

Deficit Reduction Act

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# Deficit Reduction Act

## Phase II

CBMS Project 2410  
Implementation  
June 24, 2012



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# DRA Policy Overview for Medicaid and CHP+



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## DRA Policy Overview

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- Determinations of citizenship and identity status must be verified at initial eligibility of eligibility for Medicaid and CHP+ clients who are **U.S. citizens**
  - Federal Deficit Reduction Act of 2005 and Children’s Health Insurance Program Reauthorization Act of 2009
- Medicaid citizenship and identity rules effective July 01, 2006
- CHP+ citizenship and identity rules effective January 01, 2010
  - CBMS March 01, 2010



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## DRA Policy Overview

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- Medicaid regulations
  - 10 CCR 2505-10, Section 8.100.3.H.
- CHP+ regulations
  - 10 CCR 2505-3 Section 130.1.B.
- Exempted:
  - Presumptive eligibility clients
  - Newborns of mothers receiving Medicaid or CHP+
  - Clients currently eligible for SSI, SSDI or Medicare
  - Foster care children



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## DRA Policy Overview

- 10 CCR 2505-10, Section 8.100.3.H.4.h
- Once a client has provided the required citizenship and identity documentation, they shall not be required to submit the documentation again unless:
  - Later evidence raises a question
  - There is a gap of more than five years between the ending date of the client's last period of eligibility



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## DRA Policy Overview

- 10 CCR 2505-10, Section 8.100.3.H.9.a
- If the client does not have the required documentation, the client must be given a reasonable opportunity period (ROP) to provide the required documentation and shall be granted medical benefits
- If the client does not provide the required documentation with the ROP, then:
  - Application shall be denied,
  - Benefits shall be terminated



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## Questions?

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## CBMS Overview

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- System Modifications
- Functionality of new DRA button and page
  - DRA button and page
  - Authorized Users
  - Generated Case Comments
  - Client ID merge
  - Examples



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## CBMS Overview

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- Reasonable Opportunity Period (ROP)
  - New informational NOA
  - New text on current approval NOA
  - Verification Checklist
  - Examples
- Good Faith
- Mass update
- What this change will not do



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## System Modifications

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## This change will

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- Exempt citizenship and identity for Needy Newborns
- Exempt citizenship and identity for Needy Newborns who are no longer in the home
- Recognize clients who are or were previously part of an exemption group



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## This change will

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- Recognize:
  - Identity affidavits for clients who provided this document prior to age 16
  - Clients who provide a valid citizenship and/or identity documentation



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# Questions?

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## Functionality of new DRA button and page



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## DRA Met

- A client has met citizenship and/or identity requirements if the client:
  - Provides valid citizenship and identity documentation
  - Is or was part of an exemption group
  - Met citizenship and identity through the SVES SCHIP interface
  - Met identity through the Department of Motor Vehicle (DMV) interface



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## DRA Met – New Button

- Once a client has passed through the citizenship and identity validation process, CBMS will internally store the clients citizenship and identity information
  - A new DRA button was created in the Individual Demographics page
  - The new Individual DRA Information page will store the citizenship and identity information



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## DRA Met – New Page

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- The new page will store the clients Individual DRA Information as follows:
  - Citizenship DRA Met = Y or N
  - Citizenship DRA Met Date = populated system date when client met citizenship; if N, the date will be null
  - Identity DRA Met = Y or N
  - Identity DRA Met Date = populated system date when client met identity; if N, the date will be null
- Eligibility is **not** driven by the Citizenship or Identity DRA Met Date

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Individual DRA Information

Individual DRA Information

Citizenship

Citizenship DRA Met:  Yes  No

Citizenship DRA Met Date: MM/DD/YYYY

Identity

Identity DRA Met:  Yes  No

Identity DRA Met Date: MM/DD/YYYY

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## DRA Met – New Page

- “Authorized Users” will be able to update the Citizenship or Identity DRA Met status from “Y” to “N”. This should **only** be done if the DRA Met status was recorded in error



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## DRA Met – New Page

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- If the Citizenship or Identity DRA Met status is changed from “Y” to “N”:
  - The DRA Met Date will be null
  - A new case data change trigger effective from the current date will be created since a negative action cannot be taken on Medicaid programs
  - The end-user will need to make necessary changes within CBMS



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## DRA Met – New Page

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- Authorized Users
  - Medical Eligibility Supervisors
  - State Eligibility Division staff
- Changes are stored in history if changes are made to the Individual DRA Information page



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## DRA Met – New Page

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- Once the DRA Met status is set to “Y” for both citizenship and identity:
  - Clients will no longer run through a DRA validation process unless an authorized user overrides the Individual DRA Information page
  - Clients who are currently or were previously part of an exemption group will continue to skip the DRA validation process even if the record is end dated



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## Questions?

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## Case Comments

- Comments are system generated when a client's DRA Met status is set from "N" to "Y" for:
  - Citizenship and/or Identity
- Generated upon authorization
- Stored at the individual level within the case



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## Case Comments

- Comments are system generated under the "Citizenship & Identity" comment type. If the client provided:
  - Citizenship and identity
    - "Medical Assistance citizenship and identity requirements met"
  - Citizenship only
    - "Medical Assistance citizenship requirements met"
  - Identification only
    - "Medical Assistance identity requirements met"



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Maintain Case Comments

Programs

Detail

Type: Citizenship & Identity

Date: 05/18/2012 08:59 PM

Program Group: Family Medical Assist

Individual:

System Generated Comment: Medical Assistance citizenship and identity requirements met

\*Enter Comment:

Current Size = 0 characters (4000 characters max.)

