

ELE School Lunch

ELE School Lunch Manual Interim Process

Medicaid/CHP+ AND School Lunch






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The Express Lane Eligibility (ELE) option provides States with important new avenues to ensure that children eligible for Medicaid or CHP+ have a fast and simplified process for having their eligibility determined or redetermined. CHIPRA opens up many possible arrangements for State Medicaid and CHP+ programs to work with other public agencies to streamline enrollment and renewal -- there is no one way to implement the ELE option.

Health Care Policy and Financing (HCPF) has chosen school lunch as one of the options for ELE.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

Why ELE?

- Simplifies the Medicaid/CHP+ enrollment process for children receiving school lunch
- Increases the number of children enrolled
- Increases effective learning in the classroom
- Improves overall health and increase school achievement



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As recent studies have shown, children can quickly fall behind if they are too sick to go to school and are unable to access the medical care that they need. Even when children are in class, children who are ill, who have undiagnosed illnesses or forego necessary treatment are more likely to lose focus and underachieve if they do not receive regular preventive well-child visits and receive treatment for their illnesses. You all know children that come to school sick because they haven't received medication for their asthma or an antibiotic for strep throat or an ear infection. A child's illness prevents that child from effectively learning in the classroom and impacts overall school achievement.

Why ELE?

- Interim
 - Policy October 2011
 - Options to streamline enrollment
 - Voluntary process
- Automation
 - Technology advancements 2012
 - Automatically enroll eligible children



With Express Lane Eligibility, we are able to target a significant number of children who are eligible for medical assistance, but are not enrolled. Policy changes, effective in October 2011 will allow us to begin using Free and Reduced Lunch Data to initiate medical assistance application for these children. However, technological changes will not be in place until 2012, so the Department has worked with stakeholders to develop a process to be used in the interim.

Training Objective

- Policy
- How To Participate
- School Lunch Application Information
- Medicaid/CHP+ Information
- Medicaid/CHP+ Eligibility



Policy



Medicaid/CHP+

- Federal
 - Authorized by Children's Health Insurance program Reauthorization Act of 2009 (CHIPRA), Section 203
- State
 - 10 CCR 2505-10, Section 8.100.4.J.



Federal

The federal authority for this rule is located in Section 203 of the Children's Health Insurance program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3. The state authority for this rule is contained in 25.5-1-301 through 25.5-1-303, C.R.S. (2011).

State

- If the school lunch applicant is willing to share information:

The Free/Reduced Lunch ELE Program begins when a child applies for Free/Reduced Lunch at a participating school district. If the school determines the child is eligible for Free or Reduced Lunch using the Free/Reduced Lunch application, the school will provide the application information to an eligibility site and a Family Medicaid/ CHP+ application will be initiated. This program will streamline the application process for families who have children who may be eligible for Medicaid, but are not enrolled.

- If the school lunch applicant is NOT willing to share information or if the school lunch applicant is not eligible for school lunch:

Families who are NOT automatically enrolled Free/Reduced Lunch recipient children will NOT be forwarded to the Department for ELE in compliance USDA confidentiality guidelines. These families can apply using the Application for Medical Assistance in order to give consent to share information and in order to request medical benefits for the family.

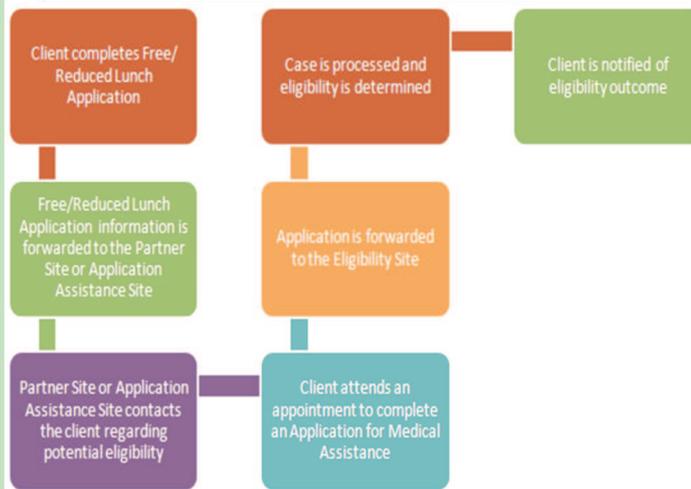


This section will provide an outline of the potential participants for the ELE school lunch process

