

# HCPF 2012 Medicaid Buy-In Program for Working Adults with Disabilities (WAwD) Manual

CBMS Project 1802

# Table of Contents

<b>MANUAL DEFINITIONS.....</b>	<b>5</b>
<b>SECTION 1: INTRODUCTION .....</b>	<b>6</b>
INTRODUCTION .....	6
<b>SECTION 2: GENERAL INFORMATION .....</b>	<b>7</b>
WHAT IS THE WAWD PROGRAM? .....	7
WHO IS ELIGIBLE? .....	7
HOW CAN AN INDIVIDUAL APPLY?.....	7
WHAT VERIFICATIONS WILL BE NEEDED WHEN AN INDIVIDUAL APPLIES? .....	7
HOW IS DISABILITY DETERMINED?.....	8
WHO WILL MANAGE THE ONGOING CBMS CASE? .....	8
HOW IS THE MONTHLY PREMIUM AMOUNT DETERMINED?.....	8
HOW ARE THE PREMIUMS MANAGED?.....	9
HOW OFTEN ARE THE PREMIUMS DUE?.....	9
WHAT SERVICES WILL INDIVIDUALS RECEIVE? .....	9
OTHER FREQUENTLY ASKED QUESTIONS .....	9
<b>SECTION 3: POLICY OVERVIEW .....</b>	<b>10</b>
BACKGROUND .....	10
ELIGIBILITY .....	10
VERIFICATIONS .....	10
EMPLOYMENT .....	10
INCOME .....	10
<i>Earned Income Disregards</i> .....	10
<i>Unearned Income Disregards</i> .....	11
DISABILITY .....	11
RESOURCES.....	11
RETROACTIVE MEDICAL ASSISTANCE COVERAGE.....	11
PREMIUMS.....	11
REDETERMINATION.....	11
COMPLETE LISTING OF PROGRAM RULES.....	11
<b>SECTION 4: ELIGIBILITY DETERMINATION.....</b>	<b>12</b>
ELIGIBILITY CRITERIA .....	12
<i>Household Determination</i> .....	13
<i>Income Criteria</i> .....	13
<i>Resource Criteria</i> .....	14
<i>Disability Determination</i> .....	14
<i>Effective Begin Date of Benefits</i> .....	14
<i>AM Verification Checklist (VCL)</i> .....	14
<i>Retroactive Medical Assistance Coverage</i> .....	14
<i>Redetermination</i> .....	14
<i>Burial Assistance</i> .....	14
<b>SECTION 5: DISABILITY DETERMINATION .....</b>	<b>15</b>
PROCESS FOR ESTABLISHING DISABILITY .....	15
<i>Currently Disabled</i> .....	15
<i>No Previous Disability Determination</i> .....	16
DISABILITY DETERMINATION FROM CONTRACTOR .....	20

<i>Disability Determination</i> .....	20
<i>Limited Disability Determination</i> .....	21
CLIENTS NO LONGER ELIGIBLE FOR SSI THAT STILL MEETS DISABILITY CRITERIA.....	21
<b>SECTION 6: SCENARIOS</b> .....	<b>22</b>
SCENARIO 1 - CLIENT APPROVED FOR WAWD .....	22
<i>Employment History</i> .....	22
<i>Income Received Details</i> .....	23
<i>Medical Conditions</i> .....	23
<i>Diagnosis</i> .....	24
<i>Eligibility Summary</i> .....	25
<i>Wrap Up</i> .....	26
SCENARIO 2 - INDIVIDUAL'S CASE IS PENDING.....	27
<i>Employment History</i> .....	27
<i>Income Received</i> .....	28
<i>Medical Conditions</i> .....	28
<i>Disability Determination</i> .....	29
<i>Liquid Asset Summary</i> .....	30
<i>Life Insurance</i> .....	31
<i>Display Eligibility Summary</i> .....	32
<i>Verification Checklist</i> .....	32
<i>Display Individual Eligibility Summary</i> .....	33
SCENARIO 3 - INDIVIDUAL NOT EMPLOYED AND DENIED WITHIN AWDC .....	34
<i>Unearned Income</i> .....	34
<i>Income Received</i> .....	35
<i>Liquid Asset</i> .....	36
<i>Display Eligibility Summary</i> .....	37
<i>Display Individual Summary</i> .....	38
SCENARIO 4 - ONGOING CASE AND CLIENT NO LONGER EMPLOYED .....	39
<i>Earned Income</i> .....	39
<i>Employment History</i> .....	40
<i>Display Eligibility Summary</i> .....	41
<b>SECTION 7: APPROVALS</b> .....	<b>42</b>
CLIENT/INQUIRE ON INDIVIDUAL.....	42
CASE COMMENTS.....	42
SEARCH/VIEW PRINTED CORRESPONDENCE.....	42
<b>SECTION 8: PREMIUMS</b> .....	<b>43</b>
AUTHORIZATION AND PREMIUM CALCULATION .....	43
MEDICAID BUY-IN PAGES .....	43
<i>Medicaid Buy-In Premium Summary</i> .....	44
<i>Medicaid Buy-In Payments/Refunds Search</i> .....	45
<i>Medicaid Buy-In Payments/Refunds Detail</i> .....	45
MEDICAID BUY-IN PREMIUM LETTER .....	46
<b>SECTION 9: ONGOING CASE MAINTENANCE</b> .....	<b>48</b>
<b>SECTION 10: REDETERMINATIONS</b> .....	<b>49</b>
VIEW RRR DETAIL LISTING.....	49
<b>SECTION 11: CORRESPONDENCE EXAMPLES</b> .....	<b>50</b>
APPROVAL NOA.....	50

DENIAL NOA .....	51
<b>SECTION 12: DENIALS.....</b>	<b>52</b>
CLIENT/INQUIRE ON INDIVIDUAL.....	52
DISPLAY ELIGIBILITY SUMMARY .....	53
CASE COMMENTS.....	53
SEARCH/VIEW PRINTED CORRESPONDENCE.....	53
RESCINDING DENIALS.....	53
<b>SECTION 13: REPORTS.....</b>	<b>54</b>
HB09-1293 CLIENTS BY INCOME LEVEL.....	54
MEDICAID BUY-IN - DAILY KEYBANK PREMIUM TRANSACTION.....	54
CLIENT CORRESPONDENCE ACTIVITY FOR HB09-1293 .....	54
MEDICAID BUY-IN INACTIVE CLIENT PREMIUM REPORT .....	54
MEDICAID BUY-IN MONTHLY PREMIUMS .....	54

**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. **Adult Medical (AM)** - A Medicaid High Level Program Group for individuals who are disabled, blind, or 19 years of age and older.
2. **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.
3. **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 not less than 12 months.
4. **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.
5. **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 (SGA).
6. **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.
7. **State Authorized Agency (SAA)** – The State Disability Contractor assesses the client and determines if they meet the disability requirement.
8. **State Eligibility and Enrollment Vendor** – The vendor that manages the Family Medical programs as well as ongoing cases for AwDC. They will also manage the premiums for WAwD.
9. **Substantial Gainful Activity (SGA)** – Criteria used to determine an individual's ability to work.
10. **Termination Date** – The date on which a premium is 60 days past due and the client's benefits are terminated if payment is not paid in full.

## Section 1: Introduction

### Introduction

Effective March 1<sup>st</sup> 2012, medical coverage will expand through the WAwD to include individuals who are at least age 16 but less than 65 years of age, who are employed, have been determined disabled and meet all other eligibility criteria. Individuals do not have an option to opt-in or opt-out of the program specifically.

This document is the Policy and Procedures manual to be used by all eligibility sites. It includes all of the information needed for sites to complete AM eligibility determination for WAwD using the Colorado Benefits Management System (CBMS).

As updates are made for WAwD, 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 WAwD. 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 WAwD 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 WAwD 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: General Information

### What is the WAwD Program?

The WAwD allows adults who would previously have been ineligible for Medicaid because of their income or resource level to receive Medicaid benefits by paying a monthly premium. This opportunity comes from the Colorado Health Care Affordability Act House Bill 09-1293 signed by Governor Bill Ritter on April 21, 2009 and from the federal authority located in Section 201 of the Ticket to Work and Work Incentive Improvement Act of 1999, Public Law 106-170.

### Who is eligible?

To be eligible, adults must be at least age 16 but less than 65 years of age, be employed and be determined to be disabled.

A disability for this program is defined as meeting the SSA disability criteria or meeting the SSA disability criteria without regard to SGA.