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Maintain Case Comments

Programs

Detail

Type: Citizenship & Identity

Date: 05/21/2012 03:18 PM

Program Group: Family Medical Assist

Individual:

System Generated Comment: Medical Assistance citizenship requirements met

\*Enter Comment:

Current Size = 0 characters (4000 characters max.)

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Maintain Case Comments

Programs

Detail

Type: Citizenship & Identity

Date: 05/21/2012 06:47 PM

Program Group: Family Medical Assist:

Individual:

System Generated Comment:

Medical Assistance identity requirements met

\*Enter Comment:

Current Size = 0 characters (4000 characters max.)

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## Client ID Merge

When a client ID merge occurs, the end-user shall ensure the DRA Met is retained after the client merge is completed. This will be accomplished through the manual process that is currently used to merge duplicate client records



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## Questions?



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## Example 1 - DRA Met

- Family Medicaid/CHP+ application dated 4/18/12. Client provides all verifications, including a valid birth certificate and drivers license
  - End-user runs EDBC and authorizes the case on 5/18/12



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The screenshot shows a web browser window titled "Individual DRA Information". The page content is divided into two sections: "Citizenship" and "Identity".

Section	DRA Met	DRA Met Date
Citizenship	<input checked="" type="radio"/> Yes <input type="radio"/> No	05/18/2012
Identity	<input checked="" type="radio"/> Yes <input type="radio"/> No	05/18/2012

Below the screenshot, the following text is displayed:

The Individual DRA Information page will automatically update after authorization:

- Citizenship DRA Met = switches from "N" to "Y"
- Citizenship DRA Met Date = 5/18/12
- Identity DRA Met = switches from "N" to "Y"
- Citizenship DRA Met Date = 5/18/12

The number 33 is visible in the bottom right corner of the screenshot.

The screenshot shows a web browser window titled "Maintain Case Comments". The page content includes a "Detail" section with the following fields:

- Type: Citizenship & Identity
- Date: 05/18/2012 08:59 PM
- Program Group: Family Medical Assist
- Individual: [Empty dropdown]

Below these fields is a "System Generated Comment" box containing the text: "Medical Assistance citizenship and identity requirements met".

At the bottom of the page, there is a text area for entering a comment, with the text "\*Enter Comment:" and "Current Size = 0 characters (4000 characters max.)".

The number 34 is visible in the bottom right corner of the screenshot.

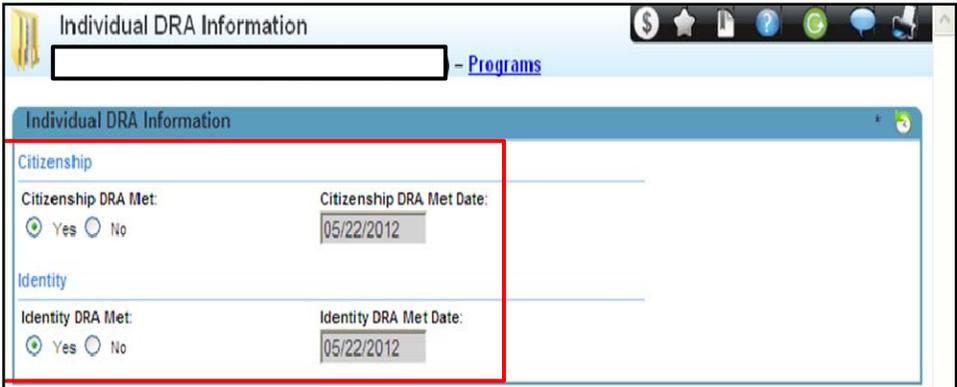
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## Example 2 – DRA Met

- Adult Medical application dated 1/10/12.  
End-user enters the client as receiving SSI.
  - End-user runs EDBC and authorizes the case on 5/22/12



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The screenshot shows a web application window titled "Individual DRA Information". It contains two sections: "Citizenship" and "Identity". Each section has a "DRA Met" status (radio buttons for Yes/No) and a "DRA Met Date" field. The "Citizenship" section shows "Yes" selected and the date "05/22/2012". The "Identity" section also shows "Yes" selected and the date "05/22/2012". A red box highlights these two sections.

**The Individual DRA Information page will automatically update after authorization :**

- Citizenship DRA Met = switches from “N” to “Y”**
- Citizenship DRA Met Date = 5/22/12**
- Identity DRA Met = switches from “N” to “Y”**
- Citizenship DRA Met Date = 5/22/12**

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Maintain Case Comments

Programs

Detail

Type: Citizenship & Identity

Date: 05/22/2012 04:16 PM

Program Group: Adult Medical Assista

Individual:

System Generated Comment

Medical Assistance citizenship and identity requirements met

\*Enter Comment:

Current Size = 0 characters (4000 characters max.)

