

# HCPF 2012 Adults without Dependent Children (AwDC) Manual

CBMS Project 1815

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**NOTE:** Hyperlinks are located within the document to help navigate to the referenced sections.

- All sections within the Table of Contents will navigate to the appropriate page
- Within the content of this document, colored words are **Hyperlinked**

## Manual Definitions

1. **<21** – a term used to refer to clients who are 19 or greater but less than 21 years of age.
2. **Accountable Care Collaborative (ACC)** - a term used to refer to a Medicaid initiative to improve clients' health and reduce costs. The Department is seeking authority to mandatorily enroll AwDC clients into the ACC to receive a regular Medicaid benefit package.
3. **Activities of Daily Living (ADL)** – a term used to refer to clients who may need assistance with bathing/showering, dressing, eating, getting in/out of bed/chair, walking, or using the bathroom.
4. **Adult Medical (AM)** – a Medicaid High Level Program Group for individuals who are disabled, blind or 19 years of age and older.
5. **Adults without Dependent Children (AwDC)** – a Medicaid category for adults age 19 through 64 that do not have Medicaid dependent children in the home and meet all other eligibility criteria.
6. **AwDC Randomized Member Selection Process** – a process that is outside of CBMS that will randomly select clients on the AwDC waitlist to be enrolled into benefits within AwDC. HCPF will be responsible for this process and will use a statistical software program process to ensure random selection. This process will be regional-based the first time and statewide thereafter.
7. **AwDC Special Action** - a process to automatically create an Adult Medical HLPG to an existing CHP+ case depending on case and client data circumstances outlined in **Section 7: Special Action**.
8. **AwDC waitlist** - a list of persons who have been determined eligible for AwDC but are not receiving benefits.
9. **Benchmark I** - a term used to refer to clients who are 21 or greater and less than 65 years of age.
10. **Benchmark II** - a term used to refer to clients who are requesting a benefit package based on their blindness or disability.
11. **Disability Determination** – A term used to refer to the inability to engage in any substantial gainful activity (SGA) by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of no less than 12 months.
12. **Eligibility and Enrollment Medical Assistance Program (EEMAP)** – The State vendor contracted to manually enroll and authorize AwDC benefits.

1. **Emergency Medicaid Services (EMS)** - a term used to refer to clients that receive Medicaid as a non-citizen during a life/limb threatening situation.
2. **High Level Program Group (HLPG)** - General category for processing eligibility for public assistance programs, e.g. Adult Medical, Family Medical, Adult Financial, and Colorado Works.
3. **Limited Disability** – a term used to refer to clients that meet the Social Security Administration’s (SSA) disability criteria without consideration of substantial gainful activity.
4. **Medicaid Buy-In for Working Adults with Disabilities (WAwD)** – a Medicaid category within the AM HLPG for individuals age 16 through 64 who are employed, have been determined disabled and meet all other eligibility criteria.
5. **Primary Care Medical Providers (PCMP)** – a term used to refer to an AwDC client's main health care provider. A PCMP is an AwDC client's “medical home” where the client will receive most of their health care.
6. **Regional Care Collaborative Organizations (RCCO)** – a term used to refer to the seven regional contractors that are accountable for controlling costs and improving the health of clients.
7. **Social Security Disability Insurance (SSDI)** – a term used to refer to clients who are receiving unearned income from Social Security Administration due to being physically restricted in their ability to be employed because of a notable disability.
8. **Special Medical Needs (SMN)** - a term used to refer to clients who are medically frail.
9. **State Authorized Agency (SAA)** – the State Disability Contractor assesses the client and determines if they meet the disability requirement.
10. **Subcategory** – a term used to refer to an AwDC clients’ subdivision that has common differentiating characteristics/demographics.

The subcategories will not affect eligibility and will be for **Informational Use Only**.

11. **Substantial Gainful Activity (SGA)** – criteria used to determine an individual’s ability to work.

## Section 1: Introduction

### Introduction

Effective April 1<sup>st</sup> 2012, eligibility for medical coverage will expand to include individuals who are at least age 19 but less than 65 years of age that do not have Medicaid dependent children in the home and meet all other eligibility criteria of the AwDC category.

Applicants applying for AM can be determined eligible for AwDC benefits as of May 1<sup>st</sup> 2012. All applicants eligible for AwDC will be placed on the waitlist.

AwDC eligible clients' cases that are processed as of April 1<sup>st</sup> 2012 through May 15<sup>th</sup> 2012 will be considered for the regional AwDC Randomized Member Selection Process held mid May 2012, regardless of the date of application. The regional AwDC Randomized Member Selection Process will select 10,000 AwDC waitlist clients to receive AwDC benefits. These 10,000 clients will be allocated to each RCCO based on estimates of the uninsured that are likely to be eligible in each region.

Any AwDC eligible clients' cases that are processed after May 15<sup>th</sup> 2012 will be on the waitlist with the non-selected AwDC eligible clients' cases that are processed as of April 1<sup>st</sup> 2012 through May 15<sup>th</sup> 2012.

As updates are made for AwDC, this manual will be updated. In these instances, the Colorado Department of Health Care Policy and Financing (HCPF) will be responsible for providing eligibility sites with the updated information in a timely manner.

Please be aware that this manual provides information on determining eligibility for AwDC. It does not discuss or include in-depth Medicaid, Colorado Indigent Care Program (CICP) or Child Health Plan *Plus* (CHP+) rules or descriptions.

Other training materials and agency letters located on the HCPF website are still applicable and should be applied when completing AM eligibility determination for AwDC using the CBMS.

HCPF requires all eligibility sites to follow the guidelines described in this manual.

Your cooperation in this effort will assure that all AM applicants who may be eligible for AwDC are treated equally and their applications for health care are handled accurately and efficiently.

Any questions or comments regarding this manual should be directed to HCPF at [medicaid.eligibility@hcpf.state.co.us](mailto:medicaid.eligibility@hcpf.state.co.us).

## **Section 2: AwDC General Information**

### **What Is AwDC?**

The AwDC category serves to insure more Coloradans under public health insurance coverage. This opportunity is authorized by the Colorado Health Care Affordability Act, sometimes referred to as House Bill 09-1293. This was signed by Governor Bill Ritter on April 21, 2009. Expanded medical coverage will insure adults who do not have Medicaid dependent children, and are looking for insurance coverage under this new act.

### **Why Implement AwDC When It Might Be Repealed After The 2012 Elections?**

The AwDC expansion is not authorized by the Affordable Care Act (ACA) passed at the federal level in 2010. Rather, it is authorized by state legislation – the Colorado Health Care Affordability Act. A repeal of the ACA does not affect the state’s legislation.

### **Who Is Eligible For AwDC?**

Applicants that meet the following criteria will be eligible for AwDC: 19 years old through 64 years old, no Medicaid eligible dependent child, not eligible for Medicaid under any other Medical Assistance category, and not eligible for Medicare. The applicants must be within the initial income limit of 10% of the Federal Poverty Level (FPL).

### **How Can An Individual Apply?**

Individuals may apply by completing the Application for Public Assistance, the Application for Medical Assistance or by using the Program Eligibility and Application Kit (PEAK) online.

Individuals may apply at any Certified Application Assistance Site (CAAS), Medical Assistance Site, County department of human/social services, by using PEAK online or by mailing the Application for Medical Assistance to the State Eligibility and Enrollment Medical Assistance Program (EEMAP) vendor.

Please search for local Certified Application Assistance Sites, Medical Assistance Sites, and/or County department of human/social services at [Colorado Department of Health Care Policy and Financing | Application Assistance Mapping](#).

Individuals can apply online for benefits at [Program Eligibility and Application Kit](#).

Individuals can mail applications to the State EEMAP vendor at:

**Colorado Medical Assistance Program, PO Box 929, Denver, CO 80201-0929**

### **What Verifications Will Be Needed When A Client Applies?**

When an individual applies, the SVES SCHIP Interface shall be accepted as proof of citizenship and identity if citizenship is confirmed and should be used prior to requesting documentary evidence from applicants/client.

Identity may also be verified and accepted through the Department of Motor Vehicles (DMV) Interface. An automated response from DMV confirms that the data submitted is consistent with DMV data for identity verification requirements. No further action is required for the individual and no additional documentation of identity is required.

Earned income may be self-declared by an individual and verified by the Income and Eligibility Verification System (IEVS). Individuals who provide self-declaration of earned income must also provide a Social Security Number for wage verification purposes.

In addition, the following verifications should be provided if applicable:

- Non-citizen documents
- Unearned income
- Resources (excluded from eligibility determination for AwDC)
- Pregnancy
- Other Health Coverage information

### **Who Is Eligible To Receive Benefits?**

Initially, 10,000 individuals will receive benefits once selected through the regional AwDC Randomized Member Selection Process.

The monthly statewide AwDC Randomized Member Selection Process will only occur when fewer than 10,000 AwDC clients are receiving benefits.

### **Who Will Manage The AwDC Waitlist And Ongoing Case Maintenance?**

After the initial processing, AwDC eligible clients will be placed on a waitlist and the Medical Assistance case will be electronically transferred to the State EEMAP vendor caseload for ongoing case maintenance. This transfer caseload process is similar to the current practice with CHP+ applications. AwDC clients can contact the vendor at 1-800-359-1991 for questions regarding waitlist and ongoing case maintenance.

### **Where Do I Refer AwDC Clients Asking About A PCMP?**

AwDC clients can find a provider that is participating in the ACC, or switch their PCMP, by calling **HealthColorado** at (303) 839-2120 (Denver Metro Area) or 1-888-367-6557 (other areas). For TTY, call 1-888-876-8864.

### **How Can I Find The RCCO For An AwDC Client?**

A list of the RCCOs and the counties they serve can be found on the Department's website at: [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Initiatives > Accountable Care Collaborative. .

### **What Services Will Individuals Receive?**

Individuals enrolled in AwDC will receive Regular Medicaid services. Some included services are: office visits, hospitalizations, x-rays, home health services, durable medical equipment and prescription medications. For full information on Medicaid benefits, clients should contact Medicaid Customer Service at 1-800-221-3943 or at (303) 866-3513 in the Denver Metro area. A Medicaid Benefits fact sheet can also be found at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Clients & Applicants > Benefits.

### **What Are Some Resources For Eligible AwDC Clients Not Receiving Benefits?**

While an AwDC client is waiting to move off the waitlist, they may be able to get health care services through the Colorado Indigent Care Program (CICP). For more information, clients

should contact Medicaid Customer Service at 1-800-221-3943 or at (303) 866-3513 in the Denver Metro area.

### **Other Frequently Asked Questions**

Additional Frequently Asked Questions can be located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) and click Partners & Researchers > Colorado Health Care Affordability Act > Benefits for Adults without Dependent Children> Frequently Asked Questions.

## Section 3: Policy

### Background

**8.100.3** – Outlines the general Medicaid eligibility requirements that are also applicable for AwDC.

Specific eligibility rules for AwDC are provided in the following sections.

### Eligibility

**8.100.3.F.1.m** – Identifies persons who are at least age 19 but less than 65 years without Medicaid eligible dependent children living in the person's household regardless of resources and with income at or below 10% of the Federal Poverty Level (FPL) adjusted for the person's household size

**8.100.6.P** – Outlines the eligibility requirements specific to AwDC.

**8.100.6.P.1.e** – Identifies that an individual cannot have a Medicaid eligible dependent child in the household. However, an individual may qualify if they have a child that is eligible for the CHP+ program.

**8.100.6.P.1.f** – Outlines that individuals cannot be eligible for or enrolled in Medicare Part A or Part B.

**8.100.6.P.1.g** - Outlines that individuals cannot be pregnant.

**8.100.6.P.4** – Outlines enrollment into AwDC and identifies all individuals being placed on the AwDC waitlist until their name is selected through the Randomized Member Selection Process.

**8.100.6.P.4.c** – Identifies that upon selection to be enrolled in AwDC, eligibility will begin the first day of the month in which the position is available to the client.

**8.100.6.P.4.d** – Outlines that individuals cannot appeal the specific action of being placed on the AwDC waitlist.



This does **not** keep an AwDC client from appealing the waitlist and requesting a hearing.

An appeal can be dismissed using this policy.

### Verifications

**8.100.4.B** and **8.100.6.P.3** – Provides details on the verifications required for AwDC such as verifications for Social Security Number, citizenship and identity, and income.

### Household Composition

**8.100.4.C** and **8.100.6.P.1.c** – Outlines how to determine the household size for AwDC with the following exception:

- **8.100.6.P.1.c.i** – Outlines that Medical Assistance is available to the father of an unborn child.

## **Income**

**8.100.3.J.4** and **8.100.6.P.1.iv** – Identifies that an individual receiving Aid To The Needy Disabled (AND) may also receive assistance within AwDC. AND payments received by the individual are excluded for determining eligibility for AwDC.

**8.100.3.K.** – Provides the general requirements regarding consideration of income.

**8.100.6.P.1.b** – Identifies that the household income must be less than or equal to 10% FPL after income disregards for the household.

**8.100.6.P.1.b.iii** – Identifies that the income of the head of household and of the spouse in the home are used in determining eligibility.

## **Earned Income Disregards**

**8.100.4.E.1** and **8.100.6.P.1.b.i** – Outlines the applicable earned income disregards for AwDC as being the same as the established Family and Children’s earned income disregards. This includes the \$90 disregard for employment and the dependent care disregard.

## **Unearned Income Disregards**

**8.100.5.H.2.a** and **8.100.6.P.1.b.ii** – Outlines a disregard of the first \$20 of total available unearned income.

## **Resources**

**8.100.3.M.1**, **8.100.5.M.1** and **8.100.6.P.1.d** – Outlines that resources are **not** counted in determining eligibility for AwDC. Verification of resources may be requested while determining eligibility for other programs within the AM HLPG. However, AwDC will not use the resources in determining eligibility nor will individuals be denied for AwDC for not providing verification of resources.

## **Retroactive Medical Assistance Coverage**

**8.100.6.P.2** – Outlines that retroactive Medical Assistance coverage is not available for any individuals that are determined eligible and enrolled in AwDC.

## **Redetermination**

**8.100.3.Q** – Provides the requirement of a redetermination to occur every 12 months or when a client’s circumstances change.

## **Complete Listing of Program Rules**

The complete listing of program rules can be found at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) and search for Program Rules and Regulations within the “Quick Links” section.

## Section 4: Eligibility Determination

This section will provide specific eligibility determination information that pertains to AwDC.

### AM H LPG Hierarchy

AM Program Execution Order	Program Description
1	SSI Mandatory
2	Disabled Adult Child (DAC)
3	Pickle
4	Qualified Disabled Widower (QDW)
5	Old Age Pension Medicaid B (OAP-B Med)
6	Old Age Pension Medicaid A (OAP-A Med)
<b>7</b>	<b>Adults without Dependent Children (AwDC)</b>
8	Working Adults with Disabilities (WAwD)
9	Old Age Pension Health Care Program B (OAP HCP-B)
10	Old Age Pension Health Care Program A (OAP HCP-A)
11	Breast & Cervical Cancer Program (BCCP)
12	Refugee Medical Assistance (RMA)

AM head of household applicants will be determined for AwDC when they have failed for categories above AwDC.



AM head of household applicants **cannot** opt in or opt out of AwDC; they must be determined eligible by CBMS for the program.

AM head of household applicants will be determined for the OAP HCP A or B categories below AwDC when they are missing citizenship and/or identity verification. This is because OAP HCP A/B does not require citizenship and identity verification.