Employment is demonstrated at time of application in one of three ways:

- By self-declaring earned income, which will be electronically verified
- By income verification (such as providing pay stubs) for the current or previous month of application. Income must be reported whenever a change in pay or employment occurs
- By declaring self-employment income and providing a self-employment ledger

### 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 (MA) 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 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 Eligibility and Enrollment vendor at:

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

### What verifications will be needed when an individual applies?

When an individual applies, the SSA Interface shall be accepted as proof of citizenship and/or identity as listed 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 WAwD)
- Pregnancy
- Other Health Coverage information

## **How is disability determined?**

To be eligible for this program, applicants must be determined disabled. An individual is determined to be disabled if they are currently a Social Security Disability Insurance (SSDI) beneficiary. If an individual has not been determined to be disabled, they must complete a Medicaid Disability Application.

Disability Determination for WAwD excludes individual's ability to work, level of earnings and resources but otherwise uses the same criteria as the SSA. Additional details regarding the Disability Determination within CBMS can be located in [Section 5: Disability Determination](#).

## **Who will manage the ongoing CBMS case?**

The ongoing case will be managed by the eligibility site that authorizes WAwD. However, the State Eligibility and Enrollment Vendor will manage the premium payments for WAwD.

## **How is the monthly premium amount determined?**

Premiums are based on the individual's income. The table below lists projected monthly premiums by Federal Poverty Level (FPL).

FPL	Monthly Premium
0 - 40%	\$0
41 - 133%	\$25
134 - 200%	\$100
201 - 300%	\$225
301 - 450%	\$400



## **How are the premiums managed?**

The premiums are managed through CBMS and through processes established with the State Eligibility and Enrollment Vendor. Additional details on the management of premiums through CBMS can be located in [Section 7: WAwD Premiums](#).

## **How often are the premiums due?**

The premiums are due every month. Premium letters are sent out on the 23<sup>rd</sup> of every month with a due date of the 15<sup>th</sup> the following month. Failure to pay premiums on time will result in termination of benefits on the last day of the month in which they become 60 days past due. If a full payment is made prior to this termination date, then they will not be terminated.

## **What services will individuals receive?**

Individuals enrolled in WAwD 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.

## **Other Frequently Asked Questions**

Additional Frequently Asked Questions can be located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Partners & Researchers > Colorado Health Care Affordability Act > Medicaid Buy-In Programs for People with Disabilities > Frequently Asked Questions.

## Section 3: Policy Overview

### Background

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

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

### Eligibility

**8.100.3.F.1.1** – Identifies persons with a disability or limited disability who are at least 16 but less than 65 years of age, with income less than or equal to 450% of FPL after income disregards, regardless of resources, and who are employed.

**8.100.6.O** – Outlines eligibility requirements specific to WAwD can be found within this section.

Effective date of eligibility for clients on WAwD is the beginning of the month of the application date.

### Verifications

**8.100.3.H.9.c** – Includes citizenship and identity documentation requirements for WAwD within the reasonable opportunity period of 70 calendar days for.

**8.100.5.B** – Outlines the verification requirements for the Aged, Blind, and Disabled Medical Assistance population which includes WAwD.

**8.100.5.B.1.c** – Specifies the verifications required for earned income which is also applied to determine if an individual is employed for WAwD.

### Employment

**8.100.6.O.e** – Indicates that an individual must be employed to be eligible for WAwD.

### Income

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

**8.100.5.F** – Identifies that the income requirements applicable to the Aged, Blind, and Disabled Medical Assistance General Eligibility and specifies that the income is used to determine the premiums for WAwD.

**8.100.5.H** – Identifies the disregards applicable to WAwD.

**8.100.6.O.1.b** – Identifies that income must be less than or equal to 450% FPL after income disregards. Only the applicant's income is considered.

### Earned Income Disregards

**8.100.5.H.2.b** – Applies a disregard of \$65 plus 1/2 of the remainder of earned income.

## **Unearned Income Disregards**

**8.100.5.H.2.a** – Applies a disregard of the first \$20 of total available unearned income

## **Disability**

**8.100.5.A.1.c** – Establishes that a disability can be met with a determination from the Social Security Administration criteria for disability. If the criteria is not met, the State Disability Contractor can review the individual's circumstances to determine if the individual meets limited disability.

## **Resources**

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

## **Retroactive Medical Assistance Coverage**

**8.100.6.O.2** – Outlines that retroactive Medical Assistance coverage is available according to 8.100.3.E, however is not available prior to March 1, 2012.

## **Premiums**

**8.100.6.O.f** – Indicates that a sliding scale based on income will be used to determine the required monthly premium amount that individual will pay for WAwD.

**8.100.6.O.f. 2** – Indicates premium amounts are waived for the month of eligibility and any retroactive period.

**8.100.6.O.f. 5** – Indicates a change in income may cause a change in the monthly premiums due. Failure to pay the full premium within 60 days of the due date will result in termination of benefits.

## **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) > Program Rules and Regulations within the "Quick Links" section.

## Section 4: Eligibility Determination

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

### AM HLPG Hierarchy

AM 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)
7	Adults without Dependent Children (AwDC)
8	<b>Working Adults with Disabilities (WAwD)</b>
9	Old Age Pension Health Care Program B (OAP HCP-B)
10	Old Age Pension Health Care Program A (OAP HCP-A)
11	Breast and Cervical Cancer Program (BCCP)
12	Refugee Medical Assistance (RMA)

AM applicants will be determined for WAwD when they do not meet eligibility criteria for the SSI Mandatory, DAC, Pickle, QDW, OAP A/B Med or AwDC categories.

In order to have eligibility determined through WAwD, an individual must be employed and be determined disabled. Otherwise, an individual will be denied within the AwDC category.

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

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

If a client is no longer eligible for WAwD, the client will be determined for eligibility for SSI Mandatory, DAC, Pickle, QDW, OAP A or B Med. AM applicants who are no longer eligible for WAwD or any other AM category will not be retroactively closed and 10 day noticing will be applied.

### Eligibility Criteria

CBMS will deny an individual within WAwD who is less than 16 years of age or greater than or equal to 65 years of age. An individual can become eligible for WAwD in the month that they

turn 16 years of age or can remain eligible until the last day of the month in which they turn 65 years of age.

CBMS will pend, deny or discontinue a client within WAwD using common existing AM non-financial eligibility logic. Examples are listed below:

PEND	DENY/DISCONTINUE
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

CBMS determines eligibility within WAwD based on the individual only, regardless if they have a spouse or dependents.

### Income Criteria

The income limit for WAwD is **450% of the FPL**.

The established earned and unearned income disregards for the other categories under the AM HLPG are also applicable to WAwD. Only the applicant's income is considered for eligibility regardless of spouse or parent.

The FPL for the client's income is calculated within CBMS. FPL calculations are based on a client's net income that results after disregards and divided by the current 100% of the FPL limit (\$908 for 2011) and then multiplied by 100 to determine their current FPL. The result of this (using the whole number only) will determine if the client is eligible and the applicable premium category.

Example:

- Client's net income after disregards is \$3,200 per month
- Divide by \$931 = 3.437
- Multiply by 100 = 343.7%
- Applied FPL = 343% (whole number only)
- Client is eligible and will have a \$400 monthly premium

## **Resource Criteria**

There is **no** resource limit for WAwD. CBMS will **not** include resources in the eligibility determination for WAwD. This is different from other AM categories.

## **Disability Determination**

The established Disability Determination will also be acceptable for WAwD. Individuals that have not previously been determined disabled may also be determined with a limited disability. For additional details on disability, please see section: [Section 5: WAwD Disability Determination](#).

## **Effective Begin Date of Benefits**

WAwD will have an effective begin date of the first day of the application month.

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

An AM case will pend in SSI Mandatory, DAC, Pickle, QDW, or OAP A/B Med categories for missing resource verifications for 15 business days. The AM applicants will be determined for WAwD after they fail to return missing verifications and after they have been determined to not meet AwDC eligibility criteria.

## **Retroactive Medical Assistance Coverage**

Retroactive Medical Assistance coverage is available for WAwD clients. This coverage is not available prior to the program implementation date.

## **Redetermination**

CBMS identifies when an annual redetermination will be required for an AM client that is eligible within WAwD.

CBMS will create an RRR due date based on the application date for the AM client that is passing for WAwD program. The automatic reenrollment and ex parte processes established for Medicaid will apply for WAwD.

## **Burial Assistance**

CBMS identifies WAwD clients receiving benefits will be eligible for burial assistance.