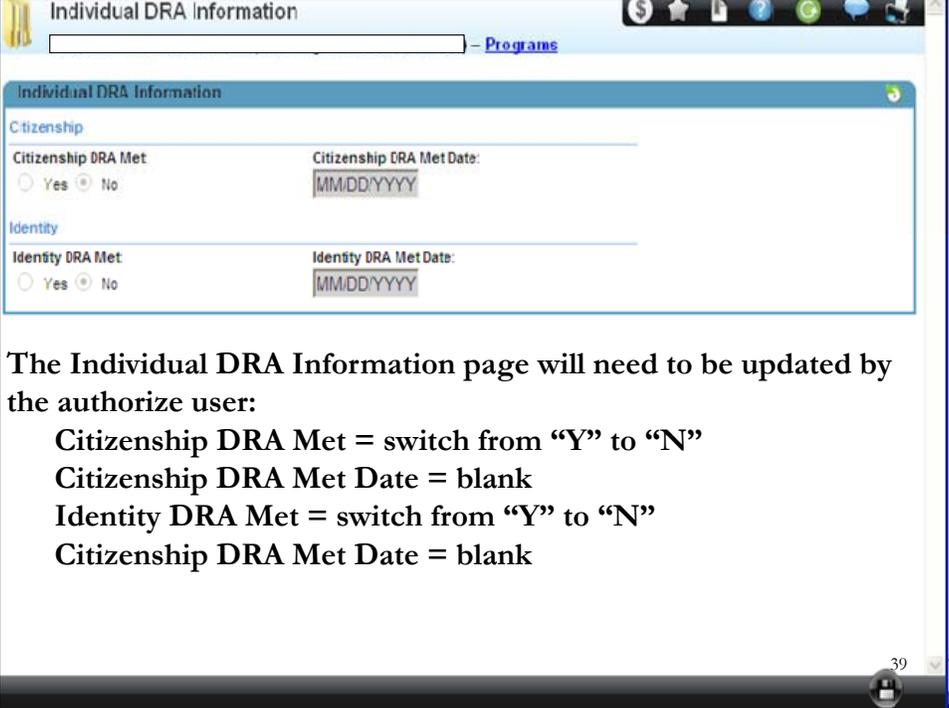
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## Example 2 – DRA Met cont..

End-user realizes the client does not receive SSI and deletes the SSI record

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The Individual DRA Information page will need to be updated by the authorize user:

- Citizenship DRA Met = switch from “Y” to “N”
- Citizenship DRA Met Date = blank
- Identity DRA Met = switch from “Y” to “N”
- Identity DRA Met Date = blank

## Example 2 – DRA Met cont..

- EDBC needs to be re-run and current logic will verify if client meets citizenship and identity criteria
- End-user will need make detailed case comments explaining why the Citizenship and/or Identity DRA Met status was changed to “N”



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# Questions?



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# Reasonable Opportunity Period (ROP)



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## ROP

- Eligible clients who declare to be U.S citizens and are missing citizenship and identity documentation **only**, must be provided ROP to present valid documentations
  - Clients shall be granted medical benefits during their ROP
- Benefits are temporary until valid documentation is provided
  - Eligibility begin date will be set to either the application date or the retro med date



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## ROP

- DRA ROP Denial Due Date is set to deny:
  - Family Medicaid/Child Health Plan *Plus*
    - 10 business days for client; CBMS denies on the 15<sup>th</sup> business day
  - Individuals with a disability
    - 70 calendar days; CBMS denies on the 71<sup>st</sup> calendar day



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## ROP

- 10-day noticing applies for Medicaid programs
- CHP+ will close at the end of the month of the ROP denial



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## ROP

### New Informational NOA

- A new informational NOA is generated for clients enrolled in coverage during the ROP
  - Approved- DRA reasonable opportunity period



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The screenshot shows two browser windows. The top window is titled "Display Individual Eligibility Summary" and contains a table with the following data:

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	include	PASS	05/01/2012	1931		
	include	PASS	05/01/2012	1931		

The bottom window is titled "CBMS Web - Display Reasons -- Webpage Dialog" and shows a list of reasons for approval:

- Approved for Family Medical
- Approved-DRA reasonable opportunity period.
- missing verif. See checklist
- new DRA-8 logic applied

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## ROP New Text

- New text is added to the current approval notice for ROP clients stating:
 

“This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and /or identity documents for {Individual’s Name}. You must provide the documents to us or {Individual’s First Name} will no longer get {medical program}.”



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# Questions?

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# Verification Checklist

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## Initial Verification Checklist- DRA only

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- CBMS will generate the Verification Checklist (VCL) upon completion of data entry for citizenship and identity:
  - Verifications listed are based on verification type and source entered
  - Unacceptable verification type/source will be included on the Verification Checklist
  - Acceptable Doc field = N
  - Data Entry Complete field = Y



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## Example 1- ROP

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During Authorization of this INTAKE case:

- FM/CHP+ application authorized on 5/18/12
- Mom and child provided ALL verifications **EXCEPT DRA**
- Mom and child qualify for 1931 (ROP)

Authorized Date 5/18

DRA Due Date 6/4

DRA Denial Due Date 6/11

Mom and child pass for ROP

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The following shall occur when case is authorized:

- The new informational NOA will be generated and displayed for the end-user “Approved-DRA reasonable opportunity period” for mom and child
- VCL for missing DRA will be generated for mom and child
- Approval NOA is generated with additional language for mom and child

Mom and child will be discontinued from 1931 with 10-day noticing if DRA is not provided within ROP



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Display Eligibility Summary

Page Actions

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Family Medical Assistance	2012/05	PASS	\$0.00	\$0.00	2	05/01/2012	05/18/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	2	05/01/2012	05/18/2012
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	2		05/18/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	2		05/18/2012