AM head of household applicants who are eligible for the BCCP and RMA categories will skip AwDC eligibility determination if they are not eligible for SSI Mandatory, DAC, Pickle, QDW, and OAP A/B Med categories.

AM head of household applicants will be determined eligible for SSI, Pickle, Qualified Disabled Widow, or OAP programs if they are no longer eligible for AwDC. AM head of household applicants who are no longer eligible for AwDC will **not** be retroactively closed and 10 day noticing will be applied.

AM head of household applicants who are **ineligible** for AwDC and have the following will be determined for WAwD: valid employment record and a disability determination acceptable for WAwD. Otherwise, the AM head of household applicants who are **ineligible** for AwDC will not be determined for other programs below AwDC.

For additional WAwD information refer to HCPF 2012 Medicaid Buy-In Program for Working Adults with Disabilities (WAwD) Manual located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf).



AwDC does **not** require an AM applicant to have a disability determination in order to be determined eligible. CBMS does **not** have any logic to perform a check for a disability determination when a client is determined eligible for AwDC.



When a client states on their application that they have a condition that is expected to last more than 12 months or that they need help on a regular basis with daily self-care activities, the eligibility site must mail the Medicaid Disability Determination application and the release forms to the client. The eligibility site may be contacted by the client to assist with completion of the application.

### No Previous Disability Determination

Individuals who were not previously determined disabled will need to complete a Medicaid Disability Application. The Medicaid Disability Application and the State Disability Contractor release forms are not sent out through CBMS as an attachment. Therefore, these need to be manually sent to the individual as well.

To request a disability application and associated documents from an individual, the **Medical Conditions** page and the **Disability Determination** page need to be updated as follows:

- 1) **Medical Conditions** page
  - a. Enter the **Effective Begin Date** as either the application date or retro date
  - b. Select **Ability to Work** as “Yes”
  - c. Select the **Disability Type** from the drop-down menu as “Permanent”
  - d. Enter the **Begin Date** the disability started
  - e. Enter the **Date Reported**
  - f. Enter the **Date Verified**

- 2) **Disability Determination** page
  - a. Enter the **Effective Begin Date**
  - b. Enter the **Status** field as “Pending”
  - c. Enter the **Result** field as “Disabled”
  - d. Enter the **Verification** field as “Not Received”

CBMS Web - Disability Determination

Disability Determination

**\*Effective Begin Date:** 01/05/2012

**Effective End Date:** MM/DD/YYYY

**Status:** Pending

**Status Reason:** [dropdown]

**Status Reason Date:** MM/DD/YYYY

**Result:** Disabled

**\*Verification:** Not Received.

**Source:** [dropdown]

This data will cause the individual to pend for 10 business days and deny after 15 business days.

Verification Checklist

Verification Checklist Summary

Name	Item Description	Due Date	Program Group	Aid Code
[redacted]	Disability	02/21/2012	Adult Medical Assistance	OAP-B Med

Initiate Verification Queue

**Notes**

**System Notes:**

**User Notes:**

Please provide a completed Medicaid Disability Application and State Disability Contractor release forms. These will be mailed separately.

Current Size = 137 characters (250 characters max.)

Print Online      Go To

If the individual does not provide the Medicaid Disability Application and the release forms, the application will be denied for not providing the information.

If the individual provides the Medicaid Disability Application, the eligibility site is responsible for forwarding such application to State Disability Contractor to determine if the client meets Medicaid disability criteria.

The State Disability Contractor has up to 70 days to assess a client for a disability. The individual should not be denied during this time period. Within CBMS, the application should be pending using the following procedure:

- 1) **Verification Checklist** page
  - a. Navigate to the **Good Faith Summary** section
    - i. Select the individual's name
    - ii. Enter a date in the **Begin Date** field
    - iii. Enter detailed comments in the **Notes** field regarding pending for a Disability Determination by the State Disability contractor

The screenshot shows a web application window titled "Verification Checklist". The main content area is divided into two sections: "Good Faith Summary" and "Detail".

The "Good Faith Summary" section contains a table with the following columns: "Name", "Begin Date", and "End Date". The table is currently empty. An "Add" button is located at the bottom right of the table.

The "Detail" section contains the following fields:

- \*Name:** A dropdown menu with a blacked-out selection.
- \*Begin Date:** A date picker field containing "02/05/2012".
- End Date:** A date picker field containing "MM/DD/YYYY".

Below the date fields is a "Notes:" section with a text area containing the text: "Individual provided completed Medicaid Disability Application. Pending for State Disability Contractor to assess and provide disability determination." A character count at the bottom of the notes area reads "Current Size = 150 characters (255 characters max.)".

## Eligibility Criteria

AwDC **will deny** a client:

- Who is eligible or enrolled in Medicare

CBMS identifies if the AM applicant is eligible or enrolled in Medicare through the Medicare Expense Page when the following fields are completed: Free Part A (OR) Paid for State Buy-in (OR) Paid for Beneficiary (OR) presumed eligible.



If there is **not** an existing Medicare Savings Program (MSP) case, initiate a MSP application when the AwDC client is denied for having Medicare.

- Who is pregnant

CBMS identifies if the AM applicant is pregnant through a valid pregnancy record with an effective begin date for the month.



If there is **not** an existing Family Medical (FM) case, initiate a FM application when the AwDC client is denied for being pregnant.

- Who is less than 19 and greater than or equal to 65 years of age

CBMS identifies if the AM applicant becomes eligible for AwDC in the month they turn 19 years of age or remains eligible until the last day of the month in which they turn 65 years of age.



If there is **not** an existing FM case, initiate a FM application when the AwDC client is denied for being less than 19.

If there is **not** an existing the Old Age Pension (OAP) case, initiate the OAP application process when the AwDC client is denied for being greater than or equal to 65.

- Who has a dependent child who is receiving FM, LTC, AM, LIS or MSP

CBMS identifies if the AM applicant has a dependent child when the following information is present: child is in the home and meets the policy definition of dependent child.



If there is **not** an existing Medical Assistance case, initiate the appropriate Medical Assistance application when the AwDC client has a dependent child in the home



When the father is only a father of an unborn child, he is considered a person with no dependent child.



AwDC clients may have dependent children who are receiving CHP+.

- Who is receiving Medical benefits or is an AwDC waitlist client on another case or in the same case

Medical programs consist of the following: FM, CHP+, LTC, AM, LIS or MSP. CBMS identifies if the AM applicant is receiving Medical benefits or is an AwDC waitlist client when the client has a PASS status for a Medical program or has a WAITING status for AM-AwDC. Please refer to **Section 5: Approvals** for information on case and individual status for AM-AwDC clients.

AwDC will pend, deny, and discontinue a client using common existing AM non-financial eligibility logic. Examples are listed below:

<b>PEND</b>	<b>DENY/DISCONTINUE</b>
Pend for Help Desk Ticket	Fail for not having a valid SSN
Pend for Awaiting Medical Verifications	Fail Whereabouts unknown
Pend for Case Not Complete	Fail HOH for not requesting Aid
Pend for State ID	Fail for Receiving Medicaid in another state
Pend because the required member cannot be designated as ancillary	Fail for not being a Colorado resident
Pend INS Documentation & data entry entered	Fail for HOH death
Pend Non-Citizen Date of Entry field is null or has a future date	Fail when HOH is incarcerated
	Fail DRA-8 Validations (Citizenship & Identity)

### Household Determination

AwDC will determine household composition differently than other AM programs. CBMS identifies AwDC required household composition through the following criteria:

- AM Head of Household (HOH),
- Spouse of the AM HOH,
- Child is less than 19 years old who is a dependent to the AM HOH,
- Child is less than 19 years old for whom the AM HOH is the responsible relative and contributing 50% support to the household.



Anyone who is **not** in the home will **not** be considered in the household composition. It is important that all required household members are added to the AM case in order to determine them correctly for AwDC.



The 50% support to the household is not required when the required household composition member is within the first degree related to the AM HOH.

## Income Criteria

AwDC will determine income differently than other AM programs. CBMS identifies countable income for AwDC utilizing the gross income of the AM HOH and the spouse of AM HOH gross minus any applicable disregards. Please refer to **Section 3: Policy- Income** for further information regarding income and income disregards.



CBMS will **not** identify countable income for AwDC utilizing the income of sponsors or any required household member other than the spouse of AM HOH.

For example, a dependent child's child support income will not be used in the household income calculation.

AwDC will determine income verification and sources like other AM programs. CBMS identifies AwDC countable income verification and sources for Earned, Unearned, Room and Board, Rental, In-kind, Student Financial Aid and Self Employment to follow the current AM Earned, Unearned and Self Employment income verification and sources.

AwDC will determine earned income frequency count (multiplier) like other AM programs.

## Resource Criteria

AwDC will **not** use resources to determine eligibility. This is different from many other AM programs. CBMS will **not** identify resources as required for AwDC clients.



CBMS will identify when the applicable resource verification and source become acceptable to determine AM HOH eligibility based on the hierarchy of AM. Please refer to **Section 4: AwDC Eligibility Determination - AM Verification Checklist (VCL)** for further information regarding missing verification

Resources must be data entered if indicated on the application..

## Subcategory Determination



### Informational Purposes Only

At this time, **no** data entry mentioned in this subsection is required for AwDC.

Subcategory Code	Subcategory Description
AA	AwDC-SSDI
AB	AwDC-SAA
AC	AwDC-SMN/ADL
AD	AwDC-<21
AE	AwDC-EMS
AF	AwDC-Benchmark I
AG	AwDC-Benchmark II (opt in)

### Subcategory Table

The AwDC Subcategory Code will be viewable in the Plan of Care (POC) med span field and the AwDC Subcategory Description will be viewable in the category field. Please refer to **Section 5: Approvals** to view the location of the AwDC Subcategory Description.

After an applicant is determined eligible for AwDC, they will be determined for a subcategory. CBMS identifies AwDC subcategories through specific conditions. AwDC subcategories are used for **Informational Purposes Only**.

CBMS evaluates an AwDC client for the next AwDC subcategory, when the client does not meet the conditions that are being determined for that subcategory.

- AwDC-SSDI subcategory is determined when there is an active unearned income with the income type of **Social Security Disability** and a valid/active income received record for the **Social Security Disability** unearned income.
- AwDC-SAA subcategory is determined when there is a valid/active **Medical Conditions** page for the month eligibility is determined, disability determination Status is **Approved**, verification is **Received**, and Verification Source is **Authorized Disability Determination SVC Agency**.
- AwDC-SMN/ADL subcategory is determined when there is a valid/active **Medical Conditions – Diagnosis** page with the diagnosis type as **Limited Disability**, diagnosis source is **Limited Disability SAA**.
  - AwDC-SMN/ADL subcategory will be granted for 90 days when there is a valid/active **Medical Conditions – Diagnosis** page with the diagnosis type as **Limited Disability**, diagnosis source is **Client Statement**. A system populated **SMN/ADL Due Date** will appear with this data entry on the Diagnosis page.

- AwDC-<21 subcategory is determined when the client is 19 or greater and less than 21 years of age. Client remains eligible until the last day of the month in which they turn 21.
- AwDC-EMS subcategory is determined when there is a valid/active **Individual Demographics** page with U.S. Citizen= No, **Medical Condition –Diagnosis** page with diagnosis type as **Life or Limb Threatening** for the month eligibility is determined.



AwDC-EMS subcategory clients will **not** be on the AwDC waitlist since AwDC waitlist clients cannot receive benefits in months prior to being randomly selected.

AwDC-EMS subcategory will **not** be approved under AwDC.

- AwDC-Benchmark I subcategory is determined when there is a client between 21 and 65 years of age. CBMS identifies determination for Benchmark I from the month after the client turns 21 to the last day of the month in which they turn 65.

Subcategory	Opt-In Benchmark II
AwDC-SSDI	Y
AwDC-SAA	Y
AwDC-SMN/ADL	Y
AwDC-<21	N
AwDC-EMS	N
AwDC-Benchmark I	N

- AwDC- Benchmark II subcategory is determined when the AwDC Benchmark II radio button = Yes and the client has received SSDI, SAA, or SMN/ADL AwDC subcategories in the previous month.

A client will be determined for Benchmark II only from the month following a SSDI, SAA or SMN/ADL subcategory determination.

CBMS will roll the client out of Benchmark II when the client meets specific conditions for subcategories <21, EMS, or Benchmark.

- AwDC subcategories that can move to a Benchmark II subcategory using specific conditions. AwDC subcategory movement is used for Informational Purposes ONLY.

### Authorization

AM head of household applicants will be determined eligible for AwDC at authorization. If a client is determined eligible for AwDC, they will automatically be placed on the waitlist.



AwDC clients will remain on the waitlist unless there is a change in circumstances that makes them ineligible for AwDC.

Ineligible CHP+ head of household applicants will be determined eligible for AwDC when Special Action from CHP+ occurs. Please refer to **Section 7: Special Action** for details regarding when AM applications are automatically initiated.

CBMS identifies an ineligible CHP+ client in an EDBC run and identifies potentially eligible AwDC client by adding AM in a subsequent EDBC run.



AwDC cases will be included in the manual and batch authorization process.

AwDC cases may be included in the Mass Exception Report if the system **cannot** batch authorize.

### **AwDC Waitlist Clients**

There is no limit on the number of AwDC waitlist clients that can be placed on the waitlist.

There is no time limit on how long AwDC waitlist clients can be in WAITING status.

AwDC waitlist clients will be added to the waiting list if the individual is **not** already on the waiting list.



AwDC waitlist clients can utilize Report My Changes and Check My Benefits through PEAK

### **Effective Begin Date of Benefits**

AwDC clients will have an effective begin date of the first day of the month selected in the randomized member selection process.

### **Federal Poverty Level (FPL)**

At the time of implementation AwDC eligibility will be determined **not** to exceed 10% of the FPL income limit.

### **AM Verification Checklist (VCL)**

An AM case will pend in DAC, Pickle, QDW, or OAP programs for missing resource or non-financial verifications for 15 business days. The AM head of household applicants will be determined for AwDC after the 15 business days of pending have passed.

**Example:** AM cases with a potentially eligible AwDC client will PENDING for missing verifications when unverified checking/savings accounts are declared and entered into CBMS.



AM VCL will take precedence over the AM HPLG Hierarchy eligibility criteria when determining eligibility for AM HOH.

For example, a 40 year old U.S. citizen applies for AM only (has no other HPLG), does not state they are blind or disabled (not eligible for OAP-B), and did not verify bank account: the client will PENDING for missing resource verification.

## Retroactive Medical Assistance Coverage

Retroactive Medical Assistance coverage is **not** applicable for AwDC clients.

### Special Action

CBMS will attach an AM application to a CHP+ case number when the HOH is **not** already AM active on the case ONLY IF CHP+ HOH meets the following screening criteria:

- Is between the ages of 19 and 65,
- Has a FAIL for FM and CHP+,
- Has dependent child/children that have a FAIL for FM,
- Is **not** eligible or enrolled in Medicare,
- Is **not** pregnant,
- Does **not** have a dependent child/children that have a PASS for LTC, AM, LIS or MSP, and
- Is **not** receiving Medical benefits on another case or on the same case



CBMS will **not** attach a FM/CHP+ application to an AM case.

## Potentially AwDC Eligible Non AM HOH

A non AM HOH client is potentially eligible for AwDC when the client is aged 19 through 64, has a FAIL for FM/CHP+ and has a dependent child who has a FAIL in a Medicaid category.



Dependent children can pass in CHP+.

A non AM HOH client is potentially eligible for another Medicaid category when the client is aged 19 through 64, has a FAIL for FM/CHP+ and does **not** have a dependent child.