## Section 5: Disability Determination

Individuals eligible for benefits within WAwD must meet Medicaid disability criteria. This can be met with a determination from SSA or from the State Disability Contractor. If the criteria is not met, the State Disability Contractor will review the individual's circumstances to determine if the individual meets limited disability criteria.

When the State Disability Contractor receives a disability application, they will attempt to determine the client for a full disability. A full determination assessment will be made prior to a limited disability assessment. This is due to the State Disability Contractor not knowing if the application is for WAwD or for Long Term Care (LTC). The full determination will also ensure that clients are determined appropriately for other categories.

If the client does not meet the full disability criteria, the State Disability Contractor will determine the client for a limited disability.

### Process for Establishing Disability

Upon receiving an application from an individual, if an individual indicates they are disabled, the individual's situation should be assessed to determine if they meet SSA's disability criteria.

### Currently Disabled

Individuals that are currently disabled will be considered as having met Medicaid disability criteria. These clients will have one of the following:

- 1) Unearned income of SSDI

**Unearned Income**

**Detail**

*Effective Begin Date:	Effective End Date:	
07/24/2011	MM/DD/YYYY	
EED Verification:	EED Source:	
*Type:	*Frequency:	Income Source:
Social Security Disabi	Monthly	
Application Date:	Approval Date:	Application/Approval Status:
MM/DD/YYYY	MM/DD/YYYY	
*Claim #:	*Verification:	*Source:
123456	Received.	Award Letter
*Date Reported:	*Date Verified:	
10/24/2011	10/24/2011	

- 2) Previously approved for a full determination by the State Disability Contractor

The screenshot shows a web-based form titled "Disability Determination". The form contains several fields with red asterisks indicating required information:

- \*Effective Begin Date:** A date field with the value "07/24/2011" and a calendar icon.
- Effective End Date:** A date field with the placeholder "MM/DD/YYYY" and a calendar icon.
- Status:** A dropdown menu with the value "Approved".
- Status Reason:** A dropdown menu.
- Status Reason Date:** A date field with the value "07/24/2011" and a calendar icon.
- Result:** A dropdown menu with the value "Disabled".
- \*Verification:** A dropdown menu with the value "Received".
- \*Source:** A dropdown menu with the value "Authorized Disability".

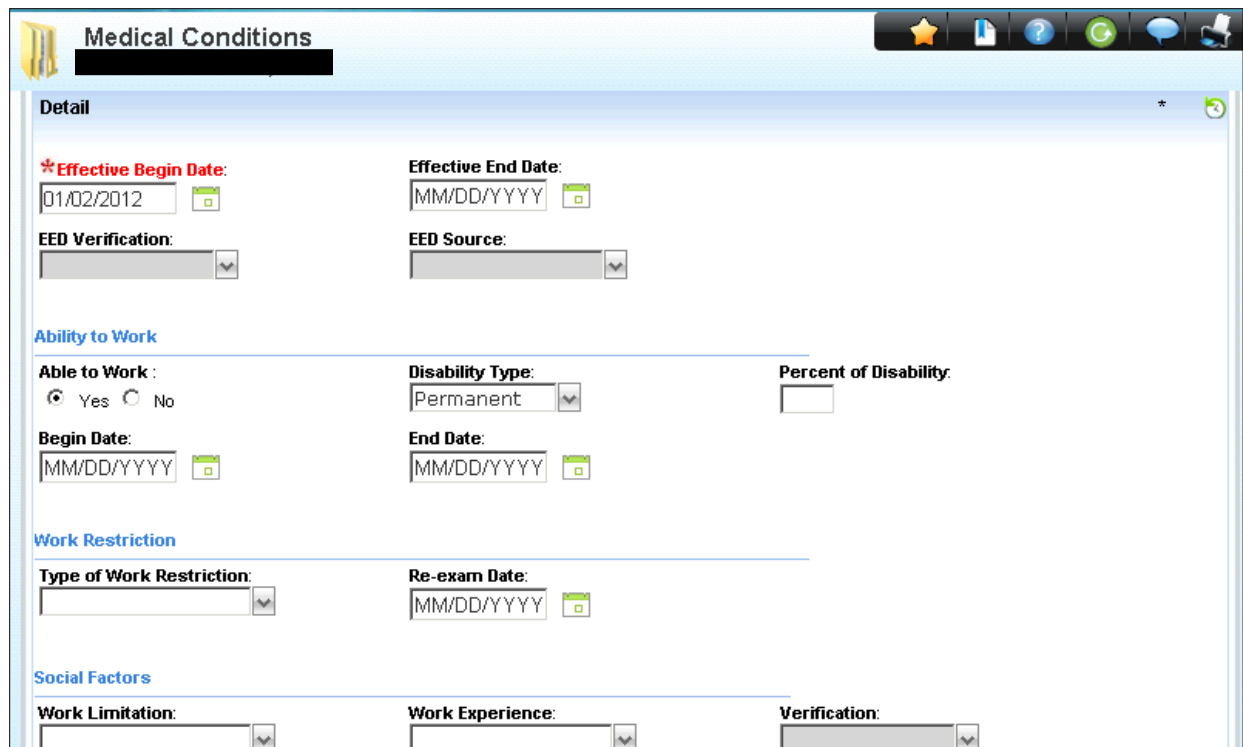
### No Previous Disability Determination

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**





**Medical Conditions**

**Detail**

**\*Effective Begin Date:** 01/02/2012

**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:** MM/DD/YYYY

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

**Work Restriction**

**Type of Work Restriction:**

**Re-exam Date:** MM/DD/YYYY

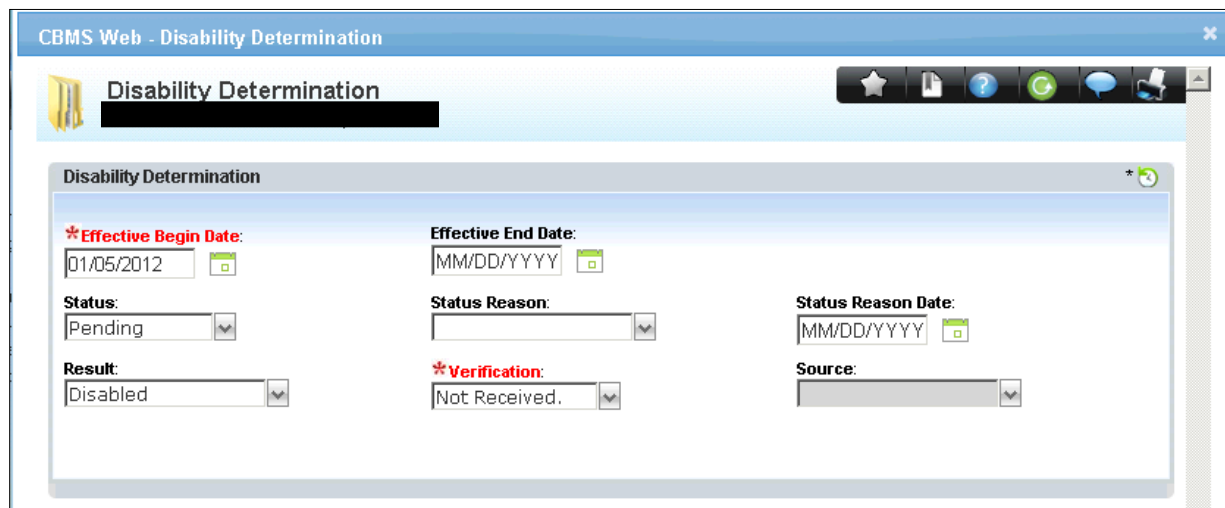
**Social Factors**

**Work Limitation:**

**Work Experience:**

**Verification:**

- 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:**

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

**Result:** Disabled

**\*Verification:** Not Received.

**Source:**

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
	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.

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](#). This guide will also provide a link to obtain a copy of the Medicaid Disability Application and the State Disability Contractor release forms needed to complete the disability assessment. The application and the forms can be located at [www.colorado.gov/hcpf](http://www.colorado.gov/hcpf) > Clients & Applicants > Applications.

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



## Disability Determination from Contractor

The State Disability Contractor will assess the Disability Determination for the individual. The State Disability Contractor will provide the currently established determination form if the individual is determined disabled using the SSA criteria (which includes SGA). Upon receipt of this determination, CBMS needs to be updated for the client to pass the Disability Determination criteria.

### Disability Determination

If the client is approved by State Disability Contractor for disability, the record within the **Disability Determination** page shall be updated by the eligibility worker and a new record will need to be created within the **Diagnosis** page.