Reason Verification Checklist Initiate Wrap up Individual Details

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Display Individual Eligibility Summary

Payment Month: 05/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Include	PASS	05/01/2012	1931		
	Include	PASS	05/01/2012	1931		

CBMS Web - Display Reasons -- Webpage Dialog

Display Reasons

Reason
Approved for Family Medical
Approved-DRA reasonable opportunity period. missing verif. See checklist
new DRA-8 logic applied

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**Verification Checklist**

Programs

Program Group: All

**Verification Checklist Summary**

Name	Item Description	Due Date	Program Group	Aid Code
	U.S. Citizenship	06/04/2012	Family Medical	1931
	Identification	06/04/2012	Family Medical	1931
	U.S. Citizenship	06/04/2012	Family Medical	1931
	Identification	06/04/2012	Family Medical	1931

Initiate Verification Queue

**Notes**

System Notes:

User Notes:

We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.

Medical Verifications

NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
	Identification	Family Medical Assistance	06/04/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			
	Identification	Family Medical Assistance	06/04/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			
	U.S. Citizenship	Family Medical Assistance	06/04/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			
	U.S. Citizenship	Family Medical Assistance	06/04/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			

Date and time of eligibility determination : 05/18/2012 09:52 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 Family Medical application dated 05/18/2012 has been approved beginning 05/01/2012. Medicaid benefits have been approved for [redacted]. 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.

This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for NOA help. You must provide the documents to us or NOA will no longer get Family Medical Assistance.

Attention: If you are pregnant and approved for benefits when the baby is born, your baby will automatically be eligible for benefits for one year. Please keep the following information handy and call your worker as soon as possible when your child is born. Your worker will need the following information to add your new baby to your case:

Your name  
 Your state ID or Social Security Number  
 Your child's full name as you listed on the birth certificate  
 The date your child was born  
 Is your child a boy or a girl

The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8.100. (Family Medical)

## Example 2- ROP

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During Authorization of this INTAKE case:

- Long Term Care (LTC) authorized on 6/5/12
- Client provided ALL verifications **EXCEPT DRA**. Client qualifies for LTC (ROP)

Authorized Date 6/5      DRA Due Date 8/15      DRA Denial Due Date 8/16

The following shall occur when case is authorized:

- The new Informational NOA will be generated and displayed for the end-user "Approved-DRA reasonable opportunity period"
- VCL for missing DRA will be generated
- Approval NOA is generated with additional language

Client will be discontinued from LTC with 10-day noticing if DRA is not provided within ROP



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Display Eligibility Summary

Programs

Page Actions

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Long Term Care	2012/05	PASS	\$0.00	\$0.00	1	05/01/2012	05/01/2012
Long Term Care	2012/06	PASS	\$0.00	\$0.00	1	05/01/2012	05/01/2012

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Display Individual Eligibility Summary

Programs

Page Actions

Payment Month: 05/2012

LTC

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fun Sou
	Eligible	PASS	05/01/2012	HCBS EBD		

CBMS Web - Display Reasons -- Webpage Dialog

https://cbmsuat.state.co.us/CBMSIDEUatModalPopupPage.jsp

Display Reasons

Programs

Summary

Reason
Approved-DRA reasonable opportunity period
missing verif. See checklist
new DRA-8 logic applied

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**Verification Checklist**

Program Group:

**Verification Checklist Summary**

Name	Item Description	Due Date	Program Group	Aid Code
	U.S. Citizenship Identification	08/15/2012	Long Term Care	HCBS EBD
	U.S. Citizenship Identification	08/15/2012	Long Term Care	HCBS EBD

**Notes**

System Notes:

User Notes:

We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.

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NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
<input type="text"/>	Identification	Long Term Care	08/15/2012
	<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.		
<input type="text"/>	U.S. Citizenship	Long Term Care	08/15/2012
	<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.		
	<b>NOTES:</b>		

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**STATE OF COLORADO**



Call County Tech  
HCPF - Client Rel  
1570 GRANT ST  
DENVER CO 80203-1818

(000) 000-0000  
Date and time of eligibility determination : 06/05/2012 08:17 AM

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 Long Term Care application dated 05/01/2012 has been approved beginning 05/01/2012. 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.

The relevant Medicaid rules can be found at 10 CCR 2505-10 Volume 8 at Section 8.100.7 (Long Term Care)

This approval is temporary. You have received or will be receiving a letter asking for U.S. citizenship and/or identity documents for [redacted]. You must provide the documents to us or [redacted] will no longer get Long Term Care.

You can now check the status of your benefits online by visiting the new Colorado PEAK website at: [www.colorado.gov/benefits](http://www.colorado.gov/benefits). You will need to have your case number available. Your case number is [redacted]. Please contact Call 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.

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## Questions?