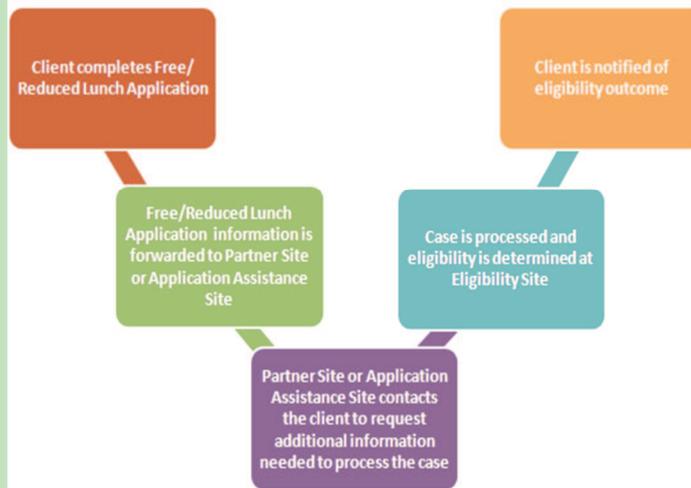
In addition, the participation requirements will be discussed in this section of the training

Any participant can volunteer to utilize this method of application and information gathering for ELE school lunch children

Current Process



Streamline Process



School Nutrition Department

- Participation from the Nutrition Department requires:
 - Opt Out language on your school lunch application
 - Share all school lunch eligibility information with Medicaid/CHP+ Partner Sites and/or Medicaid/CHP+ Offices



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Compile all school lunch applications that have approved sharing their information with Medicaid or CHP+ offices and share compiled school lunch applications or school lunch eligibility information

Direction from Colorado Department of Education (CDE) via <http://www.cde.state.co.us>

- Go to CDE Home -> Offices -> Nutrition -> References -> CDE Nutrition Memos -> September 28, 2010 CN11-G-010 Disclosure Memo
- Go to CDE Home -> Offices -> Nutrition -> Free and Reduced Processes -> Free and Reduced Materials

Medicaid/CHP+ Partner Sites

- Medicaid/CHP+ partner sites may include the following:
 - School District Medicaid Department
 - Healthy Communities Outreach Coordinator
 - School Based Health Centers



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HCPF has designated Community Based Organizations (CBOs) within the school districts to conduct enrollment activities and application assistance for Medicaid/CHP+

The designated CBOs could be the following individuals within your school district:

- Medicaid Coordinator
- Insurance Specialists
- Outreach Coordinators/Specialists

Please contact HCPF in regards to what organizations are considered Medicaid/CHP+ offices and can have access to school lunch eligibility information

Medicaid/CHP+ Partner Sites

- Participation from Medicaid/CHP+ partner sites requires:
 - Accepting school lunch eligibility information/referral
 - Collecting Medicaid/CHP+ eligibility information



Medicaid /CHP+ Offices

- Medicaid/CHP+ offices include the following:
 - Certified Application Assistance Sites (CAAS)
 - Presumptive Eligibility (PE) Sites
 - Medical Assistance (MA) Sites
 - County (Department of Human/Social Services)



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CAAS can collect information and documentation needed for Medicaid/CHP+ eligibility determination

PE Sites can collect information needed for Medicaid/CHP+ eligibility determination & determine temporary eligibility for Medicaid/CHP+ children

MA Sites and Counties can collect information needed for Medicaid/CHP+ eligibility determination and determine eligibility for Medicaid/CHP+ children

Note: Medicaid/CHP+ Partner Sites within the school district can also be a Medicaid/CHP+ Office

Application Assistance Sites

- Participation from the CAAS requires:
 - Accepting school lunch eligibility information AND
 - Collecting Medicaid/CHP+ eligibility information AND
 - Researching Medicaid/CHP+ applicant information



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Collect Medicaid/CHP+ eligibility information

- Use the ELE School Lunch Contact Sheet in order to obtain information required in Colorado Benefit Management System (CBMS)
- Gather information through a phone call or in person

Research Medicaid/CHP+ applicant information

- Research if client has an active or inactive Medicaid/CHP+ case
- If client has an active Medicaid/CHP+ case in CBMS continue ELE school lunch process
- If client has an inactive case or is unknown to CBMS continue ELE school lunch process