- 1) **Disability Determination** page updates
  - a. Enter the **Effective End Date** as the diary date
  - b. Update the **Status** field from “Pending” to “Approved”
  - c. Update the **Verification** field from “Not Received” to “Received”
  - d. Enter the **Source** field as “Authorized Disability Determination Svc Agency”

CBMS Web - Disability Determination

Disability Determination

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

**Effective End Date:** 01/31/2014

**Status:** Approved

**Status Reason:**

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

**Result:** Disabled

**\*Verification:** Received.

**\*Source:** Authorized Disability

- 2) **Diagnosis** page
  - a. Enter the **Effective Begin Date** as the application date or retro date
  - b. Within the **Diagnosis** field select “Limited Disability”
  - c. Enter the **Diagnosis Date** as the date determined by State Disability Vendor
  - d. Within the **Verification** field select “Received”
  - e. Within the **Source** field select “Limited Disability SAA”

CBMS Web - Diagnosis

Diagnosis

Summary

Effective Begin Date	Diagnosis	Verification	Source
01/05/2012	Limited Disability	Received.	Limited Disability SAA

Add

Detail

\*Effective Begin Date: 01/05/2012

\*Effective End Date: MM/DD/YYYY

\*Diagnosis: Limited Disability

\*Diagnosis Date: 01/05/2012

\*Verification: Received.

\*Source: Limited Disability SAA

SMN/ADL Due Date: MM/DD/YYYY

### Limited Disability Determination

The form received from State Disability Contractor will indicate if the approval is for a Limited Disability.

If the approval is for Limited Disability, the same process within CBMS will be followed for the Disability Determination. In addition, case comments should be entered to indicate a Limited Disability Determination was made for the client.

### Clients No Longer Eligible for SSI that Still Meets Disability Criteria

Clients who are discontinued from SSI for any reason other than disability may be eligible for WAWD. These clients need to provide a copy of their discontinuance notice received from SSA showing their reason for discontinuance and their diary date. If their diary date is greater than the current date, complete the **Disability Determination** page and enter the diary date as the end date. Detailed case comments will need to be included and a reminder will need to be established to send the client a Medicaid Disability Application and release forms to complete prior to end of the SSA diary date.

## Section 6: Scenarios

### Scenario 1 - Client approved for WAwD

Within this scenario, the following applies to the individual:

- One individual in the household, age 45
- No resources
- Citizenship and identity verifications are provided
- SSN provided
- Client is employed and earning \$4,500 per month
- No unearned income
- Determined limited disabled through the State Disability Contractor
- Client is determined eligible for WAwD at a 221% FPL and \$225 monthly premium

### Employment History

The client is employed, and earns \$4,500 month.

The screenshot shows a web-based form titled "Employment History". The form is divided into two main sections: "Detail" and "Employer Information".

**Detail Section:**

- \*Effective Begin Date:** 01/05/2012
- Effective End Date:** MM/DD/YYYY
- \*Self-Employed:** ☐ Yes ☒ No
- Farming:** ☐ Yes ☒ No
- Occupation:** (Dropdown menu)
- Employment Type:** (Dropdown menu)
- Monthly Amount Earned:** \$ 4500 . 00
- Estimated Average Hrs/Week:** 0 . 00

**Employer Information Section:**

- \*Begin Date:** 08/05/2000
- End Date:** MM/DD/YYYY
- \*Name:** Tech Geek
- FEIN:** (Text field)
- Email Address:** (Text field)
- Telephone #:** (Text field with x separator)
- \*Verification:** Received
- \*Source:** Employer Statement

## Income Received Details

The client's gross earned income is entered on the **Income Received Details** page.

The screenshot shows the 'Income Received Details' form in the CBMS Web application. The form is titled 'Income Received Details' and includes a toolbar with icons for star, print, help, refresh, and chat. The form is divided into several sections:

- Pay Period:**
  - \*Begin Date:** 12/01/2011
  - End Date:** MM/DD/YYYY
  - FA Use Month:** 12/2011
- Total # of Hours Worked:** 0.00
- \*Date Received:** 12/31/2011
- \*Gross Amount:** \$ 4500.00
- Year to Date Total:** \$ 0.00
- \*Lump Sum:** Yes (radio button), No (radio button)
- Report Date:** MM/DD/YYYY
- Unavailable:** Yes (radio button), No (radio button)
- \*Verification:** Received.
- \*Source:** Client Statement
- \*Date Reported:** 01/05/2012
- \*Date Verified:** 01/05/2012

## Medical Conditions

The **Medical Conditions** page is completed.

The screenshot shows the 'Medical Conditions' form in the CBMS Web application. The form is titled 'Medical Conditions' and includes a toolbar with icons for star, print, help, refresh, and chat. The form is divided into several sections:

- Detail:**
  - \*Effective Begin Date:** 01/02/2012
  - Effective End Date:** MM/DD/YYYY
  - EED Verification:**
  - EED Source:**
- Ability to Work:**
  - Able to Work:** Yes (radio button), No (radio button)
  - Disability Type:** Permanent
  - Percent of Disability:**
  - Begin Date:** MM/DD/YYYY
  - End Date:** MM/DD/YYYY
- Work Restriction:**
  - Type of Work Restriction:**
  - Re-exam Date:** MM/DD/YYYY

## Diagnosis

The **Diagnosis** page is completed, showing a **Limited Disability**, which is determined by the State Disability Contractor. **Limited Disability SAA** is selected as the **Verification Source**.

The screenshot shows a web application window titled "Diagnosis". The "Summary" section contains a table with the following data:

Effective Begin Date	Diagnosis	Verification	Source
01/02/2012	Limited Disability	Received.	Limited Disability SAA

Below the table is an "Add" button. The "Detail" section contains the following fields:


- \*Effective Begin Date:** 01/02/2012
- Effective End Date:** MM/DD/YYYY
- \*Diagnosis:** Limited Disability
- \*Diagnosis Date:** 01/02/2012
- \*Verification:** Received.
- \*Source:** Limited Disability SAA
- SMN/ADL Due Date:** MM/DD/YYYY

In addition to the completing the **Diagnosis** page, case comments should be entered identifying the determination from the State Disability Contractor.



## Eligibility Summary

When EDBC is run, the client passes for Adult Medical Assistance.

 **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	01/02/2012
Adult Medical Assistan	2012/02	PASS	\$ .00	\$ .00	1	01/01/2012	01/02/2012
Adult Medical Assistan	2012/03	PASS	\$ .00	\$ .00	1	03/01/2012	01/02/2012

## Wrap Up

The Display Individual Eligibility Summary shows that the client is approved for WAwD.

Case #: [REDACTED] Case Name: [REDACTED]

Payment Month: 02/2012

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

Individual	Participation Status	Eligibility Result	Begin Date	Program	Limited to EMS	Financial Status
[REDACTED]	Eligible	PASS	01/01/2012	Buy-In WAwD	<input checked="" type="checkbox"/>	[REDACTED]

The **Display Adult Medical Eligibility Results** window shows the client's **Buy-In Premium Amount** is \$100.

Case #: [REDACTED] Case Name: [REDACTED]

Payment Month: 03/2012

**Net Income Test** | Resource Test

Gross Unearned Income:	\$0.00	
Unearned Income Disregard:	\$0.00	
Net Unearned Income:	\$0.00	
Gross Earned Income:	\$2,500.00	
Earned Income Disregard:	\$1,282.50	
Child/Spousal Support:	\$0.00	
Net Earned Income:	\$1,217.50	
Deemed Income:	\$0.00	
Net Income:	\$1,217.50	
Net Income Standard:	\$4,095.00	
Test Result:	PASS	
Buy-In Premium Amount:	\$100.00	

Individual Details...

Override

## Scenario 2 - Individual's case is pending

Within this scenario, the following applies to the individual:

- One individual in the household, age 58
- Client declares a savings account of \$3,000 but no verifications provided
- Client declares a life insurance policy of \$100,000 but no verifications provided
- Citizenship verification is not provided
- Identity verification is provided
- SSN provided
- Employed and earning \$7,200 per month
- Declares disabled with a medical statement but not verified through SSA or the State Disability Contractor
- Individual's case pends for resources, citizenship and disability

### Employment History

The client's employment is entered to show earned income of \$7,200 per month.

The screenshot shows a software window titled "Employment History" with a toolbar at the top containing icons for star, document, help, refresh, and chat. The main content area is divided into two sections: "Detail" and "Employer Information".