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## Pending for Additional Verifications after the Initial Checklist

- When invalid or missing verifications are identified after the initial VCL, a new notice is generated and sent
- New notice will include previous verifications with established due dates as well as new verifications with new verification due dates



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## Pending for Additional Verifications after the Initial Checklist

- If invalid or missing verifications identified are equal to the application date, eligibility results for client will show pending back to application month
  - If it is not equal to application date, eligibility result will show pending effective the date the invalid or missing verification date was entered
- ROP benefits are not interrupted unless verifications are not received by maximum denial due date



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## Pending for Additional Verifications after the Initial Checklist

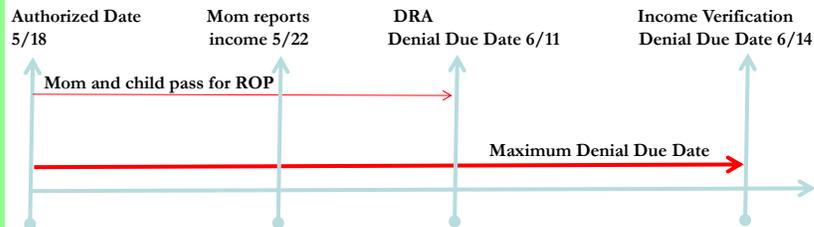
- Case will close according to maximum denial due date for client (as per existing logic)
  - FM, AM, LTC applies 10 day noticing
  - CHP+ denies at the end of the month of denial due date



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## Example 1 – ROP/Additional Verification

- Mom and child qualify for 1931 (ROP)
- On 5/22/12, mom reports income and did not provide valid documentation
- End-user enters it as “Not Received” in CBMS



- If verifications are not received by the Maximum Denial Due Date 6/14, benefits will terminate effective 6/30



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Display Eligibility Summary - Programs

Page Actions

\*Case #:  \*From Date: 05/2012 To Date: 07/2012 Load

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Family Medical Assistance	2012/05	PENDING	\$0.00	\$0.00	2		05/18/2012
Family Medical Assistance	2012/06	PENDING	\$0.00	\$0.00	2		05/18/2012
Family Medical Assistance	2012/07	PENDING	\$0.00	\$0.00	2		05/18/2012

Additional verifications caused the case to switch to pending status back to the application month

Reason Verification Checklist Initiate Wrap up Individual Details

Display Individual Eligibility Summary - Programs

Page Actions

Payment Month: 05/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Ineligible -	PENDING		1931		
	Ineligible -	PENDING		1931		

CBMS Web - Display Reasons -- Webpage Dialog

https://cbmsuat.state.co.us/CBMSIDEUatModalPopupPage.jsp

Display Reasons - Programs

Reason
missing verif. See checklist
new DRA-8 logic applied
pending income verification

The image shows two overlapping browser windows. The top window is titled "Display Individual Eligibility Summary" and contains a "Page Actions" section with a "Payment Month" dropdown set to "05/2012". Below this is a "Summary" table with columns: Individual, Participation Status, Eligibility Result, Begin Date, Program, Limited to EMS, and Funding Source. The "Eligibility Result" column for two rows is highlighted with a red box and contains the value "PENDING".

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Ineligible -	PENDING		1931		
	Ineligible -	PENDING		1931		

The bottom window is titled "CBMS Web - Display Reasons -- Webpage Dialog" and shows a "Display Reasons" section with a "Summary" table. The "Reason" column of this table is highlighted with a red box and contains the following text:

- financial responsible relative pending verif
- missing verif. See checklist
- new DRA-8 logic applied

The image shows a "Verification Checklist" window with a "Program Group" dropdown set to "All". Below is a "Verification Checklist Summary" table with columns: Name, Item Description, Due Date, Program Group, and Aid Code. The "Item Description" and "Due Date" columns for the first three rows are highlighted with a red box.

Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/04/2012	Family Medical	1931
	U.S. Citizenship	06/04/2012	Family Medical	1931
	Identification	06/04/2012	Family Medical	1931
	Income from	06/07/2012	Family Medical	1931

Below the table is an "Initiate Verification Queue" button and a "Notes" section with "System Notes" and "User Notes" fields.

NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
[Redacted]	Identification	Family Medical Assistance	06/04/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			
[Redacted]	Identification	Family Medical Assistance	06/04/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			
[Redacted]	U.S. Citizenship	Family Medical Assistance	06/04/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			
[Redacted]	U.S. Citizenship	Family Medical Assistance	06/04/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			
[Redacted]	Income from employment	Family Medical Assistance	06/07/2012
<b>NOTES:</b> Please provide check stubs for May 2012			

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## Example 2 – ROP/Additional Verification

- Client qualifies for LTC (ROP)
- On 6/5/12, client calls and reports resources and did not provide valid documentation
- End-user enters it as “Client Statement” in CBMS

Authorized Date 6/5      Client reports resource 6/5      Resource Verification Denial Due Date 6/27      DRA Denial Due Date 8/16

- If verifications are not received by the Resource Denial Due Date 6/27, benefits will terminate effective 7/31
- Client potentially not eligible



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Display Eligibility Summary

Programs

Page Actions

\*Case #: 1B756H1      \*From Date: 05/2012      To Date: 07/2012      Load

Summary

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Long Term Care	2012/05	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012
Long Term Care	2012/06	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012
Long Term Care	2012/07	PENDING	\$0.00	\$0.00	1	05/01/2012	05/01/2012

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Display Individual Eligibility Summary

Programs

Page Actions

Payment Month: 05/2012

LTC

Summary

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fun Sou
	Include	PENDING	05/01/2012	HCBS EBD		

CBMS Web - Display Reasons -- Webpage Dialog

https://cbmsuat.state.co.us/CBMSIDEUat/ModalPopupPage.jsp

Display Reasons

Programs

Summary

Reason
missing verif. See checklist
new DRA-8 logic applied

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**Verification Checklist** - Programs

