

Colorado Department of Health Care Policy and Financing 1570 Grant St., Denver, CO 80203-1818	NUMBER: hcpf 09-008
	CROSS REFERENCE:
DIVISION OR OFFICE: Client and Community Relations Office	DATE: August 19, 2009
SUBJECT AREA: Medicaid Eligibility	
SUBJECT: Implementation of House Bill 08-1046 for Juvenile Offenders	APPROVED BY: 
TYPE: I-Information	

*HCPF Agency Letters can be accessed online at:
www.colorado.gov/hcpf>> Clients & Applicant >> County and MA Site>> Agency Letters*

Purpose:

This agency letter defines the procedure for processing applications for Medicaid or the Child Health Plan *Plus* (CHP+) programs prior to a juvenile client's release from incarceration. This process is in accordance with House Bill 08-1046.

Background:

House Bill 08-1046 allows incarcerated juveniles to apply for Medicaid/CHP+ up to 120 days prior to their release from incarceration. The legislation requires applications to be processed for Medicaid/CHP+ prior to the juvenile's release. If the juvenile is eligible for medical benefits, they will receive benefits upon their release.

Procedure or Information:

The Division of Youth Corrections (DYC) will forward the Medicaid/CHP+ applications to the County Department of Human/Social Services contact person in the county that the juvenile will reside in following their release from incarceration.

The Colorado Benefits Management System (CBMS) will allow eligibility to be processed for applications received prior to the juvenile's release. Eligibility Determination and Benefits Calculation (EDBC) in CBMS runs for the current month and the following two months. The correct eligibility results depend upon users following the attached steps.

Effective Date:

Immediately

Contact Persons:

Georgann Garcia
Medicaid Policy Specialist
(303) 866-3544
georgann.garcia@state.co.us



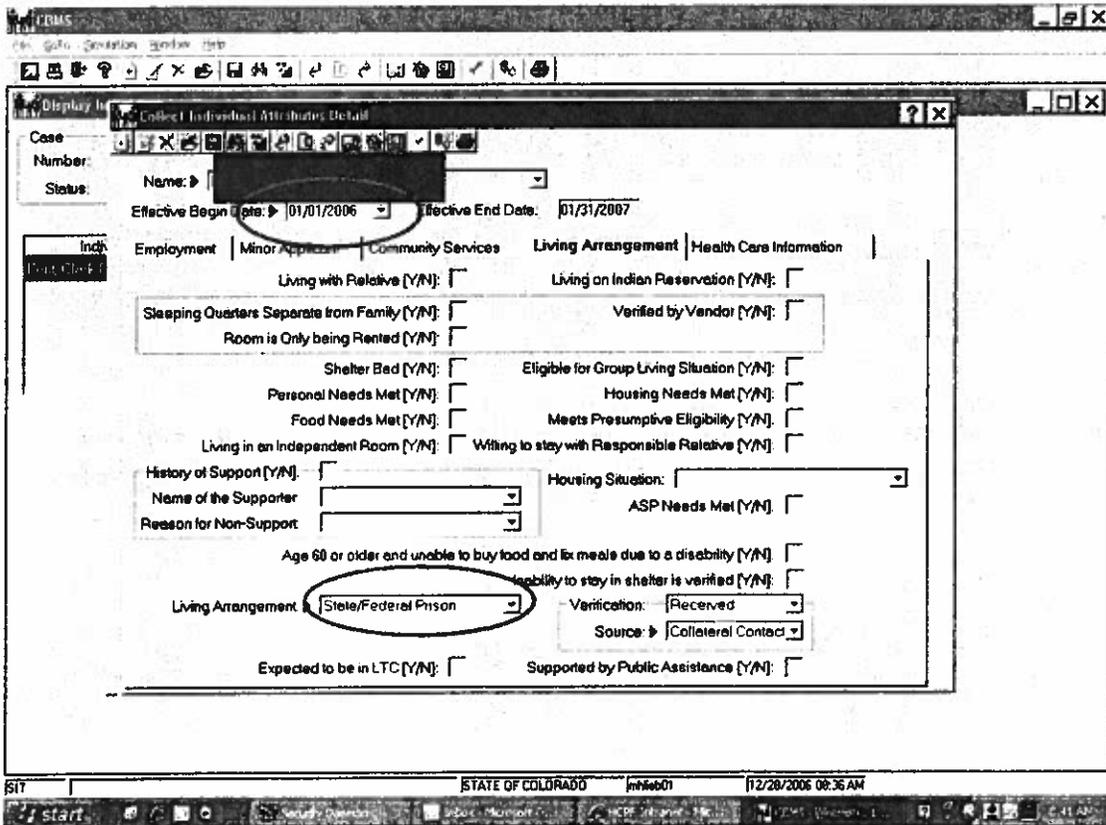
Processing Inmate Applications Prior to Release