**Detail Section:**

- \*Effective Begin Date:** 01/20/2012
- Effective End Date:** MM/DD/YYYY
- \*Self-Employed:** ☐ Yes ☒ No
- Farming:** ☐ Yes ☒ No
- Occupation:** (dropdown menu)
- Employment Type:** (dropdown menu)
- Monthly Amount Earned:** \$ 7200 .00
- Estimated Average Hrs/Week:** 0 .00

**Employer Information Section:**

- \*Begin Date:** 01/02/2012
- End Date:** MM/DD/YYYY
- \*Name:** POD Corp
- FEIN:** (text field)
- Email Address:** (text field)
- Telephone #:** (text field with x separator)
- \*Verification:** Received.
- \*Source:** Check Stub

At the bottom, there is a navigation bar with four tabs: "Earned Income", "Self Employment Income", "Voluntary Striker", and "Employment Info". The "Employment Info" tab is currently selected. Navigation arrows are visible on the right side of the bar.

## Income Received

The client's monthly income of \$7,200 is entered. For more information about how to enter income in CBMS, refer to the *Data Entry of Earned Income* document available on the **CBMS Web Document Index**.

The screenshot shows the 'Income Received Details' form. At the top, there is a title bar with a folder icon and the text 'Income Received Details'. Below the title bar, there is a toolbar with icons for star, document, question mark, refresh, speech bubble, and printer. The form contains several sections:   
1. **\*Check Type:** with radio buttons for 'Representative' (selected), 'Not Representative', 'Estimated', and 'Not Paid'.   
2. **Pay Period:** with fields for '\*Begin Date' (01/02/2012), 'End Date' (MM/DD/YYYY), and 'FA Use Month' (01/2012).   
3. **Total # of Hours Worked:** with a field showing '0.00'.   
4. **\*Date Received:** with a field showing '01/02/2012'.   
5. **\*Gross Amount:** with a field showing '\$ 7200.00'.   
6. **Year to Date Total:** with a field showing '\$ 0.00'.   
7. **\*Lump Sum:** with radio buttons for 'Yes' and 'No' (selected).   
8. **Report Date:** with a field showing 'MM/DD/YYYY'.   
9. **Unavailable:** with radio buttons for 'Yes' and 'No'.   
10. **\*Verification:** with a dropdown menu showing 'Received.'.   
11. **\*Source:** with a dropdown menu showing 'Check Stub'.

## Medical Conditions

The **Medical Conditions** page is completed.

The screenshot shows the 'Medical Conditions' form. At the top, there is a title bar with a folder icon and the text 'Medical Conditions'. Below the title bar, there is a toolbar with icons for star, document, question mark, refresh, speech bubble, and printer. The form contains several sections:   
1. **Detail:** with fields for '\*Effective Begin Date' (01/02/2012), 'Effective End Date' (MM/DD/YYYY), 'EED Verification' (dropdown), and 'EED Source' (dropdown).   
2. **Ability to Work:** with fields for 'Able to Work' (radio buttons for 'Yes' and 'No' (selected)), 'Disability Type' (dropdown showing 'Permanent'), 'Percent of Disability' (field), 'Begin Date' (MM/DD/YYYY), and 'End Date' (MM/DD/YYYY).   
3. **Work Restriction:** with fields for 'Type of Work Restriction' (dropdown) and 'Re-exam Date' (MM/DD/YYYY).

## Disability Determination

In order to pend the case for the Disability Determination Application, the **Disability Determination** page should be completed as shown below. For additional information on the Disability Determination Application, please refer to [Section 5: Process for establishing Establishing Disability.](#)

The screenshot shows a web-based form titled "Disability Determination". The form is organized into a grid of input fields. At the top, there is a header bar with the title and a toolbar containing icons for star, document, help, refresh, chat, and print. The form fields are as follows:

Disability Determination		
<b>*Effective Begin Date:</b> 01/02/2012	<b>Effective End Date:</b> MM/DD/YYYY	
<b>Status:</b> Pending	<b>Status Reason:</b>	<b>Status Reason Date:</b> MM/DD/YYYY
<b>Result:</b> Disabled	<b>*Verification:</b> Not Received.	<b>Source:</b>

## Liquid Asset Summary

The client's savings account is entered on the **Liquid Asset** page. Verification was not provided in this scenario.

The screenshot shows a web-based form titled "Liquid Asset Resource" within a software application window. The window has a title bar with "Liquid Asset" and a toolbar with icons for star, document, help, refresh, chat, and print. The form itself has a light blue header with the title "Liquid Asset Resource" and a small status icon. The form is organized into three columns. The first column contains fields for "Effective Begin Date" (01/02/2012), "Resource Name" (Champs Bank), "Verification" (Not Received), "Income Producing" (Yes/No), "Verification" (Received), and "Institution Name". The second column contains fields for "Effective End Date" (MM/DD/YYYY), "Type" (Savings Acct), "Source" (dropdown), "Fair Market Value" (\$ 3000.00), "Source" (Client Declaration), and "Telephone #". The third column contains fields for "FA Use Month" (01/2012) and "Account #" (28). At the bottom of the form, there is a "Trust" link. Below the form is a dark grey navigation bar with buttons for "Encumbrances", "Lien Holder", and "Disposition", along with a printer icon.


<b>*Effective Begin Date:</b> 01/02/2012	<b>Effective End Date:</b> MM/DD/YYYY	<b>*FA Use Month:</b> 01/2012
<b>*Resource Name:</b> Champs Bank	<b>*Type:</b> Savings Acct	<b>Account #:</b> 28
<b>Verification:</b> Not Received.	<b>Source:</b> 	
<b>Income Producing :</b> <input type="radio"/> Yes <input type="radio"/> No	<b>*Fair Market Value:</b> \$ 3000 .00	
<b>*Verification:</b> Received.	<b>*Source:</b> Client Declaration	
<b>Institution Name:</b> 	<b>Telephone #</b> 	


[Trust](#)

Encumbrances   Lien Holder   Disposition

## Life Insurance

The client declared life insurance, which is entered on the **Life Insurance** page. Verification was not provided in this scenario.

 **Life Insurance**



---

**Life Insurance Resource**

**\*Effective Begin Date:**  
01/02/2012

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

**\*FA Use Month:**  
01/2012

**\*Resource Name:**  
Honey Dough Ins

**\*Is the Insured Person Different from Owner :**  
☐ Yes ☒ No

**Insured Persons Name:**  
[Dropdown]

**Policy #:**  
874521123

**\*Type:**  
Life Insurance

**\*Verification:**  
Received.

**\*Source:**  
Client Statement

**Insurance Company**

**Name:**  
[Text Box]

**Telephone #:**  
[Text Box] x [Text Box]

**Value**

**\*Face Value:**  
\$100000.00

**Cost of Liquidating Policy:**  
\$0.00

**\*Cash Surrender Value:**  
\$0.00

**\*Verification:**  
Received.

**\*Source:**  
Client Statement

**Life Insurance Ownership**

**\*Effective Begin Date:**  
01/02/2012

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

**\*FA Use Month:**  
01/2012

**\*Owner:**  
[Redacted]

**Available :**  
☐ Yes ☐ No

**Verification (Available):**  
[Dropdown]

**Source (Available):**  
[Dropdown]

**Date Acquired:**  
MM/DD/YYYY

**Exemption Reasons:**  
[Dropdown]

**Held Jointly**

**Percent Owned:**  
100

**Amount Owned:**  
\$0.00

**\*Verification:**  
Received.

**\*Source:**  
Client Statement


**Beneficiary**

**Encumbrances**

**Lien Holder**

**Disposition**

**Non-Prem Contribution**



## Display Eligibility Summary

The case pends for missing verification for high aid codes.

Case #: [REDACTED] Case Name: [REDACTED]

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistance	2012/01	PENDING	\$ .00	\$ .00	1	00/00/0000	01/02/2012
Adult Medical Assistance	2012/02	PENDING	\$ .00	\$ .00	1	00/00/0000	01/02/2012

**Display Reasons**

Reason

- Failed disability criteria for the blind or disabled used by the Social Security Administration
- Head of Household exceeds countable resource limit
- missing verif. See checklist

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

## Verification Checklist

The missing verifications are listed in the Verification Checklist, which also shows the Aid Code requiring the verification.