Program Group: All

**Verification Checklist Summary**

Name	Item Description	Due Date	Program Group	Aid Code
	U.S. Citizenship	08/15/2012	Long Term Care	HCBS EBD
	Identification	08/15/2012	Long Term Care	HCBS EBD
	Liquid Asset Percent of	06/20/2012	Long Term Care	HCBS EBD
	Fair Market Value	06/20/2012	Long Term Care	HCBS EBD

Initiate Verification Queue

**Notes**

System Notes:

User Notes:

Please provided bank statements

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NAME	NEED PROOF OF	PROGRAM GROUP	DUE DATE
[Redacted]	Fair Market Value	Long Term Care	06/20/2012
<b>NOTES:</b>			
[Redacted]	Liquid Asset Percent of Own	Long Term Care	06/20/2012
<b>NOTES:</b> Please provide bank statements			
[Redacted]	Identification	Long Term Care	08/15/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			
[Redacted]	U.S. Citizenship	Long Term Care	08/15/2012
<b>NOTES:</b> We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.			

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Deficit Reduction Act

## Questions?



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Deficit Reduction Act

### **Pending Additional Verifications after Initial VCL for guaranteed programs**

- When invalid or missing verifications are identified after initial VCL and client is the only household member approved in a guaranteed program, new verification checklist is suppressed
- If client is financially responsible for another household member, a new VCL is generated and sent along with new verification due date along with the previous verifications due date



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Deficit Reduction Act

## Example 1 – ROP/Additional Verification guaranteed program...

During Authorization of this INTAKE case:

- FM/CHP+ application authorized on 5/29/12
- Client is pregnant and has provided ALL verifications **EXCEPT DRA**
- Client qualifies for Qualified Pregnant (ROP)

Authorized Date 5/29      DRA Due Date 6/13      DRA Denial Due Date 6/20

Client pass for Qualified Pregnant ROP →

The following shall occur when case is authorized:

- The new Informational NOA will be generated and displayed for the end-user “Approved-DRA reasonable opportunity period”
- VCL for missing DRA will be generated
- Approval NOA is generated with additional language



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Display Eligibility Summary

Case #: 1B75538      From Date: 05/2012      To Date: 07/2012      Load

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action	Household Size	Eligibility Begin Date	Application Date
Family Medical Assistance	2012/05	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Family Medical Assistance	2012/06	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Family Medical Assistance	2012/07	PASS	\$0.00	\$0.00	2	05/01/2012	05/29/2012
Childrens Health Plan Plus	2012/05	DENIED	\$0.00	\$0.00	2		05/29/2012
Childrens Health Plan Plus	2012/06	DENIED	\$0.00	\$0.00	2		05/29/2012
Childrens Health Plan Plus	2012/07	DENIED	\$0.00	\$0.00	2		05/29/2012

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Reason    Verification Checklist    Initiate Wrap up    Individual Details

**Display Individual Eligibility Summary**

Payment Month: 05/2012

Family Medical | CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Mandatory	PASS	05/01/2012	Qualified		

**CBMS Web - Display Reasons -- Webpage Dialog**

Display Reasons

Reason
missing verif. See checklist
Approved for Family Medical
new DRA-8 logic applied
Approved-DRA reasonable opportunity period.

**Verification Checklist**

Program Group: All

Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant

Initiate Verification Queue

Notes

System Notes:

User Notes:

Medical Verifications

<u>NAME</u>	<u>NEED PROOF OF</u>	<u>PROGRAM GROUP</u>	<u>DUE DATE</u>
<input type="text"/>	Identification	Family Medical Assistance	06/13/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			
<input type="text"/>	U.S. Citizenship	Family Medical Assistance	06/13/2012
<p><b>NOTES:</b></p> <p>We did not get documents proving your U.S. citizenship and identity with your application. We will try to get this information from the Social Security Administration (SSA). If we are unable to get this from SSA, we will let you know.</p>			

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Deficit Reduction Act

## Example 1 – ROP/Additional Verification guaranteed program...

- On 6/1/12, client reports income and does not provide valid documentation
- End-user enters it as “Not Received” in CBMS

Authorized Date 5/29                      Client reports income 6/1                      DRA Denial Due Date 6/20

The diagram shows a horizontal timeline with three vertical markers. The first marker is at 5/29, the second at 6/1, and the third at 6/20. A red arrow starts at 5/29 and ends at 6/20, with the text 'Client pass for Qualified Pregnant ROP' written above it. A light blue arrow continues from 5/29 to the right, ending at the 6/20 marker.

- Since the client is the only household member requesting assistance and is approved on a guaranteed program, the new verification checklist is suppressed and will discontinue from Qualified Pregnant with 10-day noticing on 6/20 if DRA is not provided



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Verification Checklist

Programs

Program Group: All

Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant

Initiate Verification Queue

Notes

System Notes:

User Notes:

Medical Verifications 87

## Example 2 – ROP/Additional Verification guaranteed program...

**Deficit Reduction Act**

During Authorization of this INTAKE case:

- FM/CHP+ application authorized on 5/29/12
- Mom and her 14 year old child are applying. Mom is pregnant. Both provided ALL verifications **EXCEPT DRA**
- Mom qualifies for Qualified Pregnant (ROP) and child qualifies for 1931 (ROP)

Authorized Date 5/29      DRA Due Date 6/13      DRA Denial Due Date 6/20

Mom and child pass for ROP

The following shall occur when case is authorized:

- The new Informational NOA will be generated and displayed for the end-user “Approved-DRA reasonable opportunity period” for mom and child
- VCL for missing DRA will be generated for mom and child
- Approval NOA is generated with additional language for mom and child