When the father is only a father of an unborn child he is considered a person with no dependent child.

A non AM HOH client can be determined on their own case after they have signed and returned the signature page of the application. The Department recommends that the eligibility site send a copy of the application for review with a blank signature page.

### **Redetermination**

An annual redetermination will be required for an AM HOH client that has a PASS status at the individual level for AwDC.

CBMS will create an RRR record based on the effective begin month of benefits for an AM HOH client that has a PASS status at the individual level for AwDC.

**Example:** A client is on the waitlist as of April 1<sup>st</sup> 2012. They are randomly selected October 15<sup>th</sup> 2012 to receive benefits, eligibility benefit begins October 1<sup>st</sup> 2012, and RRR set for October 2013.



Redetermination will **not** be set or required for AwDC waitlist clients.

### **Burial Assistance**

AwDC clients receiving benefits will be eligible to apply for burial assistance. Burial assistance is not available to those on the waitlist.

## Scenario 1: Individual Approved

Within this scenario, the following applies to the individual:

- One Individual in the household, age 20 applies for AM and is already receiving Food Assistance
- No resources
- Citizenship and identity verifications provided
- SSN provided
- Earned income of \$100/mo verified through paycheck stub
- No unearned income
- No disability declared

### Inquire on Case Information

The case is in ongoing mode, with an open FA case. The client applies for AM on January 19, 2012.

Case Information:

Number:  Name:  Programs

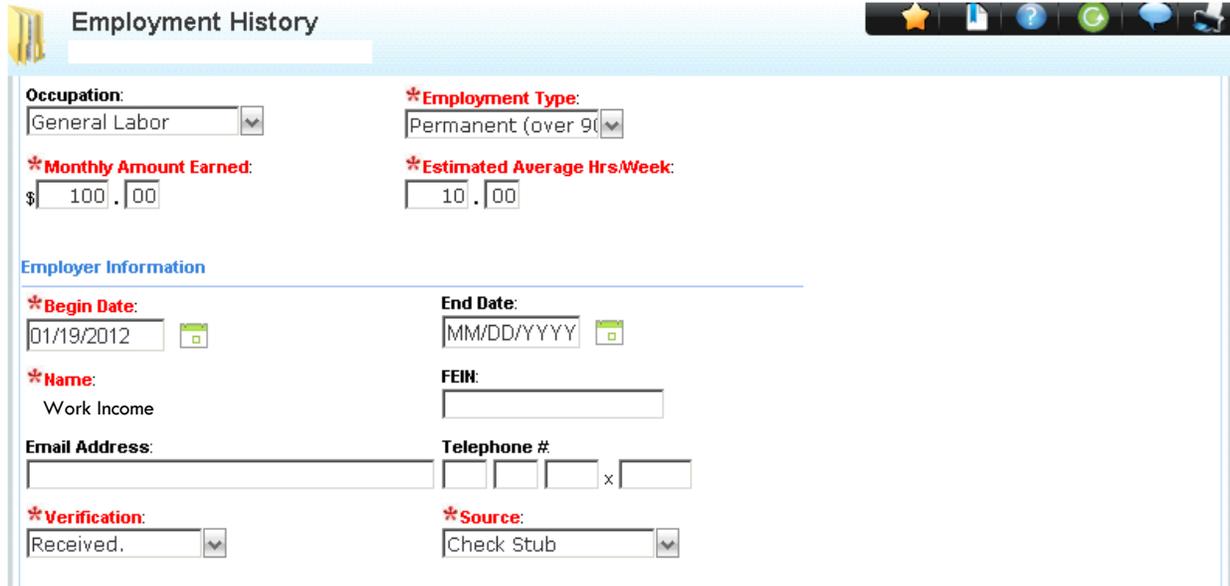
Status:  Status Date:  Pending Alerts:  WP [Y/N]:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
00/00/0000	Expedited Food St		Discontinued	07/31/2011	07/2011	00/0000	N	
07/15/2011	Food Stamps	Food Stamps	Approved	07/15/2011	07/2011	12/2011	N	
00/00/0000	Employment First		Approved	01/19/2012	01/2012	00/0000	N	

Buttons: Eligibility Results... Closure Reasons... B/BR... Program Members...

## Employment History

The client's earned income is added as earned income. Follow the Navigating Effective Begin and End Dates document as well as CBMS Online Help to complete the Employment History page. In this scenario, the client earns \$100 per month.



**Employment History**

Occupation: General Labor  
\*Employment Type: Permanent (over 90)

\*Monthly Amount Earned: \$ 100 . 00  
\*Estimated Average Hrs/Week: 10 . 00

**Employer Information**

\*Begin Date: 01/19/2012  
End Date: MM/DD/YYYY

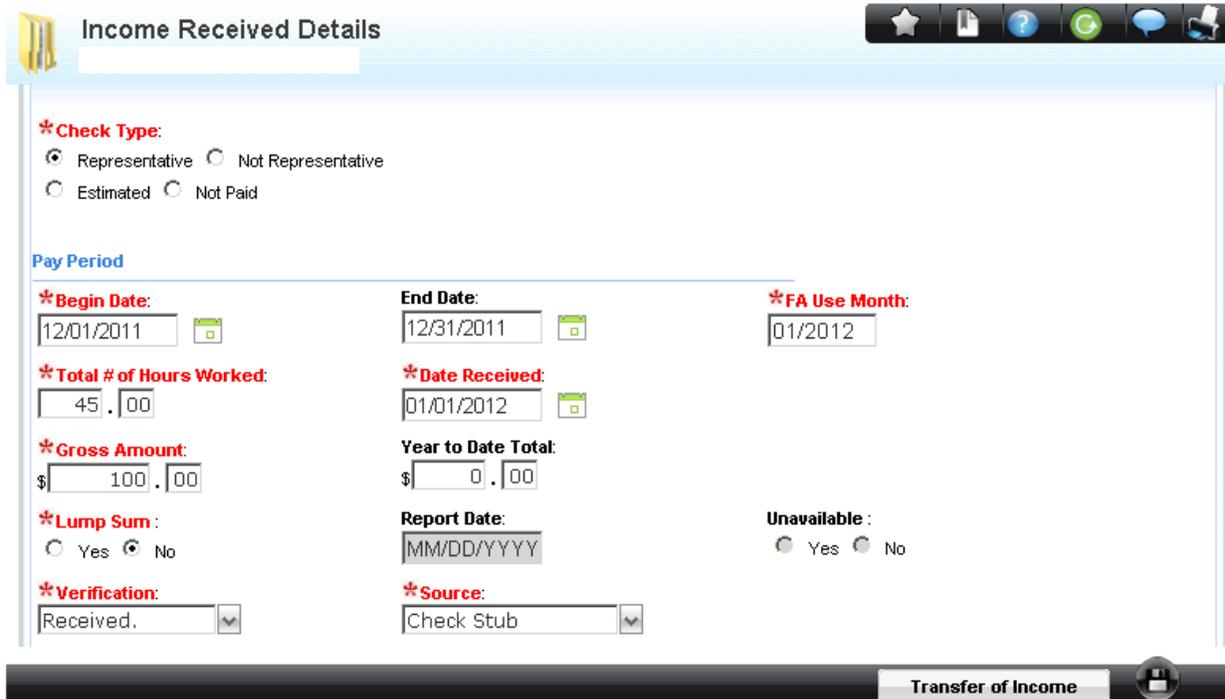
\*Name: Work Income  
FEIN:

Email Address: Telephone #: x

\*Verification: Received  
\*Source: Check Stub

## Income Received Details

The Income Received Details page is completed showing that the client is working 45 hours per month and earning \$100 per month.



**Income Received Details**

\*Check Type:  
 Representative  Not Representative  
 Estimated  Not Paid

**Pay Period**

\*Begin Date: 12/01/2011  
End Date: 12/31/2011  
\*FA Use Month: 01/2012

\*Total # of Hours Worked: 45 . 00  
\*Date Received: 01/01/2012

\*Gross Amount: \$ 100 . 00  
Year to Date Total: \$ 0 . 00

\*Lump Sum:  Yes  No  
Report Date: MM/DD/YYYY  
Unavailable:  Yes  No

\*Verification: Received  
\*Source: Check Stub

Transfer of Income

## Wrap Up

After all data entry is complete, eligibility is determined for the case and the client is determined eligible for AwDC and placed on the waitlist. In Wrap Up, the **Participation Status** is **Eligible** and **Eligibility Result** is **Waiting** and the **Program** is **AwDC**.

Case #:  Case Name:

Payment Month: 01/2012

Colorado Works | Food Stamps | Family Medical | CIOP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	

Individual approved for AM-AwDC <21 sub category

Case #:  Case Name:

Payment Month: 01/2012

Colorado Works | Food Stamps | Family Medical | CIOP | CHP+ | Adult Financial | **Adult Medical** | Medicare

al	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	Category
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>		AwDC - < 21

Companion Cases... Reason... Override

## Inquire on Case Information

CBMS also shows that the client is on AwDC in inquiry.

Case

Number:  Name:  Programs

Status:  Status Date:  Pending Alerts:  WP [Y/N]:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
01/01/2012	Adult Medical Assi	AwDC	Approved	01/01/2012	01/2012	00/0000	N	
00/00/0000	Expedited Food St		Discontinued	07/31/2011	07/2011	00/0000	N	
07/15/2011	Food Stamps	Food Stamps	Approved	07/15/2011	07/2011	12/2012	N	
00/00/0000	Employment First		Approved	01/19/2012	01/2012	00/0000	N	

Eligibility Results... Closure Reasons... B/BR... Program Members...

## Inquire on Program Members List

Review the Inquire on Program Members List page for additional details, including **Participation Status**, which shows the client is on the waitlist.

ClientID	Name	Participation Status	Program	Benefit Begin Date	Benefit End Date
		WAITING	AwDC	00/00/0000	00/00/0000

## Scenario 2: Individual Pending

Within this scenario, the following applies to the individual:

- Two individuals in household married, both age 40
- One individual has active AF-AND and applies for AM
- No children or pregnancy
- Both declare a shared checking account of \$2,000 but no verifications provided
- Citizenship and identity verification provided for both
- Social Security Numbers were provided
- No earned income
- No unearned income

### Inquire on Case Information

The client has an open, ongoing AF and FA case. On October 5, 2011 the client applies for AM.

Case Information Form:

Case Number: [ ] Name: [ ] Programs [ ]

Status: Open Status Date: 01/19/2012 Pending Alerts: 5 WP [Y/N]: N

Programs	Application List	Case Members	Case Payee	PR Dates	Member Dates	Contact Summary		
Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
10/05/2011	Adult Financial Ass	State AND	Approved	10/05/2011	10/2011	10/2012	N	
00/00/0000	Expedited Food St		Discontinued	10/31/2011	10/2011	00/0000	N	
10/05/2011	Food Stamps	Food Stamps	Approved	10/05/2011	10/2011	09/2013	N	
00/00/0000	Employment First		Denied	01/19/2012	01/2012	00/0000	N	

Buttons: Eligibility Results... Closure Reasons... BI/BR... Program Members...

## Medical Conditions

The Medical Conditions page is completed to show the disability information previously entered. Verification was **not** provided in this scenario.

For the disability determination process refer to HCPF 2012 Medicaid Buy-In Program for Working Adults with Disabilities (WAWD) Manual located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)

For additional information and details on submitting the Disability Determination Application, go to [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) and refer to the General Aged, Blind and Disabled Medical Assistance Desk Reference Guide.

**Medical Conditions**

**\*Effective Begin Date:** 10/05/2011 **Effective End Date:** MM/DD/YYYY

**EED Verification:** **EED Source:**

**Ability to Work**

**\*Able to Work :**  Yes  No **\*Disability Type:** Permanent **Percent of Disability:**

**\*Begin Date:** 08/01/2011 **End Date:** MM/DD/YYYY

**Work Restriction**

**Type of Work Restriction:** **Re-exam Date:** 12/01/2013

**Social Factors**

**Work Limitation:** **Work Experience:** **Verification:**

**Source:**

Treatment and ADAD Disability Determination Diagnosis SSI

## Diagnosis

Diagnosis page is completed to show the disability information entered. Verification was **not** provided in this scenario.

For the disability determination process refer to HCPF 2012 Medicaid Buy-In Program for Working Adults with Disabilities (WAWD) Manual located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)

For additional information and details on submitting the Disability Determination Application, go to [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) and refer to the General Aged, Blind and Disabled Medical Assistance Desk Reference Guide.

CBMS Web - Diagnosis

Diagnosis

Summary

Effective Begin Date	Diagnosis	Verification	Source
01/19/2012	Life or Limb Threatening	Received.	Limited Disability SAA

Add

Detail

\*Effective Begin Date: 01/19/2012

Effective End Date: MM/DD/YYYY

\*Diagnosis: Life or Limb Threaten

\*Diagnosis Date: 01/19/2012

\*Verification: Received.

\*Source: Limited Disability SAA

SMN/ADL Due Date: MM/DD/YYYY

Record saved successfully

## Liquid Asset Summary

The clients have a checking account that has \$2,000 and each of them owns 50%.

**Liquid Asset Summary**

Select Resource Category

Liquid Asset  Vehicle  Real Property  Annuity  Life Insurance  Burial Asset  Other Personal Property

Summary

Resource Name	Resource Type	Account #	Fair Market Value	Individual Name	Percent Owned
Checking	Checking account		\$2,000.00		50
Checking	Checking account		\$2,000.00		50

Add Resource

## Liquid Asset

The Liquid Asset page is completed to show the \$2,000 in the checking account. Verification was not provided.

CBMS Web - Liquid Asset

Liquid Asset

**Liquid Asset Resource**

<b>*Effective Begin Date:</b> 01/19/2012	<b>Effective End Date:</b> MM/DD/YYYY	<b>*FA Use Month:</b> 04/2012
<b>*Resource Name:</b> Checking	<b>*Type:</b> Checking account	<b>Account #:</b> 
<b>Verification:</b> 	<b>Source:</b> 	
<b>Income Producing :</b> <input type="radio"/> Yes <input type="radio"/> No	<b>*Fair Market Value:</b> \$ 2000 .00	
<b>*Verification:</b> Received.	<b>*Source:</b> Client Declaration	
<b>Institution Name:</b> 	<b>Telephone #</b> 	

**Liquid Asset Ownership**

<b>*Effective Begin Date:</b> 01/19/2012	<b>Effective End Date:</b> MM/DD/YYYY	<b>*FA Use Month:</b> 04/2012
<b>*Owner:</b> Water, Bottled 40 565-56		
<b>*Usage:</b> Bills	<b>Exemption Reasons:</b> 	<b>Amount of Balance Considered Current Income:</b> \$ 0 .00
<b>*Date Acquired:</b> 01/19/2012	<b>*Available :</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>Available Date:</b> MM/DD/YYYY
<b>*Verification (Available):</b> Received.	<b>*Source (Available):</b> Client Statement	

**Held Jointly**

<b>Percent Owned:</b> 50	<b>Amount Owned:</b> \$ 1000 .00
<b>*Verification:</b> Received.	<b>*Source:</b> Client Statement
<b>*Date Reported:</b> 01/19/2012	<b>*Date Verified:</b> 01/19/2012

### Individual Eligibility Summary

The Individual Eligibility Summary shows that the household's eligibility is pending for OAP-B Med. That program is higher on the AM Hierarchy, so eligibility must be determined for that program before eligibility for AwDC can be determined.



The client may roll to AwDC after 15 business days if the resource verifications are not provided.