**Verification Checklist**

Program Group: Adult Medical Assistance

**Verification Checklist Summary**

Name	Item Description	Due Date	Program Group	Aid Code
[REDACTED]	Life Insurance Resource	02/03/2012	Adult Medical Assistance	OAP-B Med
[REDACTED]	Life Insurance Value	02/03/2012	Adult Medical Assistance	OAP-B Med
[REDACTED]	Liquid Asset Percent of	02/03/2012	Adult Medical Assistance	OAP-B Med
[REDACTED]	Fair Market Value	02/03/2012	Adult Medical Assistance	OAP-B Med
[REDACTED]	Life Insurance Percent of	02/03/2012	Adult Medical Assistance	OAP-B Med

Initiate Verification Queue



## Display Individual Eligibility Summary

Wrap Up shows that the case is pending for OAP-B Med. The client cannot be determined for WAwD until they have been determined **ineligible** for other Aid Codes.

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

Once the verification due date is reached, eligibility will be determined within WAwD if the only missing verifications were for resources. This is due to WAwD not using resources to determine eligibility.

## Scenario 3 - Individual not employed and denied within AwDC

Within this scenario, the following applies to the individual:

- One individual in the household, age 60
- Client declares a savings account of \$10,000 and provides verifications
- Citizenship and identity verifications are provided
- SSN provided
- Client is **not** employed
- Client receives Private Retirement Income
- No disability declared
- Client not currently receiving any other assistance (no other medical or financial assistance)
- Client fails within AwDC for over income and does not roll to WAwD

### Unearned Income

The client receives Private Retirement Income.

**Unearned Income**








**Add**

**Detail**

<b>*Effective Begin Date:</b> 01/01/2012	<b>Effective End Date:</b> MM/DD/YYYY	
<b>EED Verification:</b> [Dropdown]	<b>EED Source:</b> [Dropdown]	
<b>*Type:</b> Social Security Retirement	<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> 123456	<b>*Verification:</b> Received	<b>*Source:</b> Award Letter
<b>*Date Reported:</b> 01/01/2012	<b>*Date Verified:</b> 01/01/2012	





## Income Received

The client's Private Retirement Income of \$6,000 per month is entered.

 **Income Received Details**      

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

**Pay Period**

<b>*Begin Date:</b> 12/01/2011 	<b>End Date:</b> MM/DD/YYYY 	<b>*FA Use Month:</b> 12/2011
<b>Total # of Hours Worked:</b> 0.00	<b>*Date Received:</b> 12/01/2011 	
<b>*Gross Amount:</b> \$ 6000.00	<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 	

## Liquid Asset

The client's savings account is entered and verification was received.

Liquid Asset		
<b>*Effective Begin Date:</b> 01/02/2012	<b>Effective End Date:</b> MM/DD/YYYY	<b>*FA Use Month:</b> 01/2012
<b>*Resource Name:</b> Piggy Bank	<b>*Type:</b> Savings Acct	<b>Account #:</b> 22
<b>Verification:</b> Received.	<b>*Source:</b> Bank/Institution - Sta	
<b>Income Producing:</b> <input checked="" type="radio"/> Yes <input type="radio"/> No	<b>*Fair Market Value:</b> \$ 10000 .00	
<b>*Verification:</b> Received.	<b>*Source:</b> Bank Statement	
<b>Institution Name:</b> 	<b>Telephone #</b> 	

Liquid Asset Ownership		
<b>*Effective Begin Date:</b> 01/02/2012	<b>Effective End Date:</b> MM/DD/YYYY	<b>*FA Use Month:</b> 01/2012
<b>*Owner:</b> 		
<b>Usage:</b> 	<b>Exemption Reasons:</b> 	<b>Amount of Balance Considered Current Income:</b> \$ 0 .00
<b>Date Acquired:</b> MM/DD/YYYY	<b>Available :</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Available Date:</b> MM/DD/YYYY
<b>Verification (Available):</b> 	<b>Source (Available):</b> 	

Held Jointly	
<b>Percent Owned:</b> 100	<b>Amount Owned:</b> \$ 10000 .00
<b>*Verification:</b> Received.	<b>*Source:</b> Bank Statement
<b>*Date Reported:</b> 01/02/2012	<b>*Date Verified:</b> 01/20/2012

## Display Eligibility Summary

Client fails Adult Medical for over income.

Case #: [REDACTED] Case Name: [REDACTED]

Program Group	Payment Month	Eligibility Status	Benefit Amount	Adverse Action Amount	Household Size	Eligibility Begin Date	Application Date
Adult Medical Assistant	2012/02	DENIED	\$ .00	\$ .00	1	00/00/0000	01/02/2012
Adult Medical Assistant	2012/01	DENIED	\$ .00	\$ .00	1	00/00/0000	01/02/2012

**Display Reasons**

Reason
head of household exceeds countable income limit

Reason... Verification Checklist...

## Display Individual Summary

Client fails within AwDC for over income and does **not** roll to WAwD because the client is **not** employed.

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

## Scenario 4 - Ongoing case and client no longer employed

Within this scenario, the following applies to the client:

- Client is on WAwD with a \$200 monthly premium for 5 months
- Client declares they are no longer employed
- Client's benefits are terminated due to no longer being employed
- Eligibility re-runs through prior categories within AM HLPG to determine if client is potentially eligible for another category

### Earned Income

The client lost their job on February 25<sup>th</sup> and will receive their last check in February. The **Earned Income** page is end dated according to the *Navigating Effective Begin and End Dates* document.

**Earned Income**

**Summary**

Type	Frequency	Effective Begin Date	Effective End Date	
Wages, Salaries, Bonus and	Monthly	01/02/2012	03/31/2012	X

**Add**

**Detail**

\* Effective Begin Date: 01/02/2012

Effective End Date: 02/29/2012

\* Type: Wages, Salaries, Bon

\* Frequency: Monthly


# of Days Worked/Month:







\* Date Reported: 01/02/2012

**Income Received** **Income Expenses**

## Employment History

The job is end dated and employment termination information is entered. For more information on end dating employment, refer to the *Data Entry of Income* document available on the **CBMS Document Index**.

**Employment History**



Detail

**\*Effective Begin Date:**  
01/02/2012

**\*Self-Employed :**  
Farming :  
Occupation:  
Monthly Amount Earned:  
\$ 11500 . 00

**Effective End Date:**  
02/29/2012  
  
☐ Yes ☒ No  
☐ Yes ☐ No  
Employment Type:  
Estimated Average Hrs/Week:  
0 . 00

**Employer Information**  

**\*Begin Date:** 01/02/2012  
**\*Name:** West Coast INC  
**Email Address:**

**End Date:** 02/25/2012  
**FEIN:**  
**Telephone #**

**Employment Termination**  

**Reason:** Fired  
**\*Date Reported:** 01/23/2012

**\*Verification:** Received.  
**\*Date Verified:** 01/23/2012

**\*Source:** Employer's Statemen

**Address**  

☒ Delivery Address ☐ Rural Route Address ☐ PO Box Address ☐ General Delivery Address

**Address Information**  

**Number:**  
**Suffix:**  
**Unit #**  
**City:**

**Pre:**  
**Post:**  
**Rural Route #**  
**State:**

**Street Name:**  
**Unit Type:**  
**PO Box:**  
**Zip:**



## Display Eligibility Summary

When EDBC is run, the client fails beginning in March because he is no longer employed. Eligibility was re-run through prior categories within AM HLPG to determine if he was potentially eligible but eligibility criteria was not. Termination remains within WAwD.

Case #: [REDACTED] Case Name: [REDACTED]

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	01/02/2012
Adult Medical Assistan	2012/02	PASS	\$ .00	\$ .00	1	01/01/2012	01/02/2012
Adult Medical Assistan	2012/03	FAIL	\$ .00	\$ .00	1	01/01/2012	01/02/2012

**Display Reasons**

Reason

Client does not qualify for MA Buy-In for WAwD; they do not meet the employment requireme

Reason... Verification Checklist...

## Section 7: Approvals

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

### Client/Inquire On Individual

The screen shows case and individual status for WAwD clients.

**Inquire on Case Information**

Case

Number: [Redacted] Name: [Redacted] Programs

Status: Open Status Date: 01/19/2012 Pending Alerts: 5 WP [Y/N]: 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	Buy-In WAwD	Approved	01/01/2012	01/2012	01/2013	N	rpgibb01

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

### Case Comments

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

### Search/View Printed Correspondence

Please review previously sent correspondence when researching how and when a client was approved for WAwD. 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 8: Premiums

### Authorization and Premium Calculation

Once a client is determined eligible for WAwD, the client's net income will be used to determine if the client owes a monthly premium and the amount if applicable. The following chart is used to determine the premium amount:

FPL	Monthly Premium
0 - 40%	\$0
41 - 133%	\$25
134 - 200%	\$100
201 - 300%	\$225
301 - 450%	\$400

The premium amount calculated for the client will be displayed within the **Display Adult Medical Eligibility Results** window on the Net Income Test tab. The field named "Buy-In Premium Amount" will display the applicable premium amount based on that month's income. To view this field, refer to: [Scenario 1 - Client approved for WAwD](#) within the **Display Adult Medical Eligibility Results** window.