Eligibility Sites

- Participation from the PE Site, MA Site, and County requires:
 - Accepting school lunch eligibility information AND
 - Collecting Medicaid/CHP+ eligibility information AND
 - Determining Medicaid/CHP+ eligibility
 - Approve, Pend, Deny or Discontinue AND
 - Sending Medical Assistance Applications



Collect Medicaid/CHP+ eligibility information

- Use the ELE School Lunch Contact Sheet in order to obtain information required in Colorado Benefit Management System (CBMS)
- Gather information through a phone call or in person

Determine Medicaid/CHP+ eligibility

- Research if client has an active or inactive Medicaid/CHP+ case
- If client has an active Medicaid/CHP+ case in CBMS update case & document within case comments, if needed
- If client has an inactive case or is unknown to CBMS create a case through Application Initiation(AI) and determine eligibility within Interactive Interview (II)

Send Medical Assistance Applications

- Required for any ELE school lunch household that is denied or discontinued
 - Must pull Ad hoc report or request a monthly Ad Hoc report from HCPF that shows all pending, denied or discontinued cases with ELE School Lunch Application Source initiated at your site
- (See Medicaid/CHP+ Enrollment Section)

Collaboration

- Overall participation requires:
 - Transferring school lunch applicant information by means of
 - Excel Spreadsheet with school lunch eligibility information OR
 - Copy of school lunch application
 - Collecting Medicaid/CHP+ eligibility information



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Nutrition Department, Medicaid/CHP+ Partner Sites and Medicaid/CHP+ offices must work together to successfully participate in the ELE School Lunch Manual Interim Process

Collecting Medicaid/CHP+ eligibility information

- Contacting the school lunch household can be via phone, face-to-face or by mail. A combination of ways to contact school lunch households is recommended.
- Contacting client by phone or face-to-face can include:
 - Utilizing the ELE School Lunch Contact Sheet
- Contacting client by mail can include:
 - Verification Checklist
 - Medical Verifications Notice

Note: For Verification Checklist & Medical Verifications Notice guidance use 2011 Reference Guide. Go to www.colorado.gov/hcpf and select Partners & Researchers->County and Medical Assistance Site->Training and Reference Documents->Training Topics->Medical Assistance Verification Training

Collaboration

- Overall participation requires:
 - Establishing a transfer frequency suitable for everyone
 - Example: send file daily or weekly
 - Determining Medicaid/CHIP+ eligibility for children



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Establishing a transfer frequency is up to the participating parties. ELE School Lunch transfer frequency can be established anytime on or after October 14th 2011.

Note: Keep in mind that the date the school lunch application is signed is the date of application for Medicaid/CHIP+

Determining Medicaid/CHIP+ eligibility for children requires follow-up which will be explained in the Medicaid/CHIP+ Enrollment Section.

Questions



ELE School Lunch

School Lunch Application Information



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This section will provide a list of information from the school nutrition department.

School Lunch Information

- School lunch eligibility information or application :
 - List all students
 - List students eligibility if receiving free or reduced
 - List all household members that are not students
 - If you do not want your information shared with Medicaid or SCHIP check box



Information on school lunch application or spreadsheet

Note: State Children's Health Insurance Plan (SCHIP) is the federal term for CHP+

School Lunch Information

- School lunch eligibility information or application :
 - Address
 - Phone Number
 - Signature with date, last four of SSN and check box for no SSN



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Information on school lunch application or spreadsheet

School District School Lunch Determination

- School district information is located in the office only section of the school lunch application OR
- School district information is located on the school lunch notification letter

School Lunch Information

- School lunch eligibility information that must be provided, if given:
 - Income: type, amount and frequency
 - SNAP: case name and case number
 - Foster care child
 - Student homeless, migrant or runaway



SNAP is the Supplemental Nutrition Assistance Program. AKA Food Assistance (FA) Program.

Children who are in foster care have Medicaid through Child Welfare. Medicaid/CHP+ eligibility enrollment using the ELE school lunch process is not needed for foster care children.

2011-2012 Application for Free and Reduced Price School Meals
(This form may be used only if participating in the federal Child Nutrition programs)

Last Name(s) of Family _____ Mailing Address, City, Zip Code _____ Telephone Number _____

INSTRUCTIONS: Using the instruction sheet provided, complete the application, sign your name, and return the application to the school.

Part 1. Student Information: List all students attending (School District Name), provide school and grade information. Check the foster child check box for all students who are the legal responsibility of a foster parent or court.

