Appeal Officer*

DDS will have a trained representative at the disability appeal hearings to defend the DDS determination. This person will participate via telephone conference for the appeal hearings not held in the Denver Metro area. The DDS hearing officers will be available by October 2002.

6. *Determining When a Medical Disability Determination is Needed*

While a medical disability determination is needed in many cases for eligibility, there are some instances when one is not necessary.

A medical disability determination is **not** needed in the following instances:

- The client has already been found disabled by SSA, either through a SSI (Title 16) or SSDI (Title 2) decision. Since Colorado is a 1634 state, the criteria used to make a Medicaid medical disability determination is the same used by SSA. Thus, the SSA decision is sufficient.
- A disability determination is not required for persons age 65 or older.

In these instances, do not ask the client to complete the yellow disability application.

7. *Application Dates*

The application date on the first page of the disability application should be filled in with the same date as the SPA I application date. Having consistent dates ensures that the applicant/client's application is processed consistently with regards to all three criteria and also ensures that the appropriate onset date is given in cases when backdating disability is appropriate.

8. *Disability Backdates and Diary Dates*

A disability onset date cannot be arbitrarily established by the county. A disability onset will either be determined by an existing SSA decision, through proper written notification of allowance provided by the client, or through an onset date established by DDS. The onset date must be supported through the medical evidence of records. Counties can identify an existing SSA onset date by requesting applicant/client information on SVES.

An onset date can be established by DDS up to 90 days prior to application, if supported by medical evidence of record. If the onset date established by DDS does not seem appropriate or there are additional medical bills in the 90 days prior that need to be paid, the county can send the case back to DDS to request that an earlier onset date be established. Again, this will only occur if the earlier date can be supported by medical evidence of record.

Contact the Department for guidance on handling cases when the client is given an SSA onset date but an earlier Medicaid onset date is requested.

9. *Power of Attorneys, Guardianship, and Court Orders for Medical Release Forms*

The individual applying for Medicaid is the person who must sign the medical release forms. A person other than the one applying for Medicaid may sign the release forms only in the following instances:

- There is a valid Durable Power of Attorney (POA) giving the power for someone else to sign on behalf of the client. The POA must be durable, which means it specifically addresses medical records and personal health information. A general POA is not acceptable.
- The applicant/client is a minor child. If the child is between the ages of 16 to 18 years of age, the child should be signing his/her own releases if they are capable. This is considered the age of mental capacity to make decisions on who should be able to have access to medical records. The records are the property of the child, so the parent does not have the legal ability to sign for them. However, most institutions and doctors will accept the parent's signature if the child is very young or incapacitated. The issue of authority to release becomes an issue in older children with mental health conditions.
- Papers that show guardianship of a minor child or incapacitated adult are acceptable.
- The applicant/person is deceased and there is a court order establishing an executor of the individual's estate and allowing executor to request medical records for the applicant/client.

Please remember that the designated representative cannot sign the release of medical records if he or she does not have one of the above listed documents.

County technicians are to include a copy of the Durable POA, guardianship papers, or court order with the disability application to DDS. DDS needs this paperwork is needed to obtain medical records.

Effective Date:

October 1, 2003

Contact Persons:

Kimberly Shreve
SSI/Medicaid Eligibility Policy Analyst
303-866-4475
kimberly.shreve@state.co.us

Enclosures:

Suicide Alert Notice

SUICIDE ALERT!!!

Dear Disability Examiner:

Please be advised that there are mental health/suicide concerns with this client. Please use all necessary precautions if divulging negative or personal information to this person.

Thank you for your assistance.