Clients will not be charged a premium for the month of application or any retroactive Medical Assistance months. Depending on when the application is processed, it is possible a client will be charged several months of premiums upon initial eligibility determination.

Example:

- Individual submits an application on 5/25/2012
- Individual requests retroactive Medical Assistance for March and April
- Application is authorized and approved on 07/01/2012 with an eligibility effective begin date of 03/01/2012
- Client owes \$100 per month
- The first premium letter sent on 7/22/2012 to the client will request premium payment for June, July, and August for a total of \$300

### Medicaid Buy-In Pages

In order to manage the premiums for WAwD, three new pages were created. Following are the details of the information displayed within each page. All eligibility workers will have read-only access to these pages. The State Eligibility and Enrollment vendor, currently MAXIMUS and staff at HCPF will have update access through a security profile.

## Medicaid Buy-In Premium Summary

This page displays the Premium Summary for a case and each Benefit Month in the case. It consists of two sections:

- 1) Case Premium Summary section contains the following fields and information:
  - a. **Eligibility Begin Date** – The eligibility begin date of the most recent Adult Medicaid application.
  - b. **Total Amount Owed** – The total premium amount owed as of current date.
  - c. **Total Amount Overpaid** – The total premium amount overpaid as of current date.
- 2) Monthly Premium Summary/Details section contains the following fields and information:
  - a. **Benefit Month** – Premium amount owed month
  - b. **Amount Owed** – Premium Amount owed
  - c. **Amount Received** – Amount received from the client
  - d. **Amount Received Date** – Latest date on which premium amount was received. If multiple payments are received in a month, Received Date will display the most recent premium amount paid date.
  - e. **Letter Sent Date** - Date the premium due letter is sent to the client
  - f. **Balance** – Cumulative premium amount due up to the month.
  - g. **Termination Date** – Date after which Mass Update will run to terminate the case if premium payment is not received in full by that date.

**Medicaid Buy-In Premium Summary**

**Case Premium Summary**

Eligibility Begin Date: 10/01/2011

Total Amount Owed: \$500.00

Total Amount Overpaid: \$0.00

**Monthly Premium Summary**

Benefit Month	Amount Owed	Amount Received	Balance	Letter Sent Date	Amount Received Date
10/01/2011	\$0.00	\$0.00	\$0.00		
11/01/2011	\$100.00	\$0.00	\$100.00	01/25/2012	
12/01/2011	\$100.00	\$0.00	\$200.00	01/25/2012	
01/01/2012	\$100.00	\$0.00	\$300.00	01/25/2012	
02/01/2012	\$100.00	\$0.00	\$400.00	01/25/2012	

**Monthly Premium Details**

Benefit Month: 10/01/2011

Letter Sent Date: MM/DD/YYYY

Termination Date: MM/DD/YYYY

Amount Owed: \$0.00

Amount Received: \$0.00

Amount Received Date: MM/DD/YYYY

Balance: \$0.00

Refund Payment

The following buttons will be available on the page:

- 1) **Payment** - This button will allow the user to record a premium payment received from the client.
- 2) **Refund** - This button will be enabled if the Total Overpaid Amount is greater than zero for the current application and case. Clicking this button will open a popup window and will allow the user to generate a refund and record refund details.

### Medicaid Buy-In Payments/Refunds Search

This page provides search functionality to search for a payment or refund transaction. The search can be done by using one or more of the following:

- 1) **State ID** – State ID of the individual
- 2) **Case ID** – CBMS Case Number
- 3) **Batch #** - Batch Number that is part of KeyBank Interface File
- 4) **Sequence #** - Sequence Number that is part of KeyBank Interface File
  - a. This field will only be enabled if a Batch Number is entered.
  - b. The sequence # should be between 00 - 99
- 5) **Transaction From Date** – Date to search from
- 6) **Transaction To Date** – Date to search up to

At least one of the fields from State ID, Case ID, or Batch # should be populated to search the transactions

**Medicaid Buy-In Payments/Refunds Search**

**Search Criteria**

State ID:  Case:

Batch:  Sequence:

Transaction From Date:

Transaction To Date:

**Search Results**

Case	Transaction Date	Sequence	State ID	Batch Number	Trans Amount	Transaction Type	NSF Switch
------	------------------	----------	----------	--------------	--------------	------------------	------------

### Medicaid Buy-In Payments/Refunds Detail

This page provides the detail payment or refund information and allows users with the security profile for update access to perform the following actions:

- 1) Edit Payments/Refunds

- 2) Make Payments
- 3) Make Refund
- 4) Record a Payment as NSF

All other users will have read-only access to view the detail payments and refunds.

CBMS Web - Medicaid Buy-In Premium Payment/Refund Details

Medicaid Buy-In Premium Payment/Refund Details

Medicaid Buy-In Premium Payment/Refund Details

\*Transaction Date: 12/01/2011

\*Transaction Type: ☒ Payment ☐ Refund

Payment Type: Check

Payment Source: Walk-In

Batch Number:

Sequence:

\*Trans Amount: \$ 300.00

Check Number: 123

Check Date: MM/DD/YYYY

NSF Switch: ☒ Yes ☐ NO

NSF Date: 12/15/2011

Refund Reason:

Refund Req Date: MM/DD/YYYY

Comments:

## Medicaid Buy-In Premium Letter


The Medicaid Buy-In premium letter is generated only for those clients that owe a monthly premium. Clients who have a zero monthly premium due or have a zero premium balance will not receive the premium letter.

The date the premium letter is generated and sent to the client depends on the mode of the case and the date the case is authorized. Following is a chart displaying when the premium letter will be generated and sent to the client:

### WAwD Premium Letter Generation by Mode

MODE	Authorization Date		
	1 <sup>st</sup> -21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup> -31 <sup>st</sup> or End of Month
Intake	Never	Always	Always
Ongoing	Never	Always	Only if Change to Monthly Premium Amounts AND Rescinded, authorized cases
RRR	Never	Always	Only if Change to Monthly Premium Amounts


The premium letter must be printed at the printing vendor with ink that can be scanned with the interface process. Due to this, the letter cannot be printed online. However, the letter may be viewed within the **Search/View Printed Client Correspondence** window.

<h1>STATE OF COLORADO</h1>																					
	Date: JANUARY 25, 2012 Case ID: State ID:																				
Dear <b>Client Name</b> GENERAL DELIVERY DENVER CO 80202-9999																					
The Medicaid Buy-In for Working Adults with Disabilities Program requires a monthly premium payment in order to remain eligible for benefits. The amount of your monthly premium is \$100.00 . Your balance due is the last amount listed in the Balance Due column below:																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: left;">Month of Eligibility</th><th style="text-align: left;">Monthly Premium Amount Required</th><th style="text-align: left;">Amount Paid</th><th style="text-align: left;">Balance Due</th></tr></thead><tbody><tr><td>November 2011</td><td>\$100.00</td><td>\$0.00</td><td>\$100.00</td></tr><tr><td>December 2011</td><td>\$100.00</td><td>\$0.00</td><td>\$200.00</td></tr><tr><td>January 2012</td><td>\$100.00</td><td>\$0.00</td><td>\$300.00</td></tr><tr><td>February 2012</td><td>\$100.00</td><td>\$0.00</td><td>\$400.00</td></tr></tbody></table>		Month of Eligibility	Monthly Premium Amount Required	Amount Paid	Balance Due	November 2011	\$100.00	\$0.00	\$100.00	December 2011	\$100.00	\$0.00	\$200.00	January 2012	\$100.00	\$0.00	\$300.00	February 2012	\$100.00	\$0.00	\$400.00
Month of Eligibility	Monthly Premium Amount Required	Amount Paid	Balance Due																		
November 2011	\$100.00	\$0.00	\$100.00																		
December 2011	\$100.00	\$0.00	\$200.00																		
January 2012	\$100.00	\$0.00	\$300.00																		
February 2012	\$100.00	\$0.00	\$400.00																		
To continue receiving benefits, the full payment of \$400.00 must be received by the 15 <sup>th</sup> of next month. If we do not receive payment you will be terminated from the Medicaid Buy-In Program for Working Adults with Disabilities on 04/15/2012.																					
Please make your <b>check</b> or <b>money order</b> payable to the Department of Health Care Policy and Financing and detach and return the bottom portion of this invoice with your payment.																					
Questions? Call Customer Service Monday – Friday, 8am to 6pm at 1-800-359-1991 If you are hearing impaired, call Relay Colorado at 1-800-659-3656.																					
-----																					
ADDRESSEE:	REMIT TO:																				
	Department of Health Care Policy and Financing PO Box 5010 Denver, CO 80217-5010																				



## Section 9: Ongoing Case Maintenance

All clients must report change in circumstances. These changes must be processed in a timely manner. If there is a change in income, the client's monthly premium may either increase or decrease. This change will take effect prospectively and a change in premium letter will be sent to the client.