Last Name, First Name	School	Grade	Foster Child	Student income, please provide income information for all students. This is income that is received by the student only.			
				No Income	Example: from work before deduction, or unemployment	Welfare, child support	Social Security and Other
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
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Part 2. Supplemental Nutrition Assistance Program (SNAP) / Food Distribution Program on Indian Reservations (FDPIR): Provide the name and case number for the person who receives benefits. (Enter information and skip to part 5)

Name _____ Case Number _____

Part 3. If any of the students you are applying for are homeless, migrant, or runaway, please call your school, homeless liaison, migrant coordinator at #). To be eligible for meal benefits as soon as possible, please continue to complete this application.

Part 4. List all household members not listed above. List all current gross income and check how often it was received.

Name	No Income	List all current gross income and check how often it was received.			
		Example: from work before deduction, or unemployment	Welfare, child support, alimony	Private retirement Social Security	Other
	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
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	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month
	<input type="checkbox"/>	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month	<input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly <input type="checkbox"/> 2x/month <input type="checkbox"/> weekly <input type="checkbox"/> 2x/month

Part 5. MEDICAID AND OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in this application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s) eligibility for school meals.

Your information **WILL** be shared unless you check the box below.

Please do NOT share my information with the Medicaid or SCHIP office.

Part 6. Signature and Social Security Number: (Adult MUST sign)
An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. Social Security Number (last 4 digits only): XXX-XX-____. I do not have a Social Security Number.

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: X _____ Date: _____

*****Do Not Write Below This Line. District Use Only.*****

Total Income: _____ Per Week Bi-Weekly 2x/Month Month Year Household size _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____ Categorical Eligibility: _____ Temporary Free: _____ Expires after 45 days on: _____ Withdrawn Date: _____

Determining Official's Signature: _____ Date: _____

ELE School Lunch

CDE School Lunch Prototype School Year 2011-2012
<http://www.cde.state.co.us/cdenutritran/nutriformsbook.htm>

School Lunch Information

- Option to NOT share school lunch information

Part 5. MEDICAID AND/OR STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP)—The information provided in the application may be shared with Medicaid or SCHIP offices to seek enrollment of children into the above programs. You are not required to consent to the disclosure of this information; this will not affect your student(s)' eligibility for school meals.
*Your information **WILL** be shared unless you check the box below.*

Please do NOT share my information with the Medicaid or SCHIP offices.



2011-2012 NOTIFICATION LETTER FOR FREE/REDUCED PRICE MEALS

Dear _____:

Your application for free/reduced price meals has been:

- Approved for free meals.
- Approved for reduced price meals.
- Denied for the following reason(s):
 - Income is over the allowable amount.
 - Incomplete application. The following information is missing: _____
 - _____
 - Other _____

If you do not agree with the decision, you may discuss it with the designated school official, and you have a right to a fair hearing. This can be done by calling or writing the following official:

Name _____
 Address _____
 Phone _____

If you are not eligible now but have a decrease in household income, or have an increase in family size, fill out an application at that time. If you lose your job, your children may be able to get free or reduced price meals during the time you are unemployed.

You may reapply for benefits at any time during the school year.

Sincerely,

 Name Title Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9592 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

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ELE School Lunch

CDE School Lunch Notification Letter Prototype School Year 2011-2012
<http://www.cde.state.co.us/cdenutritran/nutriformsbook.htm>

Questions



Medicaid/CHP+ Information



This section will provide a list of information required for Medicaid/CHP+ eligibility determination.

Medicaid/CHP+ Information

- Medicaid/CHP+ eligibility information:
 - Head of household (HOH)
 - Date of Birth
 - Social Security Number (if applicable)
 - Date of application
 - Income in the household
 - Name
 - Relationship to HOH
 - Income: source, type, amount and frequency



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Income in the household

- Income Source: Name of company
- Income Type: Earned (self employment, earnings from employment) or unearned (child support, alimony, unemployment)
- Income Amount: Applicants best estimate of how much they receive
- Income Frequency: How often the applicant receives the income