February 23, 2007

Pre-Approval Procedure for Inmate Application

For this example, the inmate's application was received and processed on 12/28/2006. The inmate's scheduled release date is 02/01/2007. When EDBC was run, eligibility was being determined for December, January, and February.

1. Enter the application and case information as you normally would. At the Collect Individual Attributes Detail window, on the Living Arrangement tab, select "State/Federal Prison" as the Living Arrangement with the Effective Begin Date of the client's incarceration or the application date if the other date is unknown. **Save this record.**



2. Change the Effective Begin Date to the date of the inmate's scheduled release, and change the Living Arrangement to whatever will be appropriate at that time (in the example here, "Supervised Shelter"). **Save this record.**

CEMS

Display: Collect Individual Attributes Detail

Case Number: [Redacted]
Status: [Redacted]

Effective Begin Date: 02/01/2007 Effective End Date: 00/00/0000

Indiv
Full Close

Employment | Minor Applicant | Community Services | Living Arrangement | Health Care Information

Living with Relative [Y/N]: Living on Indian Reservation [Y/N]:

Sleeping Quarters Separates from Family [Y/N]: Verified by Vendor [Y/N]:

Room is Only being Rented [Y/N]:

Shelter Bed [Y/N]: Eligible for Group Living Situation [Y/N]:

Personal Needs Met [Y/N]: Housing Needs Met [Y/N]:

Food Needs Met [Y/N]: Meets Presumptive Eligibility [Y/N]:

Living in an Independent Room [Y/N]: Willing to stay with Responsible Relative [Y/N]:

History of Support [Y/N]: Housing Situation: [Redacted]

Name of the Supporter: [Redacted] ASP Needs Met [Y/N]:

Reason for Non-Support: [Redacted]

Age 60 or older and unable to buy food and fix meals due to a disability [Y/N]:

Living Arrangement: Supervised Shelter Inability to stay in shelter is verified [Y/N]:

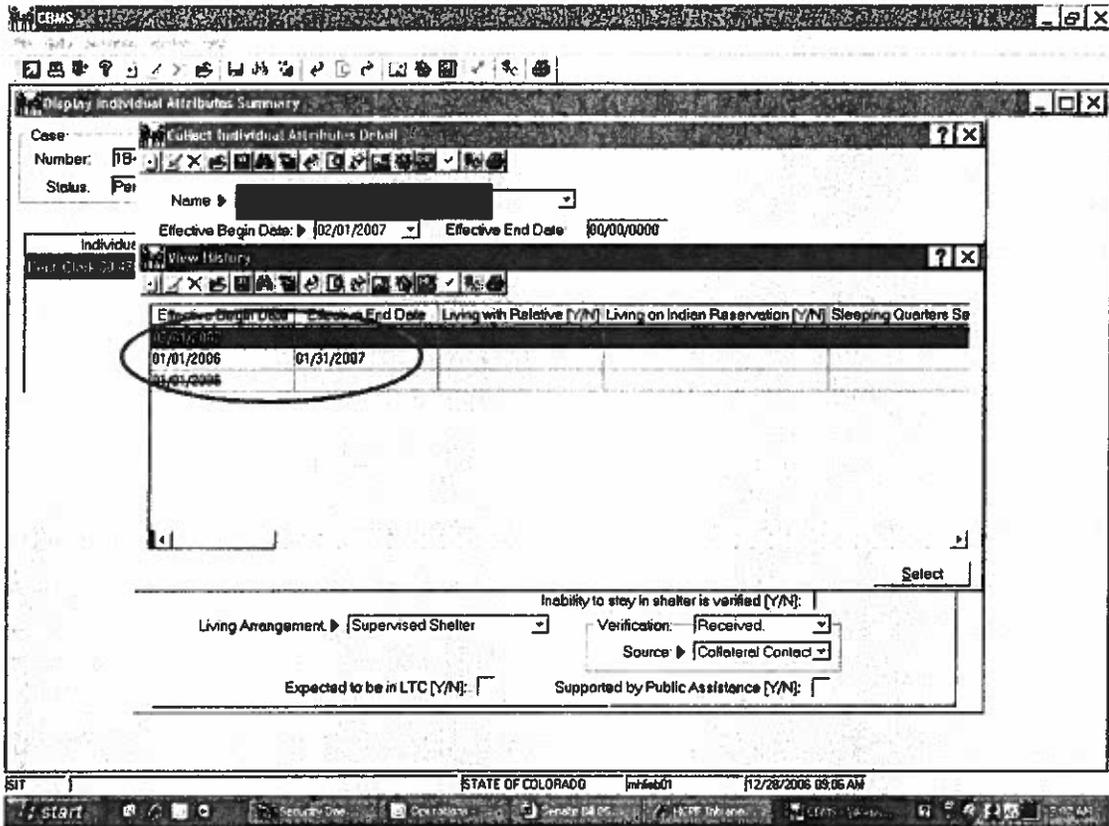
Verification: Received

Source: Collateral Contact

Expected to be in LTC [Y/N]: Supported by Public Assistance [Y/N]:

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Note: following these steps creates a history record, with the first entry of “State/Federal Prison” effective from 01/01/2006 – 01/31/2007 (in this example), and the next record effective from 02/01/2007 on.



This same procedure should be followed with the Individual Address for the client, i.e., create one address record showing the inmate’s address while in the correctional institution. Create a second address record with an Effective Begin Date of the scheduled date of release, for the address where the inmate is expected to be released to. In addition, the county of residence should reflect the county where the inmate is scheduled to be released to.

The inmate’s case manager while under the jurisdiction of the Department of Corrections (DOC) can be entered on the case as an Ancillary Member (on the Collect Case Individual Detail window). **If the DOC case manager is also entered as the Designated Case Addressee (on the Collect Case Summary Detail window), then client correspondence will be sent to both the head of household (the inmate/client), as well as the Designated Case Addressee.**

3. Complete the remaining data entry on your case and run EDBC.

4. Note that the Adult Financial and Adult Medical programs are failing for 12/06 and 01/07 (for this example, EDBC was run on 12/28/06 for 12/06 – 02/07) for the reason shown below. Note, too, that the client begins passing for those programs effective 02/07 upon his/her release.

CSMS

Display Eligibility Summary

Case #:

Program Group	Payment Month	Eligibility Status	Benefit Amount	Household Size	Eligibility Begin Date	Application Date
Adult Financial Assista	2006/12	DENIED	\$ 00	1	00/00/0000	12/28/2006
Adult Medical Assistan	2006/12	DENIED	\$ 00	0	00/00/0000	12/28/2006
Food Stamps	2006/12	DENIED	\$ 00	0	00/00/0000	12/28/2006
Adult Financial Assista	2007/01	DENIED	\$ 00	1	00/00/0000	12/28/2006
Adult Medical Assistan	2007/01	DENIED	\$ 00	0	00/00/0000	12/28/2006
Expedited Food Stamp	2007/01	DENIED	\$ 00	0	00/00/0000	12/28/2006
Food Stamps	2007/01	DENIED	\$ 00	0	00/00/0000	12/28/2006
Adult Financial Assista	2007/02	PASS	\$ 00	1	00/00/0000	12/28/2006
Adult Medical Assistan	2007/02	PASS	\$ 00	0	00/00/0000	12/28/2006
Food Stamps	2007/02	DENIED	\$ 00	0	00/00/0000	12/28/2006
Expedited Food Stamp	2006/12	DENIED	\$ 00	0	00/00/0000	12/28/2006