Display Individual Eligibility Summary

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CACP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Include	PENDING	00/00/0000	OAP-B Med	<input type="checkbox"/>	
	Exclude	OTHER	00/00/0000	OAP-B Med	<input type="checkbox"/>	

Companion Cases... Reason... Override

### Scenario 3: Individual Denied

Within this scenario, the following applies:

- Two individuals in the household, married
- One individual has an active OAP AF/AM case
- One individual is applying for AM on a separate case as the HOH
- No children or pregnancy
- Citizenship and identity verification provided for both individuals
- Social Security Numbers were provided
- No earned income
- Unearned income of \$250 for spouse receiving OAP AF/AM on their own case age 60

### Inquire on Case Information

One individual (age 39) is applying for AM as the HOH and the other individual (age 60) spouse is receiving OAP AF/AM and Food Assistance on their own case. The Inquire on Case Information page for that case is shown below.

Case Information Form:

Case Number:  Name:  Programs

Status:  Status Date:  Pending Alerts:  WP [Y/N]:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
00/00/0000	Employment First		Denied	01/19/2012	01/2012	00/0000	N	
12/15/2011	Food Stamps	Food Stamps	Approved	12/15/2011	12/2011	11/2013	N	
12/15/2011	Adult Financial Ass	OAP B	Approved	12/15/2011	12/2011	12/2013	N	
00/00/0000	Adult Medical Assi		Approved	01/19/2012	01/2012	00/0000	N	

Buttons: Eligibility Results... Closure Reasons... BI/BR... Program Members...

## Unearned Income

The client's spouse has Government Retirement income of \$250 per month on her own case.



Unearned Income

Detail

<b>*Effective Begin Date:</b> 01/20/2012	<b>Effective End Date:</b> MM/DD/YYYY	
<b>EED Verification:</b> [Dropdown]	<b>EED Source:</b> [Dropdown]	
<b>*Type:</b> Other Government Re[Dropdown]	<b>*Frequency:</b> Monthly	<b>Income Source:</b> [Dropdown]
<b>Application Date:</b> MM/DD/YYYY	<b>Approval Date:</b> MM/DD/YYYY	<b>Application/Approval Status:</b> [Dropdown]
<b>Claim #:</b> [Text]	<b>*Verification:</b> Received.	<b>*Source:</b> Collateral Contact
<b>*Date Reported:</b> 01/20/2012	<b>*Date Verified:</b> 01/20/2012	

## Income Received

The spouse's unearned income is shown below.



Income Received Details

**\*Check Type:**  
 Representative  Not Representative  
 Estimated  Not Paid

**Pay Period**

<b>*Begin Date:</b> 12/01/2011	<b>End Date:</b> 12/31/2011	<b>*FA Use Month:</b> 01/2012
<b>Total # of Hours Worked:</b> 0.00	<b>*Date Received:</b> 01/01/2012	
<b>*Gross Amount:</b> \$ 250.00	<b>Year to Date Total:</b> \$ 0.00	
<b>*Lump Sum:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	<b>Report Date:</b> MM/DD/YYYY	<b>Unavailable:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No
<b>*Verification:</b> Received.	<b>*Source:</b> Award Letter	

Transfer of Income

## Eligibility Summary

Eligibility is run on the AM only HOH's case and the client is denied because of his spouse's unearned income.

The screenshot displays a software window titled "Display Eligibility Summary". At the top, there are input fields for "Case #:" and "Case Name:". Below these is a table with the following data:

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistan	2012/01	DENIED	\$ .00	\$ .00	2	00/00/0000	01/20/2012
Adult Medical Assistan	2012/02	DENIED	\$ .00	\$ .00	2	00/00/0000	01/20/2012

Below the table is a dialog box titled "Display Reasons". It contains a table with one row:

Reason
Income exceeds countable Income limit

At the bottom of the main window, there are four buttons: "Reason...", "Verification Checklist...", "Initiate Wrap up...", and "Individual Details..."

## Section 5: Approvals

This section will provide specific case approval information that pertains to AwDC.

Please refer to **Section 4: Eligibility Determination- Subcategory Determination** for information regarding the AwDC subcategories viewable in the Plan of Care (POC) field within the med span and individual details seen in this section.



CBMS will **not** send a medical card when a client is placed on AwDC waitlist.

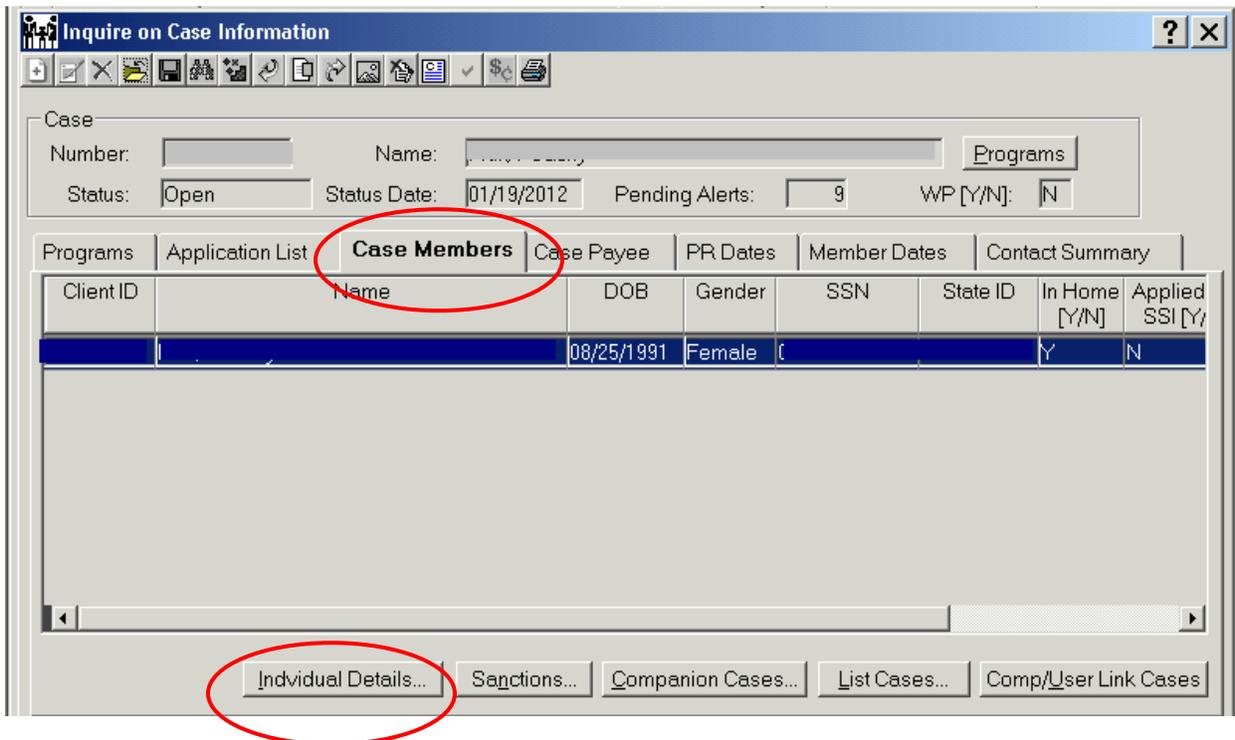
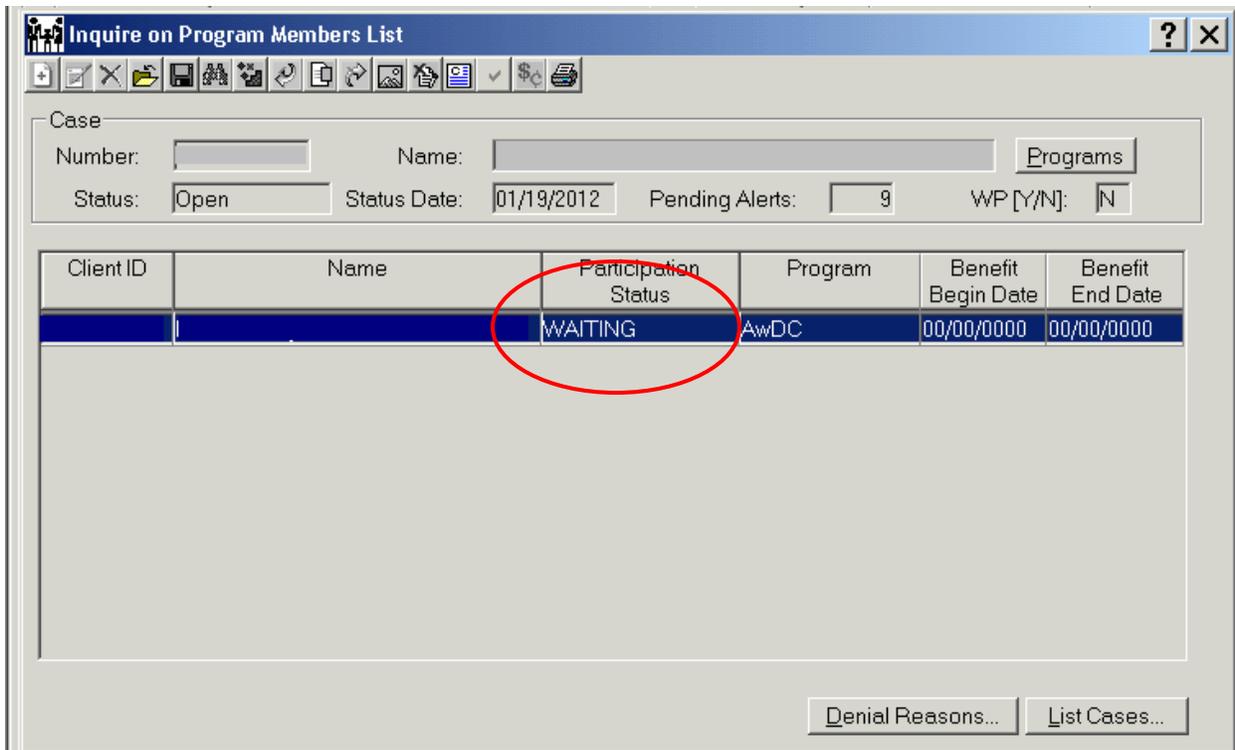
### Client/Inquire On Individual

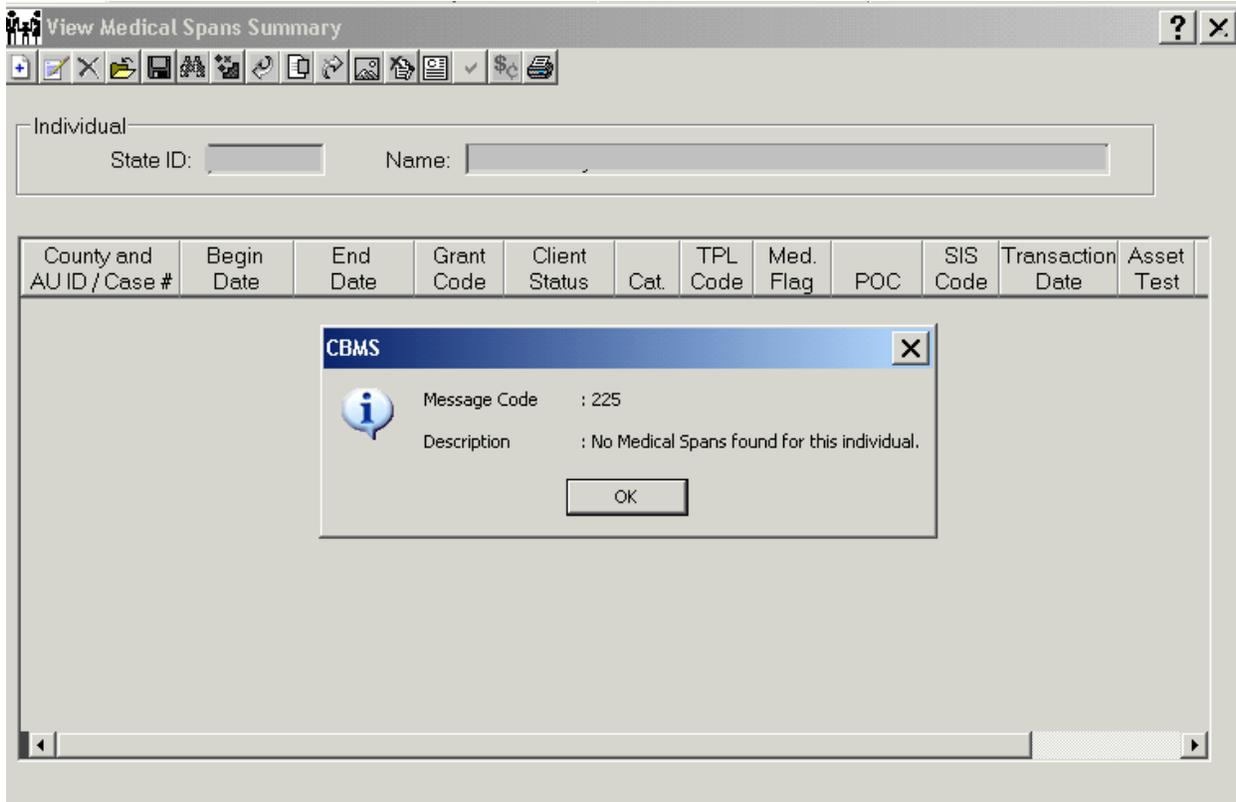
The screen will show case and individual status for AwDC clients. In this screen shot, AwDC status is Approved, but the individual status is WAITING (the client is on the AwDC waitlist).

The screenshot shows a software window titled "Inquire on Case Information". At the top, there are fields for Case Number, Name, Status (Open), Status Date (01/19/2012), Pending Alerts (9), and WP [Y/N] (N). Below these fields is a table with the following data:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
00/00/0000	Employment First		Approved	01/19/2012	01/2012	00/0000	N	
07/15/2011	Food Stamps	Food Stamps	Approved	07/15/2011	07/2011	12/2012	N	
00/00/0000	Expedited Food St		Discontinued	07/31/2011	07/2011	00/0000	N	
01/01/2012	Adult Medical Assi	AwDC	Approved	01/01/2012	01/2012	00/0000	N	

At the bottom of the window, there are four buttons: "Eligibility Results...", "Closure Reasons...", "B/BR...", and "Program Members...".





## Manage Waiting List

The screen will provide the ability to search for a specific AwDC waitlist client through Case# or Individual Name.



CBMS Profile 033 Case Assignment – Sup profile allows the ability for a user to have access to Manage Waiting List search functionality and Override Waiting List with read only access.

The screenshot shows the 'Navigate CBMS' application interface. On the left, there is a 'Select Function' pane with a grid of 24 icons representing various system functions. On the right, there is an 'Action' pane with a search bar and a list of functions. The 'Manage Waiting List' function is highlighted in blue.

**Select Function**

- View All
- Ticklers & Alerts
- Authorizations Pending
- Benefit Issuance & Recovery
- Case Assignment
- Clearance
- Work Programs Participation
- Inquiry
- Intake & Case Maintenance
- Interface Activities
- Program Provider Maintenance
- QA/QC Activities
- Application
- RRR
- Security
- Simulation
- System Maintenance
- Wrap Up

**Action**

Type the first few letters of the word you're looking for:

- Case Assignment
  - Case Assignment
    - Maintain Case Volumes
    - Manage Case Assignment
    - Manage Inter County Case Transfer
    - Manage Paper Case
    - Manage Waiting List**
    - Perform Mass Transfer of Cases
    - View Cases

No Parameter :

**Manage Waiting List**

Search Criteria

Program Group:  Program:

Case #:  Individual Name:

Search Results

Waiting List Number	Case ID	State ID	Individual Name	Date of Birth	Date Placed on Wait List
1					01/20/2012
2					01/17/2012
3					01/17/2012
4					01/17/2012
5					01/17/2012
6					01/17/2012
7					01/17/2012
8					01/17/2012
9					01/17/2012
10					01/18/2012
11					01/18/2012
12					01/18/2012
13					01/18/2012
14					01/19/2012
15					01/19/2012
16					01/19/2012
17					01/19/2012
18					01/19/2012

Enrollment Cap:  Currently Enrolled:

CBMS Profile 033 users will have read-only access to view the Override Waitlist List



The State EEMAP vendor will utilize the Override Waiting List window to manually enroll AwDC clients that are randomly selected.