STATE OF COLORADO		
Client Name	Call County Tech	
555 E ST LOUIS ST, BLDG ST	HCPF - Client Rel	
DENVER CO 11112	1570 GRANT ST	
	DENVER CO 80203-1818	
	(000) 000-0000	
Date and time of eligibility determination	: 01/27/2012 02:31 PM	
<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 Buy-In Working Adults with Disabilities benefits have changed because you reported that you now have less income. Your required monthly premium payment has changed from \$400 to \$100 effective 03/01/2012. This means that you may have paid us too much money. If you paid too much, we will use the money you paid for your next premium payments. After that, you will get a letter telling you when your next payment is due, how much you owe and how to pay.</p> <p>You can now check the status of your benefits online by visiting the new Colorado PEAK website at: <a href="http://www.colorado.gov/benefits">www.colorado.gov/benefits</a>. You will need to have your case number available. Your case number is 1B70123. Please contact Call County Tech at (000) 000-0000 with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away. Below is an explanation of your appeal rights if you disagree with this decision.</p> <p>Please read the following information carefully.</p> <p>Colorado Medicaid has a number of programs. To be sure that you are in the right programs, Colorado Medicaid will look at your Medicaid application. If you fit in other programs, we will let you know. There is nothing you need to do at this time.</p> <p><b>Notice to Medicaid Clients About the Medical Assistance Estate Recovery Program:</b> Under Federal law (Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State law (C.R.S. 26-4-403.3), the Medical Assistance Estate Recovery Program can make financial recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure.</p> <p><b>Your Right to Appeal</b></p> <p>If you think this action is wrong, you can ask for (1) a County or Medical Assistance (MA) site conference or (2) a State Hearing. You may speak for yourself at the Conference or Hearing. You may also bring a person, such as a friend, relative or lawyer, to speak for you. Tell your worker if you need help with your appeal.</p>		



## Section 10: Redeterminations

This section will provide specific redetermination information that pertains to WAwD. For details regarding WAwD redeterminations go to: [Section 3: Redetermination Policy](#).

### View RRR Detail Listing

 **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
Worker Name	1BXXXXX		Adult Medical Assista	01/2013	Regular	Pending

## Section 11: Correspondence Examples

Within WAwD, new correspondence were created. Some examples are as follows:

### Approval NOA

STATE OF COLORADO		
Client Name	Call County Tech HCPF - Client Rel 1570 GRANT ST DENVER CO 80203-1818	
	(000) 000-0000	
Date and time of eligibility determination	: 01/19/2012 05:07 PM	
<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 Medical application dated 01/02/2012 has been approved beginning 01/2012. You have been approved for the Medicaid Buy-In Program for Working Adults with Disabilities. 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. A monthly premium payment is required for each month of eligibility. You will get a letter this month telling you how much you owe and how to pay.</p> <p>You can now check the status of your benefits online by visiting the new Colorado PEAK website at: <a href="http://www.colorado.gov/benefits">www.colorado.gov/benefits</a>. You will need to have your case number available. Your case number is 1BXXXXX. Please contact Call County Tech at (000) 000-0000 with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away. Below is an explanation of your appeal rights if you disagree with this decision.</p> <p>Please read the following information carefully.</p> <p>Colorado Medicaid has a number of programs. To be sure that you are in the right programs, Colorado Medicaid will look at your Medicaid application. If you fit in other programs, we will let you know. There is nothing you need to do at this time.</p> <p>Notice to Medicaid Clients About the Medical Assistance Estate Recovery Program: Under Federal law (Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State law (C.R.S. 26-4-403.3), the Medical Assistance Estate Recovery Program can make financial recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure.</p>		

## Denial NOA

# STATE OF COLORADO



Client Name  
22222 HOTDOG  
DENVER CO 80204

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

(000) 000-0000

Date and time of eligibility determination : 01/23/2012 04:42 PM

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

Your Adult Medical application dated 01/02/2012 has been denied because your countable income is above the allowable amount.

[REDACTED]

You can now check the status of your benefits online by visiting the new Colorado PEAK website at: [www.colorado.gov/benefits](http://www.colorado.gov/benefits). You will need to have your case number available. Your case number is 1BXXXXX. Please contact Call County Tech at (000) 000-0000 with any questions or concerns about this notice. If there is an error in the information in this notice, please contact your worker right away. Below is an explanation of your appeal rights if you disagree with this decision.

Please read the following information carefully.

Colorado Medicaid has a number of programs. To be sure that you are in the right programs, Colorado Medicaid will look at your Medicaid application. If you fit in other programs, we will let you know. There is nothing you need to do at this time.

Notice to Medicaid Clients About the Medical Assistance Estate Recovery Program: Under Federal law (Social Security Act, Title 19, Section 1917 [42 U.S.C. 1396p] and State law (C.R.S. 26-4-403.3), the Medical Assistance Estate Recovery Program can make financial recovery from the estates of deceased Medicaid clients who were permanently institutionalized or were over the age of 55 when benefits were provided. The Federal and State laws provide for certain exemptions to the Medical Assistance Estate Recovery Program. For questions, contact your worker and ask for The Medical Assistance Estate Recovery Program brochure.

## Section 12: Denials

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

### Client/Inquire On Individual

The screen shows case and individual status for WAwD clients.

The screenshot shows a software window titled "Inquire on Case Information". It contains a "Case" section with fields for Number, Name, Status (Closed), Status Date (12/31/2011), Pending Alerts (3), and WP [Y/N] (N). Below this is a "Programs" section with a table. The table has columns: Benefit Begin Date, Program Group, Program, Status, Status Date, RRR Begin, RRR End, Verification Due [Y/N], and User ID. One row is visible with the following data: 00/00/0000, Adult Medical Assi, Buy-In WAwD, Denied, 12/31/2011, 01/2012, 00/0000, N, and rpgibb01. At the bottom of the window are buttons for "Eligibility Results...", "Closure Reasons...", "BI/BR...", and "Program Members...".

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	Buy-In WAwD	Denied	12/31/2011	01/2012	00/0000	N	rpgibb01

## Display Eligibility Summary

The screen shows case and individual status for WAwD clients.

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

## Case Comments

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

## Search/View Printed Correspondence

Please review previously sent correspondence when researching how and when a client was approved for the AwDC program. 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 rescinding for WAwD denied/discontinued cases. Please research using the above screens listed in this section before rescinding.

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

## **Section 13: Reports**

Several reports were created to assist in analysis of WAwD and to assist in managing the monthly premiums. These reports include the following:

### **HB09-1293 Clients by Income Level**

The purpose of this report is to provide a listing of all WAwD clients and their income bracket level.

- The Summary and Detail reports are combined into one report.
- The Summary page will be the first page and the Detail will follow from the next page.
- Report will be accessed by the State workers and MA Sites.

### **Medicaid Buy-In - Daily KeyBank Premium Transaction**

The purpose of this report is to provide the daily transaction details of KeyBank premium payment transactions.

- Report will be accessed by the State workers and MA Sites.

### **Client Correspondence Activity for HB09-1293**

The purpose of this report is to provide the number of correspondence generated by all Medicaid Expansion Categories (includes AwDC and WAwD).

- Report will be accessed by the State workers and MA sites.

### **Medicaid Buy-In Inactive Client Premium Report**

The purpose of this report is to list premium information for all clients that are no longer active in the Medicaid Buy-In aid code and either owe a premium or have a credit.

- Report will be accessed by the State workers and MA Sites.

### **Medicaid Buy-In Monthly Premiums**

The purpose of this report is to list monthly premium information for all clients in 'Intake' or 'Ongoing' modes that are passing for WAwD.

- Report will be accessed by the State workers and MA Sites.