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Display Individual Eligibility Summary

Payment Month: 05/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Mandatory	PASS	05/01/2012	Qualified		
	Include	PASS	05/01/2012	1931		

CBMS Web - Display Reasons -- Webpage Dialog

Display Reasons

Summary	Reason
missing verif. See checklist	
Approved for Family Medical	
new DRA-8 logic applied	
Approved-DRA reasonable opportunity period.	89

Verification Checklist

Program Group: All

Name	Item Description	Due Date	Program Group	Aid Code
	U.S. Citizenship Identification	06/13/2012	Family Medical	1931
	Identification	06/13/2012	Family Medical	1931
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant

Initiate Verification Queue

Notes

System Notes:

User Notes:

Medical Verifications

Deficit Reduction Act

## Example 2 – ROP/Additional Verification guaranteed program...

- On 6/1/12, mom reports income and does not provide valid documentation
- End-user enters it as “Not Received” in CBMS

Authorized Date  
5/29

Client reports  
income 6/1

DRA  
Denial Due Date 6/20

Income Verification  
Denial Due Date 6/22

•Mom is financially responsible for child on the case. A new VCL will be generated along with the new Due Date for the income verification



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Display Individual Eligibility Summary - Programs

Page Actions

Payment Month: 05/2012

Family Medical CHP+

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Mandatory	PASS	05/01/2012	Qualific		
	Ineligible -	PENDING		1931		

CBMS Web - Display Reasons -- Webpage Dialog

https://cbmsuat.state.co.us/CBMSIDEUat/ModalPopupPage.jsp

Display Reasons Programs

Reason	Reason
financial responsible relative pending verif	
missing verif. See checklist	
new DRA-8 logic applied	

Verification Checklist

Program Group: All

Verification Checklist Summary

Name	Item Description	Due Date	Program Group	Aid Code
	Identification	06/13/2012	Family Medical	1931
	Identification	06/13/2012	Family Medical	Qualified Pregnant
	U.S. Citizenship	06/13/2012	Family Medical	Qualified Pregnant
	Income from	06/15/2012	Family Medical	1931

Initiate Verification Queue

Notes

System Notes:

User Notes:

Medical Verifications

Deficit Reduction Act

# Questions?



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Deficit Reduction Act

## Adult Medical Programs

### Exception for AM-OAP and DRA Verifications

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- Clients who are authorized and pass in AM OAP for their ROP, if the client does not return the DRA verifications by the DRA denial due date, they will roll to OAP HCP
  - If valid DRA verifications are provided while on OAP HCP, the client will roll back to AM OAP the month of the effective begin date entered for the new DRA record



Deficit Reduction Act

## Example 1- ROP/Adult Medical

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During Authorization of this INTAKE case:

- Adult Medicaid application authorized on 5/30/12
- Client provided ALL verifications **EXCEPT DRA**. Client qualifies for AM OAP (ROP)

Authorized Date 5/30      DRA Due Date 8/9      DRA Denial Due Date 8/10

Client approves for AM OAP ROP

The following shall occur when case is authorized:

- The new informational NOA will be generated and displayed for the end-user “Approved-DRA reasonable opportunity period”
- VCL for missing DRA will be generated
- Approval NOA is generated with additional language

Client will be discontinued from AM OAP with 10-day noticing if DRA is not provided and will roll to OAP HCP on 9/1



The top screenshot shows the 'Display Individual Eligibility Summary' page. It features a search bar, tabs for 'Food Stamps', 'Adult Financial', and 'Adult Medical', and a table with the following data:

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fun Sou
	Eligible	PASS	05/07/2012	OAP Med-A		

The bottom screenshot shows the 'Display Reasons' dialog box. It contains a 'Summary' section with the following text:

- missing verif. See checklist:
- new DRA-9 logic applied
- Approved-DRA reasonable opportunity period.

The screenshot shows the 'Verification Checklist' page. It includes a search bar, a 'Program Group' dropdown menu set to 'All', and a 'Verification Checklist Summary' table:

Name	Item Description	Due Date	Program Group	Aid Code
	Identification	08/09/2012	Adult Medical Assistance	OAP Med-A

Below the table is an 'Initiate Verification Queue' button and a 'Notes' section with 'System Notes' and 'User Notes' fields.

**Deficit Reduction Act**

## Example 1- ROP/Adult Medical cont..

- On 10/15, the client provides valid DRA verifications
- The client will roll back to AM OAP 10/1

10/15 valid DRA is entered      Client rolls from OAP HCP back to AM OAP 10/1

The diagram features a horizontal timeline axis. Two vertical grey lines with dots at the bottom represent dates. The first vertical line is on the left, and the second is to its right. A red arrow starts at the top of the first vertical line and points to the top of the second vertical line, indicating a transition or event occurring between these two dates. A light blue arrow starts at the top of the second vertical line and extends to the right, indicating a continuation of a process or status after the transition.