A screenshot of a software window titled "Override Waiting List". The window has a blue title bar with a help icon and a close button. Below the title bar is a toolbar with various icons for file operations and editing. The main area of the window contains a form with the following fields:

- Waitlisted Client:**
  - Case #: [Empty text box]
  - Current Waitlist Number: [93]
  - Name: [Empty text box]
  - Program Group: [Adult Medical Assistant]
  - Program Aid Code: [AwDC]
- Buffer Enroll:
- New Waitlist Number: ▶ [0]
- Reason for Change: ▶ [Empty dropdown menu]
- Current Max Capitation: [Empty text box]
- Current Number of Enrolled Clients: [Empty text box]

## Display Eligibility Summary

The screen will show case and individual status for AwDC clients.

**Display Eligibility Summary**

Case #:  Case Name:

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date		
Adult Medical Assistan	2012/01	PASS	\$ .00	\$ .00	1	01/01/2012	01/19/2012		
Food Stamps	2012/01	<div style="border: 1px solid gray; padding: 5px;"> <p><b>Display Reasons</b></p> <table border="1"> <thead> <tr> <th>Reason</th> </tr> </thead> <tbody> <tr> <td>Eligibility approval for Adult Medical benefits (Medicaid)</td> </tr> </tbody> </table> </div>						Reason	Eligibility approval for Adult Medical benefits (Medicaid)
Reason									
Eligibility approval for Adult Medical benefits (Medicaid)									

Reason... Verification Checklist... Initiate Wrap up... Individual Details...

**Display Individual Eligibility Summary**

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CACP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	

Companion Cases... Reason... Override

## Case Comments



Please complete detailed Case Comments. Refer to the *CBMS Field Definition Guide* or *CBMS Online Help* for additional information about completing CBMS Case Comments.

## Search/View Printed Correspondence



Please review previously sent correspondence when researching how and when a client was approved for AwDC. Refer to the *Searching for Printed Correspondence Using Search Parameters* document located on the CBMS Document Index for step-by-step instructions for searching Client Correspondence.

## Section 6: Ongoing Case Maintenance

This section will provide specific case maintenance information that pertains to AwDC.

CBMS will assign the AM-AwDC case, regardless of individual status of the AwDC client, to the AwDC transfer caseload. No other H LPG will be assigned to the AwDC transfer caseload when the AM case is transferred.

All AwDC clients will be AwDC waitlist client and the case will be assigned to the State EEMAP vendor upon authorization.

Anyone that has the ability to process AM cases can approve an applicant for AwDC.

**Example:** County takes an AM application, determines client eligible for AwDC, and upon authorization the case will show in AwDC transfer caseload. Any other H LPGs will remain at county of residence.



An eligibility worker will need to perform the Inter Caseload Transfer process to move that case to the County of Residence manually if the AwDC client moves into another AM aid code.

## Section 7: Special Action

This section will provide specific Special Action information that pertains to AwDC.

Please refer to **Section 4: Eligibility Determination- Special Action, Authorization and Potentially AwDC Eligible Non HOH** for further clarification on results within scenarios.



During Special Action for attaching AM to a FM/CHP+ case, user may receive several Special Action pop-up messages to run EDBC.

This situation will happen on an active FM ONLY case where the

- household FAIL for FM and Special Action attaches CHP+,
- The HOH FAIL for CHP+,
- Special Action attaches AM, and
- AM adds client as an AwDC waitlist client.



Internal business process must be developed or new security profiles must be assigned to FM/CHP+ only eligibility workers for instances when an AM case is attached.

AM profile access must include AM training from HCPF.

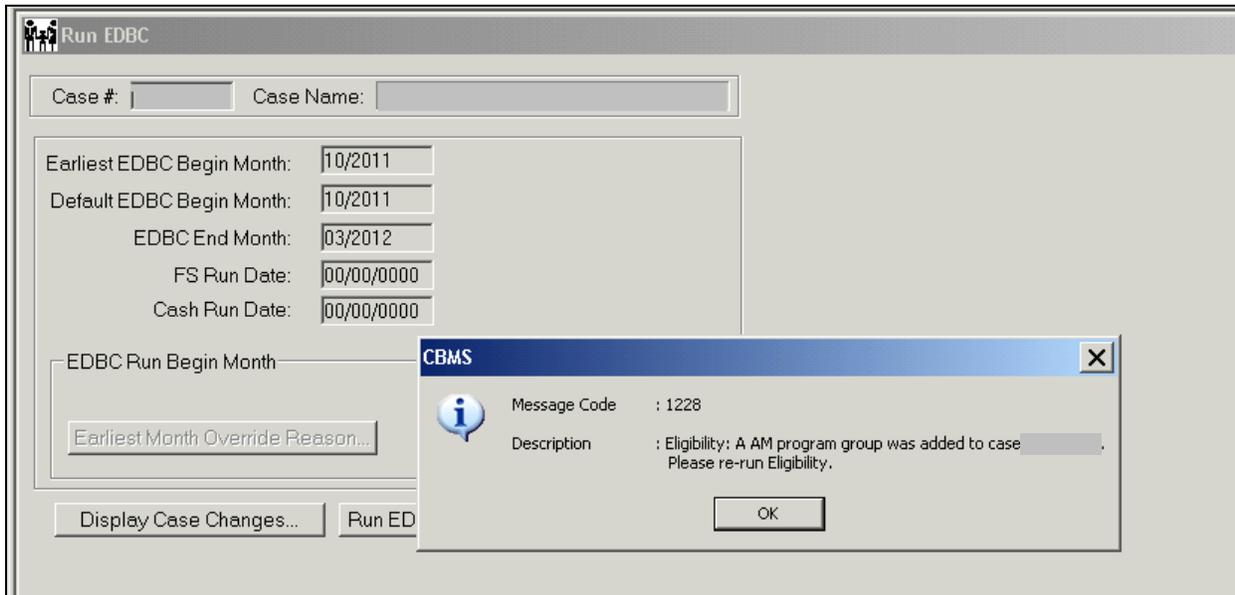
## Scenario 1: Individual Denied FM, Denied CHP+, and AM Approved

Within this scenario, the following applies to the individual:

- Two individuals apply for FM and CHP+, one individual is parent and one individual child
- No income
- No resources

### Run EDBC

EDBC is run on the case and Special Action takes place in CHP+ to add AM to the case for the HOH, since there is no dependent child of HOH receiving Medicaid.



### Display Eligibility Summary

The household fails eligibility for CHP+ and FM.

Display Eligibility Summary							
Case #:							
Case Name:							
Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistan	2012/02	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Adult Medical Assistan	2012/01	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Adult Medical Assistan	2012/03	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Childrens Health Plan f	2012/03	DENIED	\$ .00	\$ .00	2	00/00/0000	10/15/2011
Childrens Health Plan f	2012/01	DENIED	\$ .00	\$ .00	2	00/00/0000	10/15/2011
Childrens Health Plan f	2012/02	DENIED	\$ .00	\$ .00	2	00/00/0000	10/15/2011
Family Medical Assiste	2012/02	DENIED	\$ .00	\$ .00	1	00/00/0000	10/15/2011
Family Medical Assiste	2012/03	DENIED	\$ .00	\$ .00	1	00/00/0000	10/15/2011
Family Medical Assiste	2012/01	DENIED	\$ .00	\$ .00	1	00/00/0000	10/15/2011

### Display Individual Eligibility Summary – Family Medical Tab

Both individuals FAIL FM and CHP+.

The screenshot shows the 'Display Individual Eligibility Summary' window with the 'Family Medical' tab selected. The 'Payment Month' is set to 01/2012. A table lists two individuals with 'DENIED' eligibility results. A 'Display Reasons' dialog box is open, showing the following reasons:

Reason
no eligible child and/or pregnancy not verified
new DRA-8 logic applied

### Display Individual Eligibility Summary – Adult Medical Tab

The individual listed as the parent is determined eligible for AwDC-Benchmark 1.

The screenshot shows the 'Display Individual Eligibility Summary' window with the 'Adult Medical' tab selected. The 'Payment Month' is set to 01/2012. A table lists two individuals with 'WAITING' and 'OTHER' eligibility results for the 'AwDC' program.

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	
	Ineligible	OTHER	00/00/0000	AwDC	<input type="checkbox"/>	

### Search on Case Information

The Application Source shows as **Special Action**.

**Search on Case Information**

Search Criteria:

Case #:  Application #:

Case User:

Name:

Case Status:

From:  To:

Search Results:

Case #	Application #	Case Name	Status	Application Date	Application Source	Application Type	Ar
			Open	01/23/2012	Special Action	Initial/New	N

### Inquire on Case Information

The CHP+ and FM programs are now closed and the AM Program is open and approved.

**Inquire on Case Information**

Case:

Number:  Name:

Status:  Status Date:  Pending Alerts:  WP [Y/N]:

**Programs**

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
01/01/2012	Adult Medical Assi	AwDC	Approved	01/01/2012	01/2012	00/0000	N	
00/00/0000	Childrens Health P	CHP+	Denied	10/31/2012	10/2011	00/0000	N	
00/00/0000	Family Medical As	1931	Denied	10/31/2011	10/2011	00/0000	N	

## Scenario 2: Individual Denied FM, Denied CHP+ with CHP+ Dependent Child, and Approved AM

Within this scenario, the following applies to the individual:

- Two individuals in the household apply for FM and CHP+, one individual is parent (HOH) and one individual is listed as dependent child age 6-19
- No earned income
- No resources
- One individual listed as dependent child has child support of \$1500/month.
- One individual listed as dependent child approved CHP+ and HOH is denied CHP+
- HOH is determined eligible for AwDC-Benchmark 1.

### Child-Spousal Income

The Child Support income is entered.

The screenshot shows a software interface for entering 'Child-Spousal Income'. The window title is 'Child-Spousal Income'. Below the title bar is a search bar and an 'Add' button. The main area is titled 'Detail' and contains the following fields:

<b>*Effective Begin Date:</b> 12/05/2011	<b>Effective End Date:</b> MM/DD/YYYY
<b>EED Verification:</b> [Dropdown]	<b>EED Source:</b> [Dropdown]
<b>*Type:</b> Child Support - Dire	<b>*Frequency:</b> Monthly
<b>Support Paid For:</b> [Dropdown]	<b>Court Order on File:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No
<b>*Verification:</b> Received.	<b>*Source:</b> Court Order
<b>*Date Reported:</b> 12/05/2011	<b>*Date Verified:</b> 12/05/2011

## Income Received Details

The child's \$1,500 in child support is entered.

**Income Received Details**

**\*Check Type:**  
 Representative  Not Representative  
 Estimated  Not Paid

**Pay Period**

**\*Begin Date:** 12/01/2011 **End Date:** MM/DD/YYYY **\*FA Use Month:** 01/2012

**Total # of Hours Worked:** 0.00 **\*Date Received:** 01/01/2012

**\*Gross Amount:** \$ 1500.00 **Year to Date Total:** \$ 0.00

**\*Lump Sum:**  Yes  No **Report Date:** MM/DD/YYYY **Unavailable:**  Yes  No

**\*Verification:** Received **\*Source:** BENDEX

## Run EDBC

When EDBC is run on the case, Special Action takes place in CHP+ to add AM to the case for the HOH.

**Run EDBC**

Case #: Case Name:

Earliest EDBC Begin Month: 12/2011  
Default EDBC Begin Month: 12/2011  
EDBC End Month: 03/2012  
FS Run Date: 00/00/0000  
Cash Run Date: 00/00/0000

EDBC Run Begin Month: Earliest Month Override Reason...

Display Case Changes... Run ED

**CBMS**

Message Code : 1228  
Description : Eligibility: A AM program group was added to case "... Please re-run Eligibility.

OK

## Display Eligibility Summary

Both individuals FAIL FM, but CHP+ and AM are passing.

**Display Eligibility Summary**

Case #:  Case Name:

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistan	2012/03	PASS	\$ .00	\$ .00	2	01/01/2012	01/01/2012
Adult Medical Assistan	2012/01	PASS	\$ .00	\$ .00	2	01/01/2012	01/01/2012
Adult Medical Assistan	2012/02	PASS	\$ .00	\$ .00	2	01/01/2012	01/01/2012
Childrens Health Plan	2012/01	PASS	\$ .00	\$ .00	2	01/01/2012	12/05/2011
Childrens Health Plan	2011/12	DENIED	\$ .00	\$ .00	2	00/00/0000	12/05/2011
Childrens Health Plan	2012/03	PASS	\$ .00	\$ .00	2	01/01/2012	12/05/2011
Childrens Health Plan	2012/02	PASS	\$ .00	\$ .00	2	01/01/2012	12/05/2011
Family Medical Assiste	2012/02	FAIL	\$ .00	\$ .00	2	00/00/0000	12/05/2011
Family Medical Assiste	2012/01	FAIL	\$ .00	\$ .00	2	00/00/0000	12/05/2011
Family Medical Assiste	2012/03	FAIL	\$ .00	\$ .00	2	00/00/0000	12/05/2011
Family Medical Assiste	2011/12	PASS	\$ .00	\$ .00	2	12/01/2011	12/05/2011

Reason...
Verification Checklist...
Initiate Wrap up...
Individual Details...

### Display Individual Eligibility Summary – CHP+ Tab

The child on the case passes for CHP+.

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CIOCP | **CHP+** | Adult Financial | Adult Medical | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program
	Ineligible	DENIED	00/00/0000	CHP+
	Eligible	PASS	01/01/2012	CHP+

### Display Individual Eligibility Summary – Adult Medical Tab

The HOH on the case passes for AwDC.

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CIOCP | CHP+ | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	
	MANDATORY	OTHER	00/00/0000	AwDC	<input type="checkbox"/>	

Companion Cases... Reason... Override

**Display Individual Eligibility Summary**

Case #:  Case Name:

Payment Month: 01/2012

Colorado Works | Food Stamps | Family Medical | CIGP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	Category
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>		AwDC - Benchmark I (21-65 yr)
	MANDATORY	OTHER	00/00/0000	AwDC	<input type="checkbox"/>		

Companion Cases... Reason... Override

The AM non HOH on this case is denied but may be eligible for AwDC on a separate case.