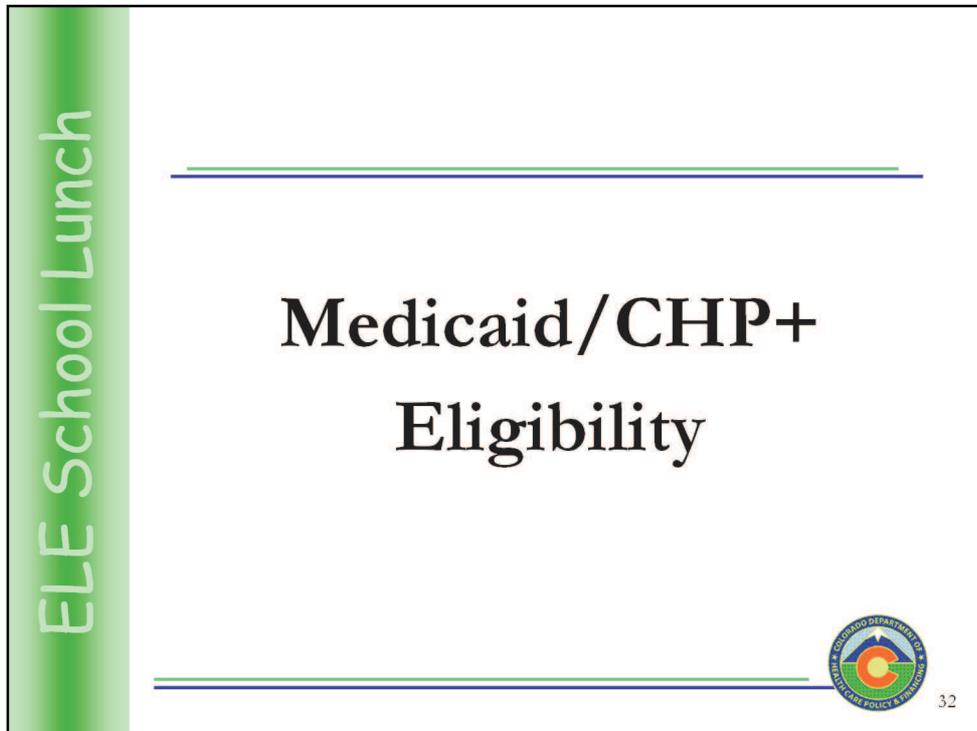
Medicaid/CHP+ Information

- Medicaid/CHP+ eligibility information continued:
 - Children in home
 - Relationship to HOH
 - Citizenship status
 - SSN (if applicable)
 - Date of birth
 - Private insurance
 - School lunch status



Questions





This section will list changes and relevant data entry concerns in CBMS for this project.

While this section is not applicable to all participants, it will assist in understanding the ELE school lunch process.

When determining the child/children follow the Family Medicaid and CHP+ CBMS Data Entry Manual for instruction

Note: Go to www.colorado.gov/hcpf and select Partners & Researchers-> County and Medical Assistance Site >Training and Reference Documents ->Training Topics -> Family Medicaid ->

Client/Inquire on Individual

- Research ALL individuals listed on school lunch application
 - Last Name
 - First Name
 - SSN (if applicable)
 - Gender
 - DOB



Required to complete when working in CBMS

Research if client has an active or inactive Medicaid/CHP+ case

If client has an active Medicaid/CHP+ case in CBMS update case & document within case comments

If client has an inactive case or is unknown to CBMS create an application through Application Initiation(AI) and determine eligibility within Interactive Interview (II)

Application Initiation

- Date of application
 - Date applicant signed the school lunch application
- Source
 - New application sources were created to track ELE children.
 - Effective 10/1/2011 in CBMS
- Applicant Details
 - The person who signed the school lunch application



New Application Sources

- School Lunch Free ELE
 - SLFELE (Free Lunch)
- School Lunch Reduced ELE
 - SLRELE (Reduced Lunch)



Select new sources only if you have school lunch information that indicates a child is/children are receiving free or reduced lunch.

Note: You will not have a household that will have one free child and one reduced child

ELE School Lunch children will be tracked when new application sources are selected

CBMS Web Application

Colorado Benefits Management System

Search Application ID

Navigation Applicant Information

Home

Search

- Application Search
- TPL History
- Buy-In Summary
- PEAK Inbox Search

Summary Pages

- Application Summary
- Case Summary

Application Initiation

- Application Information
- Application Status
- Application Wrap Up
- Cancel Application
- Emergency Details
- Household Members
- Programs Requested
- Special Indicators

Interactive Interview

- Absent Parent
- Accident Liability
- Additional Interview Questions

Collapse All

My Favorites

Application / Case Info

History

ELE School Lunch

Detail

Application

*Date: 09/01/2011 *Type: Initial/New Input Date: 09/21/2011

*Source: Manual Claim Outstation Single Entry Print SLFELE (Free Lunch) SLRELE (Reduced Lunch) Telephone Walk-in