Reason: 02/07/2007 - 01/31/2008 - not at a medical public institution

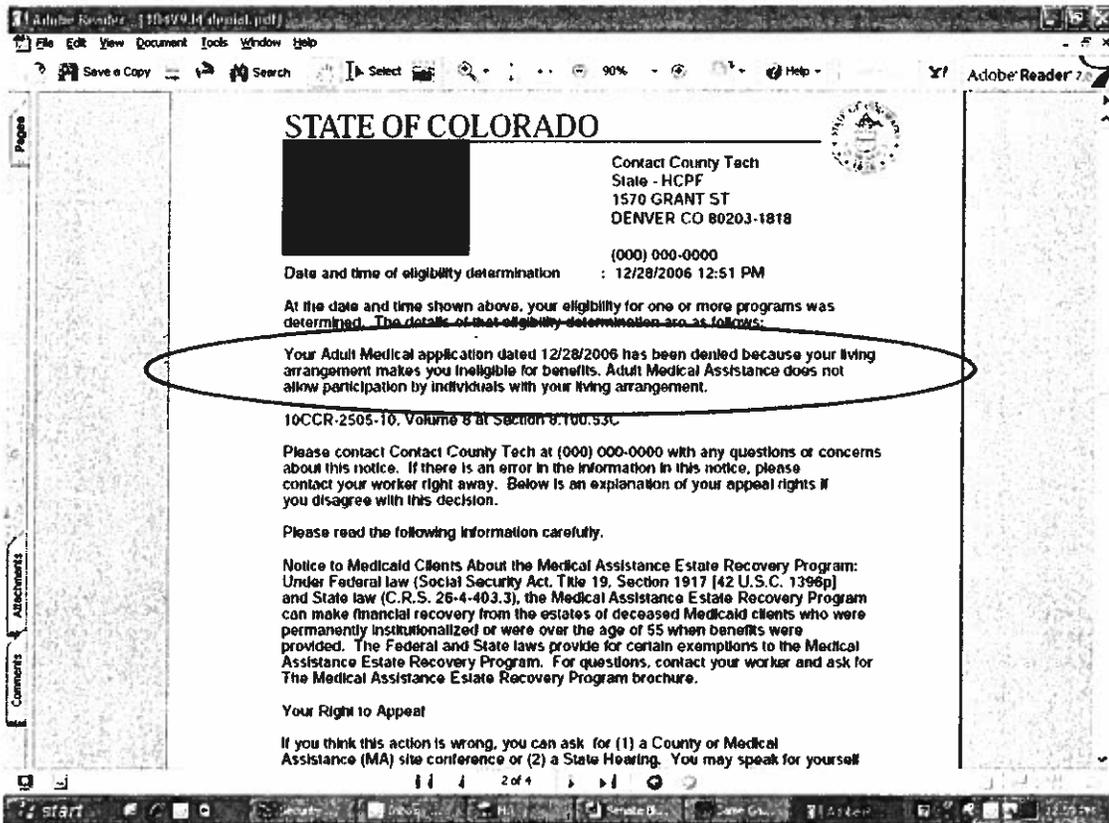
Reason... Verification Checklist... Initiate Wrap u

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Once again, it is important to remember that the inmate's release date must be within the time period for which EDBC will be run in order for this procedure to be effective.

5. Two notices will be generated, one signifying the period of ineligibility and the second being an approval (if eligible) from the release date. Note that if the client is found ineligible after release for other reasons (income or resources, for example), another denial notice would be generated showing that.

This is the denial notice (note the denial reason):



This is the approval notice (note the effective date of eligibility):

Adobe Reader [1B4V9J4 approval.pdf]
File Edit View Document Tools Window Help

Save a Copy Search Select 90% Help Adobe Reader

STATE OF COLORADO

Contact County Tech
State - HCPF
1570 GRANT ST
DENVER CO 80203-1818

(000) 000-0000
Date and time of eligibility determination : 12/28/2006 12:51 PM

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

Your Adult Medical application dated 12/28/2006 has been approved beginning 02/01/2007. If you do not already have one, a medical ID Card will arrive shortly in the mail. Please present this card each and every time medical services are provided.

Please contact Contact County Tech at (000) 000-0000 with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away. Below is an explanation of your appeal rights if you disagree with this decision.

Please read the following information carefully.

Notice to Medicaid Clients About the Medical Assistance Estate Recovery Program: Under Federal law (Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State law (C.R.S. 26-4-403.3), the Medical Assistance Estate Recovery Program can make financial recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 65 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure.

Your Right to Appeal

If you think this action is wrong, you can ask for (1) a County or Medical Assistance (MA) site conference or (2) a State Hearing. You may speak for yourself at the Conference or Hearing. You may also bring a person, such as a friend,

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