**Display Individual Eligibility Summary**

Case #:  Case Name:

Payment Month: 01/2012

Colorado Works | Food Stamps | Family Medical | CIGP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	
	Exclude -Inc/R	OTHER	00/00/0000	AwDC	<input type="checkbox"/>	

**Display Reasons** ? X

Reason

AwDC Denial - separate case

Override

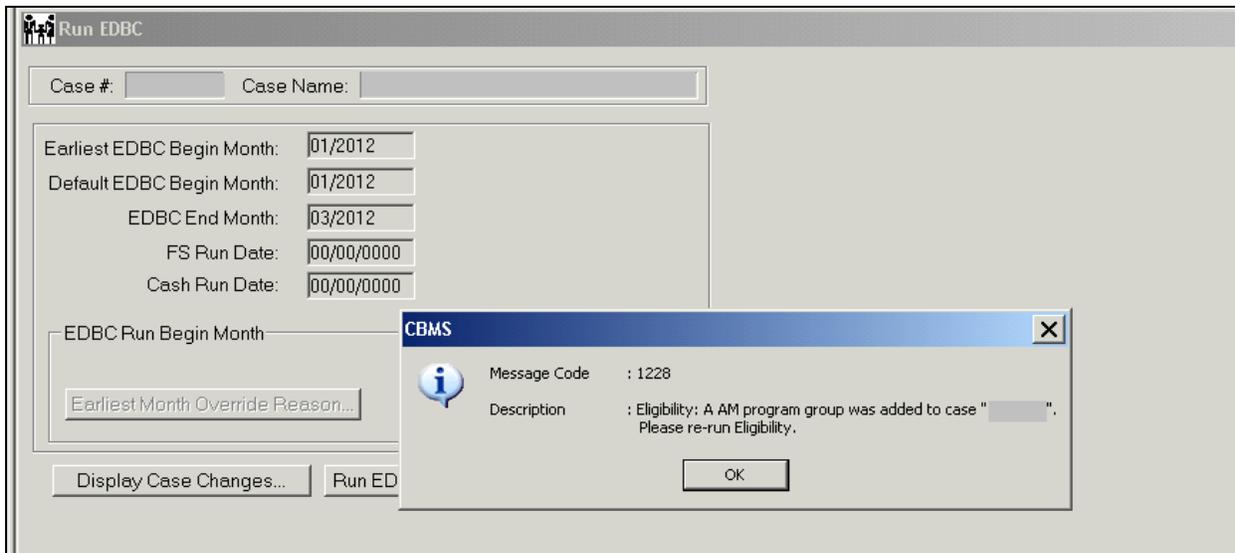
### Scenario 3: Individual Denied CHP+ and Approved AM

Within this scenario, the following applies to the individual:

- Ongoing case, one individual in the household receiving CHP+ as HOH, age 19
- No earned income
- No resources

#### Run EDBC

EDBC is run on the case and Special Action takes place in CHP+ to add AM to the case for HOH.



#### Display Eligibility Summary

The individual fails for CHP+ and FM.

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistan	2012/03	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Adult Medical Assistan	2012/02	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Adult Medical Assistan	2012/01	PASS	\$ .00	\$ .00	1	01/01/2012	01/01/2012
Childrens Health Plan	2012/02	DENIED	\$ .00	\$ .00	1	00/00/0000	01/15/2012
Childrens Health Plan	2012/03	DENIED	\$ .00	\$ .00	1	00/00/0000	01/15/2012
Childrens Health Plan	2012/01	DENIED	\$ .00	\$ .00	1	00/00/0000	01/15/2012

## Display Individual Eligibility Summary – Adult Medical Tab

The individual is determined eligible for AwDC-<21.

**Display Individual Eligibility Summary**

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CIGP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Fi S
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>	

Companion Cases... Reason... Override

**Display Individual Eligibility Summary**

Case #:  Case Name:

Payment Month:

Colorado Works | Food Stamps | Family Medical | CIGP | CHP+ | Adult Financial | **Adult Medical** | Medicare

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Funding Source	Category
	Eligible	WAITING	01/01/2012	AwDC	<input type="checkbox"/>		AwDC - < 21

Companion Cases... Reason... Override

## Section 8: Redeterminations

This section will provide specific Redetermination information that pertains to AwDC. For details regarding AwDC Redeterminations please refer to [Section 4: AwDC Eligibility Determination-Redetermination](#).

 View RRR Detail Listing

Search Criteria

County:  Office:  Unit:

Program Group:  Status:  User:

Case #:  Begin Month:  End Month:

Search Results

User Name	Case #	Case Name	Program Group	RRR Month	Current RRR Type	RRR Status
	1BXXXXX		Adult Medical Assista	01/2013	Regular	Pending

## Section 9: Denials

This section will provide specific case denial information that pertains to AwDC.



CBMS will generate denial correspondence to the client and the denial correspondence will have the contact information of the eligibility site that processed the denial.

### Client/Inquire On Individual

The screen will show case and individual status for AwDC clients.

Please refer to **Section 4: AwDC Eligibility Determination- Eligibility Criteria** bullet points that outline when a client would be denied for AwDC.

**Case**

Number:  Name:

Status:  Status Date:  Pending Alerts:  WP [Y/N]:

Benefit Begin Date	Program Group	Program	Status	Status Date	RRR Begin	RRR End	Verification Due [Y/N]	User ID
00/00/0000	Adult Medical Assi	AwDC	Denied	12/31/2011	01/2012	00/0000	N	

## Display Eligibility Summary

The screen will show case and individual status for AwDC clients.

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistant	2012/01	DENIED	\$ .00	\$ .00	2	00/00/0000	01/20/2012
Adult Medical Assistant	2012/02	DENIED	\$ .00	\$ .00	2	00/00/0000	01/20/2012

Reason

- Income exceeds countable Income limit

Reason... Verification Checklist... Initiate Wrap up... Individual Details...

### Case Comments



Please complete detailed Case Comments. Refer to the *CBMS Field Definition Guide* or *CBMS Online Help* for additional information about completing CBMS Case Comments.

### Search/View Printed Correspondence



Please review previously sent correspondence when researching how and when a client was approved for AwDC. Refer to the *Searching for Printed Correspondence Using Search Parameters* document located on the CBMS Document Index for step-by-step instructions for searching Client Correspondence.

### Rescinding Denials



CBMS allows for rescinding AwDC denied/discontinued cases. Please research using the above screens listed in this section before rescinding. Clients who are determined eligible again will be placed on the AwDC waitlist.

If an application is denied due to missing verifications, best practice would be to hold it for 30 days to allow the client time to provide the information to the current eligibility site. If they provide all verifications needed within 30 days, the case can be rescinded.



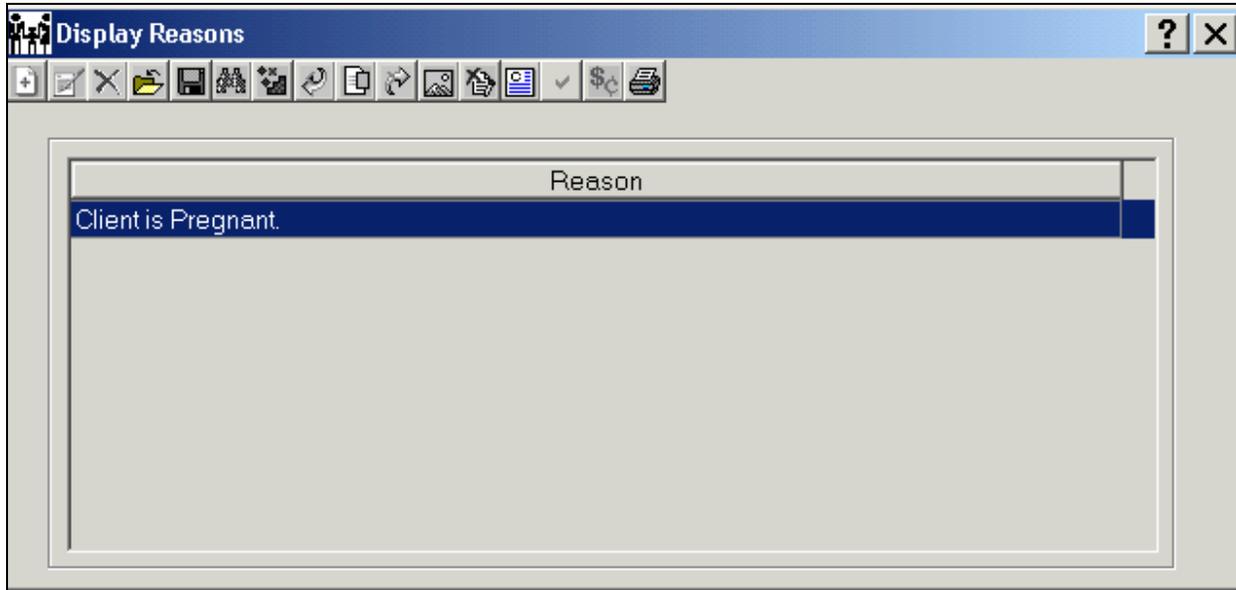
The client can request for their application to be reopened/rescinded within 30 days of denial due to AwDC logic inactivity in February and March 2012. Case Comments must be completed stating client requested reconsideration.



## Informational NOAs

Informational NOA will be viewable by the eligibility worker for AwDC clients in Wrap-up.

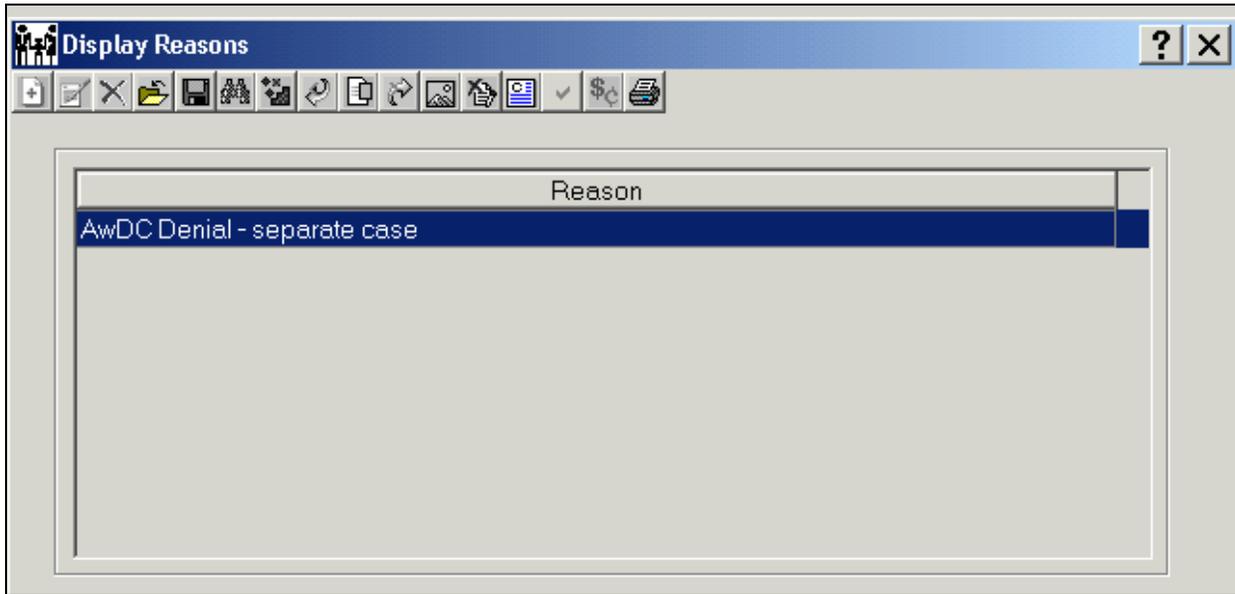
AM6117 will be viewable in the months where an AwDC client fails for being pregnant.



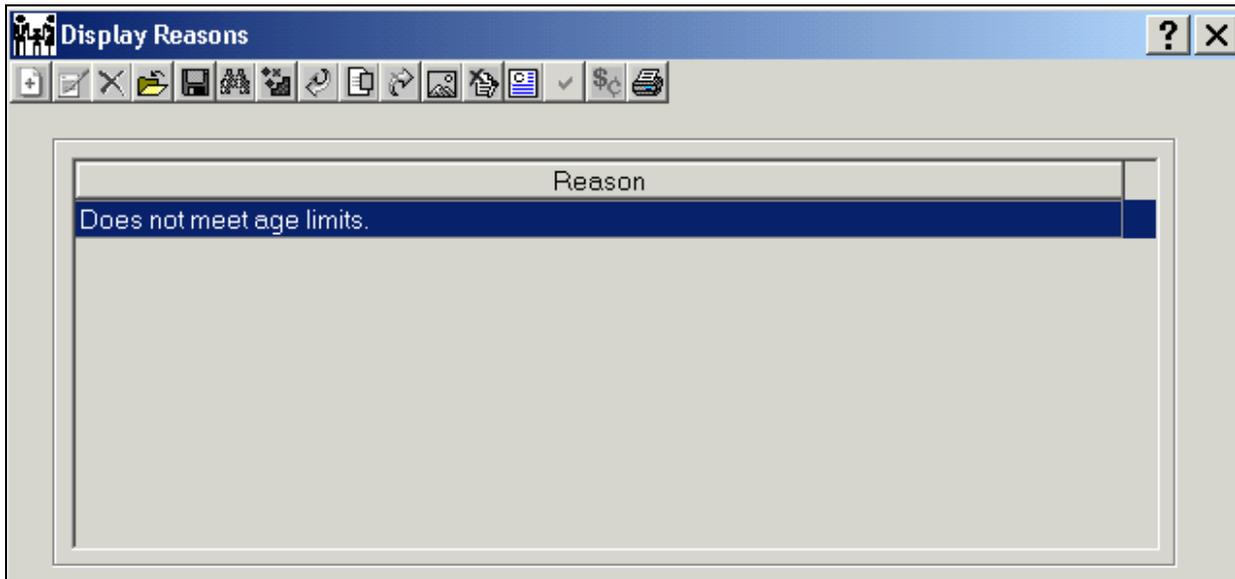
AM6118 will be viewable in the months when a potentially eligible AwDC client fails as non-HOH.



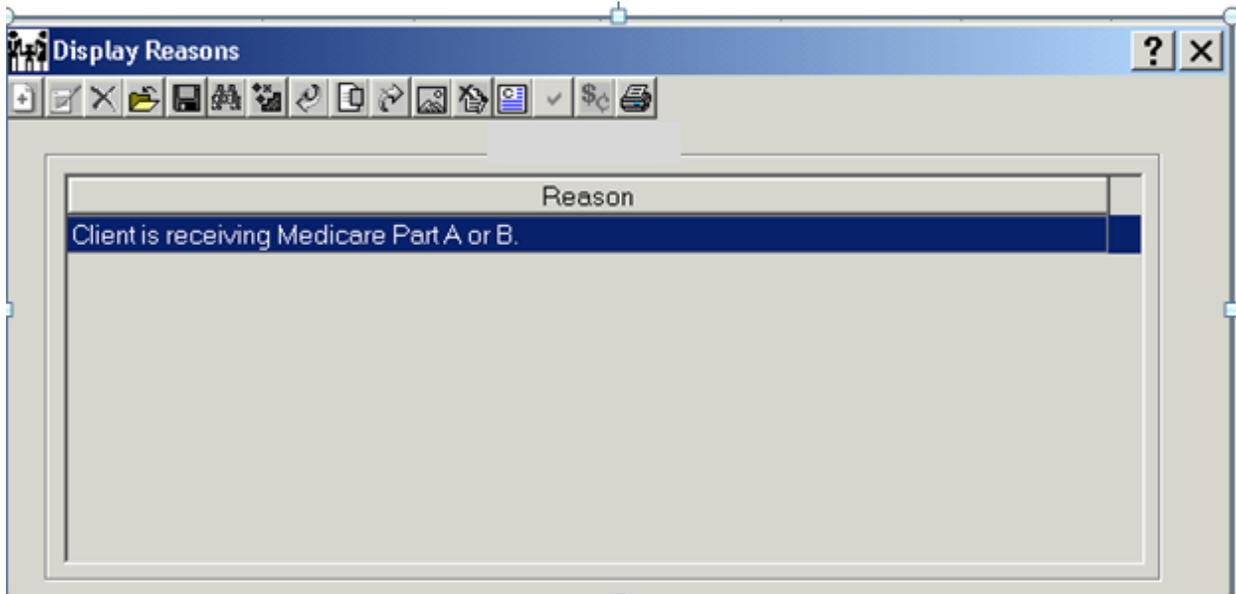
The eligibility worker should place non-HOH client on their own AM case as the HOH with all required members of household. Client may be potentially eligible for AwDC.