Location: STATE OF COLORADO/STATE - H

*First Name: Middle Name: Suffix:

DOB: MM/DD/YYYY SSN: - -

Language

*Primary: *Written: Interpreter: Yes No

Contact Information

Primary: Secondary: E-mail Address:

Application Initiation

- Requesting Aid
 - Adults = No
 - Children receiving school lunch = Yes
 - Children NOT receiving school lunch = No
- Programs Requested
 - Family Medicaid/CHP+



The Family Medicaid and CHP+ application initiation for the child/children eligible for Free or Reduced Lunch using the School Lunch application information

Interactive Interview

- Case Questions
 - Other Health Coverage
 - Does Anyone Have Income
- Individual Demographics
 - Social Security Number
 - Required for applicants unless, undocumented
 - Citizenship & Identity
 - SVES SCHIP Interface (if applicable)



Citizenship & identity verification required if SVES SCHIP cannot verify

Interactive Interview

- **Income Details**
 - Self Declaration (if applicable)
 - IEVS interface (if applicable)
- **Health Care Coverage**
 - Policy Holder Information : Name & Policy Number
 - Insurance Company Name
 - Insured Individual



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Income

Self Declaration and Income Eligibility Verification System (IEVS) can be utilized for clients that have SSN's. IEVS can be utilized only if employer reports to Colorado Department of Labor and Employment (CDLE).

Note: Self Declaration and IEVS may not be available for this population if SSN is not collected for adults because they are not required to supply SSN and can not be determined using the school lunch application.

Health Care Coverage

- Collect Policy Holder Information & Insurance Company Name when you use the ELE Contact Sheet and the applicant declares private insurance.

Note: If the policy holder is not part of the household, then the individual will need to be added as an ancillary member.

ELE School Lunch

Reports

- Pending
 - Ad hoc report to determine eligibility
- Denied/Discontinued
 - Ad hoc report to send Medical Assistance Application



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Once the case information has been entered into CBMS you may have clients that are pending for missing information or denied for failure to provide missing information.

We are requiring eligibility sites (MA Site or County) to pull a monthly report in order to follow-up with the completion of processing the case and/or send a Medical Assistance application if the client is denied or discontinued with the ELE School Lunch application source.

ELE School Lunch Ad Hoc Data Elements document will provide a list of data elements that will assist in locating pending, denied or discontinued ELE school lunch households.

Note: An ad hoc report is allowed within Cognos, which allows the eligibility workers themselves to create specific, customized queries.

Redetermination

- Redetermination required 12 months from the case approval date
 - Ex Parte
 - Auto Re-enrollment



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Approved ELE school lunch cases will be redetermined using the Ex Parte or Auto Re-enrollment.

Automated Ex-Parte process in CBMS

Other Programs redetermination data is used by Medicaid programs, if received within three months of the Medicaid redetermination due date.

Ex-Parte allows a redetermination to occur without requiring an additional Medicaid redetermination

Auto Re-enrollment RRR process in CBMS

Cases automatically run on the 15th of the month for all Medical programs whose redetermination due date is in the current month

Tracking

- Application Initiation (AI)
 - New Application Sources
 - Implement effective 10/1/2011
- Interactive Interview (II)
 - Case Individual Window
 - Flag child/children who applied through ELE
 - Implement at a later date



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A repository to continue tracking the life cycle of the children using the new application sources has an expected implementation month of December 2011

The repository will include a tracking flag within II once implementation date has been scheduled

Questions



Reminders

- Participating in ELE School Lunch, contact HCPF
- Add detailed case comments each time there is an update made to your cases
- 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
- Read all CBMS Communications
 - If you are not signed up for communications, contact PC.HELPDESK@state.co.us



Where to Get More Information

- HCPF Website -
Colorado.gov/hcpf
- Medicaid Eligibility Email Address -
Medicaid.eligibility@hcpf.state.co.us
- CHP+ Eligibility Email Address -
CHP+.eligibility@hcpf.state.co.us



Where to Get More Information

- CDE Website
Cde.state.co.us
- Covering Kids And Families
Cchn.org/ckf



CDE Website has information regarding state and federal direction for sharing information with Medicaid/CHP+ offices.

Covering Kids and Families has information regarding resources available for all ELE school lunch participants.

**Thank You
for
Your Time!**

