Overview

This document provides a step-by-step process for how to enter a completed Med-9 Form into CBMS. The data entry for this form is completed on the Medical Conditions Page. This document will highlight where each section of the Med-9 is entered in CBMS.

Colorado Department of Human Services   **Med-9**

The Aid to the Needy Disabled (AND) Program provides financial benefits to Colorado residents who are disabled. This form is used by County Departments of Human Services to determine medical eligibility for the AND Program.

Name	SSN	DOB
Address	Phone	Zip Code
City	County	Effective Date

The rest of this form must be completed by one of the following medical professionals licensed in Colorado.

Please select the option that corresponds to your license/certification:

- o Physician*
- o Licensed Psychologist*
- o Registered Nurse*
- o Licensed Professional Counselor*
- o Physician's Assistant*
- o Advanced Practice Nurse*
- o Licensed Clinical Social Worker*

*If Specialized, list your specialty: _____

Medical Professional Signature	Printed Name	
License Number	State	Date of Exam
Provider Address	Provider Phone	

SECTION 1

Please select the individual's diagnosis(es):

		Use this space to write any specific diagnoses or relevant factors to the disorder type/diagnoses selected on the left:
o Respiratory disorders o Cardiovascular disorders o Digestive disorders o Genitourinary disorders o Hematological disorders o Congenital disorders o Neurological disorders o Cancer	o Immune System disorders o Vision, Hearing, or Speech disorders o Musculoskeletal disorders o Mental or Cognitive disorders o Other (please define):	

SECTION 2

Select Only One of the four disability level options below:

1	This individual has a total disability to the extent the person is unable to work full time at any job due to the disability/diagnosis(es) listed above which is expected to last 12 months or longer.		
O 2	The individual has a physical/mental disability/diagnosis(es) listed above that is expected to last 6 to 12 months and which, in combination with other factors such as age, training, experience, and social setting substantially precludes the individual from having any employment that exists in the community for which they have competence.	Please enter duration, from 6 to 12 months. This condition is expected to last _____ months. **A**	Please identify the social factors preventing the individual from employment: o Age o Training o Experience o Social Setting o Other/Additional: _____ **B**
3	This individual **does not** have a total physical or mental disability/diagnosis(es) that is expected to last 6 months.		
O 4	This individual has a primary diagnosis of alcoholism or controlled substance addiction. Selecting this option means there is no other disability(ies) that prevents this person from working other than their **alcohol or controlled substance addiction**. (When selected, this individual will be offered trea___ Office of Behavioral Health and will be expected to work once treatment is complete.)		

SECTION 3

Entering a Completed Med-9 into CBMS

Process

- Navigate to the Medical Conditions page by one of the following ways:
  - Using the Left Navigation Panel, click on the Case Information Link and select the page titled Medical Conditions.
  - Initiate the Interactive Interview (II) Queue for the case.
- From the **Name** drop-down menu, select the customer that provided a completed Med-9 form.
- In the Detail data group, enter the **Effective Begin Date** of the record.
- Select "No" for the **Able to Work** radio button.
- Select the appropriate option in the **Disability Type** Menu.
  - a) Select Permanent if the impairment will last 12 months or longer
  - b) Select Temporary if the impairment will last less than 90 days
  - c) Select Undetermined if you are pending the case for a new Med-9
- Enter the appropriate date in the **Begin Date** field
- In the **Qualifying Disability** menu:
  - a) Select the drop-down option that was selected in Section 2 of the Med-9 Form.
  - b) If the option of "Other" is selected, the **Notes for Qualifying Disability** field is required. This information will be listed on the Med-9.
- In the **Disability Indicator** menu:
  - a) Select "Disabled – 12 months or longer" if Disability Level 1 (in Section 3) is marked.
  - b) Select "Disabled but less than 12 months" if Disability Level 2 (in Section 3) is marked.
  - c) Select "Not Disabled" if Disability Level 3 (in Section 3) is marked.
  - d) Select "Alcoholism/Controlled Substance" if Disability Level 4 (in Section 3) is marked.
- In the **Social** Factors menu:
  - a) Select the drop-down option that matches information indicated in Box B (in Section 3.)
  - b) If the option of 'Other' is selected, the **Notes for Social Factors** field is required. This information will be listed on the Med-9.
- In the **Exam Date** field enter the Date of Exam listed in Section 1.
- In the **Work Limitation** field select the appropriate option listed as 'No Work Cap ____ Months'
  - a) This information will be listed in Box A (in Section 3)
  - b) When selected, the **AF Re-Exam Date** field will auto populate with the appropriate date.
  - c) If Disability Level 1 is selected on the Med-9, select "No Work Cap 12 Months".
- In the **Work Experience** field select the appropriate options.
- In the Physician Details data group enter the medical details listed in Section 1.
- Enter the appropriate **Date Reported** and **Date Verified** fields.
- **Save** the page.

Do you have any questions or suggestions regarding this process? Please contact the SDC via email SOC_StaffDevelopment@state.co.us

COLORADO
Health Care & Economic Security
Staff Development Center

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	Page **2** of **2**