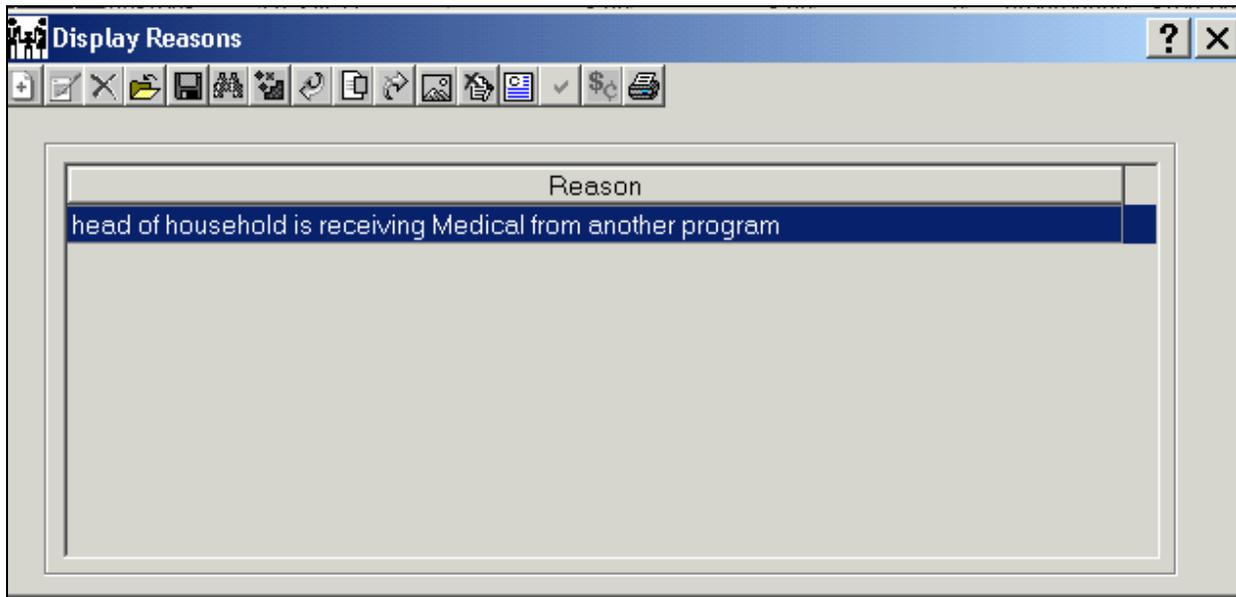
AM6119 will be viewable in the months where an AwDC client fails for **not** meeting the age limit.



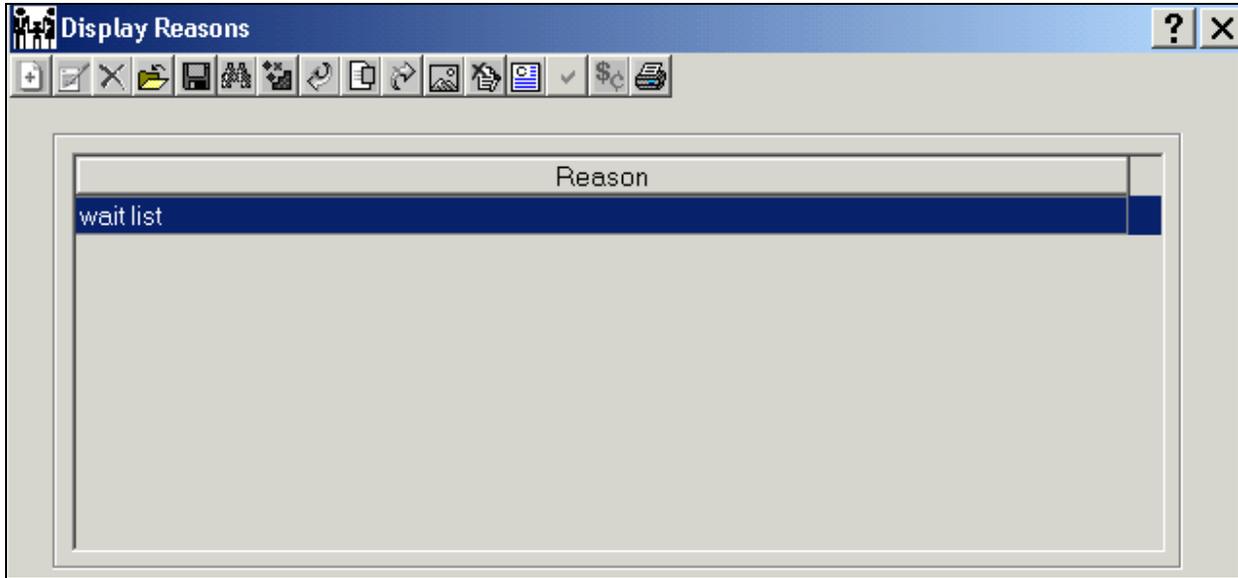
AM6120 will be viewable in the months where an AwDC client fails for receiving Medicare.



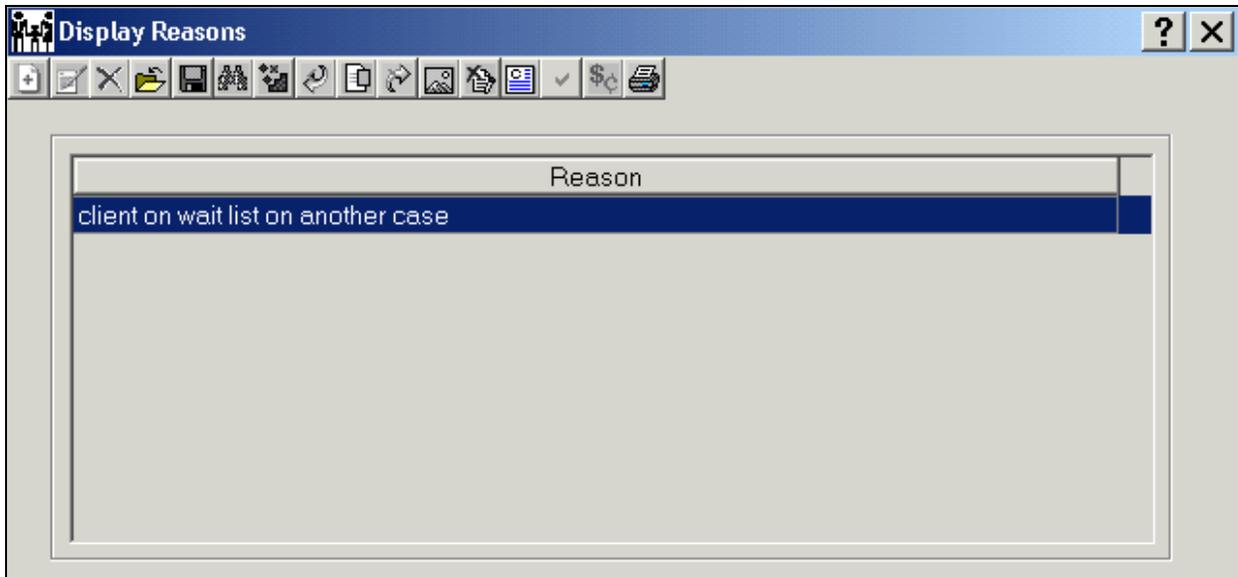
AM8313 will be viewable in the months where an AwDC client fails for receiving another Medicaid category.



AM0013 will be viewable in the months where an AwDC case runs back to months prior to current run month. This informational NOA is generated because the client will not receive benefits in the months prior to current run month due to effective begin date being in the month randomly selected.

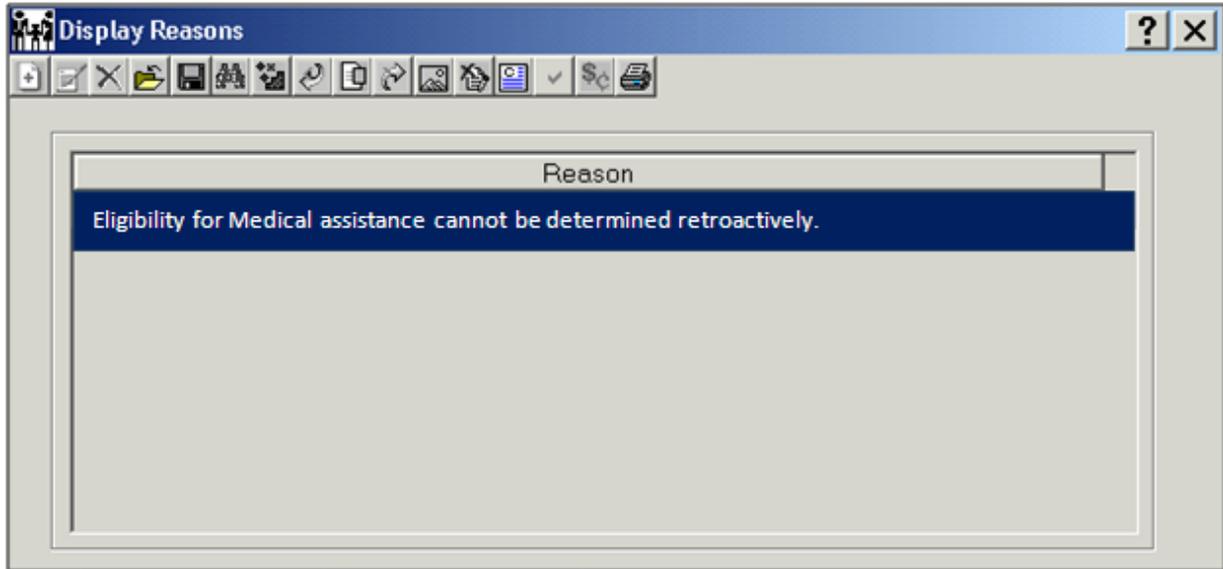


AM0015 will be viewable in the months where an AwDC Waitlist client is on another case.



AM8305 will be viewable in the months where an AwDC-EMS client fails.

AM7330 will be viewable in the months where an AwDC client fails when requesting retroactive medical assistance coverage.



## Existing NOA with added AwDC language

Existing AM1100 General AM Approval NOA will be generated and sent to an AwDC client when they are selected to receive benefits.



AM1100 Approval is the only Approval NOA generated and sent when AM-AwDC client is selected to receive benefits with subcategories <21, EMS, Benchmark I or Benchmark II and they were on the AwDC Waitlist for 12 months or less.

## STATE OF COLORADO



Date and time of eligibility determination :

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 \_\_\_\_\_ has been approved beginning \_\_\_\_\_ 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.

AwDC additional language message code RM1376 will be added to the AM1100 Approval NOA when an AwDC client passes with subcategories SAA, SSDI or SMN/ADL.

**STATE OF COLORADO** 

Date and time of eligibility determination :

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 has been approved beginning . 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.

**You have been determined eligible for an Adult Medical category due to your medical condition.**

AwDC additional language message codes RM1376 and RM2413 will be generated and sent to an AwDC client when an individual passes with subcategories SAA, SSDI or SMN/ADL and has been on the AwDC waitlist for more than 12 months.

**STATE OF COLORADO** 

Date and time of eligibility determination :

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 has been approved beginning . 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.

**You have been determined eligible for an Adult Medical category due to your medical condition.**

**Your application was approved based on information we have in your file now. We need to know if anything has changed since you applied for benefits. Tell us if there are changes such as: medical condition: people added to, or leaving your household; address, employment or income.**

AwDC additional language message code RM2413 will be generated and sent to an AwDC client when an individual passes with subcategories <21, EMS, Benchmark I or Benchmark II and has been on the AwDC waitlist more than 12 months.

## STATE OF COLORADO



Date and time of eligibility determination :

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 \_\_\_\_\_ has been approved beginning \_\_\_\_\_. 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.

Your application was approved based on information we have in your file now. We need to know if anything has changed since you applied for benefits. Tell us if there are changes such as: medical condition: people added to, or leaving your household; address, employment or income.

**NOTE**

Only one of the above NOAs should be triggered when the AwDC client is moved from AwDC waitlist to AwDC benefits.

## Denial/Termination NOAs

Denial/Termination NOAs will be generated and sent to an AwDC client when they are determined **ineligible** for AwDC.



Ineligibility for AwDC will be determined when a client does **not** meet the eligibility criteria for AwDC or when CBMS is unable to determine eligibility on current AM case for AwDC.



Denial RRR NOAs will be generated for clients when they are determined ineligible for AwDC at RRR. The language on the NOAs will state that the client is denied at RRR.

Termination NOAs will be generated for clients when they are terminated. The language on the NOAs will state that the client is terminated if the case is terminated at Ongoing.

AM2117 will be generated and sent to an AwDC client when they fail for being pregnant.

<p><b>STATE OF COLORADO</b></p> <p style="text-align: right;"></p> <p>Date and time of eligibility determination :</p> <p>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:</p> <p>Your Medicaid application dated 01/01/2012 has been denied because you are pregnant.</p> <p>The relevant Medicaid rule can be found at 10 CCR 2505-10, Volume 8 at Section 8.100.6.P.1.g (Pregnancy)</p>
--

AM2118 will be generated and sent to an AwDC client when they are receiving benefits and they have a potentially eligible AwDC non-HOH is on the case.



The eligibility worker must place non-HOH client on their own AM case as the HOH with all required members of household. Client may be potentially eligible for AwDC.

## STATE OF COLORADO



Date and time of eligibility determination :

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:

The Adult Medical application dated 10/05/2011 has been denied for because eligibility must be determined on their own separate Adult Medical case. should receive a separate letter regarding their Adult Medical eligibility determination soon. Please call your worker for more information.

The relevant Medicaid rule can be found at 10 CCR 2505-10, Volume 8 at Section 8. 100.6.P.1.c (Household Size)

AM2119 will be generated and sent to an AwDC client when they fail to meet age criteria.

## STATE OF COLORADO



Date and time of eligibility determination :

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 Medicaid application dated has been denied. You do not meet the age requirement of this program because you are not between the ages of 19 and 64.

The relevant Medicaid rule can be found at 10 CCR 2505-10, Volume 8 at Section 8. 100.6.P.1.a (Age)

AM2120 will be generated and sent to an AwDC client when they are eligible or enrolled in Medicare.

<p><b>STATE OF COLORADO</b></p> <hr/> <p>Date and time of eligibility determination :</p> <p>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:</p> <p>Your Adult Medical application dated _____ has been denied because you are eligible for or enrolled in Medicare Part A or B.</p>	
--	---

AM2121 will be generated and sent to an AwDC client when they have a dependent child who is receiving FM, LTC, AM, LIS or MSP.

<p><b>STATE OF COLORADO</b></p> <hr/> <p>Date and time of eligibility determination :</p> <p>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:</p> <p>Your Adult Medical application dated _____ has been denied because you have a Medicaid eligible dependent child.</p>	
--	---



AM2305 will be generated and sent to an AwDC-EMS client fails.

AM3330 will be generated and sent to an AwDC when requesting retroactive medical assistance coverage.