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**Deficit Reduction Act**

## Good Faith



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## Good Faith Policy

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- Clients who are not able to provide documents within the ROP but are trying to secure documentation can be granted additional time to secure documents:
  - At eligibility site discretion
  - Verbal declaration of need is sufficient unless questionable
  - Time period based on a case-by-case basis
  - Granted according to the reasonable amount of time needed to secure documentation



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## Mass Update

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## Mass Update

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- A one-time mass update will be completed to set Citizenship DRA Met and Identity DRA Met to Yes for clients who have a valid citizenship and identity record for an open CHP+, FM, AM or LTC
  - During the one-time mass update, the case comment “Medical Assistance citizenship and identity requirements met” will be set for each client that meets the DRA Met criteria



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## Mass Update

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- Medical programs that are currently pending due to State Help Desk Ticket within the Programs Requested Summary page will need to be manually end dated
  - Affidavits for clients that provided this document prior to age 16
  - Citizenship and identity for Needy Newborns



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## What this change will not do



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## ROP benefits not granted

ROP benefits will not be granted if the:

- Case is pending for DRA and additional verifications
  - Social Security Number, Pregnancy verification, etc
- Identification page is not completed
- Citizenship and/or Identity source is entered as “refused”
- Data Entry Complete field = N



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Deficit Reduction Act

## ROP benefits not granted

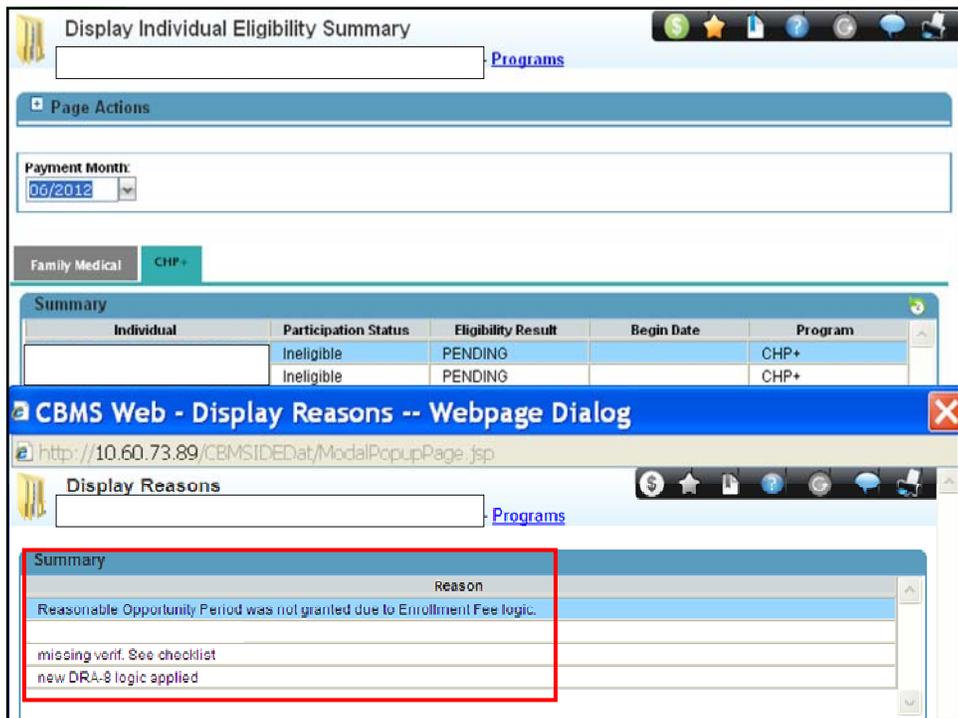
---

- CHP+ case is pending for an HMO selection
- CHP+ case is pending DRA and potentially owing an enrollment fee
  - Will continue to pend for DRA first
  - New informational NOA shall be generated “Reasonable Opportunity Period was not granted due to Enrollment Fee logic”
  - If the case has a eligible CHP+ Prenatal client or ethnicity is entered as American Indian or Alaskan Native, the fee is waived and ROP will be granted if the client is missing citizenship/identity

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The screenshot shows two overlapping web browser windows. The top window is titled "Display Individual Eligibility Summary" and shows a table with the following data:

Individual	Participation Status	Eligibility Result	Begin Date	Program
	Ineligible	PENDING		CHP+
	Ineligible	PENDING		CHP+

The bottom window is a "Webpage Dialog" titled "Display Reasons" and shows a list of reasons for the eligibility status:

- Reasonable Opportunity Period was not granted due to Enrollment Fee logic.
- missing verif. See checklist
- new DRA-8 logic applied

Deficit Reduction Act

## Questions?



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Deficit Reduction Act

## Reminders

- Add detailed case comments each time there is an update made to your cases
- Review and resolve all Alerts timely
- Follow the field definition guide and all data entry documents located on the Department of Human Services Web Portal or by using Shift + F1 within CBMS



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## Reminders

- Review all training materials and reference documents located on the HCPF website
- Submit help desk tickets through the Service Desk Portal at <https://ondemand.ca.com>
  - You do not have to call and wait on hold
  - You will create a ticket number immediately
  - You can track the status of your ticket
- Read all CBMS Communications
  - If you are not signed up for communications, contact [PC.HELPDESK@state.co.us](mailto:PC.HELPDESK@state.co.us)



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## Where to Get More Information

- HCPF Website - [Colorado.gov/hcpf](http://Colorado.gov/hcpf)
- Medicaid Eligibility Email Address - [Medicaid.eligibility@hcpf.state.co.us](mailto:Medicaid.eligibility@hcpf.state.co.us)
- CHP+ Eligibility Email Address - [CHP+.eligibility@hcpf.state.co.us](mailto:CHP+.eligibility@hcpf.state.co.us)



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Questions?

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Thank You  
for  
Your Time!