<p><b>STATE OF COLORADO</b></p> <hr/> <p></p> <p>Date and time of eligibility determination :</p> <p><b>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:</b></p> <p><b>Your request to backdate Medical assistance to cover your past medical bills has been denied. We cannot approve coverage prior to your application date for the program you are applying for because this program does not offer retroactive coverage.</b></p>
---



Only one of the above NOAs will be triggered when the AwDC client is denied or terminated.

## New Speed Letter

AM2123 Speed Letter will be generated and sent to AM clients when the AwDC SMN/ADL 90 Day conditional criterion is met.

Please refer to **Section 4: AwDC Eligibility Determination- Subcategory Determination** for details.

# STATE OF COLORADO

---



TO

FROM

DATE

You answered on your application that you have a condition that is expected to last more than 12 months or that you need help on a regular basis with daily self-care activities.

A completed Disability Determination application will be needed to see if you meet the definition of disability. You will also need completed Release Forms for every doctor/clinic that can verify your disability.

For help completing the disability determination application or if you did not receive these forms, contact your eligibility worker listed above.

## Section 11: State Help Desk Tickets

This section will provide specific State Help Desk Tickets information that pertains to AwDC. State Help Desk Ticket may be submitted and may be approved due to the following override reasons:

- Erroneous Discontinuance- interface error or data entry error that resulted in the client being removed from receiving benefits or resulted in the client being removed from the AwDC waitlist.
- Exception-Administrative Law Judge makes decision that the client should be receiving benefits
- Immediate Medical Need- Administrative Law Judge makes a decision that client should be receiving aid due to immediate medical need
- Appeal- client requesting benefits while in the appeal process

For State Help Desk data entry information refer to II Verification Implementation PowerPoint located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf).

State Help Desk Tickets can be submitted using your eligibility site's process or directly to the State. The State Help Desk Ticket can be contacted at [pc.helpdesk@state.co.us](mailto:pc.helpdesk@state.co.us) or 303-866-5204 or 1-877-487-4871.



Please review the AwDC Waitlist Maintenance Manual located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) regarding details on how State Help Desk Tickets will be addressed based on the above override reasons.

### AwDC Approved and Individual PASS Status

During the time an AwDC client's individual status is in PASS, they will have an open med span and will receive benefits.

State Help Desk Tickets requesting benefits will be approved.

### AwDC Approved and Individual WAITING Status

During the time an AwDC client's individual status is in WAITING, they will **not** have an open med span and will **not** receive benefits.

State Help Desk Tickets requesting benefits may be denied due to funding limitations.

### AwDC Denied

During the time an AwDC client's program/case status is DENIED, they will **not** have an open med span and will **not** receive benefits.

State Help Desk Tickets requesting benefits may be denied due to funding limitations.

## Section 12: Reports

Several reports were created to assist in analysis of AwDC and to assist in managing the AwDC waitlist. All reports can be found in COGNOS in the Medicaid Buy-in Folder. All reports can be accessed by the State workers and eligibility sites.

### HB09-1293 Clients by Income Level

The purpose of this report is to provide an understanding of the volume of clients within AwDC, plan for future AwDC increase income bracket implementation and determine budget impacts.

 <b>HB09-1293 Clients by Income Level</b> 	
Reporting Period:	
Total Case Count:	179
Total Client ID Count:	179

 <b>HB09-1293 Clients by Income Level</b> 																																																																																																																																																																																																																																																																																																	
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## AwDC Programs Summary and Detail

The purpose of this report is to track clients within each sub-category of AwDC, and to assist in determining funding expenditures. This report will track the transition from one subcategory to another within AwDC.



### AwDC Programs Summary and Detail

Reporting Period:                      To



Total AwDC/category Count for SSDI: 8  
 Total Client ID Count for SSDI: 8



### AwDC Programs Summary and Detail

Reporting Period:                      To



AwDC Program Sub-category	Client ID	Client Name	State ID	FPL%	Date of Birth	Gender	Aid Begin Date	Aid End Date	Duration
AA			7		03/18/1971	F	02/01/2012		1
			3		10/31/1975	F	12/01/2011		3
			9		09/23/1975	M	01/01/2012		2
			9		03/07/1953	F	02/01/2012		1
			7		09/23/1975	F	01/01/2012		2
			7		07/19/1949	F	02/01/2012		1
			8		06/27/1974	M	02/01/2012		1
			7		09/10/1992	M	02/01/2012		1
Total Clients for AA		8							
AB			0		06/19/1975	M	02/01/2012		1
			0		12/24/1948	M	02/01/2012		1
			0		07/18/1976	F	02/01/2012		1
			0		04/17/1976	M	02/01/2012		1
			0		08/30/1980	M	02/01/2012		1
			0		10/04/1988	M	01/01/2012	01/31/2012	1
			0		01/30/1958	F	02/01/2012		1
			0		03/18/1952	M	02/01/2012	03/17/2012	2
			0		09/13/1984	F	02/01/2012	02/29/2012	1
			0		08/21/1980	M	02/01/2012		1
Total Clients for AB		10							
AC			0		01/18/1975	M	02/01/2012		1
			0		01/05/1989	M	02/01/2012		1
			0		07/12/1964	F	02/01/2012		1
			4		06/07/1989	F	02/01/2012		1
			0		10/24/1987	F	02/01/2012		1
			0		08/23/1949	M	02/01/2012		1
			1		04/23/1971	M	01/01/2012	01/31/2012	1
			0		11/27/1971	F	02/01/2012		1
			0		08/03/1967	F	02/01/2012		1
			0		12/05/1951	F	02/01/2012		1
			0		11/15/1949	F	02/01/2012		1
			0		05/15/1991	F	02/01/2012		1
Total Clients for AC		12							

## Client Correspondence Activity for HB09-1293 Summary

The purpose of this report is to provide a number of correspondences generated by AwDC aid code.

Correspondence Type	AM-WAwD	AM-AwDC	FM-CBwD	Totals
# of NOAs (unrolled)	0	15	0	15
# of Forms (excludes premium letters)	0	0	0	0
# of Premium Letters	10	0	0	10
# of Speed Letters	0	1	0	1
# of SOF	0	0	0	0
# of Pages	10	0	0	10
# of Sheets	10	0	0	10
Large Packets/flats (>10 pages)	0	0	0	0
Small Packets (< or = 10 pages)	10	0	0	10

**Note:**

- Premium letters do not apply to AwDC
- Forms include Redeterminations and Reassessments

# Movement Between Case Wait List and AwDC- Ad Hoc Summary and Detail

The purpose of this report is to provide a listing of CBMS individuals moving from AwDC waitlist to AwDC benefits.

<b>Movement Between Case Wait List and AwDC - Ad hoc</b>	
Report Run Date :	
Reporting Period : From	To
Summary	
Total Clients	59
Total number moved by User	38
Total number moved by System	21
Average length of time on Case Wait List	< 1
Shortest Duration in months	< 1
Longest Duration in months	< 1

<b>Movement Between Case Wait List and AwDC - Ad hoc</b>									
Report Run Date :									
Reporting Period : From	To								
Details									
Case #	First Name	Last Name	State ID	Placed on Waitlist	Moved to AwDC	Duration in months	Position Effective Begin Date	Profile User	County of Residence
				01/23/2012	02/16/2012	1	02/16/2012		JEFFERSON
				02/02/2012	02/16/2012	<1	02/16/2012		JEFFERSON
				01/18/2012	01/18/2012	<1	01/18/2012		BROOMFIELD
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				02/09/2012	02/09/2012	<1	02/09/2012		ADAMS
				02/15/2012	02/15/2012	<1	02/15/2012		JEFFERSON
				01/17/2012	02/13/2012	1	02/13/2012		EL PASO
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				01/25/2012	02/14/2012	1	02/14/2012		DENVER
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				02/10/2012	02/10/2012	<1	02/10/2012		JEFFERSON
				02/13/2012	02/13/2012	<1	02/13/2012		DENVER
				02/13/2012	02/13/2012	<1	02/13/2012		ARAPAHOE
				01/17/2012	02/09/2012	1	02/09/2012		ARAPAHOE
				01/31/2012	02/15/2012	<1	02/15/2012		JEFFERSON
				02/09/2012	02/09/2012	<1	02/09/2012		LARIMER
				02/02/2012	02/06/2012	<1	02/06/2012		JEFFERSON
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				01/25/2012	02/16/2012	1	02/16/2012		TELLER
				02/09/2012	02/09/2012	<1	02/09/2012		JEFFERSON
				02/14/2012	02/14/2012	<1	02/14/2012		JEFFERSON
				01/17/2012	02/09/2012	1	02/09/2012		ARAPAHOE
				01/20/2012	01/27/2012	<1	01/27/2012		JEFFERSON
				02/09/2012	02/09/2012	<1	02/09/2012		DENVER
				02/02/2012	02/06/2012	<1	02/06/2012		JEFFERSON

## AwDC Positions Available Summary

The purpose of this report is to track the AwDC clients receiving benefits, how quickly those benefits are being approved (filled), how they are being approved (system or manual) and when they are being approved (filled). The report will also provide management information needed to make decisions regarding overall maximum limits for AwDC.

 <b>AwDC Positions Available - Summary</b> 	
Run Date:	
<b>AwDC Buffer Positions Available</b>	
Total AwDC Buffer Cap Limit	10,000
Total open buffer positions	19
Total buffer positions filled	9,981
County of Residence (Manual)	Total AwDC positions filled (Manual)
ADAMS	4
ARAPAHOE	5
DENVER	10
DOUGLAS	1
EL PASO	3
JEFFERSON	15
LARIMER	1
TELLER	1

 <b>AwDC Positions Available - Summary</b> 	
Run Date:	
<b>AwDC Open Positions Available</b>	
Total AwDC System Cap Limit	0
Total open AwDC positions	0
Total AwDC positions filled	0
County of Residence (Automated)	Total AwDC positions filled (Automated)

## **AwDC Waitlist Clients Detail**



The purpose of this report is to identify all clients that are on the AwDC waitlist as of the date the report is run.

## **AwDC Clients Receiving Aid Detail**



The purpose of this report is to identify all clients that are receiving benefits in AwDC as of the date the report is run.

## Appendix A: Screening Tool

### AwDC and WAwD Screening Tool\*

How do I  
screen Adult  
Medical  
Applications  
for  
Expansion  
Programs?

- Applicant is not on the **AwDC** waitlist
- Applicant is not pregnant
- Applicant is not eligible for or enrolled in Medicare
- Applicant is not less than 19 or greater than 65 years old
- Applicant is not exceeding 10% FPL for their household
- Applicant does not have a dependent child who is receiving FM, LTC, AM, LIS, or MSP
- Applicant is not receiving Medical Benefits from another Medicaid Program



Applicant Is Potentially Eligible for **AwDC** If all boxes are checked

If the applicant does not have all boxes selected above, proceed to criteria below for **WAwD**

- Applicant has valid employment record acceptable for **WAwD**
- Applicant is within the 450% FPL for **WAwD**
- Applicant has a disability determination acceptable for **WAwD**



Applicant Is Potentially Eligible for **WAwD** If these three boxes are checked

\*Eligibility must be determined through CBMS

# **AwDC & WAwD**

## Pend, Deny, Discontinue

### **Both will Pend for....**

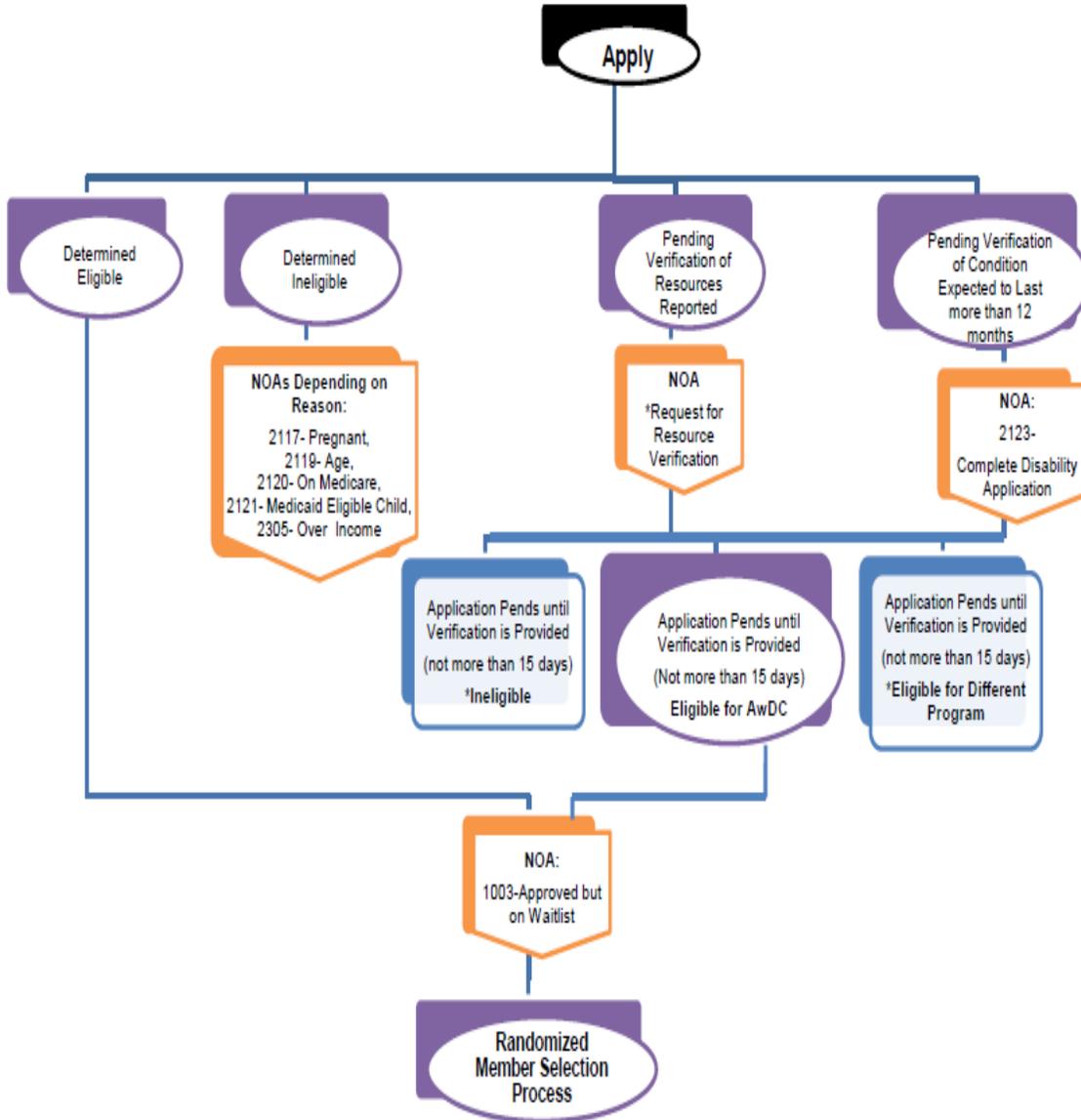
- Help Desk Ticket
- Awaiting Medical Verifications
- Case not complete
- State ID
- Required member can not be designated as ancillary
- INS Documentation and data entry
- Non-Citizen Date of Entry field is null or has a future date

### **Both will Deny or Discontinue for.....**

- Not having a valid SS #
- Whereabouts unknown
- HOH not requesting aid
- Receiving Medicaid in another State
- Not being a resident of Colorado
- Death of HOH
- HOH is incarcerated
- Citizenship/Identity

# Appendix B: Summary of Client Correspondence

## Adults without Dependent Children (AwDC): Summary of Client Correspondence



## Adults without Dependent Children (AwDC): Summary of Client Correspondence

